 

**Updated Guidance for Nursing and Residential registered care home visits**

(For Shropshire Telford and Wrekin – 15th December 2021)

The DPHs recognise that home managers and owners best understand the risks in their homes and individuals that they care for and that they must try to balance the benefits that visiting provides to the wellbeing of residents and their families, against the potential risk of visitors introducing infection into the care home or of spreading infection from the care home to the community to mitigate the spread of Covid 19. Where visits are deemed not advisable or not Covid 19 safe, it is the responsibility of care homes to ensure there is alternative ways to enable safe and regular meaningful contact with family.

Shropshire and Telford and Wrekin Councils understand the importance of family contact and recognise the need to have a sensible and measured approach on the advice for care home visits. This guidance is intended to clarify the position and responsibilities for care homes and to set out the general risks to people in care homes presented by having face to face visitors.

The current community position is rapidly changing. Regular updates will be made available on both Councils webpages:

* <https://www.shropshire.gov.uk/coronavirus/number-of-coronavirus-cases-in-shropshire/>
* <https://www.telford.gov.uk/info/20692/coronavirus_covid-19>

The [Government guidance on visiting care homes](https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes), was updated on the 15th December 2021**.** The guidance recognises that visiting must be supported wherever and whenever it is possible and when safe to do so – and a wide range of professionals have a role in supporting this, including care home managers, Directors of Public Health and Directors of Adult Social Care.

Additional measures within the guidance include:

* Care home staff and residents that have not already had the booster vaccination will be prioritised.
* Increasing staff regular lateral flow testing to 3 times per week and one PCR
* Each resident to be limited to 3 nominated visitors and 1 essential care giver
* Visitors should receive a negative lateral flow test result and report it on the day of their visit, either by conducting the test at home or when they arrive at the care home

If visiting is taking place outside of the care home the following should be followed:

* It is recommended that all individuals taking part in the visit have lateral flow tests regularly and on the day of visit
* The resident should avoid visiting with people they do not see regularly
* Avoid visits that involve mixing with large numbers of people indoors
* Ask that people they are visiting have received two Covid vaccinations plus a booster if they are eligible.
* If the resident is double vaccinated, then on return from the visit they should undertake daily lateral flow tests for 10 days (this has been updated since the DHSC letter dated 10th December).
* If not they are not double vaccinated to isolate for 14 days on return.

Following recent changes to national guidance, all care homes, except in the event of an active outbreak, should seek to enable:

* Indoor visits- Limited to 3 nominated regular visitors and 1 essential care giver. Visitors should follow all necessary infection control measures and guidance. Where the resident lacks the capacity to choose their essential care giver, the care home should discuss the situation with any attorney or deputy, the resident’s family, friends and others who may usually have visited the resident or are identified in the care plan. In this situation, a person can only be nominated as an essential care giver if this has been determined to be in the resident’s best interests in accordance with the empowering framework of the [Mental Capacity Act (MCA) 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents). Consideration should be given to whether there is an attorney or deputy with appropriate authority to make this decision
* Outdoor, pod and screened visits can continue in line with the published guidance during outbreak or restricted visiting situations provided visitors have a negative LFT.
* Visits in exceptional circumstances including end of life should always be enabled.
* Essential Care Giver**-** these can be in addition to the three named regular visitors (making a total of 4 people who are regular visitors). Essential care giver visits should be enabled during outbreaks except if they or the resident has tested positive. Essential care givers will need to be supported to follow the same testing arrangements as care home staff. This should include rapid response testing or outbreak testing in the event of any cases being detected within the home. When essential care givers are providing direct personal care, they should follow the same PPE and infection control arrangements as care home staff.
* Visits involving children and young people aged under 18**-** It is possible for someone aged under 18 to be one of the 3 nominated visitors, if the resident, family, and the care home all agree that is appropriate. It is also possible for a young person under the age of 18 to be an essential care giver – although clearly this would only be appropriate for older teenagers and must be with the agreement of the care home manager who must satisfy themselves that the young person is confident, capable and willing to provide the care or support agreed. Any children visiting (apart from babies and very young children) should also be counted towards the maximum number allowed for the visit.
* Travel to care homes for visits must be in line with any national travel restrictions

The DPHs wish to stress that high levels of Covid 19 remain in the community and a rise in cases in care homes and transmission means that we need to remain cautious about all types of visiting.

Government guidance suggests that physical contact should be enabled to help health and wellbeing, as long as IPC measures are in place, such as visiting in a ventilated space, using appropriate personal protective equipment (PPE) for the visit, and hand washing before and after holding hands – gloves are not needed for handholding and stringent adherence to hand washing is advised

Visitors and providers are reminded that ***‘****testing does not completely remove the risk of infection associated with visiting; and that it is essential that the visitor wears appropriate PPE during visits to a care home; observe social distancing in general, follow good hygiene – and that the care home also follows robust IPC.’*

LFT’s are available in all care homes, for collection at designated pharmacies and libraries or through the government portal [Order coronavirus (COVID-19) rapid lateral flow tests - GOV.UK (www.gov.uk)](https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests). Care homes must risk assess any use of LFTs and the results however, the following is offered as guidance:

* If the designated visitor is tested as negative following an LFT a face-to-face visit can take place without a screen in place; however as per government guidance all other appropriate PPE should remain in place. If community testing is used, then the visitor must go straight from the negative test to the care home.
* The DPH’s advise that the only situations where face to face visiting with no barrier and no LFT can take place should be for exceptional circumstances such as end of life and this should be appropriately risk assessed. If advised todo so, visitors may then need to isolate for 10 days
* If an LFT evidences a positive result the person or family will have to book a swab test (PCR) through the national testing system (119) or [Get a free PCR test to check if you have coronavirus (COVID-19) - GOV.UK (www.gov.uk)](https://www.gov.uk/get-coronavirus-test) , that will be analysed at a lab and their visit cannot go ahead. PCR testing of visitors in the home is not advised.

In the event that an LFT test shows a positive result the visitor should be advised to:

* Travel home immediately, wearing a face covering. (Provided by the home if necessary).
* Wherever possible they should travel home in their own vehicle or by walking or cycling
* If it is not possible to do so, they should arrange for a member of their household to pick

them up

* They should avoid public transport
* If they have no other option, they should arrange a taxi to get home preferably equipped

with a protective screen between themselves and the driver

* Asymptomatic contacts of positives cases should go home as they would normally do. If the

contact becomes symptomatic, they should follow same travel advice as positive cases.

* It is especially important that people follow Government guidance on hygiene, including

hand washing before leaving, throughout the process of attending a testing site.

This is not a directive as every care home must consider this information and advice along with their individual situation and known risks and their own risk assessments for the individuals that they care for.

* Risk assessments should consider how visits can be tailored to residents and facilities and should prioritise residents and staff’s safety to limit the transmission of COVID-19.

All decisions should be taken in light of care providers’ general legal obligations, such as those under the Equality Act 2010 and Human Rights Act 1998, as applicable. It also needs to be noted that if the region enters a higher alert level this same guidance will apply.

In all cases where the care home manager considers that a face to face visit with no barrier and no LFT visit is necessary because the situation is exceptional, they should:

* Ensure they have considered all other options to minimise risks though use of technology such as the iPads supplied by DHSC and using calls, video calls, outdoor or closed window and car window visits and screened visits and are confident that these are not possible or appropriate for the individual.

* Ensure a robust, up to date and relevant general and individual risk assessment and exceptional circumstances visitor policy is in place and this should be made available and communicated to residents and families.

Risk assessing exceptional visits

Exceptional visits are considered to be where there is no option but to have a physical visit where people are face to face with no barrier between them and no LFT. When a situation is exceptional the manager can allow a visit to take place, but this must be robustly risk assessed. Guidance is given below to support this and minimise risk however more extensive guidance is available from the Government [here](https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes) and from the Care Alliance [here](https://careprovideralliance.org.uk/coronavirus-visitors-protocol). A risk assessment should include consideration that:

1. No COVID-19 positive cases in the home (exception for end of life and essential care giver)
2. No suspected cases being tested and awaiting test results.
3. Nobody who is in any way symptomatic or self-isolating because they are a known contact should enter the care home.
4. Care home provides regular assurance by completing the national Capacity tracker and/or through discussions with the Council’s Quality and Commissioning Teams. To include:
   1. Availability of workforce
   2. PPE supply
   3. Completion of Infection Prevention and Control training.
5. The care home keeps a list of contact details of visitors for 21 days in addition to staff and residents to support Test and Trace.
6. The care home follows a good practice approach to IPC measures and regular staff testing and whole home testing, especially in the event of any outbreak.
7. Where no other option but a face to face visit is available visits must take place in a separate area of the home and visitors cannot walk through the main communal areas of the home or touch any surface en-route
8. Visitors should be advised how to don and doff PPE and supervised. PPE recommendations are different depending on whether direct personal care or companionship is being provided. More information on [how to safely put on and remove PPE](https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures) can be found in the guidance and visitors should also be encouraged to view the [video demonstration](https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes/covid-19-putting-on-and-removing-ppe-a-guide-for-care-homes-video).
9. The visitor should be advised not to use public transport when coming to the home
10. The government guidance states that it is best practice to have one nominated person only per resident to visit, whilst not always possible due to family circumstances managers should evidence that this risk has been considered
11. Visitors must be told in advance that homes cannot serve drinks or food to visitors
12. Visitors should be advised that they cannot use the bathroom during their visit, where this is not possible a protocol for the cleaning of toilet/bathroom facilities should be in place
13. Visitors must put on a face mask before entering and hand sanitiser squirted onto their hands by the staff who observe it being rubbed onto hands.
14. Visitors to be escorted to the room for the approved visit.
15. Visits at the end of life should always be supported, without limiting the number of visitors
16. Visitors will be escorted away from the room and to exit the home by staff and must only remove their face mask when they have left the building.
17. No physical contact to be made with any resident or staff member

For visitor protocol and risk assessment templates visit [https://www.spic.co.uk/resource-category/business-continuation/](https://www.spic.co.uk/resource-category/business-continuation/%20)