



VISITING A CARE HOME

Rochcare (UK)Ltd

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Policy Statement

Visiting is a central part of care home life. It is crucially important for maintaining the health, wellbeing and quality of life of residents. Visiting is also vital for family and friends to maintain contact and life-long relationships with their loved ones and contribute to their support and care. The individual resident, their views, their mental capacity, their wellbeing and their needs are taken into account when decisions about visiting are made, recognising the need to consider the wellbeing of other residents as well.

Welcoming anyone into the care home from the community inevitably brings a risk of COVID-19 transmission. However, these risks are managed and mitigated and are balanced against the importance of visiting and the benefits it brings to care home residents and their families.



In the face of new variants of the virus, we remain alert to ensure we protect those most at risk in care homes while ensuring indoor visits can go ahead. When required we seek advice from our local Director of Public Health or Director of Adult Social Services and other national care organisations.

Vaccination is one of our best defences to combat infection. It significantly reduces the transmission of the virus, particularly following 2 doses. It is strongly recommended that all visitors and residents receive 2 doses of the Covid-19 vaccine plus their booster where applicable. If eligible, visitors should also be encouraged to get their flu jab when it is offered to them.

Family and friends visiting residents are not required to be fully vaccinated before entering the home however precautions are in place to protect staff and residents from the covid-19 virus.

The Policy

Government guidance issued to protect residents from the Omicron variant restricts the number of named visitors able to visit a resident to three (this number does not include essential care givers or preschool age children).

All visitors will be screened for symptoms of acute respiratory infection before entering. No one who has tested positive for COVID-19 in the last 10 days, is currently experiencing, or first experienced, coronavirus symptoms in the last 10 days, or who is in a relevant quarantine period following return from travel. will be allowed to enter the premises. Visitors should not enter the care home if they are feeling unwell, even if they have tested negative for COVID-19 and are fully vaccinated and have received their booster. Transmissible viruses such as flu, respiratory syncytial virus (RSV) and norovirus can be just as dangerous to care home residents as COVID-19. If visitors have any symptoms that suggest other transmissible viruses, such as cough, high temperature, diarrhoea or vomiting, they should avoid the care home until at least 5 days after they feel better.

A comprehensive risk assessment will be undertaken for each resident identifying the specific risks for them and others to develop appropriate strategies to safely manage those risks. These risk assessments will be discussed and agreed upon with the resident. Advice and support will be sought if the measures show signs of causing distress for individual residents.

1. Every resident can have **3** named visitors who can visit regularly.
2. Every resident can choose to nominate an essential caregiver who can visit the home and help to attend to essential care needs. They can visit any time including during outbreaks in the home unless they have Covid-19 symptoms or have been in close contact with someone who is Covid-19 positive.
3. We also continue to offer visits to friends or family members through arrangements such as outdoor visits, rooms with substantial screens, visiting pods, or from behind windows.



When developing the risk assessment we assess how we can best manage visits safely, involving, when possible, the resident and family in the development of the risk assessment. This includes,

- Residents' rights to visits and the important role visitors play in residents' wellbeing.
- What is possible within the layout and facilities within the home to ensure that mixing between visitors is limited as much as possible.
- Where and how visitors might be received on arrival at the home to avoid mixing with other visitors, staff or residents.
- The precautions that will be taken to prevent infection during visits. (including PPE use, ventilation, limiting close contact and hand washing)
- Legal duties relevant to visiting, including the Care Act 2014, Mental Capacity Act 2005 and Human Rights Act 1998.

When developing risk assessments for residents who are assessed as lacking the relevant mental capacity, providers will need to consider any appropriate legal frameworks, including the MCA. Decisions should be made individually for residents and blanket decisions should not be made for groups of people. The resident should be involved as far as possible in decision-making, and providers should consult with their family and friends on what the person would want for themselves.

Conducting the visit

- Visitors must follow any guidelines and procedures put in place by the home to ensure compliance with IPC. Copies of our guidance and procedures are made available to visitors before the visit and are also available to be read by visitors on arrival.
- There is a booking system in place to enable visits. It is not possible to facilitate ad hoc or unannounced visits.
- The duration of the visits should not be limited if safe visiting practices can be maintained.
- An area is provided for visitors to sign in, answer any necessary screening questions and comply with testing requirements before the visit takes place.
- Visits should take place in a room most practical and comfortable for the resident (for example, residents with dementia may be more comfortable in their room with familiar belongings).
- Visitors should wear a face mask when visiting the care home, particularly when moving through the care home. COVID-19 spreads through the air by droplets and aerosols that are exhaled from the nose and mouth of an infected person. Face masks reduce the risk of spreading COVID-19, especially when there is close contact between people in enclosed, poorly ventilated and crowded spaces. Face masks must fit securely around the face to safely cover the mouth and the nose.
- We recognise that individual approaches are needed as the wearing of face masks may cause distress to some residents. In these circumstances, face



masks may be removed when not in communal areas of the care home. However, other mitigations should be considered, including limiting close contact, clear visors and increased ventilation (while maintaining a comfortable temperature).

- If face masks are to be removed, a comprehensive risk assessment should be undertaken for each resident identifying the specific risks to them, staff and visitors and to develop appropriate strategies to safely manage those risks.
- Visits take place in a well-ventilated room where doors and windows are open where safe to do so.
- There are designated visiting rooms that are only used by one resident and their visitors at a time.
- Enhanced cleaning and ventilation is carried out between visits.
- Any areas used by visitors are decontaminated several times throughout the day.
- Visitors wear appropriate PPE as laid out in the guidance for working safely in a care home. <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>
- Visitors should maintain as much distance as possible, limit contact and follow handwashing protocols. However physical contact should be supported to help health and wellbeing, as long as infection prevention and control measures are in use, 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 hand-holding.
- Communal areas can be used for visits if there is only one visiting group using the area at a time. Individual groups may wish to remove face masks to share a meal together in communal areas, providing no other people are in the area.
- Visitors should limit contact with other residents and staff, and maintain as much distance as possible.
- Regular conversations with staff can be arranged over the phone following in-person visits.
- Visitors who are not legally required to self-isolate are advised against visiting the care home (for 10 days) if they have been identified as a close contact of someone with COVID-19, unless necessary, even if they have been fully vaccinated. Where visits do occur, visitors should have received a negative PCR test result prior to their visit, and a negative lateral flow test result earlier in the day of their visit.

Named Visitors

- Each resident can have 3 named visitors with arrangements to be agreed with the care home.
- These visitors will be tested using rapid lateral flow tests on the day of every visit and produce a negative COVID test before their visit.



- Testing is one way of reducing the risk of visiting a care home, but it does not mean there is no longer any risk. The visitor will also be required to wear appropriate PPE and follow all other infection prevention and control measures.
- Visitors are advised to keep physical contact to a minimum. Physical contact like handholding is acceptable and handwashing protocols must be followed. Close personal contact such as hugging presents higher risks but will be safer if it is between people who are fully vaccinated, without face-to-face contact, and there is brief contact only. Visitors receive guidance and support from staff concerning the necessary PPE and protocols to be followed. Posters are situated around the home and literature is made available to visitors.

Visitors who have been fully vaccinated no longer need to self isolate if they have been identified as having been in close contact with someone who has tested positive for Covid-19. However

- We advise against visiting if they have been identified as a close contact unless for certain visits such as End of Life
- Where visits take place the visitor should have received a negative PCR result before their visit and a negative LFD result earlier in the day of the visit
- Residents should avoid receiving visitors who are clinically extremely vulnerable for 10 days after they have been in contact with a COVID-positive case, except in exceptional circumstances

Nominating the named visitors

- Residents identify their named visitors to the care home so they can be supported for the necessary testing and support required to facilitate COVID-secure visits.
- Where the resident lacks the capacity to make this decision, we discuss the situation with 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 Best Interest decision is made in accordance with the empowering framework of the Mental Capacity Act. Where necessary, social workers can be approached by the care home, resident or family to support these conversations.

Testing arrangements for named visitors

A testing area is set up following government guidelines. The area should

- Be large enough area to allow visitors to maintain social distancing before, during and after the testing
- Include a waiting area
- Have a one-way system
- Comply with fire safety regulations
- Have access to hand hygiene facilities



- Be well ventilated with fresh air
- Have storage facilities for testing

All family and friends (named visitors) to the care home should be tested each time they visit with an LFT

If a visitor receives a negative result	visits can proceed as long as visitors wear appropriate PPE throughout the visit and follow all infection prevention and control measures.
If a visitor receives an invalid result	then retest the visitor with an LFT. If they receive an invalid result again, visitors can have a visit similar to someone who has not been tested, at the discretion of each care home.
If a visitor receives a positive result	they should conduct a confirmatory PCR and register this at the care home using the 'home' registration route. Then the visitor should go home to self-isolate immediately to await their result.
The 90-day policy	If someone has tested positive with a PCR test, they should not be tested using PCR or LFT for 90 days, unless they develop new symptoms during this time, in which case they should be retested immediately using PCR. This 90 day period is from the initial onset of symptoms or, if asymptomatic when tested, the date of their positive test result. Individuals should use evidence of their positive PCR test to show they are currently exempt from asymptomatic testing

Testing onsite is preferable for assurance purposes. However, we recognise that individuals now have access to testing through other routes and visitors may be travelling long distances to visit.

The care home manager may allow visitors to provide evidence of a recent negative test undertaken through other means if the test has been taken that same day. The manager will assess the risks of each situation individually.

Alternative routes may include:

- assisted testing at another lateral flow site such as an asymptomatic testing site (ATS)



- self-testing at home through test kits provided by the care home using packs of 7 test kits (which the MHRA has authorised for self-test use)
- self-testing at home using test kits provided by the government such through a school, workplace, the universal testing offer, or collected from a pharmacy

If visitors are not able to produce a negative test, they may be asked to reschedule or be prepared to take the test on-site.

All tests done both at the care home and when self-testing at home will be reported to the unique organisation number (UON) of the care home and managers should ensure visitors are aware of their UON and the legal duty to report the result. This will support NHS Test and Trace and public health teams to better support care homes to understand the transmission of COVID-19 and prevent outbreaks.

Essential caregivers

Every care home resident should be supported to have an identified essential care giver (in addition to their named visitors). The essential caregiver arrangements are intended for circumstances where the visitor's presence, or the care they provide, is central to the health and wellbeing of the resident, and their health or wellbeing could deteriorate without it. It is likely that the requirement for this support from the resident's loved one will already be part of (and documented in) their care plan – although this should not be considered a condition of this type of visit. Managers should not assume that to fulfil this role, an essential caregiver must commit to visiting a specific number of times each day or week – the care and support provided may still be critical even if it is not provided every day. Because they will have closer physical contact with the resident and may spend longer in and around the care home, including areas that other visitors do not enter – they must take further steps to reduce the risks (to themselves to residents and staff members) of infection.

Essential caregivers will need to follow the following testing arrangements:

- Take a minimum of **3** rapid lateral flow tests a week, one on the same day as a PCR test and one 2-3 days later and then again after another 2 to 3 days except for circumstances relating to testing following a prior positive PCR test (90-day policy). These tests can be done onsite, at home or in an asymptomatic testing site. The tests must be reported as "visitors" using the care home UON.
- Take a weekly PCR test and share the result with the home. The home should use existing PCR stock to test these visitors and they should be registered as staff tests using the care home UON and returned via courier with other staff tests.
- Be subject to additional testing in line for care home staff should the care home be engaged in rapid response daily testing or outbreak testing. If this includes lateral flow tests, these can be done at home.

These tests will be carried out in line with the department of health and social care Coronavirus (Covid-19) testing in adult care homes guidance.



<https://www.gov.uk/government/publications/coronavirus-covid-19-testing-in-adult-care-homes>

Essential caregivers will, regardless of whether the resident or visitor has received the full covid-19 vaccination.

- Agree with the home when and how often they will come into the home
- Agree on the areas they can enter and those they cannot
- Use the same PPE as members of the care team when providing direct personal care
- Be given instruction and support to wear the PPE correctly and effectively including the donning, doffing, changing and disposing of PPE
- Be briefed on IPC measures in the areas of the home they will have access to
- Remain at least 2- metres distance from staff and other residents they might encounter
- These arrangements will be written down and agreed upon between the manager and the visitor
- Clinical care and medical tasks will remain the responsibility of the care home.
- There are exceptional circumstances where someone may need the additional support of more than one essential care giver and this should be considered (for example, if a nominated essential care giver is unwell).
- Due to the vulnerability of care home residents, if a fully vaccinated essential caregiver is identified as a close contact of someone who has tested positive for COVID-19, they will not visit the care home until they have received a negative PCR test, and test negative on a lateral flow test on the day of their visit. Exceptional circumstances will be considered by the manager.
- Essential caregivers who are not fully vaccinated should not visit the care home for 10 days following contact with a COVID-19 positive case.

Mandatory Covid- 19 Vaccination / Medical exemption

All staff, employed and volunteers working in the care home are legally required to be fully vaccinated before entering the home unless medically exempt. See our separate Staff Vaccination: Covid-19 Policy.

Contractors and people carrying out work in the care home

Anyone who needs to enter the care home for work will be required to show proof of their vaccination or exemption before they can enter the care home. This includes staff who may work or volunteer in the care home on a part-time or occasional basis to deliver non-care-related services such as maintenance or activities.



Students

All students who enter the care home as part of their studies will need to show proof of vaccination or exemption unless they are under 18 or visiting a resident who is family or a friend of a resident.

Volunteers

All volunteers who enter the care home will need to show proof of vaccination or exemption unless they are under 18.

Staff travelling from non-care settings

Anyone who enters a care home as part of their professional responsibilities will need to show proof of vaccination unless they are exempt. Therefore, staff (such as trainers) who normally work in non-care settings (such as in the company headquarters) will still need to be vaccinated if they enter a care home. This also includes staff who may work in the home on a part-time or occasional basis, to deliver non-care-related services, such as hairdressing, maintenance, or activities.

Acceptable evidence can be one of the following:

- **NHS App** - The registered person (or those acting on the behalf of the registered person) can take this as proof of the individual's vaccination status to verify that they are fully vaccinated.
- **The NHS COVID Pass**- displays the same information as is contained within the NHS app via an online web page.
- **NHS COVID Pass letter**- The registered person (or those acting on the behalf of the registered person) are able to take this as proof that the individual has been fully vaccinated.

Medical exemption

This will need to be demonstrated using the self-certification exemption form or by 24 December, via their clinically reviewed medical exemption notification letter.

All necessary Screening and Infection Control precautions will continue to be in place in the home.

Records

A record is kept of the date the vaccination was checked or exemption status for people carrying out work inside the care home (unless they are exempt from checks).



If someone has a medical exemption, the reason for the exemption should not be recorded. This is to protect their confidential medical information and comply with data protection law (UK GDPR).

Storing vaccination status data

We keep records about vaccination and exemption checks to comply with the Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021.

and process the information in line with data protection law (UK GDPR). The registered person may need to share these records with the CQC.

A Privacy Notice is given to all visitors informing them how long we store their personal information, the reasons why we are required to do so and where it is stored.

Exemption Situations (Allowed groups)

1. Emergency assistance

If someone is entering the care home for emergency assistance for an incident in the care home itself or concerning an incident in a neighbouring building (for example if access is required to respond to a fire), they will not need to show proof of vaccination or medical exemption.

2. Emergency services

In addition to providing emergency assistance, emergency services staff attending the care home in the execution of their duties are exempt from the requirement.

3. Urgent maintenance work

If urgent maintenance work is required in the event of a risk to life or continuity of care, workers are exempt from these requirements. This could include (but is not limited to):

- Failure or breakdown of the gas, electricity, or water supply
- Dangerous electrical fault
- Serious damage caused by fire, flood, storm, or explosion
- Burst water service
- Serious roof leak
- Gas leak
- Any fault or damage in the care home that makes the care home unsafe or insecure
- A serious fault in a lift or staircase

A log of all emergencies, including details of the circumstances, during which people entered the home without showing proof of vaccination or exemption will be kept.



4. Friends, relatives, and essential caregivers

Friends, family (who also may be unpaid carers) and essential caregivers will not need to show proof of vaccination or medical exemption.

Visits from family and friends are vital for the health and wellbeing of people living in care homes. It would be unjustifiably detrimental to residents to deprive them of contact with, and care from, their loved ones.

All infection prevention and control procedures will continue to be followed.

5. Death and bereavement

People do not need to show proof of vaccination or exemption if they are visiting a resident who is dying (that is in their last days of life) or they are providing comfort or support to a resident following the death of a relative or friend.

Those performing spiritual rituals for a resident would therefore also not need to show proof of vaccination status.

Note: Funeral directors and their staff will have to show proof of vaccination or exemption when entering the care home.

Under 18's

A person under the age of 18 does not have to provide evidence of vaccination or exemption before entering a care home. Frontline health and care staff aged 16 and over are eligible for a vaccine and we would encourage them to protect themselves against COVID-19 by getting an injection. They should also make sure they get a full course of a Medicines and Healthcare Products Regulatory Agency (MHRA) approved COVID-19 vaccine before they turn 18.

Visiting professionals who are under 18 will be able to enter the care home without showing proof of vaccination status but may need to demonstrate proof that they are under 18. As soon as they turn 18, they will not be able to enter the residence until they have had a full course of an MHRA approved COVID-19 vaccine.

Positive tests

Any potential visitor who tests positive with a rapid lateral flow test should immediately leave the premises and return home, avoiding public transport if possible, to self-isolate. They should be offered a confirmatory PCR test by the care home and if this is positive, their contacts should also self-isolate in line with current guidance.

NHS Staff

Unless in an emergency, to enter a care home, individuals must be able to demonstrate that they have received a complete course of their COVID-19 vaccination or evidence of medical exemption.



NHS professionals are required to inform us of when they were last tested and show proof of the result and date of the relevant professional's test before entering the home.

Proof may include:

- an email or text from NHS Test and Trace
- a screenshot of where the professional has to upload their test result
- a date-stamped photo of the test cartridge itself
- signed confirmation from their manager
- the NHS signed log included with the test kits provided to NHS staff

If it has been more than 72 hours since the NHS professional was tested, a test can be carried out in the care home.

If the individual has not been tested (or is unable to provide proof) and it is not possible to test prior to entry, the manager will need to make a risk-based decision regarding whether to permit entry, taking into account the reason and urgency of the visit. The default position is that without proof of a recent negative test or a negative rapid LFT on the door of the care home, the professional should not be admitted. Visiting professionals can, of course, conduct a test at home prior to the visit.

Care Quality Commission Inspectors

To enter a care home, individuals must be able to demonstrate that they have received a complete course of their COVID-19 vaccination or evidence of medical exemption.

Care Quality Commission (CQC) inspectors have a regular testing regime. In addition to their current weekly PCR testing, CQC inspectors should be tested using rapid LFT on the day of their visit. This should be conducted at home by the CQC inspector, as close as possible before they visit the care home. The CQC inspector should provide evidence of the negative rapid LFT result from earlier in the day when they arrive. This evidence could be the text or email from NHS test and trace or a photo of the rapid LFT cartridge with the time and date stamp.

Outdoor visits and screened visits

It is not usually recommended to wear a face mask while undertaking visits outdoors. However, a risk assessment should be undertaken, and mitigations considered if visitors may be in very close contact with someone or if there is likely to be contact with bodily fluids, for example, due to someone spitting or coughing.

We ensure that



- The visiting space is used by only one resident (accompanied if appropriate by an essential caregiver) and visiting party at a time and is subject to regular enhanced cleaning between each visit.
- the visitor enters the space from outside wherever possible.
- there is a substantial screen between the resident and visitor, designed to reduce the risk of viral transmission.
- there is good ventilation (for example, including keeping doors and windows open where safe to do so and using ventilation systems at high rates but only where these circulate fresh air).
- consider the use of speakers, or assisted hearing devices (both personal and environmental) where these will aid communication. This will also avoid the need to raise voices and therefore increase transmission risk.
- if the resident has an essential caregiver, they could sit with the resident while another visitor was on the other side of the screen or window. For some residents, this may help them to recognise and chat with their visitors – improving the visiting experience for everyone.
- appropriate PPE should be used throughout the visit and around the care home building and grounds.
- visitors should limit contact with residents and staff and maintain as much distance as possible during the visit, and around the care home building and grounds.
- high-quality IPC practice should be maintained throughout the visit and through the wider care home environment.

A risk assessment is in place concerning the safety of staff, residents and visitors when visiting is taking place outside.

Exceptional circumstances such as End of Life

Visits in exceptional circumstances such as End of Life will always be supported and enabled. Families and residents will be supported to plan end of life visiting carefully, with the assumption that visiting will be enabled to happen not just towards the very end of life, and that discussions with the family take place in good time.

As a resident approaches the last months, weeks and days of their life it continues to be important to communicate well to enable good and timely decisions around care and especially important to allow visits to residents. Planning these visiting arrangements should proceed from the assumption that visits are enabled in the final months and weeks of life – not just the final days or hours – albeit recognising that these timelines can be difficult to determine with accuracy. Our staff work with the GP practice, clinical lead and multidisciplinary team which may include community nurses and professionals as well as specialised palliative care teams to support the resident through end of life. An important part of this is for staff to enable safe visiting of friends and family following all the necessary testing and infection control requirements above.



Screening before a visit

Visitors will be asked the following questions before entering the home for symptoms of acute respiratory infection.

- have you been feeling unwell recently?
- have you had recent onset of a new continuous cough?
- do you have a high temperature? A care home may consider providing a temperature check for all visitors to provide confidence to visitors and staff.
- have you noticed a loss of, or change in, normal sense of taste or smell?
- have you tested positive for COVID-19 in the past 10 days? (Note: if that positive test was from a rapid lateral flow test and was followed by a negative PCR test within 2 days, that would not preclude the visitor from coming in).
- have you had recent contact (in the last 14 days) with anyone with COVID-19 symptoms or someone with confirmed COVID-19? If yes, have you received a negative PCR test result?
- have you returned from an overseas visit recently and are you still in any required or recommended quarantine period?

Staff will discuss with visitors any items they wish to bring with them on their visit, such as a gift. It will need to be something that can be easily cleaned by the care home to prevent cross-contamination. For example, a box of chocolates that could be sanitised with wipes.

Visits involving children and young people

The arrangements for the visit – in particular the numbers involved and where the visit will take place – must be planned and agreed upon with the care home in advance of the visit.

Communicating with families and visitors

The care home's visiting policy is made available and/or communicated to residents and families, together with any necessary variations to arrangements due to external events. We also provide posters, leaflets, emails and newsletters to help visitors to understand what to expect from visiting – including the length and frequency of visits as well as how they will be conducted. These can be provided in different formats.

In the event of an outbreak in the care home

During an outbreak, care providers should also continue to offer visits in well-ventilated spaces with substantial screens, visiting pods or from behind windows – rooms should be left to ventilate with external doors and windows open between uses wherever possible while aiming to maintain a comfortable temperature for residents and visitors.



Subject to a risk assessment by the health protection team (HPT), outbreak controls may be in place for up to 28 days following the last positive case especially as we learn more about real-world vaccine effectiveness and disease severity of the Omicron variant.

Health protection teams, local authority directors of public health, clinical commissioning group infection control leads and other partners will provide advice to us to help with such a dynamic risk assessment. Specific measures may change throughout any outbreak depending on the success of containing any outbreak.

Visits out of the care home

Residents should be supported to undertake visits out of the care home.

Following current government guidelines:

Residents who have received at least 2 doses of the vaccine, or are exempt from vaccination, should not have to isolate following most visits out of the care home but should take a lateral flow test every day for 10 days following the visit out.

Residents who have not received at least 2 doses of the vaccine, and are not exempt from vaccination, should not go on visits out of the care home unless they isolate for 14 days after the visit out. This is a necessary precaution following clinical advice in light of a more transmissible variant of COVID-19.

All residents should isolate for 14 days following an emergency stay in hospital if they test positive for COVID-19 or following a visit that has been deemed high-risk following an individual risk assessment by the care home.

For planned hospital overnight stays (such as elective admissions), residents do not need to isolate upon return provided they meet the following criteria. Residents should:

- Be fully vaccinated
- Receive a negative PCR test following their return to the care home (and isolate until the result is received)
- Complete daily lateral flow tests for 10 days following their return
- Avoid contact with other highly vulnerable residents in the care home

If there is a nosocomial outbreak in the part of the hospital where the resident stayed, they should self-isolate for 14 days on their return regardless of whether their overnight hospital stay was planned (elective) or unplanned.

Where applicable, attention should also be given to any additional local guidance provided by the local director of public health (DPH) and director of adult social services (DASS).

We will always support visits out in exceptional circumstances, such as to visit a friend or relative at the end of their life.



Decisions about steps to mitigate the risk of an individual resident's visits out of the care home should be taken with the resident's assessed needs and circumstances considered. We will balance the benefits of visits out of the care home against consideration of the risks to others in the home, where necessary.

It is important that the resident and where appropriate their family are involved in discussions throughout this process. If undertaking a visit out is not possible without self-isolation on return because of the risk to the individual and other residents and staff, we will communicate the reasons for this decision clearly to the resident and where appropriate their family.

Individual risk assessments should take into account:

- the vaccination status of residents, visitors and staff, including the extent of second vaccinations
- any testing of those accompanying the resident or who they intend to meet on their visit out
- levels of infection in the community
- variants of concern in the community
- where the resident is going on a visit and what activities they will take part in while on the visit
- the mode of transport that residents intend to use

Where the local community has high or rapidly rising, levels of infection, or where there is evidence of variants of concern or variants under investigation, the care home manager will seek additional local advice from their local authority DPH.

We consider the rights of residents who may lack the relevant mental capacity needed to make a decision about visits out of care homes and follow the empowering framework of the Mental Capacity Act (MCA) 2005 and its safeguards.

Other steps to mitigate the risks around a visit out

The following should be considered for all visits out of care homes:

- If appropriate, residents being accompanied by:
 - a member of care home staff
 - one or more of their named visitors, or
 - their essential caregiver
- Residents maintaining distance from anyone who is not one of their named visitors, essential caregivers, or care staff and, wherever possible, avoiding close physical contact with those who are supporting their visit to minimise the risk of infection
- Residents avoiding crowded places



- Residents avoiding using public transport where possible, especially at peak times; travelling in a family car or private taxi is an acceptable alternative

Where visits out are accompanied by a named visitor, the visitor should follow the relevant testing regime and receive negative test results in the same way as if they were visiting in.

Where possible, anyone else who the resident meets as part of an indoor visit should undertake a lateral flow device test and receive a negative result on the day of the visit. This can be confirmed by the named visitor.

All tests will be reported to the unique organisation number (UON) of the care home.

Where residents are visiting a location with an existing testing regime, for example, a workplace, daycare centre or education setting, they should participate in the relevant testing regime for that organisation where possible.

Others involved in the visit will be informed of the precautions to take leading up to the visit to minimise the risk to the care home resident and others in the care home. This includes receiving a negative test and following good infection control practices including limiting close contact, hand hygiene, wearing face coverings and avoiding crowded places.

If using our vehicle cleaning protocols are in place. If comfortable, the vehicle windows will be opened to aid ventilation.

If the resident is being accompanied by a member of care home staff, a risk assessment should be carried out. This should assess the COVID transmission risk to the care worker arising from any activities during the visit to ensure that the necessary precautions are in place. This may, for example, include if the care worker is likely to undertake direct personal care and whether the care worker requires PPE (above the requirements for individuals in a public place). If necessary, the staff member will take the required additional PPE, as well as the means to safely store or dispose of it, along with a spare, replacement face covering with them when they leave the care home.

Vaccination is one of our best defences to combat infection risk. It significantly reduces the transmission of the virus, particularly following 2 doses and a booster.

It is strongly recommended that all visitors and residents take the opportunity to be vaccinated before conducting visits.

Current government guidance will be monitored and followed.

Related Policies

Infection Control

Staff Vaccinations - Covid-19



Related Guidance

Guidance on Care Home visiting

<https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes>

Digital Social Care Privacy Notice template

<https://www.digitalsocialcare.co.uk/resource/privacy-notice-template>

NHS Testing available for adult social care in England

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999240/02-020721_Adult_Social_Care_Testing_Guidance_visual_DIGITAL.pdf

Coronavirus (COVID-19) testing in adult care homes

<https://www.gov.uk/government/publications/coronavirus-covid-19-testing-in-adult-care-homes>

Covid-19 medical exemptions: proving you are unable to get vaccinated

<https://www.gov.uk/guidance/covid-19-medical-exemptions-proving-you-are-unable-to-get-vaccinated>

Skills for care information and resources

<https://www.skillsforcare.org.uk/Recruitment-retention/COVID-19/COVID-19-Vaccination.aspx>

ICO-Vaccination and Covid pass checks

<https://ico.org.uk/global/data-protection-and-coronavirus-information-hub/coronavirus-recovery-data-protection-advice-for-organisations/vaccination-and-covid-pass-checks>

Training Statement

All staff, during induction, are made aware of the organisation's policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary, and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including one to one, online, workbook, group meetings, and individual supervisions. External courses are sourced as required.

Date Reviewed: December 2021

Person responsible for updating this policy: **Mr Athar Mohammed**



Next Review Date: December 2022