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Visiting by Family and Friends - Guidance for Adult Care Homes in Scotland

12th October 2020

Version History

Version	Date	Summary of changes
1.1	25/06/20	First version of document
1.2	08/08/20	Updated advice on moving to stages three and four. Indicative dates for progression through the visiting pathway. Advice on changing the designated visitor between and within stages. Inclusion of a checklist to support development of visiting protocol in line with mitigating measures to protect people. Importance of participation in testing programmes. Additional information on essential visitors. Advice on indoor communal activity for stage four. Advice on external audit / monitoring to ensure that all the mitigating measures are in place and adherence reis high. General improvements based on feedback.
1.3	27/08/20	Updated advice on changing the designated visitor. Content to reaffirm / clarify locus of guidance. Proofing edits in line with house style. Update to Stage 3 visiting text (table on pages 8-9). Update to clarify family visiting in residents' rooms. Future focus of both visitors' protocols updated (Appendices). Title updated to include 'Family and Friends'. Essential visits updated to include care home discretion. Flexibility emphasised in end of life care situations. Review arrangements added for any temporary local restrictions to visiting.
1.4	12/10/20	Updates include (all with safety and infection prevention recommendations): Extending the duration of indoor visiting to up to four hours

		Extending outdoor visiting to up to one hour, and with up to six visitors from up to two households. Children and young people also recommended to be supported to attend. Increased flexibility around the circumstances and definition of essential visiting. Children and young people should be supported to attend essential visits. Changes to the designated visitor and when these should be supported. Safe touch, and greater involvement with the daily routine Advice on bringing in selected gifts and resident belongings. Advice on arrangements for pets and therapets .

Introduction

This guidance is part of a series that provides advice and support to those working with adults in care homes during the COVID-19 pandemic. Content has been developed by the Chief Medical Officer (CMO) and Chief Nursing Officer Care Homes Clinical and Professional Advisory Group (CPAG), a multidisciplinary group providing clinical and professional advice throughout. As with all guidance in this series, content aligns with Health Protection Scotland's COVID-19 Information and Guidance for Care Homes [hyperlink] and draws on expert advice developed by SAGE, the CMO Advisory Group and others. The guidance also provides practical detail to support continued provision of safe, effective and person centred care locally during the pandemic.

Because the risks of COVID-19 are significantly higher for care home residents (due to factors such as age, and/or high levels of comorbidity, physical dependence, living in shared accommodation and often receiving close personal care), a differential relaxation of restrictions between the general population and people living in care homes is necessary as we progress through the pandemic, in order to protect those at highest risk. In view of this, Scotland continues to take a national approach while community transmission rates remain changeable and unpredictable.

In tackling this pandemic, it is important to balance the serious risks posed to care home residents by the virus, with the right to a family life which all residents should be able to enjoy, particularly given the beneficial impact which visits from family members have on the mental and emotional wellbeing of residents. This is a difficult balance to strike.

The differences in approach outlined in this guidance are evidence based and developed on the basis of the clinical and professional advice available at the time the guidance was published. However, we are in a constantly evolving situation and as such, all guidance and recommendations remain under constant review as the pandemic progresses and further scientific advice and evidence becomes available.

At the present time, 1079 care homes in Scotland provide support and care to almost 41,000 adults, of whom three quarters are older adults.

These care homes are people's homes. Homes in which some of the most vulnerable individuals in our society live out their lives, with as much independence as their own unique situation permits and as much dignity, compassion and care as society can provide.

The importance of social contact and time with those we love and care for cannot be overstated. Opportunities to visit bring comfort to both those who are visited and to those visiting. Some care home residents are living with dementia, and have limited understanding of events, including the COVID-19 pandemic. They may experience distress and confusion – which can be modified by the presence of familiar faces of family and friends who visit. We also know that social interaction can have a positive effect on the overall health and wellbeing of the individual. As such, visiting is a fundamental part of the care of those who live in care homes.

The COVID-19 pandemic has introduced a significant threat to people living in care homes. Management strategies have included residents staying in their own rooms, the avoidance of communal areas and limiting all but essential visitors. These strategies have all contributed to an unprecedented level of social isolation.

Studies on isolation show it to be a predictor of subjective loneliness and it can have negative effects on health and wellbeing. While the solution to loneliness is human connection, this has been difficult during the pandemic.

The impact on many people living with dementia and others with cognitive and communication difficulties may be more marked, especially those unable to comprehend the necessity of the pandemic-associated measures. There is essential disruption to the structure and pattern of the day and therapeutic activities which are likely to cause stress. Responses to the measures will also be highly individual, dependent on many unique variables but including the extent to which staff and families / friends have been able to ameliorate by establishing alternative modes of connection, and the resident's ability to engage with these.

Keeping residents safe and well has been the fundamental concern, but as we move through the route map to recovery, it is important that we manage safety alongside supporting wellbeing and enabling safe social contact.

Throughout the COVID-19 pandemic, essential visits should always be permitted where they will prevent or respond to a decline in the resident's wellbeing, as well as in end of life situations or circumstances including those who are experiencing stress and distress. The guidance outlines a staged approach to the reintroduction of visiting in care homes, where it is clinically safe to do so, over and above essential visits. It also provides further clarity on essential visits, which should continue to be permitted throughout all stages of the reintroduction of visiting.

This guidance seeks to provide clear recommendations but it is ultimately for local areas and care homes where appropriate, to take account of any individual facts and circumstances of residents in considering application of any of these recommendations and consider these against the wider risks posed to the other care home residents from the virus. In doing so, a full and robust risk assessment should be carried out.

Purpose of this guidance

The underpinning aim of the guidance is to balance the risk associated with more people coming into the care homes alongside the potential harm associated with the loss of contact with family and friends. The guidance considers how visiting indoors may be re-introduced whilst minimising the risks to residents, staff and visitors. It has been reviewed in conjunction with Health Protection Scotland / Public Health Scotland and aligns with policies and recommendations in terms of Infection Prevention and Control (IPC).

Outdoor visiting with one designated visitor was initially recommended from 3 July. From the 10 August 2020 visiting was extended to up to 3 visitors from 2 households

with all precautions remaining in place. Indoor visiting with 1 designated person per visit for approx. 30 minutes once a week was recommended subject to plans being developed and approved by 24th August.

On 12 October the Cabinet Secretary for Health and Wellbeing announced that the duration of outdoor and indoor visiting could be extended as follows:

Outdoors: No more than 6 people from two separate households at the same time per person for approximately one hour once a week if physical distancing is still possible and facilities allow. Children and young people under the age of 18 can visit outdoors.

Indoors: This should be limited to one designated person for up to 4 hours once a week (not including essential visiting).Prior to the introduction of internal visiting, families and loved ones may also continue to visit residents in any care home who are bed bound or not fit to go outside at a window. This will need to be scheduled to ensure that risks form increased footfall are mitigated and residents can be supported.

The development of this guidance has been undertaken with the following principles in mind:

- At all times a person-centred approach should be taken.
- Resident, staff and visitor safety is crucial.
- An evidence-based approach should be used for both national and local implementation of visiting practice.
- A staged approach to the reintroduction of visiting will be adopted as per table below; progression will be as fast as possible while fully taking into account the risks at key stages.
- Flexibility is also crucial: for example, in the event of a case of COVID-19 in a care home and/or evidence of community hotspots or outbreaks, care homes may need to rapidly impose visiting restrictions. Where this needs to happen, consideration and review of the continued necessity of restrictions should take place in line with the wider local rhythm for reviewing community transmission and temporary, additional local measures. Local Health Protection Teams will guide and advise on this.
- A clear national policy for the testing of care home staff and residents.
- Monitoring of safety within the care home during the pandemic by the use and reporting of key indicators as contained in the safety huddle template.

Consideration and risk

COVID-19 is extremely infectious – and its effects have been devastating. The infection can be passed very easily from person to person and the use of public spaces (especially indoors) and close contact increase that risk. While infection rates are decreasing, there is an ever-present threat of COVID-19 in care homes. We cannot therefore be complacent due to the potential risk of ongoing transmission

and the possibility of a second wave of the pandemic. The risk associated with the reintroduction of visiting will depend upon several factors:

- Whether it has been established that the home is likely to be COVID-19 free.
- The layout of the home to allow access for visitors to the resident with minimum contact with others.
- The incidence of infection in the community, where the visitor comes from.
- The number of visitors and circumstances of the visit (whether inside/outside, ventilation within the care home, occupancy and size of the care homes, whether social distancing can be observed/level of physical contact, duration of the visit, and adherence to other infection prevention and control procedures).
- The role the visitor may play in assisting care.
- The current supply and usage of PPE and other Infection Control Processes in the care home.

Risks may be higher for visitors who stay longer, and/or have greater involvement in the provision of ongoing care. Other factors which may also be important are the size of the home, whether the home is part of a larger group of homes and staff movement between those homes. The reintroduction of indoor visiting will pose a greater risk to care homes and therefore needs careful implementation planning with an ability to quickly revert to restriction when necessary.

Criteria that should be met prior to introducing indoor visiting:

To reduce the risks, the following measures should be adopted before the reintroduction of visiting, or progression to the next stage:

1. A care home only considers visiting if they have been **COVID free / or fully recovered** as agreed with the local health protection team for 28 days from last date of a positive test or symptoms of COVID as appropriate. This is based on the UK government Scientific Advisory Group for Emergencies (SAGE) advice that 28 days is twice the extreme incubation period for the virus and given the possibility of asymptomatic carriage, is the safest estimate for allowing visits. Where the last date of a positive test is in an asymptomatic staff member, a risk assessment should be undertaken by the local Health Protection team (HPT) (Note – this is your local Health Protection Team, not Health Protection Scotland), to determine whether the full 28 days are necessary.
2. Care homes should undertake a **risk assessment** and develop a visiting protocol before reintroducing visiting with **sign-off** from the local Health Protection team supported by the Care Home Clinical and Care Professional Oversight Team on behalf of the Director of Public Health. (The Oversight Team has been established in every area to provide clinical and professional support to care homes. The team comprises: NHS Director of Public Health; Executive Nurse lead; Medical Director; Chief Social Work Officer; HSCP

Chief Officer alongside colleagues from the Care Inspectorate). These teams will provide a professional assessment of whether visiting is likely to be safe within their area, taking into account the wider risk environment such as prevalence and incidence of infection in the local community and/or outbreaks/hotspots which may increase risk of infection in visitors to care homes in the area.

3. These risk assessments and **protocols should be updated** by care homes prior to progression to each stage of the visiting pathway with support and approval from the local health protection teams as above.
4. Care homes should be fully **participating in resident and staff testing** programmes before permitting visitors.
5. Homes should participate in the use of the **Safety Huddle Tool**.
6. There may be occasions when the local health protection team decides there is a need to test visitors for COVID-19 in an area or in a particular home. **Visitor testing should be considered as part of the local risk assessment** processes taking into account the prevalence and incidence of infection in the local community; outbreaks; hotspots which may increase risk of infection among visitors to care homes. If this does happen it will be important to inform visitors at the earliest opportunity.
7. **Appropriate Personal Protective Equipment** (PPE) for all (visitors should bring their own face covering and if necessary, further PPE will be provided).
8. A robust system of reviewing that staff and visitors **do not attend with COVID-19 relevant symptoms** should be in place.
9. Visitors should adhere to **strict hand and respiratory hygiene** by washing their hands with soap and water, or using alcohol hand gel, prior to entering and leaving the care home.
10. Those visiting an individual with suspected or confirmed COVID-19, as part of an essential end of life visit for example, should be **provided with the appropriate PPE.**
11. **External audit and monitoring** should be undertaken as part of local assurance and scrutiny processes to ensure all the mitigating measures are in place and adherence is high. The base line measures for this assurance will be provided via the safety huddle tool.
12. This guidance is being provided based on the best available scientific and clinical advice in relation to dealing with COVID-19. This **guidance may change and be updated** as scientific advice develops. Where there is a reference in this guidance to any legislation, given the law can quickly change (and perhaps before guidance is updated), users of this guidance should check that those references are up to date and seek independent advice in appropriate circumstances.
13. This guidance does not supersede or provide advice on matters that are governed by Part 1 of the Health and Safety at Work Act 1974, and any legislation or guidance made under, or about that Act, occupiers liability or other legal obligations on care home providers to ensure that care home premises are generally safe for residents, visitors and staff. It is important that care home providers seek independent advice on those matters, and if

necessary, what the impact of COVID-19 may be, to ensure they are complying with any such legislation or obligations.

Staged approach to the reintroduction of visiting

In order to minimise risk, there will be a staged approach to the reintroduction of visiting. This is summarised below:

Staged approach to visiting and communal activity
(Each stage is dependent on the scientific advice given at the appropriate time)

Stage Readiness	Stage 1 (prior to any lifting of restrictions)	Stage 2 (From 3 July)	Stage 3 (*from 10th August subject to scientific advice*)	Stage 4 (Subject to scientific advice)
Visiting	Essential Visits only (End of Life, Stress and Distress)	Essential Visits Garden Visits 1 designated visitor for approx. 30 minutes once a week	Essential Visits to respond to or prevent a decline in the resident's wellbeing. Can include children and young people under 18. Garden visits with 6 max visitors from no more than 2 different households at the same time per resident for approx. 60 minutes once a week. Children and young people under 18 can also attend. Indoor visits with 1 designated person for up to four hours once a week. Note: residents who are bed bound or not fit to go outside can visit at a window (with planning to manage footfall). (all above visiting is subject to scientific advice and all necessary measures in place).	Essential Visits Controlled programme of garden and indoor visits.

Communal activity	Avoidance of communal areas	Residents' use of outdoor areas in limited numbers. Avoidance of indoor communal areas	Residents' use of outdoor areas in limited numbers. Avoidance of indoor communal areas	Residents use of lounge, communal dining area and outdoors in limited numbers. Involvement of external visitors e.g. activity coordinators/ musicians and exercise classes. All with physical distancing, supervision and staff wearing PPE.
Recommended care home actions to ensure visiting is feasible and safe	Care homes should ensure they complete the following before introducing visiting: • Resident consent as appropriate • Choice of designated visitor • Risk assessment of visitors: health status declaration for the previous 7 days and any potential contact with COVID-19 in the previous 14 days, understanding of measures • Scheduling of visits • Updated risk assessment for each stage signed off from the group delegated by the local Director of Public Health • Home participates in weekly staff testing and uses Safety Huddle Tool • Visitors should wear a face covering and maintain 2 metres physical distance • Staff wearing masks at all times and appropriate PPE if necessary • A strict cleaning regime should be in place, inclusive of frequently touched surfaces or objects • Monitoring of observance of measures			
Context specific recommendations	Visiting should take place only when care homes: • are established and declared free of all COVID-19 cases by local health protection teams **28 days from last date of positive test result or where appropriate last symptoms** of any resident or staff member. Where the last date of a positive test is a staff member, a risk assessment should be undertaken to determine whether the full 28 day period should be applied. • are participating in testing programmes including routine weekly testing of care staff.			

At a national level, each stage of easing of restrictions will be assessed depending on scientific advice and the progress of the infection rates. Progression will be as fast as possible while fully taking into account the risks at key stages. Stages may be delayed if scientific advice suggests that the risks of relaxing measures cannot be minimised.

At a local level, advice will be provided by the Director of Public Health who will give a professional assessment of whether visiting is likely to be appropriate within their area, taking into account the wider risk environment. The external COVID-19 environment includes the prevalence and incidence of infection in the local community and/or outbreaks/hotspots, which may increase risk of infection in visitors to care homes in the area.

Visiting stages

Stage one: Essential visitors

- Stage one with the policy of essential visits only (see definition below) has been in operation throughout the pandemic and it is important that such visits continue throughout all stages.

Stage two: one outdoor designated visitor once a week

- The reintroduction of visiting will commence with outdoor visiting. This should be limited to one designated visitor only (see definition below), for approximately 30 minutes at 2 metre safe distancing, wearing a face covering or mask. Hand hygiene will remain crucial to protect visitor and resident alike.
- **Essential visits** should continue in parallel but will need to be well managed to ensure the safety of all.

Stage three: several visitors outdoors and one designated visitor indoors

- **Outdoors:** No more than 6 people from two separate households at the same time per person for approximately one hour once a week if physical distancing possible and facilities allow. Children and young people under 18 years of age can now also visit outdoors as long as they adhere to existing social distancing, PPE and IPC recommendations for outdoor visiting.

  Visitors who have formed extended households should be considered as an individual (single) household when visiting outdoors.

  Where numbers of visitors are likely to inhibit the maintaining of social distancing, the maximum number of 6 visitors may be reduced.

  Residents should be supported to access or exercise in the grounds of the care home if they wish and it is practical to do so; with or without staff or visitors depending on their preference and need.

- **Indoors** By 24 August, subject to scientific advice, plans should be developed that take account of the strict criteria outlined above and approved by the Director of Public Health or their delegated officer. Only this will enable indoor visiting to commence. If this work is completed prior to 24 August, visits can commence earlier. As of 12th October when the guidance was updated, this should be limited to one designated person for up to 4 hours once a week. The designated person can be alternated however any changes are at the reasonable discretion of the care home manager (or senior member of staff if the manager is not available), recognising that a number of factors need to be taken into account. A care home may need to be flexible on visiting frequency for some families, for example if they are travelling from long distances but should only be done if this can be accommodated safely and not adversely affect other residents visiting or staff capacity.

- **Essential visits** should continue as above. Children and young people should be supported to attend essential visits , with standard safety and PPE recommendations in place (as for others).

Stage four: controlled visiting; this stage enables greater frequency of visiting and number of visitors per person but is still managed in such a way that steps are taken to limit the number of people in the care home at any one time and to protect visitors residents and staff by adopting the measures set out above.

- the frequency, duration and number of visits will depend on a range of factors including the resident needs, care home size and environment etc. and will need to be determined by the care home in consultation with local health protection team and/or Care Home Clinical and Care Professional Oversight Team.

- **Essential visits** should continue as above.

Communal activity: stage four

- New guidance published on 3rd September 2020 includes dedicated advice on communal activity and should also be referred to as care homes resume communal activities and increase visitation (note: continue to check the [hyperlink] Scottish Government website for updated and additional publications)
- Based on new evidence, it is now recommended that communal living is opened up in care homes that have been COVID-free for 28 days and are actively participating in the staff testing programme.

Full advice and guidance on resuming communal living and reopening communal areas is available online [hyperlink].

Definitions - essential visits and designated visitors

Essential visits to ease stress and distress are indicative of the balance to be struck between significant harms – those posed by COVID-19 and those resulting from separation from the most significant people in residents' lives. The need to support an essential visit is prompted by early recognition of increasing stress and changes in physical and mental wellbeing beyond that anticipated in association with existing health conditions. The facilitation of essential visits can play an important role in a range of person-centred responses to alleviate stress, prevent or minimise distress and unpredicted levels of deterioration.

Definitions - essential visit and designated visitor

Flexibility around the number, frequency and duration of visits when a friend or relative's loved one is deteriorating is at the reasonable discretion of the care home manager or, if unavailable, another senior staff member. A number of factors need to be taken into account such as the circumstances of the residents and of the visitors, and the ability to manage these visits safely. The recommendation is that care homes work to safely support essential visits where they will benefit the resident's health and wellbeing, or allow families and friends important time with loved ones in circumstances approaching end of life.

In circumstances when there is serious concern for the health and wellbeing of the resident and/or approaching end of life, care home managers should, in consultation with the family, decide on the size and duration of family / friends visits, ensuring that full PPE, symptom awareness and IPC measures are in place.

Note: Spiritual care visits should be supported at all stages of the pandemic, ensuring physical distancing is in place wherever possible and PPE is worn at all times.

For clarity, spiritual visits should be considered as essential visits and people meeting with residents for this reason should not be counted as designated visitors. Spiritual care visits should be supported both indoors and outdoors.

Designated visitors

Current recommendations for restrictions to the number of designated visitors are based on evidence that the risk of transmission of COVID-19 in care homes increases as more people enter.

A **Designated Visitor** is someone the resident choses as their named visitor. This might be a spouse or next of kin or a friend. That person will be the main link to the home for a resident and can be changed or alternated on agreement between the care home manger and the resident. The onus should be on supporting people to visit safely, if there is a pressing emotional, medical or circumstantial need to do so.

There are a range of circumstances where designated visitors should be supported to be alternated, change, or flex. These include:

1. when the designated visitor will be unavailable for a visit and the resident wants to see someone else instead, or
2. when visitors (especially family members) are travelling from a distance.

Care homes should be sympathetic to visiting requests by family and friends and liaise with their local health protection teams, to secure the support for these to happen safely.

To support visits to happen, care homes should give as much advance notice as possible to families and loved ones that visits will be supported, being mindful of practical factors such as making travel arrangements.

Designated visitors and adults with incapacity

There will be occasions where a resident lacks capacity under the Adults with Incapacity (Scotland) Act 2000 (AWI Act). Incapacity can fluctuate depending on the time, place and decision being taken, amongst other factors.

In these situations, in the first instance the resident should be provided with support to enable them to choose a designated visitor themselves. If they are unable to then if someone has been appointed to take decisions for them under the AWI Act, such as a guardian, power of attorney, or intervener then this person can represent the resident's wishes. In doing so they should take into account the past and present wishes and feelings of the resident as far as they can be ascertained, and the views of any interested parties, including the nearest relative, named person and primary

carer of the resident as far as reasonable and practicable. Care homes should satisfy themselves that the proxy has the correct welfare powers to be able to visit the adult.

If there is no proxy then the care home should take the lead in consulting interested parties as far as is reasonable and practicable and deciding who will be the designated visitor.

If the designated visitor is unable to visit, or visitors are to be changed, then a decision should be taken in advance by the proxy or care home (where there is no proxy) on who else should be able to visit. The past and present wishes and feelings of the adult and the views of interested parties should be taken into account in this decision.

Care home managers should ensure equal flexibility for residents with and without capacity.

Planning for a return to visiting

We would suggest that we approach each stage from three perspectives – that of the individual resident and their characteristics; the individual visitor and their characteristics; and the specific environment of the care home in question.

After such a lengthy period during which there has only been essential visits happening (i.e. those for end of life situations or specific situations of distress) and in which individuals will have been living in very different ways, it is important that the recommencement of visiting is handled in a manner which is supportive and sensitive.

Care should be taken first of all to determine whether the individual resident wishes to receive visitors. The individual views and needs of each resident, and in the case of someone with incapacity the views of the Power of Attorney or Guardian, should be central to any decision. If an individual lacks capacity, the Principles of the Adults With Incapacity (AWI) Act, (which should be documented in the Individual's Care Plan) make it clear that attempts should be made to involve the person in whatever way possible; past and present views have to be considered.

A discussion about who someone wants to be their designated visitor may be challenging for residents who may find it difficult to choose between family members or friends. As noted above care homes may permit a change in the designated visitor, but this should be discussed with the care home, resident and designated visitor and is at the sole discretion of the care home manager.

Designated visitors are likely to have specific concerns and expectations about their relative or friend and the conditions of visiting which could usefully be explored in advance. Some residents may find the conditions associated with recommencement of visits difficult and possibly emotional. Staff should be supported to prepare residents as well as possible and be familiar with approaches which may help.

Staff may be fearful about the risks of harm associated with visitors returning and how they will manage the conditions which will make this possible and safe. They are also likely to be concerned about the reactions of residents and visitors and how they can best support emotionally challenging situations, for example if the resident does not recognise their family member, is angry with them for their absence, or pleads to be taken 'home'. An information leaflet *[hyperlink]* has been developed for visitors to prepare them for visiting.

Both staff and designated visitors would benefit from being supported to anticipate different responses and prepared with some potential coping strategies. In the context of restrictions on visiting continuing for some time, there is much to be learned from care teams who have been especially successful in adopting a range of methods to maintain connections between relatives, residents and themselves. Continuing to develop augmented channels of communication will be important and this has resource implications if equality of access and benefit is to be assured.

The needs of the resident

Consideration should be given into the specific needs of the resident involved. Visiting brings significant benefits in terms of connection to loved ones; it can also reduce distress for the resident that is often evident in behaviour such as unplanned-for walking, poor sleep, withdrawal, increased vocalisations etc. It is worth noting that it is in some instances, visiting may not be not be in the best interests of an individual if there may be a negative impact on wellbeing for example by causing distress. Care home staff will know some of the residents from pre-COVID times and whether visiting was calming or distressing. Other residents may be new. **In essence the resident should be at the centre of all the decision making.**

Outdoor visiting may not be possible for some residents (for example due to mobility issues) and cold weather; therefore consideration should be given to whether window visits can take place if appropriate. It should be noted that care homes may wish to permit window visits in parallel with indoor and outdoor visiting if it is safe to do so. However a care home will need to manage this depending on the number of outdoor visits they are receiving. The footfall in the grounds may not permit it. A decision would need to be made on an individual care home basis and take into account the needs of the resident.

Shielded residents – care homes should support residents who have received shielding letters to receive visitors outdoors and indoors in stages two, three and four as long as the resident wants to have a visitor, physical distancing is observed and PPE used as with other residents.

A resident who is being routinely isolated for 14 days following admission to a care home should not be permitted visitors unless circumstances suggest that an essential visit would be appropriate and then only if the correct Infection Prevention Control measures are followed.

Consideration should be given to whether the resident is able to physical distance and to understand what this means in practice.

As time has passed, there may be issues of recall and memory especially for persons living with dementia. It will be important for staff to undertake work using memory boards, photo albums etc. to prepare residents for visiting.

Consideration will also need to be given to the communication needs of residents: many people in care homes have a sensory impairment. Communication may be more challenging when wearing masks and physically distancing. Hearing aids work best within 1 metre but decrease in effectiveness by 50% at 2 metres and masks impact on the hearing aid's frequency. Scottish government and NHS NES Guidance on communicating with people who have sensory loss *[hyperlink]* is available online.

How will the visit happen?

Consideration needs to be given to how frequently residents may wish to see their visitor. During stages two and three it is recommended that this is once a week to reduce the number of people in a care home. Many families will have been used to their own pattern of visiting and the routines of ritual that attach to these visits. Families might have been used to visiting at key times such as evenings or weekends. It will be necessary to stagger visits and limit the length of time of visits in order to ensure not too many people are in the care home at the same time and to allow staff to prepare and clean visiting areas in between visits. It will also be important to think of practical issues such as where the visit might take place and what might be the nature of appropriate activity which can take place during the visit.

All of these actions will need to be clearly explained to residents and family members.

Embedding indoor visiting

As the seasons change and if outdoor temperatures are dropping, care homes should progress indoor visiting arrangements for everyone, with support from local Directors of Public Health / Directors of Nursing to ensure local conditions are safe.

Indoor visiting should be resumed on approval of visiting risk assessments, and care homes should liaise with their local oversight teams to resolve any concerns around doing this safely. Wider conditions are that care homes be COVID-19 free for at least 28 days and actively participating in the testing programme continue to in place.

The Turas care management safety huddle information should be used by the care home and local oversight groups to support decisions around risk assessment.

In line with new evidence around risk, routine indoor visits can be extended to a maximum of 4 hours with the designated visitor, in line with the resident's wishes and care home manager's support. The recommended frequency remains once weekly. Where at all possible, different entry and exit doors should be used to support a one way system of visitor flow into and out of the care home.

Residents and visitors may wish to be involved in elements of residents' personal care or more interactive time together. This should be supported as long it takes place in the resident's room and existing IPC/PPE recommendations are met (see updates to Touch below). Examples of more participative activities include:

1. Mealtimes
2. Hair care
3. Involvement in the daily routine

Garden and outdoor visiting

Where social distancing can be maintained, garden/outdoor visits can include up to 6 visitors total from no more than two households, and for up to one hour per visit.

Visitors who have formed extended households should be considered as an individual (single) household when visiting outdoors.

Children and young people under 18 years of age can visit outdoors as long as they adhere to existing social distancing, PPE and IPC recommendations for outdoor visiting.

Where numbers of visitors are likely to inhibit the maintaining of social distancing, the maximum number of 6 visitors may be reduced.

Residents should be supported to access or exercise in the grounds of the care home if they wish and it is practical to do so; with or without staff or visitors depending on preference and need.

Touch between relatives and visitors

While the recommendations for social distancing remain in place, we recognise that there are occasions when touch will be valuable for both residents and visitors, including in circumstances approaching end of life and spiritual care. In these instances, touch should be allowed and does not need to be supervised by care home staff.

To support touch to happen safely, visitors should be supported to have regular training and supervision from care home staff to put on and take off PPE, in line with the national guidance, as well as to ensure other IPC recommendations are met.

As with other updates, should care home managers have queries or concerns around supporting touch to happen safely, they should liaise with their local health protection/oversight teams in the first instance.

In these instances, visitors should wear a mask and apron and gloves and residents should be supported to wear a mask (noting circumstances for exemptions in

existing guidance). These arrangements are recommended for indoor or outdoor visiting.

Measures should be in place to ensure visitors' stringent handwashing and safe disposal of PPE on exiting the home.

Visitors

The family of a resident should be supported in making the decision in stage two as to who is to be the designated visitor. After months of not visiting, the state of health and wellbeing of their family member may have changed and this may cause distress to the visitor. Staff should be prepared to offer support should anxiety or upset occur. To protect everyone, the following should be considered and put in place:

- Visitors should be informed they should not attend if they have COVID-19 symptoms: fever, new and persistent cough, loss or altered sense of taste or smell, or any other illness (e.g. vomiting/diarrhoea).
- The overall health of the visitor needs to be taken into account especially if they are an individual who is in a particular at-risk group. They should be advised of the risks which may result from any visit to the care home. Shielded visitors may visit outdoors in stage two and can move to visiting indoors in stages three and four as long as physical distancing is maintained and appropriate PPE used.
- Ideally the designated visitor should be the same person and visits should be limited both by frequency, initially once per week in stages two and three, and by length (an optimum would be 30 minutes if outside -excluding time for preparation and discussion with staff before and after).
- Visitors should agree to a risk assessment which will involve being asked to provide responses to a health questionnaire and to sign a declaration form (see appendix 5 for sample pro forma).
- Visitors will need to consider how they will travel to the care home and in particular whether their journey necessitates the use of public transport. It might be that some assistance is needed to enable visitors who are especially vulnerable to get to the care home. Guidance on how to travel safely *[hyperlink]* is available from Transport Scotland.
- Visitors should be asked to wear a face covering and if necessary appropriate PPE at all times (for example where residents are COVID positive or suspected and receiving end of life care or where a resident is particularly distressed). Staff will support family members to understand how to don/doff PPE (see appendix 6 for information on PPE for visitors).
- They should be asked to restrict themselves to the locations where the visit will be taking place or other areas as directed by the care home staff.
- Visitors should be asked to inform the care home manager should they develop symptoms of COVID in the 14 days following their visit, as this would

support early tracing and protection of any potential transmission involving the care home.

- Consideration should be given to any support a visitor may need before during and after a visit given potential distress of not seeing a loved one for some time.
- Care home providers should ensure that any information which they obtain from visitors which constitutes personal data or sensitive personal data, as defined by the GDPR or the Data Protection Act 2018, is processed in accordance with any obligations under that legislation.

Bringing in gifts and belongings

Visitors should be allowed to bring in gifts and residents' belongings (kept to a minimum unless they are essential), and agree arrangements to do so with the care home manager ahead of visits. Items such as books and magazines or helium balloons should be wiped by care home staff before passing them to residents. Any items that cannot be wiped clean (for example, teddy bears) should be put in a sealed plastic bag for 72 hours by care home staff, to quarantine items, before removing and passing them to residents.

Anyone bringing in gifts should be advised to observe strict hand hygiene measures throughout.

The following items should not be brought in, for IPC reasons:

- Non-helium balloons
- Home prepared food or baking

Bringing in pets and/or therapets

During Stages 3 and 4 and building on new advice around risks to infection, it is now recommended that care homes can permit family pets and therapets can be brought to outdoor and indoor visiting where residents and family members wish, as long as certain pre-conditions are met (for IPC and safety reasons).

These are:

- Pets/therapets are brought by a responsible owner who will ensure they are kept under control whilst on the premises
- Pets/therapets are not brought to the care home if they are unwell in any way
- Pets/therapets should only be brought to visit a single resident
- The suitability of areas should be considered to determine pet/therapet visits (and this should only take place in residents' rooms or outdoors)
- A suitable area for the pet to be toileted should be identified
- Care home managers should ensure that those residents coming into contact with the pet/therapet have no allergies or fears associated with the animal
- Pets/therapets should be kept away from any residents with wounds or invasive devices
- Hand hygiene should be performed after touching the animal (using soap and water)

- Pets/therapets should not be permitted access to any communal or clinical areas, or dining rooms, or kitchens.

Hairdressers

During Stages 3 and 4, Hairdressers should be supported to visit residents in a designated room within the care home.

Surfaces should be disinfected between residents and good practice recommendations for hairdressing should be followed (see: https://www.gov.scot/publications/coronavirus-covid-19-retail-sector-guidance/pages/close-contact-services/#highriskzone).

Existing visiting guidance safety recommendations should be followed, including for the wearing of PPE and symptom awareness for visiting hairdressers.

Residents do not need to wear masks to / from visiting hairdressers in the home.

The care home

Every care home should develop its own risk assessment and visiting protocol (see appendices 1, 2, 3). No visiting, other than essential visiting, should take place whilst there are people with COVID-19 in any care home. This protocol should describe in plain and accessible terms the process of visiting from designated visitor contact to the end of the visit. The protocol should describe how a visit to the care home will take place. The terms of this protocol should be agreed in liaison with the local Health Protection Team and/or Care Home Clinical and Care Professional Oversight Team. Particular consideration and an appropriate local risk assessment will need to be undertaken for care homes where there is an outbreak occurring as only essential visiting will be permitted. This should be done in collaboration with the local Health Protection Team. Appendix 4 contains a sample check list of areas to be included in a protocol and Appendices 2 and 3 contain sample visiting protocols for outdoor and indoor visiting. Further resources to support visiting can be found on Alzheimer Scotland website.

The care home should detail where visits should take place i.e. where in the garden/grounds this would happen. This will be dependent upon the unique environment of the care home and consideration should be given to ensuring that this is as safe and comfortable as possible. Subject to any obligations on care home providers to make their accommodation safe for both residents, visitors and employees. For some care homes, it might be possible to use a gazebo should there be space within the grounds. If using such structures, it is important that measures to ensure the factors which make 'outdoors' safer are in place, i.e. there is adequate space within them for people to physically distance (at all times including when it rains), air can flow through and there are minimum surfaces that are regularly cleaned. **No marquees either fully or substantially enclosed should be used as they do not provide good ventilation or flow of air.**

For indoor visiting, care homes should consider using specific rooms that allow physical distancing. Residents' own rooms can also be used for visiting.

Irrespective of which space is used for visiting, infection prevention and control and wider protective measures should be followed.

It is important individual care home providers continue to comply with all legal obligations on them to ensure the care home is a safe place to visit and with any health and safety or other legal obligations in respect of it being a safe workplace and seek independent advice on these matters if needed.

Vigilance around COVID-19 symptoms is essential (and staying at home when these are present) alongside hand hygiene, increased cleaning, physical distancing and PPE which are all key features of good Infection Prevention Control. A summary of some of the practical measures and recommendations to support safe visiting is outlined below. More details are provided in appendix 4.

The criteria that need to be in place and signed off by the local DPH/HPT prior to introducing any indoor visiting are:

- Resident consent
- Plan for designated visitor
- A 'booking system' to limit numbers.
- Physical distancing Plans
    - **Visitor's journey** through the care home from arrival to departure
    - Clear **entry and exit points** to the home
    - Consideration of a **one way system**
    - **Designated prepared area** for visits
    - Plan for managing other residents within communal spaces
    - **Designated visiting area** as near to entry door as possible.
- A safe area for visiting with good ventilation that can be easily cleaned between visits.
- Visitor health status declaration for the previous 7 days and any potential contact with COVID-19 in the previous 14 days.
- Sufficient staff numbers to support visiting and cleaning
- Face coverings should be worn by visitor and if PPE is also necessary, staff should supervise this and a safe disposal process.
- Hand hygiene provision for visitor
- Duration of indoor visit- this can be up to 4 hours but will depend on both the care home and individual resident circumstances
- Additional cleaning recommendations - increased frequency
- Infection prevention and control cleaning and disinfection plan
- Visitors should restrict gifts to a minimum but should not bring food, flowers, balloons etc.
- Visitors should access dedicated toilet facilities for visitor use only, ensuring frequent enhanced cleaning is in place (at least hourly) for all surfaces and using a chlorine releasing agent 1000 ppm (bleach). This should include the toilet, sink and frequently touched surfaces like door handles and light switches, but not including floors.

Further information and resources

Alzheimer Scotland has developed a webpage *[hyperlink]* on supporting residents in a care home setting during COVID-19. Resources to support the visiting pathway are included along with a podcast interview with a care home provider on their experience of introducing visiting.

Feedback on the guidance

This guidance has been developed by members of the Clinical and Professional Advisory Group for Care homes, a multidisciplinary group which has been established to provide advice and guidance for the sector throughout the pandemic. If you have feedback on this guidance please email: CareHomesCPAG@gov.scot.

Clinical and Professional Advisory Group for Care homes

12th October 2020

Appendix 1: A sample Risk Assessment Form

Name:	Designated person visiting protocol
Department and Location(s) of work:	Sample Care Home
Job Title	Director of Care
Date of Assessment:	28.05.20
What are the hazards?	That COVID-19 (or other infections) are introduced to the care home via a Designated Visitor. That a Designated Visitor takes COVID-19 (or other infection) out to the community. An outbreak of COVID-19 (or other infection).
Who might be harmed and how?	A resident becomes infected because of exposure to the virus through visiting. Other residents become infected. Staff become infected because a Designated Visitor introduced the virus to the home. The Designated Visitor is exposed to COVID-19 in the care home and infects others in their household and/or other in the community, when they and their household should self-isolate , with potential health consequences of COVID-19 infection.
What are you already doing?	All staff wear masks at all times when in resident areas. Liaising with local HPT and Care Home Clinical and Care Professional Oversight Team. Monitoring residents for signs and symptoms of infection. Residents are encouraged and guided to remain in their rooms as much as possible/ limited communal activity.

	All staff follow IPC guidelines including regular hand washing on entering and leaving the care home and regularly throughout the shift. All staff wear appropriate PPE in line with current guidance. Housekeeping staff have increased their cleaning regime across all public areas and within any visiting areas, in line with current guidance. Handwashing facilities, both soap/water and alcohol-based hand rub dispensers are available immediately on entering the care home and on leaving. Any current visitors (e.g. EOLC) should answer health questions regarding potential exposure to the virus and current health status. Any visitors to the care home should wash their hands or use alcohol hand gel on entering and leaving the care home. Where this involves an essential visit to a resident either suspected or confirmed COVID-19 the visitor should wear PPE (gloves, plastic apron, mask). Participation in COVID-19 staff testing programme.
Initial Risk	**Possible (3) Major (4) – total 12**
What else do you need to do to manage the risk?	A designated area at the front of the care home will be allocated for visits. This area will have limited furnishing, which is easy to clean after a visit. The area to be used will continue to reduce the footfall within the body of the care home. The Designated Visitor should to wear face covering and any further PPE as appropriate (eg mask, gloves, and apron). The Designated Visitor and resident should maintain physical distancing. At the end of the visit the area will be cleaned by the housekeeping staff prior to other Designated Visitors entering the care home. All visits will be pre-programme to reduce number of visitors in the care home and they will also be time-limited (30 minutes). All visits will be discussed with the resident/Designated Visitor/Power Of Attorney and written in the resident's care plan taking account of individual choice regarding any visits and the nomination of the Designated Visitor.

Residual Risk	**Unlikely (2) Major (4) – total 8**

Risk Matrix

Likelihood	Severity				
	Negligible 1	Minor 2	Moderate 3	Major 4	Extreme 5
Almost certain 5	Low 5	Medium 10	Medium 15	High 20	High 25
Likely 4	Low 4	Medium 8	Medium 12	High 16	High 20
Possible 3	Low 3	Low 6	Medium 9	Medium 12	Medium 15
Unlikely 2	Low 2	Low 4	Low 6	Medium 8	Medium 10
Rare 1	Low 1	Low 2	Low 3	Low 4	Low 5

Risk Rating [1]	Combined Score	Action/Treatment
HIGH	16-25	Poses a serious threat. Immediate action to reduce/mitigate the risk should be taken.
MEDIUM	8-15	Poses a threat and should be pro-actively managed to reduce/mitigate the risk.
LOW	1-6	Poses a low threat and should continue to be monitored.

Appendix 2: A Sample Visitor Protocol for Outdoor Visiting

Sample Care Home – Outdoor Visiting Protocol

Stage Two

Welcome to The Sample Care Home. As you know we have been closed to all but essential visitors since mid-March. Thank you for your support in not visiting during this period, we know this has been a very difficult, but critical ask of you and your co-operation has been very much appreciated.

As we begin to support controlled and time-limited visiting to the care home, your continued support in protecting not only our residents and staff, but also you as visitors and the wider community, is equally as important.

Visits can only be made at pre-arranged times and these will be jointly agreed between you, our residents and the care home. This arrangement is in place to ensure we reduce the number of people visiting the home, especially in the garden area, at any one time, to protect our residents and staff.

Visits will take place in the garden area at the front of the care home. This reduces risk of someone who is asymptomatic inadvertently bringing the virus into the care home. This is a critical safety measure to protect your loved one, the other residents and our staff.

Visits will initially be for a period of no more than 30 minutes duration. This excludes time for preparation and discussion with staff before and after. We would ask for your co-operation in following this limit as this allows us time to implement infection prevention and control processes to clean the visitor area thereby enabling other visitors to visit their loved ones safely.

Action to be taken

1) You will be asked, to clean/rub your hands with alcohol-based gel, which will be provided.

2) You will be asked to sign that you have read this visiting protocol and completed the accompanying health pro-forma. You will again be asked to clean/rub your hands with the alcohol gel at the reception desk.

3) You will be asked to bring a face covering with you. If you do not have one, a mask will be supplied by the care home. If you are supplied a mask they are all single use items and should therefore be disposed of in the bin provided. In some instances, you may be asked to put on other Personal Protective Equipment (PPE). Staff will be on hand to show you how to put any PPE on and more importantly how to take them off safely, thereby reducing any infection risk.

4) We ask that you maintain a 2 metre distance between you and your loved one. We fully understand this is difficult for both you and your loved one. However, it is a critical protective factor for you both, our staff and the wider community.

5) You are asked to keep gifts to a minimum – ideally wipeable gifts but not to bring in food parcels, flowers, helium balloons and the like. This approach is to reduce the opportunity for the virus to be carried into the care home and being passed unknowingly to your loved one. No blankets will be provided so if you think you will need them, please bring freshly laundered blankets.

6) As you leave the garden area, please use the alcohol-based gel provided to clean/rub your hands.

Things to consider

While many of you will have used technology to keep in touch with your loved one, they haven't seen your face to face for a number of weeks. It will take time for them, and you, to adjust to the new way of doing things e.g. keeping a 2 metre distance. Please encourage and support your loved one that this is for their safety.

Your loved one may have changed physical and mentally and it will take time for you both to adjust. Please feel free to discuss any concerns about this with staff. We are here to support you and your loved one.

Future Focus

Scottish Government guidelines provide care homes with advice and support related to visiting, for us to then translate locally with advice and approval by Directors of Public Health. Initially the guidelines recommend that each resident have one designated visitor per week, in the garden area of the care home. This precautionary approach is recommended with the principle of protecting your loved one at its core.

We will keep you informed of each change as it occurs and how it impacts on our residents and on you as a family member.

Appendix 3: A sample visitor protocol for Indoor Visiting

Sample Care Home – Indoor Visiting Protocol

Stage Three

We are beginning to introduce controlled and time-limited visiting **inside** the care home. Your continued support in protecting not only our residents and staff, but also you as visitors and the wider community, is equally as important.

It is critical during this stage that visits only take place at pre-arranged times. These will be jointly agreed between you, our residents and the care home. This arrangement is in place to ensure we reduce the number of people inside the care home at any one time, to protect or residents and staff.

Visits will take place in [(eg the sunroom area at the front of the care home)]. This reduces risk of someone who is asymptomatic inadvertently taking the virus deeper into the care home. This is a critical safety measure to protect your loved one, the other residents and our staff.

Visits will initially be for a period of no more than 30 minutes duration. This excludes time for preparation and discussion with staff before and after. We would ask for your co-operation in following this limit as this allows us time to implement rigorous infection prevention and control processes to clean the visitor area thereby enabling other visitors to visit their loved ones safely.

Action to be taken

1) You will be asked on entering the home to wash your hands with soap and water in the toilet immediately adjacent to the entrance. Hand-washing should take a minimum of 20 seconds, following the hand-washing guide on the wall in the toilet. If there is no hand washing facility adjacent to the entrance, you will be asked to use alcohol hand gel.

2) You will be asked to sign that you have read this visiting protocol and completed the accompanying health pro-forma. You will again be asked to clean/rub your hands with the alcohol-based gel at the reception desk.

3) You will be asked to bring a face covering with you. If you do not have a face covering, a mask will be supplied by the care home. If you are supplied a mask they are all single use items and should therefore be disposed of in the bin provided. If necessary you may be asked to put on other Personal Protective Equipment (PPE). Staff will be on hand to show you how to put any PPE on and more importantly how to take them off safely, thereby reducing any infection risk.

4) Staff will show you how to remove PPE safely. PPE should be removed in a specific order: gloves, apron and finally mask. You should dispose of the PPE in the bin provided and perform hand hygiene immediately on removal.

5) We ask that you maintain a 2 metre distance between you and your loved one. We fully understand this is difficult for both you and your loved one, however it is a critical protective factor for you both, our staff and the wider community.

6) You are asked to keep gifts to a minimum – ideally wipeable gifts and not to bring in food parcels, flowers, balloons and the like. This approach is to reduce the opportunity for the virus to be carried into the care home and being passed unknowingly to your loved one.

7) As you leave the building, please use the alcohol-based gel at the outside door to rub your hands as an added protection.

Future Focus

Scottish Government guidelines provide care homes with advice and support related to visiting, for us to then translate locally with advice and approval by Directors of Public Health. Initially the guidelines recommend each resident have one designated visitor per week. This precautionary approach is recommended with the principle of protecting your loved one at its core.

We will keep you informed of each change as it occurs and how it impacts on our residents and on you as a family member.

Appendix 4: Sample check list for inclusion in care home visiting protocol

<table>
<tr><th colspan="2">CARE HOME VISITING PROTOCOL - STAGE 3</th><th>RESIDENTS USING OUTDOOR COMMUNAL AREAS - STAGES 2 & 3</th></tr>
<tr><th>INDOOR VISITS WITH

1 DESIGNATED VISITOR</th><th>GARDEN VISITS WITH

SEVERAL (up to 6) VISITORS FROM UP TO 2 HOUSEHOLDS– APPROPRIATE PHYSICAL DISTANCING</th><th>• RESIDENTS' USE OF OUTDOOR AREAS IN LIMITED NUMBERS.
• AVOIDANCE OF INDOOR COMMUNAL AREAS</th></tr>
<tr><td>Check list for visiting protocol:
• Resident consent
• Booking system to limit footfall within the care home and garden area
• Plan for key/designated visitor
• Physical distancing Plans
▪ Visitor's journey through the care home from arrival to departure
▪ Designated prepared area for visits
▪ Plan for managing other residents within communal spaces
• Visitor health status declaration for the previous 7 days and any potential contact with COVID-19 in the previous 14 days.
• Sufficient staff numbers to support visit
• Face coverings and if necessary, other PPE for visitors, staff supervision and disposal process
• Hand hygiene provision for visitor
• 30 minutes maximum duration of visit – up to four hours
• Infection prevention and control cleaning and disinfection plan</td><td>Check list for visiting protocol:
• Resident consent
• Booking system to limit footfall within the care home and the garden area
• No more than 6 visitors from up to two households. Physical distancing Plans
▪ Visitors management from arrival to departure
▪ Designated visiting area large enough to ensure appropriate social distancing based on number of people in one space
• Visitor health status declaration for the previous 7 days and any potential contact with COVID-19 in the previous 14 days
• Face coverings and if necessary other PPE for visitors, staff supervision and disposal process
• Sufficient numbers of staff to supervise visit
• Hand hygiene provision for visitors
• Approximately 30 minutes duration up to one hour
• Infection prevention and control cleaning plan of all contact areas in between visits</td><td>NOTE – NO VISIT OR COMMUNAL ACTIVITY SHOULD GO AHEAD IF THERE IS A POSITIVE COVID CASE. SEEK GUIDANCE WHERE A SUSPECTED CASE

MAINTAIN ADHERENCE to :
• Limited to an agreed maximum number of people
• Staff supervision
• Resident – only those who can physically distance
• Physical distancing – 2 metres
• Staff wearing appropriate PPE – sessional masks
• Strict cleaning and disinfection regime of garden furniture
• Always monitor for COVID-19 symptoms</td></tr>
</table>

• Visitors should keep gifts to a minimum but should not bring food, flowers, balloons etc. • Visitors should access dedicated toilet facilities only and regular cleaning (at least hourly) should be in place for all surfaces using an enhanced cleaning regime. • Unfortunately no blankets will be provided for outdoor visitors, they should bring a freshly laundered blanket for their own use.	• Visitors should keep gifts to a minimum but should not bring food, flowers, balloons etc. • Visitors should access dedicated toilet facilities only and regular cleaning (at least hourly) should be in place for all surfaces using an enhanced cleaning regime. • Children and young people aged 18 or under can visit outdoors • Pets or therapets – can be permitted indoor and outdoor subject to agreement with care home • No refreshments will be provided to visitors • Unfortunately no blankets will be provided for outdoor visitors, they should bring a freshly laundered blanket for their own use.	
ESSENTIAL VISITING AS IN STAGE 1 AND 2		

Note: adapted with permission from NHS Highland HPT Assessment Process for Care Home Visiting Protocols

Appendix 5: Visiting Proforma

Sample Care Home - Visiting Proforma

Welcome to Sample Care Home. As you know, we have been closed to all but essential visitors since mid-March. Thank you for your support in not visiting during this period. We know this has been a very difficult, but critical ask of you and your co-operation has been very much appreciated.

Visits will take place in X (eg the sunroom area at the front of the care home).

This reduces risk of someone who is asymptomatic inadvertently taking the virus deeper into the care home. This is a critical safety measure to protect your loved one, the other residents and our staff.

You are asked to read the information below and agree to the necessary actions that are being asked of you. Please answer each question and sign the document at the bottom.

	Please circle
1) Have you felt unwell recently – especially with a cough, breathlessness, tiredness, a temperature or vomiting or diarrhoea?	Y / N
2) Have you been in contact with someone, in the past 14 days, who is suspected of having or is confirmed as having COVID-19?	Y / N
3) Have you been told by your GP or other NHS professional that you should not be visiting a care home?	Y / N
4) Do you consent to your contact details being passed to Public Health as part of the 'Test and Protect' strategy, should there be a necessity following your visit to the care home, for example if the person you are visiting develops COVID-19 symptoms	Y / N

Home or Mobile Number……...
Address……..

By signing this you agree that you will follow the Infection Prevention and Control procedures that we have in place here at The Sample Care Home. Thank you for your support.

Name:
Date:

Staff member who facilitated the visit……

Any personal or sensitive personal data that we collect from you will be stored, processed and destroyed safely in accordance with any obligations under the GDPR or the Data Protection Act 2018.

Appendix 6: PPE for Visitors.

Revised IPC guidance [Hyperlink] for all health and care settings for the four countries in the UK was issued on 20 August. The updated IPC guidance recommends that approach to IPC and PPE will depend on the level of risk that the individual poses.

The use of face masks (for staff) or face coverings (England and Scotland) is recommended in addition to social distancing and hand hygiene for staff, patients/individuals and visitors in both clinical and non-clinical areas to further reduce the risk of transmission. Physical distancing of 2 metres is considered standard practice in all health and care settings.

Visitors should be encouraged to arrive at the home wearing a face covering. If further PPE is necessary this should be supplied by the care home, for example if visiting a resident with suspected or confirmed COVID-19, receiving end of life care or where a resident is particularly distressed.

Putting on and removing Personal Protective Equipment (PPE)

Putting on PPE

PPE should be put on before entering the room.

- Keep hands away from face and PPE being worn.
- Change gloves when torn or contaminated.
- The order for putting PPE on is: apron, surgical mask, eye protection (where necessary).

The order given above is a practical one; the order for putting on is less critical than the order of removal given below.

Removal of PPE

PPE should be removed in an order that minimises the potential for cross-contamination.

Gloves

- Grasp the outside of the glove with the opposite gloved hand; peel off.
- Hold the removed glove in gloved hand.
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist.
- Peel the glove off and discard appropriately.

Gown

- Unfasten or break ties.
- Pull gown away from the neck and shoulders, touching the inside of the gown only.
- Turn the gown inside out, fold or roll into a bundle and discard.

Eye Protection

- To remove, handle by headband or earpieces and discard appropriately.

Fluid Resistant Surgical facemask.

- Remove after leaving care area.
- Untie or break bottom ties, followed by top ties or elastic and remove by handling the ties only and discard as clinical waste.

To minimise cross-contamination, the order outlined above should be applied even if not all items of PPE have been used.

Perform hand hygiene immediately after removing all PPE.