

Care Home Designated Visitor Guidance

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1. Introduction

Over the last few months, care providers have been working incredibly hard to prevent and manage outbreaks of Covid-19 in their settings. The majority of residents in care settings are some of the most vulnerable to Covid-19 in our community, many of them having had to shield or self-isolate.

As part of these efforts, face to face visits were put on hold as the benefits of a visit by a relative were felt to be outweighed by the risk to the health of residents and staff. These have been challenging times for all and in particular for residents and their families who have not been able to see their loved ones. The lack of social contact is known to cause a deterioration in health and wellbeing in residents, particularly those with dementia.

Human rights apply just as much to people living in care settings as anyone else, and include rights to respect for private and family life, freedom of movement and association, including the right for residents to see people. This guidance seeks to balance the rights of an individual resident with the rights of the others within the care setting (residents and staff) and the duties and responsibilities of the care provider, so that residents are able to see their loved ones whilst keeping the safety of the care community as the number one priority as restrictions are eased.

Therefore, this guidance aims to set out some good practice principles to support the care community to plan for visits, and is based on the Care Home Alliance protocol and the National Guidance for Visiting Arrangements in Care Homes.

Each care setting is different, Covid-19 guidance should be reflected in a risk assessment to help inform any decisions/recommendations for visiting so that the individual circumstances can be factored into the local arrangement. This guidance will be updated as the risk posed by coronavirus continues to change.

2. Scope

This guidance has been produced to support all North Yorkshire and York adult care settings, residents and designated visitors. It should be used to support and inform discussions and decisions around visiting with residents and visitors.

It has been created and approved by the Health and Adult Services Leadership team and the Care Home Gold and Silver Resilience Meetings, which includes representation from Health and Adult Services (NYCC & CYC), Independent Care Group (ICG) the Infection Prevention and Control team (HDFT) and Care Quality Commission (CQC).

It seeks to provide practical solutions and support to enable visits to take place after a long period of 'lockdown' and acknowledges the wider changes now happening in communities as the lockdown is eased.

The process of considering visitors will be led by the director of public health (DPH) who will give a regular professional assessment of whether visiting is likely to be appropriate, taking into account the wider risk environment. This will be based on:

- all local testing data
- national or local intelligence in an area on transmission risks, such as a concentration of locations where there is a higher potential risk

- The Readiness of Care settings to respond quickly when there is a confirmed or suspected COVID – 19 case and return to essential visiting only.

Routine awareness of this visiting guidance, and any future updates, should be communicated to local Care Provider Associations, local commissioners of care homes, the clinical commissioning group (CCG) infection-control lead and the Public Health England (PHE) local health protection team (HPT). The local outbreak board should also be informed, and the board should proactively keep the advice under review.

The day to day management of visiting into care settings and the responsibility to ensure that guidance is followed by staff, residents and visitors will be the responsibility of the Registered Manager.

There are two types of visitor:

Essential visitor: someone such as a family member or significant other who should be able to see a resident in the circumstances where their loved one may be dying. It also includes social care or health professionals, or contractors who undertake essential service and maintenance within a care setting such as the repair of essential equipment.

Designated visitor: someone chosen by the resident who they would like to be their named visitor. This might be a family member, friend or advocate.

This guidance is designed to support the introduction of **designated visitors** into the care home setting.

Visiting may have already been considered and discussed with residents, staff and family, friends any advocates, commissioners and appropriate members of the multi-disciplinary team and, where appropriate, volunteers. If this has not happened, then it should be the starting point as any changes should involve the individuals that are affected, especially residents, and be carried out in a safe and proportionate way with the localised understanding of risk as a vital consideration. This is important as visiting arrangements may restrict some activities or movements when visits are taking place. If a resident is not able to make informed decisions about people visiting them, then the principles of the Mental Capacity Act should be followed.

Regard has been given to the ethical framework for adult social care, and the wellbeing duty in section 1 of the Care Act 2014. Where the individual has a social worker or other professional involved, they can support the provider in helping consider the risk assessment.

Consideration should also be given to informing insurers that visits to the care setting are being re-introduced as they may require certain measures to be place such as relevant risk assessments. Where care homes are part of a group, they may need to seek corporate guidance on insurance.

For care home providers, if further advice and support is required, please contact the Care Home Support Team on 01609 780780 (NYCC) Adultscommissioning@york.gov.uk (CYC) or speak directly to your Care Home Liaison Worker / named contract manager.

For family members or others who would like advice or support about visiting a resident in a care setting, please contact the relevant setting direct.

3. Purpose

This guidance aims to:

- Provide a set of principles and top tips to help care settings to have the opportunity to safely receive visitors during the COVID-19 pandemic, while minimising the risk of its introduction to, or spread within, the care setting.
- Acknowledge the importance of visits in maintaining wellbeing and human connectedness.
- Recognise how difficult it has been for both people in receipt of care and those who care for them (loved ones and staff) to restrict visits, and the importance of finding ways to start to enable visits again in a risk-based, balanced way
- Help to reduce the inevitable anxiety experienced by visitors as they have been unable to visit people for some time
- Complement and not replace the very creative and innovative ways in which care providers have been facilitating 'virtual' visits, connecting people via technology to keep in touch, whilst acknowledging that these have, understandably, been more effective for some groups than others.

4. Background

The guidance is intended to help during the ongoing COVID-19 outbreak, which is anticipated to last for a sustained period compared to the usual period for other infectious outbreaks. As we see other parts of our community experiencing different degrees of easement of the lockdown rules in England, it is important to recognise that for those in care settings, there is a need to balance the continued management of COVID-19 risk, with a cautious approach to enabling the opportunity to receive visitors.

For many people living in care settings, it is very important that they are able to experience 'in person' visits, especially those with cognitive impairment or dementia whose understanding of the current situation may be limited and who may be significantly affected by the absence of visits, with a deterioration in their overall health and wellbeing. Levels of anxiety and distress resulting from the absence of visits may be increased, while nutrition and hydration may be decreased as often their visitors play an important role in supporting these daily routines. People with communication difficulties are another group for whom 'in person' visits are key as 'virtual visits' can be very challenging.

Many of those who are living in care settings - such as residential homes and nursing homes - are at higher risk of catching Covid-19 and of having poorer outcomes due to co-morbidities, and many will be shielding. The approach to enabling visitors has to be based on:

- the circumstances of the individual care setting (including both residents and staff)
- the individual needs of the residents within that setting
- the external Covid-19 environment around that care setting.
- Safe places to meet within the care setting that does not compromise Covid-19 procedures.

So that visits to care settings can take place safely, there are a number of responsibilities and expectations for visitors. The care provider will need to clearly set these out in any visiting policy.

Given the uncertainty about the future progress of COVID-19 and differences in local transmission rates, providers and the whole care home community will be working in a dynamic situation that will require constant vigilance.

5. Principles for considering how to enable visitors to care settings

Care providers should take a **risk-based approach (see example in appendix 3)** to how they facilitate and manage visits to care settings, which will need to consider the safety of all their residents, staff and visitors and minimise the risk of any Covid-19 infection as far as possible.

This will have to balance the risk of harm to residents if they do not have visits, with the risk of harm to residents, staff and visitors of visits taking place. Care providers will need to ensure they take a person centered approach to their visiting policy, taking account of individual needs and capabilities.

Where, for whatever reason and at any time, an individual or group of care homes is/are considered to need to restrict visiting, either temporarily or permanently, the director of public health will communicate this advice in writing to commissioners of all the relevant care homes, or in the absence of a commissioner, direct to the registered manager as quickly as possible.

Types of visits

Visits can take place in a **number of ways**:

- **Virtual Visits:** Facilitated via an app on a digital device such as FaceTime or WhatsApp. Care providers may need to improve the internet connection to use this technology. Digital Social Care has set up a new helpline to support the adult social care sector with harnessing technology during COVID-19. For help and support with technology get in touch with Digital Social Care by calling 0208 133 3430 or emailing help@digitalsocialcare.co.uk
- **Window visits:** This will need safe ground floor window access for both residents and their visitors and the relevant social distancing and PPE measures will need to be observed.
- **Garden visits:** Relevant PPE measures and social distancing will apply and the use of a physical barrier such as a table or a plant pot might be considered. Independent access to the garden will be needed to avoid visitors moving through the care setting to the garden. Providers will need to consider how to facilitate garden visits in different weather conditions, such as through the use of a gazebo and how to ensure cleaning of areas and any items used between visits. Visitors could also be encouraged to bring their own chairs to sit on as this would reduce cleaning times following a visit.
- **Drive through visits:** These are facilitated visits in the car parks of homes. Visitors would park in a designated parking space, remain in their cars and staff would support residents to come outside to the vehicle. Relevant PPE measures and social distancing will apply and care homes will need to consider how to facilitate these visits according to weather conditions and the physical abilities of the resident.
- **Designated areas within a care setting where the layout allows for this:** depending on the physical layout of the care setting, it may be possible to enable visits to an identified location inside the setting reserved for this purpose, that facilitates good ventilation, social distancing, ease of access by residents, and limits visitor journeys through the residential areas. An example might include the use of a conservatory, garden room or designated lounge as a designated visiting area.

- **In-room visits:** These visits may continue to be facilitated as appropriate, in line with national guidance in relation to essential / end of life visits to ensure the person can die with dignity and comfort, taking into account their physical, emotional, social and spiritual support needs.

The range of visits made available will be negotiated between the care providers, their residents, their staff and their visitors. It may be possible for residents and visitors to have visits in a variety of these forms, as circumstances allow.

It may be necessary for settings to use their grant money to make the necessary changes to facilitate visits, such as by improving outdoor spaces.

6. Policies and procedures

Care providers should work closely with their staff teams and registered managers to provide appropriate support, policies and procedures to enable staff to facilitate visits safely and in line with all the relevant guidance.

Where volunteers usually support residents the care provider should carefully consider whether their support is more aligned to that of a staff member or a regular visitor and apply the appropriate oversight and infection-control procedures.

The care provider must **ask each resident if they want visits**, make sure they are aware of the possible risks, detail the rules under which a visit will take place and note they can decide not to receive visitors if they wish, making clear that it is their decision. If a person does not have capacity to make a decision about visits, then a best interest decision should be made by the care setting.

Care providers may wish to consider **developing a short individual visiting plan for each resident** with the overall care plan, tailored to their visiting wishes and preferences, taking account of their individual needs and capabilities and the circumstances of their preferred visitors. This would also provide the Care Provider with the opportunity to explain the restrictions in greater detail and capture any concerns that residents may have. See example of My Visiting Plan in Appendix One.

Care providers will need to **carefully regulate and limit the number of visitors** initially to **one** person, wherever possible in order to minimise the risk of the introduction of COVID-19. This should be done in line with the preferences for visitors expressed by the resident/person receiving care, or in discussion with the relevant person with decision making authority for the resident if the resident cannot make that choice.

Although there will not be a restriction on the number of visits per week per resident- the number of visits may be restricted to ensure all residents wishing to receive visitors are logistically and safely able to do so, but the expectation is that any resident wanting a visit can expect at least one visit a week.

The recommendation in this guidance is that **visits should be time limited**, for example 30 minutes.

In the case of residents who are classed as “extremely clinically vulnerable”, and who have received letters from government or their GP regarding their medical conditions, the Manager should identify and speak to them individually, to explain the offer. If the individual decides they wish to receive a visit a person centred risk assessment would need to be undertaken for them.

It is not possible to enable visits by young children under the age of 16 at present, given the current guidelines and PPE and social distancing measures as of the end of July 2020.

Visits with dementia residents

Family members may wish for a face to face visit with a resident with dementia. Careful assessment of the risk and harm will be considered along with the potential for breaches of the social distancing due to reduced capacity. Depending on the layout and available space, mental capacity and risk to other residents and areas of the home if a visit has to take place outside of the dementia area, a more detailed risk assessment and discussion with the family member may be required to ensure the visit limits the potential spread of infection and is specific to the individual circumstances of the resident as far as possible.

Contractors

Most contractors will be by appointment basis and for a specific task so normal Covid-19 practices can be followed and access to all areas avoided for example if your boiler house has external access there would be no reason for the contractor to enter, you can ask for details and sign them in. If they need to see paperwork for their task e.g. asbestos information, you should ask them to hand gel before and after handling the paperwork.

For contractors that may need to access various areas of the home e.g. loler check on hoists, you may wish to ask them to wear further PPE, this should be in line with their risk assessment, on discussion with the manager and be dependent on the task in hand.

Visits between residents and their visitors must **operate fully in line with the latest infection prevention and control guidance** including provisions relating to the use of designated areas for visits and the use of social distancing practices, good hand hygiene, and use of PPE for visitors and residents. The care provider should provide appropriate PPE to visitors, ensure that the area is cleaned before and after visits, and ensure that waste PPE used by the visitors is placed in a separate bin and bags held for 72 hrs as per government guidance.

Visits will need to be **booked in advance for a specific day, time and length of visit**, to enable visiting to be re-established within the setting. Visitors must check in with the care provider on the day prior to their visit, just in case the situation in the care setting has changed.

Providers may wish to create a ' **Responsible Visitor Code**' (see example in Appendix Two) which sets out a range of responsibilities that visitors must abide by prior to and during any visit. This could be something that a Care Provider would ask the visitor to sign to or agree to and also display this within the appropriate areas of the Care Home.

The code could state that visitors must:

- book visits in advance for a specific day, time and length of visit
- check in with the care provider on the day prior to their visit, to ensure the situation in the service has not changed
- for the visitor(s) and everyone in the visitors' household to be free of any COVID-19 symptoms.
- not be unwell on the day of their visits

- provide the necessary information required by the provider at the visits (e.g. honest response to screening requirements about COVID-19 risk factors)
- comply with the infection prevention and control measures, including a temperature test, mandatory hand hygiene, the use of PPE as required and social distancing requirements, remaining in the designated visiting area
- ensure that any gifts brought to give to the individual they are visiting can be sanitised, in line with relevant infection prevention and control (IPC) guidance.
- Care providers will discuss with potential visitors the best way to get to and from the home. Visitors should be encouraged to walk to the home or use their own transport. It might be that some assistance is required to enable visitors who are especially vulnerable to get to the care setting. Care providers may consider giving visitors telephone numbers or website information of organisations which can offer advice on safe travel arrangements if required.

A standard operating procedure (see example in Appendix Four) should be created to support staff to understand the process that should be followed.

7. Ability to suspend visiting

In the event of an outbreak of Covid-19, and/or evidence of community hotspots or outbreaks visitor restrictions will need to be immediately implemented including suspension of some of these enabling approaches and exclusion of any non-essential visitors. This should be implemented in a transparent manner with open and clear communication to residents and relevant family members and visitors.

Care providers will vary their own responses to enabling visits in person as COVID-19 risks change within their local community, using their dynamic risk-based approach and based on advice from the director of public health.

Visiting should be able to re-start at the end of the outbreak when the home is Covid-free (28 days following the onset of the last case).

If visiting is suspended, care providers should communicate this to the Local Authority and other key stakeholders including families, and revert to virtual and telephone communication with family, friends and advocates.

8. Effective communication

Care providers will ensure that they communicate effectively with people and other key stakeholders in an open, transparent and accessible way about their approach to visiting. Care home staff will be expected to uphold the guidance with residents and visitors and report any breaches to the senior person on duty.

9. Reviewing this guidance

Care providers will be able to review their visiting policies as they learn from their implementation of opening up to visitors and as the wider COVID-19 situation and as guidance/advice evolves.

North Yorkshire County Council, through the Care Home Silver Command / Local Outbreak Board, will review this guidance in line with updates from national government and lessons learned. As a minimum expectation, this guidance will be reviewed and reissued within 3 months of commencement.

Suggestions for future consideration for this guidance include:

- exploring ways in which more than one visitor will be allowed
- exploring ways in which children may be enabled to visit safely

10. Code of Practice

RIGHTS	
Care providers have the right to:	Residents / Visitors have the right to:
Mitigate risk of infection by refusing entry to their home to anyone, or requesting that a person leave the premises, for any justifiable reason consistent with this guidance.	Access care homes in accordance with the entry requirements set out in the visiting policy of the care setting.
Consider increased visitor restrictions when an outbreak (including non-COVID-19) occurs within the home, or declared outbreak / clusters have occurred within the home's local area or if there are other extraordinary circumstances that require it.	Be notified by timely and regular updates and information about what is happening in the home, in relation to visiting and local COVID-19 prevalence/transmission risk.
	Be supported to connect in other ways, such as video conference or telephone calls
RESPONSIBILITIES	
Care providers have a responsibility to:	Residents / Visitors have a responsibility to:
Provide a clear policy and information on how they will facilitate visitors, using a dynamic risk-based approach, and make this publicly available as needed.	Follow the home's visiting policy and Visitor Code, including booking in advance.
Provide clear information about how the visit will work and the infection and prevention control measures that must be followed.	Not to visit when unwell or displaying any signs of a cold/flu, respiratory or COVID-19 symptoms.
Appropriately support staff in order to facilitate visits including written processes and procedures.	Respond truthfully to COVID-19 screening questions asked by the home's staff and to sign the checklist / visitor register.
Treat all visitors with respect and courtesy, and to provide clear instructions about the visiting policy	Treat all staff with respect and courtesy, and to follow their instructions on the visitor policy.
Provide proactive communication with residents and families where an outbreak occurs, and the impact on the visiting policy.	Follow visiting requirements including infection and prevention control measures such as washing hands, remaining in designated areas and social distancing requirements, as directed by the care home staff

11. Useful links and relevant guidance

Policy for Visiting Arrangements in care homes

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

[Coronavirus information – Care Provider Alliance](#)

[Statement on visitations to Learning Disability services – Care England](#)

[GOV.UK resources for adult social care on coronavirus](#)

[How to work safely in care homes – GOV.UK](#)

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Shielding guidance:

Advice on people who are shielding and the proposed changes to restrictions; social bubbles; pausing of shielding guidance

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Meeting people from outside your household:

Staying alert; meeting people outdoors who you do not live with; support bubbles and limitations

<https://www.gov.uk/guidance/meeting-people-from-outside-your-household>

How to stay safe outside you home:

Includes advice on social distancing; avoiding face to face meetings with people; hand hygiene face coverings; washing clothes

<https://www.gov.uk/government/publications/staying-safe-outside-your-home/staying-safe-outside-your-home>

End of Life visiting document:

https://www.ips.uk.net/files/4515/8696/8856/Joint_IPS_BACCN_Position_Paper_-_COVID19_Visiting_at_the_End_of_Life_Final.pdf

North Yorkshire County Council Outbreak Plan

<https://www.northyorks.gov.uk/our-outbreak-plan>

Safer Travel Guidance for Passengers

<https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers>

12. Acknowledgements

Care Home Alliance

North Yorkshire County Council and City of York Council

Independent Care Group

Clinical Ethics Cross-Sector Committee York and North Yorkshire

Health and Adult Services Public Health Team

Appendix One - My Visiting Plan

When a person has indicated they would like visits to start, this document should be completed as part of the person's support plan. Visits should be included with the person's and the service's risk assessments.

This process should enable the Care Provider to explain the visiting policy to the person and provide the person with the opportunity to raise any comments or concerns they may have.

The visiting plan and risk assessments should be reviewed as appropriate to the person and the Care Home and in line with government guidance; this should include consideration of the frequency of the visits and the time and date of the visits.

Where the resident is not able to make an informed decision about who they wish to visit them, a best interest decision should be made by the Registered Manager following the principles of the Mental Capacity Act.

My visiting plan			
Name of Person		Date	
Name Of Service		Name of Worker	
Details of the people I would like to be able to visit me (currently limited to one person)			
Name			
Address			
Contact Number			
Mobile Number			
E-mail			
Details of how this visit will be undertaken	(e.g. visit in care home garden)		
Any additional preferences, requirements or comments to be recorded here:			
Does the person have capacity to consent to this visit and understand the restrictions in place?	Yes		
	No (refer to POA / Registered Manager for Best Interest Decision)		
Details of other people it is important for me to be in contact with via telephone and video calls			
Name	Name	Name	Name
Address	Address	Address	Address
Contact Number	Contact Number	Contact Number	Contact Number
Mobile Number	Mobile Number	Mobile Number	Mobile Number
E-mail	E-mail	E-mail	E-mail
Preferred Method i.e. Skype			
Estimated Review Date			

Appendix Two – Visitors Code

Visitors Code for (insert name of setting)
(Date / Version)

This Code is in place to protect our care community, including residents, staff and visitors. We understand how important visits are to residents and their family and friends. We need to work together to make sure that visits are safe for everyone.

All visitors to our Care Home [amend name of setting as appropriate] are requested to read and follow the Code prior to and during any visits.

Who can visit:

- We will talk to each resident to agree who they would like to be visited by.
- One person to visit at a time, or a maximum of two visitors from the same household at any one time.
- Unfortunately, we cannot currently allow anyone under the age of 16 to visit.
- Pets are not allowed to visit at this time (with the exception of guide dogs).

Arranging a visit:

- Unannounced visits will not be allowed under any circumstances.
- Visits to be booked 5 working days in advance and will be for a specified date and time
- Visits will be limited to 30 minutes' duration

Infection control measures:

- Visitors must telephone the care home the day before their visit, to make sure the situation in the service has not changed.
- All visitors and all people in visitors' households must be free of any COVID-19 symptoms on the day of their visit and must not be unwell on the day of their visits.
- Wherever possible, visitors should try to walk or travel by car and avoid public transport when visiting the home, in line with the latest government advice on travel during COVID-19.
- On arrival at the Care Home, visitors must provide contact details to enable the possibility of test and trace if required and respond to screening questions.
- All visitors must comply with infection prevention and control measures, including a temperature test, mandatory hand hygiene, the use of PPE as required, social distancing requirements and remaining in the designated visiting area.
- Visitors must ensure any gifts or items for the person they are visiting can be sanitised, in line with relevant infection prevention and control guidance.
- Visitors must maintain social distancing. This includes no physical contact, such as kissing, hand-holding and hugging, with any resident. If we witness physical contact, we may have to suspend that person from visiting again, and the resident may need to isolate for 7 days.
- Visitors will not be able to use care home facilities such as toilets.

Screening Questions

The following questions will be asked of all visitors on arrival

- Have you been feeling unwell recently?
- Have you had recent onset of a new continuous cough?
- Do you have a high temperature?
- Have you noticed a loss of, or change in, normal sense of taste or smell?

- Have you or a person you reside with had recent contact (in the last 14 days) with anyone with Covid-19 symptoms or someone with confirmed Covid-19?

We reserve the right to:

- Alter or remove this visitors code at any time
- Stop or suspend visits as required. This may be because there is an outbreak of the virus in the building or we are advised to do so by a relevant body.
- Suspend or stop an individual visiting if they do not follow the measures that we have put in place to protect people.

Appendix Three – Model Risk Assessment for Designated Visiting

Care Home Name:		Date:		
Hazard and related condition / activity	Persons at risk	Existing control measures	Additional Control Measures	Risk rating after existing & additional control measures <i>Potential Outcome x Likelihood = Risk Rating (e.g. Minor x Unlikely = Low)</i>
Visits to Care Settings during the Covid Pandemic potential for spread of infection which may cause serious respiratory illness, death.	All building users including staff, residents, catering, cleaning staff, visitors Health personnel & contractors	<ul style="list-style-type: none"> • All staff wear appropriate PPE including face masks at all times when in the care home and staff have received updated training around this. Donning and Doffing poster displayed and available to staff. • Liaising with local HPT. • Observing residents for signs and symptoms of infection. • Residents are encouraged and guided to remain in their rooms as much as possible. • All staff follow IPC guidelines including regular hand washing on entering and leaving the care home and regularly throughout the shift. • Cleaning staff have increased their cleaning regime across all areas and within any high touch areas such as communal 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 essential visitors (e.g. essential contractors or EOLC) are required to answer health questions regarding potential exposure to the virus and current health status. • Any essential visitors to the care home are required to wash their 	<p>The specific arrangements for visits in the care setting have been reviewed and detailed in an operating procedure</p> <p>A designated area outside of the care home will be allocated for visits. The route to and from this area should be signposted and clearly labelled as the area for visits.</p> <p>Visitors and contractors where possible should not enter or access to internal spaces should be limited where possible.</p> <p>This area will have limited furnishing, which is easy to clean after a visit. The visitor will be required to wear face covering and any further PPE as appropriate (e.g. mask, gloves, and apron) and undertake hand hygiene before and after a visit.</p> <p>The visitor and resident will be required to maintain physical distancing.</p> <p>At the end of the visit the area will be cleaned by staff prior to the next visit</p> <p>All visits will be pre-programme to reduce number of visitors in the care home and they will also be time-limited (30 minutes).</p> <p>All visits will be discussed with the resident/visitor/POA and written in the resident's care plan/visiting plan taking account of individual choice</p>	Medium

		<p>hands on entering and leaving the care home and wear PPE as required.</p> <ul style="list-style-type: none"> • All latest government advice is implemented and communicated to staff. • Currently any person developing a new continual cough or a temperature in excess of 37.8°C or a loss of taste or smell whilst at work must be sent home and advice re self-isolating offered. See latest Government Guidance on Coronavirus. • There is a good stock of PPE and cleaning products in (service name) and these are reviewed as appropriate. • All on site sneeze into a tissue or sleeve NEVER into hands. Clean hands immediately after. Use hand sanitiser if hand washing facilities are not available. • Used tissues will be put in a bin immediately (as above – all waste bins to be lined – preferably double-lined). • If anyone starts to feel unwell or are symptomatic they are to isolate for 7 days or longer if symptoms persist. • Staff and residents are able to access testing (within three days) and report as per instructions. • Managers to investigate (using the RIDDOR for Covid guidance note), all staff being confirmed as work related Covid + and follow the reporting criteria as appropriate. • A resident has great difficulty with communication or in accepting staff or visitors wearing masks or face coverings. 	<p>regarding any visits and the nomination of the visitor.</p> <p>Service, staff and resident risk assessments are reviewed in light of visiting arrangements as required. (This is especially important if the resident has pre-existing conditions that mean they are clinically vulnerable and / or have been shielding.)</p> <p>A discussion with visitors via telephone and the code of practice for visitors is shared and agreed alongside any recommendations with the residents or service risk assessment for home visits.</p> <p>Visitors have confirmed with the service before the visit they or any other household member have no symptoms of Covid-19.</p> <p>Temperatures will be taken for all visitors on the day.</p> <p>The visitor will enter the designated visiting area via the prescribed route only which should be clearly sign posted, labelled and appropriate hand hygiene and PPE provided as appropriate.</p> <p>Staff will monitor the visit at regular intervals.</p> <p>At the end of the visit staff will support the person back into the service and wash hands thoroughly and support residents to change any clothes or shoes as appropriate.</p> <p>Any PPE used by visitors to be discarded into the waste bin provided and hand hygiene followed.</p> <p>Waste to be stored and managed by the service as per current guidelines</p> <p>If a mask or face covering cannot be worn whilst visiting due to the difficulty experienced by the resident a review of their person centred risk assessment should be carried out to identify specific risks for them and others as part of the visit. If visors or clear face coverings are available, they can be considered with the addition of the social distancing measures as an adequate management control.</p>	
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Appendix Four – Standard Operating Procedure for Staff

Background

This operating procedure sets out how to support residents to have visits from family and friends and advocates. Visits are very important to the health and wellbeing of our residents, however they must be managed properly to keep everyone in the care home community safe.

This procedure must be followed at all times. If staff do not manage or monitor these visits the consequences could be extremely detrimental to everyone who lives and works in the building. Any member of staff not following these procedures could face disciplinary action.

This is an extremely critical stage and these measures should be implemented for the primary purpose to protect life and the health & safety of all. By doing so we will be complying with all health and safety legislation and relevant government guidance.

The mind-set you must take with all visitors is that anyone may have the Covid-19 virus and not realise or display symptoms. By following these procedures, you will keep all occupants of the building safe.

We must follow this procedure, but in doing so, please remember that both residents and visitors may be anxious, and that they will welcome and appreciate a reassuring manner from the staff member who is supporting the visit.

Standard operating procedure for visits

- Before a visit all ensure the sanitation station is set up with hand sanitiser, masks and a bin.
- Clean the visiting area.
- Visitors will call you on arrival.
- Where possible if visitors do not need to enter the building please direct them to the appropriate place, this includes contractors
- Welcome the visitors in the normal way but keep 2 metres distance at all times. Ensure the visitor puts on a mask/face covering and undertakes hand hygiene.
- The visitors have already agreed to our code of practice, but please remind them they must not cuddle or touch the people they are visiting, and must keep two metres apart. If they do touch, the resident must self-isolate for 7 days.
- Inform visitors that they must keep a mask / face covering on at all times
- Show the visitors around to the visiting area, inform them that they should not move the chairs, and that they should sit and wait.
- Go and get the resident, bring them to the visiting area reminding them that they must not touch.
- Remind them it's a 30-minute visit and you will pop your head in from time to time. The 30 minutes will start when the resident arrives.
- Go back a couple of times in the 30 minutes just for a quick look, checking they are still 2 metres apart.
- If you see the resident and visitor touching, inform your Manager immediately. The Manager will attend for the finishing time of that visit to deal with the situation and place the resident in self-isolation for 7 days.
- When the visiting time has finished, first escort the resident back inside and ask them to wash their hands immediately. After that, ask the visitors to keep the mask / face covering on and go round to the bin and put it in the bin provided.
- Ensure the area is not used until it has been cleaned.
- If at any time you receive abuse for implementing this procedure, report this to your line manager who will address the issue with the family member/resident as appropriate.