

Visiting Care Homes During Coronavirus

A Guide for Social Care Assessors

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1. Introduction

Over the last few months, care providers have been working hard to prevent and manage outbreaks of Covid-19 in their settings. Most residents in care homes 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 for residents and their families as visiting has been limited to essential visitors such as; a family member in the circumstances where their loved one may be dying, social care or health professionals, or contractors who undertake essential maintenance within a care setting. Over the period primary care and community health services have helped to support care homes to; review patients identified as a clinical priority, develop and deliver personalised care and support plans and provide clinical pharmacy and medication support.

Recognising that lockdown has been difficult for many residents and families over the past few months and that visits are important for all those in care settings the Government issued guidance for directors of public health, care providers to enable visits to care homes. Visiting Care Homes During Coronavirus - Published 22 July 2020 - The guidance was consequently updated on 31 July 2020. <https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes>

The guidance sets out:

1. the principles of a local approach and dynamic risk assessment - A model Risk Assessment is at Appendix 1
2. advice for providers when establishing their visiting policy
3. advice for providers when taking visiting decisions for particular residents or groups of residents
4. infection-control precautions
5. communicating with family and others about the visiting policy and visiting decisions

Provider organisations, managers, family members, volunteers, advocates, informal carers, health professionals and others wishing to visit people in such settings, should check this guidance at regular intervals to ensure they are viewing the most recent version.

Guidance for supported living settings is in development and will be published by the Government shortly.

2. Purpose

This document has been produced to update social care assessors and visiting professionals carrying out their role as employees of the Council. The guidance

provides information of the preparations undertaken by care home providers around their visiting policies in the light of Covid-19. It aims to set out some good practice principles providers have undertaken in line with Care Home Alliance protocol and the National Guidance for Visiting Arrangements in Care Homes.

3. Legislation

Care home providers are private businesses and as such will make decisions which they think best for their staff and residents. However there are several legal responsibilities which fall to the local authority in relation to residents in care homes these duties arise under the DoLS requirements, Articles 5 and 8 of the Human Rights Act 1998 and where the local authority acts as a provider or commissioner of services for adults under the Care Act.

Article 5:

Right to liberty and security - Everyone has the right to liberty and security.

Article 8:

Right to respect of a person's family and private life, their home and their correspondence.

Deprivation of Liberty Order issued by the Court, ensures people who cannot consent to their care arrangements in a care home or hospital are protected if those arrangements deprive them of their liberty. Arrangements are assessed to check they are necessary and, in the person's, best interests.

Management of standards within the homes falls to the regulator the Care Quality Commission who may be made aware if there are concerns about an issue.

Protecting the Rights of the Resident and Visitors

A provider could adopt a certain blanket position depending on its risk assessment and the prevailing circumstances at that time. However, it cannot be a one size fits all approach unless the risk is so serious that the home is in total lockdown. Situations will arise where an individual in a home has needs such that they require an amendment to any blanket plan. The provider will need to consider the needs of residents and whether their plan has such a significant impact on an incapacitated adult that it must be amended.

For example, a provider, having assessed the risk, concludes that the home can have no visitors until any outbreak has subsided. This approach may be sensible for 99% of the residents but if the impact on one individual is so significant that it is causing them harm then the provider, in discussion with family and possibly the Director of Public Health, should consider a modification to the plan which goes as far as possible to meet the needs of that individual, but safely, to ensure that the incapacitated person concerned has their needs met. This may be meeting in a garden/open space or through a partly open

door. In effect the plan would be individualised to meet the need of that person but aware that there may be implications for other resident's health. This would be part of an individual risk assessment which if the individual lacked capacity to make the decision would then have to be written up and recorded as a best interest's decision.

It may be that the provider is aware of the impact on that individual but, having carried out a risk assessment for them, reaches the conclusion that it cannot amend its own plan because the risk is too high to other residents and staff. The provider will need to evidence the fact that they are aware that there is an issue, have assessed it and written it up. A plan to mitigate harm to the individual, as far as possible, should be developed. Any plan developed by a provider must have sufficient flexibility to meet the needs of different residents. and state that they will consider individual needs on a case by case basis.

The local authority has a proactive role in ensuring that providers are not unnecessarily restricting the freedoms of incapacitated adults and should it become aware that a provider is taking a simplistic, one size fits all, approach which is resulting in distress to an individual it is duty bound to challenge and ensure the wellbeing of the resident. The local authority has a positive obligation under both Article 5, the right to liberty, and Article 8, the right to private and family life. Proportionality is a key concept in these situations.

If the risk is severe to all residents then the restrictions imposed will need to be higher. In relation to certain individuals who lack capacity, this could, in certain circumstances, require an application to the court for resolution where there is a dispute between the provider and the family or the levels of distress are so significant that it cannot be justified as a best interests decision.

Where a resident who lacks the relevant mental capacity is already subject to a DoLS authorisation or a Deprivation of Liberty Order issued by the Court (Supported Living establishments), any additional restrictions imposed by the provider would trigger a review of that authorisation and the circumstances need to be brought to the attention of the DoLS Team.

4. Responsibilities

The Registered Manager of care homes are responsible for developing their own visiting policies which are based on the Government guidance. The Registered Manager will also refer to their company policy and will vary their own responses to enabling visits in person to care settings as COVID-19 risks change within their local community, using their dynamic risk-based approach.

Circumstances may change at a care home because of outbreak status or where there is evidence of community hotspots leading to a local 'lockdown' and care homes will need to reapply visiting restrictions.

The local **Director of Public Health** takes a regular professional assessment of whether visiting is appropriate considering the wider risk in the local authority environment. This is communicated to the registered manager who will make the decision whether to restrict visiting.

Ongoing activity in assessing whether visiting is appropriate includes:

- results from weekly testing of staff and monthly testing of residents.
- testing that takes place outside of the care home i.e. home testing
- considering local intelligence on risk factors relevant to transmission in the care home
- assessing whether the care home is responding appropriately to any confirmed or suspected COVID-19 case within the care home (CQC)

5. Registered Manager Role

Visiting is made available by the registered manager and negotiated between the care providers, their residents, their staff and their visitors. A risk-based approach is adopted 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.

The balance of benefit to the resident against the risk i.e. health and wellbeing risks arising and practical effectiveness of social distancing measures i.e. cognitive status of the resident. Where the individual has a social worker or other professional involved, they can support the provider in helping consider the risk assessment.

Some care homes may develop 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 2.

It important to note that an independent advocate (Rotherham Advocacy Service – Absolute Advocacy) may be required to ensure residents views are expressed and information is put to them in a way they can understand.

Arrangements for visiting will complement and not replace the 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. In July 2020 Infection Control grant monies were made available to providers to make the necessary changes to facilitate visits, such as by improving outdoor spaces.

It may be possible for residents and visitors to have visits in a variety of forms, as circumstance allow. i.e. visits in communal gardens, window visits and/or drive-through visits.

In-room visits may be facilitated as appropriate, including those involving essential visit from a social care assessors and other professionals and in line with national guidance in relation to essential/end of life visits to ensure the person can die with dignity and comfort, considering their physical, emotional, social and spiritual support needs.

The Registered Manager will ensure that:

Visits between residents and their visitors, including social care assessors and other professionals, operate fully in line with the latest infection prevention and control guidance including provisions relating to:

- the use of designated areas for visits,
- the use of social distancing practices,
- good hand hygiene,
- use of PPE for visitors and residents.

Visits will be booked in advance for a specific day, time and length of visit, to enable visiting to be re-established within the setting. All 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.

In support of NHS Test and Trace visitors will be asked to provide their address and phone number and the provider will keep temporary record.

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.

Visitors should:

- be free of any COVID-19 symptoms on the day of their visit
- 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 questions asked of the visiting assessor 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 anything taken to give to the individual they are visiting can be sanitised, in line with relevant infection prevention and control (IPC) guidance.

Wherever possible, visitors should a 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.

Visits with residents living with dementia

A visit to be undertaken with a resident with dementia requires 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 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.

Responsibility of visitors and staff

Some Registered Managers may put in place a Responsible Visitor Code – and example of this is at Appendix 3 - 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 they will also display this within the appropriate areas of the Care Home.

A standard operating procedure see example at Appendix 4 should be created to support staff to understand the process that should be followed.

Registered manager’s ability to suspend visiting

In the event of any suspected or actual outbreak of COVID-19, or a suspected or known case of COVID-19 within a home, visitor restrictions may need to be immediately implemented which suspend some of these enabling approaches and will include 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.

6. Rights and Responsibilities

For both care providers and visitors which put the welfare and wellbeing of residents/ people receiving care at the heart of the approach to developing their visiting policies:

RIGHTS	
Care providers have the right to:	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 protocol.	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, and usage of such circumstances will be closely monitored.	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 and transmission risk.

	Be provided and supported with additional ways to connect such as video conference or telephone calls in addition to a limited number of in-person visits.
RESPONSIBILITIES	
Care providers have a responsibility to:	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.
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.
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, use of visiting windows, remaining designated areas and social distancing requirements – as directed by the care home staff – and that failure to do so may affect the future ability to visit.

7. Support to Care Homes

Since March 2020 the Adult Care, Public Health and health partners have provided care homes with a range of resources and support to assist with the situation which includes:

- Named Council lead officer - Contract Compliance Team and Public Health Officers
- Clinical lead - GP - Community Health Team
- Clinical Quality Advisor – Care Home Support Service (NHSTRFT)
- Staff testing
- Whole home testing for staff and residents
- Supply of PPE
- Council's website - bespoke section for providers i.e. web form to request PPE/information/support/resources
- Rotherham Skills Academy to meet their immediate recruitment and training needs for adult social care workers
- CQC - Emergency Support Framework - collaboration
- Training package based on Public Health England guidance for PPE, Infection Prevention and Control and Covid-19 swabbing/testing
- Sheffield University provided 35 sim enabled phones to enable video calling – residents/family
- Multi-disciplinary team clinicians/Public Health/commissioning video conferencing
- “Listening Ear” service – bereavement support
- Payment of 2 x £15,000 grants to support additional expenditure incurred as a result of Covid-19 following Cabinet decisions
- £100,000 contingency fund
- Infection Control Fund – £2.3m grant for all CQC registered care homes in the borough (all age - 84 in total)

8. Other Measures in Place

The Director of Public Health manages any outbreak concerns through the IMT (Incident Management Team) process, working in conjunction with the Health Protection Team, the care provider and health professionals to mitigate further occurrences and to contain the situation.

Outbreak Control

In May 2020, Directors of Public Health were mandated to develop a local COVID-19 outbreak control plan, to reflect an appreciation that a strong local response is essential if COVID-19 is to be successfully mitigated across the country. The Local Outbreak Control plans are therefore seen as integral to the national Test, Trace, Contain and Enable strategy.

<https://www.rotherham.gov.uk/downloads/file/1790/rotherham-covid-19-outbreak-control-plan>

The plan includes planning for local outbreaks in care homes (e.g. defining monitoring arrangements, potential scenarios and planning the required response) and provides system leadership for robust incident management.

Objectives include:

- To provide a collaborative and coordinated approach to supporting Rotherham settings in managing COVID-19 outbreaks, including (but not limited to) adult care homes,
- To reduce transmission; protect the vulnerable; and prevent increased demand on healthcare services

Information about infection rates come from numerous sources:

- Infection Prevention & Control (IPC) teams
- Health Protection Team (HPT)
- Public Health England (PHE)
- Surveillance
- The setting themselves (i.e. care homes)

If an outbreak is declared an incident management meeting will take place involving public health and the registered manager of the care home and other key stakeholders i.e. commissioning.

Incident Management Team (IMT)

The IMT will agree and coordinate the activities involved in the management, investigation and control of the outbreak. The members of the IMT conduct a risk assessment and determine; the control measures needed to interrupt transmission and the resources needed. Typical things taken into account:

- Cases confirmed/suspected- onset dates
- Dates and results of any testing
- Type of setting
- Ages/Ethnicity/other risk factors
- Their contacts – others at the setting
- Control measures to prevent spread already in place.
- Difficulties with infection prevention and control or social distancing

A risk assessment is undertaken to guide the management of the outbreak including the need for further investigation and control measures. The seriousness of incident and its ability to cause further harm i.e. the potential for transmission in the population in the setting are considered and forms a basis for implementing control measures (this would include the registered manager reinstating a restriction on non-essential visiting).

The IMT meeting is documented along with the process of investigating and managing the outbreak, the evaluation of the control measures put in place and

the decision to declare the outbreak over. The membership of the IMT meeting also performs a role in managing any communication issues.

Model Risk Assessment

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 	<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. This area will have limited furnishing, which is easy to clean after a visit.</p> <p>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 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>	Medium

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>
		<p>alcohol-based hand rub dispensers are available immediately on entering the care home and on leaving.</p> <ul style="list-style-type: none"> • 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 hands on entering and leaving the care home and wear PPE as required. • 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 	<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.</p> <p>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>	

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>
		<p>products in (service name) and these are reviewed as appropriate.</p> <ul style="list-style-type: none"> • 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 10 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. 		

My Visiting Plan (Example)

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			

Responsible Visitor Code (Example)

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.
- 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, handholding and hugging, with any resident. If we witness

physical contact, a risk assessment will need to take place to identify whether the resident may need self-isolate in line with current national guidance.

- 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.

Standard Operating Procedure (Example)

This operating procedure to be always followed in compliance with all health and safety legislation and relevant government guidance.

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, a risk assessment will need to be made and the resident may have to self-isolate in line with current national guidance.
- Inform visitors that they must keep a mask / face covering on at all times on and go around to the bin and put it in the bin provided.
- Ensure the area is not used until it has been cleaned
- 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 arrange for a risk assessment to take place. If any mitigation can be put in place to avoid the need for the resident to have to self-isolate this should be done and if not, then the resident may need to self-isolate in line with current national guidance.
- 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.
- Visitors to dispose of mask covering in the bin provided.
- 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.

Current Relevant Guidance by Care Setting

Visiting care homes during coronavirus (Published 22/7, updated 31/7)

<https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus>

Care Provider Alliance Visitors' protocol (19 June, 2020)

<https://careprovideralliance.org.uk/coronavirus-visitors-protocol>

Legal guidance for mental health, learning disability and autism, and specialised commissioning services supporting people of all ages during the coronavirus pandemic (Published 19 May 2020, Version 2)

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0454-mhlda-spec-comm-legal-guidance-v2-19-may.pdf>