

Monday 12<sup>th</sup> April 2021

# Care Home Visitor Guidance

The webinar will begin shortly



# Contents

1. Explain the new visitor guidance
2. Hertfordshire Home Closure Policy
3. Common Queries
4. Q&A's

# Guidance and Checklists

Website- [www.hcpa.info/guideline/care-home-visitor-guidance](http://www.hcpa.info/guideline/care-home-visitor-guidance)

For the Full Government Guidance [Click here](#)

Hertfordshire Framework for Care Home Visits during COVID [Click here](#)

## Checklists

- Residential care services visiting arrangements [click here](#)
- Resident visiting out to family home [click here](#)
- Care Home Lateral Flow Testing [click here](#)

## Key Questions-

1. Have you updated your policies?
2. Have you created your visiting booking system?
3. Have you communicated to your visitors, residents and staff?

# Changes in the recent guidance

- The guidance released on 6<sup>th</sup> April, made the following changes:
  - Increased the number of visitors to two people
  - Within the two people, can be children under the age of 18 if agreed by care home, care home resident and family
  - Children under the age of 2, can visit a care home resident – these do not count within the two people.
  - Any children attending must follow IPC, including PPE, social distancing and hand hygiene based on the guidance
    - Children aged 11 and over should wear the same PPE as adult visitors.
    - Children under the age of 11 are not recommended to take part in asymptomatic testing. If a test is undertaken please follow the appropriate guidance
    - Children under the 3 should not wear masks

# Visits out to care home to non-hospital settings

## Guidance updated on the 7th April

- 14 days before the visit, members of the household should limit their exposure to other people as much as possible.
- Testing of the individuals who will be present when the resident is in the household should then take place, using the lateral flow testing.
- The resident should also be tested using the lateral flow testing immediately before they leave the home.
- If any of the tests are positive, the visit is not able to go ahead, and a retest should be taken using a PCR test.
- Once the resident returns back to the care home, the resident should be tested using a PCR test and isolate for 14 days.

# Residents attending for outpatients' visits

Public Health have defined visits to outpatient appointments, including blood tests and physiotherapy appointments when carried out in a health care setting and returning back to the home on the same day, as low risk.

In these cases, the care home needs to risk assess on an individual basis if additional control measures (i.e. self-isolation for 14 days) are required when the resident returns to the care home.

A risk assessment template has been produced to support care homes with their assessment (Appendix A).

14 days isolation on return to the home should only be considered if there is a failure or breach of infection prevention control during the period away from the home and should be proportionate to the length of time away.

# Professional Visit – *Regularly Tested*

This applies to health professionals (including mental health and therapists, ambulance), CQC and monitoring, Equipment deliverers and collection, social workers – who are part of their organisations regular testing programme

Number of visitors	PPE requirements	Testing requirements	Visits stopped
n/a	Appropriate PPE for this type of visit as per the homes request and national guidance	No testing is required as these individuals are under their own regular testing regime.	Visits can continue even if the home has an outbreak

# Other Essential Visitors – not regularly tested

Number of visitors	PPE requirements	Testing requirements	Visits stopped
n/a	Appropriate PPE for this type of visit as per the homes request and national guidance	Speak to the individual to understand whether they are part of a regular testing programme If not, we would recommend they should have a lateral flow test unless in exceptional circumstances	Visits can continue even if the home has an outbreak, but this needs to be risk assessed by the home



# Two Consistent named visitors (indoor)

Number of visitors	PPE requirements	Testing requirements	Visits stopped
2 consistent	<p>Type II R masks, aprons and gloves always and following the home IPC measures, especially in hand hygiene. Visitor should wear eye protection if the resident is coughing.</p> <p>The home needs to ensure that the visitor has had appropriate training in safe donning and doffing in PPE, including disposal of PPE</p>	<p>Lateral flow test must be undertaken before each visit and must be negative If they test positive, the visitor must be given a confirmatory PCR test to take home, immediately be asked to go home and self-isolate.</p> <p>The area they have been in must be deep cleaned and the home should contact trace within the home for any potential contacts.</p>	Visits must be stopped if the conditions are met in the local guidance

# Screened visits or outdoors

Number of visitors	PPE requirements	Testing requirements	Visits stopped
Visitor numbers should be limited where possible, with a maximum 2 visits per each time	Type IIR masks are required but please ensure infection control advice and social distancing is maintained.	No testing is required for these visits	Visits must be stopped if the conditions are met in the local guidance

# Exceptional visits e.g end of life

Number of visitors	PPE requirements	Testing requirements	Visits stopped
This is based on the individual situation	Appropriate PPE for the type of visit	No testing is required However, the home may choose to use lateral flow testing if identified in their risk assessments	Visits should continue even if a home has an outbreak unless there are specific reasons

# Exceptional visitors - essential “care giver”

Number of visitors	PPE requirements	Testing requirements	Visits stopped
1 consistent	<p>Same requirements as staff working within the care home</p> <p>The home needs to ensure that the visitor has had appropriate training in safe donning and doffing in PPE, including disposal of PPE</p>	<p>Take a rapid lateral flow test before every visit except in the circumstances outlined in the guidance. This must include a minimum of 2 tests a week: one rapid lateral flow test on the same day as the PCR test, and one rapid lateral flow test 3 to 4 days later. If the visitor is visiting less than twice a week, they will need to make arrangements with the care home to carry out the twice weekly testing. These rapid lateral flow tests must be done on site and visitors cannot self-test at home</p> <p>Take a weekly PCR test and share the result with the home. Care homes should use their existing PCR stocks to test these visitors and these should be registered as ‘staff’ tests using the care home unique organisation number (UON) and be returned via courier with other staff tests</p> <p>The “care giver” will be subject to additional testing in line with care home staff should the care home be engaged in rapid response daily testing or outbreak testing</p>	Visits should continue even if a home has an outbreak unless there are specific reasons

# How to determine an essential care giver?

- Create a process and criteria of how your care home will determine who counts as an Essential Care Giver and who remains as one of the two named visitors.

## Suggestion:

1. Create your criteria of what would mean a resident needs an essential care giver (MHA example on next slides)
2. Create an application form for families and relatives to apply to become essential care givers explaining their reasons why
3. Update your visiting policy
4. Communicate the process and criteria to families/ Relatives and residents
5. Review any applications against your criteria and risk assessment process

# Essential “care giver”- Example Criteria assessment

*Reference MHA*

## Five Part Distress Assessment

Part 1: Witnessed Sign of Distress

Part 2: Review Severity, frequency and impact overt the last two weeks

Rate the Severity of the distress of the resident	1 Not distressed at all	2 Mild Hardly noticeable, resident briefly affected and easily distracted by staff	3 Moderate Resident distressed but can be settled by intervention from staff	4 Severe Very marked, prominent and upsetting/ stressful for the resident. Staff find it difficult to alleviate the residents distress
Rate the Frequency of the distress	1 Rarely Less than once per week	2 Sometimes About once a week	3 Often Several times per week but less than every day	4 Very Often Once or more a day
Rate the impact of the distress on others i.e. staff or other residents	1 Not stressful at all	2 Mild Not very stressful, generally easy to support resident	3 Moderate Fairly stressful, not always easy to cope with	4 Severe Very Stressful, difficult to cope with

# Part 3: results added up to give the distress level.

$$\text{Severity} + \text{Frequency} + \text{Distress to other} = \text{Distress Level}$$

Severity of distress for the resident	Frequency	Impact and Ability to cope for others	Total Score

# Part 4: Identify distress rating, mild, moderate or severe

Score	Distress Rating	Intervention
1-3	Mild	Monitor and note on daily records
4-7	Moderate	Monitor, discuss actions with next of kin, document in care plan
8-12	Severe	Urgent action needed- move to part five of assessment

# Part 5: Decision making

Q1	Does the resident want to see their family/ relative? Or if they are unable to answer, do they frequently ask for their family/ relative?	YES	NO
Q2	Did the resident benefit from the involvement and regular care/ support of family/ relative prior to lockdown? Or If the resident recently move in, did the family member have regular involvement in their care?		
Q3	Does the resident have a condition or need that means they may have greater need for family support? For example dementia, depression, limited mobility, sensory impairment.		
Q4	Its correct that care staff would not be able to replicate the level of support that would have previously been undertaken by a family member		
Q5	It's correct that the resident's distress would not be alleviated by remote contact with the family or other <b>visit types</b>		

- Answering 'yes' to four out of five questions would result in completion of Essential Care Giver Risk assessment
- If less than four resulted in 'yes' then consideration given to what needs to be taken to reduce the residents distress level (still may be Essential care giver).



# Does the guidance limit the number of visitors in the home?

- The guidance stipulates 2 visitors per resident, but the number of visitors in a home at each time will be based on factors in the home e.g layout; staffing levels etc.
- Care givers are not included in the 2 visitor rule as they are deemed to be part of the “exceptional circumstances”

# How often should visits be allowed and for how long?

Care homes need to undertake a personalised risk assessment when developing policies for visitors

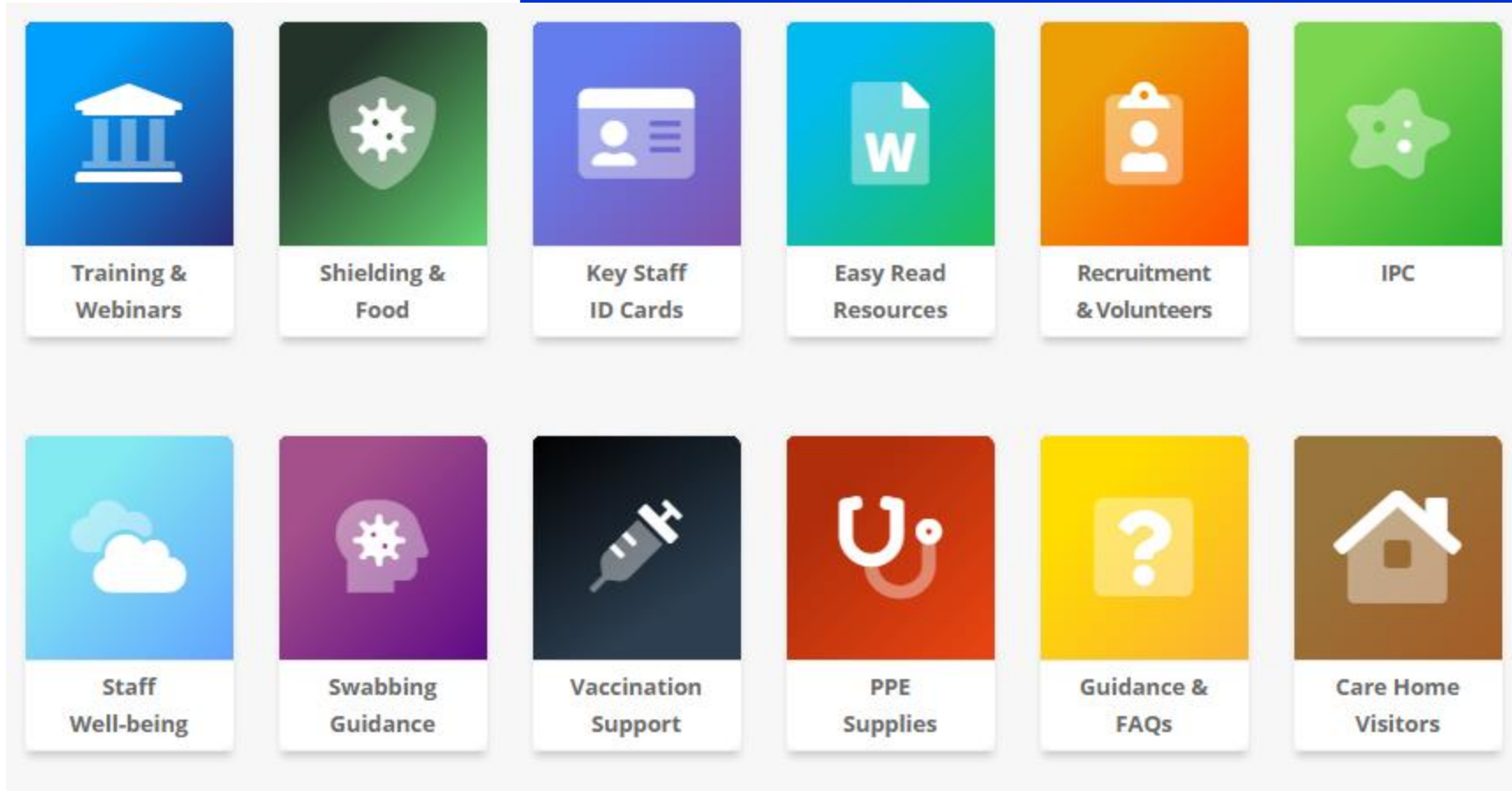
Factors to take into account:

- The needs of the residents
- Layout of the home
- IPC measures e.g testing be undertaken in the car,
- Staffing levels

# Can visitors undertake their testing at home

- No, visitors (including the care givers role) must complete the testing on site of the care home. This can either be:
  - In a room by the entrance at the care home. The room should ensure there is enough space for social distancing if there are multiple visitors from different households
  - In a car
  - Outside (if appropriate weather wise)

# Support COVID-19 pages managed on the HCPA website- [www.hcpa.info/covid-19](http://www.hcpa.info/covid-19)



# Q&A

## Provider Hub

Call 01707 708 108 (9am – 5pm | Mon – Fri)

Email [assistance@hcpa.info](mailto:assistance@hcpa.info)

Visit- [www.hcpa.info/covid-19](http://www.hcpa.info/covid-19)

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