



# Framework for Care Home Visits during COVID-19 v14

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## 1. Introduction

On 22nd July 2020, the Department of Health and Social Care (DHSC) released guidance on care homes accepting visitors from families and non-essential visitors. In the guidance, it stipulated that Hertfordshire County Council is required to set a clear approach to all care homes on when visiting should and shouldn't happen.

This document outlines the approach Hertfordshire will be taking regarding family and non-essential visitors into care homes.

We understand that the restrictions put in place by Government have been challenging for many residents and families over the past few months. Unfortunately, at the time of writing we are in a situation where the virus is still circulating in our communities. Therefore, any individual visiting a home or leaving a care home should be regarded as a potential risk of transmitting coronavirus, so that clear precautions can be taken to mitigate risk and enable visits safely.

Where possible, we will seek to allow visitors from family members and non-essential visitors unless there are circumstances where the virus is circulating in such a way that it makes visiting unsafe. The checklist in this document should help to achieve this.

The policy was updated on 5<sup>th</sup> November 2020, 1<sup>st</sup> December 2020, 4<sup>th</sup> March 2021, 3<sup>rd</sup> May 2021 and 23<sup>rd</sup> June to consider the new guidance released by the Government.

## 2. Ethical Principles

During the pandemic we expect that the County Council, partner agencies and all care homes will adhere to the following guiding ethical principles.

The legitimate expectation of staff and residents to be as safe as possible from infection by:

- a. ensuring the home is as safe from infection as possible
- b. ensuring that sources of infection are minimised

The legitimate expectation that all dimensions of health and flourishing will be preserved as much as possible, and that this includes:

- c. enabling safe contact between residents and their loved ones wherever possible
- d. preserving as much normality as possible

The right to family life by:

- e. ensuring that visits which can take place safely, even with additional means such as PPE, can take place

Prioritising those most in need of visits:

- f. where people have conditions such as learning disabilities, dementia or cognitive decline and visits are essential in preventing serious decline or deterioration, additional effort may be needed if a home is closed to enable such visits. The appeals process and advice from infection and control should be taken in such circumstances.

The right to visit at end of life:

- g. even during lockdown, this right is to be respected and enabled as safely as possible through the use of PPE, testing and other means
- h. Infected people and those self-isolating will normally be excluded from visits even at end of life. Urgent advice from the multi-agency care home Covid19 outbreak cell should be taken in these circumstances

The rights and needs of individual residents to visits must be balanced with the rights and expectations of others not to be infected:

- i. Homes, their staff and residents have a legitimate expectation that all visitors will respect these principles and will collaborate and play their part in enabling these principles to be lived out in the guidance and arrangements for visitors
- j. The use of enforcement measures (e.g. the issue of legal direction to prohibit visitors who persistently refuse to support efforts to protect from infection) will usually be a last resort.

## 3. Key measures for opening care homes to visitors

### Key Measures - what does open to non-essential visitors mean?

- It is important that visitors to care homes should always continue to stay alert and maintain social distancing (2 metres)
- Care homes must ensure that they have appropriate levels of staffing to manage visits and to supervise the visits

- Visitors to the home should wear face masks/ face coverings
- Require visitors to wash their hands or use hand sanitiser when entering and leaving the care home/ outside space
- Look at introducing a time limit on the length of the visit and have bookable slots
- Be clear that appointments may need to be cancelled at short notice due to weather or if there is a suspicion of transmission of coronavirus within the care home
- There must be good ventilation for spaces used (for example, including keeping doors and windows open where safe to do so and using ventilation systems at high rates but only where these circulate fresh air)
- If holding visits inside, there must be good ventilation for spaces used (for example, including keeping doors and windows open where safe to do so and using ventilation systems at high rates but only where these circulate fresh air)

## Lateral Flow Testing

The use of Lateral Flow tests should comply with any national guidance.

Lateral flow device testing (LFT) may be used to facilitate indoor visiting and to allow closer contact with residents in the home, including personal care. An LFT test does not completely remove the risk of infection and therefore infection control measures should still be followed, including appropriate PPE, observe social distancing in general and good hand hygiene.

Care homes must ensure that any staff who are undertaking the testing should following the DSHC guidelines and undertake the mandatory training. A checklist (Appendix 2) has been produced to support you in implementing LFT testing within your home.

It is important that testing is not undertaken by anyone who is symptomatic. If anyone is symptomatic, they should take a PCR test.

## “Care Givers”

Homes should differentiate between visitors and “care givers” in their policies. In cases where close contact personal care from a loved one is critical for the resident’s immediate health and wellbeing, including their mental health, the homes should arrange for care to be given. These essential “care givers” should be given the same access to testing, PPE and infection control arrangements as staff working within the home. These visits are to be maintained, even if the home is closed to visiting.

## Opening Homes - Checklist

Our priority before opening Care homes to visitors is to ensure all mitigations and processes are in place to prevent the spread of Covid-19. To enable this to happen, all care homes and care settings are required to complete the Residential Care Services Visiting Arrangements Checklist found in Appendix 1.

The completed checklist must be sent to [assistance@hcpa.info](mailto:assistance@hcpa.info). **All checklist must be signed and dated by the home manager.** The checklist outlines all the key elements that a Care Home must have completed before opening the home to visitors. You may be required by Hertfordshire County Council to close to non-essential visitors if you have not completed the risk assessment or if your risk assessment is not satisfactory.

## **When all homes should close to non-essential visitors**

The Director of Public Health jointly with the Director of Adult Social Services may issue an instruction for all homes to close, in line with the guidance. In practice this will be delegated to the Care Homes Outbreak Cell and may be done for a particular district, town or the entire County.

This means homes must close to non-essential visitors. The circumstances under which this must happen are:

1. When a District or Town or the County goes into Lockdown (partial or complete) or through National Intervention placing local restrictions on people.
2. Where local restrictions or measures including enforcement and prohibition or closure orders (e.g. of public space) are made using powers under the Coronavirus Regulations 2020 or Public Health Act 1984 by either the Director of Public Health or the District or Borough Council. This will be communicated to homes.
3. Where local, national or regional measures are introduced by Government
4. When the Director of Public Health or Health Protection Board makes a judgement that the viral circulation in the community is such that closures are required. This will include but not be limited to one or more of the following criteria:
  1. When there is a significant rise in cases in the district or county or neighbouring areas.
  2. When the Rate of Transmission (R) number is at or above 1 (R Numbers are not reliable below this level, but the R number will not be the sole criterion.
  3. When the positivity rate in testing is 5% or above and rising in the district or county.
  4. Other significant epidemiological considerations (examples include, but are not exclusive, substantial levels of discreet outbreaks or sustained community transmission in the local area, or significant numbers of cases in districts from which many visitors come).

These situations will be communicated to care homes through the care homes outbreak cell. Further communication will also be shared when it is possible for homes to reopen to external visitors. Please be assured enforcement measures such as local closures (which many people call “lockdown”) are a last resort, and we will, in the event that there is any widespread need to close, give you as much notice as we are able to.

## **When individual homes should close to non-essential visitors**

Since the virus is still circulating widely, we will see increases in virus transmission and outbreaks in some areas.

This means there may be circumstances where homes must close to non-essential visitors. The circumstances under which this must happen are:

1. Where you cannot guarantee your infection control processes meet the standards on the checklist

2. Where there are 2 or more symptomatic residents or staff, the home must close immediately, and a test must be completed.
  - a. The home can reopen once they have had no new cases for 14 days or if the symptomatic staff or residents are negative.
3. Where there is an outbreak (2 or more linked cases), the care home should close to family and friends and other non-essential visitors with immediate effect. These actions are being taken to support the residents in your care and to ensure the safety of staff.
  - a. The home can reopen once they have had no new cases for 14 days or if the symptomatic staff or residents are negative.
4. Where there is particular local intelligence that the prevalence of Covid19 has increased in a community, this will be communicated via email to the relevant care home(s) through the care home outbreak cell. You will be required to confirm receipt and additional phone calls may be made. Further communication will also be shared when it is possible for homes to reopen to external visitors.

## 4. Appeals Process

In some circumstances care homes may feel that they have assessed the risk to be manageable and therefore can safely open some or all of their home to non-essential visitors before the currently policy outlines.

In these instances, the process in Appendix 5 and Appendix 6 must be followed by the care home and the wider system partners in Hertfordshire in the form of the Covid19 care home outbreak cell.

## 5. Visits out to care home

Any visits out from the care home should comply with the current national and local guidance, including any testing requirements for visitors and for the resident and self isolation for 14 days on the return. Care homes should risk assess any planned visits out and ensure that the household taking the resident out, understands infection control measures, including social distance measures. A dynamic risk assessment should be undertaken by the care home to ensure that the visit is safe

Appendix 3 has been developed as a tool to support homes with their risk assessment to determine whether the person will need isolation on return.

Care homes should always support visits out for older people in exceptional circumstances, such as to visit a friend or relative at the end of their life.

A checklist (Appendix 4) has been produced based on the national guidance to support you in preparing for visits out of the care home.

In the case of an outbreak, visits out of the home should be stopped.

## 6. Help and Assistance

### Help and assistance

If you have any further questions, then please call the HCPA provider hub on 01707 708 108 or email [assistance@hcpa.info](mailto:assistance@hcpa.info)

### Please update your contact details

In order to help us operate these arrangements I would ask you to provide [IAC.Support@hertfordshire.gov.uk](mailto:IAC.Support@hertfordshire.gov.uk) with an email address (that is checked on a regular basis). We will use this address to notify you of any local restriction situations.

## Appendix 1: Checklist for Residential Care Services Non-essential visitor arrangements

### Checklist for Residential Care Services Non-essential visitor arrangements

Name of Care Home:

Date:

Name and Signature of manager:

Update Visiting Care Homes During Covid-19 Guidance 04/08/2021 [Click here](#)  
[Click here](#) the HCPA Covid-19 Visiting webpage for the latest tools and local guidance.

During an outbreak, the provider should move to stop visiting apart from in exceptional circumstances such as end of life. In such cases, alternative means of maintaining contact between residents and their loved ones should be clearly set out. The above guidelines can also be used to consider risk assessments for exceptional circumstances. Home may appeal to open before the end of an outbreak more information can be found in the Hertfordshire visiting framework document. For any appeals email the relevant documentation to [assistance@hcpa.info](mailto:assistance@hcpa.info)

Suggested Mitigation from the guidance	Yes/No	Actions for the provider to take
<p>Are you clear as a home the type of visits you can accommodate, number of visitors allowed per type and for what residents? Types of visits:</p> <ul style="list-style-type: none"> <li>• Indoor named visitors</li> <li>• Indoor Essential Care Givers</li> <li>• Outdoor and Screened</li> <li>• Exceptional Circumstances (end of life)</li> </ul> <p><a href="#">Click here</a> to view summary of visit types</p>		<p>For full details on the areas look at the following sections in the guidance</p> <ul style="list-style-type: none"> <li>• indoor visiting for each resident, 2 at each time. These visitors will need to take a rapid lateral flow test and test negative before every visit. They should minimise physical contact with residents. They must observe social distancing and PPE use, and follow all necessary infection control measures. See <a href="#">section 2.1</a> below.</li> <li>• additionally, residents with higher care needs can also choose to nominate an ‘essential care giver’ who can provide close contact personal care where it is critical for the resident’s immediate health and wellbeing. These ‘essential care givers’ will be supported to follow the same testing arrangements, and the</li> </ul>

		<p>same PPE and infection control arrangements, as care home staff. See <a href="#">section 2.2</a> below</p> <ul style="list-style-type: none"> <li>• opportunities for every resident to see more people than just their named visitors, by enabling outdoor visiting and ‘screened’ visits. See <a href="#">section 2.3</a> below</li> <li>• visits in exceptional circumstances including end of life should always be enabled. See <a href="#">section 2.4</a> below. The situation described for essential care givers is considered an exceptional circumstance and should therefore continue in the event of an outbreak unless there are specific reasons not to do so</li> </ul>
<p>Do you have adequate medical grade PPE, to be used for visitors and those residents who may be more at risk / have ongoing serious health conditions, or where residents are unlikely to remember about social distancing?</p>	<p>Please add details on your supply</p>	<p>National Portal details <a href="#">click here</a></p> <p>Further PPE supply information can be found here: <a href="https://www.hcpa.info/guideline/covid-19-ppe-ipc/">https://www.hcpa.info/guideline/covid-19-ppe-ipc/</a></p> <p>Ensure that the appropriate PPE is always used and disposed of correctly – Visitors MUST wear a surgical face mask (recommended Type IIR fluid resistant surgical mask) and may need to wear gloves / aprons. Always ensure visitors wash hands thoroughly, including before and after using PPE</p>
<p>Have you got a process for training visitors in donning and doffing of PPE? In particular hand hygiene and disposing of PPE</p>		<p>It is a good idea that all training is documented and agreed between the care home manager and the visitor.</p> <p>For training resources visit- <a href="http://www.hcpa.info/ipc">www.hcpa.info/ipc</a></p>
<p>Have you developed an overall risk assessment for your setting to help decide how to provide the visiting opportunities outlines in the guidance and create your visiting policy?</p>		<p>This dynamic risk assessment should consider relevant factors relating to the rights and wellbeing of the residents. Any risk assessment should follow the CQC regulatory framework around providing person centred care. It may also be appropriate or necessary for providers to apply different rules for different residents or categories of resident, based on an assessment of risk of contracting COVID-19 in relation to such</p>

<p>Have you worked with families, friends and social workers to establish which residents will receive non-essential visits and which residents will receive essential care visits (described in <a href="#">section 2.2</a>)?</p>		<p>residents, as well as the potential benefits of visits to them. In particular the risk assessment should consider the need to enable essential care giver visits described in <a href="#">section 2.2</a>.</p> <p>The risk assessment should also consider factors relating to the layout, facilities and other issues around the care home – to help determine:</p> <ul style="list-style-type: none"> <li>• where visiting will happen – the rooms or outdoor spaces in which visiting will happen, where and how visitors might be received on arrival at the home to avoid mingling with other visitors, staff or residents etc</li> <li>• the precautions that will be taken to prevent infection during visits (including PPE use and hand washing)</li> </ul> <p>Care home managers should share the risk assessments underpinning visiting policies with residents or their families, to help explain the decisions they have made, and their visiting policy. Sharing completed assessments with families may assist in emphasising the need for partnership between families, residents and care homes.</p>
<p>Have you updated your Visiting policy?</p> <p>Has it been communicated to residents and their families / relatives?</p>		<p>Ensure you have updated your Visiting Policy – Consider all the points found in the guidance.</p> <p>For communications make sure you consider the following sections in the guidance:</p> <ul style="list-style-type: none"> <li>• 2.5 Infection control precautions and the wider care home environment</li> <li>• 2.6 Communicating with families and visitors</li> <li>• Lateral Flow testing</li> </ul> <p>The provider’s policy should set out the precautions that will be taken in respect of infection control during visits, placing this within the</p>

		<p>context of the care homes wider infection prevention and control practice. The homes should ensure that these are communicated in a clear and accessible way.</p> <p>All visitors, and especially essential care givers, must follow any guidance, procedures or protocols put in place by the care provider to ensure compliance with infection prevention control. Therefore, copies of the guidance, procedures and protocols should at least be available to be read by visitors on arrival.</p>
<p>Have you completed the Lateral Flow testing checklist to prepare you for undertaking this testing?</p>		<p><a href="#">Find the Checklist here</a></p>
<p>If your policy sets different rules for particular residents, the policy should explain:</p> <ul style="list-style-type: none"> <li>• any different approach applied to individuals or groups;</li> <li>• any factors that are relevant to a decision relating to such individuals or groups; and</li> <li>• the decision-making process to be applied to these decisions</li> </ul>		<p>Ensure any policies are clear, fair, appropriate and are communicated widely to the residents, staff and visitors</p> <p>Care homes are best placed to decide how their care home can best enable visiting in line with this guidance and in a way that meets the needs of their residents both individually and collectively.</p> <p>Some residents will have particular needs (for example, those who are unable to leave their rooms, those living with dementia or those who may lack relevant mental capacity) which may make it challenging to follow some of the detailed advice in this guidance on the conduct of visits. If so, providers should work with the resident, their family, friends and any volunteers to develop a tailored visiting policy within the principles outlined.</p> <p>There might be merit in differentiating between non-essential visitors and essential care-givers in the updated policy, as visits by essential care givers should continue in the event of an outbreak unless there are specific reasons not to do so, as described in <a href="#">section 2.2</a></p>

<p>Have you completed a comprehensive risk assessment for each of these particular residents identifying the specific risks for them and others should be undertaken for the person’s care, and this same risk assessment should be applied for people visiting the person.</p>		<p>Providers should note advice given when taking visiting decisions for particular residents or groups of residents <a href="#">Section 1.3</a></p> <p>Some residents will have particular needs (for example, those who are unable to leave their rooms, those living with dementia or those who may lack relevant mental capacity) which may make it challenging to follow some of the detailed advice in the government guidance on the conduct of visits. If so, providers should work with the resident, their family, friends and any volunteers to develop a tailored visiting policy within the principles outlined.</p> <p>Providers must consider the rights of residents who may lack the relevant mental capacity needed to make particular decisions. For example, some people with dementia and learning disabilities may lack the relevant capacity to decide whether or not to consent to a provider’s visiting policy. These residents will fall under the empowering framework of the <a href="#">Mental Capacity Act 2005</a> (MCA) and are protected by its safeguards. Where appropriate, their advocates or those with power of attorney should be consulted, and if there is a deputy or attorney with relevant authority they must make the best interests decision to consent on the person’s behalf to the visiting policy.</p> <p>If visors or clear face coverings are available, they can be considered as part of the <b>risk assessment</b>. Under no circumstances should this assessment be applied to a whole care setting.</p>
<p>Have you put in place practical measures to mitigate any risks arising from visits, such as visits by appointment only with length detailed, and detailing type of visits available in each slot for example, screen, outdoor and indoor?</p>		<p>Review premises to see if these types of visits can be achieved, or if not, consider extra barrier PPE for client and visitor. Further advice on PPE and suppliers can be found here: <a href="http://www.hcpa.info/covid-19/">www.hcpa.info/covid-19/</a></p> <p>There must be good ventilation for spaces used (for example, including keeping doors and windows open where safe to do so and using</p>

<p><b>Note: Visiting spaces must be used by only one resident and visiting party at a time, and between visits there must be appropriate cleaning and an appropriate time interval</b></p>		<p>ventilation systems at high rates but only where these circulate fresh air)                  Consider the use of speakers, or assisted hearing devices (both personal and environmental) where these will aid communication. This will also avoid the need to raise voices and therefore transmission risk</p>
<p>Have you an arrangement to enable booking/appointments for visitors – ad hoc visits are not encouraged?</p>		<p>Care homes are best placed to decide how often and for how long it is possible for visitors to come into the home.</p> <p>In this context it is recommended that the care home has a simple booking or appointments system to enable visits. Ad hoc or unannounced visits will not be possible.</p>
<p>Have you put in place a sign-in book / tablet which can store visitor details in case needed for Test and Trace?</p>		<p>Ensure details of visitors are recorded. If provided, contact details should be held for 21 days as per guidance (may be subject to change)  <a href="https://www.gov.uk/guidance/maintaining-records-of-staff-customers-and-visitors-to-support-nhs-test-and-trace">https://www.gov.uk/guidance/maintaining-records-of-staff-customers-and-visitors-to-support-nhs-test-and-trace</a>                  Ensure you update any privacy notices about personal data collection, if required.</p>
<p>Have you got a process for screening visitors and have a clear checklist of questions?</p>		<p>Screening should include:</p> <ul style="list-style-type: none"> <li>• Have you been feeling unwell recently?</li> <li>• Have you had recent onset of a new continuous cough?</li> <li>• Do you have a high temperature? A care home may consider providing a temperature check for all visitors to provide confidence to visitors and to staff.</li> <li>• Have you noticed a loss of, or change in, normal sense of taste or smell?</li> </ul> <p>Have you had recent contact (in the last 10 days) with anyone with COVID-19 symptoms or someone with confirmed COVID-19 – if yes, should you be self-isolating as a family member or as a contact advised to do so by NHS Test and Trace?</p>

<p>Have you told visitors and essential care givers that you may need to ask them about times they have been Covid-positive? Have you told them you may require proof of recent positive test results?</p>		<p>Visitors who have recently tested positive for COVID-19 should not routinely be retested within 90 days. This means that some visitors will not need to be tested regularly because they will still fall into this 90-day window. These visitors should use the result of their positive PCR result to show that they are currently exempt from testing until the 90-day period is over. Once the 90-day period is over, visitors should then continue to be tested. They should still continue to follow all other relevant IPC measures throughout these 90 days, including social distancing, maintaining good hand hygiene and wearing PPE</p>
<p>Have you created guidance to prepare visitors for the different types of visits?</p>		<p>Consider the following:</p> <ul style="list-style-type: none"> <li>• visitors should be given support on how to prepare for a visit and given tips on how to communicate if face coverings are required, for example:</li> <li>• speaking loudly and clearly</li> <li>• keeping eye contact</li> <li>• not wearing hats or anything else that might conceal their face further</li> <li>• wearing clothing or their hair in a way that a resident would more likely recognise</li> <li>• provide reassurance to visitors, including that some people with dementia might struggle at first to remember or recognise them. Care home staff should try to prepare the resident for a visit, perhaps by looking at photographs of the person who is due to visit and talking to them about their relationship</li> </ul>
<p>Have you displayed posters and guidance for visitors covering the use of PPE such as surgical face masks, Social distancing and hand hygiene?</p>		<p>Posters can be found <a href="#">here</a></p>

<p>Have you talked to your staff to address any anxieties and provide appropriate support, policies and procedures to enable staff to facilitate visits safely?</p>		<p>Sharing updates to policies and guidance is essential. If staff have anxiety, please consider the Employee Assistance programme: <a href="https://www.hcpa.info/guideline/covid-19-eap/">https://www.hcpa.info/guideline/covid-19-eap/</a></p>
<p>Are you ready to rapidly impose visiting restrictions to protect vulnerable residents, staff and visitors, if the situation changes?</p>	<p>Please add details on your process here</p>	<p>Consider how you might be able to adjust and alter your arrangements depending on changing circumstances (such as an outbreak). Ensure these potential changes to visiting arrangements are included in your visitor's policy</p>
<p>Does your policy include gifts and items brought to residents? Can these gifts be cleansed / wiped to prevent cross-contamination?</p>		<p>Staff should discuss with visitors any items they wish to bring with them on their visit, such as a gift ahead of the visit. It will need to be something that can be easily cleaned by the care home to prevent cross contamination. For example, a box of chocolates that could be sanitised with wipes.</p> <p>If you have any questions concerning Infection Prevention and Control, you may speak with the Provider Hub – <a href="mailto:assistance@HCPA.info">assistance@HCPA.info</a> / 01707 708 108</p>

## Appendix 2: Checklist for care home visits using Lateral Flow Testing

Based upon HM Government Care Home Visitors COVID-19 Testing Guidance

[Click here for the guidance](#)

Please ensure you can answer Yes to all the questions below prior to starting LFT

Who?	Stage of process	Please mark Yes / No
<b>Preparing your Home for testing and visitors</b>		
MANAGEMENT>VISITORS	Have you prepared a written consent form covering the testing and sharing personal data from ALL those wishing to visit?	Yes / No
MANAGEMENT	Have you set up a testing area that has enough space to allow visitors to maintain social distancing before, during and after the test, including a waiting area and a one-way system?	Yes / No
MANAGEMENT	Have you readied a workstation within the testing area for the preparation and unpacking of test kits?	Yes / No
MANAGEMENT	Have you got enough Lateral Flow Devices through your regular stocks? If not order more through the national portal	Yes / No
MANAGEMENT	Have you prepared an area 2-30 degrees C for storing the extraction solution and the test cartridges? NOTE: Test kits need to be stored and separated from universal test kits for confirmatory PCR tests and routine testing of residents and staff.	Yes / No
MANAGEMENT>STAFF	Do you have <u>2 members of staff</u> ready – One to welcome and check visitors in and one to conduct the test and record the result?	Yes / No
MANAGEMENT>STAFF	Have you ensured your staff have undertaken the DHSC online training and completed the online assessment to satisfaction? Details of the portal can be found here- <a href="http://www.hcpa.info/guideline/covid-19-testing">www.hcpa.info/guideline/covid-19-testing</a>	Yes / No
MANAGEMENT	Are you satisfied that your staff are proficient in registering test and logging results?	Yes / No
MANAGEMENT	Are you confident you can schedule visitor testing as well as staff and residents testing, including having sufficient staff numbers required?	Yes / No
MANAGEMENT	Have you displayed the following advice for visitors? Visitors must prepare to: <ul style="list-style-type: none"> <li>• Consent to testing and sharing test results</li> <li>• Register their own test kits online, or consent to sharing personal information, if supported by staff with registration</li> <li>• Complete a self-assisted throat and nasal swab</li> <li>• Wait 20 - 30 minutes for the test results before visiting</li> <li>• Wear PPE during testing and visit</li> <li>• Follow all other infection control protocols and safety requirements during visit</li> </ul>	Yes / No

	<ul style="list-style-type: none"> <li>• Complete a confirmatory PCR test if LFD test is positive</li> </ul> <p>NOTE: A template poster is available here:  <a href="https://www.hcpa.info/wp-content/uploads/LFT-VISITOR-TESTING-POSTER.docx">https://www.hcpa.info/wp-content/uploads/LFT-VISITOR-TESTING-POSTER.docx</a></p>	
MANAGEMNT	Have you prepared your waste management process for used tests?	Yes / No
<b>Getting ready for visitors</b>		
MANAGEMNT	Have you displayed your Homes Unique Organisation Number (UON) so visitors can register themselves online?	Yes / No
STAFF	Have you prepared the test kits, ready for use (including swabs, extraction materials, test tube racks, LFS devices and barcodes)?	Yes / No
MANAGEMENT	Have you one / more devices (tablets / laptops computers) available <u>and online</u> for visitors to use to register themselves?	Yes / No
MANAGEMENT	Are your staff ready to log the Results (before each visit)?	Yes / No
<b>Conducting the tests</b>		
MANAGEMENT>VISITORS	<p>Have you made visitors aware they will need to:</p> <ul style="list-style-type: none"> <li>• Consent to testing and sharing test results</li> <li>• Register their own test kits online, or consent to sharing personal information if you support them with registration</li> <li>• Complete a self-assisted throat and nasal swab</li> <li>• Prepare to wait 20 - 30 minutes for a result before visiting</li> <li>• Wear PPE during testing and visit</li> <li>• Follow all other infection control protocols and safety requirements during visit</li> <li>• Complete a confirmatory PCR test if LFD test is positive</li> </ul>	Yes / No
STAFF>VISITORS	<p>Have visitors been provided with PPE upon entrance and advised on wearing PPE?</p> <p>*Staff member handing over PPE must be in PPE themselves</p>	Yes / No
STAFF>VISITORS	<p>Are you clear what to do with a positive result?</p> <p>If the visitor tests positive they must immediately leave the premises to go home and self-isolate, avoiding public transport wherever possible. They must follow government <a href="#">guidance for households with possible or confirmed coronavirus (COVID-19) infection</a> and immediately self-isolate and complete a confirmatory polymerase chain reaction (PCR) test which should be provided to them by the care home. This can be returned either through a courier or through a Royal Mail priority postbox. If the confirmatory PCR comes back positive, their household must also self-isolate and contacts may also need to self-isolate in line with current government <a href="#">guidance for households with possible or confirmed coronavirus (COVID-19) infection</a>.</p>	Yes / No

## Appendix 3: Visits out of the care home – risk assessment tool

Follow National guidance [Arrangements for visiting out of the care home - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/arrangements-for-visiting-out-of-the-care-home)

This tool has been developed as a tool to support homes with their risk assessment to determine whether the person will need isolation on return.

Decisions about an individual resident’s visits outside of a care home should be taken with the resident’s assessed needs and circumstances considered. The care home should balance the benefits of visits out of the care home against a consideration of the risks to others in the home, where necessary.

Care homes will need to conduct individual risk assessments to ensure visits out are not high-risk. It is important to take steps to manage and mitigate the risks

Individual Risk Assessment			
Questions		Yes/ No	Considerations
1.	Resident is self-isolating due to exposure or positive Covid 19 result/ or waiting for test result		If Yes, visits out need to be postponed no need to progress with questions
2.	Resident is fully vaccinated with 2 doses at least 3 weeks previously		If No, risk increased therefore isolation on return maybe indicated
3.	Friends/family involved in the visit out are fully vaccinated with 2 doses at least 3 weeks previously (close contact)		If No – recommend to family/friends that they arrange vaccination. Isolation may be indicated on return
4.	Friends/Family/Household are free from symptoms suggestive of Covid 19; not confirmed Covid 19 test within last 10 days or in self isolation		If No - postpone visit/stay
5.	Testing regime for named visitor/essential care givers followed and negative results reported on day of visit out. If possible, extend to anyone else the resident meets for indoor visits		If there is a positive LFT, postpone visit out
6.	Journey to and from the external setting is safe in order to reduce exposure risk - travelling in a family car or private taxi with appropriate precautions		Any visits out of the home, should avoid public transport as this is a higher risk
7.	Staff/family accompanying resident are able to follow IPC measures throughout, including strict hand hygiene before helping the resident and wearing a mask throughout the visit especially indoors, and observing social distancing.		Check requirements are understood, and facemasks and hand rub are supplied
8.	All participants in the visit out observe social distancing while out of the care home and avoid physical contact with the resident		If yes, the resident will not need to isolate on return
9.	Crowded places are avoided as social distancing is not possible		Family to inform manager of places visited
10.	Visits to indoor spaces should normally be avoided (except, for example, for the use of toilet facilities), exception work, education, medical appointments or well being		If no, review the setting and IPC measures taken to mitigate risk

**If all questions are YES, then self-isolation is not necessarily required on return to care home.**

**Where a care home provider is comfortable social distancing, and infection prevention and control (IPC) requirements have been met, the resident will not need to isolate provided the visit has not included an overnight stay in hospital or been assessed to be high risk after a risk assessment conducted by the care home.**

**In the event of an outbreak, all movements out of a setting should be minimised as far as possible. Restrictions should continue until the outbreak is confirmed as over, 14 days after the last laboratory confirmed or clinically suspected case.**

## Appendix 4: Visits out of the care home checklist

### Checklist for Residential Care Services for Residents visiting out and are required to isolate for days on return.

Name of Care Home:

Date:

Name and Signature of manager:

This checklist is based on the national guidance and local framework set up Hertfordshire County Council and applies to individuals who are required to self-isolate after a visit out of the care home which has been assessed as high risk (e.g. overnight stays in hospital or visits assessed to be high-risk following an individual risk assessment). The 14-day isolation period does not include residents attending medical appointments, day services, education, voting stations or outdoor spaces.

[Click here](#) for the visiting out guidance updated 17<sup>th</sup> June 2021 and applies from 21<sup>st</sup> June 2021

During an outbreak, the provider should move to stop visiting out. In such cases, alternative means of maintaining contact between residents and their loved ones should be clearly set out. The above guidelines can also be used to consider risk assessments for exceptional circumstances. Home may appeal to open before the end of an outbreak more information can be found in the Hertfordshire visiting framework document. For any appeals email the relevant documentation to [assistance@hcpa.info](mailto:assistance@hcpa.info)

Consideration prior to Resident Leaving requests	Yes/No	Comments/ Actions
Have you shared communication on expectations to all residents and families around residents leaving and returning including the letter from Hertfordshire County Council		
Have you updated your internal policies and procedures?		
Have you completed the Lateral Flow testing checklist?		
Have you got clear communication plan agreed with the family?		
Completing risk assessment on residents who have requested to leave	Yes/No	Comments/ Actions
Have you completed a risk assessment on the individual resident before you accept the request?		<b>See Visits Out Individual Risk Assessment tool to support process</b>
Is the visit out assessed as high risk (e.g. a overnight stay in hospital)		<b>If high risk then self-isolation of 14 days is indicated on return</b>
Is the person able to tolerate a test?		
Can the person consent to leaving and returning the home?		
Has the home considered MCA and best interest of the resident?		

Are the family able to provide care at home?  Including: Administering medication Have the appropriate equipment in the family home to support		
Are household prepared to continue care for an extended period due to unforeseen circumstances?		
Are the family prepared to self-isolate as much as possible for 2 weeks before as much as possible?		
Is the resident medically fit?		
<b>Consideration following approved risk assessment for Resident Leaving</b>	<b>Yes/No</b>	<b>Comments/ Actions</b>
Are staff prepared for the resident's collection?		Including preparing the residents belongings and completing the tests
Have you contacted the household to complete a Lateral Flow test?		Please follow the Lateral Flow Checklist for the full process, including what to do with positive results <a href="#">Click here</a>
Have you completed the Lateral Flow test with the resident?		Please follow the Lateral Flow Checklist for the full process, including what to do with positive results
<b>Consideration prior to Resident Returning</b>	<b>Yes/No</b>	<b>Comments/ Actions</b>
Are staff prepared for the resident's return?		
Have you completed the Lateral Flow test with the resident?		Please follow the Lateral Flow Checklist for the full process, including what to do with positive results
Have you reviewed the individual risk assessment with the resident/family and if the visit was assessed as lower risk?		Self- isolation not indicated if visit out was not assessed as high risk.

## Appendix 5: Appeals Process for Non-Essential Visitors

In some circumstances care homes may feel that they have assessed the risk as to be manageable and therefore can safely open some or all of their home to non-essential visitors before the currently policy outlines.

In these instances, the following process will be followed by the care home and the wider system partners in Hertfordshire in the form of the Covid19 care home outbreak cell. Care homes may appeal for all or parts of the home to open.

The care home must complete the non-essential visitors appeals template (Appendix 5) and email Hertfordshire County Council using the email [assistance@hcpa.info](mailto:assistance@hcpa.info), outlining the risk assessment they have undertaken to reach this conclusion. The template will cover:

- Current position of the home in terms of the outbreak or Covid 19 status amongst staff and residents.
- Vaccination status of the staff and residents in the home
- A confirmation that the swabbing for all negative residents and staff has been undertaken at 4-7 days
- When the home was last open for non-essential visits and how they were operated and will manage visitors going forward
- The risk assessment undertaken using the visitor guidance checklist and the measures that will be taken to avoid any risk of transmission

The county council will respond to the care home with a clear decision within a maximum of 3 working days although will aim to respond quicker.

Any decision made as part of the appeal can be reviewed and amended based on new evidence and prevalence of Covid19 in the local system.

The decision only applies for that outbreak and a home will need to close for non-essential visitors if there is a new outbreak or if there is a new positive case or symptomatic resident or staff member.

### Stage 1

The information from the home will be taken to the relevant care home Covid19 outbreak cell for decision.

The outbreak cell will consider the risk assessment and supplementary information supplied by the care home, any evidence from partners and the current local area prevalence rate.

For a decision to be made, a quorum must be established as defined in the Covid19 outbreak cell terms of reference and including a representative from Hertfordshire County Council's Public Health Department. The chair of the outbreak cell has the responsibility to ensure that all views are accounted for when agreeing either a decision or to escalate to Stage 2.

The decision made will be formally noted on the outbreak cell decision log and an email outlining the decision will be sent on behalf of the Chair of the outbreak cell.

## **Stage 2**

If the care home outbreak cell feel they are unable to make a decision or a quorum is not present, then the decision is escalated to Hertfordshire County Council's Director of Public Health for a decision.

The decision made will be formally noted at the next outbreak cell, logged on the outbreak cell Decision log and an email outlining the decision will be sent on behalf of the Chair of the outbreak cell.

## Appendix 6: HCC non-essential visitor guidance appeal template

Name of Care Home	Name of Contact	Email address	Telephone number	Date Completed

### Details of the appeal

Current position of the home in terms of the Covid 19 outbreak or situation	
No: of positive residents	
Date of results	
No: of positive staff	
Date of results	

Whole Home Testing	
Date of 4-7-day swabbing for all negative residents	
Date of 4-7-day swabbing for all negative staff	

Staff Levels	
Do you have staffing levels that can support visitors entering the home	

Home open to visitors	
Date the non-essential visitor checklist was completed	
Has it been attached to this appeal?	
Were any risks identified? If yes, please give details of actions taken to mitigate these	
Which areas of the home will be opened if the appeal is successful?	

Any other comments	