

Care Home Visiting Policy Update (04/06/2021)

Background

This update is provided in light of the Government announcement on 22 February 2021 and its associated publication; COVID-19 Response – Spring 2021. This guidance sets out how the Government plans to continue to protect and support citizens and provides a roadmap out of the current lockdown in England.

We would urge you to read the full Government publication which includes guidance to enable safe visiting in accordance with the law and minimise the risk of ongoing transmission. The link is provided here: <https://www.gov.uk/government/publications/covid-19-response-spring2021/covid-19-response-spring-2021>

Additional Government guidance on care home visiting was published on 4 March 2021 and was subsequently updated on 6 April 2021 to reflect the transition into stage 2 of the Government's roadmap out of lockdown, from 12 April 2021.

The guidance was then updated on 14 May 2021 to reflect the press announcement on 10 May 2021, outlining further changes to visiting arrangements, as stage 3 of the roadmap comes into effect from 17 May 2021.

Providers should facilitate visiting as described in this guidance wherever it is possible to do so in a risk managed way and to inform an update to your visiting policy and dynamic risk assessment:

[Guidance on care home visiting - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/covid-19-response-spring2021/covid-19-response-spring-2021)

The purpose of this updated local guidance is to highlight the relevant key messages and guidance for care home visitors which come into effect from 17 May 2021. This guidance therefore applies from 17 May 2021 and replaces previous guidance on care home visiting. It applies to care homes for working age and for older adults.

From 17 May 2021

Indoor visiting

- Every care home resident can nominate up to 5 named visitors who will be able to enter the care home for regular visits (and will be able to visit together or separately as preferred).
- Residents with higher care needs can choose to nominate an essential care giver who may visit the home to attend to essential care needs.
- The 5 named visitors may include an essential care giver (where they have one) but excludes babies and preschool-aged children (as long as this does not breach national restrictions on indoor gatherings)
- To reduce the risk of infection, residents can have no more than 2 visitors at a time or over the course of one day (essential care givers are exempt from this daily limit).
- It is not a condition of visiting that the visitor(s) or the resident must have been vaccinated.

Care homes should update their visiting policy and dynamic risk assessment to help them decide how to provide visiting opportunities in a way that takes account of individual needs of their residents, the physical environment and other features unique to the care home.

Care homes should include arrangements to:

Support residents to nominate up to 5 named visitors

Arrange for the nominated visitor(s) to take a rapid lateral flow test (LFT) and produce a negative COVID test prior to each visit

Provide and support the nominated visitor(s) to wear PPE

Support nominated visitor(s) to follow appropriate infection prevention and control measures within the home

Encourage nominated visitor(s) and residents to keep physical contact to a minimum, e.g. whilst hand holding may be appropriate close contact hugging etc. is not

Maintain social distancing

Sanitise hands on arrival and upon leaving

Care homes can also continue to offer visits to other friends or family members and provide opportunities for every resident to see more people than just their named visitors through arrangements such as outdoor visiting, rooms with substantial screens, visiting pods, or from behind windows.

Visits outside the care home - Arrangements for visiting outside of the care home GOV.UK (www.gov.uk)

There are certain types of activity where the risks are inherently lower and these should ordinarily be supported without the need for self-isolation on return:

- to spend time outdoors
- to take part in outdoor exercise, not involving close contact with others

All care home residents should be supported to leave the home, subject to carefully considered risk assessments, for the following activities, without being advised to self-isolate for 14 days on their return:

- outdoor visits to parks, beaches or gardens
- medical appointments, such as GP appointments, excluding overnight stays in hospital
- to take part in other activities necessary to maintain an individual's health and wellbeing (for example, going to a day centre or to a place of worship)
- to go to work or take part in education or training

All precautions relating to COVID-19 (including social distancing), should be followed while out of the care home.

Visits out of the care home will be planned in consultation with the family and care home managers, subject to testing requirements and risk assessments.

The guidance for visiting outside of the care home was updated on 27 May to reflect that private cars and taxis are acceptable to use for visits out of the care home.

The guidance remains that residents who make a visit out other than in the circumstances set out above and where the risk of infection cannot be sufficiently mitigated, should self-isolate for 14 days on return.

At this time, based on clinical advice, this means that care home residents should self-isolate for 14 days when they return from overnight stays. This remains under active review and it is our ambition that guidance on the need for self-isolation following overnight stays will be amended as soon as the data and evidence show it is safe.

Separate guidance is available on [planning visits that residents may need to make to a hospital or other healthcare setting](#).

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

In the event of an outbreak in a care home

Immediately stop visiting both in and out of the home to protect residents, staff and visitors who might be vulnerable to COVID-19.

Visits in exceptional circumstances such as end of life should continue in all circumstances, including in the event of an outbreak.

The circumstances for 'essential care givers' (see below) is considered an exceptional circumstance and should therefore continue in the event of an outbreak, unless there are specific reasons not to do so

There may be local policy and outbreak management arrangements which will be important to follow. These restrictions should continue until the outbreak is confirmed as over. At that point, visiting (as detailed above) may resume with the usual infection prevention and control measures and any enhancements required due to any risks identified following the recent outbreak.

With effect from 17 May 2021, the period when a COVID-19 outbreak in a care home can be declared over will change from 28 days to 14 days. Once it has been 14 days from the last positive case, the outbreak will end, assuming there are no Variants of Concern (VOCs) identified.

In order to declare the outbreak over, recovery testing will take place 14 days after the last positive result in an outbreak, rather than 28 days (except where the outbreak included evidence of VOCs).

If all the recovery testing showed negative results the restrictions on visiting arrangements can be removed.

Additional information:

Visits involving children and young people aged under 18

From 12 April 2021, it is possible for someone aged under 18 to be one of the nominated visitors, if the resident, family, and the care home all agree that is appropriate.

It is also possible for a young person under the age of 18 to be an essential care giver; although clearly this would only be appropriate for older teenagers, and must be with the agreement of the care home manager who must satisfy themselves that the young person is confident, capable and willing to provide the care or support agreed.

It is acknowledged that in some cases, it may be difficult for friends and family to make a visit if they are not able to bring children with them; any visits involving children should be carefully considered by the family. The arrangements for the visit – in particular the numbers involved and where the visit will take place – must be planned and agreed with the care home in advance of the visit.

It is important that any children visiting are able to follow infection prevention control measures carefully, including social distancing, PPE use (where appropriate) and advice on minimising physical contact, as well as being able to follow any other instructions or advice the care home staff might provide.

Any children visiting (apart from babies and very young children) should also be counted towards the maximum number allowed for the visit.

Visits including babies and very young children may also take place with the agreement of the care home manager. These children do not need to be counted as an additional visitor. Care home managers and families can agree to exercise some discretion here – but in general a child under the age of 2 need not be counted.

Children aged 11 and over should wear the same PPE as adult visitors. Children under the age of 3 should not wear masks, for [safety reasons](#).

The current Government guidance does not recommend that children under the age of 11 participate in regular asymptomatic testing. If a test is to take place for a child, it should be done with their consent and that of their parent or guardian following the appropriate steps in [guidance on "how to test a child"](#).

'Essential Care Givers'

It is recognised that some residents need more support for example residents with advanced dementia, learning difficulties or autism may need a particular trusted person to perform some personal care tasks.

Residents with higher care needs can also therefore choose to nominate an essential care giver as one of their 5 nominated visitors.

It is proposed that arrangements are made for those visitors, whose visit is essential to the resident's immediate health and wellbeing and who are providing personal care, including help with washing, dressing or eating well.

With the agreement of the care home, these 'essential care givers' will have access to the same testing arrangements, the same PPE and infection control arrangements as care home staff so that they can play this important caring role.

Each resident will be different and the individual arrangements will need to be agreed between the care home, resident and their family (with professional support as needed) and should follow an individualised assessment of the resident's needs

Next steps

This local guidance will be updated as appropriate, in light of further developments and infection levels across Lancashire and in line with any further updated Government guidance, as the roadmap out of lockdown continues to progress.