

# Guidance updates and reminders for the care sector

4<sup>th</sup> June 2021

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## 1. VISITING GUIDANCE

The guidance provides an outline for promoting safety by requiring a tailored process for each visitor and resident. All visiting requests will need to be risk assessed on an individual basis and strategies put in place to ensure risk is minimised. The final decision and responsibility remain with the care home manager. All care homes, except in the event of an active outbreak, should try to offer the following visiting opportunities:

### NOMINATED VISITORS

Every care home resident can nominate up to **5 named people** for regular visits. They will be able to visit the resident in pairs or separately, as agreed with the care home. It is important that the named visitors remain the same people, as far as possible.

These visitors should be **tested using rapid lateral flow device (LFD)** on the day of every visit and produce their negative test result on arrival.

Nominated visitors must wear appropriate **personal protective equipment (PPE)** and follow all other infection prevention and control measures during visits. These will include maintaining hand hygiene; minimising physical contact; keeping a distance from other residents, visitors and staff and meeting in well-ventilated and regularly cleaned areas.

All visitors are also encouraged to take up their **vaccine** when they are offered it.

### ESSENTIAL CARE GIVER

Residents with the highest care needs will also be able to nominate an essential care giver who will provide a **greater level of personal care** and support that is deemed central to maintaining the resident's immediate health and wellbeing. They are likely to be involved in providing personal care, such as washing and dressing, and behavioural support. It should be noted that clinical care and medical tasks such as the administration of medication and physiotherapy remain the responsibility of the care home.

These 'essential care givers' will be **one of the resident's nominated visitors**. The assumption is that there will only be one essential care giver per resident and they will be able to visit more often than other nominated visitors.

Essential care givers are required to follow the same testing regime as staff members. They should therefore be **tested using an LFD twice weekly and PCR weekly**. Evidence of their negative test result will be required on arrival at the home.

Visitors should wear the same **PPE** as care home staff. This will include **wearing a surgical mask** for the duration of their visits and other PPE, as directed by the home. These may include disposable gloves and aprons. As with all visitors, essential care givers should follow the standard infection prevention and control arrangements, including maintaining hand hygiene and keeping social distance from other people in the home.

All visitors are also encouraged to take up their **vaccine** when they are offered it.

## OTHER FRIENDS OR FAMILY

Care homes should facilitate visits for other friends or family members where possible and in a way that keeps risk levels to a minimum. Visits should take place in the **open air wherever possible**, using substantial screens, in designated visiting pods or behind windows.

**Visitor numbers** should be limited to 2 at any one time and on any one day. Visiting spaces should be used by only one resident and visiting party at a time and between visits there should be appropriate and thorough cleaning.

Appropriate **PPE** should be used throughout the visit and whilst on site, as directed by the home manager.

**IPC practices** should be followed including the visitor and resident remaining at least 2 metres apart at all times.

During all visits, the protection of the resident must be central. If the resident is able to wear a mask, this should be considered.

## 2. TRIPS AND VISITS OUTSIDE THE HOME

Spending time out of the care home is important for many people living in residential care and residents leave their care home for a range of reasons. These might include to attend work or education, attend medical appointments and to spend time with friends and family.

Care home residents should be enabled to enjoy trips out of the care home, wherever it is safe to do so. However, it should still be recognised that spending time with others outside the care home will increase the risk of exposure to COVID-19 for the resident and potentially to other residents and staff on their return.

**Lower risk situations** - Certain types of activity where the risks are inherently lower should ordinarily be supported without the need for self-isolation on return. These include:

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

**Risk assessed situations** - 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:

- to go to work or take part in education or training
- for 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, such as going to a day centre or to a place of worship

**Higher risk situations** - In some cases, where the risks involved are high and the visit cannot be avoided, for example involving an overnight stay in a hospital, the resident making the visit will need to self-isolate for 14 days on their return.

Throughout their time outside the care home, all precautions relating to COVID-19 should be followed, including:

- residents may be accompanied by a member of care home staff, one or more of their named visitors, and/or their essential care provider (where applicable)
- residents may meet other people but should maintain social distance from anyone who is not one of their named visitors, essential care providers, or care staff
- arrangements need to be discussed and planned with residents, residents' named visitors, or their essential care provider, in advance
- crowded places should be avoided
- visits to indoor spaces should normally be avoided, except for example, for the use of toilet facilities, unless they are for work, education, medical appointments
- unless exempt, residents should wear face masks during trips outside the home, subject to the same rules as other members of public
- public transport should be avoided but travelling in a family car or private taxi is acceptable
- if travelling in a group from the care home for example in a minibus, residents should sit at a distance from each other, with the windows open. All occupants should wear a mask, unless exempt. Residents should only be accompanied by the driver and nominated, named visitors or essential care providers. The vehicle should be cleaned after each journey
- care home managers should consider any rise in local infection rates when assessing the risk of planned trips
- if any visitor or any member of the visitor's household has symptoms of COVID-19 or has tested positive, they should not proceed with the visit
- all those involved in the visit should follow good infection control practice including social distancing, hand hygiene, wearing face coverings and avoiding crowded places.

### 3. PERSONAL PROTECTIVE EQUIPMENT (PPE)

On entering a care home or supported living, **a sessional mask must be worn**. This mask may be kept on for **up to 4 hours** before disposal and replacement. However, if it needs to be removed to have a drink or to eat, it must immediately be discarded into a waste bin. The single use mask should be replaced after each separate patient or resident activity. **It should never be re-used**.

Hand hygiene is an essential component of PPE use. Hands must be cleaned using gel or washing with soap and water before putting on or taking off PPE.

- A sessional mask is the only PPE required, unless personal care is been given.
- Gloves and aprons are used when giving **personal care**:
  - Providing close care or support i.e. within 2 metres
  - When personal care involves touch
  - Spending time within a patient or resident's room

## ORANGE or RED pathways

When a resident is in an area considered medium-risk (orange area) or high-risk (red area), the PPE requirements increase. Residents on an orange or red pathway are isolated ideally in a single room with ensuite. Before entering the room, **gloves and aprons** are put on. Before leaving the room, the gloves and aprons are removed and put in the waste bin. Hand hygiene is performed. Outside the room, the visitor will be assisted to change their mask - again with hand hygiene.

## 4. LENGTH OF AN OUTBREAK

**The length of an outbreak has changed from 28 to 14 days.**

When an outbreak is declared, the home should immediately stop visiting both in and out of the home and new admissions. In exceptional circumstances such as end of life or for the provision of essential care there may be specific reasons for allowing visits. The home should always refer to local policy and outbreak management arrangements.

The outbreak will be confirmed as over at least 14 days after the last laboratory confirmed or clinically suspected cases were identified in a resident or member of staff in the home.

Recovery testing on all those who had previously tested negative should be carried out 14 days after the last positive test result. If all recovery testing shows negative results, restrictions on visiting may be removed.

Where there is a confirmed outbreak of a variant of concern (VOC), the home will be advised that all visiting will need to stop for 28 days.

When visiting resumes, the usual infection prevention and control measures and any enhancements required due to any risks identified following the recent outbreak will need to be followed.

## 5. VACCINATIONS

### VACCINATION DURING PREGNANCY

The Joint Committee on Vaccination and Immunisation (JCVI) have announced that **pregnant women should now be invited to have their vaccine** at the same time as other people in their age group.

For more information please follow this link: <https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-planning-a-pregnancy-or-breastfeeding/covid-19-vaccination-a-guide-for-women-of-childbearing-age-pregnant-planning-a-pregnancy-or-breastfeeding>

### RECORDING VACCINE UPTAKE

Care home managers are reminded that **vaccine uptake in care homes should be recorded**. All CQC registered care settings are asked to enter their staff and resident uptake of the COVID-19 vaccine to the NHS Capacity Tracker.

This data is used to inform the weekly statistics on uptake released by NHS England. Locally we'll use this information to reach out to homes to offer any additional support with access to the vaccine programme, so please keep this record up to date.

Going forward, these updates will also help give insight on uptake of the second dose of the COVID-19 vaccine which we need to be high to avoid new cases and outbreaks in homes.

The email address for booking first doses is [ghn-tr.c19vaxbookings@nhs.net](mailto:ghn-tr.c19vaxbookings@nhs.net)