

Updated Guidance on Visiting Care Homes May 2021

This guidance applies from 17 May 2021 and is about friends and family visits to care homes.

Summary

All care homes should seek to enable:

- Care home residents will be allowed 5 named visitors from Monday 17 May, up from 2 currently. 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 Section 1 below*
- Arrangements for 'essential care givers' put in place where close contact with a loved one is critical for the resident's immediate health and well-being. They will follow the same testing arrangements, PPE and infection control arrangements as care home staff. *See Section 2 below*
- Every resident's opportunities to see more people than their single named visitor enable outdoor visiting and 'screened' visits. *See Section 3 below*
- Self-isolation no longer required following visits to GPs, dentists and day centres
- As part of [step 3 of the roadmap](#), the number of named family members or friends able to visit their loved ones in care homes will be increased from 2 to 5, as the visiting restrictions continue to ease. A maximum of 2 visitors will be allowed at any one time or on any given day.

In the event of an outbreak in a care home, all visiting should stop immediately, except for end-of-life visits and essential caregivers. Visits will only pause for a minimum of 14 days rather than 28 days following an outbreak

It is not a condition of visiting that the visitor or the resident should have been vaccinated.

Each care home is unique in its physical layout, surrounding environment and facilities, and residents vary in their needs. Therefore, managers are best placed to decide how their care home can best enable visiting in line with this guidance.

1. Nominating and testing the named visitors

The care home should ask each resident who they would like to nominate as their named visitors. If a resident lacks the capacity to decide, the care home is encouraged to discuss the situation with the resident's family and friends. A person can only be nominated if this has been determined to be in the resident's best interests.

The named visitors must remain the same person as far as possible to limit the number of different people coming into the care home. Before receiving and testing visitors, providers must put in place relevant safeguards. If the visitor tests positive, they must immediately leave the premises. They must complete a PCR test, which should be provided for them by the care home.

Care home managers should ensure the testing area has enough space to maintain social distancing. Visitors should have access to hand hygiene, and the area should be well ventilated.

Visitors who have recently tested positive for COVID-19 should not routinely be retested within 90 days unless they develop new symptoms. Some visitors will not need to be tested because they will still fall into this 90-day window. These visitors should use the result of their positive PCR test to show that they are exempt. Once the 90-day period is over, the visitors should then continue to be tested. They should continue to follow all other relevant IPC measures throughout these 90 days, including social distancing, maintaining good hand hygiene and wearing PPE.

2. Essential caregivers

The essential caregiver arrangements are when the visitor's presence is central to the resident's immediate health and well-being. It may already be part of their care plan – although this should not be considered a condition of this type of visit.

An essential caregiver will be able to visit in addition to the named visitors. They will have access to the same PCR, rapid lateral flow testing and PPE arrangements as staff members.

Visitors will need to follow these testing arrangements:

- Take a rapid lateral flow test before every visit. This must include a minimum of 2 tests per 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 visiting less than twice a week, they will still need to test twice weekly. These rapid lateral flow tests must be done on-site, and visitors cannot self-test at home.
- Take a weekly PCR test and share the result with the home. Care homes should use their existing PCR stocks for these tests, and they should be registered as 'staff' tests using the care home unique organisation number (UON) and get returned via courier and other staff tests.
- Be subject to additional testing should the care home engage in rapid response daily testing or outbreak testing.
- Visitors who have recently tested positive for COVID-19 should not be retested within 90 days unless they develop new symptoms.
- These visitors must use the same PPE as care home staff and must follow [appropriate guidelines](#) for using it, regardless of whether the resident and the visitor have received a vaccine.

In the event of an outbreak in a care home, essential caregivers can continue to visit unless there are specific reasons not to.

3. Outdoor visiting and 'screened' visits

Visits should happen in the open air wherever possible (under an awning, gazebo, open-sided marquee etc.) For these visits:

- The visitor and resident must remain at least 2 metres apart at all times
- The visit can take place at a window

'Visiting pods' can be used. If this isn't possible, a dedicated room such as a conservatory that can be entered directly from outside can be used instead. In both of these cases, providers must ensure that:

- ✓ The visiting space is used by only one resident (plus essential caregiver where appropriate) and visitor at a time and is subject to enhanced cleaning between each visit.
- ✓ The visitor enters the space from outside wherever possible.
- ✓ Where there is a single access point to the area, the resident and visitor enter the space at different times to ensure that safe social distancing can be maintained.
- ✓ There is a substantial screen between the resident and visitor.
- ✓ There is good ventilation to the area.
- ✓ Appropriate PPE is used by staff and visitors throughout.
- ✓ Social distancing (between visitors, residents, staff, and visitors from other households) must be maintained at all times.
- ✓ IPC practice must be maintained throughout.

4. Exceptional circumstances such as end-of-life

Visits in exceptional circumstances, such as end-of-life should always be enabled. Families and residents should be supported to plan visiting carefully, assuming that visiting will not just be towards the very end of life. Visitors should be tested using supplied rapid lateral flow tests.

Additional Considerations and Actions

Dynamic Risk Assessments

Providers should develop a dynamic risk assessment to help them decide how to safely provide the visiting opportunities outlined in this guidance in a way that takes account of the individual needs of their residents, as well as the physical and other features unique to the care home.

This risk assessment should consider:

- Where visiting will happen and how visitors will be received on arrival at the home to avoid mingling with other visitors, staff, residents, etc.
- The precautions that are taken to prevent infection during visits (including PPE and hand washing)

Providers must consider the rights of residents who may lack the mental capacity needed to make particular decisions, including who they wish their named visitors to be.

Conduct of the visit

Care providers need to decide how often and for how long visitors can come into the home. You will need to determine this by assessing practical considerations such as the layout of the home.

Visitors should keep physical contact to a minimum, such as holding hands. There should be no close physical contact, such as hugging. Visitors should also observe strict social distancing from other residents, visitors and staff at all times.

Infection control

All visitors must follow any guidance, procedures, or protocols in place by the home to ensure compliance with infection prevention control. Care homes should keep a record of visitors' details.

Visitors should wash their hands for 20 seconds or use hand sanitiser on entering and leaving the home, and catch coughs and sneezes in tissues and clean their hands after disposal of the tissues. Any visitor who tests positive with a rapid lateral flow test should immediately leave the premises. The care home should offer them a confirmatory PCR test.

Screening questions that care homes may wish to ask visitors on arrival are:

- Have you been feeling unwell recently?
- Have you had a recent onset of a new continuous cough?

- Do you have a high temperature?
- Have you noticed a loss of, or change in, ordinary sense of taste or smell?
- Have you tested positive for COVID-19 in the past ten days?
- Have you had recent contact (in the last 14 days) with anyone with COVID-19 symptoms or with confirmed COVID-19?

Staff should discuss any gifts they brought for residents with visitors, as they will need to be cleaned by the care home to prevent cross-contamination.

Communicating with families and visitors

The care home's policy and visiting advice should be made available to residents and families. Friends and family need to be advised that any visits to the care home are subject to the specific requirements of the home, those living and working in it and that if there is a declared outbreak in the home then visiting will need to be restricted only to exceptional circumstances such as end of life.

Your top ten things to check before visiting begins

- 1.** Have you recorded the details of all the chosen named visitors? Are any Best Interest decisions needed in this regard?
- 2.** Have you thought about your testing area? Do you have space for two visitors? Are appropriate hand and hygiene supplies available? Ventilation? Will visitors don/doff PPE here?
- 3.** Have you gathered your resources for visitor testing? Got enough PCRs, LFDs, PPE?
- 4.** Are you ready to record all the visitors' testing data? Previous positive tests, on the day test results, essential caregiver (ECG) test regimes – print off the process for ECGs to make sure they understand what to do
- 5.** Are all ECGs already known to you? Might there be others? Have you taken all of their details?

6. Consider the meeting area. If it's indoors, then think about:

- Can staff, residents and visitors enter and exit safely?
- Is there adequate ventilation?
- Where will people visiting put on and take off PPE?
- Is there space for up to 3 people?
- Are there screens in place?
- Is there an appropriate space to socially distance?
- Is hand hygiene available?

7. Do you have anyone who might receive an End of Life visit?

8. Have you done Dynamic Risk Assessments for each resident and any restrictions the home's layout presents when considering the safe visitation requirements?

9. Have you communicated all of the relevant information about testing, visiting and timings etc., to friends and family?

10. Have you appointed a Visitor Champion to undertake the administration connected to all of the above requirements? The Workforce Capacity Fund can pay for this resource. Are you operating a booking system to control numbers, times, details of visits, people's ID etc.? – ensure you have your policy on frequency and length of visits already in place to avoid bottlenecks.

This guidance was informed by government advice, the entirety of which can be found [here](#). The latest updates to this guidance can be found [here](#).

