

COVID-19 Guidance on visitations to Residential Care Facilities

V1.2 24.08.2020

Version	Date	Changes from previous version
V1.1	21-07-2020	<p>General changes to reflect the importance of visiting for residents and the lack of evidence that managed visiting is associated with major risks</p> <p>Removal of requirement to limit number of people nominated as visitors to 2 and some flexibility around number of visitors to a resident at one time</p> <p>Change to the order in which some elements of advice are presented</p> <p>Reference to use of cloth face coverings for use by visitors</p> <p>Change in restriction on duration of visits to 1 hour</p> <p>Some visits by children facilitated with appropriate supervision</p> <p>Facilitation of visiting during an outbreak with controls</p> <p>Removal from section 1.2 of material duplicated from section 1.1</p>
V1.2	24-08-2020	<p>Specification of maximum number of nominated visitors at 4 people</p> <p>Explicit statement in sections 1.1 and 1.2 that visitors should be provided with any necessary personal protective equipment.</p>

1. Family and friends visiting

This guidance applies to all congregated care settings including nursing homes, acute mental health facilities and community housing units for people with disabilities but excluding acute hospitals. All designated centres for older people and designated centres for children and adults with disabilities must be registered with the Office of the Chief Inspector of the Health Information and Quality Authority who monitor and inspect designated centres regularly to ensure they maintain a high level of care and support.

Infection Prevention and Control (IPC) practice is critical to the safe operation of Residential Care Facilities (RCF) at all times. The focus on the rigorous application of IPC measures is increased in the context of a public health emergency such as the current pandemic in particular given the impact of COVID-19 on older people.

Visiting restrictions can play a role in preventing accidental introduction of COVID-19 into an RCF. However, as per regulatory requirements, visiting is part of the normal daily functioning of RCFs. Therefore, the service provider is responsible for doing all that is practical to support safe visiting. The RCF should have the capacity and relevant skill sets within its staffing complement to manage this appropriately.

RCFs are the home environments of individuals residing there and as such the importance of maintaining family connections with loved ones cannot be underestimated from a holistic person-centred approach. This guidance document recognizes the autonomy of residents in RCFs and their right to have visitors and contact with family members. It aims to support providers in fulfilling their responsibility by giving guidance to management, staff, residents and relatives to balance the risk of COVID-19 while facilitating visiting during these exceptional times. As part of this person-centred approach, timely communication in a manner appropriate to the individual resident will include an overview of the proposed visiting arrangements and any updates or changes that may occur in accordance with Public Health/Infection Control advice.

The Registered Provider/Person in Charge has a responsibility to ensure that the autonomy of residents and the right to have visitors is balanced with the need to ensure that visitations do not compromise overall resident care or adherence to requisite infection control procedures. Visitors who do not adhere to guidance will be asked to leave and may be declined access subsequently if there is a pattern of non-adherence. Consultation with local Public Health teams and Infection Prevention and Control expertise will assist the Registered Provider/ Person in Charge in review of their plans and risk mitigation in order to facilitate visiting. Restrictions should be applied on the basis of a documented risk assessment that is reviewed regularly in view of the evolving public health situation and new guidance. The nature and purpose of visiting restrictions as outlined in the risk assessment should be communicated to residents and their significant others and there should be an opportunity to discuss the impact of the restrictions on individuals.

All these measures will be in alignment with national guidance in relation to Infection Prevention and Control, current and future guidance and recommendations with regard to social distancing, guidance for people over 70 years old and those extremely medically vulnerable and other public health measures, and in addition, current and future guidance specific to RCFs.

1.1 Visiting in RCF with no ongoing COVID-19 outbreak

Indoor visiting for residents in RCFs where there is no ongoing COVID-19 outbreak should be encouraged and should be normalized as soon as is practical but with appropriate practical precautions to manage the risk of introduction of COVID-19 as follows:

Outdoor visiting is expected to carry a lower risk than indoor visiting and should be encouraged where appropriate to the needs of the resident and subject to weather.

In general, the duration of the visits may be limited to an hour with some flexibility on compassionate grounds in exceptional circumstances

The number of visits per resident per week is subject to the capacity of the RCF to schedule the visits safely. Visits should only take place when there is sufficient staff on duty to manage visiting. Visits should generally occur away from mealtimes however if a resident is taking a meal in their room and would like a visitor to assist them that can be facilitated.

Each resident should have nominated visitors for whom the RCF has contact details. The number of nominated visitors should be limited to a maximum of 4. Visitors should generally be limited to two per resident at a time but with flexibility as appropriate on compassionate grounds to meet the needs of residents (for example see below re children).

In general visits should be arranged in advance with the facility but an RCF may consider if flexibility is appropriate on compassionate grounds to meet the needs of residents and their significant others.

Visits should be scheduled to avoid heavy footfall in the RCF at any time. It is expected that each facility will consider the number of visitors they can accommodate and to discuss these plans with IPC who can then seek PH advice if required.

A separate entrance and exit for visitors are to be encouraged but is not a requirement.

Visitors should be made aware of the visiting processes that apply which are symptom and temperature-checking, determination of previous known exposure to COVID-19, and use of correct hand hygiene techniques. In addition, they should be made aware that any visitors with fever or respiratory symptoms will not be admitted.

Visitors should be asked if they have had COVID-19 or had close contact with a person with COVID-19 / suspected COVID-19 symptoms within the time period as determined by national guidance. Visitors should declare that they have no symptoms and undergo a temperature check before being entering the RCF.

Visitors are required to sign in on entry to the facility (regulatory requirement). Visitors should be guided in performing hand hygiene when they arrive and before signing in.

Visitors are required to wear a cloth-face covering or a surgical mask during the visit but some flexibility is required in relation to the needs of the resident and visitor when they are together at a safe distance from others. The facility should provide any necessary personal protective equipment.

Visits should occur either in the resident's room if the room is a single room, or in the case of a multi-occupancy facility, in a room away from other people or in an outdoor area (weather permitting) where distance can be maintained.

Organized outings by bus or car should generally be facilitated with individual risk assessments completed and overseen by the Person in Charge in order to eliminate any identified risk.

Outings for a drive with a visitor may be facilitated subject to risk assessment and confirming that the visitor does not have symptoms of COVID-19 and is not a COVID-19 contact. During periods of high community transmission residents may be advised against leaving the RCF based on a risk assessment. Where residents go for a drive the resident and visitor should be reminded of the importance of social distancing and the need for people over 70 years old and those extremely medically vulnerable to take extra care when outside the RCF. They should perform hand hygiene on return.

No food/ refreshments are permitted.

Visitors should be instructed not to use the resident's facilities.

Visits by a child may be facilitated if the child is accompanied by an adult who takes responsibility for ensuring appropriate conduct and the child is able to comply with the general requirements for visiting.

The resident's right to decline a visitor shall be respected.

1.2 Visiting during an outbreak of COVID-19

During an ongoing outbreak of COVID-19 within a RCF visits will generally be suspended in the first instance with the exception of the most critical circumstances (for example end of life). When the situation has been evaluated and control measures are in place, family and friends should be advised that visits that are essential will be facilitated (for example end of life) However, general

visiting will be limited based on a documented risk assessment that is reviewed at least every two weeks. The risk assessment should consider if the outbreak is confined to one wing or one building on a campus that there may be less requirement for visiting restrictions in other wings or buildings. All visiting will be subject to the visitor accepting that visiting during an outbreak of infection is associated with some risk to them and their choice to accept that risk. The conditions related to visiting during an outbreak are as above with the exception that visiting will be more limited by necessity of reducing transmission risk to visitors and also within the facility itself. The RCF should request visitors to confirm that they have been advised of the risk to them, that they accept that risk and will comply fully with any measures they are asked to follow for their own protection or the protection of staff or residents. All visitors should be provided with any necessary personal protective equipment. Arrangements should be in place to support virtual visiting (telephone or video-link) to the greatest extent possible. While it is acknowledged that facilities have a right to decline visitors to the facility during an outbreak it is accepted that visiting constitutes a key element of resident welfare and therefore all efforts to support same should be made in the appropriate context and with the necessary supports.

The messages around visiting during an outbreak should be communicated clearly to residents and reinforced by placing signage at all entry points to the facility and by any other practical means of communication with families and friends.