



COVID-19 Guidance on visits to and from residential facilities for people with disabilities

V1.2 15/04/2021

Note this version is an interim draft guidance document for Disability services which has been updated in line with key recommendations from COVID-19 Guidance on visits to Long Term Residential Care Facilities V2.0 11.03.2021

Visiting guidance for all LTCRF is currently under review

Version	Date	Key changes from previous version
1.2	15/04/2021	Updated in line with key recommendations from COVID-19 Guidance on visits to Long Term Residential Care Facilities V2.0 11.03.2021. For further detailed guidance on visiting in LTCRF please refer to Guidance on visits to Long Term Residential Care Facilities V2.0 11.03.2021 available on the following link: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/
1.1	14/12/2020	<p>Change to the title to reflect inclusion of details for congregated residential settings for people with disabilities in particular in the Table</p> <p>Statement that this guidance should be read together with the document Guidance on visitation to long-term residential care facilities version 1.4</p> <p>Reference to supporting residents particular requirements at the time of major cultural or religious celebrations or festivals</p> <p>Redefinition of critical and compassionate grounds</p> <p>Clear statement regarding residents access to books magazines and other objects</p> <p>Inclusion of a summary table on visiting restrictions</p>
1.0	20.10.2020	Initial guidance

Note: If you have any queries on this guidance please contact the AMRIC team at hcai.amrteam@hse.ie

Key Points

Family and friends visiting

LTRCF refers to all congregated care settings where people are intended to remain for extended periods including nursing homes, certain mental health facilities similar facilities for those with and community housing units for people with disabilities. Acute hospitals are not included. Guidance on visiting for LTRCF is available at the link below. This document should be considered in association with that document which includes amongst other things guidance on requirements for personal protective equipment for visitors, residents access to reading material and other objects, a statement that testing of visitors and prospective visitors who have recently travelled from another jurisdiction is not required.

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrol/guidance/visitorsvisiting/>

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 (HIQA) who monitor and inspect designated centres regularly to ensure they maintain a high level of care and support. There are also facilities that are not registered (for example some religious homes) that this guidance is also applicable to.

Own-door supported accommodation and small group homes

Residential services for people with a disability are based largely in own-door supported accommodation or small group homes (comprised of 6 individuals or less living in the house). Such facilities are fundamentally different from large congregated care settings both in terms of risk and the needs of the individual and require a specific approach. This document outlines such an approach based on a risk assessment to address visiting individuals in such facilities and visits from individuals to their family homes (or corresponding setting).

On September 11th, the Government issued a Five Level Framework – Table of Public Health Restrictive Measures that includes visiting to long term residential care facilities (LTRCF).

It is important to acknowledge that residential services for people with disability are already facilitating visiting and that there are exemplars of how the competing challenges can be balanced to serve the needs of residents. Whenever visiting is restricted in any way arrangements should be in place to support virtual visiting (telephone or video-link) to the greatest extent possible.

The following summarises the measures at each level of the framework:

Framework Level	Visiting Policy*
Level 1	Open with protective measures
Level 2	Open with enhanced protective measures
Levels 3,4 and 5	Suspended other than in critical and compassionate circumstances*
<p>*Note this is intended to apply to indoor visiting. "Window visiting" where a person stands outside and speaks to a person at safe distance through an open window or by telephone is acceptable at any Framework Level and during Outbreaks. It is acknowledged that window visiting can be challenging for some residents with hearing difficulties but visitors should be encouraged to maintain distance. Likewise, outdoor visiting where safe distance can be maintained at all times need not be restricted at any Framework Level or during Outbreaks where it is appropriate for the resident, it is arranged in advance and there are suitable facilities and capacity to accommodate and support the visit. If suspension of "window visiting" and outdoor visiting are considered this should be in the context of a documented risk assessment. There are few if any circumstances in which suspension of "window visiting" and outdoor visiting are justified on infection prevention and control grounds. If window visiting or outdoor visiting is suspended, the reasons for the suspension and the expected duration of the suspension should be communicated clearly to residents and relevant other persons.</p> <p>For the purposes of this document, the term "individual" is used to mean a person with a disability living in one of these homes.</p>	

Version 1.1 of this document (in particular to recognize the impact of restricted visiting on residents and the reduction in the incidence of infection in the community since January 2021. This update also takes account of the implications for visiting of vaccination in RCFs for people with disabilities and the growing concern regarding the potential for infection with new variants that the vaccines may not protect against.

It is important to note that all decisions regarding restricted access should be documented, including their rationale, in line with the Health Act 2017 (Care and Welfare) Regulations 2013. Restrictions should also take account of the Ethical Considerations Relating to Long-Term Residential Care Facilities available at:

<https://www.gov.ie/en/publication/37ef1-ethical-considerations-relating-to-long-term-residential-care-facilities/>

The challenge for service providers in managing visits to the residential service

Managing visiting is challenging for service providers who must balance their obligation to protect all residents and staff from the risk of introduction of COVID-19 with their obligation to facilitate and support visits for residents to the greatest extent possible. To achieve that balance service providers require that prospective visitors undertake to co-operate fully with measures required to ensure that visiting represents the lowest possible risk to all residents and staff. Service providers will need to limit visiting to times when visiting can be effectively supported by available staff and to apply strict limits on the number of visitors that can be accommodated at any one time. Service providers may be obliged to refuse entry to a prospective visitor if the person is unwilling or unable to comply with reasonable measures to protect all residents and staff or if the person has not complied with reasonable measures during a previous visit. Service providers will generally refuse entry to prospective visitors who show evidence of infection unless there are extraordinary circumstances such as expected imminent end of life and the risk can be managed with specific additional measures.

Testing of prospective visitors in advance of visiting is not required.

Communication

Restrictions on visiting and the loss of meaningful contacts are of themselves a source of stress for residents, their friends and families. Any lack of clarity regarding the visiting arrangements and the reasons for them exaggerates the stress and is avoidable. It is essential that the service providers engage with residents, involve them in decision making and communicate clearly with each resident and relevant others regarding visiting policy including any restrictions, the reasons for those restrictions

and the expected duration of restrictions. The communication should make it clear that only a very limited number of visitors can be in the RCF for people with disabilities at one time and that to achieve this it will frequently not be possible to facilitate visitors at a specific time or date of their choosing. The development of an individualised visiting plan for each resident, as part of a resident's overall care plan, is recommended as *“providing a person centred approach that takes account of individual preferences and needs and balanced against the needs of everyone in the care home”* (Open with Care). This plan provides a basis for communication with each resident and relevant others.

In addition to communication with residents, families and friends restrictions in RCF for people with disabilities should be communicated in engagements with HIQA (along with expected duration of same). Where there is an existing relationship or arrangements in place with an independent advocacy service, that relevant service/advocate should be informed. Whenever visiting is restricted in any way arrangements should be in place to support virtual visiting (telephone or video-link) to the greatest extent possible.

Definitions

Visitors

For the purpose of this guidance visitors may be taken to include people, typically family members or friends, who come to the RCF for people with disabilities for a social visit. It is important that visitors are clear that they must accept personal responsibility with respect to their obligation to help protect the person they visit, other residents and staff. They must also accept the risk that they may inadvertently be exposed to infection during the visit and that their safety depends in a large measure on their behaviour during the visit. Particularly in the context of an outbreak a signed acceptance of personal responsibility may be appropriate.

The term visitor does not include **Essential Service Providers** (ESPs). Essential Service Providers are people who provide professional services including healthcare, legal, financial and regulatory. Key examples include those who attend to provide healthcare services such as medical, nursing, dental, physiotherapy, occupational

therapy or podiatry services and those who provide legal services, chaplaincy services, advocacy services, or inspection of the RCF for people with disabilities for monitoring or regulatory purposes. Access for ESPs cannot be denied, they should only be limited in the most exceptional circumstances and for defined periods in the context of specific public health advice. ESPs should ensure that they have, at a minimum, taken on-line training in hand hygiene and in the donning and doffing of relevant personal protective equipment available on the HSE website and that their organisation has appropriate supports to document and manage adverse incidents.

The term visitor does not encompass **Important Service Providers** (ISPs) who provide services that are important to resident's sense of self and wellbeing but that are not strictly necessary. Examples of ISPs include those who provide personal care (for example hairdressers) and entertainers. A RCF for people with disabilities should have a list of important service providers with whom there is an established relationship and clarity around infection prevention and control requirements. ISPs should ensure that they have, at a minimum, taken on-line training in hand hygiene and in the donning and doffing of relevant personal protective equipment available on the HSE website.

Critical and compassionate circumstances are difficult to define and of necessity require judgement. The term should not be interpreted as limited to circumstances when the death of a resident is imminent.

General Critical and Compassionate Circumstances

Meaningful contact with family and friends is important at all times therefore there is a requirement for visiting on compassionate grounds in the absence of any specific circumstances. Where it is necessary for operational reasons to limit the duration of the visit the limit should not be less than 1 hour.

Subject to a risk assessment in each case, examples of critical and compassionate circumstances may include:

At framework levels 3 and 4 up to one visit per week by one person should be facilitated on compassionate grounds. This applies regardless of vaccination status.

At framework level 5 one visit every two weeks by one person should be facilitated on general compassionate grounds. This applies regardless of vaccination status.

At framework level 5 one visit every week by one person is likely to represent a very low risk of harm in certain disability services (based on risk assessment) and should be facilitated on general compassionate grounds where practical to do so. This applies regardless of vaccination status.

From two weeks after the date when a high proportion^{NOTE} of all residents and healthcare workers in the RCF for people with disabilities have completed vaccination schedule two visits per week should be facilitated on compassionate grounds at framework levels 3, 4 and 5. This applies regardless of vaccination status of the individual however residents who are not vaccinated should be advised of the specific risk to them of seeing additional people in the absence of vaccination.

- NOTE "A high proportion" should generally be considered to mean that about 8 out of every 10 residents and healthcare workers in the RCF for people with disabilities have been vaccinated. For this purpose those who have had COVID-19 in the previous six months but are now outside the infectious period should be counted as equivalent to residents who have completed the vaccination schedule even if not vaccinated

Specific critical and compassionate circumstances also include

- Circumstances in which a resident is significantly distressed or disturbed and although unable to express the desire for a visit there is reason to believe that a visit from a significant person may relieve distress.
- When there is an exceptionally important life event for the resident (for example death of a spouse or birthday).
- When the visitor may not have another opportunity to visit for many months or years or never (for example because they are leaving the country or are themselves approaching end of life).
- Increased visiting is recommended by their doctor as a non-pharmacological therapeutic alternative to an increased dose of an existing agent or introduction of a new anxiolytic or sedative agent.

- A resident expresses a strong sense of need to see someone whether for personal reasons, to make financial or other arrangements or to advocate on their behalf.
- A person nominated by the resident expresses concern that a prolonged absence is causing upset or harm to a resident.
- Other circumstances in which the judgement of the medical or nursing staff or social care worker caring for the resident is that a visit is important for the person's health or sense of wellbeing.

Introduction

Infection prevention and control (IPC) practice is critical to the safe operation of RCFs for people with disabilities at all times. The focus on the rigorous application of IPC measures is increased in the context of a public health (PH) emergency such as the current pandemic in particular given the impact of COVID-19 on vulnerable people in residential care.

Good evidence regarding the role of visiting in contributing to the occurrence of outbreaks in this context is lacking, however, visiting restrictions are widely practiced internationally as a protective measure with some variations in how they are applied. However, as per regulatory requirements, visiting is part of the normal daily functioning of RCFs for people with disabilities. Therefore, the service provider is responsible for doing all that is practical to support safe visiting. The RCFs for people with disabilities should have the capacity and relevant skill sets within its staffing complement to manage this appropriately.

RCFs for people with disabilities are the home environments of individuals residing there and as such the importance of maintaining family connections with loved ones must not be underestimated from a holistic person-centred approach. This guidance document recognises the autonomy of residents in RCFs for people with disabilities and their right to have or refuse 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 IPC expertise will assist the Registered Provider/ Person in Charge with 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. A risk assessment should take account of the overall care needs, rights and wishes of residents, the vulnerability of the residents, the current incidence of COVID-19 in the surrounding community and the capacity of the RCFs for people with disabilities in terms of buildings, grounds and human resources to manage risks associated with visiting.

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.

There is no infection prevention and control requirement to limit or restrict residents from receiving items such as books, magazines, confectionery, keepsakes or objects of religious or personal significance. The items should be clean on delivery but need not be new. There is no justification for restricting receipt of items offered to a resident to items acquired at a specific retailer or retailers. There is generally no requirement to store items for an extended period after delivery before they are given to the resident. If a RCF for people with disabilities opts to apply a period of storage before delivery, it should not be longer than 1 day.

In the context of the impact on the person it is important to take account of major cultural or religious festivals or celebrations of particular significance to the resident. For many people in Ireland Christmas is of particular significance. Equal provision must be made for people from other traditions and belief systems.

At all framework levels every practical effort should be made to accommodate an additional visit to residents who wish to receive visitors in the RCFs for people with disabilities on compassionate grounds during the period a major cultural or religious festivals or celebrations of particular significance to the resident. For example a visit should where possible be facilitated during the Christmas/New Year period for those residents for whom this is an important period.

Implications of vaccination for visiting in a RCF for people with disabilities

Vaccination of residents and staff of RCFs for people with disabilities is very well advanced. **Vaccination does not confer immediate protection** therefore it is

important that residents, their families and friends and staff understand that precautions to prevent introduction and spread of the virus cannot be reduced immediately after vaccination. This guidance takes the approach that the full effect of vaccine associated protection with mRNA vaccines should not be expected to apply until an interval of two weeks after completion of the vaccination schedule.

There is very good evidence that vaccination is associated with a high degree of protection against severe disease and death. Although some residents have not been vaccinated and vaccination cannot be expected to protect all residents from all COVID-19 related harm there are already indications that vaccination is having an impact on reducing the impact of COVID-19 in residents and staff of RCFs for people with disabilities. Vaccination is now an important factor in considering the balance of risk between harm related to restriction of visiting and harm related to COVID-19.

The evidence regarding the effect of vaccine in preventing a person from acquiring infection and from being infectious for others is less clear than the evidence for reduction of disease although evidence in favour of this is also accumulating. There is also a concern that vaccine related protection may be less effective against some new variants of the virus. Therefore caution remains appropriate.

The vaccination status of prospective visitors is also relevant to assessing the risks associated with visiting. A visitor who has completed vaccination is far less likely to acquire severe COVID-19 disease as a result of exposure to COVID-19 in a RCF for people with disabilities.

Although there is uncertainty regarding the impact of the vaccine on transmission there is clear evidence of reduction of harm and given the burden of visiting restrictions on residents, it is appropriate to begin cautiously to ease restrictions on visiting in the context of a high level of completion of vaccination in a RCF for people with disabilities. As set out below, in the first instance, it is appropriate to increase the frequency and duration of visiting on compassionate grounds in line with Government policy. Existing infection prevention and control measures to visitors should continue to apply in general although there is less need to emphasise avoidance of contact between visitor and the resident they have come to see when both have completed vaccination.

Residents recovered from COVID-19 who are assessed as not an infectious risk should be regarded as equivalent to vaccinated residents for 6 months after diagnosis

Individuals leaving the residential setting to visit a private house or similar setting

Managing visits outside of the residential setting to a private house or similar setting represents an additional challenge for service providers. As above it is important to take account of major cultural or religious festivals or celebrations of particular significance to the resident. At such times every practical effort should be made at Framework Levels 1 and 2 to facilitate residents visiting with a small group of family or friends in a private residence. For practical reasons it may be necessary to limit the number of residents from a RCF for people with disabilities leaving to visit elsewhere on one specific day but a visit may be possible at some time over the Christmas and New Year period. Consideration of a visit to a private residence is based on the resident wishing to make a visit and a risk assessment that indicates that the associated risk of introduction of COVID-19 into the RCF for people with disabilities is low. That risk assessment will generally require discussion between a senior member of staff in the RCF for people with disabilities, the resident and the person or people hosting the proposed visit. A critical element in facilitating visits away from the RCF for people with disabilities is the functional independence of the residents. For residents who are highly dependent on support for activities of daily living organizing a visit may be impractical and the risks are also likely to be greater because of the intensity of contact with informal carers that is likely to be necessary during the visit.

Included the extent to which those hosting the visit can give an undertaking to limit the number of people the resident is exposed to on the way to and from the place, their ability to limit the number of people the resident is exposed to during the visit (generally no more than 6 other people) and an undertaking from those hosting the visit to ensure that the small group present during the visit are checked for symptoms on arrival.

Without reference to the vaccination status of residents in the RCF for people with disabilities, if the resident is absent from the RCF for people with disabilities for less

than 12 hours and in the absence of any reported unintended exposure there is generally no requirement for the resident to restrict movement to their room on their return.

In the context of a RCF for people with disabilities without a high level of completed vaccination for residents and staff and where the resident has been away for more than 12 hours (typically an overnight stay), the resident should be asked to stay in their room as much as possible for 14 days after the visit and should be offered testing on or about day 5 after their return.

In the context of a RCF for people with disabilities with a high level of completed vaccination for residents and staff and where the resident has been away for more than 12 hours (typically an overnight stay), the resident need not be asked to restrict movement to their room on their return from an overnight stay unless (a) they are known to have been in contact with a person who has travelled outside of Ireland in the 14 days prior to the contact (b) are known to have been in contact with a person suspected or known to have symptoms of COVID-19. Where practical they should be offered testing on or about day 5 after their return.

In the context of disability services the requirement to restrict movement for 14 days after return from a visit is much less if the resident returns to a residential setting that is dispersed as small units (generally 6 residents or less) in community houses or individual units on a campus. This is particularly so if other residents in the unit they live in are not extremely medically vulnerable. In that setting restriction of movement for 14 days after return is generally much less important and close monitoring for symptoms with testing between day 5 and day 7 even if asymptomatic at that time is sufficient in many cases. Where restriction of movement for 14 days is considered necessary in such small units this should not generally be interpreted to mean that the individual must stay in their room but direct close contact with other residents should be minimised, particularly indoors.

All these measures should align with national guidance in relation to IPC, current and future guidance and recommendations with regard to social distancing, guidance for people over 70 years old and those with medical conditions that place them at high risk of severe COVID-19 and other public health measures...

1.1 Own-door supported accommodation for individual or couples

Own-door supported accommodation for individuals or couples do not pose a specific risk to others that is different from any other private house. Own-door accommodation includes such housing in a campus setting where visitors can enter in a manner similar to entering any house or apartment in the general community.

Own-door housing should not be regarded as a congregated care setting. Individuals should be supported in following public health guidance applicable to the general population including self-protection measures for those over 70 years old or with medical conditions that place them at high risk of severe COVID-19. This means that for most individuals up to six persons from one household can visit at level 3. However it is appropriate to advise that numbers should take account of the available space so that distance can be maintained in so far as practical. Note that people aged 70 years and older or with medical conditions that place them at high risk of severe COVID-19 (other than conditions that compromise their immune system) can generally follow public health guidance as it applies to the population in general when fully vaccinated.

1.2 Community Housing Units

Community housing units for small groups are generally a lower risk setting than large congregated care settings. Any definition of “small group” is arbitrary but for the purposes of this document it is taken to mean 6 individuals or less.

Each community housing unit should be assessed to determine if there are one or more individuals aged 70 years or over or who have medical conditions that place them at high risk of severe COVID-19. . In that case the national guidance on visiting in long-term residential care facilities applies (see link) as necessary to protect the most vulnerable person in the unit but note above the qualification with respect to vaccination of people aged 70 years or over or who have medical conditions that place them at high risk of severe COVID-19.

Limiting visiting for all individuals on the basis of the needs of one or more very vulnerable people is onerous for others in the house. In this instance, a risk assessment should be undertaken to identify if other individuals living in the home would benefit from being moved to another setting temporarily to allow visiting in a safe environment. This risk assessment should take account of the vaccination

status of those aged 70 years and older and with medical conditions that place them at high risk of severe COVID-19. Moving to another setting may not be required in some cases and if it is required but not practical consideration should be given to maximising potential for virtual visiting, outdoor visiting, window visiting or visiting in another building.

If the community-housing unit does not include any individuals, who need to take specific protective measures because they are aged 70 years and older or because of medical conditions that place, them at high risk of severe COVID-19 the general guidance with respect to LTRCF should be modified as follows.

The person in charge of the unit must develop arrangements to support visiting with the lowest practical risk including:

1. Pre-assessment of visitors to determine if symptomatic or if they are Contacts.
2. People who have recently travelled to Ireland are required to undergo quarantine for a period and therefore should not visit a LTRCF during that time. However, if there are compelling reasons to facilitate an urgent visit to a LTRCF during that period it is appropriate to seek Infection Prevention and Control and or Public Health advice and to perform a risk assessment regarding facilitating a visit in such exceptional circumstances.
3. Minimise interaction between the visitor and people other than the individual they are visiting (for example by checking that there is no one in the hall when the visitor enters).
4. Promote hand hygiene and, as appropriate, the use of face-coverings or masks.
5. Cleaning of contact surfaces after the visitor leaves.
6. In so far as practical in the context of weather, comfort and other considerations ensure good ventilation of the area during the visit

Note although it is generally recommended that visiting at levels 3, 4 and 5 is limited to one person, in the context of residents living in small groups and with no individuals who need to take specific protective measures because they are aged 70 years and older or because of medical conditions that place them at high risk of severe COVID-19 the risk associated with facilitating a second visitor is very low

and if the second visitor is from the same household as the nominated visitor and follows all appropriate IPC precautions.

Individuals should be facilitated in visiting their family home (or corresponding house) for periods at Framework Level 3 subject to the following:

- a) Confirming that no one in the house they intend to visit is symptomatic or an identified COVID-19 contact on the day they intend to begin their visit.
- b) The household can confirm that they are able to support the individual in managing their risk of exposure to COVID-19 within or outside of the household during the visit.
- c) Confirming that the individual is asymptomatic and not a COVID-19 Contact on the day the visit is intended to begin.
- d) There is a contingency plan in place to manage the situation in the event that the individual or any member of the household they are visiting develops COVID-19 during the visit.
- e) Disability services confirming with the individual or appropriate other person that the individual is asymptomatic and not a COVID-19 Contact of an identified case on the day they are intending to return to the community housing unit.

Where considered essential to the resident's wellbeing, on compassionate grounds individuals may continue to visit their family home (or corresponding house) for periods at Framework Levels 4 and 5 subject to risk assessment and with adherence to the requirements above. The associated risks are much lower if the resident is fully vaccinated.

Appendix 1 Summary Table of Key Points on Visiting at each Framework Level

Note in the event of any apparent difference between the table and the text is definitive.

Domain	Framework Level				
	1	2	3	4	5
Clear communication on visiting policy	Yes	Yes	Yes	Yes	Yes
Outdoor and window visiting	Yes	Yes	Yes	Yes	Yes
Support for remote visiting (phone and video calls)	Yes	Yes	Yes	Yes	Yes
Access for essential service providers	Yes	Yes	Yes	Yes	Yes
Access for important service providers	Yes	Reduced	Suspended if required	No	No
Critical and compassionate visiting (see text for details). Note that residents who wish to receive visitors should be facilitated in having some visiting on general compassionate grounds at all framework levels.	Yes	Yes	Yes	Yes	Yes
Visits should be scheduled and visitors recorded	Yes	Yes	Yes	Yes	Yes
Visitors should be assessed for features of COVID-19 and check if COVID Contact and travel outside of Ireland before admission	Yes	Yes	Yes	Yes	Yes
Visitors informed of risk, how to stay safe and accept personal responsibility	Yes	Yes	Yes	Yes	Yes
Visitors are provided with access to hand sanitiser and personal protective equipment if required	Yes	Yes	Yes	Yes	Yes
Open for visiting with protective measures	Yes	No	No	No	No
Open for visiting with enhanced protective measures	-	Yes	No	No	No
Organised outings (risk assess)	Yes	No	No	No	No
Social drive in private car	Yes	No	No	No	No
Outing for essential business (risk assessment)	Yes	Yes	Yes	Yes	Yes
Visits by children -with supervision	Yes	Note ¹	No	No	No
Number of routine visits per week in the absence of a high level of vaccination of residents and staff	2 (with 2 people)	2 (with 1 person)	none	none	None
Number of routine visits per week if a high level of vaccination of residents and staff has been achieved	2 (with 2 people)	2 (with 2 people)	none	none	None
End of live visits	Yes	Yes	Yes	Yes	Yes
Number of visits on critical and compassionate grounds					
In the absence of a high level of vaccination of residents and staff ^{NOTE}	Not limited	Not limited	1 per week with 1 person in absence of specific	1 per week with 1 person in absence of	1 every 2 weeks in with 1 person in the absence of

			grounds. No upper limit where specific grounds apply	specific grounds. No upper limit where specific grounds apply	specific grounds. No upper limit where specific grounds apply
If a high level of vaccination of residents and staff has been achieved	Not limited	Not limited	2 per week with 1 person in absence of specific grounds. No upper limit where specific grounds apply	2 per week with 1 person in absence of specific grounds. No upper limit where specific grounds apply	2 per week with 1 person in absence of specific grounds. No upper limit where specific grounds apply

Note: see text for details of greater flexibility in certain disability services.

ENDS