



## COVID-19: Normalising Visiting in Long Term Residential Care Facilities (LTRCFs)

V 1.1 10.11.2021 (For implementation November 15<sup>th</sup> 2021)

Version	Date	Key Changes from previous version
1.1	10.11.2021	Reference to influenza virus and other viral infections Requirement for checking of vaccination /immunity status of visitors Recommendation that all who access long term residential care facilities avail of booster COVID vaccine when it is offered Clarification that communication on visiting should be available in writing Recommendation to support residents with unresolved concerns to access advocacy services Appendix 1 updated to indicate that Essential Service Providers and Important Service Providers should be vaccinated
1.0	07.07.2021	First version of the document.

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**Important Note on Normalising Visiting while Managing the Risk of COVID-19 in Long-Term Residential Care Facilities (LTRCFs)**

Residents in nursing homes and other residential care facilities have a right to maintain meaningful relationships with people who are important to them. Visiting is an essential part of that right. In 2020 Government policy suspended visiting for the purpose of managing the risk of severe disease and death from COVID-19 in nursing homes. The vaccination rollout in nursing homes has greatly reduced the risk of severe disease and death due to COVID-19 in this setting. It is therefore appropriate to restore normal visiting rights as quickly and as completely as is practical while recognising that there is a continuing level of risk and uncertainty that did not exist prior to the pandemic. This guide is intended to support nursing homes and other LTRCFs to restore the right to visiting as completely and quickly as is practically possible in the context of the assessed level of risk at the time. The measures recommended will also reduce the risk of introduction and spread of other viral infections including influenza. There is a need for clear communication on these issues with residents and families to form a shared commitment to working together to maximise meaningful contact for residents with the lowest practical level of risk.

In this context, it is important to draw attention to the following:

1. Service providers are **responsible** for ensuring residents right to meaningful contact is respected in line with regulatory obligations therefore restrictions on visiting should be the minimum necessary to manage the level of risk of severe disease and death from COVID-19 at the time
2. **Visiting restrictions should be justified by an up to date risk assessment, the general guidance set out herein, the wider public health measures prevailing at a given time and on the overall level of control of disease.**
3. 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 their rights with respect to visiting**, the reasons for any restrictions, the expected duration of restrictions and who they can contact for support if they are dissatisfied.
4. Service providers should make every practical effort to progress towards maximal safe visiting, as quickly as possible. Restrictions on visiting that are in excess of this guidance (for example in the context of an outbreak) should be agreed with the local public health department, be clearly documented and communicated to residents and in engagements with HIQA (along with expected duration of same).
5. Residents in LTRCFs have the right to have or refuse visitors and to leave the LTRCF. When they leave the LTRCF they should be facilitated in returning unless there is documented significant risk to the health and wellbeing of other residents and staff.

This document replaces COVID-19: Normalising visiting in Long Term Residential Care Facilities (LTRCFs) V 1.0

## **Scope and Limitations**

The term LTRCFs encompasses all congregated care settings where people are intended to remain for extended periods including nursing homes, certain mental health facilities and community housing units for people with disabilities. 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). HIQA monitors and inspects designated centres regularly to ensure that they maintain a high level of care and support. This guidance is also applicable to comparable facilities that are not designated (for example some religious homes). This document is applicable to most such facilities.

This document does not apply to residential disability services provided from own-door supported accommodation or small group homes. The risk of harm from infection is lower in that situation particularly if residents are younger and do not have specific medical conditions that place them at high risk of severe COVID-19 disease. There is a separate guidance document for those facilities available on the [www.hpsc.ie](http://www.hpsc.ie) website.

This document does not apply to acute hospitals and hospices. There is a separate guidance document for those facilities.

## **Definitions**

The terms visitor, essential service provider, important service provider, fully vaccinated and compassionate circumstances are defined in Appendix 1.

## **Introduction**

Residents in LTRCFs have the right to receive visitors to support meaningful contact with family members if they wish to do so and also to participate in the life of the wider community. This document aims to support providers in fulfilling their responsibility by giving guidance to management, staff, residents and relatives to ensure that any restriction on those rights in the context of COVID-19, influenza or other infectious disease are proportionate to the risk at that time. 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 Government policy, public health/infection control advice.

Most residents in most LTRCFs are fully vaccinated against COVID-19 and booster doses have been offered to most residents. The vaccination programme has changed the balance of risk between harm related to restriction of visiting and harm related to COVID-19. Furthermore, residents who have had COVID-19 in the previous 9 months are also considered to have protection.

Immune system protection either as a result of vaccination or recovery from COVID-19 in the previous 9 months is not absolute. Cases of infection have been observed frequently in fully vaccinated residents and healthcare workers and also in people following recovery from previous infection. Usually these infections are mild. However, in some cases very serious infections have occurred. The COVID-19 booster vaccine programme is expected to provide additional protection therefore residents and healthcare workers should accept booster vaccination as soon as it is offered to them. Booster vaccination is not expected to eliminate all risk of infection and disease. Therefore healthcare workers and others who have been fully vaccinated and had booster or who have had COVID-19 in the previous 9 months must continue to follow the public health and infection prevention and control measures recommended for them.

Antibody testing is not recommended for routine use to assess immunity to infection, as there is no consensus on how to interpret the results.

This guidance differentiates between LTRCFs that have a high proportion of fully vaccinated residents and those LTRCFs that do not have a high proportion of fully vaccinated residents. Individual residents who are not vaccinated should be advised that they are at greater risk and supported in taking additional precautions if they choose to do so but they should be included in social and recreational activities inside and outside of the LTRCF if that is their choice.

The immune status of prospective visitors through vaccination or prior infection is also relevant to assessing the risks associated with visiting. A visitor who is fully vaccinated or has immunity as a result of prior infection is far less likely to acquire severe COVID-19 disease as a result of exposure to COVID-19 in a LTRCF. There is evidence that people who are fully vaccinated are also likely to

shed virus for a shorter period of time if they do become infected. It is reasonable, therefore to expect that people who are fully vaccinated or have immunity as a result of prior infection are less likely to be the source of introduction of virus into a setting such as a LTRCF. People with symptoms of COVID-19 or other viral respiratory tract infection should be asked not to visit regardless of their vaccination status or previous COVID-19 infection.

Note: influenza vaccination for residents, healthcare workers and eligible visitors is also recommended and helps to protect residents from introduction and spread of influenza virus.

Note that on November 4<sup>th</sup> 2021 the Department of Health informed the HSE that the Minister for Health has approved a decision that the visitation guidance to long term residential care facilities (LTRCFs) include the requirement for prospective visitors to a LTRCF to be asked to indicate whether they have immunity through vaccination or prior infection with a provision for exemptions on compassionate grounds. This is further to previous correspondence from the CMO advising that the NPHE strongly recommends “that subject to operational feasibility that the COVID-19 pass be adopted as a requirement for visitation to healthcare settings with a provision for exemptions on compassionate grounds”. The decision and recommendation are now reflected in this guidance.

### **The challenge for service providers**

Vaccination of residents and staff of LTRCFs has had a dramatic impact in reducing the occurrence of infection, severe disease and death in residents of LTRCFs. It is therefore appropriate to progress to develop visiting policies with minimum restrictions and reflecting the regulatory responsibility of the Registered Provider/Person in Charge to ensure that the autonomy of residents is respected.

LTRCFs in Ireland have adapted to changing guidance over recent months thus facilitating greater visiting. There are exemplars of how the competing challenges of facilitating visiting and managing infection risk can be balanced to serve the needs of residents. Those LTRCFs who are exemplars will guide others on normalising visiting. The LTRCF should ensure, in line with established legal obligations, that it has the capacity and relevant skill sets within its staffing complement to manage resident care, including safe visiting, appropriately.

Visiting policy should be based on a risk assessment. The risk assessment should take account of the overall care needs, rights and wishes of residents, the vulnerability of the residents, the level of

vaccination of residents in the LTRCF, the current incidence of COVID-19 in the surrounding community and the capacity of the LTRCF in terms of buildings, grounds and human resources to manage risks associated with visiting. 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.

Risk assessments that underpin decisions regarding restricted visiting should be documented, including their rationale, in line with the Health Act 2017 (Care and Welfare) Regulations 2013, noting that the primary legal position is that in so far as is reasonably practicable, visits should not be restricted unless there is an identified risk. Restrictions should comply with the spirit of the guidance set out below and 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/>

It may be necessary for LTRCFs to adapt their visiting policy to changing circumstances and public health guidance for example if variants of the virus emerge that cause more serious disease in LTRCFs. As such, providers should ensure that they have robust contingency and preparedness plans in place and review them regularly.

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). The resident and, as appropriate, their relevant others should participate in the development of this visiting plan.

Managing safe visiting requires 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. Testing of prospective visitors in advance of visiting is not required at present. A study of testing of visitors in the UK showed that it was challenging to implement and did not reduce the number or scale of outbreaks (Tulloch and other April 2021).

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. 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. Note as above the requirement for evidence of immunity through vaccination or prior infection as a requirement for visitation. The reasons for any refusal of entry of a visitor should be clearly explained.

### **Communication**

Restrictions on visiting and the loss of “meaningful contact” are of themselves a cause of harm to residents, their friends and families. Any lack of clarity regarding visiting arrangements and the reasons why they are required can exacerbate this 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. This communication should make it clear how visiting is facilitated, any restrictions that apply, the reasons for the restrictions and the expected duration of restrictions. This information should be available in writing to residents, friends and families in writing as required.

In addition to communication with residents, families and friends, restrictions in LTRCFs should be communicated in engagements with HIQA (along with expected duration of same) and with relevant advocacy services. Residents with significant unresolved concerns regarding visitor access should be supported in contacting relevant advocacy services.

### **Categories of visiting**

In relation to infection prevention and control (IPC) risk with COVID-19 any restrictions on visiting that may be required apply primarily to **indoor visiting**.

There is no IPC requirement to restrict **window visiting** where a person stands outside and speaks to a person at safe distance through an open window. People who do not have a COVID-19 vaccination pass or proof of immunity as a result of prior infection can continue to access window visiting.

There is rarely an IPC requirement to restrict **outdoor visiting** if safe distance can be maintained. Outdoor visits are likely to be very weather dependent and depend on the suitability of this type of visit for the residents and visitor.

### **General Guidance Applicable to Indoor Visiting**

Visits need not be scheduled in advance with the facility.

Visiting should be managed to avoid visitors congregating and interacting with other visitors or with residents other than the person they have come to visit and entry and exit points, in hallways and in communal areas.

To achieve this scheduling of visits may be required at peak visiting times. However, visiting should be managed at the lowest possible level of controls to meet the objective of managing congregation and interaction.

Visitors should be discouraged from interacting socially with other visitors indoors in the LTRCF or with residents other than the person they have come to visit. If residents and visitors are outdoors, either seated or walking, social interaction is very low risk provided contact is avoided and people keep some distance between each other. There is not a requirement to wear masks outdoors, but close congregation of large groups of visitors and residents should be avoided.

There is **no requirement** to limit the total number of different people who can visit a resident or to maintain lists of nominated visitors although there is a limit (see below) to the number of people who can visit at one time.

Visitors should be made aware that any visitors with fever or respiratory symptoms should stay away and if they come to visit, they will not be admitted. They should be aware of the visiting processes that apply which include:

1. A check for symptoms of COVID-19,
2. A check if they have been diagnosed with COVID-19 in the past 10 days,
3. A check if they have been advised to self-isolate or restrict their movements for any reason.
4. A check to determine if they fulfil the requirement to have immunity through vaccination or prior infection (see process in Appendix 2 and note provision for

exemption compassionate grounds). Current guidance is that immunity through prior infection can be accepted as lasting for 9 months after the diagnosis of COVID-19.

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. The sign in may be in the format of an acceptance of personal responsibility for their behaviour and for unavoidable risk.

Visitors are required to wear a surgical mask when in communal indoor space during the visit. The facility should provide any necessary personal protective equipment. They should be asked to go directly to the room of the person they are visiting and not to stop to speak with or drop in to see any other resident.

They can be advised that if they are fully vaccinated and the person they are visiting is fully vaccinated that they do not need to wear a mask or avoid contact when they are alone with the person they are visiting.

Even if the resident is not fully vaccinated it is not appropriate to seek to prevent contact in particular circumstances, for example towards end of life for residents who are distressed.

It is not appropriate to ask visitors to wear gloves, apron, gown or eye-protection during the visit.

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 another room away from other people. If there are not sufficient individual rooms to support visiting, establishing two or three visiting stations in a large room that allows for adequate distance between the visiting stations may help to support visiting.

The room should be ventilated during the visit in so far as practical taking account of weather and comfort. The goal is gentle air circulation not a breeze or draught that causes discomfort.

Visitors must comply with the required IPC related precautions while visiting, however, the resident's rights, privacy and dignity must be respected and it is not appropriate to invasively monitor visits.

The duration of the visit should not be limited for IPC reasons.

There is not an IPC requirement for restriction on gifts of goods or other items for visitors. There is no requirement for a period of storage of the item before the resident receives it.

Visits by children should 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.

### **Frequency of Visiting and Number of Visitors**

#### **Visiting on Compassionate Grounds**

**Where critical and compassionate grounds (as set out in Appendix 1) apply, maximum flexibility of visiting is appropriate subject to the ability of the LTRCF to manage the visiting safely.**

#### **Routine visiting when there is no Outbreak**

##### **Visiting where there is a high proportion of vaccine coverage amongst residents**

From two weeks after the date when a high proportion (see Note below) of all residents in the LTRCF are fully vaccinated, the minimum level of visiting should be 4 visits per week by up to 2 people at one time. Providers should put in place the necessary measures to progress to more normalised visiting and visiting frequency as quickly as possible in line with the considerations above.

Visiting arrangements apply regardless of vaccination status of the individual resident, however residents who are not fully vaccinated should be informed of the specific risk to them of seeing additional people in the absence of vaccination. The risk to the resident is lower if their visitors is fully vaccinated.

##### **Visiting where there is not a high proportion of vaccine coverage amongst residents.**

In the absence of a high proportion of vaccine coverage of residents (see Note below) **no less than 2 visits per week** should be facilitated.

The number of people participating in each visit should normally be 1 person unless there are specific circumstances that require that the visitor is supported by an additional person.

In a LTRCF where a high proportion of vaccine coverage has not been achieved, the risks are greater nevertheless providers should consider how to progress to more normalised visiting and visiting frequency noting in particular that the risk are less for those individual residents who are fully vaccinated

NOTE “A high proportion” should generally be considered to mean that about 8 out of every 10 residents in the LTRCF are fully vaccinated. For this purpose, those who have had COVID-19 in the previous nine months but are now outside the infectious period should be counted as equivalent to residents who are fully vaccinated. LTRCF should make every effort to achieve the highest possible uptake of vaccination amongst staff, as this is critical to protection of residents. It is not possible to protect residents from the risk associated with low vaccine uptake by staff by excluding visitors.

### **Resident Outings**

Resident outings and visits to homes of families and friends are important for resident overall welfare. Outings and activities should comply with the public health measures in effect at the time in relation to groups of people meeting.

In the context of a LTRCF with a high level of people who are fully vaccinated there is no requirement to limit the movement of a resident within the LTRCF after return from an outing or hospital attendance regardless of the duration of the absence unless some significant and unanticipated exposure risk occurred or there is a specific public health or IPC recommendation that requires limitation of movement.

In the absence of a high level of vaccination non-vaccinated residents absent from the LTRCF for more than 12 hours should be advised to limit their contact with other residents. Such non-vaccinated residents should be offered testing on day 5 (or as soon as possible thereafter) after their return and if they test not-detected and are asymptomatic they may return to normal activities at that time. For those who are fully vaccinated in such a LTRCF there is no requirement to limit the movement after return from an outing or hospital attendance regardless of the duration of the absence unless some significant and unanticipated exposure risk occurred or there is a specific public health or IPC recommendation that requires limitation of movement.

## **Visiting in the context of an outbreak of COVID-19**

The following approach applies to LTRCF during an on-going outbreak of COVID-19.

Facilities may need to decline indoor visitors to the facility, other than on critical or compassionate grounds, during the early stage of an outbreak if specifically advised to do so by Public Health. Access for Important Service Providers will often be suspended during the early phase of an outbreak.

When the situation has been evaluated by the outbreak control team and measures to control spread of infection are in place, family and friends should be advised that, subject to the capacity of available staff to manage, visiting will be facilitated to the greatest extent practical. At this stage of the outbreak, to promote wellbeing a minimum of one visit by one person per week should be facilitated for those residents who wish to receive visitors unless Public Health or Infection Prevention and Control have documented advice against this. The risk of visiting during an outbreak is lower if a high proportion of residents in the LTRCF are fully vaccinated and if visitors are fully vaccinated. More visiting can generally be facilitated in that circumstance.

If indoor visiting restrictions are necessary in the early phase of an outbreak, alternative forms of communications and engagements with families and others should be facilitated proactively and to the greatest extent possible, including through window visits, outdoor visits, video calls etc. Restrictions on visiting should be reviewed at least every 2 weeks. Significant considerations in the risk assessment include the outbreak related care workload for staff and the number of staff available, which may limit capacity to manage visiting. If the outbreak is confined to 1 wing or 1 building on a campus, there may be fewer requirements for visiting restrictions in other wings or buildings.

All visits during an outbreak are subject to the visitor accepting a risk of infection for the visitor. The LTRCF 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.

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.

## **Appendix 1 Definition of Terms**

### **Visitors**

For the purpose of this guidance, visitors may be taken to include people, typically family members or friends, who come to the LTRCF for a social visit. Prospective visitors who are eligible for vaccination can help protect the resident they visit, other residents and themselves by accepting vaccination when it is offered to them and all visitors should follow necessary infection prevention and control precautions.

The term visitor does not include **Essential Service Providers** (ESPs). Essential Service Providers are people who provide professional services including healthcare, legal, financial, advocacy and regulatory services. Access for ESPs cannot be denied and they should only be limited in the most exceptional circumstances and for defined periods in the context of specific public health advice. ESPs who access residential care facilities should be fully vaccinated (similar to healthcare workers) and should have appropriate training and follow necessary infection prevention and control precautions. All services should comply with any legal or public health restrictions on the provision of services in effect at the time.

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. ISPs who access residential care facilities should be fully vaccinated (similar to healthcare workers) and should have appropriate training and follow necessary infection prevention and control precautions. All services should comply with any legal or public health restrictions on the provision of services in effect at the time.

### **Fully vaccinated**

The following definition of fully vaccinated is used in this document. Individuals are considered to be fully vaccinated as set out here:

- 28 days after the first AstraZeneca dose;
- 7 days after the second Pfizer-BioNTech dose;
- 14 days after the second Moderna dose;
- 14 days after Janssen (one dose vaccination course).

If other vaccines become available the requirement for vaccination will be as advised by HSE.ie.

**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. Where critical and compassionate grounds (see examples set out below) apply the duration and frequency of visiting should be as flexible as possible subject to the ability of the LTRCF to manage the visiting safely. Where critical and compassionate circumstances apply a resident should not be prevented from receiving a visit from a person they wish to see on the basis that the person does not have a COVID-19 vaccination pass.

The following are examples of critical and compassionate circumstances.

- Circumstances in which end of life is imminent.
- 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, registered health or social care professional, spiritual advisor or advocate acting for that the resident is that a visit is important for the person's health or sense of well-being.

## Appendix 2 Summary Table of Key Points on Visiting

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

Domain	Recommendation/Comment
Visiting policy supports access consistent with national guidance	Required at all times
Clear communication on visiting policy	Required at all times
Outdoor and window visiting	Required at all times
Support for remote visiting (phone and video calls)	Required at all times
Access for essential service providers	Required at all times
Access for important service providers	Consistent with general public health guidance
Requirement for advance scheduling of visits	Only if necessary to manage footfall
Visitors names should be recorded	Required at all times
Visitors should be asked to produce their EU Digital COVID Certificate or HSE COVID-19 Vaccination Record or other proof of immunity at the entrance. Visitors may be asked to show some photo ID to prove that the proof of immunity is theirs. <a href="http://www.gov.ie/en/publication/41f70-reopening-hospitality/">www.gov.ie/en/publication/41f70-reopening-hospitality/</a>	For regular visitors this need only be checked once. It does not need to be rechecked at every visit. Note there is a requirement for exemptions on compassionate grounds. The right of the resident to see someone who they wish to see is central to the application of exemptions on compassionate grounds. For a definition of compassionate grounds see Appendix 1
Visitors should be assessed for features of COVID-19 and if advised to self-isolate or restrict movements	Required at all times
Visitors informed of risk, how to stay safe and accept personal responsibility	Required at all times
Visitors are provided with access to hand sanitiser and personal protective equipment if required	Required at all times
Visits by children,	Facilitated with appropriate supervision
Minimum level of routine indoor visiting in the absence of a high level of vaccination of residents	Two visits by one person per week
Minimum level of routine indoor visiting in the presence of a high level of vaccination of residents	Four visits by up to 2 people at a time.
Target level of visiting	Number and duration of visits as required by resident
Visiting where critical circumstances apply	No limit other than the ability of the LTRCF to support
Outings and visits	Subject to general public health restrictions and risk assessment
Drive in a private car	Subject to general public health restrictions and risk assessment

A high level of vaccination of residents should be understood to mean about 8 out of 10 residents are fully vaccinated.

ENDS