

Visiting Guidance for Adult Care Homes in Scotland

25 June 2020

Version History

Version	Date	Summary of changes
1.1	25/06/20	First version of document

Introduction

At the present time, 1082 care homes in Scotland provide support and care to almost 41,000 adults, of whom three quarters are older adults.

These care homes are not just institutions, but homes. Homes in which some of the most vulnerable individuals in our society live out their lives, with as much independence as their own unique situation permits and as much dignity, compassion and care as society can provide.

The importance of visiting within care homes cannot be overstated, bringing comfort to both those who are visited and to those visiting. Some care home residents are living with dementia, and have limited understanding of events, including the COVID19 pandemic. They may experience distress and confusion – which can be modified by the presence of familiar faces – family and friends who visit. We also know that visits can have a positive effect on diet and nutrition. As such, visiting should be seen as a fundamental part of the care of the resident.

However, the COVID19 pandemic has introduced a significant threat to care home residents. They are susceptible to the infection and often have a higher level of comorbidity and dependency. Therefore keeping residents safe at all times has to be a fundamental concern. Management strategies have included the management of residents in their own rooms, the avoidance of communal areas and the ban on all but essential visitors. These have all had an effect on social isolation.

Other generic strategies include the use of PPE, physical (social) distancing, regular handwashing or alcohol-based hand rub usage, testing and isolation of new admissions and avoidance, where possible, of staff movement between homes.

Throughout the COVID19 pandemic essential visits have always been permitted for those in end of life situations or specific situations of distress. The purpose of this guidance is to support a staged approach to the reintroduction of visiting in care homes over and above essential visits where it is clinically safe to do so.

The underpinning aim of the guidance is to balance the risk associated with visiting with the harm associated with the loss of visiting. The guidance considers how visiting may be re-introduced while minimising the risks to residents, staff and visitors. It has been reviewed in conjunction with Health Protection Scotland and Public Health Scotland and aligns with policies and recommendations in terms of Infection Prevention and Control (IPC).

The development of this guidance has been undertaken with the following principles in mind:

1. Visiting should adopt a person-centred approach. The individual views and needs of each resident, and in the case of someone with incapacity the views of the Power of Attorney or Guardian, should be central to the decision. If an individual lacks capacity, the Principles of the Adults With Incapacity (AWI) Act, (which should be documented in the Individual's Care Plan) make it clear that attempts

should be made to involve the person in whatever way possible and past and present views have to be considered.

2. Resident, staff and visitor safety is crucial.
3. “Blanket” policies for all care homes, or all residents with particular characteristics, must be avoided.
4. An evidence-based approach requires to be used for both national and local implementation of visiting practice.
5. A staged approach to the reintroduction of visiting will be adopted; progression will be as fast as possible while fully taking into account the risks at key stages.
6. A local risk assessment to determine a care home’s progression through the stages should be undertaken with support from the local Health Protection team and the Care Home Clinical and Care Professional Oversight Team¹. This should be led by the relevant local Director of Public Health who should give a regular professional assessment of whether visiting is likely to be appropriate within their area, taking into account the wider risk environment.
7. A care home will only be able to permit visiting if they have been COVID free / or fully recovered as agreed by public health for 28 days from last symptoms of any resident.
8. Flexibility will be required; for example in the event of an outbreak in a care home and/or evidence of community hotspots or outbreaks, care homes will rapidly impose visiting restrictions to protect vulnerable residents, staff and visitors.
9. A clear national policy for the testing of care home staff and residents.
10. Appropriate PPE is available for all (visitors should wear their own face covering and if required further PPE should be provided)

Staged approach to the reintroduction of visiting

COVID19 is extremely infectious – and its effects have been devastating. The infection can be passed very easily from person to person and the use of public spaces (especially indoors) and close contact increase that risk. Reintroducing social routines including visiting has to be done with extreme care and although infection rates are slowly improving across Scotland, it is possible that there may be a second ‘peak’.

To reduce the risks there will need to be very careful attention to IPC measures when visitation is re-introduced. Visitors should wear their own face coverings and must adhere to strict hand and respiratory hygiene by washing their hands with soap and water, or using alcohol hand gel, prior to entering and leaving the care home and covering the nose and mouth with a disposable tissue when sneezing, coughing, wiping or blowing the nose. These should be disposed of immediately in the bin and hand hygiene performed immediately afterwards. If visiting an individual with suspected or confirmed COVID-19, visitors should be provided with the appropriate PPE

¹ The Oversight Team has been established in every area to provide clinical and professional support to care homes. The team comprises: NHS Director of Public Health; Executive Nurse lead; Medical Director; Chief Social Work Officer; HSCP Chief Officer alongside colleagues from the Care Inspectorate.

In order to minimise risk, there will be a staged approach to the reintroduction of visiting. Appendix one provides a four-staged approach which is summarised below:

Staged approach to visiting

(Each stage is dependent on the scientific advice given at the appropriate time)

Stage Readiness	Stage 1 (prior to any relaxation)	Stage 2 (Subject to Scientific Advice)	Stage 3 (Subject to Scientific Advice)	Stage 3 (Subject to Scientific Advice)
Visiting	Essential Visits only (End of Life, Stress and Distress)	Essential Visits Garden Visits (One key / designated visitor).	Essential Visits Garden visits with multiple visitors. Indoor visits (one key / designated visitor).	Essential Visits Controlled programme of garden and indoor visits.
Required	Visitors must maintain physical distancing Staff and visitors must wear PPE A strict cleaning regime must be in place			
Settings	Homes with no outbreak Homes declared free of outbreak by Public Health Team			

Stage one with the policy of essential visits only (see definition below) has been in operation throughout the pandemic. A relaxation of the visiting restrictions will commence with outdoor visiting (stage 2). This does not mean that there are no risks therefore this will be limited to one designated visitor only (see definition below), at 2m safe distancing, wearing a face covering or mask. Handwashing will remain crucial to protect visitor and resident alike.

If there are risks identified with this approach, restrictions may be resumed. Any home that has an ongoing outbreak will have to close to non-essential visitors.

Outdoor visiting will be followed by indoor visiting by one designated person (stage 3) and thereafter a controlled programme of outdoor and indoor visiting will be permitted (stage 4).

At a national level each stage of easing of restrictions will be assessed depending on scientific advice and the progress of the infection rates. Progression will be as fast as possible while fully taking into account the risks at key stages. Stages may be delayed if scientific advice suggests that the risks of relaxing measures cannot be minimised.

At a local level, a risk assessment should be undertaken to determine a care home's progression through the stages with support from the local Health Protection team and the Care Home Clinical and Care Professional Oversight Team. This should be led by the relevant local Director of Public Health who should give a regular professional assessment of whether visiting is likely to be appropriate within their

area, taking into account the wider risk environment. The external COVID19 environment includes the prevalence and incidence of infection in the local community and/or outbreaks/hotspots which may increase risk of infection in visitors to care homes in the area.

A care home will only be able to permit visiting if they have been COVID free / or fully recovered as agreed by public health for 28 days from last symptoms of any resident. This is twice the extreme incubation period for the virus and given the possibility of asymptomatic carriage, is the safest estimate of when a home could be declared 'outbreak free'.

Definitions - essential visit and designated visitor

An **essential visit** is one where it is imperative that a friend or relative is allowed to see their loved one in the circumstances where their loved one may be dying or where they may help to ease significant personal distress.

A **Designated Visitor** is someone chosen by the resident who they would like to be their named visitor. This might be a spouse or next of kin or a friend. That person will be the first to visit in the early stages of allowing visiting and the main link to the home for a resident.

The impacts of isolation

The pandemic has created an unprecedented situation with the necessary cessation of visiting to care homes and this has had an impact on residents. Studies on isolation show it to be a predictor of subjective loneliness and can have negative effects on health and wellbeing. While the solution to loneliness is human connection this has been difficult during the pandemic.

The impact on many people living with dementia and others with cognitive and communication difficulties may be more marked, especially those unable to comprehend the necessity of the pandemic-associated measures. There is essential disruption to the structure and pattern of the day and therapeutic activities which are likely to cause stress. Responses to the measures will also be highly individual, dependent on many unique variables but including the extent to which staff and families have been able to ameliorate by establishing alternative modes of connection, and the resident's ability to engage with these.

Managing expectations around re-introducing controlled visiting and clarity of information about conditions should go hand in hand with preparation and emotional support for designated visitors, residents and staff.

Planning for a return to visiting

We would suggest that we approach each stage from three perspectives – that of the individual resident and their characteristics; the individual visitor and their characteristics; and the specific environment of the care home in question.

After such a lengthy period during which there has only been essential visits happening (i.e. those for end of life situations or specific situations of distress) and in which individuals will have been living in very different ways, it is important that the recommencement of visiting is handled in a manner which is supportive and sensitive. Decisions around who will be a Designated Visitor need to be taken in conjunction with the individual involved but need also to be made as close to the time of an actual visit as is practicable in order to avoid any undue distress or unnecessary anxiety.

Care should be taken first of all to determine whether the individual resident wishes to receive visitors and who they want to see as their Designated Visitor in Stage Two.

Designated Visitors are likely to have specific concerns and expectations about their relative and the conditions of visiting which could usefully be explored in advance. Some residents may find the conditions associated with recommencement of visits difficult and possibly emotional. Staff should be supported to prepare residents as well as possible and be familiar with approaches which may help.

Staff may be fearful about the risks of harm associated with visitors returning and how they will manage the conditions which will make this possible and safe. They are also likely to be concerned about the reactions of residents and visitors and how they can best support emotionally challenging situations, for example; if the resident does not recognise their family member, is angry with them for their absence, or pleads to be taken 'home'.

Both staff and designated visitors would benefit from being supported to anticipate different responses and prepared with some potential coping strategies. In the context of restrictions on visiting continuing for some time, there is much to be learned from care teams who have been especially successful in adopting a range of methods to maintain connections between relatives, residents and themselves. Continuing to develop augmented channels of communication will be important and this has resource implications if equality of access and benefit is to be assured.

It will be important during Stage Two that there is an appropriate assessment of the individual, the visitor and the care home environment. This will enable documented local risk assessments to be undertaken both at a care home and individual basis.

The resident

The needs of the resident

Consideration will need to be given into the specific needs of the resident involved. A risk/benefit analysis should be undertaken for each resident. It is not safe to make an assumption that visiting is always a good thing for the resident – the main goal of this visiting is to reduce distress for the resident that is often evident in behaviour such as unplanned-for walking, poor sleep, withdrawal, increased vocalisations etc. The care home staff will know some of the residents from pre-COVID times and whether visiting the resident was calming or distressing. Other residents may be new. In essence the resident needs to be at the centre of all the decision making.

As time has passed there may be issues of recall and memory especially for persons living with dementia. It will be important for staff to undertake work using memory boards, photo albums etc. to prepare residents for visiting. The individual resident needs to be supported to be able to make a decision as to which person or persons they may wish to see.

Consideration will also need to be given to the communication needs of residents: eighty percent of people in care homes have a sensory impairment. Communication may be more challenging with the requirement for masks and physical distancing. Hearing aids work best within 1m but decrease in effectiveness by 50% at 2m and masks impact on the hearing aid's frequency. Guidance on communicating with people who have sensory loss is available [here](#).

How will the visit happen?

Consideration needs to be given to how frequently they may wish to see their visitor. During Stage two this is likely to be once a week to reduce the number of people in a care home. Many families will have been used to their own pattern of visiting and the routines of ritual that attach to these visits. Families might especially have been used to visiting at key times such as evenings or weekends. It will be necessary to stagger visits and limit the length of time of visits in order to ensure not too many people are in the care home at the same time. Previous long visits of several hours may not be likely to be either practicable or desirable. It will also be important to think of practical issues such as where the visit might take place (see below) and what might be the nature of appropriate activity which can take place during the visit.

All of these requirements will need to be clearly explained to residents and family members.

Other considerations:

- Is there an added risk to their health and wellbeing which might result from a visit taking place?
- Will the resident be able to manage any emotions caused by the visit or indeed by the end of a visit?
- Is the resident able to socially distance and to understand what this means in practice?
- Are visitors aware of the importance of social distancing, hand hygiene and respiratory and cough hygiene?

Visitors

The family of a resident will require to be supported in making the decision in Stage Two as to who is to be the Designated Visitor. After months of not visiting, the state of health and wellbeing of their family member may have changed and this may cause distress to the visitor. Staff should be prepared to support both anxiety and upset should it occur. The following should be considered before visitors are permitted to visit:

- Visitors must not have symptoms of COVID19 and if they have recently had COVID19 they must have followed guidance on self-isolation.

- The overall health of the visitor needs to be taken into account especially if they are an individual who is in a particular at-risk group. They should be advised of the risks which may result from any visit to the care home. Shielded visitors may visit outdoors in Stage 2 but should seek advice before moving to visiting indoors in Stage 3.
- Initially the Designated Visitor should be the same person and visits should be limited both by frequency, initially once per week in Stage 2 and by length (an optimum would be 30 minutes if outside).
- Visitors will be required to agree to a screening process including providing responses to a health questionnaire and signing a declaration form (see appendix 5 for sample proforma).
- Visitors will need to consider how they will travel to the care home and in particular whether their journey necessitates the use of public transport. It might be that some assistance is required to enable visitors who are especially vulnerable to get to the care home. Guidance on how to [travel safely](#) is available from Transport Scotland.
- Visitors will be required to wear PPE at all times. Staff will support family members to understand how to don/doff PPE (see appendix 6 for information on PPE for visitors).
- They will be required to restrict themselves to the locations where the visit will be taking place or other areas as directed by the care home staff.

The care home

Every care home will be required to develop its own Visiting Protocol. No visiting, other than essential visiting, will take place whilst there is an outbreak in any care home. This protocol should describe in plain and accessible terms the process of visiting from Designated Visitor contact to the end of the visit. The protocol should describe how a visit to the care home will take place. The terms of this protocol should be agreed in liaison with the local Health Protection Team. Particular consideration and an appropriate local risk assessment will need to be undertaken for care homes where there is an outbreak occurring. This should be done in collaboration with the local Health Protection Team. Appendices 3 and 4 contain sample visiting protocols for outdoor and indoor visiting.

The care home should detail where visits should take place i.e. where in the garden/grounds this would happen. This will be dependent upon the unique environment of the care home and consideration should be given to ensuring that this is as safe and comfortable as possible. For some care homes it might be possible for there to be the construction of a temporary visiting area (e.g. Gazebo) should there be space within the care home grounds.

Regardless of the location of the visiting experience there are some practical steps that need to be considered. These will include:

All visits:

- There should be an attempt to limit the total numbers of visitors in a care home at any one time. Consideration should be given to the introduction of a 'booking system'.
- Visitors should use alcohol gel before donning PPE. Is there alcohol-based hand rub available?
- Is there the possibility of an external space for visitors to be supported to don/doff PPE?
- Is there sufficient staffing to supervise visiting if it is deemed necessary?
- Could a one-way system be introduced to minimise the risk of contact with others?
- What needs to be in place to minimise/avoid contact with other residents and staff?
- Have additional cleaning requirements been considered such as increased frequency, products required and increased staff resource for cleaning furniture and surfaces etc
- How will the care home ensure visitors follow good practice points such as hand washing, respiratory hygiene, physical distancing etc?

Outdoor visits:

- Visitors should not use toilet facilities and should be made aware in advance of this policy before visiting. Exceptions are only where toilet facilities are available without entering the main residential facility, but they must be cleaned regularly.
- Is there an ability to accompany visitors in and out of the care home, to/from garden area?

Stage three and four and beyond considerations:

- Has the care home identified clear entry and exit points to the home with the stress on reducing the distance from point of entry/exit and the place the visit will happen?
- If the visit is to take place in the resident's room how will social distancing be maintained?
- Is there a possibility of using communal space for visits to better enable social distancing? Care homes could also repurpose bedrooms for the purpose of creating a visiting room.

Feedback on the guidance

This guidance has been developed by members of the Clinical and Professional Advisory Group for Care homes, a multidisciplinary group which has been established to provide advice and guidance for the sector throughout the pandemic. If you have feedback on this guidance please email:

CareHomesCPAG@gov.scot

Clinical and Professional Advisory Group for Care homes

25 June 2020

Appendix 1: Staged approach to visiting and communal activity in care homes

Staged approach to visiting and communal activity in care homes



Scottish Government
Riaghaltas na h-Alba
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Stage readiness	Stage 1	Stage 2*	Stage 3*	Stage 4*
Visiting	<ul style="list-style-type: none">• Essential Visits (End of Life Care, Stress and Distress behaviours)	<ul style="list-style-type: none">• Garden Visits with 1 key/designated visitor appropriate social distancing• Essential visits indoors	<ul style="list-style-type: none">• Indoor visits of 1 key/designated visitor• Garden visits with multiple visitors appropriate social distancing• Essential visits as before	<ul style="list-style-type: none">• Controlled visiting• Resumption of communal life• Garden visits with children appropriate social distancing• Essential visiting as before
Communal activity	Avoidance of communal areas	<p>Residents use of outdoor areas in limited numbers in homes without an ongoing outbreak. Avoidance of communal areas</p> <p>Must be with:</p> <ul style="list-style-type: none">• Physical distancing• Staff wearing appropriate PPE• Strict cleaning regimes• Visitor wearing face covering or mask	<p>Residents use of outdoor areas in limited numbers in homes without an ongoing outbreak. All residents use of communal areas in limited numbers in homes without an ongoing outbreak with full physical distancing and IPC.</p> <p>Must be with:</p> <ul style="list-style-type: none">• Physical distancing• Staff wearing appropriate PPE• Strict cleaning regimes• Visitor wearing face covering or mask	<p>All residents use of indoor and outdoor communal areas in limited numbers in homes without an outbreak with full physical distancing and IPC.</p> <p>Must be with:</p> <ul style="list-style-type: none">• Physical distancing• Staff wearing appropriate PPE• Strict cleaning regimes• Visitor wearing face covering or mask
Setting	Homes with no outbreaks . Homes with a previous outbreak must be cleared by HPS/DPH - 28 days from last symptoms of any resident No visiting apart from essential visits in homes with an outbreak			
Requirements	<ul style="list-style-type: none">• PPE• Resident consent• Choice of designated visitor• Screening visitors• Care Home risk assessment		<ul style="list-style-type: none">• Visiting protocol• Scheduled visits• IPC and cleaning protocols• Leaflet for families and designated visitors	
*Subject to review and ratification by scientific advisory committee				

Appendix 2: A sample Risk Assessment Form

Name:	Designated person visiting protocol
Department and Location(s) of work:	Sample Care Home
Job Title	Director of Care
Date of Assessment:	28.05.20
What are the hazards?	<p>That COVID-19 (or other infections) are introduced to the care home via a Designated Visitor.</p> <p>That a Designated Visitor takes COVID-19 (or other infection) out to the community.</p> <p>An outbreak of COVID-19 (or other infection).</p>
Who might be harmed and how?	<p>A resident becomes infected because of exposure to the virus through visiting.</p> <p>Other residents become infected.</p> <p>Staff become infected because a Designated Visitor introduced the virus to the home.</p> <p>The Designated Visitor is exposed to COVID-19 in the care home and infects others in their household and/or other in the community, requiring self-isolation for them and their household, potential health consequence of COVID-19 infection.</p>
What are you already doing?	<p>All staff wear masks at all times when in resident areas.</p> <p>Liaising with local HPT.</p> <p>Monitoring residents for signs and symptoms of infection.</p> <p>Residents are encouraged and guided to remain in their rooms as much as possible.</p> <p>All staff follow IPC guidelines including regular hand washing on entering and leaving the care home and regularly throughout the shift.</p> <p>All staff wear appropriate PPE in line with current guidance.</p>

	<p>Housekeeping staff have increased their cleaning regime across all public areas and within any visiting areas, in line with current guidance.</p> <p>Handwashing facilities, both soap/water and alcohol-based hand rub dispensers are available immediately on entering the care home and on leaving.</p> <p>Any current visitors (e.g. EOLC) are required to answer health questions regarding potential exposure to the virus and current health status.</p> <p>Any visitors to the care home are required to wash their hands on entering and leaving the care home. Where this involved a resident who was suspected or confirmed COVID-19 they were also required to wear PPE (gloves, plastic apron, mask).</p>
Initial Risk	Possible (3) Major (4) – total 12
What else do you need to do to manage the risk?	<p>A designated area at the front of the care home will be allocated for visits. This area will have limited furnishing, which is easy to clean after a visit.</p> <p>The area to be used will continue to reduce the footfall within the body of the care home.</p> <p>The Designated Visitor will be required to wear face covering and any further PPE as appropriate (eg mask, gloves, and apron).</p> <p>The Designated Visitor and resident will be required to maintain physical distancing.</p> <p>At the end of the visit the area will be cleaned by the housekeeping staff prior to other Designated Visitors entering the care home.</p> <p>All visits will be pre-programme to reduce number of visitors in the care home and they will also be time-limited (30 minutes).</p> <p>All visits will be discussed with the resident/Designated Visitor/POA and written in the resident's care plan taking account of individual choice regarding any visits and the nomination of the Designated Visitor.</p>
Residual Risk	Unlikely (2) Major (4) – total 8

Risk Matrix

Likelihood	Severity				
	Negligible	Minor	Moderate	Major	Extreme
	1	2	3	4	5
Almost certain 5	Low 5	Medium 10	Medium 15	High 20	High 25
Likely 4	Low 4	Medium 8	Medium 12	High 16	High 20
Possible 3	Low 3	Low 6	Medium 9	Medium 12	Medium 15
Unlikely 2	Low 2	Low 4	Low 6	Medium 8	Medium 10
Rare 1	Low 1	Low 2	Low 3	Low 4	Low 5
Risk Rating ¹	Combined Score		Action/Treatment		
HIGH	16-25		Poses a serious threat. Requires immediate action to reduce/mitigate the risk.		
MEDIUM	8-15		Poses a threat and should be pro-actively managed to reduce/mitigate the risk.		
LOW	1-6		Poses a low threat and should continue to be monitored.		

Appendix 3: A Sample Visitor Protocol for Outdoor Visiting

Sample Care Home – Outdoor Visiting Protocol

Stage Two

Welcome to The Sample Care Home. As you know we have been closed to all but essential visitors since mid-March. Thank you for your support in not visiting during this period, we know this has been a very difficult, but critical ask of you and your co-operation has been very much appreciated.

As we begin to support controlled and time-limited visiting to the care home, your continued support in protecting not only our residents and staff, but also you as visitors and the wider community, is equally as important.

Visits can only be made at pre-arranged times and these will be jointly agreed between you, our residents and the care home. This arrangement is in place to ensure we reduce the number of people visiting the home, especially in the garden area, at any one time, to protect our residents and staff.

Visits will take place in the garden area at the front of the care home. This reduces risk of someone who is asymptomatic inadvertently bringing the virus into the care home. This is a critical safety measure to protect your loved one, the other residents and our staff.

Visits will initially be for a period of no more than 30 minutes duration. We would ask for your co-operation in following this limit as this allows us time to implement infection prevention and control processes to clean the visitor area thereby enabling other visitors to visit their loved ones safely.

Action to be taken

- 1) You will be asked, to clean/rub your hands with alcohol-based gel, which will be provided.
- 2) You will be asked to sign that you have read this visiting protocol and completed the accompanying health pro-forma. You will again be asked clean/rub your hands with the alcohol gel at the reception desk.
- 3) You will be asked to bring a face covering with you. If you don't have one, a mask will be supplied by Sample Care Home. If you are supplied a mask they are all single used items and must be disposed of in the bin provided. In some instances you may be asked to put on a Personal Protective Equipment (PPE). Staff will be on hand to show you how to put any PPE on and more importantly how to take them off safely, thereby reducing any infection risk.
- 4) You are asked to maintain a two-metre distance between you and your loved one. We fully understand this is difficult for both you and your loved one. However, it is a critical protective factor for you both, our staff and the wider community.

- 5) You are asked not to bring in food parcels, flowers, helium balloons and the like. This approach is to reduce the opportunity for the virus to be carried into the care home and being passed unknowingly to your loved one.
- 6) Staff will show you how to remove PPE safely. You must dispose of the PPE in the bin provided and perform hand hygiene immediately on removal.
- 7) As you leave the garden area, please use the alcohol-based gel provided to clean/rub your hands.

Things to consider

While many of you will have used technology to keep in touch with your loved one, they haven't seen your face to face for a number of weeks. It will take time for them, and you, to adjust to the new requirements e.g. keeping a two-metre distance. Please encourage and support your loved one that this is for their safety.

Your loved one may have changed physical and mentally and it will take time for you both to adjust. Please feel free to discuss any concerns about this with staff. We are here to support you and your loved one.

Future Focus

At all times we will follow Scottish Government guidelines related to visiting. Initially the guidelines permit each resident to have one Designated Visitor per week, in the garden area of the care home. This is a precautionary approach with the principle of protecting your loved one at its core.

Should these guidelines change we will implement them. This could include:

- 1) Cessation of visiting if there is a spike in the virus or an outbreak in the care home.
- 2) Extending number of visitors or length of time, if we continue to see a reduction in the virus 'R' number.

We will keep you informed of each change as it occurs and how it impacts on our residents and on you as a family member.

Appendix 4: A sample visitor protocol for Indoor Visiting

Sample Care Home – Indoor Visiting Protocol

Stage Three

We are beginning to introduce controlled and time-limited visiting **inside** the care home. Your continued support in protecting not only our residents and staff, but also you as visitors and the wider community, is equally as important.

It is critical during this stage that visits only take place at pre-arranged times. These will be jointly agreed between you, our residents and the care home. This arrangement is in place to ensure we reduce the number of people inside the care home at any one time, to protect our residents and staff.

Visits will take place in [(eg the sunroom area at the front of the care home)]. This reduces risk of someone who is asymptomatic inadvertently taking the virus deeper into the care home. This is a critical safety measure to protect your loved one, the other residents and our staff.

Visits will initially be for a period of no more than 30 minutes duration. We would ask for your co-operation in following this limit as this allows us time to implement rigorous infection prevention and control processes to clean the visitor area thereby enabling other visitors to visit their loved ones safely.

Action to be taken

- 1) You will be asked on entering the home to wash your hands with soap and water in the toilet immediately adjacent to the entrance. Hand-washing should take a minimum of 20 seconds, following the hand-washing guide on the wall in the toilet.
- 2) You will be asked to sign that you have read this visiting protocol and completed the accompanying health pro-forma. You will again be asked to clean/rub your hands with the alcohol-based gel at the reception desk.
- 3) You will be asked to bring a face covering with you. If you don't have a face covering, a mask will be supplied by Sample Care Home. If you are supplied a mask they are all single used items and must be disposed of in the bin provided. If necessary you may be asked to put on other Personal Protective Equipment (PPE). Staff will be on hand to show you how to put any PPE on and more importantly how to take them off safely, thereby reducing any infection risk.
- 4) You are asked to maintain a two-metre distance between you and your loved one. We fully understand this is difficult for both you and your loved one,

however it is a critical protective factor for you both, our staff and the wider community.

- 5) You are asked not to bring in food parcels, flowers, helium balloons and the like. This approach is to reduce the opportunity for the virus to be carried into the care home and being passed unknowingly to your loved one.
- 6) Staff will show you how to remove PPE safely. PPE should be removed in a specific order: gloves, apron and finally mask. You must dispose of the PPE in the bin provided and perform hand hygiene immediately on removal.
- 7) As you leave the building, please use the alcohol-based gel at the outside door to rub your hands as an added protection.

Future Focus

At all times we will follow Scottish Government guidelines related to visiting. Initially the guidelines permit each resident to have one Designated Visitor per week, within the Sample Care Home. This is a precautionary approach with the principle of protecting your loved one at its core.

Should these guideline change we will implement them. This could include:

- 1) Cessation of visiting if there is a spike in the virus or an outbreak in the care home.
- 2) Extending number of visitors or length of time, if we continue to see a reduction in the virus 'R' number.

We will keep you informed of each change as it occurs and how it impacts on our residents and on you as a family member.

Appendix 5: Visiting Proforma

Sample Care Home - Visiting Proforma

Welcome to Sample Care Home. As you know, we have been closed to all but essential visitors since mid-March. Thank you for your support in not visiting during this period. We know this has been a very difficult, but critical ask of you and your co-operation has been very much appreciated.

Visits will take place in X (eg the sunroom area at the front of the care home).

This reduces risk of someone who is asymptomatic inadvertently taking the virus deeper into the care home. This is a critical safety measure to protect your loved one, the other residents and our staff.

You are asked to read the information below and agree to the necessary actions that are being asked of you. Please answer each question and sign the document at the bottom.

- 1) Have you felt unwell recently – especially with a cough, breathlessness, tiredness, a temperature or vomiting or diarrhoea?
- 2) Have you been in contact with someone, in the past 14 days, who is suspected of having or is confirmed as having COVID-19?
- 3) Have you been told by your GP or other NHS professional that you should not be visiting a care home?
- 4) Please supply your contact details: these may be used by Public Health as part of the 'Test and Protect' strategy, should there be a necessity following your visit to the care home.

Home
Number.....

or

Mobile

Address...

By signing this you agree that you will follow the Infection Prevention and Control procedures that we have in place here at The Sample Care Home. Thank you for your support.

Name:

Date:

Appendix 6: PPE for Visitors.

Visitors should be encouraged to arrive at the home wearing a face covering. If further PPE is required this should be supplied by the care home, for example if visiting a resident with suspected or confirmed COVID-19.

Putting on and removing Personal Protective Equipment (PPE)

Putting on PPE

PPE should be put on before entering the room.

- Keep hands away from face and PPE being worn.
- Change gloves when torn or heavily contaminated.
- The order for putting on is apron, surgical mask, eye protection (where required).

The order given above is a practical one; the order for putting on is less critical than the order of removal given below.

Removal of PPE

PPE should be removed in an order that minimises the potential for cross-contamination.

Gloves

- Grasp the outside of the glove with the opposite gloved hand; peel off.
- Hold the removed glove in gloved hand.
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist.
- Peel the glove off and discard appropriately.

Gown

- Unfasten or break ties.
- Pull gown away from the neck and shoulders, touching the inside of the gown only.
- Turn the gown inside out, fold or roll into a bundle and discard.

Eye Protection

- To remove, handle by headband or earpieces and discard appropriately.
- Fluid Resistant Surgical facemask.
- Remove after leaving care area.
- Untie or break bottom ties, followed by top ties or elastic and remove by handling the ties only and discard as clinical waste.

To minimise cross-contamination, the order outlined above should be applied even if not all items of PPE have been used.

Perform hand hygiene immediately after removing all PPE.