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22 December 2020

Dear Colleague

Move to level 4 restrictions from 26 December - visiting in adult care homes

In light of the further restrictions announced by the First Minister on Saturday 18 December, I am writing with an update on the implications for visiting in adult care homes.

As the First Minister outlined, there is now strong evidence that the new strain of the virus is spreading substantially more quickly than other strains up to now. As a result new guidance and restrictions have been put in place from 26th December. More details are available here: [New guidance issued for the festive period - gov.scot \(www.gov.scot\)](https://www.gov.scot/new-guidance-issued-for-the-festive-period) and in short, these are as follows:

from Boxing Day, all of Scotland will have Level 4 restrictions applied, including the closure of non-essential retail and hospitality. The only exceptions will be Orkney, Shetland and the Western Isles, and the other island communities where restrictions have been reduced in recent weeks, who will be placed in Level 3.

Visiting into and out of care homes

These new Level 4 restrictions clearly impact on care home visiting recommendations. Visiting is now recommended to reduce, aligned to Level 4 visiting guidelines. We realise that this reduction will be difficult for many, however this is recommended for preventative, protective purposes. In parallel, national prioritisation of care home residents and staff for the COVID-19 vaccine remains in place. Our focus on vaccinating everyone living and working in adult care homes as soon as possible means that we are aiming for these additional restrictions to be as time limited as possible.

(Continued)

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Under Level 4, care home visiting is advised as follows, at a frequency agreed between the care home and visitors:

- indoors: essential visits only
- outdoors: visits to the care home to see loved ones via garden or window visits, arranged with care home in advance. As a result of the additional risk posed by the new variant, garden visits should now be limited to one visitor and visits by children and young people should be suspended.

It is important that essential visits continue to be supported. Essential visits include circumstances where it is clear that the person's health and wellbeing is changing for the worse, where visiting may help with communication difficulties, to ease significant personal stress or other pressing circumstances, including approaching end of life.

In relation to visits outwith the care home, for under 65s - previous advice recommended that these visits could be supported, following a risk assessment, and as long as individuals were tested and isolated on return. This continues to be the advice up to and including Christmas Day, and for areas that remain in Level 3. In view of the emerging situation of this new and more virulent variant of virus, we now advise that such visits should not be supported, from 26th December onwards and while Level 4 is in place.

For those areas in Level 3, existing visiting guidelines continue to apply, i.e.:

- essential visits continue
- indoor visits with one designated person for up to four hours once a week
- garden visits with 6 max people from no more than 2 different households 60 minutes once a week

Wider recommendations around testing and outbreak vigilance remain unchanged.

In addition to reduced visiting, we have reviewed advice for designated visitor testing which is outlined below.

Updated testing advice

As routine visiting will be suspended in Level 4 areas from Boxing Day, use of the stock provided for designated visitor testing will be used to test essential visitors. LFT testing kits distributed to adult care homes, originally planned for use with designated indoor visitors, should be used to test essential visitors from 26th December.

In view of the highly contagious strain of the virus, we are recommending that essential visitors also comply with all safety measures as before, i.e. IPC/PPE/Physical Distancing.

We are reviewing the current approach to Care Home staff testing to ensure it remains comprehensive in light of the emerging circumstances and will issue further guidance on this in the near future.

(Continued)

I have included below some FAQs covering a number of issues which I hope will help support you as you make plans to align your visiting arrangements with the level 4 restrictions to be implemented from 26 December.

Yours sincerely



Fiona McQueen
Chief Nursing Officer



Gregor Smith
Interim Chief Medical Officer



Donna Bell
Director, Directorate for Social Care and Mental Health

FAQs

New guidance the festive period – move to level 4 restrictions from 26 December

Note for parts of Scotland not in Level 4, [existing care home designated visitor testing and visiting guidance](#) continues to apply.

What is an essential visit?

Essential visits include circumstances where it is clear that the person's health and wellbeing is changing for the worse, where visiting may help with communication difficulties, to ease significant personal stress or other pressing circumstance.

Essential visits to ease stress and distress are indicative of the balance to be struck between significant harms – those posed by COVID-19 and those resulting from separation from the most significant people in residents' lives. The need to support an essential visit is prompted by early recognition of increasing stress and changes in physical and mental wellbeing beyond that anticipated in association with existing health conditions. The facilitation of essential visits can play an important role in a range of person-centred responses to alleviate stress, prevent or minimise distress and unpredicted levels of deterioration.

Flexibility around the number, frequency and duration of visits when a friend or relative's loved one is deteriorating is at the reasonable discretion of the care home manager or, if unavailable, another senior staff member. A number of factors need to be taken into account such as the circumstances of the residents and of the visitors, and the ability to manage these visits safely. The recommendation is that care homes work to safely support essential visits where they will benefit the resident's health and wellbeing, or allow families and friends important time with loved ones in circumstances approaching end of life. In circumstances when there is serious concern for the health and wellbeing of the resident and/or approaching end of life, care home managers should, in consultation with the family, decide on the size and duration of family / friends visits, ensuring that full PPE, symptom awareness and IPC measures are in place.

Examples of essential visits include:

End of life care - where a resident has a decline and it is confirmed with medical staff that the situation is irreversible. The family might be allowed some flexibility to attend in the days leading up to the resident's death.

Deterioration – where for instance a resident declines in mood or cognition, appetite or mobility and the cause of the decline has been shown not to be COVID-19 and where an interaction with a key loved one might be felt to help improve mood or cognition.

A COVID positive resident is seriously unwell and potentially declining. Family and friends should be able to attend as in other end of life care situations and the home must be careful to ensure that IPC and PPE precautions are being closely followed. Physical distancing remains the recommendation, where possible although we recognise that this will be valuable at times, in cases of distress.

How should essential visitors be tested?

A supply of LFT testing kits has been distributed to care homes in Scotland. These were originally planned for designated visitors but in view of the enhanced lockdown restrictions

for 3 weeks from 26 December which recommend essential visitors only, they should be used for essential visitors during this period. Care homes that are ready to use the LFT kits should use them to test essential visitors from 26 Dec.

What if someone refuses a test?

If someone refuses a test we would advise that you should discuss this with the visitor and outline the benefits of testing. If the person still refuses we recommend that you continue to support the visit as long as the normal IPC precautions such as physical distancing (where possible) and PPE are followed.

What if someone tests positive?

If an essential visitor tests positive you must immediately ask the visitor to leave the care home, and no visit can take place. Advise visitor to go straight home and self-isolate and arrange to take a confirmatory PCR test following Scottish Government guidelines. Homes must handle a situation like this with sensitivity. Where possible alternatives such as other members of family and window and digital visits must be supported. If the situation is an end of life one you should seek advice from your oversight board.

What if someone tests negative?

If an essential visitor tests negative they can visit within the home, however it is imperative that they adhere to all IPC measures and PPE as well as physical distancing where possible. It is important to understand that testing visitors represents an additional layer of security and does not guarantee that the visitor does not carry the virus - therefore adherence to all other forms of protection would remain in place.

What about professional visits?

Visits by professionals should be restricted to essential visits by healthcare workers, inspectors, faith visitors and social care staff. Visits by hairdressers who are not employed within the care home staff, maintenance teams who are not on the staff and other external visitors should be restricted. Visiting professionals should be tested regularly by their employer. Where this has not been possible LFTs can be used and any results photographed for visiting staff to use as proof in onward visits to other sites.

What should care homes do about agency staff?

Whilst we recognise that agency staff may be crucial to support a home to remain open, learning from other parts of the world has shown that staff moving between homes can unwittingly carry the virus between homes. To minimise this therefore we recommend that homes make block bookings with particular members of staff to minimise the risks of staff moving between homes.

What other things can we do to ensure our home is safe?

We strongly recommend that larger homes subdivide into smaller units (ideally as small as is possible to support independent off duties). These separate sealed units should have doors that prevent movement of staff between units. They should have separate stock of PPE and their own entrances and exits where possible. Staff working in one of these smaller units should bubble even when off duty. i.e. Staff from one unit should NOT car share, share breaks or socialise with staff from another unit or move between units.

It is also worth making sure that all IPC and PPE training is up to date and that staff know how to comply with donning and doffing of PPE and appropriate hand sterilising stations and adequate supplies of PPE are available throughout the home.

Will vaccination continue?

Vaccination of care home residents and staff will continue as priority. The vaccine still appears to be effective against the new strain of virus. Even after vaccination has started however it is imperative that homes continue to comply with all IPC and PPE measures as the full benefits of the vaccine are not yet clear and take some time to develop.

Do vaccines affect the LFT tests?

LFT tests are not affected by vaccination and continue to be effective.

