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Open with Care: Supporting Meaningful Contact and activities in and away from Care Homes

Supplementary information:
Answers to practical questions and
concerns

15 July 2021

Most recent update

Version	Date	Summary of changes
1.8	15 July	Minor edits to text and updates throughout All Document Sections updated

This document has been produced in response to questions from care home staff on the implementation of the [Open with Care: Supporting meaningful contact in care homes](#) and [Open with Care: activities and outings away from the care home](#) guidance.

The *Open with Care* guidance remains the primary source of information that care homes should use.

Open with Care takes a flexible approach in many areas of guidance, this is to allow Care Homes to consider their own individual circumstances. The key consideration in all decisions should be towards facilitating residents' meaningful contact and activities where it is safe to do so.

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1. General

1.1 Normalising and embedding residents' contact and activities

Open with care has been in place since February 2021. We would now expect most care homes to be approaching normal levels of contact between residents and people coming to see them. Increases to the frequency, duration and number of indoor contacts are not dependent on further national announcements.

Some care homes may have to pause indoor visiting or outings away on a very temporary basis – for example if there is an outbreak, or concerns have been raised about compliance with infection prevention and control measures. But generally the presumption should be that visiting and outings should be supported.

1.2 Covid protection levels, contact and activities in and away from the care home

Under the [Strategic Framework](#), each local council has a protection level. There are different restrictions for each level. From February 2021, contact between care home residents and loved ones inside care homes will not usually be tied to the local level. Travel and activity *outside* care homes is tied to the regulations.

Travel into and out of levels 3 and 4 to see a loved one living in a care home is classed as essential travel. This travel is exempt from coronavirus travel restrictions.

In some settings outside of the home, restrictions on physical distance will be different than in the care home.

Essential visits should always continue. Garden and window visits are also likely to always be supported.

[Read more about coronavirus protection levels.](#)

[Read more about Level 0 guidance for care homes.](#)

The intention is that, subject to conditions being met, Scotland moves away from Levels system in August 2021. Further advice for care homes is to follow on supporting residents' to have more meaningful lives in and away from the care home beyond Level 0 when many of the restrictions will no longer apply.

1.3 Essential visits

We want to reiterate that essential visits should always be supported alongside and in addition to regular visits. They are not just for end of life situation and should be facilitated generously and compassionately. They should not be time limited or limited to one visitor, and should always allow touch and meaningful contact. Children under 16 should also be considered for essential visits.

2. Routine visiting

2.1 Visitors per resident and in the care home

In line with advice of 159 July supporting the move to Level 0 and reiterating that residents' contact with loved ones should continue to increase, continuing to use 'designated visitors' is not now recommended as necessary. Care homes and loved ones should collaborate to support contact in line with resident wishes and practical

considerations, informed by local risk assessment and support from Oversight teams as necessary.

The total number of visitors that the home can support at one time is not limited, as long as staff can support with the practical elements of supporting this safely, e.g. welcoming and testing.

2.2 Children and young people

Children and young people can visit indoors or outdoors. Children under 12 should be included in any group size limits. This includes essential visits, where desired. During essential visits, children and young people should follow advice from the care home on infection prevention and control and personal protective equipment.

Organised groups of children and young people (for example community groups/choirs) are not currently recommended to attend care homes due to the higher risk of infection from groups of unvaccinated people. Further advice is to follow for August.

2.3 Visiting professionals and volunteers (e.g. GPs, Dentists, Hairdressers, Pastors)

Updated advice on visiting by health and social care, and other professionals, was published on 14 April 2021 and can be found via this link: [Updated Advice on Visiting Professionals](#).

2.4 Pets visiting the home

Visitors may bring their pets for indoor and outdoor visits. Hand hygiene should be observed.

2.5 Visits during residents' isolation period

If a resident needs to isolate, visitors would not normally be considered in this period.

However, a person-centred approach is recommended taking account of individual circumstances and needs. Essential visits should be supported in this period generously and sympathetically if they are needed, recognising that the resident will be in an unfamiliar setting and there may be instances where contact with loved ones may be needed, e.g. to alleviate distress.

2.6 Residents who don't have visitors

There will be people who do not routinely receive visitors either because their family / friends are not close by or they do not have anyone.

It will be important for care homes, working with local partners, to consider how best to support meaningful contact for those for whom it may be beneficial. There are a range of ways this can be supported from school children sending cards through to visits from befrienders / volunteers who can visit. From Level 0, increases to community in-reach and activities connecting people are encouraged.

3. Outings from the care home

3.1 Residents leaving the care home

Outings away from the care home should be supported in line with published Scottish Government [guidance: 'Open with Care - Additional advice and guidance: activities and outings away from the care home'](#) and [Public Health Scotland](#).

3.2 Returning to the home following an outing

Residents do not generally have to isolate following a social outing from the care home, including after an overnight stay. There are some exceptions to this – please refer to the [guidance](#).

3.3 Decisions on outings

When a resident wishes to go on outings away from the care home, the presumption should be that these should take place in line with general population COVID-19 restrictions / permissions relevant to the care home and the place of visit. Care homes should work with families to help them understand the guidance and any appropriate IPC requirements.

The exception is where there is clear evidence justifying a more restrictive approach. The guidance explains when this might be the case.

Care homes can reach out to local health protection teams if they have questions.

3.4 Frequency of outings

There is no limit to the number of residents' outings per week in the guidance. Care homes are encouraged to support residents towards more normalised contact outside the home, where residents want to do this.

3.5 Transport

Residents may wish to take trips out of the home in a car or minibus. In planning such trips, care home should consider the number of people in the vehicle and whether they have been tested and/or vaccinated, but in general trips out in cars and minibuses should be allowed under the guidance with appropriate safety measures in place. Local health protection teams can help care homes plan these in a way that everyone feels comfortable. More detailed advice and guidance is available in section 2.7 of the [Public Health Scotland COVID-19 information and guidance for non-healthcare and care settings](#).

3.6 Younger adults

The principles and conditions outlined in [Open with Care Additional advice and guidance: activities and outings away from the care home](#) apply to *all* adults in care homes (younger and older) and outings and activities away, where residents wish to do them, and should be recognised as being a hugely important part of life meaning and purpose.

3.7 Communal activities (including dining) – indoors and outdoors

Communal activities are encouraged to be supported unless the care home has an outbreak. When the home does not have an outbreak communal areas and activities should be supported, with slightly different recommendations in levels 4 and 3

compared to Levels 0-2. Detailed information on this can be found on the guidance linked above in Annex B, 3rd page (yellow box).

At Level 0, communal activities are encouraged to be fully resumed to previously 'normal' or improved levels.

Updated advice '[Open with Care - Improving care home residents' meaningful contact and connection – on moving to and past Level 0](#)' issued on 15 July recommends communal activity continues to resume in line with [14 April advice](#), with amended physical distancing advice.

From 19 July, physical distancing in the care home it is recommended to reduce to 1m. Outdoors, in the care home grounds, physical distancing is removed in all groups of 15 people or less (mask wearing is no longer recommended as necessary outdoors). Further relaxations may happen in August (advice to follow).

At Level 0, communal activities are encouraged to be fully resume to previously 'normal' or improved levels.

Updated advice on the use of fans (in communal areas, residents' rooms and more generally) available from [Public Health Scotland](#).

3.8 Testing family and friends before outings

Friends and family members may wish to get tested before going on an outing together, for additional reassurance. Testing is recommended for family and friends in the household where a resident is going to stay overnight.

Information on ordering test kits can be found on [NHS Inform](#).

4. Location and length of visiting at the care home

4.1 Visiting in residents' bedrooms

Residents should be supported to be with loved ones in their own room, if they wish. This is the preferred location but other person-centred alternatives, for example a designated room for visiting, can be considered in the short term.

The visit should take place in an area of the room that is clutter free, and anything that has been touched by the visitor should be cleaned.

4.2 Outdoor visits within the care home grounds

Outdoor visits (including window visits) can continue and do not need to involve the same visitors as for indoor visits. As outlined in Section 5.1 of the Open with Care guidance, group size should be in line with national COVID-19 restrictions for the general public on outdoor socialising. For level zero this means that up to 15 people from up to 15 households can meet outdoors.

Care homes will want do a risk assessment based on the circumstances of the care home and individual resident needs to determine the appropriate number of visitors outdoors per resident.

4.3 Length of visits

Time limits for residents' contact are not defined in the guidance and should be generous and flexible to meet individual needs (where possible and used at all).

The ambition of Open with Care is to maximise meaningful contact so care homes are asked to be person-centred and maximise the length of visits, as far as residents' wish and is practically possible.

4.4 Use of screens and pods

Open with Care focusses on the reintroduction indoor visiting. Visits outdoors at windows, in garden pods or marquees, or indoor, in fully screened off adapted rooms should not be considered as replacements to, or substitutes for, indoor visiting.

5. Infection Prevention and Control (IPC) Compliance

5.1 The COVID-19 Care Home Addendum and the National Infection Prevention and Control Manual for older people and adult care homes

During the pandemic, advice in the [Scottish COVID-19 Care Home Infection Prevention and Control Addendum](#) continues to be mandated and therefore should be followed by all adult care homes. The COVID-19 IPC Addendum is disease-specific so it stipulates control measures over and above the standard IPC to specifically respond to COVID-19. Therefore, the COVID-19 IPC Addendum has the most appropriate guidance to manage the transmission risk while within the pandemic.

The [National Infection Prevention and Control Manual for older people and adult care homes](#) and the Cleaning Specification were published on 24th May 2021. The Manual and Cleaning Specification are mandated for all adult care homes and provide guidance for IPC practices to be used as business as usual (non COVID-19 pandemic).

To support care homes to implement the Manual and Cleaning Specification workshops have been created. The Manual workshops finished on 29 June 2021, however a video will be uploaded to TURAS in due course.

5.2 Toilet access for visitors

Care homes are asked, wherever possible, to enable visitors access to dedicated toilet facilities (for visitor use only), and ensure frequent enhanced cleaning is in place (at least hourly) for all surfaces and using a chlorine releasing agent 1000 ppm (bleach). This should include the toilet, sink and frequently touched surfaces like door handles and light switches, but not including floors.

However of course if there is an urgent need, visitors should use the staff toilet. It should be cleaned as above.

5.3 Supporting visitors to comply with Infection prevention and control

Visits generally do not need to be supervised. Each situation should be taken on a case by case basis - care homes may use their discretion where they feel it is necessary, while ensuring that the visit is as close to normal as possible.

Care home staff should take time with visitors to explain what is needed in terms of infection prevention and control and why it is important. The intention is that by doing this, care homes will be assured that supervision is not necessary.

5.4 Refreshments for visitors (food and drink)

It is recommended that visitors can remove their masks to enjoy refreshments with the person they are visiting. Advice on removing masks is as follows: when removing your mask always remember to observe hand hygiene prior to removing your mask, and after putting it back on- either through alcohol based rub or hand washing.

Further information on how to correctly remove and replace your facemask can be found on the [Health Protection Scotland website](#).

5.5 Visitor clothing

Visitors with long sleeves should be asked to roll their sleeves up to help support hand hygiene. If their sleeves are too tight to be rolled up, they should still be allowed to visit but advised that, for next time, they should ideally be wearing short sleeves.

Visitors do not need to change clothes upon entry to the home.

5.6 Physical contact

Touch, including hand holding and hugging for parts of people's time together, can and should be supported, with the recommended IPC and hand hygiene, as outlined in the *Open with Care* guidance.

5.7 Bringing items into the home

Visitors should be allowed to bring in gifts and residents' belongings. If the item(s) can be wiped clean, such as books, then do so. However items such as flowers do not need to be cleaned before being given to the residents. Gifts to residents do not need to be quarantined.

5.8 Additional disinfection for Covid-19 infection prevention and control

The cleaning that is required to be undertaken by care homes is specified in the [COVID-19 Care Home IPC Addendum](#). There is no need for care homes to go beyond this.

We are aware that commercial companies are offering 'fogging' and UV technology as additional methods of 'cleaning' but this is not required for COVID 19 control. 'Fogging' and UV technology are methods of disinfecting an area. This is only effective if the required cleaning has been undertaken prior to this enhanced level of disinfection.

If a care home does decide to undertake fogging, it is important that the required cleaning is undertaken prior to this.

Any further questions on cleaning procedure or products used should be directed to your local health protection team.

5.9 Visitors with difficulties in understanding infection prevention and control advice

Some visitors to the care home may not be able follow infection prevention and control advice for various reasons. For example, it may be difficult to explain the need to socially distance to a visitor with learning disabilities or dementia. In such instances it may be appropriate for the visitor to be accompanied by a loved one or carer, or to provide support during the visit.

Care homes should do everything they can to support equality of access for residents' family and friends, taking into account their specific needs.

5.10 Soft furnishings

It is important that care homes are a homely environment, so soft furnishings, such as sofas and arm chairs are recommended to be supported. The care home may wish to remove items that could be passed around, such as cushions. However this must be done with consideration of the effect on the comfort of the residents.

Visitors and residents can use soft furnishings during the visit, unless otherwise advised by local oversight teams. Any hard surfaces that the visitor is likely to have touched should be wiped down after each visit. There is no need to clean floors after a visit.

Care homes should continue to follow standard procedures for any soft furnishings that are soiled with bodily fluids.

6. Personal protective equipment (PPE)

6.1 PPE for visitors

A fluid resistant surgical mask (FRSM) is recommended for people visiting indoors but a person centred approach is recommended to take account of individual needs. If masks aren't used indoors it is recommended that physical distancing is maintained.

Gloves are not required as hand hygiene is sufficient to remove the COVID-19 virus. Aprons are not required, nor must the resident and visitor sit two metres apart for the whole visit.

Masks can be removed so that tea and food can be shared together between visitor and resident in their own room.

Physical touch, including brief hugs and embraces, should also be supported when a fluid resistant surgical mask is worn by the person visiting and good hand hygiene is observed.

In level 0, masks do not need to be worn outdoors.

6.2 PPE for residents outside and away from the care home

We appreciate that residents will meet others outdoors (in the care home grounds or elsewhere, such as park or family garden) and in indoor / enclosed spaces away from the home.

Mask wearing is not a requirement for visitors or residents when seeing others outdoors, in the care home grounds or elsewhere, although we would still encourage

distancing to be in place for at least some of the visit (while not preventing touch or contact).

The levels of enclosure and airflow are important factors informing advice and masks may be appropriate if people are meeting in partially enclosed structures outdoors. Local health protection teams can advise based on the particular scenario or structure.

6.3 Visitors with medical exemptions for face masks

Visitors are recommended wear a face covering for indoor visits unless they are exempt from doing so because of specific circumstances. Details of when people are exempt from wearing face coverings are set out [here](#).

Care home staff should not stop someone who is [exempt](#) from wearing a face mask from visiting. In these cases, staff should ensure that the area the visit takes place in has good ventilation, and with this and other protections such as testing in place, we recommend at least one metre's physical distance is maintained where possible.

6.4 Use of clear masks

The care home supplies FRSM masks. Clear versions of these are not currently available and therefore are not supplied by the care home. However, if a visitor has a single use clear face covering they may wear it to support communication, as an alternative to an FRSM. If a visitor chooses to wear a clear face covering, care homes should make visitors aware that it will not provide as high a level of protection to the visitor, unless it meets specific British Standards.

6.5 Residents use of masks within the care home, including communal areas

Residents do not to wear a FRSM or face covering in the care home, which is first and foremost their home. It is a resident choice whether to wear one. However, as adult care homes are homes to multiple vulnerable people and have a higher level of visitors both social and professional (as well as a variety of staff carrying out duties in the home) adult care home residents may benefit from wearing an FRSM as a final layer of protection in certain circumstances. The circumstances include when a resident is within 2 metres of another person, particularly if there is a suspected or confirmed outbreak within the home.

Guidance on the use of face masks in care homes and social care can be found on the Scottish Government [website](#).

7. Visitor testing

7.1 Who should be tested

All people visiting indoors should be offered a lateral flow device (LFD) test. It is not mandatory for visitors to take the test but it is strongly encouraged. If a visitor refuses to undertake a test, it may be helpful to discuss the reasons why. As per Open with Care, essential visitors, some of whom may need to visit in urgent circumstances, do not need to take a test beforehand, although some visitors may want to do so.

The care home may ask screening questions. These questions include if the visitor has recently felt unwell; if the visitor has been in contact with someone in the past 14 days who has or is suspected to have Covid-19; or if they have been told to self-isolate. There is generally no need to take the temperature of visitors.

Updated advice on testing was issued to the sector on 13 July and will be available online from 16 July [here](#): Care homes will have the discretion of allowing visitors to test at home before they come to the care home through community testing routes. As care homes open up to more visitors, this may reduce the burden of testing on the care home. Visitor testing at home is not a mandatory requirement; decisions should take into account the circumstances of the care home and visitors. Not all visitors will be comfortable or able to test themselves, so care homes may wish to continue to support visitor testing at the care home for some or all of their visitors.

If care homes are happy for the visitor to test in their own home, they will need access to a device (such as a smartphone or tablet) to register their result online [at the Covid testing portal](#). There are three ways of visitors accessing testing kits and information on how to do this is available on the Scottish Government [website](#).

Visitors may ring 119 or order online for home delivery or tests can be [collected](#) from the COVID-19 testing centres or picked up from local pharmacies. The latter is a new service which commenced on the 9th May and has over 1000 pharmacies taking part.

The test should take place on the same day as the visit to the home. Care homes may wish to ask for proof of a negative test, confirming date of test, to be shown prior to the visit, such as an email or text from NHS Test and Protect.

If visitors do not have access to a smartphone/ tablet, or are not able to produce a negative test, care homes may wish to ask them to take the test at the care home.

Please note that the instructions in the LFD test kits supplied by the community route recommend recording results on the UK Government Department of Health and Social Care portal. These instructions will be updated in time to reflect reporting on the Scottish Portal. In the meantime please advise visitors to use [this](#) website.

7.2 Visitor consent for LFD testing

For those testing at the care home, visitors should sign a consent form. This only needs to be done once – care homes can reconfirm consent verbally for future LFD tests at further visits (as long as the care home continues to hold the visitors completed consent form). A template visitor testing letter, privacy notice and consent form is available on the [Scottish Government website](#) alongside further information on management of visitor testing.

8. Additional information for staff

8.1 How care home staff can raise concerns

Where care home staff have any concerns around how Open with Care is being put into practice, they can raise any concerns they have in a number of ways.

Ways to do this are:

1. By raising their concerns with their unit manager or if necessary through the provider's whistleblowing policy (if one exists).
2. By contacting the Care Inspectorate (see their dedicated guidance [on 'Raising Concerns in the Workplace'](#) which also provides a helpful summary of the responsibilities of Social Care Workers under the SSSC Code of Practice).

3. By writing to the Local Authority within which the care home is located for the contract monitoring team or Adult Support and Protection team to investigate (through the HSCP).

8.2 Additional funding to support care homes

The Scottish Government continues to provide funding for reasonable additional costs incurred as a result of the pandemic including staffing and non-staffing costs associated with facilitating safe visiting and testing. This is in line with the financial support for social care providers guidance, published in December 2020, which was updated on 1 July at [Coronavirus \(COVID-19\): financial support arrangements for social care providers - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultation-papers/coronavirus-covid-19-financial-support-arrangements-for-social-care-providers/).

8.3 Arranging vaccinations for staff

Some staff who declined vaccination initially may now want to be vaccinated. Ways to do this are outlined on [NHS Inform](https://www.nhs.uk/inform). We are aware of some reports of limited appointments for vaccination and are reviewing solutions for health and social care staff.

9. Resident vaccination

9.1 Vaccination programme and visiting

The Scottish Government does not recommend that care homes make it compulsory for visitors to have had the COVID-19 vaccine before going in the care home or residents to be vaccinated. Vaccination is just one of a number of safeguards that together allow meaningful contact to resume. Therefore if a visitor has not been vaccinated they should still be able to visit a resident within a care home.

9.2 When a resident has not been vaccinated

Indoor visiting is now recommended to be supported due to all the layers of protection in place, not just vaccination. These protections include testing, infection prevention and control measure including hand hygiene, ventilation, physical distancing, enhanced cleaning and finally wear a mask. Therefore residents who have not been vaccinated should still be able to receive indoor visitors.

10. Outbreaks

10.1 Visiting during an outbreak

Care homes with a declared outbreak should move to support essential and window visits only and, where advised by local health protection teams, limited outdoor visiting until the outbreak is declared over. Outings from the home may also be suspended.

After a positive test in a member of staff or a resident, local Health Protection teams should undertake a risk assessment to determine the approach and decide whether a home should close to indoor visiting, and whether outdoor visits can continue. Each situation will be unique so there needs to be an appropriate clinical decision making process by the HPTs before implementing home closure to take account of circumstances. The aims must be to balance minimising the risks of spread from outbreaks with the risks from not allowing home life to continue, including access to

loved ones and clinicians. Teams should be thoughtful about the risks to all individuals of continuing with high footfall whilst an outbreak investigation is ongoing as this will change the risk profile.

10.2 When routine indoor visiting can resume following an outbreak

A care home can reintroduce routine indoor visiting if they have been COVID free / or fully recovered as agreed with the local health protection team for 14 days from last date of COVID symptoms and subject to a Health Protection Team (HPT) assessment and confirmation of safety.

This aligns to advice from Health Protection Scotland and Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland who declare an outbreak over after 14 days if no new cases or symptoms develop – with a HPT risk assessment.

Where the last date of a positive test is in an asymptomatic staff member, a risk assessment should be undertaken by the local Health Protection team (HPT) (Note – this is your local Health Protection Team, not Health Protection Scotland), to determine whether the full 14 days are necessary.

10.3 Outbreak investigations

The public health definition of an outbreak is where there is two or more linked cases. However, the possibility of an outbreak within the care home should trigger investigation where there is confirmation of one positive COVID case within the home.

Health Protection Teams should support care homes with all decisions once a single positive test has been identified, including continuing or pausing visiting.

11. Other

11.1 Resources for residents and families

Information and advice for families about visiting and how to work with care homes to keep everyone safe is available on [NHS Inform](#).

Additionally, leaflets and posters have been sent to care homes that offer advice for families and staff. These are available to download from the [Scottish Government website](#)

A new [Action on Rights team](#) has been set up to help anyone with a friend or family living in a care home to have meaningful visits under the Open with Care guidance. They offer practical and emotional support to anyone who needs it.

This support is not solely for families and friends of people living with dementia – it is for anyone needing support. The team will also work with care homes to help facilitate visits where appropriate.

You can reach the Action on Rights team by phoning the free 24 hour [Alzheimer Scotland](#) helpline on 0808 808 3000.

11.2 Other care settings, such as supported housing.

Open with Care is for registered adult care homes. Other settings such as supported housing will need to follow regulations in place for the public for meeting people indoors and outdoors. However the principles contained within the adult care homes guidance to support safe visiting may be useful. If you are unsure please contact your local health protection team.

11.3 Recording visiting and overnight stays on the safety huddle tool

The safety huddle tool was updated to reflect the introduction of indoor visiting from 25 Feb (the day after publication of Open with Care).

Care homes can use the escalation box to ask for support from local oversight arrangements and update on their current progress towards implementing Open with Care guidance.

Care homes are asked to record oversight stays to support local and national monitoring and for epidemiological purposes. For any residents making oversight stays without advance warning, care homes are asked to record these stays in the safety huddle update the following day, if it is not possible to capture it on the day of the overnight stay.

11.4 Recording of residents in prison

Residents who are away from the home in prison should still be included in the safety huddle recording of overnight stays (e.g. one person in prison for 30 days should be recorded as on an overnight stay away for each of those 30 days). This is to support national monitoring and surveillance.

Version History

1.7	02/06/21	<p>Updated with:</p> <p>Minor edits to text</p> <p>Updated title</p> <p>3.1 Residents leaving the care home</p> <p>3.2 Returning to the care home following an outing</p> <p>3.3 Decisions on outings</p> <p>3.4 Frequency of outings</p> <p>3.5 Transport</p> <p>3.6 Younger Adults</p> <p>3.7 Restrictions in different public settings</p> <p>3.8 Going out to eat</p> <p>3.9 Testing family and friends before outings</p> <p>5.1 The Covid-19 Care Home Addendum and National Infection Control Manual</p>
1.6	14/05/21	<p>Updated with:</p> <p>1.1 When care homes can begin resume meaningful contact</p> <p>1.2 Covid protection levels and visiting</p> <p>2.8 Residents leaving the care homes</p> <p>2.9 Voting section (removed post-election)</p> <p>10.1 Resources for Families</p>
1.5	19/04/21	<p>Updated with:</p> <p>2.1 Number of visitors per resident</p>
1.4	16/04/21	<p>Updated with:</p> <p>1.3 Essential visits</p> <p>2.1 Number of visitors per resident</p> <p>2.5 Visiting professionals</p> <p>2.9 Leaving the care home to vote</p> <p>3.2 Outdoor visits</p> <p>3.3 Length of visit</p> <p>3.5 Use of screens and pods</p> <p>4.5 Physical contact</p> <p>5.1 PPE for visitors</p> <p>9 Outbreaks</p> <p>9.2 Outbreak investigations</p> <p>9.3 Visiting during an outbreak</p>

1.3	18/03/21	Updated with: 1.3 Resuming visiting following an outbreak 4.7 Additional information for covid-19 infection prevention and control 4.8 Visitors with difficulty understanding IPC advice 6.4 Visitor consent for LFD testing 7.4 Arranging vaccines for staff.
1.2	10/03/21	Edited and reformatted to remove FAQ phrasing for accessibility. Additional topics added based on feedback from care home staff at <i>Open with Care</i> workshops. Information covered in <i>Open with Care</i> guidance removed to avoid duplication
1.1	24/02/21	First version of the document – formally named <i>Open with Care - frequently asked questions, 24 February 2021</i>