

COVID-19 Guidance on visitations to Long Term Residential Care Facilities

V1.3 01.10.2020

Version	Date	Changes from previous version
V1.1	21-07-2020	<p>General changes to reflect the importance of visiting for residents and the lack of evidence that managed visiting is associated with major risks</p> <p>Removal of requirement to limit number of people nominated as visitors to 2 and some flexibility around number of visitors to a resident at one time</p> <p>Change to the order in which some elements of advice are presented</p> <p>Reference to use of cloth face coverings for use by visitors</p> <p>Change in restriction on duration of visits to 1 hour</p> <p>Some visits by children facilitated with appropriate supervision</p> <p>Facilitation of visiting during an outbreak with controls</p> <p>Removal from section 1.2 of material duplicated from section 1.1</p>
V1.2	24-08-2020	<p>Specification of maximum number of nominated visitors at 4 people</p> <p>Explicit statement in sections 1.1 and 1.2 that visitors should be provided with any necessary personal protective equipment.</p>
V1.3	01-10-2020	<p>Change to the title of the document to conform to the term Long-Term Residential Care Facility used in the Five Level Framework</p> <p>Restructuring of the document to reflect the Five Level Framework – Table of Public Health Restrictive Measures</p> <p>Definitions of visitor, essential service provider, compassionate and critical circumstances and an update to definition of long term residential care facility</p> <p>Reference to visiting while remaining outside of a building</p> <p>Resequencing of section 1.2 to align with Framework and improve sequencing</p>

1. Family and friends visiting

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

LTRCF refers to 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. Acute hospitals are not included in this guidance.

All designated centres for older people and designated centres for children and adults with disabilities must be registered with the Office of the Chief Inspector of the Health Information and Quality Authority (HIQA) who monitor and inspect designated centres regularly to ensure they maintain a high level of care and support. There are also facilities that are not designated (for example some religious homes) that this guidance is also applicable to.

In residential disability services in own-door supported accommodation or small group homes for people with disabilities and particularly where residents are younger and do not have specific medical vulnerability the risk is lower than in larger congregated care settings for older people. In that context more frequent visits can be managed with little risk particularly if there is one nominated visitor who is complies fully with measures to reduce inadvertent introduction of COVID-19.

The document specifies the following:

Framework Level	Visiting Policy
Level 1	Open with protective measures
Level 2	Open with enhanced protective measures
Levels 3,4 and 5	Suspended, aside from critical and compassionate circumstances*

* Note this is intended to apply to in-door visiting. “Window visiting” where a person stands outside and speaks to a person at safe distance through an open window or by telephone is acceptable at any Framework Level and during Outbreaks. Likewise outdoor visiting where safe distance can be maintained at all times need not be restricted at any Framework Level or during Outbreaks where it is appropriate for the

resident, it is arranged in advance and there are suitable facilities and capacity to accommodate and support the visit. If suspension of “window visiting” and outdoor visiting are considered this should be in the context of a documented risk assessment.

Version 1.2 of this document has been updated to V1.3 to align with this policy. It is important to note that all decisions regarding restricted access should be documented, including their rationale, in line with the Health Act 2017 (Care and Welfare) Regulations 2013. Restrictions should also take account of the Ethical Considerations Relating to Long-Term Residential Care Facilities available at:

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

It is essential that the visiting policy including any restrictions is communicated clearly to each resident and relevant others.

Communication

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

Definitions

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. It is important that visitors are clear that they must accept personal responsibility with respect to the risk that they may inadvertently be exposed to infection during the visit and that their safety depends in a large measure on their behaviour during the visit. Particularly in the context of an outbreak a signed acceptance of personal responsibility may be appropriate.

It does not include **Essential Service Providers** (ESPs). Essential Service Providers are people who provide professional services including healthcare, legal,

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

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

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

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

- Circumstances in which a resident is significantly distressed or disturbed and although unable to express the desire for a visit there is reason to believe that a visit from a significant person may relieve distress.
- When there is an exceptionally important life event for the resident (for example death of a spouse or birthday).
- When the visitor may not have another opportunity to visit for many months or years or never (for example because they are leaving the country or are themselves approaching end of life).

- Increased visiting is recommended by their doctor as a non-pharmacological therapeutic alternative to an increased dose of an existing agent or introduction of a new anxiolytic or sedative agent.
- A resident expresses a strong sense of need to see someone whether for personal reasons, to make financial or other arrangements or to advocate on their behalf.
- A person nominated by the resident expresses concern that a prolonged absence is causing upset or harm to a resident.
- Other circumstances in which the judgement of the medical or nursing staff or social care worker caring for the resident is that a visit is important for the persons health or sense of well being

Introduction

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

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

LTRCFs are the home environments of individuals residing there and as such the importance of maintaining family connections with loved ones must not be underestimated from a holistic person-centred approach. This guidance document recognises the autonomy of residents in LTRCFs and their right to have or refuse visitors and contact with family members. It aims to support providers in fulfilling their responsibility by giving guidance to management, staff, residents and relatives to balance the risk of COVID-19 while facilitating visiting during these exceptional times. As part of this person-centred approach, timely communication in a manner

appropriate to the individual resident will include an overview of the proposed visiting arrangements and any updates or changes that may occur in accordance with public health/infection control advice.

The Registered Provider/Person in Charge has a responsibility to ensure that the autonomy of residents and the right to have visitors is balanced with the need to ensure that visitations do not compromise overall resident care or adherence to requisite infection control procedures. Visitors who do not adhere to guidance will be asked to leave and may be declined access subsequently if there is a pattern of non-adherence. Consultation with local Public Health teams and IPC expertise will assist the Registered Provider/ Person in Charge with review of their plans and risk mitigation in order to facilitate visiting. Restrictions should be applied on the basis of a documented risk assessment that is reviewed regularly in view of the evolving public health situation and new guidance. A risk assessment should take account of the overall care needs, rights and wishes of residents, the vulnerability of the residents, the current incidence of COVID-19 in the surrounding community and the capacity of the LTRCF in terms of buildings, grounds and human resources to manage risks associated with visiting.

The nature and purpose of visiting restrictions as outlined in the risk assessment should be communicated to residents and their significant others and there should be an opportunity to discuss the impact of the restrictions on individuals.

All these measures should align with national guidance in relation to IPC, current and future guidance and recommendations with regard to social distancing, guidance for people over 70 years old and those extremely medically vulnerable and other public health measures, and in addition, current and future guidance specific to LTRCFs.

1.1 Visiting in LTRCF with no ongoing COVID-19 outbreak

1.1.1. During periods of Framework Level 1

Visiting for residents in LTRCFs where there is no ongoing COVID-19 outbreak should be encouraged with appropriate practical precautions to manage the risk of introduction of COVID-19 as follows:

Outdoor visiting is expected to carry a lower risk than indoor visiting and should be encouraged where appropriate to the needs of the resident and subject to weather.

The duration of the visit may generally be limited to an hour with flexibility on compassionate grounds in special circumstances. In this context special circumstances should encompass accommodating, in so far as practical, the needs of a spouse or other person who plays a key role in providing practical and emotional support for the resident.

In general the number of visits per resident per week should be 2 visits with up to 2 people at each visit. This is subject to the capacity of the LTRCF to schedule the visits safely. Visits should only take place when there is sufficient staff on duty to manage visiting. Visits should generally occur away from mealtimes however if a resident is taking a meal in their room and would like a visitor to assist them that can be facilitated.

Each resident should have nominated visitors for whom the LTRCF has contact details. There is no requirement to limit the number of nominated visitors. Visitors should generally be limited to 2 per resident at a time but with flexibility as appropriate on compassionate grounds to meet the needs of residents (for example see below re children).

In general visits should be arranged in advance with the facility but a LTRCF may consider if flexibility is appropriate on compassionate grounds to meet the needs of residents and their significant others.

Visits should be scheduled to avoid heavy footfall in the LTRCF at any time. It is expected that each facility will consider the number of visitors they can accommodate and to discuss these plans with IPC who can then seek public health advice if required.

Separate entrance and exit for visitors is encouraged but is not a requirement.

Visitors should be made aware of the visiting processes that apply which are symptom and temperature-checking, determination of previous known exposure to COVID-19, and use of correct hand hygiene techniques. In addition, they

should be made aware that any visitors with fever or respiratory symptoms will not be admitted.

Visitors should be asked if they have COVID-19 or had close contact with a person with COVID-19 / suspected COVID-19 symptoms within the time period as determined by national guidance. Visitors should declare that they have no symptoms and undergo a temperature check before entering the LTRCF. People who have had COVID-19 but for whom the infectious period has passed may visit as for other people.

Visitors are required to sign in on entry to the facility (regulatory requirement). Visitors should be advised to bring their own pen and 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 cloth-face covering or a surgical mask during the visit. Even when the visitor and resident are alone together and at a safe distance from others continued use of the face covering or mask is preferred but it may be appropriate to remove the mask in some circumstances where it is an impediment to communication, impedes recognition or disturbs the resident. The facility should provide any necessary personal protective equipment. It is not appropriate nor is it practical to seek to prevent all physical contact (for example an embrace, hug or holding hands) where the visitor and the resident wish to express themselves in this way.

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 a room away from other people or in an outdoor area (weather permitting) where distance can be maintained.

Organised outings by bus or car should generally be facilitated with individual risk assessments completed and overseen by the Person in Charge in order to eliminate any identified risk.

Outings for a drive with a visitor may be facilitated subject to risk assessment and confirming that the visitor does not have symptoms of COVID-19 and is not a COVID-19 contact. Where residents go for a drive the resident and visitor should be reminded of the need for people over 70 years old and those extremely medically

vulnerable to take extra care when outside the LTRCF. They should be careful to observe social distancing with respect to others, be careful with respect to hand hygiene and use of face coverings as per public health guidance both in the car and if they leave the car for any reason.

Gifts of baked goods whether homemade or commercially produced are most unlikely to pose a significant risk and should not be restricted on infection prevention and control grounds.

Visits by a child may 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.

The resident's right to decline a visitor shall be respected.

There are no restrictions on Essential Service Providers or Important Service Providers in Framework Level 1 other than adherence to good infection prevention and control practice.

1.1.2 During Periods of Framework Level 2

The following modifications apply to guidance during Framework Level 2.

The number of people participating in each visit should be reduced to 1 unless there are compassionate or critical circumstances that require that the person should be accompanied by an additional person or additional visits.

The number of visits facilitated is independent of the number of nominated visitors for example a person may choose to have all their visits from 1 person or the same total number of visits rotated among the nominated visitors.

Essential service providers and important service providers are not included as visitors for this purpose. Visitors should generally be limited to 1 per resident at a time but with flexibility as appropriate on compassionate grounds to meet the needs of residents (for example see below re children).

Visits should be strictly arranged in advance with the facility.

Visitors are required to wear a surgical mask throughout the visit unless there is a specific difficulty that prevents wearing a mask. If a mask cannot be tolerated they

should wear a visor that extends from above the eyes to below the chin and from ear to ear. PPE should be provided by the LTRCF if required.

Organised outings by bus or car should be avoided.

Outings for a social drive with a visitor should be avoided.

It is important to note that at all Framework Levels some flexibility is required when residents have essential business to conduct for example visit to the post office, bank or legal services or critical personal requirements for example related to death of a family member or a visit to a family grave.

Visits by children should be avoided except in compassionate or critical circumstances.

There are no restrictions on Essential Service Providers in Framework Level 2 other than adherence to good infection prevention and control practice. Reduced access for Important Service Providers may be required.

1.1.3 Visiting during Framework Levels 3, 4 and 5

Suspended aside from critical and compassionate circumstances.

In the context of Framework Level 3, a more flexible interpretation of critical and compassionate circumstances is appropriate compared with Framework Level 4 and 5.

Arrangements should be in place to support virtual visiting (telephone or video-link) to the greatest extent possible. Also note above regarding window visiting and outdoor visiting.

There are no restrictions on Essential Service Providers in Framework Level 3, 4 and 5 other than adherence to good infection prevention and control practice.

Suspension of access for Important Service Providers may be required at Framework Level 3 and will generally be required during Framework Level 4 and 5.

1.2 Visiting during Framework 1 and 2 in the context of an outbreak of COVID-19

The risks of the virus introduction associated with visiting during an outbreak are different from those in a LTRCF without an outbreak of COVID-19 because in the

former case the virus is already in the facility. The risk to visitors is a much more significant concern during an outbreak. During periods of Framework 1 and 2, the following approach applies to LTRCF during an ongoing outbreak of COVID-19.

While it is acknowledged that facilities have a right to decline visitors to the facility during an outbreak it is accepted that visiting constitutes a key element of resident welfare and therefore all efforts to support same should be made in the appropriate context and with the necessary supports.

Visiting and access within a LTRCF will generally be suspended in the first instance with the exception of critical and compassionate circumstances. Access for Important Service Providers will generally 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, visits that are essential will be facilitated.

During an ongoing outbreak general visiting will be limited based on a documented risk assessment that is 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 that all visiting during an outbreak is associated with a risk of infection for the visitor and that they choose to accept that risk. 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. Arrangements should be in place to support virtual visiting (telephone or video-link) to the greatest extent possible.

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 Summary Table of Key Points on Visiting at each Framework Level

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

Domain	Framework Level				
	1	2	3	4	5
Clear communication on visiting policy	Yes	Yes	Yes	Yes	Yes
Outdoor and window visiting	Yes	Yes	Yes	Yes	Yes
Support for remote visiting (phone and video calls)	Yes	Yes	Yes	Yes	Yes
Access for essential service providers	Yes	Yes	Yes	Yes	Yes
Access for important service providers	Yes	Reduced	Suspended if required	No	No
Critical and compassionate visiting	Yes	Yes	Yes	Yes	Yes
Visits should be scheduled and visitors recorded	Yes	Yes	Yes	Yes	Yes
Visitors should be assessed for features of COVID-19 and check if COVID Contact before admission	Yes	Yes	Yes	Yes	Yes
Visitors informed of risk, how to stay safe and accept personal responsibility	Yes	Yes	Yes	Yes	Yes
Visitors are provided with access to hand sanitiser and personal protective equipment if required	Yes	Yes	Yes	Yes	Yes
Open for visiting with protective measures	Yes	No	No	No	No
Open for visiting with enhanced protective measures	-	Yes	No	No	No
Organised outings (risk assess)	Yes	No	No	No	No
Social drive in private car	Yes	No	No	No	No
Outing for essential business (risk assessment)	Yes	Yes	Yes	Yes	Yes
Visits by children -with supervision	Yes	No ¹			
Number of routine visits per week (general)	2 (with 2 people)	2 (with 1 person)	0	0	0

ENDS