

COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCFs)

V2.1 23.04.2021

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Version	Date	Key Changes from previous version
V 2.1	23-04-2021	<p>Extensive resequencing of document to improve readability</p> <p>Removal of record of changes in versions 1.0 to 1.5</p> <p>Statement on the benefit of vaccination of visitors and essential service providers in reducing risk</p> <p>Definition of fully vaccinated</p> <p>Increased frequency of routine visits</p> <p>Statement that restriction of visiting cannot compensate for low vaccine uptake by staff</p> <p>If visitor and resident are both fully vaccinated they need not wear a mask or avoid contact when alone together</p> <p>Statement that intrusive monitoring of visits is not appropriate</p> <p>Restrictions on children visiting applies only to very young children</p> <p>Residents going from a drive with a visitor should be facilitated if a high proportion of residents are vaccinated, in so far as consistent with general public health guidance</p> <p>No need to restrict movement of residents after extended absence from LTRCF if a high proportion of residents are vaccinated</p> <p>Increased frequency of routine visiting to one per week in the context of an outbreak when appropriate control measures are in place and the situation has stabilised</p>
V2.0	08-03-2021	<p>General resequencing to improve flow and reduce duplication</p> <p>Changes to text to place greater emphasis on the harm associated with visiting restrictions and the rights of residents to maintain meaningful contacts</p> <p>A section on the implications of vaccination for visiting</p> <p>Reference to new variants</p>

Version	Date	Key Changes from previous version
		<p>Update to the “Important Note” to reflect the current situation</p> <p>Foot note to table 1 modified to indicate that there are few if any circumstances in which suspension of “window visiting” and outdoor visiting are justified on infection prevention and control grounds</p> <p>Clarification that the specifications with respect to frequency of visits on general and specific compassionate grounds at levels 3, 4 and 5</p> <p>Removal of the limit on duration of visits to 1 hour (unless a limit is required for operational reasons).</p> <p>Increased frequency of visiting on compassionate grounds at levels 3, 4 and 5 in the context of a high level of vaccination of residents and staff</p> <p>Residents who have recovered from COVID-19 should be regarded as equivalent to vaccinated residents for 6 months after diagnosis</p> <p>Change to restriction on movement after a visit to a private home for a resident in a LTRCF with a high level of vaccination</p> <p>Qualification on the risk of harm associated with contact between resident and visitor in the context of vaccination</p>

Important Note on the Managing the Risk of Introduction of COVID-19 into a Long-Term Residential Care Facility (LTRCF)

The surge in COVID-19 in January of 2021 and the resulting harm to residents and staff is a reminder of the ongoing need for vigilance to prevent introduction of COVID-19 into LTRCFs.

Although the situation has greatly improved, there is a continuing risk of introduction of infection even with a high level of vaccination. There is a particular concern about the possibility of introducing a new variant against which the vaccine may be less effective.

The vaccination rollout in nursing homes and the associated benefits of the vaccine provides an opportunity for further incremental changes in some public health measures, including on visiting. It may still happen from time to time that it will not be possible to support routine visiting in some LTRCFs because of outbreaks. There is a need for clear communication on these issues with residents and families and in all circumstances, the wishes of residents who wish to see visitors and those who may feel safer not seeing visitors should be respected.

In this context, it is important to draw attention to the following key elements in this document:

1. Service providers will need **to facilitate visiting and ensure that there is sufficient staff on duty at key times to support visiting.**

2. **Visiting is subject to a risk assessment.**

3. It is essential that the service providers engage with residents, involve them in decision making and **communicate clearly with each resident and relevant others regarding visiting policy including any restrictions,** the reasons for those restrictions and the expected duration of restrictions and who they can contact for support if they are dissatisfied.

4. Service providers should comply with the spirit of the guidance set out below and facilitate visiting of residents as advised within their facilities to the greatest extent possible. Restrictions on visiting that are in excess of those outlined in this guidance (for example in the context of an outbreak) should be agreed with the local public health department, be clearly documented and communicated in engagements with HIQA (along with expected duration of same).

5. Residents in LTRCFs have the right to have or refuse visitors.

Version 2.1 of this document represents an update on Version 2.0 to address further easing in restrictions on visiting in long-term residential care facilities in the context of the experience with implementation of guidance in Version 2.0.

Scope and Limitations

The term LTRCFs encompasses all congregated care settings where people are intended to remain for extended periods including nursing homes, certain mental health facilities and community housing units for people with disabilities. All designated centres for older people and designated centres for children and adults with disabilities must be registered with the Office of the Chief Inspector of the Health Information and Quality Authority (HIQA). HIQA monitors and inspects designated centres regularly to ensure that they maintain a high level of care and support. This guidance is also applicable to comparable facilities that are not designated (for example some religious homes). This document is applicable to most such facilities. It is also applicable to similar facilities that are not designated such as some religious houses.

This document does not apply to residential disability services provided from own-door supported accommodation or small group home. The risk of harm from infection is lower in that situation particularly if residents are younger and do not have specific medical conditions that place them at high risk of severe COVID-19 disease. There is a separate guidance document for those facilities.

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

Definition of Terms

Visitors

For the purpose of this guidance, visitors may be taken to include people, typically family members or friends, who come to the LTRCF for a social visit. Visitors must accept personal responsibility with respect to their obligation to help protect the person they visit, other residents and staff. They must also accept 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.

Prospective visitors who are eligible for vaccination can help protect the resident they visit, other residents and themselves by accepting vaccination when it is offered to them.

The term visitor does not include **Essential Service Providers** (ESPs). Essential Service Providers are people who provide professional services including healthcare, legal, financial and regulatory services. Key examples include those who attend to provide healthcare services such as medical, nursing, social work, safeguarding, 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 and 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. ESPs that are eligible for vaccination can help protect residents and themselves by accepting vaccination. LTRCFs are not responsible for checking vaccination status of ESPs. All services should be provided in compliance with any legal or public health restrictions on the provision of services at the time.

The term visitor does not encompass **Important Service Providers** (ISPs) who provide services that are important to resident's sense of self and wellbeing but that are not strictly necessary. Examples of ISPs include those who provide personal care (for example hairdressers) and entertainers. 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. The provision of services by ISPs should be provided in compliance with any legal or public health restrictions on the provision of services at the time. For example, if personal grooming services are open to the general public the service should generally be available on site to residents in a LTRCF with appropriate IPC precautions.

Fully vaccinated

Vaccination does not provide immediate protection. Maximum vaccine protection depends on being fully vaccinated after completing the vaccination schedule. The following definition of fully vaccinated has been used in “Guidance on vaccinated individuals visiting other vaccinated individuals in a household setting” and is followed in this document.

7 days after the second Pfizer-BioNTech dose

14 days after the second Moderna dose

15 days after the second AstraZeneca dose

While this guidance differentiates between LTRCFs that have a high proportion of residents fully vaccinated and those LTRCFs that do not have a high proportion of residents fully vaccinated the approach within a particular, LTRCF should not differentiate between individual residents who are vaccinated and those residents who are not vaccinated.

Critical and compassionate circumstances are difficult to define and of necessity require judgement. The term should not be interpreted as limited to circumstances when the death of a resident is imminent. Where critical and compassionate grounds (see examples set out below) apply the duration and frequency of visiting should be as flexible as possible subject to the ability of the LTRCF to manage the visiting safely.

The following are examples of critical and compassionate circumstances.

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

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

Introduction

LTRCFs are the home environments of individuals residing there and as such the importance of maintaining meaningful contact with family and other loved ones is vital from a holistic person-centred approach. This guidance document recognises the autonomy of residents in LTRCFs. This includes their right to have visits to support meaningful contact with family members, and also their right to decline visits. 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 Government policy, public health/infection control advice.

The challenge for service providers

Managing visiting is challenging for service providers who must balance their obligation to protect all residents and staff from the risk of introduction of COVID-19 with their legal obligation to facilitate and support visits for residents to the greatest extent possible.

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 in LTRCF.

Although good evidence regarding the contribution of visiting to the occurrence of outbreaks of COVID-19 in this context is lacking, controls on visiting are widely practiced internationally as a protective measure with some variations in how they are applied.

The harm to residents associated with the loss of regular direct personal contact with those who are most important to them is recognised. Therefore, visiting is part of the normal daily functioning of LTRCFs and as per regulatory requirements the Registered Provider/Person in Charge has a responsibility to ensure that the autonomy of residents and their right to receive visitors is balanced with the need to ensure that visits do not compromise overall resident care and infection control procedures.

A recent publication by the International Long Term Care Policy Network provides a useful perspective on international practice (see below). “Open with Care, Supporting Meaningful Contact in Care Homes”. (Scottish Government 2021) published in February 2021 frames visiting as an essential element of respecting resident’s right to what is termed “supporting meaningful contact”. 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 comply with the spirit of the guidance set out below and take account of the Ethical Considerations Relating to Long-Term Residential Care Facilities available at:

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

It is important to acknowledge that LTRCFs in Ireland are facilitating visiting and that there are exemplars of how the competing challenges of facilitating visiting and managing infection risk can be balanced to serve the needs of residents. The experience of managing increased visiting since version 2.0 of this guidance has been implemented has built confidence amongst LTRCFs that they can manage increased visiting safely. The experience of recent weeks and the leadership of those who are exemplars should guide others as to how the management of visiting can be improved.

The LTRCF should ensure that it has the capacity and relevant skill sets within its staffing complement to manage resident care, including safe visiting appropriately. Restrictions on visiting that are in excess of those specified in this guidance are rarely justified. If restrictions beyond those in this guidance are considered (for example in the context of an outbreak), they should be agreed with the local public health department as part of the Outbreak Control response and be clearly documented.

Managing safe visiting requires that prospective visitors undertake to co-operate fully with measures required to ensure that visiting represents the lowest possible risk to all residents and staff. Testing of prospective visitors in advance of visiting is not required at present; however, this will be kept under review in line with evidence and experience from pilot evaluation. Service providers will generally refuse entry to prospective visitors who show evidence of infection unless there are extraordinary circumstances such as expected imminent end of life and the risk can be managed with specific additional measures. Service providers may be obliged to refuse entry to a prospective visitor if the person is unwilling or unable to comply with reasonable measures to protect all residents and staff or if the person has not complied with reasonable measures during a previous visit.

Communication

Restrictions on visiting and the loss of “meaningful contact” are of themselves a cause of harm to residents, their friends and families. Any lack of clarity regarding visiting arrangements and the reasons why they are required can exacerbate this stress and is avoidable. It is essential that the service providers engage with residents, involve them in decision making and communicate clearly with each resident and relevant others regarding visiting policy, including any restrictions. This communication should make it clear how visiting is facilitated, any restrictions that apply, the reasons for the restrictions and the expected duration of restrictions. The communication should make it clear that a limited number of visitors can be in the LTRCF at one time and that to achieve this it may frequently not be possible to facilitate visitors at a specific time or date of their choosing.

The development of an individualised visiting plan for each resident, as part of a resident’s overall care plan, is recommended as “*providing a person centred approach*”

that takes account of individual preferences and needs and balanced against the needs of everyone in the care home” (Open with Care). The resident and, as appropriate, their relevant others should participate in the development of this visiting plan.

In addition to communication with residents, families and friends, restrictions in LTRFC should be communicated in engagements with HIQA (along with expected duration of same). Where there is an existing relationship or arrangements in place with an independent advocacy service, that relevant service/advocate should be informed. Whenever visiting is restricted in any way, the reasons for such restrictions should be given, and arrangements should be in place to support virtual visiting (telephone or video-link), to the greatest extent possible.

The Policy Context

On September 11th 2020, the Government issued a Five Level Framework – Table of Public Health Restrictive Measures. The higher the framework level the greater the need for vigilance and caution in relation to the risk of introduction of the virus into the LTRCF setting. However, the experience of recent months gives confidence that visiting can now be managed safely at all Framework levels and is essential to the wellbeing of residents. Therefore, the level of visiting is no longer directly linked to the level of the Framework of Restrictive Measures in effect. The level of visiting is, however, dependent on the level of vaccination amongst residents in an LTRCF, risk assessment and this guidance.

Restrictions on visiting in this context relate to indoor visiting. “Window visiting” where a person stands outside and speaks to a person at safe distance through an open window or by telephone is very low risk and can be facilitated at all times. Window visiting can be challenging for some residents with hearing difficulties and should be considered as a supplement to and not a substitute for indoor visiting. Outdoor visiting where safe distance can be maintained is low risk and can be facilitated at all times. Outdoor visits will require suitable facilities; capacity to accommodate and support the visit and the visits will generally need to be arranged in advance. There are few if any circumstances, including outbreaks, that justify suspension of “window visiting” and outdoor visiting on infection prevention and control grounds. The processes for

facilitating window visiting and outdoor visiting and any limitations that apply should be communicated clearly to residents and relevant other persons.

Restrictions on visiting should only be applied on the basis of this guidance and 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 level of vaccination of residents in the LTRCF, the current incidence of COVID-19 in the surrounding community and the capacity of the LTRCF in terms of buildings, grounds and human resources to manage risks associated with visiting. Consultation with local Public Health teams and IPC expertise will assist the Registered Provider/ Person in Charge with review of their plans and risk mitigation, in order to facilitate visiting.

Implications of vaccination for visiting in a LTRCF

Vaccination has now been offered to almost all residents and staff of LTRCFs. As outlined above, vaccination does not confer maximum protection until the person is fully vaccinated therefore it is important that residents, their families and friends and staff understand that precautions to prevent introduction and spread of the virus cannot be reduced immediately after vaccination.

There is very good evidence that vaccination is associated with a high degree of protection against severe disease and death. Although some residents have not accepted vaccination and vaccination cannot be expected to protect all residents from all COVID-19 related harm, it is clear that vaccination has had a significant impact in reducing the incidence of severe disease and death in LTRCF residents and in protecting staff. Vaccination is now an important factor in considering the balance of risk between harm related to restriction of visiting and harm related to COVID-19.

The evidence regarding the effect of vaccine in preventing a person from acquiring infection and from being infectious for others is also growing. However, there is a concern that vaccine related protection may be less effective against some new variants of the virus. Therefore, caution remains appropriate.

The vaccination status of prospective visitors is also relevant to assessing the risks associated with visiting. A visitor who is fully vaccinated is far less likely to acquire severe COVID-19 disease as a result of exposure to COVID-19 in a LTRCF. There is growing

evidence that people who are fully vaccinated are also less likely to develop asymptomatic infection and that most people who are vaccinated shed less virus if they do become infected. It is reasonable to expect therefore that people who are fully vaccinated are less likely to be the source of introduction of virus into a setting such as at LTRCF. While a LTRCF cannot be responsible for ensuring that visitors are vaccinated it is appropriate to inform prospective visitors of the benefits of vaccination.

Guidance on Indoor Visiting in the LTRCF

General Guidance Applicable to Visiting

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 with protective measures as above. There should be sufficient staff on duty to manage visiting.

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

If possible, 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 discuss these plans with their infection prevention and control advisors. It is reasonable to gradually relax the limitation on the number of visitors in the LTRCF at one time when a high proportion of residents are fully vaccinated. Visitors should not interact socially with other visitors in the LTRCF or with residents other than the person they have come to visit.

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. 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 one person or the same total number of visits rotated among the nominated visitors.

A 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 recently travelled to Ireland are required to undergo quarantine for a period and therefore must not visit a LTRCF during that time if such a visit is contrary to the law.

Visitors are required to sign in on entry to the facility (regulatory requirement). Visitors should be guided in performing hand hygiene when they arrive and before signing in. The sign in may be in the format of an acceptance of personal responsibility for their behaviour and for unavoidable risk.

Visitors are required to perform hand hygiene and should generally wear a surgical mask during the visit. It may be appropriate to remove the mask in some circumstances where it represents an impediment to communication, impedes recognition or disturbs the resident. If wearing a mask is not practical, the visitor should wear a visor that extends from above the eyes to below the chin and from ear to ear. If a visitor is fully vaccinated and is visiting in a room with a resident who is fully vaccinated with no other person present they do not need to wear masks or avoid physical contact.

It is not appropriate to ask visitors who are asymptomatic to wear gloves, apron, gown or eye-protection during the visit. The resident should be provided with a surgical mask to wear during the visit if they can do so comfortably but it is not necessary for them to wear a mask if distance is maintained. It is not appropriate to ask the resident to wear gloves, apron, gown or eye-protection during the visit.

The facility should provide any necessary personal protective equipment. While physical contact (for example an embrace, hug or holding hands) between visitors and the resident may increase the risk of transmission of infection it is appropriate in

particular circumstances to manage this risk, for example towards end of life for residents who are distressed.

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 where distance can be maintained. Visitors must comply with the required infection prevention and control related precautions while visiting, however, the resident's rights, privacy and dignity must be respected and it is not appropriate to invasively monitor visitations.

The duration of the visit should be appropriate to the needs of the resident, as identified in their visiting plan. Where essential to manage footfall in the facility, it may be necessary to limit duration of visits to accommodate visiting for all residents. Where limits on the duration of visits are required, the time limit should not be less than one hour. If duration of the visit is limited to one hour, this should be considered as the time the visitor spends with the resident and it should not include the time required for symptom checking and other preliminaries required to manage the visit. The needs of a spouse or other person who plays a key role in providing practical and emotional support for the resident needs particular consideration.

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.

There is no infection prevention and control requirement to limit or restrict residents from receiving items such as books, magazines, confectionery, keepsakes or objects of religious or personal significance. The items should be clean on delivery but need not be new. There is no justification for restricting receipt of items offered to a resident to items acquired at a specific retailer or retailers. There is generally no requirement to store items for an extended period after delivery before they are given to the resident particularly when a resident has completed vaccination.

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

Some residents may express a preference not to receive visitors for the duration of the COVID-19 pandemic or for specific periods at higher Framework Levels. Where residents express that preference, it must be respected. However, where a resident has expressed a preference not to receive visitors, the resident should be formally

communicated with at reasonable intervals to ensure that their preference is unchanged and current preference is recorded.

There is no requirement that visits should always be by the same person. The ability to have another person take the visit at short notice may support visitors in adherence to the guidance not to visit if they have any concern regarding their health on the day scheduled for the visit.

Visits by children, other than very young (pre-school) children, should be facilitated if the child is accompanied by an adult who takes responsibility for ensuring appropriate conduct and the child is able to comply with the general requirements for visiting.

Frequency of Visiting and Number of Visitors

Visiting on Compassionate Grounds

There is no upper limit on the frequency or duration of visiting that is acceptable where critical and compassionate grounds (as set out above) apply, subject to the ability of the LTRCF to manage the visiting safely

Routine visiting when there is no Outbreak

In the absence of a high level of vaccination of residents (see Note below) **two visits per week** should be facilitated in the absence of any critical or compassionate circumstances that require increased frequency of visiting.

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

From two weeks after the date when a high proportion (see Note) of all residents in the LTRCF are fully vaccinated **four visits per week** should be facilitated. Visitors should generally be limited to 2 per resident at a time but with flexibility as appropriate to meet the needs of residents.

This applies regardless of vaccination status of the individual resident, however residents who are not vaccinated should be informed of the specific risk to them of seeing additional people in the absence of vaccination. The risk is much less if the

visitor is fully vaccinated, however the LTRCF cannot be responsible for verifying the vaccination status of the visitor.

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

Resident Outings

All outings and activities should continue to fully align and comply with the wider public health measures in place at the given time.

Essential Business Outings

It is important to note that at all times, and without regard to vaccination status, residents must be accommodated when they have essential business to conduct for example a 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.

Social and Recreational Outings

In the context of a high level of vaccination among residents, the following applies.

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

Outings for a drive with a visitor should be facilitated subject to risk assessment. This includes confirming that the visitor does not have symptoms of COVID-19 and assessing if they are 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 a high risk of severe COVID-19 disease 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 if they leave the car for any reason. If they are both fully vaccinated, they do not need to wear face coverings when alone together in the car and can follow guidance on public health restrictions that apply to the general public.

Visiting by the Resident to a Residence outside of the LTRCF

Visiting to a residence outside of the LTRCF should comply with public health restrictions that apply to general public at the time. Restrictions on visiting beyond those that apply to the general public should be based on a documented risk assessment and be communicated with the residents and relevant others.

In the context restrictions on visiting beyond those that apply to the general public, it is important to take account of major cultural or religious festivals or celebrations of particular significance to the resident. The risk associated with such visits can generally be managed with appropriate risk assessment, planning and precautions particularly in the context of a high level of vaccination of residents.

Without reference to the vaccination status of residents in the LTRCF, if the resident is absent from the LTRCF for less than 12 hours and in the absence of any reported unintended exposure there is generally no requirement for the resident to restrict movement to their room on their return.

In the context of a LTRCF without a high level of completed vaccination for residents and where the resident has been away for more than 12 hours (typically an overnight stay), the resident should be asked to stay in their room as much as possible for 14 days after the visit and should be offered testing on or about day 5 after their return, unless that resident is fully vaccinated, or is in the six month period after COVID-19 infection.

In the context of a LTRCF with a high level of fully vaccinated residents, and where the resident has been away for more than 12 hours (typically an overnight stay), the resident need not be asked to restrict movement to their room on their return from an overnight stay unless (a) they are known to have been in contact with a person who has travelled outside of Ireland in the 14 days prior to the contact (b) are known to have been in contact with a person suspected or known to have symptoms of COVID-19.

An approach to risk assessment for visits to a residence or similar setting outside of the LTRCF is provided as an appendix to this document.

Visiting 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. The following approach applies to LTRCF during an ongoing outbreak of COVID-19.

While it is acknowledged that facilities may need to decline indoor visitors to the facility during an outbreak where advised to do so by Public Health, 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, subject to Public Health Risk Assessment.

Indoor 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, visiting will be facilitated to the greatest extent practical. At this stage of the outbreak, to promote wellbeing one visit by one person per week should be facilitated whenever possible for those residents who wish to receive visitors. Additional visiting can be facilitated during an outbreak if a high proportion of residents in the LTRCF are fully vaccinated.

Where an outbreak occurs and indoor visiting restrictions are in place, alternative forms of communications and engagements with families and loved ones should be facilitated proactively and to the greatest extent possible, including through window visits, outdoor visits, video calls etc.

During an ongoing outbreak where indoor visiting is limited based on a documented risk assessment and Public Health advice, the limitations should be reviewed at least every 2 weeks. Significant considerations in the risk assessment include the outbreak related care

workload for staff and the number of staff available, which may limit capacity to manage visiting. If the outbreak is confined to 1 wing or 1 building on a campus, there may be fewer requirements for visiting restrictions in other wings or buildings.

All visits during an outbreak are subject to the visitor accepting 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.

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

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

Domain	Recommendation/Comment
Visiting policy supports access consistent with national guidance	Required at all times
Clear communication on visiting policy	Required at all times
Outdoor and window visiting	Required at all times
Support for remote visiting (phone and video calls)	Required at all times
Access for essential service providers	Required at all times
Access for important service providers	Consistent with general public health guidance
Visits should be scheduled and visitors recorded	Required at all times
Visitors should be assessed for features of COVID-19 and check if COVID Contact and travel outside of Ireland before admission	Required at all times
Visitors informed of risk, how to stay safe and accept personal responsibility	Required at all times
Visitors are provided with access to hand sanitiser and personal protective equipment if required	Required at all times
Visits by children, other than very young children	Facilitated with appropriate supervision
Routine indoor visiting in the absence of a high level of vaccination of residents	Two visits by one person per week
Routine indoor visiting in the presence of a high level of vaccination of residents	Four visits by two people per week
Visiting where critical circumstances apply	No limit other than the ability of the LTRCF to support
Organised outings	Subject to general public health restrictions and risk assessment
Drive in a private car	Subject to general public health restrictions and risk assessment
Outings for essential business	Subject to general public health restrictions
Visits to a residence or similar setting	Subject to general public health restrictions and risk assessment

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

Appendix 2

Assessing Risks Associated With a Visit to a Residence or Similar Setting Outside of a LTRCF

It is appropriate to have an approach to assessing and managing the risk associated with visits outside of the LTRCF. This is important to ensure that the resident and relevant other people are fully informed of the risk to them and to others associated with the proposed visit and to support the person in charge in managing the risk to all residents and staff associated with the proposed visit. This document is intended to support the residents, relevant other people and the person in charge of the LTRCF in dealing with these issues arising from proposed visits outside the LTRCF when such visits are consistent with general public health guidance in force at the time.

It is also acknowledged that residents who are able to do so may choose to leave the LTRCF in the absence of an agreed plan with the person in charge. If that person subsequently requests to return to the LTRCF, this poses a significant challenge for the person in charge. On one hand, the person in charge will wish to facilitate the resident's request to return. On the other hand, the person in charge will be conscious that this poses a risk of exposing other residents to COVID-19. Other residents and their relatives may have reasonable concerns that while they have borne the burden of restrictions the benefit to them of that sacrifice may be reduced by the choices of another resident. While it is expected that a resident who wishes to return in such circumstances would normally be accommodated in a manner that manages that risk to other residents and staff, there may be exceptional circumstances where the person in charge forms a judgement that the return of the resident may need to be deferred for a period of time because of the risk it poses to safety of other residents or staff. This should be very rare if a high proportion of other residents are fully vaccinated.

Strong and supportive communications between residents, family and staff should be in place. For all circumstances, the resident and/or family member should be advised of any requirements in advance of leaving the facility in order that they can make an informed decision regarding any external visits. Communication plans and risk assessments should be documented.

Risk Assessment

Assessing Risk Associated with a Resident Visit outside of a LTRCF	
It is not possible for the person in charge to seek verification or documentation regarding the information provided by the resident or the person hosting the visit. The risk assessment and advice provided to the resident is based on accepting the good faith of the person providing the information	
Characteristic	Comment
Vaccination status of the resident intending to visit	The risk is much lower if the person is fully vaccinated
Vaccination status of the person(s) the resident intends to visit	The risk is much lower if the person is fully vaccinated
Vaccination status of other residents in the LTRCF	The risk is much lower if most other residents in the facility are fully vaccinated
Level of independent function of the resident	Risk generally lower of residents who are very functionally independent
Vulnerability of the resident	Risk is generally lower with younger residents and those with no long-term disease or underlying illness
Accommodation of the resident in the LTRCF	Risk is generally lower if the resident has their own room in the LTRCF
Behaviour of the resident in the LTRCF	Risk is generally lower if the resident copes well with staying in their own room most of the time if this is necessary for any reason after their return
Travel to and from the LTRCF	Risk is generally lower if transport is to and from the LTRCF in a vehicle driven one of the people from the house they will be visiting and particularly if that person is fully vaccinated
The number of people they will be in contact with	Risk is generally lower, the lower the number of people the person will be in contact with during the visit. For example

	<p>visit to a spouse or other individual is low risk whereas a visit to an extended family is much higher risk</p> <p>Consider if the host can give an undertaking regarding the number of people who will enter the house while the resident is there</p>
The people they will be in contact with	<p>Risk is generally lower if the people they intend to be in contact with can give an undertaking that they are exercising a high level of precaution in relation to their own possible exposure in the two weeks before the visit</p> <p>Is the host can give an undertaking regarding minimising the risk that any person who is currently infectious for COVID-19 or is a COVID-19 contact will not be in the household</p>
The hosts assessment of the ability of others present to accept measures to reduce risk of infection (staying away if symptomatic, hand hygiene, distancing and mask use when appropriate)	<p>Risk is generally lower if the host can give an undertaking that the people present are able to accept and follow measures to protect the resident during the visit</p>
The duration of visit	<p>Risk is generally lower if the visit is shorter (1-2 hours is much safer than 8-10 hours). Note for consistency with the guidance on travel for assessment at an acute hospital if the resident is away from the LTRCF for 12 hours or longer restricted movement for 14 days and testing (between day 5 and day 7) may be required as per text.</p>

Managing the assessed risk

If the risk is assessed as low, it is appropriate to advise the resident and relevant others accordingly.

The following are characteristics of a low risk visit:

1. The resident is fully vaccinated, relatively independent in activities of daily living and does not have medical conditions that place the resident at high risk of severe COVID-19
2. The resident has their own room and copes well with staying in their own room much of the time if this is necessary for any reason after their return
3. The resident will travel in a car driven by one of the people they intend to visit
4. The resident is going to visit one or two people who are fully vaccinated, have no symptoms and can undertake to adhere to measures to reduce risk of infection
5. The duration of the visit is short (less than 12 hours)

If it is confirmed on return that the visit went as planned, then no additional IPC precautions are required with that resident on return. However, they should be monitored carefully for symptoms suggestive of COVID-19 for 14 days after their return, particularly if they are not fully vaccinated.

If the risk is assessed as medium to high, the resident and relevant person as appropriate should be advised that the visit poses such a risk to them and to other residents that the person in charge advises against the visit. The risk should generally be assessed as medium to high if the characteristics of a low risk visit as outlined above are not met.

If the visit is assessed as medium to high risk but is essential, the resident should generally be managed as for a new resident admission on their return to the LTRCF.

It may arise that a resident leaves the LTRCF in the absence of an agreed plan to minimise risk to exposure to COVID-19. In that event, the person in charge should make every practical effort to accommodate a subsequent request to return to the LTRCF. In most circumstances, this should be possible, however the resident should generally be managed as for a new resident admission on their return to the LTRCF.

The resident and/or family member should be advised of any such requirements in advance of leaving the facility in order that they can make an informed decision regarding any external visits.

ENDS

Selected Key Reference Materials

Low LF, Hinsliff-Smith K, Sinha S. Safe visiting at care homes during COVID-19: A review of international guidelines and emerging practices in the COVID-19 pandemic. International Long Term Care Policy Network January 2021

The Scottish Government. Open with Care. Supporting meaningful contact. ISBN: 978-1-80004-723-5 (web only). February 2021.