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

V2.0 11.03.2021

Publication date: 11.03.2021
Implementation date: 22.03.2021

Version	Date	Changes from previous version
V2.0	11-03-2021	General resequencing to improve flow and reduce duplication Changes to text to place greater emphasis on the harm associated with visiting restrictions and the rights of residents to maintain meaningful contacts A section on the implications of vaccination for visiting Reference to new variants Update to the "Important Note" to reflect the current situation 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 Clarification that the specifications with respect to frequency of visits on general and specific compassionate grounds at levels 3, 4 and 5 Removal of the limit on duration of visits to 1 hour (unless a limit is required for operational reasons). 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 Residents who have recovered from COVID-19 should be regarded as equivalent to vaccinated residents for 6 months after diagnosis Change to restriction on movement after a visit to a private home for a resident in a LTRCF with a high level of vaccination Qualification on the risk of harm associated with contact between resident and visitor in the context of vaccination
V1.5	11-01-2021	Inclusion of an Important Note to emphasise key points in this guidance document in the context of the December/January surge of COVID-19

Version	Date	Changes from previous version
V1.4	24-11-2020	Reference to separate guidance for own-door and community houses for disability sector Reference to supporting residents particular requirements at time of major cultural or religious celebrations or festivals Redefinition of critical and compassionate grounds Clarification regarding requirements for personal protective equipment during visits Explicit statement on residents access to reading material and other objects Statement that testing of visitors is not required Statement regarding prospective visitors who have recently travelled from another jurisdiction
V1.3	01-10-2020	Facilitation of visiting during an outbreak with controls Removal from section 1.2 of material duplicated from section 1.1 Specification of maximum number of nominated visitors at 4 people Explicit statement in sections 1.1 and 1.2 that visitors should be provided with any necessary personal protective equipment. Change to the title of the document to conform to the term Long-Term Residential Care Facility used in the Five Level Framework Restructuring of the document to reflect the Five Level Framework – Table of Public Health Restrictive Measures Definitions of visitor, essential service provider, compassionate and critical circumstances and an update to definition of long term residential care facility Reference to visiting while remaining outside of a building Resequencing of section 1.2 to align with Framework and improve sequencing
V1.2	24-08-2020	Reference to the use of cloth face coverings for use by visitors Change in restriction on duration of visits to one hour Some visits by children facilitated with appropriate supervision
V1.1	21-07-2020	General changes to reflect importance of visiting for residents and the lack of evidence that managed visiting is associated with major risks 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 Change to the order in which some elements of advice are presented

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 LTRCF. Although the situation has improved considerably there is a continuing risk even with vaccination of introduction of infection. There is a particular concern about the possibility of introducing a new variant that the vaccine does not protect against.

It is important to note that the country is currently at Framework Level 5 and that therefore visiting is suspended other than on critical and compassionate grounds. Although the situation has improved since January it may not be possible to support visiting in some LTRCFs because of and continuing 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 on critical and compassionate grounds with regard to the times when visiting can be effectively supported by available staff.**

2. **Such visiting is subject to a risk assessment in each case**.

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 2.0 of this document represents an update on Version 1.5 to address in particular the recognition of the impact of restricted visiting on residents and the reduction in the incidence of infection in the community since January 2021. This update also takes account of the implications for visiting of vaccination in LTRCF and the growing concern regarding the potential for infection with new variants that the vaccines may not protect against.

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.

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.

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.

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.

General Critical and Compassionate Circumstances

Meaningful contact with family and friends is important at all times therefore there is a requirement for visiting on compassionate grounds in the absence of any specific circumstances. Where it is necessary for operational reasons to limit the duration of the visit the limit should not be less than 1 hour.

At framework levels 3 and 4 one visit per week by one person should be facilitated on general compassionate grounds. This applies regardless of vaccination status.

At framework level 5 one visit every two weeks by one person should be facilitated on general compassionate grounds. This applies regardless of vaccination status.

At framework level 5 one visit every week by one person is likely to represent a very low risk of harm in certain disability services (based on risk assessment) and should be facilitated on general compassionate grounds where practical to do so. This applies regardless of vaccination status.

From two weeks after the date when a high proportion[NOTE] of all residents and healthcare workers in the LTRCF have completed vaccination schedule two visits per week should be facilitated on compassionate grounds at framework levels 3, 4 and 5. This applies regardless of vaccination status of the individual however residents who are not vaccinated should be advised of the specific risk to them of seeing additional people in the absence of vaccination.

NOTE “A high proportion” should generally be considered to mean that about 8 out of every 10 residents and healthcare workers 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 have completed the vaccination schedule even if not vaccinated.

Specific Critical and Compassionate Circumstances

Where specific 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.

Examples of specific 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 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 accepted. 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 example of those exemplars should guide others as to how the management of visiting can be improved.

The LTRCF should have the capacity and relevant skill sets within its staffing complement to manage 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 emerging evidence. 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 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. This communication should make it clear how visiting is facilitated, any restrictions that apply and the expected duration of

restrictions. The communication should make it clear that only a very limited number of visitors can be in the LTRCF at one time and that to achieve this it will frequently not be possible to facilitate visitors at a specific time or date of their choosing.

The development of an individualised visiting plan for reach resident, as part of a residents 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). This plan provides a basis for communication with each resident and relevant others.

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 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 that includes visiting to LTRCFs.

The following summarises the measures that apply to visiting in LTRCFs at each level of the framework:

Table 1

Framework Level	Visiting Policy*
Level 1	Open with protective measures
Level 2	Open with enhanced protective measures
Levels 3,4 and 5	Suspended other than in critical and compassionate circumstances*
*Note this is intended to apply 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 any Framework Level and during Outbreaks. Window visiting can be challenging for some residents with hearing difficulties but visitors should be encouraged to maintain distance. Likewise, outdoor visiting where safe distance can be maintained at all times is low risk and can be facilitated 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. There are few if any circumstances in which suspension of "window visiting"	

and outdoor visiting are justified 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. See details on critical and compassionate circumstances below.

Restrictions on visiting should be applied on the basis of Government policy, 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 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.

Times of Particular Personal, Cultural or Religious Significance

In the context of the impact on the person it is important to take account of major cultural or religious festivals or celebrations of particular significance to the resident. For many people in Ireland Christmas and Easter are of particular significance. Equal provision must be made for people from other traditions and belief systems.

At such times every practical effort should be made at Framework Levels 1 and 2 to facilitate residents visiting with a small group of family or friends in a private residence. For practical reasons it may be necessary to limit the number of residents from a LTRCF leaving to visit elsewhere on one specific day but a visit may be possible at some time over the period in question. Consideration of a visit to a private residence is based on the resident wishing to make a visit and a risk assessment that indicates that the associated risk of harm to the resident and of harm to other residents or staff arising from the introduction of COVID-19 into the LTRCF is low. That risk assessment will generally require discussion between a senior member of the nursing staff in the LTRCF and the person or people hosting the proposed visit. A critical element in facilitating visits away from the LTRCF is the functional independence of the residents. For residents who are highly dependent on support for activities of daily living organising a visit may be impractical and the risks are also likely to be greater because of the intensity of contact with informal carers

that is likely to be necessary during the visit. Other key elements of such a risk assessment

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/Approach%20risk%20assessment%20visits%20private%20home%20similar%20by%20resident%20from%20LTRCF.pdf

are the vaccination status of the resident, the vaccination status of the people they will be in contact with, the extent to which those hosting the visit can limit the number of people the resident is exposed to on the way to and from the place, their ability to limit the number of people the resident is exposed to during the visit (generally no more than 6 other people) and an undertaking from those hosting the visit to ensure that the small group present during the visit are checked for symptoms on arrival.

Implications of vaccination for visiting in a LTRCF

Vaccination of residents and staff of LTRCF is very well advanced. **Vaccination does not confer immediate protection** 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. This guidance takes the approach that the full effect of vaccine associated protection with mRNA vaccines should not be expected to apply until an interval of two weeks after completion of the vaccination schedule.

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 been vaccinated and vaccination cannot be expected to protect all residents from all COVID-19 related harm there are already indications that vaccination is having an impact on reducing the incidence of severe disease and death in LTRCF residents and 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 less clear that the evidence for reduction of disease although evidence in favour of this is also accumulating. There is also 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 has completed vaccination is far less likely to acquire severe COVID-19 disease as a result of exposure to COVID-19 in a LTRCF.

Although there is uncertainty regarding the impact of the vaccine on transmission there is clear evidence of reduction of harm and given the burden of visiting restrictions on residents it is appropriate to begin cautiously to ease restrictions on visiting in the context of a high level of completion of vaccination in a LTRCF. As set out below, in the first instance, it is appropriate to increase the frequency and duration of visiting on compassionate grounds in line with Government policy. Existing infection prevention and control measures to visitors should continue to apply in general although there is less need to emphasise avoidance of contact between visitor and the resident they have come to see when both have completed vaccination.

Indoor Guidance that Applies in Different Circumstances

Note

Window visiting and outdoor can be facilitated with very low risk at all Framework Levels and is always intended as a supplement to and not a substitute for indoor visiting.

Indoor Visiting in LTRCF with no ongoing COVID-19 outbreak

General Guidance

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.

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.

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 had COVID-19 but for whom the infectious period has passed may visit as for other people.

People who have recently travelled to Ireland are required to undergo quarantine for a period and therefore should not visit a LTRCF during that time. However, if there are compelling reasons to facilitate an urgent visit to a LTRCF during that period it is appropriate to seek Infection Prevention and Control and or Public Health advice and to perform a risk assessment regarding facilitating a visit in such exceptional circumstances.

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.

It is not appropriate to ask visitors who are asymptomatic to wear gloves, apron, gown or eye-protection during the visit. The resident may be asked to wear a surgical mask during the visit if they can do so comfortably but this is not necessary if distance is maintained. If the resident is fully vaccinated the risk of harm associated with their not wearing a mask is much reduced. 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.

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. 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. If the resident and visitor are both vaccinated greater flexibility in relation to duration of visits is appropriate.

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.

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 with protective measures as above

In general visiting plans should facilitate at least 2 visits per week with up to 2 people at each visit in the absence of any specific circumstances that require more frequent visiting. There should be sufficient staff on duty to manage visiting.

Visitors should generally be limited to 2 per resident at a time but with flexibility as appropriate to meet the needs of residents (for example see below re children).

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 should be facilitated subject to risk assessment. This includes 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 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 both in the car and if they leave the car for any reason.

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.

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.

During Periods of Framework Level 2

During Framework Level 2 the guidance is as above with the following modifications to reflect the need for enhanced protective measures as per Government policy.

In the absence of high level of vaccination of residents and staff the number of people participating in each visit should normally be 1 unless there are specific circumstances that require that the visitor is supported by an additional person.

When a high proportion of residents and staff in a LTRCF have completed vaccination there is no requirement to reduce the number of people participating in each visit to 1 person at framework level 2.

Visits should be strictly arranged in advance with the facility.

Organised outings of groups of residents by bus or car to a place where they interact with people from outside of the LTRCF (for example to a performance or social event) should generally be avoided.

Those who have not completed vaccination should be advised against individual outings for a social drive with a visitor. Those who have completed vaccination need not be advised against such outings at Framework level 2 subject to measures to minimise risk as outlined in the previous section. Those who have COVID-19 diagnosed in the previous 6 months but are no longer infectious are at similar risk to those who have completed vaccination.

Visits by children should be limited. This is because it may be more difficult to manage children's interaction with residents however it is appropriate to consider this on an individual basis. There is no evidence that children are more likely to be infectious.

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 accordance with Government policy. See section above on visiting on general and specific critical or compassionate grounds.

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

At all framework levels every practical effort should be made to accommodate **an additional** visit to residents who wish to receive visitors in the LTRCF on general compassionate grounds during the period a major cultural or religious festivals or celebrations of particular significance to the resident. For example, a visit should, where possible, be facilitated during the Christmas/New Year or Easter period for those residents for whom this is an important period.

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

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 facilitated on critical or compassionate grounds should always be by the same person. There is no reason to expect that the risk of introduction of COVID-19 is reduced by having the same person make all these visits. 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 whatever regarding their health on the day scheduled for the visit.

It is important to note that at all Framework Levels 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. For those who have completed vaccination the risk of such essential business is reduced.

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.

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.

Visiting by the Resident outside of the LTRCF

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 staff 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.

In the context of a LTRCF with a high level of completed vaccination for residents and staff 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.

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.

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, up to one visit by one person per every two weeks should be facilitated on compassionate grounds for those residents who wish to receive visitors.

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, 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 at each Framework Level

Note in the event of any apparent difference between the table and 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 (see text for details). Note that residents who wish to receive visitors should be facilitated in having some visiting on general compassionate grounds at all framework levels.	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 and travel outside of Ireland 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	Note[1]	No	No	No
Number of routine visits per week in the absence of a high level of vaccination of residents and staff	2 (with 2 people)	2 (with 1 person)	none	none	None
Number of routine visits per week if a high level of vaccination of residents and staff has been achieved	2 (with 2 people)	2 (with 2 people)	none	none	None
End of live visits	Yes	Yes	Yes	Yes	Yes
Number of visits on critical and compassionate grounds					
In the absence of a high level of vaccination of residents and staff NOTE	Not limited	Not limited	1 per week with 1 person in absence of specific grounds. No upper limit	1 per week with 1 person in absence of specific grounds. No	1 every 2 weeks in with 1 person in the absence of specific grounds. No

			where specific grounds apply	upper limit where specific grounds apply	upper limit where specific grounds apply
If a high level of vaccination of residents and staff has been achieved	Not limited	Not limited	2 per week with 1 person in absence of specific grounds. No upper limit where specific grounds apply	2 per week with 1 person in absence of specific grounds. No upper limit where specific grounds apply	2 per week with 1 person in absence of specific grounds. No upper limit where specific grounds apply

Note: see text for details of greater flexibility in certain disability services.

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.

ENDS