# Tiers and Risk Levels -There is currently a National Lockdown in place

# *The health, safety and wellbeing of our service users, young people, communities and teams across the organisation remain our absolute priority.*

Many of our service users are clinically vulnerable and we need to consider the risk to all. If a service has clinically vulnerable people, the manager will need to assess any risks that may arise from visits to the service.

Friends and family should be advised that their ability to visit care homes is still being controlled, is based on a dynamic risk assessment, and is subject to the specific circumstances of the care home and those living and working within it. This is likely to mean that the frequency of visits is limited and/or controlled.

Decisions made regarding visits should consider the **health and wellbeing** risks arising from the needs of the cohort of residents in that setting. This should include both whether their residents’ needs make them particularly clinically vulnerable to COVID-19 and whether their residents’ needs make visits particularly important (for example, people with dementia, a learning disability or autistic people may be permitted visitors when restricting visitors could cause some of the residents to be distressed). An MDT including the individuals care manager/Social worker should be involved in the individual risk assessments for visits. Decisions made should be recorded and defensible.

**Visiting relatives in care homes**

Visits to care homes can take place with arrangements such as substantial screens, visiting pods, or behind windows. Close-contact indoor visits are not allowed. Please be aware of the Stay At Home Guidance- that you must only leave home for specific and essential reasons. Visitors need to consider whether any visit is legally essential.

As a care provider, we need to be vigilant to the needs of all service users. We will attempt to facilitate contact/ visits, but are unable to promote or facilitate people to break the law. Any service user or family choosing to act against our procedure and government legislation does so at his or her own risk and may be fined under current legislation.

No visits will be permitted in the event of an outbreak.

Residents cannot meet people indoors on a visit out (for example, to visit their relatives in the family home).

**There is**[**separate guidance for those in supported living**](https://www.gov.uk/government/publications/supported-living-services-during-coronavirus-covid-19/covid-19-guidance-for-supported-living)**- See section 5**

Please understand that this is a frustrating and emotional time for all, staff, service users and families and we must try to protect each other. We will attempt to facilitate visits via risk assessment, operating strict infection control procedures, outside visits, window visits, screened visits, use of LFD testing and PPE for all visitors.

# Visitors to services

There is a strict protocol in place for visits to service users. **We remain with the principle that meetings at a service should be held in outside areas wherever possible, but with LF testing, indoor visits can be facilitated in exceptional circumstances such as palliative care.**

* Should services not have available outside space, consider a local park/common area where a socially distanced walk can take place. Refer to guidance as only 1 person outside of a household can meet up for exercise in public. Support staff do not count within this number and should carry ID or letter.
* Visiting inside or outside should not take place during an outbreak (28 days from last positive case),
* All visitors should sign the COVID visitor register and certify not being symptomatic or in contact with known COVID cases. Consideration should be given to limiting their length to no more than 30 minutes outside and 15 minutes inside.

In exceptional circumstances

* Where indoor visiting at end of life is being supported by testing – advise that testing is one way of minimising the risk of visiting a care home. If a visitor has a negative test, is wearing appropriate PPE, and following other infection control measures then it may be possible for visitors to be have physical contact with their loved one, such as providing personal care or holding hands. However, it is important to understand that all close contact increases risk of transmission.
* Any potential visitor who tests positive should immediately leave the premises and self-isolate. They should be offered a confirmatory PCR test by the care home and their household contacts may also be required to [self-isolate in line with current guidance](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection)
* Limit visitors to a single constant visitor wherever possible, with an absolute maximum of 2 constant visitors per resident. This, for example, means the same family member visiting each time to limit the number of different individuals coming into contact.
* Managers will need to establish a rota of family visits- family visits should be scheduled and one at a time.
* Services should provide PPE to visitors if they do not have a face covering. This includes a face covering on arrival and before contact with staff. This is to prevent possible transmission to care staff or other residents. Respecting social distancing and hygiene guidance. All visitors to use hand sanitiser on arrival.
* Where there may be a risk of difficulty in maintaining social distancing during the duration of a visit (some service users are tactile and may occasionally forget) the home may also provide apron and gloves.
* Limited toilet facilities are available to visitors. Available toilet facilities must not be accessed through areas that are used regularly by other service users and will need to be cleaned before and after use.
* The visitor should arrive with a face covering or be provided with one before entering the building.
* If visiting does take place in in a resident’s room (due to palliative care for example), visitors should go there directly upon arrival and leave immediately after.
* Where a service user or family/friends are unable to maintain social distancing, visits at this time are discouraged (where a service user/family is unable to comprehend social distancing rules).
* Visitors should be reminded and provided facilities to wash their hands for 20 seconds or use hand sanitiser on entering and leaving the home, and to catch coughs and sneezes in tissues and clean their hands after disposal of the tissues
* Visitors should have no contact with other residents and minimal contact with care home staff (less than 15 minutes/2 metres). Where needed, conversations with staff can be arranged over the phone following an in-person visit
* In exceptional circumstances, a very small number of people may have great difficulty in accepting staff or visitors wearing masks or face coverings. The severity, intensity and/or frequency of the behaviours of concern may place them, visitors or the supporting staff at risk of harm. A comprehensive risk assessment for each of these people identifying the specific risks for them and others should be undertaken for the person’s care, and this same risk assessment should be applied for people visiting the person. If visors or clear face coverings are available, they can be considered as part of the risk assessment. Under no circumstances should this assessment be applied to a whole care setting.

<https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes>

# Family meeting- Away from services

Visits to family members, homes or gardens will not be allowed. Any exception to this (e.g. such as to visit a relative at the end of their life), must be agreed via multi-disciplinary agreement including the care manager, Local Public health agreement and completed risk assessment. Services will follow government guidance for any visit out of the home.

<https://www.gov.uk/government/publications/arrangements-for-visiting-out-of-the-care-home/visits-out-of-care-homes>

The care home in which the resident lives is considered one household. While the regulations do create some situations in which a care home resident could technically form a support bubble with another household, this is not recommended. In any case, this is only likely to apply to a small proportion of residents in practice.

# **Factors to consider**

* Will meetings put a shielded individual at risk?
* Choose a suitable venue for meetings e.g. shaded garden area/ Local park / Go for a walk/ Open public space
* Is the person able to maintain social distancing? Does the person understand the rules? Is any family involved and in agreement? Consider the person’s capacity to understand rules.
* Are the family/friends able to maintain social distancing?
* How will conflicts or emotions be managed where some individuals meet family, and others cannot?
* You should travel to meetings by walking/cycling. Current guidance is to stay local. Public transport should be avoided where possible.
* It is a requirement for people to wear face coverings on public transport and shops. Adherence to this should be considered. In the event of a person being unable to tolerate a face covering, consider a clear visor. An exemption card can be printed off and be made available to law enforcement officers should a person be unable to wear a covering.

# Overnight stays-

Currently these are not permitted under lockdown legislation.

**Advice for clinically extremely vulnerable individuals**

This group is advised to stay at home at all times, unless for exercise or medical appointments.

1. Supported Living

We are currently in a situation where there is sustained community transmission across the UK and a care/support worker should assume that they are likely to encounter people with COVID-19 infection in routine work. Therefore, visits in person should be limited to protect the health and wellbeing of people being supported, their carers and the visitors. In supported living environments the accommodation is the person’s own home, however it may also be a staff workplace.

For some people, there are important reasons for having in-person visits, as not having these may be difficult to understand and lead to distress.

Supported living managers and care/support providers need to work with the people they support to identify where following the government requirements for visiting and support bubbles will cause distress, and consider options for in-person visits.

As of Wednesday 6 January 2021, a new national lockdown is in place across England. Visits with support bubbles are still allowed. Supported living managers, care/support workers, people being supported and their families and friends should follow national guidance on support bubbles and meeting others.

If the person is assessed as not having capacity in relation to this decision, the provider should work within the appropriate MCA framework to establish that a visit is in someone’s best interests.

If the person has capacity and wants a visit, the provider should:

* advise them about the safest ways to have visitors
* risk assess individual settings and individual vulnerabilities consider risks to other people (if in shared settings)
* encourage, agree and support decision-making regarding visitors

It will also be important to consider the risks to visitors themselves and anyone they may later be in contact with, for example an older relative. The above should be achieved by building on relationships to advise people on infection prevention and control:

* no one with COVID-19 symptoms should visit
* no one who should be self-isolating as they have been a close contact of a COVID-19 case in the previous 10 days, or anyone returned from certain countries in the same time period should visit
* if a supported living service has a communal garden area which can be accessed without anyone going through a shared building, then using this space for visits should be encouraged, as long as social distancing measures are met
* alternatives to in-person on-site visiting should be explored, including the use of telephones or video, arranged walks in the park or outdoor spaces. If the person is clinically extremely vulnerable then the currently applicable shielding guidance should be followed
* providers could offer support so people can find/go to outside spaces to see their relative in a safer environment in line with current social distancing rules
* visitors should be encouraged to keep personal interaction with the person they are visiting to a minimum and remain socially distanced for as much of the visit as possible
* numbers of visitors should be limited to the current guidance on group meetings to preserve social distancing as best as possible, and consideration given to staggering visits or other options for limiting simultaneous visits
* if there is not a communal garden area, then visitors should visit the person in the individual’s own room and should be asked to wash their hands for at least 20 seconds on entering and leaving the accommodation. Visitors should take sensible precautions, such as covering the mouth and nose with a tissue when coughing or sneezing (followed by handwashing) or crook of the arm (not the hand) if no tissues are available. Dispose of tissues into a disposable rubbish bag and immediately wash hands with soap and water for at least 20 seconds or use hand sanitiser
* if in shared accommodation, visitors should avoid (or minimise if avoidance is not possible) contact with other people who live there and staff (with face-to-face contact occurring for less than 15 minutes and at least 2 metres apart). Where needed, conversations with staff can be arranged over the phone following an in-person visit
* visitors should be encouraged to wear appropriate face coverings when visiting to protect people in supported living settings
* we note that in some circumstances, visors may be preferable to masks, as a means to facilitate the more effective provision of care and social interaction through non-verbal communication, especially with people with advanced dementia or learning disabilities for whom recognition of familiar staff is critical to reducing agitation and distress. The decision to use visors, would need to be risk assessed for the benefit of the person, and would have to balance with additional risk of transmission

**Supporting guidance from Wales and Scotland-** principles of facilitation remain the same-

<https://gov.wales/visiting-people-private-homes-alert-level-4> [Level 4](https://www.legislation.gov.uk/ssi/2020/344/schedule/5/paragraph/13/made) of [The Health Protection (Coronavirus) (Restrictions and Regulations) (Local Levels) (Scotland) Regulations 2020](https://www.legislation.gov.uk/ssi/2020/344/contents/made) https://www.gov.scot/publications/coronavirus-covid-19-stay-at-home-guidance/

Name of SU:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Risk assessed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | Questions | Yes/No | Mitigation | Comments |
|  | Is the area in a national lockdown? |  |  | No indoor visits should be made **to or from Stay at home** areas. |
|  | Is it an exceptional circumstance? Has a risk assessment/BI been undertaken |  |  |  |
|  | Has there been a case of COVID within the service in the last 28 days? |  |  | No visits should go ahead unless the service and visitor home is COVID clear for at least 28 days. |
|  | Is LF testing available? |  |  |  |
|  | People in homes of multiple occupancy are unable to form a bubble. Does the service user live alone? |  |  | As part of a service, our service users are unable to form a bubble as this would prevent any other person from doing so. |
|  | Is the person able to understand social distancing? |  | Masks provided for duration of visit in case of forgetfulness |  |
|  | Does the family understand and agree to social distancing? |  |  |  |
|  | Do family have a good understanding of Infection control measures, and how to protect themselves and others from the virus? |  |  |  |
|  | Decision: Y /N |  | Comments: |

Names and contact details for any people that the service user may come into contact with during visit for Track and Trace purposes:

# Risk Assessment for Visits during national lockdown

|  |  |
| --- | --- |
| Name | Contact detail |
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