



Visiting out of the Care Home Policy [Pandemic Response]

DOCUMENT NO: AF119-1
ISSUE NO: 2
ISSUE DATE: 25/05/2021

Policy Overview

This policy outlines the TLC Care approach towards supporting residents to carry out visits outside of the care home. It is crucially important for maintaining health and wellbeing and quality of life for our residents. We recognise that visiting is also vital for family and friends to maintain contact with their loved ones.

At TLC Care we also recognise that these visits inevitably bring an added risk of infection. We will therefore support our resident's families and friends to carry out these visits safely and in line with government guidelines and by taking proportionate steps to manage risks.

We will find the right balance between the benefits of visiting on the wellbeing of our residents and the quality of life against the risk of transmission of COVID-19 to our residents and team members.

1. Visits out of the Care Home

Residents will be able to leave the home for visits into the community without needing to self-isolate on their return. Visits can include outdoor community places such as parks, public gardens, and beaches. Visits to indoor spaces can include cafés and restaurants. All visits will be risk assessed and actions put in place to reduce the risk of infection to our residents and team members.

Residents will also be supported to leave the home, for activities such as going to work or taking part in education and training, for medical appointments such as GP and dentist appointments and voting without being advised to self-isolate for 14 days on their return.

There are certain types of activity where the risks are inherently higher and will mean that the resident should self-isolate on their return (to the care home). This is to ensure that, in the event they have unknowingly become infected whilst out of the home, they minimise the chances of passing that infection on to other residents and team members. These activities are:

- overnight stays in hospital
- visits assessed to be high-risk following an individual risk assessment

Visits to hospital will be risk assessed on a case-by-case basis following an individual risk assessment to ensure that resident's care and treatment needs are met finding the right balance between the infection control guidelines and resident's wellbeing needs. **[Risk assessment form: 'COVID 19 – Risk Assessment: Outpatient and Inpatient hospital visits']**. For example, a visit to an outpatient clinic may be risk assessed as low and there will therefore be no need to self-isolate on return. A visit to an A&E department or appointment for a procedure may be risk assessed as high risk and may require isolation and testing e.g., isolation required then conduct PCR on day 5 and stop isolation following negative result.



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All other visits out of the care home that are not assessed as high risk should be supported without the need to isolate on return to the care home, subject to an individual risk assessment (see section on individual risk assessments below). Where applicable, attention should also be given to any additional local guidance provided by the local director of public health (DPH) and director of adult social services (DASS).

The care homes should support visits out in exceptional circumstances (based on risk assessment), such as to visit a friend or relative who is at the end of their life.

Residents who wish to carry out visits outside of the care home may be accompanied by either a care team member, one of their nominated visitors or essential care giver. All arrangements must be discussed in advance of the visit with the resident, their nominated visitors, or essential care provider.

Residents may meet other people but should maintain social distance from anyone who is not one of their named visitors, essential care providers, or team member, and, wherever possible, will avoid close physical contact with those who are supporting their visit to minimise the risk of infection.

Residents should avoid crowded places and avoid using public transport.

The nominated visitor will be supported to have temperature monitoring and disclaimer forms completed. A designated team member will assist the nominated visitor with taking the swab for the Lateral Flow Device test.

Prior to the visit, the resident and nominated visitor will be tested using Lateral Flow Device test to ensure that they are Covid negative. The nominated visitor may also present a result from the self-testing programme, taken on the same day of the visit, as outlined in the visiting policy (see section 9 of the visiting policy).

Where the nominated visitor requires an LFD Test to be completed within the home, they must attend the home half an hour prior to the outdoor visit to ensure that LFD testing is done with a negative result. On arrival, the nominated visitor will need to notify the reception by using the reception call bell and will need to wait for team members assistance.

The nominated visitor must wait in the waiting area or own car until the test analysis is completed and the designated team member confirms the result.

In the event that the resident is tested positive on LFD test, then the outdoor visiting will be cancelled. The Resident will be supported to self-isolate, and a confirmatory PCR test will be sent on the same day. If the nominated visitor is tested positive on LFD test, then the outdoor visiting will be cancelled. The nominated visitor will be advised to self-isolate and to do a confirmatory PCR test.

Residents will be supported to wear appropriate PPE (such as masks/gloves/aprons) throughout the outdoor visit. Nominated visitors must also wear appropriate PPE (such as masks/gloves/aprons) whilst assisting the resident throughout the visit.

During the visit, the resident and nominated visitor must follow the government guidelines of hand hygiene, maintaining social distancing, and remaining outside.

It is strongly recommended that all visitors and residents take the opportunity to be vaccinated before conducting visits.

In some cases, where the risks involved are high and the visit cannot be avoided (for example, involving an overnight stay in a hospital), this will mean that the resident making a visit out of the care home should self-isolate for 14 days on their return (where the day of return is day zero). This is to ensure that, in the event they have unknowingly become infected while out of the home, they minimise the chances of passing that infection on to other residents and team members.

2. Individual Risk Assessments

Decisions about the resident's visits outside the care home will be taken by the provider on an individual-by-individual basis with the resident's assessed needs and circumstances considered. The care home will balance the benefits of visits out of the care home against a consideration of the risks to others in the home, where necessary. The resident and their family will be involved in discussions throughout this process.

Individualised risk assessment will be required to be carried out prior to each visit out for each resident on ***Care and Clinical using risk assessment form 'COVID 19 – Risk Assessment: Community Visits'***:

Before residents leave the home, consideration will be given to the factors set out below to help ensure that these trips and activities can happen safely and to determine whether a subsequent 14-day self-isolation is necessary. Areas that will be considered before a visit out will include:

- the support needs that the resident may have during the visit, and whether the resident will need to be accompanied by a team member, carer, family member or friend
- the vaccination status of the resident and the likely vaccination status of those in the setting they are visiting
- any testing of those accompanying the resident or who they intend to meet on their visit out
- levels of infection in the community
- variants of concern in the community
- where the resident is going on the visit and what activities they will take part in while on the visit
- how the resident will be supported to follow good infection control practice including social distancing, hand hygiene and face coverings (if appropriate and required)– and whether the resident's needs are likely to impact their ability to do so
- transport for the visit, which will avoid exposing the resident to those outside the household they are visiting, for instance by [travelling in a family car or private taxi](#).

If undertaking a visit out is not possible because of the risk to the individual and other residents and team members, the care home will communicate the reasons for this decision clearly to the resident and their family.



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Families or others who will be accompanying or hosting the resident must give careful thought to the inherent risks in taking their loved one out of the care home environment – in terms of infection risk for the resident, the family, and potentially other residents in the care home. They will also need to think through how they will support the needs of the resident during the visit.

Where a care home is situated in a local community with high, or rapidly rising, levels of infection, and/or where there is evidence of variants of concern or variants under investigation, the care home should seek additional local advice from their local authority DPH.

3. Booking of Visits

All visiting will be prebooked and managed by the home. Please refer to the homes booking arrangements for further details. Ad hoc visits cannot be supported.

The Nominated visitor should contact the home to arrange the visit via the booking system. This is to ensure that we undertake the testing effectively to minimise the risk of Covid transmission. Ad hoc or unannounced visits will not be possible.

4. In the event of an outbreak

In the event of an outbreak in a care home, the home will immediately stop outward visiting in line with local guidance.

These restrictions will continue until the outbreak is confirmed as over, which will be at least 14 days after the last laboratory confirmed or clinically suspected cases are identified in a resident or team member.

Once all tests are confirmed as negative, outward visiting may be restarted but with the usual infection prevention and control measures and any enhancements required due to any risks identified following the recent outbreak.

Where there is an outbreak of a variant of concern, outward visiting will need to stop for at least 28 days after the last positive test in resident or team members.

In the event of an outbreak, all movements in and out of a home should be minimised as far as possible and limited to exceptional circumstances only, such as to visit a friend or a relative at the end of their life.