Title of Guideline: Visitors Policy

Description of the Policy: This Policy has been developed for the staff in The Village Residence.

This Policy is based on COVID-19: Public Health & Infection Prevention & Control Guidelines on Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care FacilitiesV1.11 04.04.2023. Implementation Date 19.04.2023

Getting back towards normal life in nursing homes: information for residents Version 1.1– 08.08.2022.

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Developed by: Drogheda Services for Older People.	**April 2020, August 2020, November 2020, January 2021, September 2021,December 2021, January 2022, March 2022.March 2023,May 2023, August 2023**
Developed By: Nursing Department.	**Date Approved: January 2021, September 2021,December 2021, January 2022, March 2022, March 2023, May 2023, August 2023**
Implementation Date: February 2011	**Review Date: When new national guidance is issued.**
Policy Reference Number: HIQA Schedule 5 Visiting under Admissions	**No. of Pages 11**
Status of the Policy: For on-going Review.	

The Village Residence views visitors and visiting as an essential part of each resident's day and social contact with family is vital to their wellbeing. In addition having continued community links promotes the residents preferences and supports their relationships.

The welfare of each resident is important and this is always taken into consideration, therefore at any stage certain restrictions may be imposed if the resident is upset or tried. Residents have the right to decline visitor if they so desire and this must be respected.

Residents in nursing homes and other residential care facilities have a right to maintain meaningful relationships with people who are important to them.
Visiting is an essential part of that right. In 2020 Government policy suspended visiting for the purpose of managing the risk of severe disease and death from COVID-19 in nursing homes.
The vaccination rollout in nursing homes has greatly reduced the risk of severe disease and death due to COVID-19 in this setting. It is therefore appropriate to restore normal visiting rights as quickly and as completely as is practical while recognising that there is a continuing level of risk and uncertainty that did not exist prior to the pandemic.
In particular there is a concern about the possibility of introducing a virus variant against which the vaccine may be less effective and which may therefore result in serious disease or death of residents.
This guide is intended to support The Village Residence in maintaining the right to visiting as completely and quickly as is practically possible in the context of the assessed level of risk at the time.
There is a need for clear communication on these issues with residents and families to form a shared commitment to working together to maximise meaningful contact for residents with the lowest practical level of risk. In this context, it is important to draw attention to the following:
1. Service providers are responsible for ensuring residents right to meaningful contact is respected in line with regulatory obligations therefore restrictions on visiting should be the minimum necessary to manage the level of risk of severe disease and death from COVID-19 at the time
2. Visiting restrictions should be justified by an up to date risk assessment, the general guidance set out herein, the wider public health measures prevailing at a given time and on the overall level of

control of disease.

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 their rights with respect to visiting, the reasons for any restrictions, the expected duration of restrictions and who they can contact for support if they are dissatisfied.

4. Service providers should make every practical effort to progress towards maximal safe visiting, as quickly as possible. Restrictions on visiting that are in excess of this guidance (for example in the context of an outbreak) should be agreed with the local public health department, be clearly documented and communicated to residents and in engagements with HIQA (along with expected duration of same).

5. Residents in LTRCFs have the right to have or refuse visitors and to leave the LTRCF. When they leave the LTRCF they should be facilitated in returning unless there is documented significant risk to the health and wellbeing of other residents and staff.

Purpose:

To manage the visiting arrangements in The Village so that the balance of residents and visitors, and the need of the staff delivering care:

To maintain a safe, secure and comfortable environment for residents and staff

Scope:

This guidance is for all residents unless there is a prior arrangement

Roles and responsibilities:

The person in charge will ensure that visits are not restricted, unless such a visit would in the opinion of the person in charge would pose a risk to the resident or to another resident (refer to Health Act 2007 – Statutory regulations, S.I No.415 of 2013).

Introduction

Residents in LTRCFs have the right to receive visitors to support meaningful contact with family members if they wish to do so and also to participate in the life of the wider community. This document aims to support providers in fulfilling their responsibility by giving guidance to management, staff, residents and relatives to ensure that any restriction on those rights in the context of COVID-19, influenza or other infectious disease are proportionate to the risk at that time. 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. Residents in LTRCFs are at risk of COVID-19 related to their age and medical condition. Almost all residents in most LTRCFs are vaccinated against COVID-19 and have had now had booster doses. Although the effectiveness of vaccination in terms of preventing infection by the Omicron variant is reduced, vaccination continues to provide very significant, but not complete protection against severe disease. This means that the vaccination programme has had an important impact on the balance of risk between harm related to restriction of visiting and harm related to COVID-19 but it has not entirely eliminated the risk of COVID-19 related harm.

Immune system protection either as a result of vaccination or recovery from COVID-19 was never absolute and, as above, is reduced by the emergence of the Omicron variant. Cases of infection have been observed frequently in vaccinated residents and healthcare workers and also in people following recovery from previous infection. Usually these infections are mild. However, in some cases very serious infections have occurred. Booster vaccination does not eliminate all risk of infection and disease. Therefore, healthcare workers and others who have been vaccinated and had booster or who have had COVID-19 must continue to follow the public health and infection prevention and control measures recommended for them.

This visiting guideline is based on a risk assessment. The 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 Village, the current incidence of COVID-19 in the surrounding community and the capacity of The Village Residence in terms of buildings, grounds and human resources to manage risks associated with visiting.

It may be necessary at times for The Village Residence to adapt this visiting policy to changing circumstances and public health guidance for example if variants of the virus emerge that cause more serious disease or during an outbreak.

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**

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. A study of testing of visitors in the UK showed that it was challenging to implement and did not reduce the number or scale of outbreaks (Tulloch and other April 2021).

The Village Residence amy 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.

Categories of visiting

Separate guidance on access to LTRCF has been retired. The following principles to support access and visiting are recommended:

• RCFs must strike a balance between the need to manage the risk of introduction of COVID19 or other communicable infectious diseases by people accessing the RCF and their responsibility for ensuring the right of residents to meaningful contact is respected in line with regulatory obligations.

• Full access should be facilitated to the greatest degree practical for all residents. Access may be very limited for a period of time in the early stages of dealing with an outbreak but a total

withdrawal of access is not appropriate. If limitations on access are considered necessary, this should be based on a risk assessment that is reviewed regularly in view of the prevailing public health circumstances in the population served by the RCF. Risk assessments that underpin decisions regarding restricted visiting should be documented. Visits should not be restricted unless there is an identified risk.

• A RCF should have a policy on access and should have the capacity and relevant skill sets within its staffing complement to manage access appropriately. The RCF should provide information on access that is clear, up to date and consistent across website, leaflets and when talking to staff and residents. This should make it clear how access is facilitated, any limitations that apply, the reasons for those limitations and the expected duration of limitations. Residents and others should be provided with a clearly defined pathway to appeal against limitations on access that they consider as being unreasonable.

• Other than a resident transferring or returning to an RCF, no one should access a RCF who has symptoms of COVID-19 or other communicable infectious disease. Very rare exceptions to this may need to be considered on compassionate grounds. In that case, careful risk assessment and planning is required.

• Everyone who accesses a RCF must adhere to directions on essential infection prevention and control practices including maintaining physical distance (in so far as appropriate to their purpose), mask use, respiratory hygiene and cough etiquette and hand hygiene. RCFs may be obliged to refuse access to a person who is unwilling or unable to comply with reasonable measures to protect themselves and all residents and staff or if the person has not complied with reasonable measures during previous access. An information leaflet for residents and their visitors is available at the following link:

https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/Normalising%20visiting%20in%20nursing%20homes%20%20and%20residential%20care%20facilities.pdf

Seeing family and friends

You have a right to see family and friends if you want to. It is for you to decide who you would like to see or not see. It might suit you to name a person as a nominated support person. This is like a

"lead visitor" who can spend a good part of each day with you in normal times. This might suit you if there is one person who is able to spend a lot of time with you. If you prefer not to have a nominated

support person that is your choice. Usually you should be able to see two people together at any one time. These can be different people who visit at different times or on different days. It is OK to have visits from children if they are supervised and able to follow the steps needed to manage the risk of infection. The visitors should be able to stay for a least an hour. The HSE does not advise any upper limit on the length of a visit or on the amount of visiting if the nursing home staff are able to manage that. Some nursing homes may be able to manage more visiting.

We do still need to take care

Anyone who has symptoms of COVID-19 or other infectious disease should not visit a nursing home

until they are no longer infectious. The nursing home will ask people if they have symptoms when they come to visit but they do not need to ask for a vaccine pass. Visitors should clean their hands on the way in to the nursing home and should wear a mask when asked to do so by the staff.

Your visitors do not need to wear a mask when they are alone with you but if you are more Comfortable wearing a mask and you would like them to wear a mask you should feel free to say that.

General Guidance Applicable to Indoor Visiting

Visits are arranged in visitor's room on back corridor, relaxation room and Coffee Dock Area as well as front seating area.

Visiting should be managed to avoid visitors congregating and interacting with other visitors or with residents other than the person they have come to visit and entry and exit points, in hallways and in communal areas.

However, visiting should be managed at the lowest possible level of controls to meet the objective of managing congregation and interaction.

Visitors should be discouraged from interacting socially with other visitors indoors in Boyne View

House or with residents other than the person they have come to visit. If residents and visitors are outdoors, either seated or walking, social interaction is very low risk provided contact is avoided and people keep some distance between each other.

There is no requirement to limit the total number of different people who can visit a resident or to maintain lists of nominated visitors although there is a limit (see below) to the number of people who can visit at one time.

Visitors should be made aware that any visitors with fever or respiratory symptoms should stay away and if they come to visit they will not be admitted. They should be aware of the visiting processes that apply which include:

1. A check for symptoms of COVID-19.
2. A check if they have been advised to self-isolate or restrict their movements for any reason.
3. Visitors are required to sign in on entry to the facility (regulatory requirement).
4. 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.
5. Visitors are required to wear a surgical mask requested by staff if any respiratory infection or outbreak..

The facility should provide any necessary personal protective equipment. They should be asked to go directly to the room of the person they are visiting and not to stop to speak with or drop in to see any other resident.

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 another room away from other people. If there are not sufficient individual rooms to support visiting, establishing two or three visiting stations in a large room that allows for adequate distance between the visiting stations may help to support visiting.

If the resident does not have a room exclusively for their own use visitors may visit in their room but should be asked to stay in the space assigned to the person they are visiting. While there will likely be greeting or conversation with other residents in the room, visitors should be asked to avoid entering space assigned to another resident.

The room should be ventilated during the visit in so far as practical taking account of weather and comfort. The goal is gentle air circulation not a breeze or draught that causes discomfort.

Visitors must comply with the required IPC related precautions while visiting, however, the resident's rights, privacy and dignity must be respected and it is not appropriate to invasively monitor visits.

The duration of the visit should not be limited for IPC reasons.

There is not an IPC requirement for restriction on gifts of goods or other items for visitors.

There is no requirement for a period of storage of the item before the resident receives it.

Visits by 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.

If the resident is not vaccinated or if for any reason they prefer to wear a mask they should be provided with a surgical mask to wear during the visit.

Routine visiting when there is no Outbreak

The minimum level of visiting should normally be daily visits by up to 2 people at one time however if the nominated support person is present at the time of a visit it is reasonable to limit visitors to one additional person at that time to avoid crowding. Providers should put in place the necessary measures to progress to more normalised visiting and visiting frequency as quickly as possible in line with the considerations above. Visiting arrangements apply regardless of vaccination status of the individual resident; however, residents who are not should be informed of the specific risk to them of seeing additional people in the absence of vaccination. The risk to the resident is lower if their visitor is vaccinated including booster. See below the Risk assessment tool PCRA

Point-of-care risk assessment (PCRA)

How to use a point-of-care risk assessment (PCRA) for infection prevention and control

A point of care risk assessment (PCRA) is an integral part of standard practice which should be performed by every healthcare worker (HCW) BEFORE every patient/resident/client interaction to allow them to accurately assess the risk of exposing themselves and/or others to infectious

agents/transmissible microorganisms.

This PCRA supports the selection of appropriate actions and personal protective equipment (PPE) in addition to any infection prevention and control (IPC) recommendations already in place such as patient placement and occupational aspects, (including healthcare worker vaccination) to further minimise any risk of exposure. Refer to the following link for details on healthcare worker vaccination.

https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter4.pdf

This PCRA also supports the early identification of individuals who may have travelled to an area where they may have been exposed to a high consequence infectious disease (HCID). This is a generic tool, and risk assessments are likely to vary from person to person.

Step 1

Before each patient interaction, a healthcare worker must assess the following:

PATIENT

 Has the patient been screened recently for infectious symptoms (for example in triage, or in daily symptom check)?

 What are the patient's current symptoms (for example respiratory symptoms, such as new onset of coughing, unexplained fever, rash, enteric symptoms, diarrhoea)?

 Has the patient a recent travel history?

 Have they come from a country with a current high consequence disease (HCID) alert

 Are there additional precautions (droplet, contact, airborne) in place?

 Has the patient a history of carriage/infection with multi-drug resistant organisms (MDROs) etc.?

 Is the patient mobile/ambulatory and are they capable and willing to perform hand hygiene and practice respiratory etiquette etc.?

TASK

 What type of task am I about to perform (for example providing personal care, carrying out an invasive procedure, turning off a monitor, performing an aerosol generating procedure (AGP), or is it a non-clinical interaction)?

 Will the task increase the likelihood that my skin/clothing will come in direct contact with blood/body fluid?

 Will I be undertaking an AGP, non-clinical interaction?

 Is additional equipment required to enable me perform the task safely (for example use of dressings, provision of tissues, emesis basin)?

ENVIRONMENT

 Are there potential ergonomic hazards that may affect my ability to undertake the task safely (for example physical clutter)?

 Is there a risk to/from other individuals (for example shared rooms, mobile patients with infectious symptoms)?

 Is there enough space for physical distancing to be maintained?

 Can my planned work area be properly clean and disinfected?

Step 2

Choose appropriate PPE and implement the required actions as per Standard precautions including the following:

 Hand hygiene (as per WHO 5 Moments)

 Respiratory etiquette (offer the patient a mask, if tolerated, support the patient to use tissues/their elbow to cover coughs and provide necessary equipment)

 Personal space (encourage everyone (Staff and patients) to respect each other's personal space)

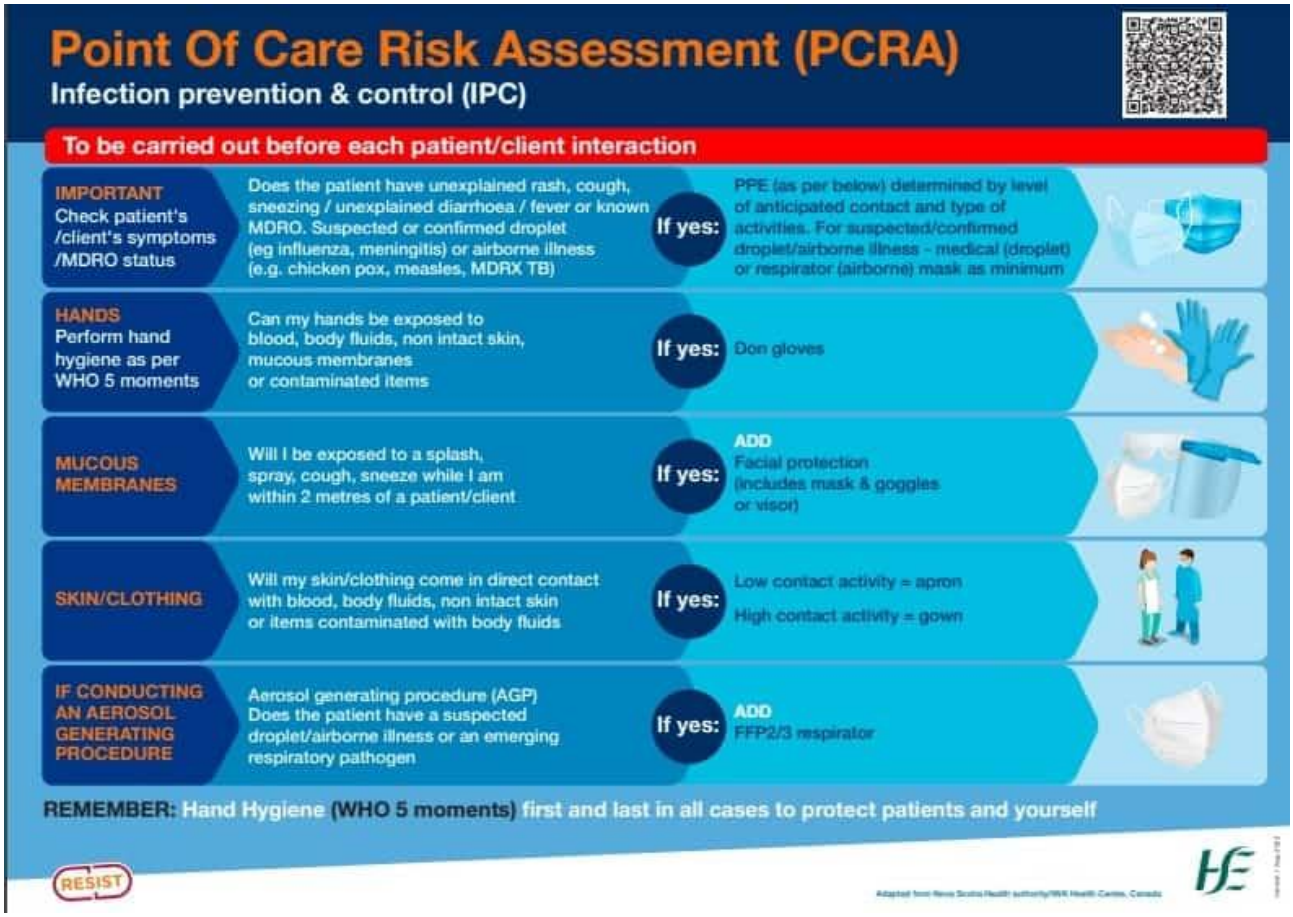
 Implement additional precautions if required (contact precautions and droplet and/or airborne precautions)

 Environmental hygiene- clean and disinfect (if required) environmental surfaces especially those that are frequently touched

 Decontamination of reusable equipment (clean & disinfect reusable equipment between each use)

 Patient placement - whenever possible prioritise patients with identified risks for infectious diseases/agents to single rooms

Select PPE items based on the results of the PCRA always taking into account the vaccination Status of individual personnel and that of their patients, for example measles, chickenpox etc.



Resident Outings

Resident outings and visits to homes of families and friends are important for resident overall welfare. Outings and activities should comply with the public health measures in effect at the time in relation to groups of people meeting.

In the context of a LTRCF with a high level of vaccine protection there is no requirement to limit the movement of a resident within the LTRCF after return from an outing or hospital attendance regardless of the duration of the absence unless some significant and unanticipated exposure risk occurred or there is a specific public health or IPC Recommendation that requires limitation of movement.

Visiting in the context of an outbreak of COVID-19

Access and Visiting in the context of an outbreak of COVID-19 the following approach applies to

LTRCF during an on-going outbreak of COVID-19.

Nominated support person should continue to have reasonable access for some part of each day if the nominated support person is aware of the risk to them, is prepared to accept that risk and to follow all necessary infection prevention and control measures. This can be an important support to residents and to staff. Facilities may need to limit indoor visitors to the facility during the early stage of an outbreak if specifically advised to do so by Public Health. If a resident does not have nominated support person visiting should generally not be less than 2 visits per week by one person. All visits during an outbreak are subject to the visitor accepting a risk of infection for the visitor. 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.

If limits on indoor are necessary in the early phase of an outbreak, alternative forms of communications and engagements with families and others should be facilitated proactively and to the greatest extent possible, including through window visits, outdoor visits, video calls etc. Any limitations on visiting required in an outbreak should be reviewed at least twice per week. 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

Public Health. Access for Important Service Providers will often 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.

Communication

Restrictions on visiting are of themselves a source of stress for residents, their friends and families. If indoor visiting restrictions are necessary in the early phase of an outbreak, alternative forms of communications and engagements with families and others should be facilitated proactively and to the greatest extent possible, including through window visits, outdoor visits, video calls etc. Any lack of clarity regarding the visiting arrangements and the reasons for them exaggerates the stress and is avoidable. It is essential that the service providers engage with residents, involve them in decision making and communicate clearly with each resident and relevant others regarding visiting policy including any restrictions, the reasons for those restrictions and the expected duration of restrictions.

Common Questions

How many different people can visit?

There is no limit to the number of different people who can visit you, but no more than two people at a time. If there are a lot of people you want to see they will need to take turns to visit you.

Can children visit?

Yes, but an adult needs to be with the child and needs to make sure the child keeps to the rules in the nursing home.

How long can the visits be?

The visit can usually be as long as you want unless the nursing home is getting very crowded or the visit is causing a problem or a risk for other residents. If there are times when visits need to be a bit shorter, nursing home staff will be able to tell you about this.

If I have not had the COVID-19 vaccine yet is it OK for me to see visitors?

Yes. It is OK to see visitors if you have not had the COVID-19 vaccine but it is safer for you and for

the people who visit you if you both had the COVID-19 vaccine and booster.

Are there times when people should not visit?

Your friends and family will need to stay away from the nursing home:

 if they have any symptoms of COVID-19 infection or of any other infection

 If they have been told they have to self-isolate. People with symptoms should not visit a

nursing home even if they have had the COVID-19 vaccine.

Can visitors bring in things for me?

Yes, they can bring books, papers, magazines pictures, keep-sakes or a favourite food.

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Is it OK to go out for a drive or a visit home with a visitor?

Yes, but it is safer if you and the person driving you have had your vaccination and booster.

Is it OK to go to visit the house of a friend or family member?

Yes, but it is safer if you and the people you visit have had vaccination and booster. If anyone in the house is sick with COVID-19 or any other infection or if anyone in the house is a COVID-19 contact

it is safer to delay the visit.

If I am very sick or upset can I see ask for more visits than usual?

If you become seriously ill or are very upset or worried you should tell the staff if you feel you need to spend extra time with visitors. In that case the nursing home staff should do everything that can to help you see the people you need to see.

Why is it safer to see people now than it was last year?

The advice for residents in nursing homes is very different now. This is because most residents have been vaccinated and have had the booster. Most of the people who visit nursing homes have also been vaccinated and have had the booster. We know that people who have had vaccination including

the booster can still get infection but most of those people who have had the booster do not get very sick with COVID-19 infection.

Some people have very serious problems with their immune system. They are still at risk of serious disease after vaccination. People who have not had the vaccine and have not already had COVID19 are also at risk of serious disease. There are some new treatments that reduce the risk of harm for those people at high risk if they get infected.

All of this means that is time to take steps to get back towards normal life in a nursing home. If you started living in a nursing home in the last two years, you may not know how different life in a nursing

home used to be. The changes will help give you more chances to enjoy life and see more of your

family and friends

If you want to talk to someone other than friends or family about visiting, the nursing home staff may

be able to support you.