

## Update on Visiting @ 5.5.21 - Palmerston

It is over a year since the start of the COVID-19 pandemic and the introductions of visiting restrictions. This has been a difficult year for everyone, but the vaccination programme gives hope that we will eventually get back to some normality.

The “Visiting with care – A Pathway” issued by the Department of Health for implementation on 7<sup>th</sup> May sets out a graduated approach to move towards normalised visiting. The steps are in 4 week blocks with a review before moving to the next step.

<b>Step 1 – Cautious First Steps</b>	<b>Implementation from 7.5.21</b>
<b>Step 2 – Gradual Easing</b>	<b>Possibly from June, depending on advice from Dept of Health</b>
<b>Step 3 – Further Easing</b>	<b>Possibly from July, depending on advice from Dept of Health</b>
<b>Step 4 – No restrictions on visiting</b>	<b>Possibly from August, depending on advice from Dept of Health</b>

As soon as it is safe to do so we will move from restricted visiting by appointment only, but we can only do so when advised by the Department of Health.

### **Everyone has to play their part**

Everyone (residents, families, staff) must be aware of their responsibility to ensure that visiting is safe and that the risk to residents and others is minimised as far as possible.

- Consider the risk factors which could lead to further COVID infections.
- An individual approach should be taken to ensure visits are appropriate for each resident, short visits may be more appropriate for residents with dementia.
- Staff and relatives to work together, recognising the difficulties for everyone in arranging visits safely and fairly.

## Visiting with Care – A Pathway

### **Step 1 – Cautious First Steps**

**Implementation from 7.5.21**

#### Visits inside the home

- Up to two visits per week.
- Two people at one time (this can include one child under strict supervision and with infection control maintained).
- By appointment only.
- Masks (not face coverings) and aprons to be worn. Handwashing/sanitising to replace gloves.

#### Trips out of the home

- Where the resident complies with Infection Control advice and within the restrictions applicable to the general public.

After four weeks from implementation of Step 1 and having reviewed community prevalence the Department of Health will advise when there can be a move to the:

### **Step 2 – Gradual Easing**

(Department of Health to advise when it safe to move to this step)

- Increased number of visitors - 4 from no more than 2 households in any visit  
Maximum of 4 visits per week.
- Close physical contact – such as brief hugging.
- Aprons and masks to be worn.
- By appointment only.

After four weeks from implementation of Step 2 following further review by Department of Health their advice will be provided on a move to:

### **Step 3 – Further Easing**

(Department of Health to advise when it safe to move to this step)

- No restrictions on number of visitors, but limited from 2 households per day.
- Close physical contact such as brief hugging.
- Aprons and masks to remain.
- By appointment only.

After four weeks from implementation of Step 3 and following further review by the Department of Health there may be a move to:

### **Step 4 – Preparing for the future**

(Department of Health to advise when it safe to move to this step)

- No restrictions on number of visits or visitors.
- No appointments.
- Visitors able to move around the home.
- Standard infection control procedures.



**Key Risk:** The transmission of COVID-19 to residents, staff and visitors.

**Risk Level:** Those who receive both doses of the vaccine should have a high level of personal protection from COVID-19. However, to date the full impact of protection or transmission to other remains unknown.

Even with preventative measures in place, it is not possible to guarantee that transmission of COVID does not happen. However, this has to be balanced against the benefit for the well-being of residents.

### **Risk Factors leading to transmission of COVID-19:**

1. Residents not vaccinated.
2. Visitors not vaccinated.

This may be particularly the case for children and young people who will be the last cohort to be vaccinated.

3. Visitors who have travelled abroad, or been in close contact with those who have travelled abroad, could potentially introduce a COVID variant.
4. Visitors not following guidelines on PPE.
5. Visitors not following guidelines on social distancing (this can be particularly difficult in a dementia care home where residents will not remember the guidelines).
6. Visitor moving around the home and being in contact with a number of residents.

### **Controls**

1. Visitors to be aware of potential risk factors and to ensure that they minimise the risks.
2. Visits to be arranged in advance. This will ensure that social distancing can be maintained and the necessary cleaning between visits.
3. Government guidance to be followed in relation to the '*Visiting with Care – A Pathway*'.
4. Visits, at least in Step 1 and Step 2 of the pathway, to be in designated areas. Visits in resident rooms to be avoided in order to cut down on footfall through the home and avoid mixing with other residents and visitors.

# Safety Level for types of Visiting

Safest

Virtual Visits  
(such as facetime)



Window Visits



Garden Visits



Indoor with Screen



Indoor without screen  
(in visiting area)



Resident's Room



Least Safest

# Arranging Visits in Step 1 - Cautious First Steps

## 1. Length of Visits

Logistically this can be difficult in a dementia care home. Residents often move around and may not be able to focus on a visit for any length of time. Visiting can be booked in 30 minute slots and if it is considered that a resident could manage a longer visit two 30 minute slots can be booked.

## 2. Timing of Visits

Two visits x 39 residents = 78 visits to arrange.

Visits have to be arranged around mealtimes and generally cannot be too early in the morning or late in the evening. Slots will be available between: 10.30 – 12.30, 2.00 – 4.30, 5.30 – 7.30.

Please be aware that appointment visiting is very time consuming for staff, staff will be with other residents.

## 3. Location of Visits

Visits in resident rooms are generally not appropriate as residents will not wish to sit in their room and it would involve visitors moving around the home and increasing footfall. Therefore, in the first phase, Cautious First Steps, visiting should be in visiting areas unless agreed in advance with the Homemanager. Each resident has an individual visiting plan.

In Ellis, indoor visiting is in the stairwell area at the side of the building and outdoor visiting in the courtyard garden.

In Lewis, indoor visiting is in the lounge at the front of the building and outdoor visiting in the courtyard.

Visiting can also take place in the main garden. Signage will direct you to the location.

## 4. Booking Visits

It will be much easier to manage if it is possible for visits to be booked in advance for the four week period and preferably for the same times each week. Initially, families could email their preferred times giving as many options as possible.

Staff will contact families to confirm timings.

## 5. Communication

Communication about visiting will have to be arranged with the key contact.

It will be up to families and friends to arrange visits amongst themselves, staff in Palmerston cannot become involved in family negotiations or disputes.

## 6. Visiting Etiquette

1. Please arrive at the correct time.
2. On arrival go to the office at the main entrance.
3. Complete the screening form re COVID.
4. Sanitise your hands, wear a mask and apron.
5. If you need assistance from care staff during the visit please phone **028 9065 6166**.

There are particular challenges for a dementia care home in safeguarding all residents from infection.

Please help ensure residents remain safe by:

- **S**taying at home if symptomatic, or in contact with someone who is at risk of being infected.
- **A**rranging visits in advance.
- **F**ace coverings, and any other necessary PPE, should be worn as appropriate.
- **E**ngage with staff in the Care Home – we should work together to get through this.