

## Updated Guidance on Visits Summer 2021 (Version 3)

*The following provides an update on the latest HSE guidance regarding visiting for service users and loved ones, as we begin our journey towards a degree of normality and enjoying the special moments again in person between family and friends.*

### Visits and Vaccination Status

Whilst there has been a lot of discussion around the Vaccine Bonus with particular reference to Astra Zeneca – we know that that 78% of our service users in residential care are in the high risk group for severe Covid 19 disease, we therefore have used COVID-19 Guidance on visits to Long Term Residence Care Facilities to inform this document. This St Michaels House guidance should change in mid over the coming weeks and months when the majority of people are vaccinated.

- ✓ Indoor visits can resume in houses where a significant number of service users have been fully vaccinated.
- ✓ Individuals are considered to have significant vaccine protection:
  - 7 days after the second Pfizer-BioNTech dose
  - 14 days after the second Moderna Dose
  - 15 days after the second Astra Zeneca Dose
- ✓ Individuals recovered from COVID-19 who are assessed as no longer infectious should be regarded as equivalent to vaccinated individuals for 9 months after.
- ✓ However, if a visitor and a service user both have significant vaccine protection they do not need to wear masks or avoid physical contact, hugs etc. when they are **alone together**.
- ✓ **Please note:** family members must wear a mask when walking through the house on the way to the room where they are meeting their loved one.
- ✓ If a family member/ visitor discloses their vaccination to staff, then the guidance regarding visitors and residents who are fully vaccinated applies.
- ✓ All Infection Prevention Control measures remain in place. Visitors should practice hand hygiene, confirm that they have no symptoms of Covid 19 or have been in contact with anyone who has symptoms. Temperature should be checked and mask should be worn. Social distancing still to be encouraged.
- ✓ **Please note: The level of vaccination of staff is not taken into account in relation to level of visiting for service users because any issue of vaccine uptake amongst staff must be addressed with staff and cannot be effectively addressed by reducing residents' access to visitors.**

Indoor visits should take place in a designated area that others are not using, for the duration of the visit or in the service user's own room. The area should be well ventilated and cleaned afterwards. If the bedroom contains a lot of possessions, which would make it difficult to clean, a designated room is preferable.

- ✓ Where possible, a separate entrance/exit should be used for visitors. If there is one near the visiting area, to avoid walking through the house, this is ideal. This may not be possible in all houses.

## **Please note there has been no change in guidance re: masks, the use of PPE, Social Distancing or the need for temperature checks and good hand hygiene.**

### **Visits on Compassionate Grounds**

- ✓ Visits on compassionate grounds-duration and frequency of visits should be as flexible as possible
- ✓ Where considered essential to the individuals wellbeing, on compassionate grounds individuals should be facilitated in visiting their family home (or corresponding house) for periods subject to risk assessment and with adherence to the requirements above. The associated risks are much lower if the resident has significant vaccine protection.

### **Number of Visits and Visitors**

- ✓ Considerations on the number of visitors and number of visits per week, that can reasonably be accommodated, will be decided on a house by house basis by the person in charge ( with support of Service Manager), bearing in mind the wishes and support needs of all residents.
- ✓ The development of a visiting plan/ risk assessment is advised for each individual, as part of their overall personal plan.
- ✓ Service providers may need to apply limitations, if visitors do not comply with guidance or if they have signs of infection, except in exceptional circumstances.
- ✓ There is no limit or restrictions for residents receiving items or gifts e.g. books, magazines, confectionary, keepsakes etc.
- ✓ If someone is unwell or someone has come from an area of concern regarding new variants, there may be a requirement to restrict movements, regardless of vaccination status.
- ✓ In the event of a Covid outbreak in the house, all visiting may be suspended for the duration of the outbreak. This should be communicated to service users and their families.

### **Individuals Leaving the Residential Setting to Visit a Private House**

- ✓ At such times every practical effort should be made to facilitate residents visiting with a small group of family or friends in a private residence.
- ✓ Consideration of a visit to a private home is based on the resident wishing to make a visit and a risk assessment that indicates that the associated risk of introduction of COVID-19 into the residential house is low.
- ✓ Included in the risk assessment is the extent to which those hosting the visit can assure that they will limit the number of people the service user is exposed to and that other visitors to their home do not have any Covid related symptoms.
- ✓ Risks will be lower when all parties have significant vaccine protection.

### **Advice on length of visits**

- ✓ **Less than 12 hours-** If a service user is absent from the house (visiting a family home) for less than 12 hours and has not had any suspected exposure to Covid 19, there is no requirement to restrict

movements on return regardless of vaccination status.

- ✓ **More than 12 hours (typically an overnight)** - Where significant vaccine protection of a high proportion of service users has been achieved, there is no need for restriction of movements or testing on return from overnight visit
- ✓ Where significant vaccine protection of a high proportion of service users has not yet been achieved, if the service user has been away for more than 12 hours, the service user should be asked to **limit their interaction** with other residents **as much as is practical** for 14 days after the visit and should be offered testing on or about day 5 after their return.
- ✓ Even when limited interaction with other residents is required for 14 days after return from a visit this is **much less important** if the resident returns to a residential setting that is dispersed as small units (generally 6 individuals or less) in community houses or individual units on a campus. This is particularly so if other individuals in the unit they live in are **not** extremely medically vulnerable.

## Outings

- Service users living in the same residential unit are considered a cohort therefore can go out together on a bus drive.
- Service users travelling in unit cars/family cars should sit in back of car on opposite side to driver – staff/family member should wear a mask and if service user will tolerate a mask they should wear one also. Window should be open to allow for ventilation.
- If bringing service users out who cannot wear masks then staff/family members must wear masks – ideally you should go on outings at off peak times, and to places that are not over crowded.
- Service users can access shops, hairdressers etc once all IPC measures are in place i.e. wearing of mask (if tolerated) hand hygiene, social distancing etc.

## Hospital

**On return from hospital stay if the service user has been there for longer than 12hours:**

**If the service user is post COVID19 recovery in the previous 9months**

- No pre admission or pre discharge COVID 19 swab is required unless the service user is displaying symptoms of COVID 19
- There is no requirement for isolation or restrictive movement post discharge

**If the service user has been fully vaccinated**

- Service users should have a COVID 19 test within 3 days prior to discharge
- If there is a NOT DETECTED result there is no requirement for isolation or restrictive movement post discharge

**If the service user has no significant vaccine protection and no diagnosis or suspicion of COVID 19**

- Service users should have a COVID 19 test within 3 days prior to discharge

- Discharge precautions should be only be confirmed following consultation/risk assessment by PIC with Service manager and CNSp IPC and/or CNSp AHL and/or NMOC
- Service user should be monitored for onset of any new symptoms consistent with COVID 19
- PIC of unit should review and complete Risk Assessment – Risk to service users post hospital discharge

**Precautions may include**

- Service user remaining in single room, maintaining restricted movement with contact and droplet precautions in place for 14 days
- Testing between days 5-7 post discharge maybe required if
- it is known that admission was to a COVID ward/ known Covid Contact
- Admission is over 12 hours and less than 3 days in duration.
- Contact IPC and PPE phone lines to make them aware of the discharge into isolation and place request for suitable PPE
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**If the service user had a confirmed COVID 19 positive swab during hospital stay**

- Discharge should only be confirmed following consultations/assessment by PIC with CNSp Acute Hospital Liaison and/or Service Manager and/or NMOC and/or CNSp Infection Prevention & Control
- If transfer from hospital is deemed appropriate :
  - The service user must complete the 14 days **isolation** (from date of infection diagnosis/symptoms) on return to the relevant unit and must be 5 days fever free (contact IPC Helpline for advice)

**If the service user had a confirmed COVID 19 Positive swab and has completed 14 days isolation (with last 5 days fever free) in hospital**

- Discharge should only be confirmed following consultations/assessment by PIC with CNSp Acute Hospital Liaison and/or Service Manager and/or NMOC and/or CNSp Infection Prevention & Control
- No requirement for isolation or restrictive movement on return to unit