COVID-19 Guidance on visits to and from community housing units for people with disabilities

V1.3 14.10.2020

All HPSC guidance should be read and interpreted in conjunction with the Government's Framework of Restrictions

1. Family and friends visiting

On September 11 the Government has issued a Five Level Framework –Table of Public Health Restrictive Measures that includes visiting to long term residential care facilities (LTRCF).

LTRCF refers to all congregated care settings where people are intended to remain for extended periods including nursing homes, certain mental health facilities similar facilities for those with and community housing units for people with disabilities. Acute hospitals are not included.

All designated centres for older people and designated centres for children and adults with disabilities must be registered with the Office of the Chief Inspector of the Health Information and Quality Authority (HIQA) who monitor and inspect designated centres regularly to ensure they maintain a high level of care and support. There are also facilities that are not registered (for example some religious homes) that this guidance is also applicable to.

The Five Level Framework for Public Health Restrictions specifies the following

Framework Level	Visiting Policy
Level 1	Open with protective measures
Level 2	Open with enhanced protective measures
Levels 3,4 and 5	Suspended, aside from critical and compassionate circumstances*

* Note this is intended to apply to in-door visiting. "Window visiting" where a person stands outside and speaks to a person at safe distance through an open window or by telephone is acceptable at any Framework Level and during Outbreaks. Likewise outdoor visiting where safe distance can be maintained at all times need not be restricted at any Framework Level or during Outbreaks. This should only occur when it is appropriate for the individual, is arranged in advance and there are suitable facilities and capacity to accommodate and support the visit. If suspension of "window visiting" and outdoor visiting are considered this should be in the context of a documented risk assessment. For the purposes of this document, the term "individual" is used to mean a person with a disability living in one of these homes.

Own-door supported accommodation and small group homes

Residential services for people with a disability are based largely in own-door supported accommodation or small group homes (comprised of 6 individuals or less living in the house). Such facilities are fundamentally different from large congregated care settings both in terms of risk and the needs of the individual and require a specific approach. This document outlines such an approach based on a risk assessment to address visiting individuals in such facilities and visits from individuals to their family homes (or corresponding setting)

Communication

Restrictions on visiting are of themselves a source of stress for individuals, their friends and families. 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 individuals, involve them in decision making and communicate

clearly with each individual and relevant others regarding the visiting policy including any restrictions, the reasons for those restrictions and the expected duration of restrictions. This should be communicated in a format that is accessible to ALL individuals e.g. Easy Read, Social Stories, etc.

Definitions

Visitors. For the purpose of this guidance visitors may be taken to include people, typically family members or friends, who come to the LTRCF (own-door supported accommodation or small group homes) for a social visit. It is important that visitors are clear that they must accept personal responsibility with respect to the risk that they may inadvertently be exposed to infection, during the visit and that their safety depends in a large measure on their behaviour during the visit. In the context of an outbreak general visiting may be suspended for a period on Public Health advice but if visiting is possible a signed acceptance of personal responsibility may be appropriate.

The term visitor for this purpose does not include Essential Service Providers (ESPs). Essential Service Providers are people who provide professional services including healthcare, legal, financial, regulatory. Key examples include those who attend to provide healthcare services such as medical, nursing and dental practitioners and therapists and those who provide legal services, chaplaincy/spiritual services, advocacy services, or inspection of the LTRCF for monitoring or regulatory purposes. Access for ESPs **cannot** be denied and should only be limited in the most exceptional circumstances and for defined periods in the context of specific public health advice. ESPs should ensure that they have, at a minimum, completed on-line training in hand hygiene and in the donning and doffing of relevant personal protective equipment available on the HSE website. Their organization must have appropriate supports to document and manage adverse incidents [add link here].

A third distinct category are Important Service Providers (ISPs) who provide services that are important to individuals sense of self and wellbeing but that are not strictly necessary. Examples of ISPs include those who provide personal care (for example hairdressers) and entertainers. A LTRCF should have a list of important service providers with whom there is an established relationship and clarity around infection

prevention and control requirements. Access for ISPs may be suspended for periods on Public Health advice for example in the setting of an outbreak. ISPs should ensure that they have, at a minimum, completed on-line training in hand hygiene and in the donning and doffing of relevant personal protective equipment available on the HSE website [add link here].

Critical and compassionate circumstances are difficult to define and of necessity require judgement, based on an individualised risk assessment. The term should not be interpreted as limited to circumstances when the death of an individual is imminent.

Subject to a risk assessment in each case, other examples of critical and compassionate circumstances may include

- circumstances in which an individual is significantly distressed or disturbed and although unable to express the desire for a visit there is reason to believe that a visit from a significant person may relieve distress
- when there is an exceptionally important life event for the individual (for example a birthday or death of a family member)
- when the visitor may not have another opportunity to visit for many months or years or never (for example because they are leaving the country, are living abroad or are themselves approaching end of life)
- increased visiting is recommended by their doctor as a non-pharmacological therapeutic alternative to an increased dose of an existing agent or introduction of a new anxiolytic or sedative agent
- an individual expresses a strong sense of need to see someone whether for personal reasons, to make financial or other arrangements or to advocate on their behalf
- a person nominated by the individual expresses concern that a prolonged absence is causing upset or harm to an individual
- other circumstances in which the judgement of the medical or nursing staff or social care worker caring for the individual is that a visit is important for the persons health or sense of well-being, in particular where the individual is exhibiting a rise in behaviours of distress.

Introduction

Infection prevention and control (IPC) practice is critical to the safe operation of residential care facilities for people with disability at the present time. However, as per regulatory requirements and for the well-being of individuals visiting is part of the normal daily functioning of LTRCFs. Therefore, there is an onus on the service provider to do all that is practical to support safe visiting.

Own-door supported accommodation and community houses are the home environments of individuals residing there and as such the importance of maintaining autonomy and family connections with loved ones must not be underestimated from a holistic person-centred approach. This guidance document recognises the autonomy of individuals in using disability services and their right to have or refuse visitors and contact with family members. It aims to support providers in fulfilling their responsibility by giving guidance to management, staff, individuals and relatives to balance the risk of COVID-19 while facilitating visiting during these exceptional times. As part of this person-centred approach, timely communication in a manner appropriate to the individual will include an overview of the proposed visiting arrangements and any updates or changes that may occur in accordance with public health/infection control advice.

The Registered Provider/Person in Charge has a responsibility to ensure that the autonomy of individuals and the right to have visitors is balanced with the need to ensure that visitations do not compromise overall individual care or adherence to requisite infection control procedures. Visitors who do not adhere to guidance will be asked to leave and may be declined access subsequently if there is a pattern of non-adherence. The reasons for this would then need to be clearly communicated to the individual. Consultation with local PH teams and IPC expertise will assist the Registered Provider/ Person in Charge in review of their plans and risk mitigation in order to facilitate visiting. Restrictions should be applied on the basis of a documented individualised risk assessment that is reviewed regularly in view of the evolving public health situation and new guidance. An individualised risk assessment should take account of the overall care needs, rights and wishes of individual, the vulnerability of the individual and others who reside in the home the current incidence of COVID-19 in the

surrounding community and the capacity of the services to manage risks associated with visiting. The nature and purpose of visiting restrictions as outlined in the individualised risk assessment should be communicated to individuals and their circle of support and there should be an opportunity to discuss the impact of the restrictions on individuals.

All these measures should align with national guidance in relation to IPC, current and future guidance and recommendations with regard to social distancing, guidance for people over 70 years old and those extremely medically vulnerable and other public health measures, and in addition, current and future guidance specific to LTRCFs.

Note a change with respect to visiting arrangements is not required on the basis that a staff member has been identified as a close contact.

1.1 Own-door supported accommodation for individual or couples

Own-door supported accommodation for individuals or couples do not pose a specific risk to others that is different from any other private house. Own-door accommodation includes such housing in a campus setting where visitor can enter in a manner similar to entering any house or apartment in the general community.

Own-door housing should not be regarded as a congregated care setting. Individuals should be supported in following public health guidance applicable to the general population including self-protection measures for those over 70 years old or with extreme medical vulnerability. This means that for most individuals up to six persons from one household can visit at level 3. However it is appropriate to advise that numbers should take account of the available space so that distance can be maintained.

1.2 Community Housing Units

Community housing units for small groups are generally a lower risk setting that large congregated care settings. Any definition of “small group” is arbitrary but the purposes of this document it is taken to mean 6 individuals or less.

Each community housing unit should be assessed to determine if there are one or more individuals over the age of 70 years or extremely medically vulnerable. In that

case the national guidance on visiting in long-term residential care facilities applies (see link) as necessary to protect the most vulnerable person in the unit.

Limiting visiting for all individuals on the basis of the needs of one or more very vulnerable people is onerous for others in the house. In this instance, a risk assessment should be undertaken to identify if other individuals living in the home would benefit from being moved to another setting temporarily to allow visiting in a safe environment. If moving to another setting is not practical consideration should be given to maximising potential for virtual visiting, outdoor visiting, window visiting or visiting in another building.

If the community housing unit does not include any individuals over the age of 70 years or extremely medically vulnerable the general guidance with respect to LTRCF should be modified as follows.

The person in charge of the unit must develop arrangements to support visiting with the lowest practical risk including

Pre-assessment of visitors to determine if symptomatic of Contacts

Minimise interaction between the visitor and people other than the individual they are visiting (for example by checking that there is no one in the hall when the visitor enters)

Promote hand hygiene and, as appropriate, the use of face-coverings or masks

Cleaning of contact surfaces after the visitor leaves

In so far as practical in the context of weather, comfort and other considerations ensure good ventilation of the area during the visit

Individuals may continue to receive a nominated visitor in their room at Framework Levels 1,2 and 3 subject to visitor checks and IPC measures as outlined in the LTRCF guidance. A second visitor accompanying the nominated visitor poses very little additional risk if they are from the same household as the nominated visitor and this can generally be accommodated.

If required on critical or compassionate grounds individuals may continue to receive a nominated visitor in their room at Framework Level 4 and 5 subject to visitor checks and IPC measures as outlined in the LTRCF guidance.

Individuals may continue to visit their family home (or corresponding house) for periods at Framework Level 3 subject to the following

a) Confirming that no one in the house they intend to visit is symptomatic or an identified COVID-19 contact on the day they intend to begin their visit
b) The household can confirm that they are able to support the individual in managing their risk of exposure to COVID-19 within or outside of the household during the visit
c) Confirming that the individual is asymptomatic and not a COVID-19 Contact on the day the visit is intended to begin
d) The individual understands that the visit may need to be extended if the individual or any member of the household develops COVID-19 during the visit
e) The house can confirm that the visit will be extended in the family home (or corresponding house) if the individual or any member of the household develops COVID-19 during the visit – and that the family is in a position to support the individual for the duration of the extension.
f) Disability services confirming with the individual or appropriate other person that the individual is asymptomatic and not a COVID-19 Contact of an identified case on the day they are intending to return to the community housing unit

If required on critical or compassionate grounds individuals may continue to continue to visit their family home (or corresponding house) for periods at Framework Levels 4 and 5 subject to the conditions above.

ENDS