



Framework for Care Home Visits during COVID-19 v2

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1. Introduction

On the 22 July 2020, the Department of Health and Social Care (DHSC) released guidance on care homes accepting visitors from families and non-essential visitors. In the guidance, it stipulated that Hertfordshire County Council is required to set a clear approach to all care homes on when visiting should and shouldn't happen.

This document outlines the approach Hertfordshire will be taking regarding family and non-essential visitors into care homes.

We understand that the restrictions put in place by Government have been challenging for many residents and families over the past few months. Unfortunately, at the time of writing we are in a situation where the virus is still circulating in our communities. Therefore, any individual visiting a home or leaving a care home should be regarded as a potential risk of transmitting COVID-19, so that clear precautions can be taken to mitigate risk and enable visits safely.

Where possible, we will seek to allow visitors from family members and non-essential visitors unless there are circumstances where the virus is circulating in such a way that it makes visiting unsafe. The checklist in this document should help to achieve this.

The policy was updated on the 5 November and the 1 December to consider the new guidance released by the Government.

2. Ethical Principles

During the pandemic we expect that the County Council, partner agencies and all care homes will adhere to the following guiding ethical principles

The legitimate expectation of staff and residents to be as safe as possible from infection

- a. Ensuring the home is as safe from infection as possible
- b. Ensuring that sources of infection are minimised

The legitimate expectation that all dimensions of health and flourishing will be preserved as much as possible, and that this includes:

- c. Enabling safe contact between residents and their loved ones wherever possible
- d. Preserving as much normality as possible

The right to family life

- e. Ensuring that visits which can take place safely, even with additional means like PPE, can take place

Prioritising those most in need of visits

- f. Where people have conditions such as learning disabilities, dementia or cognitive decline and visits are essential in preventing serious decline or deterioration, additional effort may be needed if a home is closed to enable such visits. The appeals process and advice from infection and control should be taken in such circumstances.

The right to visit at end of life

- g. Even during lockdown, this right is to be respected and enabled as safely as possible through the use of PPE, testing and other means
- h. Infected people and those self-isolating will normally be excluded from visits even at end of life. Urgent advice from the multi-agency care home Covid19 outbreak cell should be taken in these circumstances

The rights and needs of individual residents to visits must be balanced with the rights and expectations of others not to be infected

- i. Homes, their staff and residents have a legitimate expectation that all visitors will respect these principles and will collaborate and play their part in enabling these principles to be lived out in the guidance and arrangements for visitors.
- j. The use of enforcement measures (e.g. the issue of legal direction to prohibit visitors who persistently refuse to support efforts to protect from infection) will usually be a last resort.

3. Key measures for opening care homes to visitors

Key Measures- what does open to non-essential visitors mean?

- It is important that visitors to care homes should always continue to stay alert and maintain social distancing (2 metres).
- Wherever possible all visits should take place in communal gardens or in an outside space and social distancing (2 metres) should be maintained.
- Care homes should also consider window visits and drive-through visits.
- Care homes must ensure that they have appropriate levels of staffing to manage visits and to supervise the visits
- Visitors to the home should wear face masks/ face coverings

- Require visitors to wash their hands and use hand sanitiser when entering and leaving the care home/ outside space;
- Look at introducing a time limit on the length of the visit and have bookable slots
- Be clear that appointments may need to be cancelled at short notice due to weather or if there was a suspicion of transmission of COVID-19 within the care home.
- there must be good ventilation for spaces used (for example, including keeping doors and windows open where safe to do so and using ventilation systems at high rates but only where these circulate fresh air)
- If holding visits inside, there must be good ventilation for spaces used (for example, including keeping doors and windows open where safe to do so and using ventilation *systems at high rates but only where these circulate fresh air*)

Lateral Flow Testing

Lateral flow testing (LTR) may be used to facilitate indoor visits and to allow closer contact with residents in the home, including personal care. Lateral flow testing in the context of Coronavirus is a new technology, and as such is still being evaluated. We will ensure that we use the technology where suited to enable visiting and reduce outbreaks, but while waiting on full data on the reliability we will take a precautionary approach.

An LTR test does not completely remove the risk of infection and therefore infection control measures should still be followed, including appropriate PPE, observe social distancing in general and good hand hygiene.

Care homes must ensure that any staff who are undertaking the testing should following the DSHC guidelines and undertake the mandatory training. A checklist (Appendix 2) has been produced to support you in implementing LTR testing within your home.

Opening Homes - Checklist

Our priority before opening Care homes to visitors is to ensure all mitigations and processes are in place to prevent the spread of Covid-19. To enable this to happen, all care homes and care settings are required to complete the Residential Care Services Visiting Arrangements Checklist found in Appendix 1.

The completed checklist must be sent to assistance@hcpa.info. **All checklist must be signed and dated by the home manager.** The checklist outlines all the key elements that a Care Home must have completed before opening the home to visitors. You may be required by the County Council to close to non-essential visitors if you have not completed the risk assessment or your risk assessment is not satisfactory.

When all homes should close to non-essential visitors

The Director of Public Health jointly with the Director of Adult Social Services may issue an instruction for all homes to close, in line with the guidance. In practice this will be delegated to the Care Homes Cell and may be done for a particular district, town or the entire County.

This means homes must close to non-essential visitors. The circumstances under which this must happen are:

1. When a District or Town or the County goes into Lockdown (partial or complete) or through National Intervention placing local restrictions on people

2. Where local restrictions or measures including enforcement and prohibition or closure orders (e.g. of public space) are made using powers under the Coronavirus Regulations 2020 or Public Health Act 1984 by either the Director of Public Health or the District or Borough Council. This will be communicated to homes.
3. Where local, national or regional measures are introduced by Government
4. When the Director of Public Health or Health Protection Board makes a judgement that the viral circulation in the community is such that closures are required. This will include but not be limited to one or more of the following criteria
 1. When there is a significant rise in cases in the district or county or neighbouring areas
 2. When the Rate of Transmission (R) number is at or above 1 (R Numbers are not reliable below this level, but the R number will not be the sole criterion.
 3. When the positivity rate in testing is 5% or above and rising in the district or county
 4. Other significant epidemiological considerations (examples include, but are not exclusive, substantial levels of discreet outbreaks or sustained community transmission in the local area, or significant numbers of cases in districts from which many visitors come)

These situations will be communicated to care homes through the care homes cell. Further communication will also be shared when it is possible for homes to reopen to external visitors. Please be assured enforcement measures such as local closures (which many people call “lockdown”) are a last resort, and we will, in the event that there is any widespread need to close, give you as much notice as we are able to.

When individual homes should close to non-essential visitors

Since the virus is still circulating widely, we will see increases in virus transmission and outbreaks in some areas.

This means there may be circumstances where homes must close to non-essential visitors. The circumstances under which this must happen are:

1. Where you cannot guarantee your infection control processes meet the standards on the checklist
2. Where there are 2 or more symptomatic residents or staff, the home must close immediately, and a test must be completed.
 - a. The home can reopen once they have had no new cases for 28 days. Or if the symptomatic staff or residents are negative
3. Where there are 2 or more positive test results at the home, the care home should close to family and friends and other non-essential visitors with immediate effect. These actions are being taken to support the residents in your care and to ensure the safety of staff.
 - a. The home can reopen once they have had no new cases for 28 days. Or if the symptomatic staff or residents is negative
4. Where there is particular local intelligence that the prevalence of Covid19 has increased in a community, this will be communicated via email to the relevant care home(s) through the care home outbreak cell. You will be required to confirm receipt and additional phone calls

may be made. Further communication will also be shared when it is possible for homes to reopen to external visitors.

4. Appeals Process

In some circumstances care homes may feel that they have assessed the risk as to be manageable and therefore can safely open some or all of their home to non-essential visitors before the currently policy outlines.

In these instances, the process in Appendix 4 and Appendix 5 must be followed by the care home and the wider system partners in Hertfordshire in the form of the Covid19 care home outbreak cell.

5. Residents leaving care homes for overnight stays with their families

Any visits out from the care home should comply with any national guidance, including any tier system that is currently in place. The risks are usually significantly greater for older people than for those of working age. As such, visits out of care homes should only be considered for care home residents of working age. Care homes should, however, support visits out for older people in exceptional circumstances, such as to visit a friend or relative at the end of their life.

A dynamic risk assessment should be undertaken by the care home to ensure that the visit is safe.

14 days before the visit, members of the household should limit their exposure to other people as much as possible. Testing of the individuals who will be present when the resident is in the household should then take place, using the lateral flow testing. The resident should also be tested using the lateral flow testing immediately before they leave the home. If any of the tests are positive, the visit is not able to go ahead, and a retest should be taken using the PCR tests.

Once the resident returns back to the care home, the resident should be tested using the PCR test and be isolated for 14 days.

A checklist (Appendix 3) has been produced to support the homes in facilitating the visits.

In the case of an outbreaks, visits out of the home should be stopped.

6. Help and Assistance

Help and assistance

If you have any further questions, then please call the HCPA provider hub on 01707 708 109 or email assistance@hcpa.info

Please update your contact details

In order to help us operate these arrangements I would ask you to provide IACT.Support@hertfordshire.gov.uk with an email address (that is checked on a regular basis). We will use this address to notify you of any local restriction situations.

Appendix 1: Checklist for Residential Care Services Non-essential visitor arrangements

Based upon national guidance 02/12/2020

Name of Care Home:

Date:

Name and Signature of manager:

Update Visiting Care Homes During Covid-19 Guidance 02/12/2020 [Click here](#)

Click here for the Hertfordshire Framework for Care Home Visits during COVID-19 v2

Important: Care homes must close to visitors in these situations:

- Where you cannot guarantee your infection control processes meet the standards on the checklist
- Where there are 2 or more symptomatic residents or staff, the home must close immediately, and a test must be completed.
 - The home can reopen once they have had no new cases for 28 days. Or if the symptomatic staff or residents are negative
- Where there are 2 or more positive test results at the home, the care home should close to family and friends and other non-essential visitors with immediate effect. These actions are being taken to support the residents in your care and to ensure the safety of staff.
 - The home can reopen once they have had no new cases for 28 days. Or if the symptomatic staff or residents is negative
- Where there is particular local intelligence that the prevalence of Covid19 has increased in a community, this will be communicated via email to the relevant care home(s) through the care home outbreak cell. You will be required to confirm receipt and additional phone calls may be made. Further communication will also be shared when it is possible for homes to reopen to external visitors.

During an outbreak, the provider should move to stop visiting apart from in exceptional circumstances such as end of life. In such cases, alternative means of maintaining contact between residents and their loved ones should be clearly set out. The above guidelines can also be used to consider risk assessments for exceptional circumstances.

For appeals paperwork [click here](#) and send to assistance@hcpa.info

Are you clear as a home the type of visits you can accommodate and for what residents? Types of visits:

- Indoor with Lateral Flow Testing
- Indoor without tests (tier 1 only)
- Outdoor
- Screened
- Exceptional Circumstances

Do you have adequate medical grade PPE, to be used for visitors and those residents who may be more at risk / have ongoing serious health conditions, or where residents are unlikely to remember about social distancing?

Have you updated your Visiting policy? Has it been communicated to residents and their families / relatives?

For full details on the areas look at the following sections in the guidance

1. With Testing- Indoor visits where the visitor has been tested and returned a negative result – [section 2.1](#)
2. Without testing -outdoor visiting and ‘screened’ visits – [section 2.3](#)
3. Exceptional circumstance Visits including end of life should **always** be enabled in all scenarios – [section 2.4](#)

Please add details on your supply

National Portal details [click here](#)

Further PPE supply information can be found here: <https://www.hcpa.info/guideline/covid-19-ppe-ipc/>

Ensuring that the appropriate PPE is always worn and used correctly – which in this situation is an appropriate form of protective face covering (this may include a surgical face mask where specific care needs align to close contact care) and good hand hygiene for all visitors

Ensure you have updated your Visiting Policy – Consider all the points found in the guidance.

For communications make sure you consider the following sections in the guidance:

- 2.5 Infection control precautions and the wider care home environment
- 2.6 Communicating with families and visitors

Remember:

Visitors must follow any guidance, procedures or protocols put in place by the care provider to ensure compliance with infection prevention control. Therefore, copies of the guidance, procedures and protocols should at least be available to be read by visitors on arrival.

Include lateral Flow communications and policy (if applicable):

If you are carrying out lateral flow testing for visitors your communications must include the purpose of the test and that it does not completely remove the risk of infection in relation to visiting. It is important that care homes are clear to visitors about the expectations placed upon visitors participating in tested visiting (i.e. in respect of PPE use, social distancing, hand hygiene, any physical contact, actions in the event of a positive test).

These expectations include the requirement for a visitor who tests positive to immediately self-isolate and complete a confirmatory PCR test which should be provided to them by the care home. If the confirmatory PCR comes back positive, their household must also self-isolate and contacts may also need to [self-isolate in line with current government guidance](#). Care homes should obtain consent from visitors prior to participating in testing.

Ensure any policies are clear, fair, appropriate and are communicated widely to the residents, staff and visitors

If the above policy sets different rules for particular residents, the policy should explain:

- any different approach applied to individuals or groups;
- any factors that are relevant to a decision relating to such individuals or groups; and
- the decision-making process to be applied to these decisions

Utilise the Care Provider Alliance Visitor Guidance to support you – [Click here](#)

Have you completed a comprehensive risk assessment for each of these people identifying the specific risks for them and others should be undertaken for the person's care, and this same risk assessment should be applied for people visiting the person.

Complete your company risk assessment to balance the benefits against potential risks for each resident. Ensure you record all assessments and decisions made, plus rationale.

This should include MCA/Best Interest decisions and whether this is family and friends visiting or Health/Care professionals.

If visors or clear face coverings are available, they can be considered as part of the risk assessment. Under no circumstances should this assessment be applied to a whole care setting.

The factors relevant to decisions about particular individuals or groups of residents include the following, in addition to those factors above relating to a care home's general visiting policy:

- the benefits to a person's wellbeing by having a particular visitor or visitors
- the extent of the harm that will be experienced by the resident from a lack of visitation or whether the individual is at the end of their life
- whether residents or staff or visitors are in the extremely clinically vulnerable group (see latest government [guidance on shielding](#))
- whether the resident's state of physical health is such that they may be more seriously affected if they develop COVID-19
- the provisions and needs outlined in the person's care plan
- the level and type of care provided by external visitors and the ability of care home staff to replicate this care
- the appropriate duration of any visit for the particular resident
- the appropriate level of staff to enable safer visiting practices
- the extent to which remote contact by telephone and/or video addresses any wellbeing issues above and is available and reduces any distress or other harm caused by the absence of visits. When developing visiting policies, care homes should consider how they will support remote contact (for example, Wi-Fi access for all residents).

In making these decisions, the care provider should actively involve the resident, their relatives or friends, any advocates, commissioners and appropriate members of the multi-disciplinary team and, where appropriate, volunteer

Are you able to limit visitors to up to two regular "constant" visitors, rather than groups or different people visiting at different times?

Consider how you would manage if a different person arrived every day – It is important to reduce numbers of visitors by asking for one constant visitor and include this in your Visiting Policy, Page 9

This, for example, means the same family member/s visiting each time to limit the number of different individuals coming into contact. This is in order to limit the overall number of visitors to the care home and/or to the individual, and the consequent risk of infection
Have you put in place practical measures to mitigate any risks arising from visits, such as visits by appointment only, visits in communal gardens, window visits and/or drive through visits?

Note: Visiting spaces must be used by only one resident and visiting party at a time, and between visits there must be appropriate cleaning and an appropriate time interval

until such times as the virus recedes in the population (this checklist will be updated then)

Review premises to see if these types of visits can be achieved, or if not, consider extra barrier PPE for client and visitor. Further advice on PPE and suppliers can be found here:

www.hcpa.info/covid-19/

Visits should happen in the open air wherever possible, recognising that for many residents and indeed visitors this will not be appropriate in the winter (this might include under a cover such as an awning, gazebo, open-sided marquee etc):

- the visitor and resident must remain at least 2 metres apart at all times
- the visit can take place at a window

Some providers have used temporary outdoor structures – sometimes referred to as ‘visiting pods – which are enclosed to some degree but are still outside the main building of the home. These can be used where this is not possible, a dedicated room such as a conservatory (i.e. wherever possible, a room that can be entered directly from outside) can be used. In both of these cases, providers must ensure that:

- the visiting space is used by only one resident and visiting party at a time, and is subject to regular enhanced cleaning between each visit
- the visitor enters the space from the outside wherever possible
- where there is a single access point to the space, the resident and visitor enter the space at different times to ensure that safe distancing and seating arrangements can be maintained effectively

- there is a substantial (e.g. floor to ceiling) screen between the resident and visitor – designed to reduce the risk of viral transmission

There must be good ventilation for spaces used (for example, including keeping doors and windows open where safe to do so and using ventilation systems at high rates but only where these circulate fresh air)

Consider the use of speakers, or assisted hearing devices (both personal and environmental) where these will aid communication. This will also avoid the need to raise voices and therefore transmission risk

Have you an arrangement to enable booking/appointments for visitors – ad hoc visits are not encouraged

Have you put in place a sign-in book / tablet which can store visitor details in case needed for Test and Trace?

Have you ensured you are using the visitor declaration form: <https://www.hcpa.info/wp-content/uploads/Visitor-Declaration-Form.docx>

Have you created guidance to prepare visitors?

Consider a booking system, to set visiting appointments.

Potentially communicate with residents' families and friends that impromptu visits are not allowed.

Ensure details of visitors are recorded. If provided, contact details should be held for 21 days as per guidance (may be subject to change) <https://www.gov.uk/guidance/maintaining-records-of-staff-customers-and-visitors-to-support-nhs-test-and-trace>

Ensure you update any privacy notices about personal data collection, if required.

Please ensure this this declaration is used and inform staff it must be used. Take note of maintain records guidance above.

Consider the following:

- visitors should be given support on how to prepare for a visit and given tips on how to communicate if face coverings are required, for example:
- speaking loudly and clearly
- keeping eye contact
- not wearing hats or anything else that might conceal their face further
- wearing clothing or their hair in a way that a resident would more likely recognise

Have you displayed posters and guidance for visitors covering the use of face coverings, Social distancing and hand hygiene?

Have you got a process for screening visitors and have a clear checklist of questions?

Have you talked to your staff to address any anxieties and provide appropriate support, policies and procedures to enable staff to facilitate visits safely?

Are you ready to rapidly impose visiting restrictions to protect vulnerable residents, staff and visitors, if the situation changes?

Have you considered the use of plastic or glass barriers between residents and visitors for screen visits?

- provide reassurance to visitors, including that some people with dementia might struggle at first to remember or recognise them. Care home staff should try to prepare the resident for a visit, perhaps by looking at photographs of the person who is due to visit and talking to them about their relationship

Posters can be found [here](#)

Screening should include:

- Have you been feeling unwell recently?
- Have you had recent onset of a new continuous cough?
- Do you have a high temperature? A care home may consider providing a temperature check for all visitors to provide confidence to visitors and to staff.
- Have you noticed a loss of, or change in, normal sense of taste or smell?
- Have you had recent contact (in the last 14 days) with anyone with COVID-19 symptoms or someone with confirmed COVID-19 – if yes, should you be self-isolating as a family member or as a contact advised to do so by NHS Test and Trace?

Sharing updates to policies and guidance is essential. If staff have anxiety, please consider the Employee Assistance programme: <https://www.hcpa.info/guideline/covid-19-eap/>

Please add details on your process here

Consider how you might be able to adjust and alter your arrangements depending on changing circumstances (such as an outbreak). Ensure these potential changes to visiting arrangements are included in your visitor's policy

Where social distancing may not be possible, screens may provide a useful barrier. Suppliers of these items are included in

Does your Policy include gifts and items brought to residents? Can these gifts be cleansed / wiped to prevent cross-contamination?

If your home is undertaking indoor visits with tests are you prepared to undertake Lateral Flow testing for visiting? Have you worked through the Lateral Flow testing checklist?

Have you completed all other relevant checklists to make sure your home is prepared for visits?

Note: Consideration of the circumstances of the individual care home (e.g. employee availability, resident demographics and outbreak status), as well as local circumstances (i.e. local epidemiological risk, presence of outbreaks in the community) must be given.

the HCPA PPE webpage: <https://www.hcpa.info/guideline/covid-19-ppe-ipc/>

If you have any questions concerning Infection Prevention and Control, you may speak with the Provider Hub – assistance@HCPA.info / 01707 708 108 or liaise with the Infection Prevention and Control team for specifics – herts.hcai@nhs.net

[Click here](#) to the lateral flow guidance

Checklists:

- Infection Control and prevention
- Residents Leaving and Returning

Appendix 2: Checklist for care home visits using Lateral Flow Testing

Based upon HM Government Care Home Visitors COVID-19 Testing Guidance

[Click here for the guidance](#)

Please ensure you can answer Yes to all the questions below prior to starting LFT

Who?	Stage of process	Please mark Yes / No
	Preparing your Home for testing and visitors	
MANGEMENT>STAFF	Have you discussed this new way of managing visits with staff?	Yes / No
MANGEMENT>VISITORS	Have you told visitors about this new way of managing visits (including being tested and wearing PPE)?	Yes / No
MANGEMENT>VISITORS	Have you prepared a written consent form covering the testing and sharing personal data from ALL those wishing to visit?	Yes / No
MANGEMENT>PORTAL	Are you signed-up to the National PPE Portal (www.nhs-ppe.co.uk)?	Yes / No
MANGEMENT	Have you sufficient stocks of PPE to manage visits?	Yes / No
MANGEMENT	Have you set up a testing area that has enough space to allow visitors to maintain social distancing before, during and after the test, including a waiting area and a one-way system?	Yes / No
MANGEMENT	Have you readied a workstation within the testing area for the preparation and unpacking of test kits?	Yes / No
MANGEMENT	Have you received email notification of Test kit delivery / received your test kits?	Yes / No
MANGEMENT	Have you prepared an area 2-30 degrees C for storing the extraction solution and the test cartridges? NOTE: Test kits need to be stored and separated from universal test kits for confirmatory PCR tests and routine testing of residents and staff.	Yes / No
MANGEMENT>STAFF	Do you have <u>2 members of staff</u> ready – One to welcome and check visitors in and one to conduct the test and record the result?	Yes / No
MANGEMENT>STAFF	Have you ensured your staff have undertaken the DHSC online training and completed the online assessment to satisfaction? If not, please contact testertraining@dhsc.gov.uk and to arrange access to the training portal	Yes / No
MANGEMENT>STAFF	Have you ensured all staff taking tests have read the guidance Click here	Yes / No

MANGEMENT	Are you satisfied that your staff are proficient in registering test and logging results?	Yes / No
MANAGEMENT	Are you confident you can schedule visitor testing as well as staff and residents testing, including having sufficient staff numbers required? NOTE: Visits may take up to one hour, including tests	Yes / No
MANAGEMENT	Have you displayed the following advice for visitors? Visitors must prepare to: <ul style="list-style-type: none"> • Consent to testing and sharing test results • Register their own test kits online, or consent to sharing personal information, if supported by staff with registration • Complete a self-assisted throat and nasal swab • Wait 20 - 30 minutes for the test results before visiting • Wear PPE during testing and visit • Follow all other infection control protocols and safety requirements during visit • Complete a confirmatory PCR test if LFD test is positive NOTE: A template poster is available here: https://www.hcpa.info/wp-content/uploads/LFT-VISITOR-TESTING-POSTER.docx	Yes / No
Getting ready for visitors		
MANGEMENT>STAFF	Are you satisfied that all staff have read the LFT Testing Process: https://www.hcpa.info/wp-content/uploads/LFT-TESTING-PROCESS.docx and accompanying guidance: https://www.hcpa.info/wp-content/uploads/Care-Home-LFD-Testing-of-Visitors-Guidance-25-11-2020-1.pdf	Yes / No
STAFF	Have you readied PPE for visitors?	Yes / No
MANAGEMNT	Have you displayed your Homes Unique Organisation Number (UON) so visitors can register themselves online?	Yes / No
STAFF	Have you prepared the test kits, ready for use (including swabs, extraction materials, test tube racks, LFS devices and barcodes)?	Yes / No
MANGEMENT	Have you one / more devices (tablets / laptops computers) available <u>and online</u> for visitors to use to register themselves?	Yes / No
MANAGEMENT	Are your staff ready to log into the Log Results App (before each visit)?	Yes / No
MANGEMENT>STAFF	Are your staff ready to support visitors to register their kits online (either using their own devices or your tablet / laptop computers)?	Yes / No
Conducting the tests		

MANGEMENT>VISITORS	<p>Have you made visitors aware they will need to:</p> <ul style="list-style-type: none"> • Consent to testing and sharing test results • Register their own test kits online, or consent to sharing personal information if you support them with registration • Complete a self-assisted throat and nasal swab • Prepare to wait 20 - 30 minutes for a result before visiting • Wear PPE during testing and visit • Follow all other infection control protocols and safety requirements during visit • Complete a confirmatory PCR test if LFD test is positive 	Yes / No
STAFF>VISITORS	<p>Have visitors been provided with PPE upon entrance and advised on wearing PPE? *Staff member handing over PPE must be in PPE themselves</p>	Yes / No
STAFF	Are staff logged in to the Log Result App?	Yes / No
STAFF>VISITORS	<p>Have visitors been instructed to register their test kit individually at https://gov.uk/enter-lateral-flow-test ?</p> <p>They will need to enter:</p> <ul style="list-style-type: none"> • The barcode number of their test kit • Date and time of their test • Contact information • Personal details including DOB 	Yes / No
STAFF	Have you noted the barcode number in each test device against the time each sample is taken?	Yes / No
STAFF>VISITORS	Have staff taken a swab sample (tonsils then nose)?	Yes / No
STAFF>VISITORS	<p>Are you clear what to do with a positive result?</p> <p><i>The visitor can no longer proceed with the visit and requires a confirmatory PCR test. Provide the visitor with a PCR test kit and ask the visitor to test on site then isolate at home immediately, avoiding public transport (if possible) and wearing a face mask. Before the visitor leaves, they will need to register the kit on-line using the "testing yourself at home" instructions. After registration is complete, you will need to schedule a courier to pick up the test kit.</i></p>	Yes / No
Ordering more kits		
MANAGEMENT	Do you understand that Kits are initially supplied for one month only? You will receive more information from DHSC on how to order more kits	Yes / No
Ensuring you have PPE		

MANAGEMENT	Do you know you can contact the National PPE Portal for enquiries about increased provision of PPE on 0800 876 6802?	Yes / No
Further help		
MANGEMENT	Do you know how to ask further questions? Please note to call 119 if you have any questions and a swabbing video can be found here: https://learninghub.nhs.uk/self-swab	Yes / No

Appendix 3: Residential care services for residents leaving and returning with family

Name of Care Home: _____ Date: _____ Name and Signature of manager: _____

Update Visiting Care Homes During Covid-19 Guidance 02/12/2020 [Click here](#)
[Click here](#) for the visiting arrangement guidance

Important: Care homes must not have residents leaving or allow visitors in the following scenarios:

- Where you cannot guarantee your infection control processes meet the standards on the checklist
- Where there are 2 or more symptomatic residents or staff, the home must close immediately, and a test must be completed.
 - The home can reopen once they have had no new cases for 28 days. Or if the symptomatic staff or residents are negative
- Where there are 2 or more positive test results at the home, the care home should close to family and friends and other non-essential visitors with immediate effect. These actions are being taken to support the residents in your care and to ensure the safety of staff.
 - The home can reopen once they have had no new cases for 28 days. Or if the symptomatic staff or residents is negative
- Where there is particular local intelligence that the prevalence of Covid19 has increased in a community, this will be communicated via email to the relevant care home(s) through the care home outbreak cell. You will be required to confirm receipt and additional phone calls may be made. Further communication will also be shared when it is possible for homes to reopen to external visitors.

During an outbreak, the provider should move to stop internal and outward visiting apart from in exceptional circumstances such as end of life. In such cases, alternative means of maintaining contact between residents and their loved ones should be clearly set out. The above guidelines can also be used to consider risk assessments for exceptional circumstances.

For appeals paperwork [click here](#) and send to assistance@hcpa.info

Consideration prior to Resident Leaving requests	Yes/No	Comments/ Actions
Have you shared communication on expectations to all resident families around residents leaving and returning including the letter from Hertfordshire County Council		
Have you updated your internal policies and procedures?		
Have you completed the Lateral Flow testing checklist?		
Have you got clear communication plan agreed with the family?		
Completing risk assessment on residents who have requested to leave	Yes/No	Comments/ Actions
Have you completed a risk assessment on the individual resident before you accept the request?		
Does your risk assessment include? Is the person able to tolerate a test?		
Can the person self-isolate for 14 days on return?		
Can the person consent to leaving and returning the home?		
Has the home considered MCA and best interest of the resident?		
Are the family able to provide care at home?		
Including: Administering medication Have the appropriate equipment in the family home to support		
Are household prepared to continue care for an extended period due to unforeseen circumstances?		
Are they able to transport the resident home?		
Are the family prepared to self-isolate as much as possible for 2 weeks before as much as possible?		
Is the resident medically fit?		
Is the care home able to cohort the individual when returning for 14 days to keep isolated residents in one section of the home?		
Consideration following approved risk assessment for Resident Leaving	Yes/No	Comments/ Actions

Are staff prepared for the resident's collection?		Including preparing the residents belongings and completing the tests
Have you contacted the household to complete a Lateral Flow test?		Please follow the Lateral Flow Checklist for the full process, including what to do with positive results
Have you completed the Lateral Flow test with the resident?		Please follow the Lateral Flow Checklist for the full process, including what to do with positive results
Consideration prior to Resident Returning	Yes/No	Comments/ Actions
Are staff prepared for the resident's return?		
Have you completed the Lateral Flow test with the resident?		Please follow the Lateral Flow Checklist for the full process, including what to do with positive results
Has the resident been isolated following the test?		Please note the resident needs to isolate for 14 days whether the result is positive or negative

Appendix 4: Appeals Process for Non Essential Visitors

In some circumstances care homes may feel that they have assessed the risk as to be manageable and therefore can safely open some or all of their home to non-essential visitors before the currently policy outlines.

In these instances, the following process will be followed by the care home and the wider system partners in Hertfordshire in the form of the Covid19 care home outbreak cell. Care homes may appeal for all or parts of the home to open.

The care home must complete the non essential visitors appeals template (Appendix 3) and email Hertfordshire County Council using the email assistance@hcpa.info, outlining the risk assessment they have undertaken to reach this conclusion. The template will cover:

- Current position of the home in terms of the outbreak or Covid 19 status amongst staff and residents.
- A confirmation that the swabbing for all negative residents and staff has been undertaken at 4-7 days
- When the home was last open for non-essential visits and how they were operated and will manage visitors going forward
- The risk assessment undertaken using the visitor guidance checklist and the measures that will be taken to avoid any risk of transmission

The county council will respond to the care home with a clear decision within a maximum of 3 working days although will aim to respond quicker.

Any decision made as part of the appeal can be reviewed and amended based on new evidence and prevalence of Covid19 in the local system.

The decision only applies for that outbreak and a home will need to close for non-essential visitors if there is a new outbreak or if there is a new positive case or symptomatic resident or staff member.

Stage 1

The information from the home will be taken to the relevant care home Covid19 outbreak cell for decision.

The cell will consider the risk assessment and supplementary information supplied by the care home, any evidence from partners and the current local area prevalence rate

For a decision to be made, a quorum must be established as defined in the Covid19 cell terms of reference and including a representative from Hertfordshire County Council's public health department. The chair of the outbreak cell's responsibility is to ensure that all views are accounted for when agreeing either a decision or to escalate to Stage 2.

The decision made will be formally noted on the outbreak cell decision log and an email outlining the decision will be sent on behalf of the Chair of the outbreak cell.

Stage 2

If the care home outbreak feels they are unable to make a decision or a quorum is not present, then the decision is escalated to Hertfordshire County Council's Director of Public Health for a decision.

The decision made will be formally noted at the next outbreak cell, logged on the outbreak cell decision log and an email outlining the decision will be sent on behalf of the Chair of the outbreak cell.

Appendix 5: HCC non-essential visitor guidance appeal template

Name of Care Home	Name of Contact	Email address	Telephone number	Date Completed

Details of the appeal

Current position of the home in terms of the Covid 19 outbreak or situation	
No: of positive residents	
Date of results	
No: of positive staff	
Date of results	

Whole Home Testing	
Date of 4-7-day swabbing for all negative residents	
Date of 4-7-day swabbing for all negative staff	

Staff Levels	
Do you have staffing levels that can support visitors entering the home	

Home open to visitors	
Date the non-essential visitor checklist was completed	
Has it been attached to this appeal?	
Were any risks identified? If yes, please give details of actions taken to mitigate these	
Which areas of the home will be opened if the appeal is successful?	

Any other comments