

Purpose of the Policy

As the entire country moves to level 3+ new changes have been made to the visiting policy in Nursing Homes. Changes have been made to the definition of compassionate and critical visiting for residents, at framework levels 3 and 4, up to one visit per week by one person can be facilitated on compassionate grounds. At framework level 5 up to one visit every two weeks by one person can be facilitated on compassionate grounds. Visitors are not expected to be swabbed prior to visiting the home, however strict adherence to Hand Hygiene protocols and appropriate use of face cloth covering, or surgical masks will be facilitated. Christmas is a very special cultural and religious celebration for our residents. Grace Healthcare aim to support and facilitate additional visits for residents who wish to receive visitors during the Christmas / New Year period, for those residents for whom this period is important.

As the Covid19 Nursing Homes Expert Panel has reported: “The very infectious nature of COVID-19 makes it difficult to prevent and control in residential care settings. The transmission of the virus into and within Nursing Homes is multifactorial. People in Nursing Homes were disproportionately likely to contract it compared to their peer-age-group. The mortality rates seen in Nursing Homes were also higher, this is in the context of a more medically vulnerable and frail population.” The latest guidance has confirmed however that “In the context of Framework Level 3, a more flexible interpretation of critical and compassionate circumstances is appropriate.”

The team at Grace Healthcare are guided in the actions we are undertaking by expert medical advice provided by the National Public Health Emergency Team (NPHET) and Health Protection Surveillance Centre (HPSC).

We hope families will appreciate the very precarious and tough position we are placed in. We greatly value the importance of engagement between residents and their family and friends. However, the lives of residents in our Nursing Home are threatened by the virus and we have a duty of care to protect the safety, wellbeing and the lives of residents entrusted in our care.

While Grace Healthcare Nursing Homes acknowledges the importance of communication and family connections with our residents, all regular in door visiting is suspended until further notice.

Visits in the residents' room are permitted only in exceptional circumstances such as End of Life care.

Grace Healthcare Nursing Home reviewed its own previous local visiting protocol and efforts were made to adapt the new visiting Guidelines.

Definitions

Visitors. For the purpose of this guidance visitors may be taken to include people, typically family members or friends, who come to the Nursing Home 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. Particularly in the context of an outbreak a signed acceptance of personal responsibility may be appropriate.

It does not include Essential Service Providers (ESPs). Essential Service Providers are people who provide professional services including healthcare, legal, financial, and regulatory. Key examples include those who attend to provide healthcare services such as medical, nursing, dental, physiotherapy, occupational therapy or podiatry services and those who provide legal services, chaplaincy services, advocacy services, or inspection of the Nursing Home for monitoring or regulatory purposes. Access for ESPs cannot be denied, they 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, taken on-line training in hand hygiene and in the donning and doffing of relevant personal protective equipment available on the HSE website and that their organisation has appropriate supports to document and manage adverse incidents.

A third distinct category are Important Service Providers (ISPs) who provide services that are important to residents' 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 Nursing Home should have a list of important service providers with whom there is an established relationship and clarity around infection prevention and control requirements. ISPs should ensure that they have, at a minimum, taken on-line training in hand hygiene and in the donning and doffing of relevant personal protective equipment available on the HSE website.

Critical and compassionate circumstances are difficult to define and of necessity require judgement. The term should not be interpreted as limited to circumstances when the death of a resident is imminent.

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

- At framework levels 3 and 4 up to one visit per week by one person should be facilitated on compassionate grounds.

- At framework level 5 up to one visit every two weeks by one person should be facilitated on compassionate grounds.
- Circumstances in which a resident 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 resident (for example death of a spouse or birthday).
- 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 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.
- A resident 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 resident expresses concern that a prolonged absence is causing upset or harm to a resident.
- Other circumstances in which the judgement of the medical or nursing staff or social care worker caring for the resident is that a visit is important for the persons health or sense of wellbeing.

The following protocols must be adhered to for the safety of all:

- COMPASSIONATE & CRITICAL VISITS ONLY (at the discretion of the DON).
- Each visit will be risk assessed by a Manager of the home.
- Indoor visits will only be permitted in exceptional circumstances such as end of life care.
- There are iPads available in each unit for WhatsApp Video calls
- Calls can be of 15-minute duration
- iPads to be cleaned before and after use. iPad stands can be used to assist residents.
- Phone calls can also be facilitated.
- Window visits are permitted. Windows can be open to facilitate communication but must not be open widely with individuals leaning in through the window.
- The family member/nominated visitor is aware and accepts all risks associated with the potential of infection.
- all family members/nominated visitor comply fully with any measures they are asked to follow for their own protection or the protection of staff or residents.

- The family member/nominated visitor visiting must wear a mask and carry out hand hygiene.

All families and residents will be communicated with as soon as there are any changes in these arrangements.

FURTHER DEFINITION AND GUIDELINES AS OF 24.11.20

Infection prevention and control (IPC) practice is critical to the safe operation of Nursing Homes at all times. The focus on the rigorous application of IPC measures is increased in the context of a public health (PH) emergency such as the current pandemic in particular given the impact of COVID-19 on older people.

Good evidence regarding the role of visiting in contributing to the occurrence of outbreaks in this context is lacking however, visiting restrictions are widely practiced internationally as a protective measure with some variations in how they are applied. However, as per regulatory requirements, visiting is part of the normal daily functioning of Nursing Homes. Therefore, the service provider is responsible for doing all that is practical to support safe visiting. The Nursing Homes should have the capacity and relevant skill sets within its staffing complement to manage this appropriately.

Nursing Homes are the home environments of individuals residing there and as such the importance of maintaining family connections with loved ones must not be underestimated from a holistic person-centred approach. This guidance document recognises the autonomy of residents in Nursing Homes 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, residents, 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 resident 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 residents and the right to have visitors is balanced with the need to ensure that visitations do not compromise overall resident 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 nonadherence. Consultation with local Public Health teams and IPC expertise will assist the Registered Provider/ Person in Charge with review of their plans and risk mitigation in order to facilitate visiting. Restrictions should be applied on the basis of a documented risk assessment that is reviewed regularly in view of the

evolving public health situation and new guidance. A risk assessment should take account of the overall care needs, rights and wishes of residents, the vulnerability of the residents, the current incidence of COVID-19 in the surrounding community and the capacity of the Nursing Home in terms of buildings, grounds and human resources to manage risks associated with visiting.

The nature and purpose of visiting restrictions as outlined in the risk assessment should be communicated to residents and their significant others and there should be an opportunity to discuss the impact of the restrictions on individuals.

In the context of the impact on the person it is important to take account of major cultural or religious festivals or celebrations of particular significance to the resident. For many people in Ireland Christmas is of particular significance. Equal provision must be made for people from other traditions and belief systems.

The safety of residents in Grace Healthcare is paramount and therefore Grace Healthcare do not recommend for any resident to leave the home for any period of time.

Every practical effort should be made at Framework Levels 1 and 2 to facilitate residents visiting with a small group of family or friends in a private residence. For practical reasons it may be necessary to limit the number of residents from a Grace Healthcare Home to visit elsewhere on one specific day, but a visit may be possible at some time over the Christmas and New Year period. Consideration of a visit to a private residence 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 home is low. That risk assessment will generally require discussion between a senior member of the nursing staff in the Nursing Home and the person or people hosting the proposed visit.

A critical element in facilitating visits away from the Nursing Home is the functional independence of the residents. For residents who are highly dependent on support for activities of daily living organising a visit may be impractical and the risks are also likely to be greater because of the intensity of contact with informal carers that is likely to be necessary during the visit. Other key elements of such a risk assessment are the extent to which those hosting the visit can limit the number of people the resident is exposed to on the way to and from the place, their ability to limit the number of people the resident is exposed to during the visit (for example no more than 4 other people) and an undertaking from those hosting the visit to ensure that the small group present during the visit are checked for symptoms on arrival.

If the resident is absent from the Nursing Home for less than 12 hours and in the absence of any reported unintended exposure there is generally no requirement for the resident to restrict

movement to their room on their return. If the resident is absent from the Nursing Home for more than 12 hours (typically an overnight stay), the resident should be asked to stay in their room as much as possible for 14 days after the visit and will be tested approximately 5 days after their return.

At all framework levels every practical effort should be made to accommodate an additional visit to residents who wish to receive visitors in the Home on compassionate grounds during the period a major cultural or religious festival or celebrations of particular significance to the resident. For example, a visit should where possible be facilitated during the Christmas/New Year period for those residents for whom this period is important.

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 Nursing Homes.

1.1 Visiting in Nursing Home with no ongoing COVID-19 outbreak

1.1.1. During periods of Framework Level 1

Visiting for residents in Nursing Homes where there is no ongoing COVID-19 outbreak should be encouraged with appropriate practical precautions to manage the risk of introduction of COVID-19 as follows:

- Outdoor visiting is expected to carry a lower risk than indoor visiting and should be encouraged where appropriate to the needs of the resident and subject to weather.
- The duration of the visit may generally be limited to an hour with flexibility on compassionate grounds in special circumstances. In this context special circumstances should encompass accommodating, in so far as practical, the needs of a spouse or other person who plays a key role in providing practical and emotional support for the resident.
- In general, the number of visits per resident per week should be 2 visits with up to 2 people at each visit. This is subject to the capacity of the home to schedule the visits safely. Visits should only take place when there is sufficient staff on duty to manage visiting. Visits should generally occur away from mealtimes however if a resident is taking a meal in their room and would like a visitor to assist them that can be facilitated.
- Each resident should have nominated visitors for whom the Nursing Home has contact details. There is no requirement to limit the number of nominated visitors. Visitors should generally be limited to 2 per resident at a time but with flexibility as appropriate

on compassionate grounds to meet the needs of residents (for example see below re children).

- In general visits should be arranged in advance with the facility but a Nursing Home may consider if flexibility is appropriate on compassionate grounds to meet the needs of residents and their significant others.
- Visits should be scheduled to avoid heavy footfall in the Nursing Home at any time. It is expected that each facility will consider the number of visitors they can accommodate and to discuss these plans with IPC who can then seek public health advice if required.
- Separate entrance and exit for visitors are encouraged but is not a requirement.
- Visitors should be made aware of the visiting processes that apply which are symptom and temperature-checking, determination of previous known exposure to COVID-19, and use of correct hand hygiene techniques. In addition, they should be made aware that any visitors with fever or respiratory symptoms will not be admitted.
- Visitors should be asked if they have COVID-19 or had close contact with a person with COVID-19 / suspected COVID-19 symptoms within the time period as determined by national guidance. Visitors should declare that they have no symptoms and undergo a temperature check before entering the Nursing Home. People who have had COVID-19 but for whom the infectious period has passed may visit as for other people.
- Visitors are required to sign in on entry to the facility (regulatory requirement). Visitors should be advised to bring their own pen and 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.
- Visitors are required to perform hand hygiene and wear a cloth-face covering or a surgical mask during the visit. It is not appropriate to ask visitors who are asymptomatic to wear gloves, apron, gown or eye-protection during the visit. The resident may be asked to wear a cloth-face covering or a surgical mask during the visit if they can do so comfortably but this is not necessary if distance is maintained. It is not appropriate to ask the resident to wear gloves, apron, gown or eye-protection during the visit.
- People who have recently travelled to Ireland are advised to restrict movements for a period of 14 days and therefore should not generally visit the nursing home, however where there are compelling reasons to facilitate an urgent visit to a Grace Healthcare Nursing Home during that period a person should not be excluded solely on the grounds of recent travel provided that they can comply with all other requirements specified.

- Even when the visitor and resident are alone together and at a safe distance from others continued use of the face covering or mask is preferred but it may be appropriate to remove the mask in some circumstances where it represents an impediment to communication, impedes recognition or disturbs the resident. The facility should provide any necessary personal protective equipment. While physical contact (for example an embrace, hug or holding hands) between visitors and the resident should generally be avoided some flexibility is appropriate in particularly towards end of life of for residents who are distressed.
- Visits can occur either in the resident's room if the room is a single room, or in the case of a multi-occupancy facility, in a room away from other people or in an outdoor area (weather permitting) where distance can be maintained. At Grace Healthcare a designated area such as the visitor's room or the external visiting pod are allocated in the facility to accommodate visiting, visiting will not take place in the residents' rooms except in exceptional circumstances.
- Organised outings by bus or car should generally be facilitated with individual risk assessments completed and overseen by the Person in Charge in order to eliminate any identified risk.
- Outings for a drive with a visitor may be facilitated subject to risk assessment and confirming that the visitor does not have symptoms of COVID-19 and is not a COVID19 contact. Where residents go for a drive the resident and visitor should be reminded of the need for people over 70 years old and those extremely medically vulnerable to take extra care when outside the Nursing Home. They should be careful to observe social distancing with respect to others, be careful with respect to hand hygiene and use of face coverings as per public health guidance both in the car and if they leave the car for any reason.
- Gifts of baked goods whether homemade or commercially produced are most unlikely to pose a significant risk and should not be restricted on infection prevention and control grounds.
- There is no infection prevention and control requirement to limit or restrict residents from receiving items such as books, magazines, confectionery, keepsakes or objects of religious or personal significance. The items should be clean on delivery but need not be new. There is no justification for restricting receipt of items offered to a resident to items acquired at a specific retailer or retailers. There is generally no requirement to store items for an extended period after delivery before they are given to the resident. If a home opts to apply a period of storage before delivery it should not be longer than 1 day.

- Visits by a child may 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.
- The resident's right to decline a visitor shall be respected.
- There are no restrictions on Essential Service Providers or Important Service Providers in Framework Level 1 other than adherence to good infection prevention and control practice.

1.1.2 During Periods of Framework Level 2

The following modifications apply to guidance during Framework Level 2.

- The number of people participating in each visit should be reduced to 1 unless there are compassionate or critical circumstances that require that the person should be accompanied by an additional person or additional visits.
- The number of visits facilitated is independent of the number of nominated visitors for example a person may choose to have all their visits from 1 person, or the same total number of visits rotated among the nominated visitors.
- Essential service providers and important service providers are not included as visitors for this purpose. Visitors should generally be limited to 1 per resident at a time but with flexibility as appropriate on compassionate grounds to meet the needs of residents (for example see below re children).
- Visits should be strictly arranged in advance with the facility.
- Visitors are required to wear a surgical mask throughout the visit unless there is a specific difficulty that prevents wearing a mask. If a mask cannot be tolerated, they should wear a visor that extends from above the eyes to below the chin and from ear to ear. PPE should be provided by the Nursing Home if required.
- Organised outings by bus or car should be avoided.
- Outings for a social drive with a visitor should be avoided.
- It is important to note that at all Framework Levels some flexibility is required when residents have essential business to conduct for example visit to the post office, bank or legal services or critical personal requirements for example related to death of a family member or a visit to a family grave.
- Visits by children should be avoided except in compassionate or critical circumstances.

- There are no restrictions on Essential Service Providers in Framework Level 2 other than adherence to good infection prevention and control practice. Reduced access for Important Service Providers may be required.

1.1.3 Visiting during Framework Levels 3, 4 and 5

Suspended aside from critical and compassionate circumstances.

- To promote wellbeing up to one visit by one person per week should be facilitated on compassionate grounds for those residents who wish to receive visitors when at Framework Levels 3 and 4.
- Up to one visit by one person every two week should be facilitated on compassionate grounds for those residents who wish to receive visitors when at Framework Level 5.
- Some residents may express a preference not to receive visitors for the duration of the COVID-19 pandemic or for specific periods at higher Framework Levels. Where residents express that preference, it must be respected. However, where a resident has expressed a preference not to receive visitors, the resident should be formally communicated with at reasonable intervals to ensure that their preference is unchanged and current preference is recorded.
- Visits facilitated on compassionate grounds should be limited to one person in all but the most exceptional circumstances. Visits will normally be limited to 1 hour but with appropriate flexibility for example in relation to situations such as end of life. Visitors are required to give a commitment in advance of the visit to maintain distance from the resident at all times.
- There is no requirement that visits facilitated on compassionate grounds should always be by the same person. There is no reason to expect the risk of introduction of COVID-19 is reduced by having the same person make all visits facilitated on compassionate grounds. The ability to have another person take the visit as short notice may support visitors in adherence to guidance not to come for a visit if they have any concern whatever regarding their health on the day scheduled for the visit.
- As above, in the context of Framework Level 3, a more flexible interpretation of critical and compassionate circumstances is appropriate compared with Framework Level 4 and 5.
- There are no restrictions on Essential Service Providers in Framework Level 3, 4 and 5 others than adherence to good infection prevention and control practice. Suspension of access for Important Service Providers may be required at Framework Level 3 and will generally be required during Framework Level 4 and 5.

1.2 Visiting during Framework 1 and 2 in the context of an outbreak of COVID-19

The risks of the virus introduction associated with visiting during an outbreak are different from those in a Nursing Home without an outbreak of COVID-19 because in the former case the virus is already in the facility. The risk to visitors is a much more significant concern during an outbreak. During periods of Framework 1 and 2, the following approach applies to Nursing Home during an ongoing outbreak of COVID-19.

While it is acknowledged that facilities have a right to decline visitors to the facility during an outbreak it is accepted that visiting constitutes a key element of resident welfare and therefore all efforts to support same should be made in the appropriate context and with the necessary supports.

Visiting and access within a Nursing Home will generally be suspended in the first instance with the exception of critical and compassionate circumstances. Access for Important Service Providers will generally 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, visits that are essential will be facilitated.

During an ongoing outbreak general visiting will be limited based on a documented risk assessment that is reviewed at least every 2 weeks. 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.

All visits during an outbreak are subject to the visitor accepting that all visiting during an outbreak is associated with a risk of infection for the visitor and that they choose to accept that risk. The Nursing Home 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. Arrangements should be in place to support virtual visiting (telephone or video-link) to the greatest extent possible.

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.

Visiting protocol is subject to change as per Government Guidelines, regulations and advice provided by the HPSC and HSE

Appendix 1 Summary Table of Key Points on Visiting at each Framework Level

Note in the event of any apparent difference between the table and the text the text is definitive.

Domain	Framework Level				
	1	2	3	4	5
Clear communication on visiting policy	Yes	Yes	Yes	Yes	Yes
Outdoor and window visiting	Yes	Yes	Yes	Yes	Yes
Support for remote visiting (phone and video calls)	Yes	Yes	Yes	Yes	Yes
Access for essential service providers	Yes	Yes	Yes	Yes	Yes
Access for important service providers	Yes	Reduced	Suspended if required	No	No
Critical and compassionate visiting	Yes	Yes	Yes	Yes	Yes
Visits should be scheduled, and visitors recorded	Yes	Yes	Yes	Yes	Yes
Visitors should be assessed for features of COVID-19 and check if COVID Contact before admission	Yes	Yes	Yes	Yes	Yes
Visitors informed of risk, how to stay safe and accept personal responsibility	Yes	Yes	Yes	Yes	Yes
Visitors are provided with access to hand sanitiser and personal protective equipment if required	Yes	Yes	Yes	Yes	Yes
Open for visiting with protective measures	Yes	No	No	No	No
Open for visiting with enhanced protective measures	-	Yes	No	No	No
Organised outings (risk assess)	Yes	No	No	No	No
Social drive in private car	Yes	No	No	No	No
Outing for essential business (risk assessment)	Yes	Yes	Yes	Yes	Yes
Visits by children -with supervision	Yes	No ¹			
Number of routine visits per week (general)	2 (with 2 people)	2 (with 1 person)	0	0	0

Appendix 2

Critical and compassionate visiting Procedure

- All current risk assessments should be in place: temperature checks, and risk assessment questionnaire
- PPE worn as appropriate
- 1 family members can attend at any one time
- Ensure the room is well ventilated
- Refreshments can be offered in the dining area with social distancing. Ensure the area is cleaned well after use.
- Ensure the resident's area is cleaned frequently throughout the day e.g. cleaning highly touched surfaces every 2 hours, this can be done after giving care and the family are out of the room.
- Families are not permitted to visit other residents in the facility.
- Families are permitted to stay in the resident's room for 2 hours and then take a short break to allow care to take place and for the family to get some fresh air/refreshments. Staff to use their discretion based on the residents' condition.
- A family member may stay overnight within the resident's room.
- Priest or other religious persons may visit at the resident or family request.