



Llywodraeth Cymru
Welsh Government

GUIDANCE

Visits to care homes: guidance for providers

Guidance for care home providers for adults and children on how to enable safe visiting during the COVID-19 pandemic.

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Introduction

Version 11 of the guidance supersedes previous versions. The key changes are:

- To enable visitors to take Lateral Flow Device (LFD) tests away from the

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care home, at the provider's discretion

- To clarify that visitors do not need to be seated or socially distanced when in a resident's room or designated visiting room
- To ease restrictions around gifts, including food and drink. These may now be shared between visitors and residents, and no longer need to be kept in sealed, unopened containers

Background

In response to the COVID-19 pandemic, the Welsh Government imposed restrictions on citizens. These were put in place to prevent and control COVID-19 in Wales.

Restrictions set out in Welsh legislation may differ from those elsewhere in the UK, so it is important you understand the law as it applies in Wales. If you operate care homes in more than one UK nation, you must apply the legislation and guidance of the country where the home is located.

Who is the guidance for and why has it been produced?

This guidance is for providers of all care home services for adults and/or children in Wales.

It has been produced to support providers to enable visiting both into and out of their homes. This includes visiting friends, families and professionals. **[Separate guidance for providers of supported living services is available.](#)**

The information in this guidance is not exhaustive. Care homes and their environments are all very different, as are the people living there. It is important that providers consider people's individual needs and avoid a 'one size fits all' approach.

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Making decisions on visiting

We expect and encourage providers to facilitate visits wherever possible, and to do so in a risk managed way. Providers should consider their local Incident Management Team (IMT) advice on visiting. However, the decision on how visits take place, rests with the provider. Providers should weigh the impact of visits on well-being and risks, upholding people's rights. They should complete dynamic risk assessments to inform decisions. Decisions on visiting should involve:

- the person living at the home
- their representatives / advocates where appropriate
- the provider
- other relevant professionals such as social workers and clinicians where appropriate

Public Health Wales has developed [guidance to support care homes in undertaking risk assessments to support visits to and visits out from care homes](#).

All decisions should be taken in light of general legal obligations, such as those under the Equality Act 2010 and Human Rights Act 1998, as applicable.

Essential visitors

Each resident may nominate one essential visitor. This would generally be a spouse, partner, close family member or friend but there is no restriction on who they choose to nominate.

Providers should support residents to nominate their essential visitor. They should involve family members, friends and advocates as appropriate. Social workers may also support discussions, particularly for children living in care homes. Providers should keep a record of each resident's nominated essential visitor. Residents may change their essential visitor nomination but should not do this routinely.

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Essential visitors may continue visiting while the care home is in outbreak. However visits should not happen if either the essential visitor or resident are COVID-19 positive, unless there are exceptional circumstances.

Where essential visitors provide care to residents, providers should consider whether their support is closer to that of a staff member or a regular visitor. If the support is closer to a staff member they should be tested in line with care home staff, and use the same Personal Protective Equipment (PPE).

Restricting visiting

Local authorities may advise that visits to care homes are restricted or cease in their area. This will be based on public health advice received at IMT meetings.

Restrictions on visiting may be placed:

- on homes within a certain area of the local authority
- on homes within the entire local authority area
- nationally by Welsh Government

Providers may need to restrict visiting if there is a COVID-19 incident or outbreak at the home. Visits could be limited to essential visitors and to exceptional circumstances visits only. In the event of a significant outbreak any restrictions to essential visitors should be discussed with the IMT supporting you with your outbreak.

Providers should take advice from their local authorities, local environmental health team, supported by PHW and / or the IMT if convened, as each incident will be different.

Providers should inform all visitors not to visit if the below apply:

- they have any symptoms consistent with COVID-19
- they have tested positive for COVID-19 within the last 10 days
- they have been knowingly exposed to someone with COVID-19 within the last 10 days

- anyone in their household or anyone they have been in close contact with has symptoms of COVID-19
- they have been advised to self-isolate by a contact tracer from NHS Test Trace Protect
- they have returned from a red list country or territory in the last 10 days (unless the visit is in exceptional circumstances)

Additional COVID-19 guidance for care homes

Please see links to the current guidance for care homes:

[PHW guidance to prevent COVID-19 among care home residents and manage cases, incidents and outbreaks in residential care Settings in Wales](#)

[PHW advisory note on PPE for use in care homes](#)

[PHW risk assessment guidance for visiting into or out of care homes](#)
(titled: GUI-006: Guide to risk assessment for visiting into or out of care homes during the coronavirus pandemic)

[Action card for visitors to care homes](#)

[Action card for social care staff](#)

Visiting structures/pods

Visiting structures/pods helped people to maintain contact with their loved ones. This was particularly important when greater visiting restrictions were in place.

As indoor visiting can now take place (including within people's own rooms), this should now be the primary way that visits occur. Compared with visiting structures/pods, indoor visits offer greater normality for people. Communication is also easier, due to the lack of a screen.

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Outdoor visits can also take place, and people may prefer this type of visit when the weather is good.

If providers are still using visiting structures/pods they should:

- risk assess the structure from an infection prevention and control (IPC) perspective
- consider the number of entrances. If single entrance consider how the visit will be managed. This includes considering who enters/leaves first to ensure that social distancing is maintained
- consider whether to use a screen between the resident and the visitor. Screens are designed to reduce the risk of viral transmission
- if using screens consider whether a fixed, floor to ceiling, or retractable clear screen is appropriate
- ensure adequate ventilation. This should include opening windows or other options which circulate fresh air
- ensure adequate heating (not blow heaters)
- ensure surfaces can be easily cleaned (not carpet)
- consider using speakers, or assisted hearing devices (both personal and environmental). These will aid communication and avoid the need to raise voices

When using visiting structures/pods, providers should:

- risk assess the visit including assessing whether staff should be present
- ensure that IPC measures are in place. This includes social distancing, hand hygiene, and cleaning (including furniture) after each use

Vaccination

The COVID-19 vaccination programme has contributed to a return to a more normal way of life for people living in care homes. This guidance will continue to be reviewed in light of the vaccination programme and will be updated as necessary as there is greater understanding of the impact of the vaccination programme on COVID-19 disease and spread.

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Visiting in care homes (adults and children's)

Arrangements for all types of visit:

- Providers should keep records of all visitors to the home. This should include when they visited and whom they had contact with.
- Providers should keep records of all breaches in visiting protocols. This should include the date, time and type of breach.
- Providers should respect people's rights to a private and family life when planning visits. Visits should only be directly supervised by staff if there is a specific need to do so. Providers should explain clearly to the person and their visitors the reasons for any direct supervision.
- Providers should be flexible when considering visiting times.
- Visitors and residents may hold hands without wearing gloves. Visitors should wash hands before and after any contact with the resident or their environment and cover broken skin with a waterproof dressing or plaster before contact.
- Encourage caution with close physical interactions (for example hugs, kisses). This presents less risk if it is between people who are fully vaccinated, without face-to-face contact, and there is brief contact only.

Indoor visiting

- There is no prescribed limit to the number of indoor visitors. Care homes should manage this based on a risk assessment.
- Visits may take place in a designated room, or in residents' own rooms. Windows should be open, wherever possible, to ensure adequate ventilation.
- Indoor visitors will be subject to LFD testing.
- Visitors may take LFD tests away from the care home, at the provider's discretion.
- Where it is agreed that LFD tests for visitors are taken away from the care home this should show evidence of a negative COVID-19 test result within the 24 hour period preceding the visit.
- If the visitor is participating in a regular testing regime as part of their

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profession then this should show evidence of a negative test COVID-19 result within the 72 hour period preceding the visit.

- Providers should continue to provide support for visitors to take LFD tests at the care home, regardless of whether they allow visitors to test away from the home.
- Visitors should wear face coverings on entry to the home in line with Welsh Government requirements on the use of face coverings in indoor settings.
- Visitors may remove face coverings once they are in the resident's room or designated visiting room.
- Visitors do not need to be seated or socially distanced when in a resident's room or a designated visiting room.
- Visitors should be advised to wear PPE according to IPC guidance, where there is likely to be more significant close contact / care giving for the resident. Providers should provide PPE, and support visitors to wear, remove and dispose of it safely.

Visits within visiting pods/structures or similar enclosed spaces

- There is no prescribed limit to the number of visitors within visiting pods/ structures. Care homes should manage this based on a risk assessment.
- Visitors undertaking visits in visiting pods/structures will not be tested if there is an outside entrance for the visitor, a fixed floor to ceiling screen and appropriate safeguards in place i.e. cleaning between visits.
- Visitors should wear face coverings on entry to the pod/structure. Visitors may remove face coverings once seated, if there is an outside entrance for the visitor, a fixed floor to ceiling screen and appropriate safeguards in place i.e. cleaning between visits.

Outdoor visiting

- There is no prescribed limit to the number of outdoor visitors. Care homes

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should manage this based on a risk assessment.

- Testing is not required for outdoor visits.
- Visitors do not need to wear face coverings during outdoor visits.

Window visits

Window visits can take place at a home where there is an outbreak of COVID-19 in any alert level if:

- care home staff can support this
- the layout of the care home means that visitors do not enter the home
- the resident can come to a window without exposing other vulnerable residents
- the visitor remains two metres from the window

The window may be opened if visitors maintain a two metre distance.

Testing for visitors is not required for window visits.

Visits from children and young people

Providers may support visits from children and young people. Providers should agree visits involving children in advance, so this can be risk assessed.

Children aged 11 and over should wear the same PPE as adult visitors, where indicated.

Children aged 11 and over will be subject to LFD testing before indoor visits (see section on indoor visiting). Parental consent should be sought before any test.

Visiting professionals and other supportive services

Providers may support indoor visits by professionals. This would include (but is not restricted to) visits from:

- advocates
- chiropodists
- doctors
- dentists
- dietitians
- community nurses
- social workers
- inspectors
- Public Health Wales
- local authority environmental health officers
- health board infection control specialists

Providers should agree visits in advance, unless there is a need for the visit to be unannounced. Visiting professionals should take suitable measures to keep themselves and others safe including vaccination, observing IPC measures and using appropriate PPE. They should also follow advice issued in relation to their profession.

Professionals participating in a regular testing regime should show evidence of a recent negative COVID-19 test result (within the last 72 hours) before entry.

Professional visitors and other services who are not participating in a regular testing regime may, at the provider's discretion, take an LFD test away from the home. This should show evidence of a negative COVID-19 LFD test result within the 24 hours preceding the visit.

Providers may support indoor visits from hairdressers, subject to safeguards including:

- using designated, well-ventilated areas, with regular cleaning

- keeping records of visits from hairdressers, in line with other visitors

Providers may also support visits for other services supporting people's well-being such as entertainers.

Care home staff should support other supportive services during their visit, to ensure appropriate IPC and PPE procedures are being followed.

Animals/pets

Providers may allow visits from animals/pets. Animals should be well trained and showing no signs of illness. Hands should be washed before and after contact with animals.

Anyone entering the home with an animal will require an LFD test and will need to follow IPC measures.

Animals should not visit any residents that are isolating.

Going out

We expect and encourage providers to facilitate visits out wherever possible, and to do so in a risk managed way.

People will naturally wish to leave the home. This could be for a short walk, to attend a place of worship, or for a longer visit including an overnight stay to see family and friends. If an adult with capacity wishes to go out, then members of staff at the home cannot prevent them from doing so.

Where there is no outbreak or incident at the home, providers should risk assess decisions to go out with the person (and their family / advocate as appropriate). Public Health Wales has updated their [risk assessment guidance](#) to support this process. Isolation is not required for people following a visit out. This includes longer visits out such as overnight stays in private homes.

Wider guidance on good hand hygiene, respiratory hygiene and requirements on use of face coverings issued by Welsh Government should be followed whilst people are away from the home.

Transport arrangements will need careful consideration. If residents use public transport, national rules will apply on minibuses and similar vehicles. If the care home is using its own vehicle then cleaning protocols will need to be in place.

Friends and family members collecting residents in cars should minimise passengers. Ideally this should be the driver only with the resident using the back seat. Open windows if tolerated.

People should not leave the home if there is an active incident or outbreak, unless this is for an essential reason i.e. an urgent healthcare appointment.

Providers should follow guidance around the deprivation of liberty in all cases where people are being restricted from going out. This includes the **Deprivation of Liberty Safeguards** (DoLS) process, where appropriate. As is the case under normal circumstances, deprivation of liberty should always be the last resort.

Maintaining contact

Providers should support people to maintain their relationships with families and friends, and access to professionals when needed. This is particularly important during an incident or outbreak.

Methods of maintaining contact include:

- telephone calls
- video calls
- newsletters
- cards, photographs and e-mails

Providers should be mindful and prepared for increased demand for contact during cultural festive periods and special occasions such as birthdays,

anniversaries etc.

Public Health Wales

Public Health Wales is always willing to support providers with complex questions arising from their completed risk assessments where not covered by the guidance. Please contact them on 0300 00300 32 or your local authority Environmental Health Officer.

Ethical principles

Providers should use an ethical principle based framework to support their ongoing COVID-19 planning and decision-making. This framework needs to be considered alongside professional codes of conduct and the most recent guidance and legislation, including human rights.

Providers should consider the extent that a particular principle can be applied in the context of each decision. In all instances, respect and reasonableness should be used as the fundamental, underpinning principles that guide planning and support judgements. People living in care homes' views on visits should be sought as part of this process wherever possible.

The below principles are not an exhaustive list and are not ranked in order of significance.

Ethical framework - principles

Respect

Recognising that every person's human rights, personal choices, safety and dignity matters.

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Reasonableness

Ensuring that decisions are rational, fair, practical, and grounded in appropriate processes, available evidence and a clear justification.

Inclusiveness

Ensuring that people are given a fair opportunity to understand situations, are included in decisions that affect them, and can offer their views and challenge. Decisions and actions should aim to minimise inequalities as much as possible.

Minimising harm

Striving to reduce the amount of physical, psychological, social and economic harm might cause to individuals and communities.

Human rights

Recognising people's human rights when making decisions that will affect people in your home, for example their right to liberty, right to respect for private and family life and the right to freedom of religion.

Flexibility

Being responsive, able, and willing to adapt when faced with changed or new circumstances. It is vital that this principle is applied to the care home workforce, to facilitate agile and collaborative working.

Accountability

Holding individuals, and ourselves, to account for how and which decisions are made. This requires being transparent about why decisions are made and who

is responsible for making and communicating them.

Proportionality

Providing support that is proportionate to needs and abilities of individuals, communities and staff, and benefits and risks are identified through decision-making processes.

Community

A commitment to get through the pandemic together by supporting one another and strengthening our communities to the best of our ability.

Additional actions that care home providers can take to support people to reconnect with families, friends and professionals

Additional points for consideration are set out in the below appendices. These are not exhaustive and one size does not fit all. Providers should consider the individual needs of people and the individual characteristics of services.

Next steps

We will keep this guidance under review to ensure it remains consistent with wider regulations and guidance.

Appendix 1

Additional points for consideration when supporting people to reconnect safely

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with families, friends and professionals.

Visiting policy

- Have a clear and accessible visiting policy and communicate it to relevant individuals. Include the procedures for IPC, including PPE. [Appendix 4](#) contains a template protocol for visitors which providers may wish to use/ adapt.
- Consider enabling visits by appointment only, and the duration of these. If the care home previously operated an 'open door' visiting policy, inform people of the change of arrangements and why this is necessary.
- Make visitors aware of the arrangements for cancelling their visit and what will happen if they arrive late for their visit.
- Let people know of the exceptional circumstances that may lead to a change in visiting arrangements. Circumstances may include a COVID-19 incident or outbreak (or other infection) in the home, or advice from their local authority or Public Health Wales.
- Keep people as informed as possible of what is happening or what is expected to happen in any given circumstance.
- Consider how feedback from visitors might be sought, to inform arrangements for future visits.

Preparing people for visits

- Consider what needs to be done to prepare residents and visitors for visits. For example, support visitors on how to prepare for a visit including providing information how they can minimise their risk to the resident, providing information about where the visit will take place and what to expect.
- Give tips on how to communicate where face coverings are required, such as:
 - 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 person would more likely

recognise

- the use of message or symbol boards or electronic devices
- Providers should consider individual approaches to support people to prepare for visits. Some people, for example people living with dementia, may struggle at first to remember or recognise people. Providers could help by looking at photographs of the person due to visit with the person, and talking to them about their relationship.
- Visitors may bring gifts, including food and drink. These do not need to be in sealed, unopened packages.
- Food, drink and other items may be shared between people and their visitors.
- Consider coverings such as gazebos and garden umbrellas for outdoor visits (these should not be enclosed) to protect people from weather conditions.
- Consider the types of outdoor visit that could be offered where safe and appropriate to do so, which could include:
 - a window visit in which the visitor can talk to their relative/friend through an open window on the ground floor of the home/service. A two-metre distance from the window is maintained
 - a garden visit in which a two metre social distancing is maintained
 - a drive-through visit in which the person living at the home sits two metres away from the visitor's car and is able to see and talk to their visitor through an open car window
- Ensure any signage for navigating a visit is visible, so visitors know where to park there is a clear and signposted route to the visiting / meeting area, ideally directly into the visiting / meeting area. Where visitors may need to walk through the home to access a meeting area, they are guided through, and do not touch anything and do not visit any other areas aside from the visiting area.
- Visitors should ideally not access toilet facilities at the home, but if the need arises, the home should have a designated toilet for the use of visitors only during visits. Staff or people living at the home should not use the visitor toilet during visiting hours. If possible, the visitor toilet is located close to an entrance so that unnecessary travel through the home is avoided. Toilets used by visitors are cleaned between every use.
- All chairs and equipment used during visits should be easy to clean and impervious to fluids. They should be cleaned after each visit.

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- Advise and support visitors to put on a face covering before entering the home, perform hand hygiene on arrival at the home, and at appropriate times during their stay and before leaving. Washing hands with soap and water is preferred, but alcohol hand gel should be provided if hand-washing facilities are not accessible e.g. in the garden / outdoor meeting area / visiting pod/structure.
- Consider if there are sufficient waste points provided and strategically placed to avoid litter and disposable of face coverings and additional items.
- Staff should facilitate safe access to the individual being visited. Wherever possible discourage visitors from touching surfaces i.e. handles, switches etc. Any surfaces touched are cleaned thoroughly afterwards.
- During the visit, room doors are kept closed but keep windows open for ventilation where possible and safe to do so. Entry and exit from the room is minimised. Visitors should remain in the room that is being used for the visit.
- Visitors should not have access to other people living in the home and limit contact with staff. Any interaction with staff should occur at a two metre distance.
- Clean the room/visiting area immediately following the visit and ensure robust IPC procedures in place.

Risk assessments and personal plans

- Have risk assessments in place for all types of visits.
- Ensure there are adequate processes in place to maintain IPC measures before, during and after visits (including visits out) including supporting people to maintain social distancing where possible.
- Base decisions on the evidence and information that is available at the time, conscious of the known risks and benefits.
- Consider the appropriate staffing levels to support safe visiting arrangements.
- Consider how the internal and external areas of the home are organised to assist in facilitating safe visits e.g. zoned areas with clear two-metre social distancing, designated visiting areas, access to and from visiting areas.
- Consider how the service will respond and adapt to changes as and when they occur e.g. in the event of new information arising or changed levels of

demand.

- Risk assessments and personal plans and should reflect the arrangements for supporting people's well-being, relationships and social connections.
- Ensure both the person and the visitor, and where required their representatives, are involved in developing and reviewing risk assessments and personal plans.
- Ensure people are supported to understand situations, contribute to visiting decisions, and able to offer their views and challenge if desired. This should include using advocates where appropriate, and having clear appeals and complaints processes.
- Ensure people's personal choices are respected, whilst considering and communicating implications and risks.
- Where a person may lack the relevant decision-making capacity (as defined in the Mental Capacity Act 2005), the decision maker making a best interest decision under the 2005 Act, should consider all the relevant circumstances, including the person's wishes, beliefs and values, the views of their family and what the person would have wanted (where known) if they had the capacity to make the decision themselves.

Visiting restrictions

If visiting restrictions are in place, consider and offer alternative ways of communicating between people and their families and friends. Where appropriate provide regular updates to families and friends on their loved ones' mental and physical health, how they are coping and identify any additional ways they might be better supported, including any cultural or religious needs.

Appendix 2

Points for consideration when undertaking risk assessments in relation to visiting:

- Public Health Wales has [developed guidance to support care homes in undertaking risk assessments to support visiting](#).

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- Care home providers, staff, residents and visitors all have a responsibility to make visits as safe as possible. It is not possible to eliminate all risks.
- It is particularly important that visitors follow the home's visiting policy and procedures and any requirements relating to infection prevention and control and social distancing.
- Visitors have a responsibility to ensure that their behaviours prior to the visit do not increase their risk of acquiring and transmitting COVID-19. Encourage visitors to discuss any potential concerns with the home.
- Visitors should not visit if anyone in their household or anyone they have been in close contact with has symptoms of COVID-19 or is a known case.
- Visitors should not visit if they have been advised to self-isolate by a contact tracer from NHS Test Trace Protect.
- Consider results from any routine testing of staff and residents. This data will enable the risk assessment to be well informed. Evidence of outbreaks and recovery from outbreaks should also be considered.
- Individual risk assessments should assess people for COVID-19 risk factors e.g. underlying conditions.
- Consider the readiness of the care home to respond quickly and update visiting arrangements when there is a confirmed or suspected COVID-19 case within the care home.
- Consider the appropriate level of staff to enable safe visiting practices.
- Consider the resident's health and well-being needs and risks e.g. whether their needs make visits particularly important, whether restricting visitors would have a detrimental impact on their health and well-being.
- Ensure people, and where applicable their advocates, are consulted regarding identifying priority of visitors i.e. who should visit.
- Consider your ability to put in place practical measures to test (dedicated space to deliver the test safely, waiting area, trained staff to undertake the test and to guide the visitor in the use of appropriate IPC measures).
- Consider the practical effectiveness of social distancing measures between the visitor and the resident(s), having regard to the cognitive status of the resident(s) and their communication needs.
- Where volunteers / family carers usually support residents the provider or manager should carefully consider whether their support is more aligned to that of a staff member or a regular visitor and apply the appropriate oversight and infection-control procedures.

- Prior to arrival visitors will be informed about any requirements to use face coverings or PPE (face masks, aprons and gloves) where there is likely to be more significant direct close contact with the resident.
- Visitors should be advised to wash hands thoroughly (or use hand sanitiser) before and after putting a medical mask on and taking it off (a face covering is not a medical/surgical mask).
- End of life visits to COVID-19 positive residents would require the use of PPE as per the guidance for care home staff.
- Any behaviours of the resident or visitor that may place the person, visitor or staff at increased risk of infection, should be identified and mitigating action taken if required.
- Visiting areas should be cleaned after each visit. Visitors should be accompanied when in the care home and when accessing designated visitor areas and should have no contact with others.
- The need for staff to be present during visits should be identified as part of the risk assessment process, however providers should be aware of the need to respect people's rights to privacy during visits.
- Prior to and on arrival, visitors are asked:
 - to confirm they do not have any COVID-19 symptoms or a positive COVID-19 test in the previous 10 days. The primary symptoms of COVID-19 are a high fever, continuous cough of recent onset, loss of taste / smell
 - to confirm they are not self-isolating or living in a household with someone who is self-isolating
 - to adhere to the service's policy and procedures including infection prevention and control, and testing if undertaking an indoor visit or visit within a visiting pod
 - to adhere to social distancing requirements and other restrictions

Appendix 3

Points for consideration (in addition to the points detailed in the other appendices) to support people receiving indoor visits for exceptional circumstances, whilst visits are restricted to exceptional circumstances visits

only:

- Requests for a visit that will need to take place within the home for a specific purpose felt to be essential should be made to the care home manager for a decision. The visit, if agreed, has restrictions in place regarding the number of visitors, the duration and location of the visit.
- IPC guidance on the use of face coverings, hand hygiene and appropriate PPE (if required) should be followed for the visitors.
- If the resident's COVID-19 status is probable or confirmed, a fluid resistant surgical mask, gloves and apron should be provided for the visitors and eye protection e.g. visor.
- If the visitor is in the extremely clinically vulnerable category, they should be advised of their increased risk – PPE would be the same, if they still choose to visit.
- Visitors should not visit during the undertaking of an aerosol generating procedure (AGP) or for an hour after an AGP is performed on their relative. The care home should inform visitors of this as relevant.

Appendix 4

Visitor leaflet

Staying in touch with your relative / friend is important and we want to help you do this as safely as possible. All of the people living in the care home are at a higher risk from COVID-19 because of their age and/or health. This leaflet will help you know what to expect when you visit and how to do this safely.

Wales is operating alert levels and the arrangements for visitors will differ depending on the alert level.

To reduce the risk of COVID-19 in the care home, we are limiting the number of visitors, in accordance with current guidance.

The number of visitors may change, depending on the local and national alert level. Arrangements for visits may also change for some reasons for example, if

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there is an outbreak of COVID-19 in the care home.

We will let you know how many people can visit at one time, the duration of the visit, where the visit will take place, whether you will need to have a COVID test and what else to expect ahead of the visit. Please consider this when planning your visit.

In some circumstances, even if you have arranged a visit in advance it might have to change. For example, if there is an outbreak of COVID-19 at the care home, or if we are advised that the infection rate in the community is too high.

The rules for visiting people where there are exceptional circumstances (such as end of life) will be different. Please contact us if you need to talk about this.

Thank you in advance for helping keep the residents safe and for your patience and support.

Before your visit

- Please contact us to arrange a date and time for your visit which works for you, the person you are visiting and our staff. Unfortunately, visitors who have not arranged their visit in advance will not be able to enter the care home.
- If you are extremely clinically vulnerable (previously shielding) please let us know.
- We will let you know how many people can visit at one time, the duration of the visit, where the visit will take place and whether you will need to have a COVID test and what else to expect ahead of the visit. Please take this into consideration when planning your visit.
- We know that lots of people will be eager to visit their loved ones as soon as possible, but unfortunately we can only support a limited number of visitors at any one time.
- While we know this is a challenging time to protect people living and working at the care home, visitors with any of the following must postpone their visit:
 - you have any symptoms consistent with COVID-19
 - you have tested positive for COVID-19 within the last 10 days

- anyone in your household or anyone you have been in close contact with has symptoms of COVID-19
- you have been advised to self-isolate by a contact tracer from NHS Test, Trace and Protect
- you have returned from overseas travel in the last 10 days from a non-exempt country and are required to be in quarantine
- Symptoms of COVID-19 include:
 - a high fever
 - a new, continuous cough
 - a loss of taste or smell
- Please be prepared to wear protective equipment. This may include a face covering and gloves.
- We understand that you may wish to bring a gift with you. Please let us know to see if we are able to accommodate this request.
- If you have any concerns or your circumstances change between booking your visit and the day of your visit you must get in touch with us.
- Please do not visit if you have any transmissible infections/illnesses e.g. flu, norovirus or symptoms such as coughing or sneezing, or diarrhoea and vomiting.

During your visit

- Care homes have all made their own arrangements to make visits as safe as possible. This means visits will be a bit different to before COVID-19.
- You will be asked to sign in and provide your contact details. This is to check that you are feeling well enough to visit, and so that the care home and Test, Trace and Protect can get in touch if needed.
- As part of keeping people in the care home safe you will be asked to be tested for COVID-19 (called a lateral flow test) if you are visiting indoors. This is an extra way to reduce the risk of COVID-19 spread as it checks whether someone is infectious at the time of the test. The test takes time (approximately 30 minutes) to be processed, and you will be asked to wait outside the care home while the results comes back.
- Unfortunately, if the test is positive you won't be able to visit your relative. Following a positive test you will need to go straight home and contact the

test and trace service to arrange follow up testing. Therefore we would recommend that you have a contingency plan in place, should you need to return home immediately following a positive result.

- If the test comes back negative, please remember that you still have to follow all of our procedures to keep you and your relative/friend safe.
- We will explain our procedure for visitors. This will vary depending on the alert level in place at the time of your visit. This will include:
 - where the visit will take place. This might be outdoors or in a 'pod' so please make sure you wear appropriate clothing
 - arrangements for social distancing such as staying two metres/ 6 feet apart from others, and around physical contact
 - thoroughly washing or sanitising your hands on arrival and at appropriate times throughout your visit
 - appropriate use of face coverings and any personal protective equipment as directed by the care home staff
 - going to the bathroom. Ideally you should not use the toilets at the care home, but if required staff will advise which toilet is allocated as a visitor toilet
- Designated visitor areas will be cleaned before and after your visit. To help us maintain this cleaning regime, please follow any one-way markings that may be present. Please keep to the designated visiting area and avoid contact with other residents.
- We know that trying to talk to your loved one while wearing a face covering (if one is required) can be challenging. To make talking easier, you could try:
 - maintaining eye contact and speaking clearly and loudly
 - wearing clothes that your loved one would recognise
 - taking off hats so more of your face can be seen
 - using message boards or other technology provided by the care home

After your visit

- We will support you in seeking alternative ways to keep in touch with your loved one, for example, by arranging a future visit, or through video and telephone calls.
- If you become unwell with any of the symptoms of COVID-19 at any point

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before or after any visit please stay at home and organise a test. Please let us know as soon as possible that you have developed symptoms and when you receive the result of your test.

Appendix 5

Definition of key terms

When we refer to:

A 'person' or 'resident'- we mean an adult or child living or staying in a care home.

A 'visitor' or 'visitors'- we mean family members, friends and professionals visiting a person at a care home. Where volunteers and family carers usually support residents the provider or manager should carefully consider whether their support is more aligned to that of a staff member or a regular visitor and apply the appropriate oversight and IPC procedures. If the support is more aligned to that of a staff member then they should be tested in line with care home staff.

'Exceptional circumstances' - we mean circumstances such as end of life visits, visits by professionals that are needed to ensure residents health/safety/well-being, and visits from family/friends that are needed to ensure a resident's well-being (for example, a resident who may be particularly distressed or a resident who is cared for in bed and is unable to connect with family/friends using other methods). These are a small number of examples and not an exhaustive list. Each situation must be considered on an individual basis and no 'blanket' approaches taken. Visits in exceptional circumstances may be supported regardless of alert level.

A 'dynamic risk assessment' - we mean a process of continually observing and analysing risks and hazards in a changing, or high-risk environment. This allows for risks to be identified quickly and action taken to mitigate against risks.

'IMT' - we mean an Incident Management Team, which will have been put in place by the local authority / local health board to manage the COVID-19 incident.

Visiting pods/structures'- we mean fully enclosed structures that are located in the grounds of the care home.

'Indoor visit' - we mean visiting people inside the care home premises by crossing the threshold of the care home.

'Outdoor visit' - we mean visiting people in the grounds of the care home. This includes for example visits under a canopy that is open on at least one side and does not need to be accessed by a doorway.

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