

[Open with Care - supporting meaningful contact in care homes: guidance - gov.scot \(www.gov.scot\)](#)

Open with care

Supporting Meaningful Contact in Adult Care Homes



Today's workshop

- Presentation on 'Open with Care' guidance:
 - Why new guidance now?
 - What is the evidence behind the new guidance?
 - What does the guidance say? – framework and IPC/PPE
 - How will we all make it happen?
 - How will we know it is happening?
- Question and answer session

Why now?

Multiple layers of
protection

Open with care

Checklist: Conditions for resuming indoor visiting

 1 No Outbreak	No active outbreak in the home or outbreak declared over and Health Protection Team sign off	<input type="checkbox"/>
 2 IPC Compliance	<ul style="list-style-type: none"> Compliance with Infection Prevention Control measures Physical distancing in place 	<input type="checkbox"/>
 3 PPE	<ul style="list-style-type: none"> Adequate supplies of Personal Protective Equipment in place Visitors supervised for donning and doffing 	<input type="checkbox"/>
 4 Visitor Screening	Exclusion of visitors with COVID symptoms	<input type="checkbox"/>
 5 Visitor Testing	Lateral Flow Device testing of asymptomatic designated visitors	<input type="checkbox"/>
 6 Staff Testing	Testing of staff as recommended	<input type="checkbox"/>
 7 Designated Visitors Agreed	<ul style="list-style-type: none"> Agreed between care home and resident/proxy Individualised visiting care plan agreed 	<input type="checkbox"/>
 8 Residents' Vaccination	High level coverage and a robust process to ensure continued coverage of staff and residents	<input type="checkbox"/>
 9 Clinical Oversight Team	No concerns about care home quality assurance indicators	<input type="checkbox"/>
 10 Directors of Public Health	Local public health oversight and advice on visiting policies	<input type="checkbox"/>

Proceed with visiting



Why now: balancing the risks and harms

Multiple layers of COVID-19 protections in place

- **Protecting residents from all harms –**
 - WHO ad hoc COVID-19 Infection Prevention and Control Guidance Development Group has unanimously agreed that visiting should be supported as long as IPC measures in place
 - Physical, emotional and cognitive harms from prolonged isolation (RCA 2020)
- **Human Rights considerations**
- **Families and residents calls for meaningful contact**
- **Increasing evidence on the relative risks of visitor footfall and social isolation**



Illustrating visitor risk

Visitor



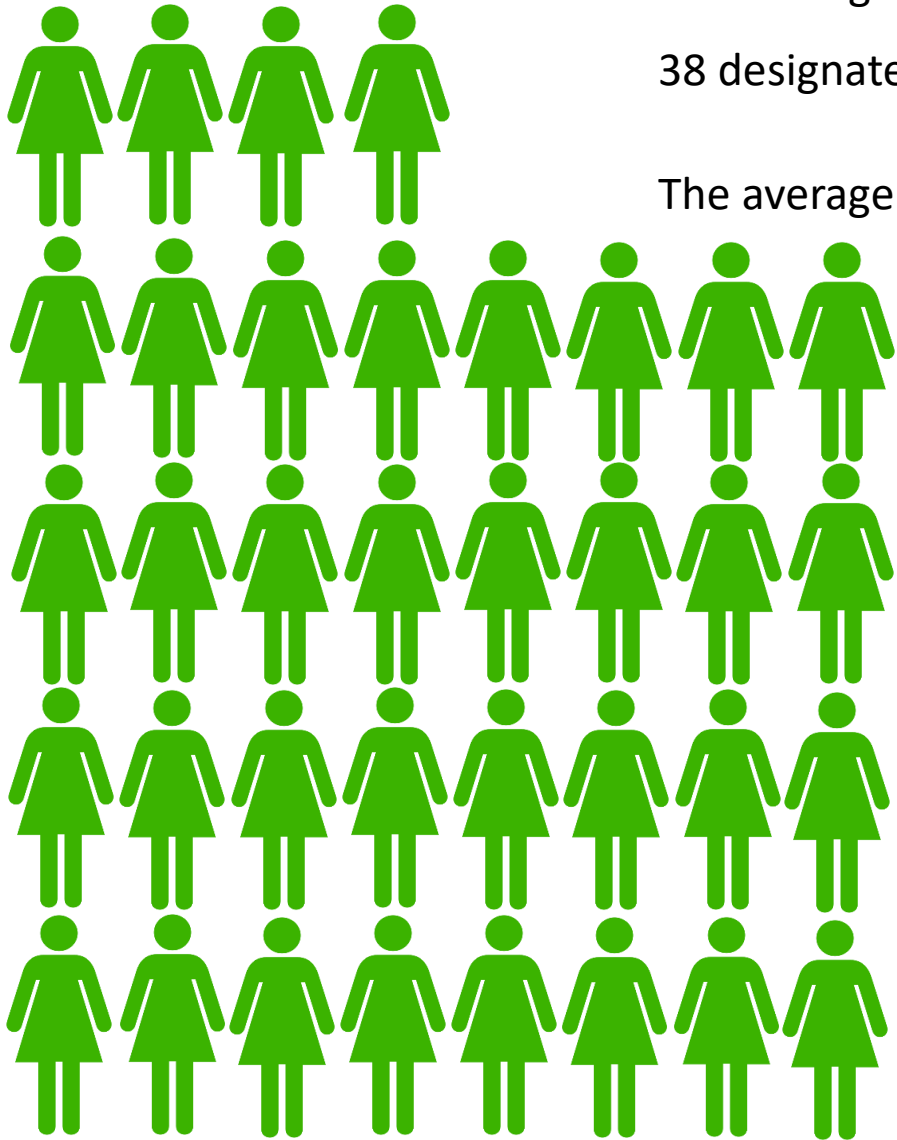
Care Home Staff



Both the visitor and the care home nurse in this scenario carry the same risk of having the virus.
Both live local to the care home.



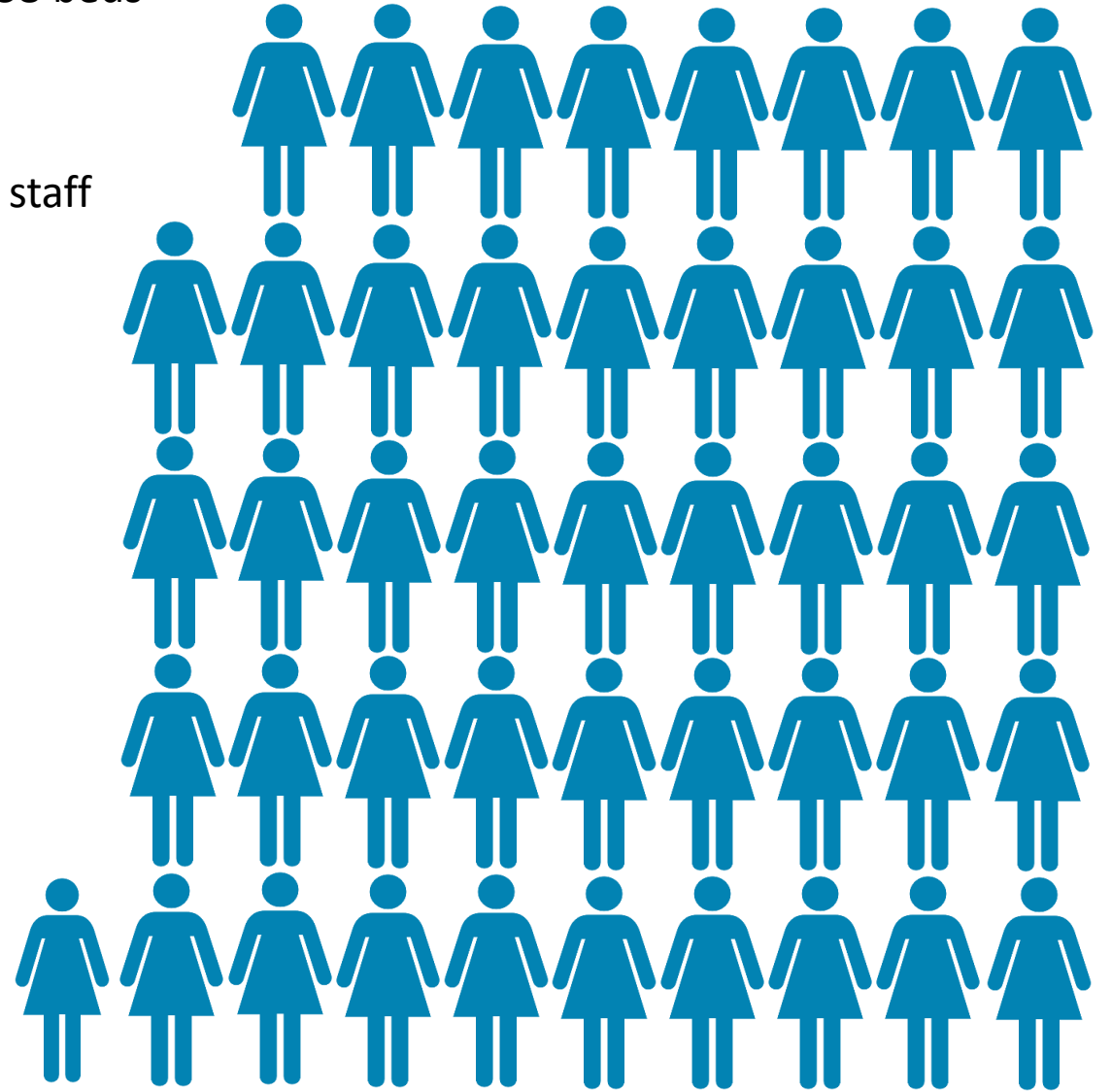
Visitors



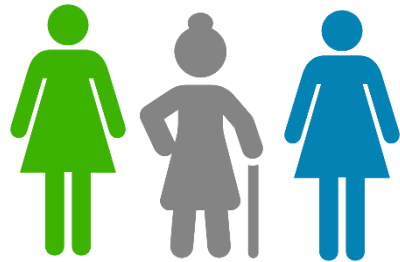
The average care home size is 38 beds =
38 designated visitors

The average staffing is 45 WTE staff

Care Home Staff

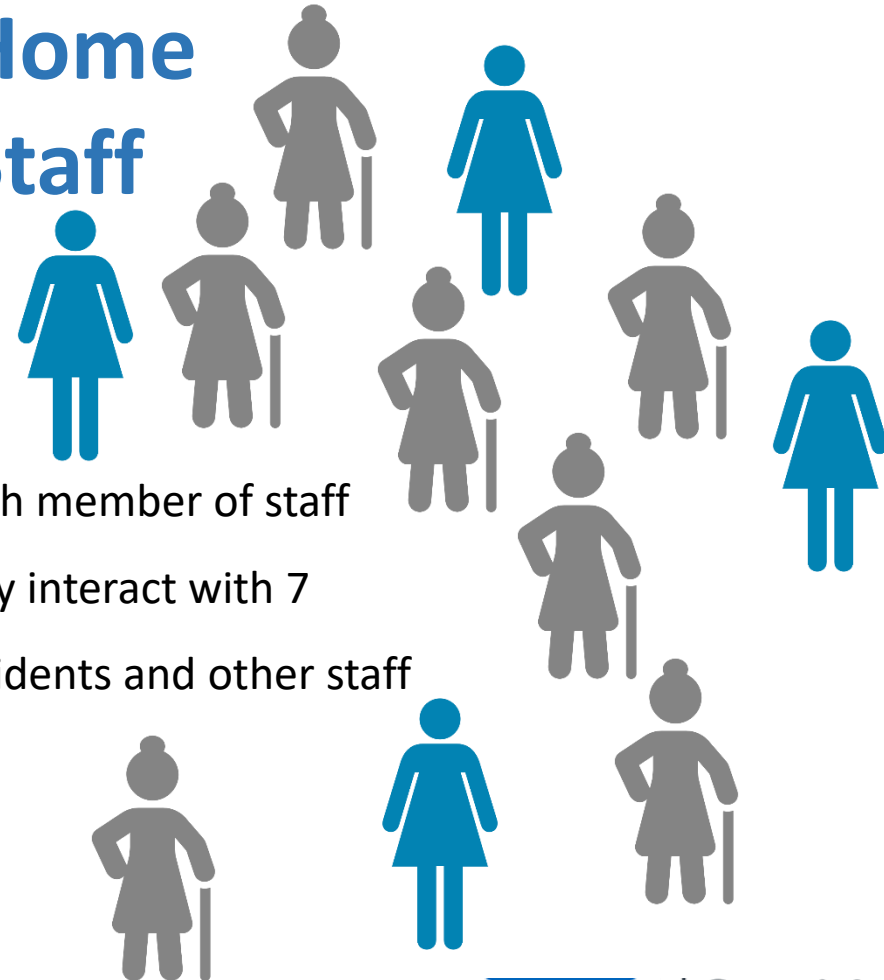


Visitors



Each designated visitor interacts with one resident and perhaps one member of staff

Care Home Staff



Each member of staff may interact with 7 residents and other staff





Visitors

In a week **38** designated visitors attending weekly may have **38** close interactions with **1** resident in a week.

Allowing for **4** essential visits in a week this means a total of **42 close interactions with residents.**

This means that visitors account for around **2.5%** of close interactions with a resident in their week.

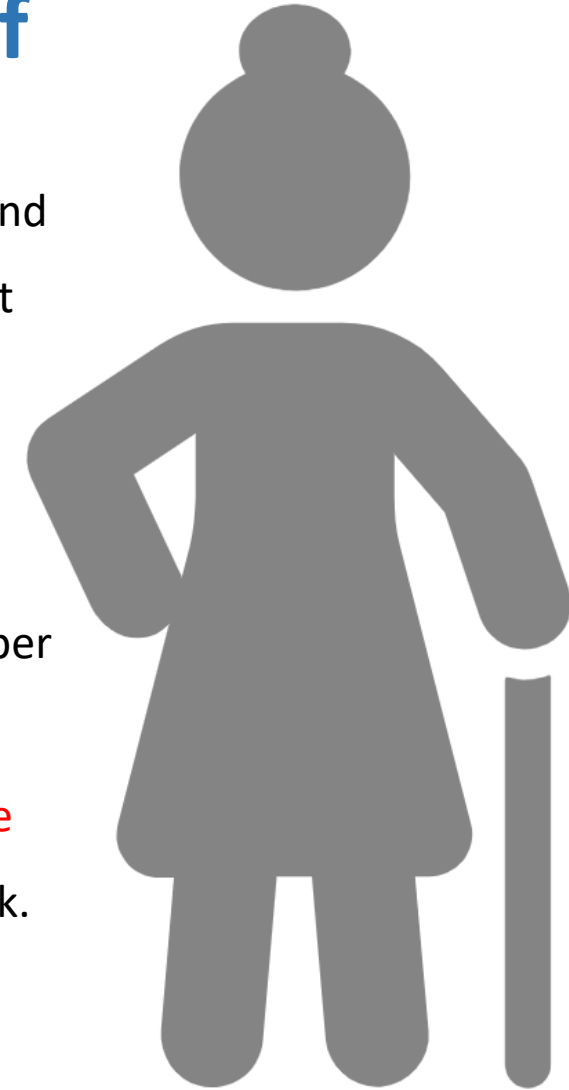


Care Home Staff

In a week, **45** staff attending daily and interacting with **7** residents per shift may have a total of **1575** close interactions with residents.

Allowing for **4** professional visitors per week interacting with one resident each per week this totals **1575 close interactions with residents** per week.

Or **97.5%** of close contacts.



Factors associated with SARS-CoV-2 infection and outbreaks in long-term care facilities in England: a national cross-sectional Shallcross et al (Lancet, Feb 11th 2021)

Structural factors	Infection outcome			
	Infections in residents	Infections in staff	Outbreak*	Large outbreak†
Increased social deprivation	Red	Green	Green	Green
For-profit status	Red	Red	Green	Yellow
Larger LTCFs	Red Grey	Red Grey	Red	Green
Staffing factors				
Lower staff-to-bed ratio	Red	Red	Green	Green
Use of agency nurses	Red	Red	Red	Red
Staff working at other sites	Green	Red	Green	Green
Staff not cohorted	Red	Red	Red	Green
No staff sick pay	Red	Red	Green	Yellow
Control measures				
Lower cleaning frequency	Yellow	Red	Green	Green
Inability to isolate residents	Red	Red	Red	Red
Number of admissions to LTCF	Red	Red	Red	Green
Later closure to visitors	Yellow	Green	Green	Green

■ p<0.008
 ■ p=0.008–0.05
 ■ p>0.05
 ■ Risk factor reduces odds of infection, an outbreak, or both



What will the guidance say?

An incremental approach to resuming meaningful contact

Resume indoor family and friends contact ('visiting')

Consistent and compassionate implementation of essential contact
- visits



How? Key elements

Changing the narrative

- Acknowledge the contribution and status of family and friends not 'visitors' or 'visiting'
- Promote and support meaningful contact as the starting point for visiting
- Concise, accessible guidance
- Acknowledge the changed context – not March 2020

Whole systems approach

Supporting, promoting and learning

Monitoring and review (locally and nationally)



What does the guidance say?

Contact between residents and loved ones: broad increments

Increasing frequency and duration of contact			
Seeing loved ones inside the care home	Designated Visitors at all Levels	Increasing frequency of visits by Designated Visitors	Increasing the number of routine visitors
	Up to two designated visitors once weekly	Towards daily visits	Multiple visitors per visit
Seeing loved ones outside the care home	Meeting outdoors e.g. garden visits Walks together or outings using a wheelchair		Overnight stays Progressing to overnight stays
	Leaving the Care Home Initially trips out with one designated visitor in the car		

Quick Guide: Essential visits in care homes

Essential Visit

An essential visit is one where it is imperative that a friend or relative, is supported to see their loved one and not subject to the same time limits as routine indoor visits.

Principles

- Sympathetically supported
- Anticipatory and responsive
- Enabling touch and reconnection
- Always permitted regardless of other restrictions or infection rates

Anticipation

- Anticipate when the need for visits becomes essential for resident and loved ones to promote well-being
- Anticipatory and person-centred visiting care plans in place to suit needs of resident and visitor.
- Document any requests, the agreed plan and outcome

Distress

There is clear distress and impact on well-being (for both loved ones and/or resident) as a result of separation. Where a resident or family/friend may be reassured by a visit.

End of Life Care

Where a resident's well-being deteriorates and it is thought that the situation may be irreversible. Agree flexible meaningful time leading up to the resident's death with loved ones.

Deterioration

Where a resident declines in mood or cognition, appetite or mobility. Where interaction with loved ones might be felt to help.

Not...

- **Not** just at imminent end of life
- **Not** the same as routine indoor, garden or window visits
- **Not** socially distant
- **Not** supervised or observed
- **Not** generally limited by wider COVID-19 restrictions
- **Not** time limited
- **Not** limited to one visitor



Essential Visits



Distress

There is clear distress and impact on well-being (for both resident and/or loved ones) as a result of separation.

Where a resident or loved one may be reassured by a visit.



Deterioration

Where a resident's well-being declines in mood or cognition, appetite or mobility.

Where interaction with loved ones might be felt to help.



End of Life Care

Where a resident's condition deteriorates and it is thought that the situation may be irreversible.

Agree compassionate, flexible and meaningful time together in the lead up to the resident's death.

*Not exclusive – may be a combination of some or all of these factors

Key Principle: Prevention

Anticipate when the need for visits becomes essential for resident and family wellbeing.



Care Plans

Anticipatory and visiting care plans in place to suit needs of resident and visitor.













Documentation

Document any requests, the agreed plan and outcome.

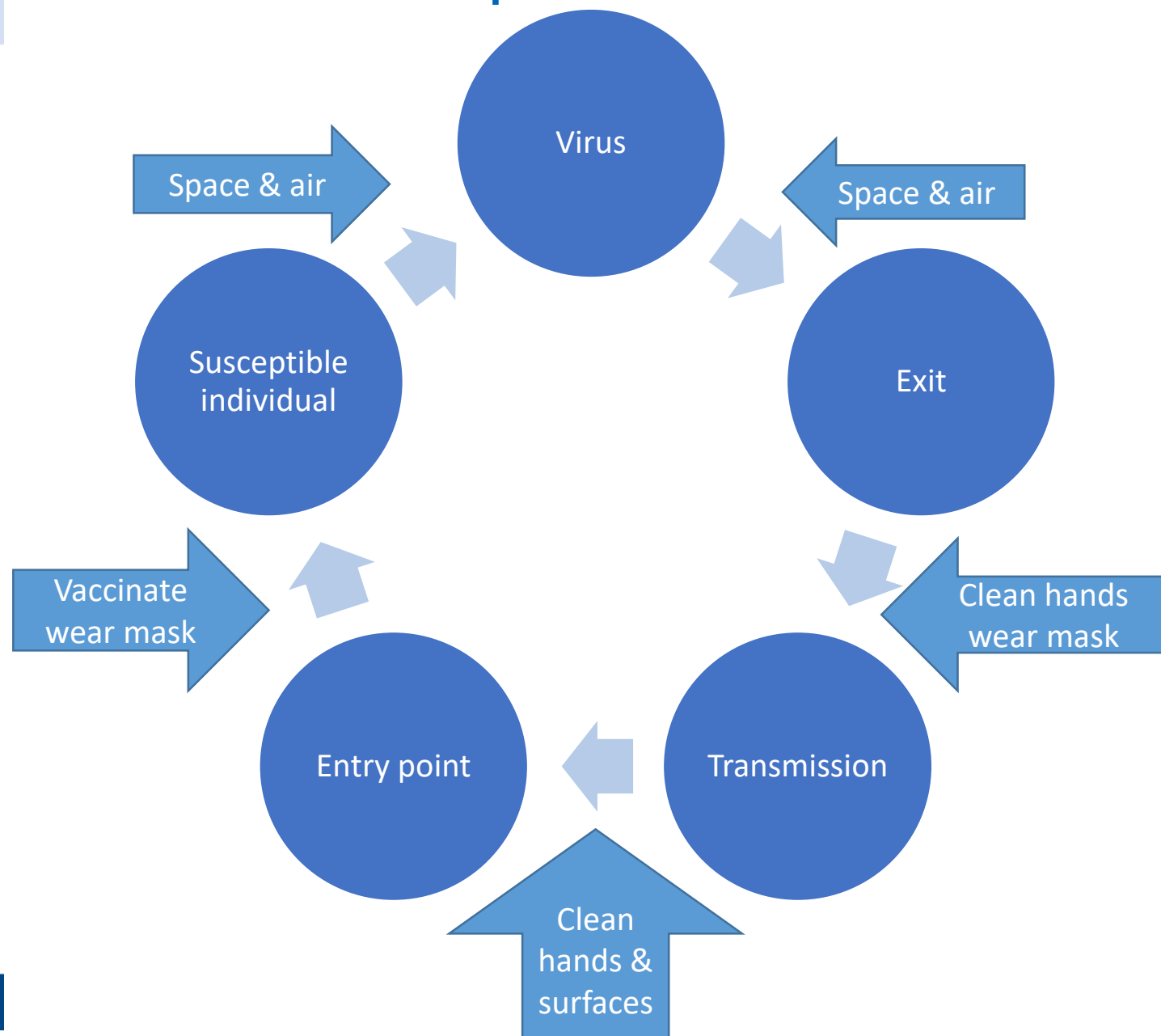
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Seeing loved ones in care homes during the pandemic

This checklist shows the safety measures you can take when visiting friends and loved ones in care homes during the pandemic.

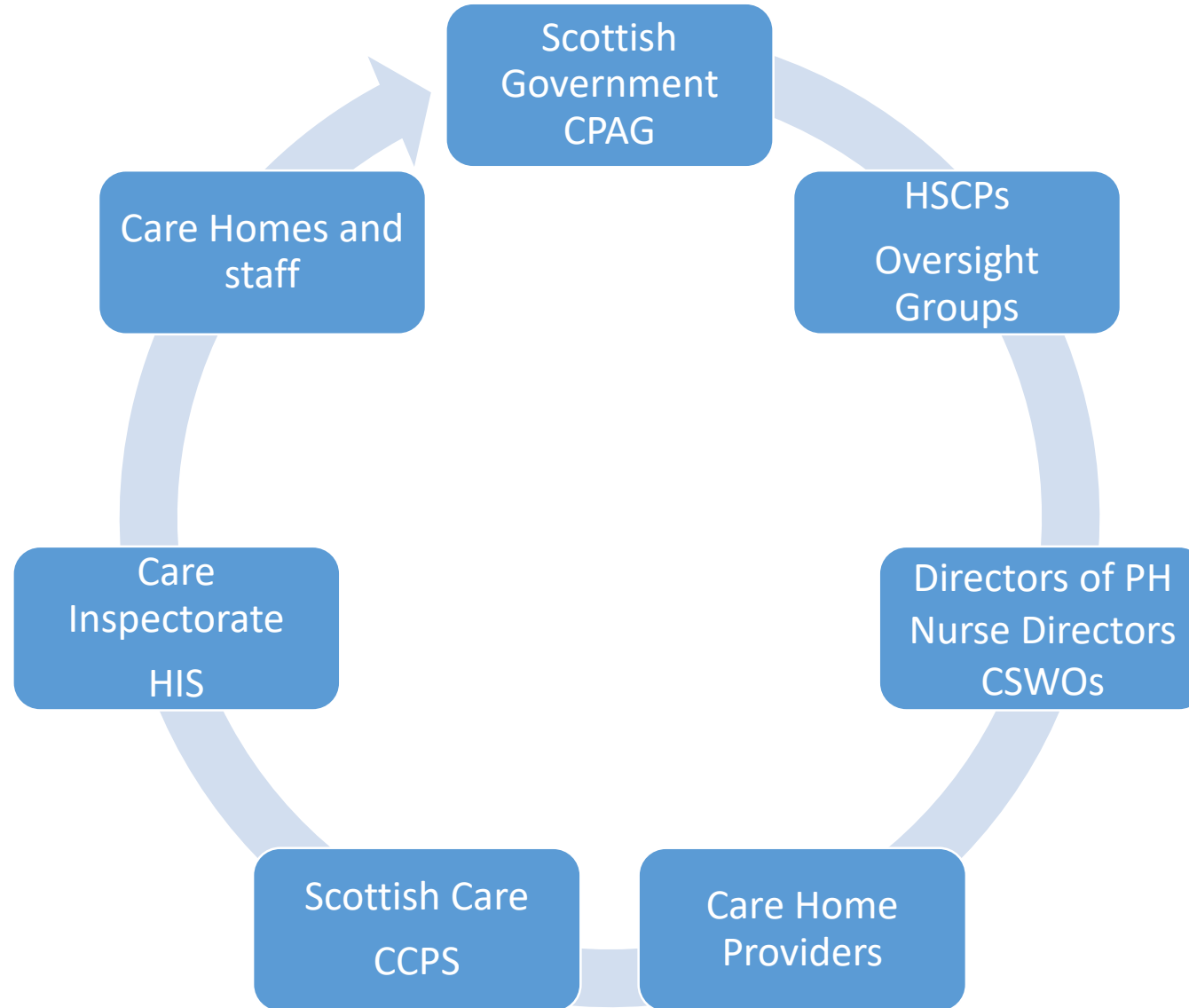
- | | |
|--|--|
| <p>1 Visits will take place at prearranged times. In the early phase there will be up to two designated visitors per resident (visiting one at a time).</p>  | <p>2 You will only be allowed to visit if you are feeling well and do not have any COVID-19 symptoms.</p>  |
| <p>3 You will be asked some health questions to ensure that you do not have symptoms of COVID-19.</p>  | <p>4 On arrival, you will be offered testing. You should wear the mask provided by the care home. Staff will complete the visitor's book.</p>  |
| <p>5 You will be asked to wash your hands and/or apply alcohol based hand gel regularly.</p>  | <p>6 Staff will provide an update on the resident's wellbeing and any instructions to support safe visiting.</p>  |
| <p>7 Staff will clean visiting areas between visits.</p>  | <p>8 You are encouraged to maintain a 2m safe distance where possible and wear a face mask. It's okay to hold hands for parts of your time together.</p>  |
| <p>9 When you are leaving the care home, staff will tell you how to safely remove and dispose of your mask (and any PPE) and how to clean your hands.</p>  | <p>10 If you are going home to someone vulnerable, you might want to consider going straight home, wash clothes separately to other laundry and taking a shower or bath.</p>  |

PPE/IPC requirements



How will we
make sure it
happens?

Whole
System
Approach



How will know this is happening: Monitoring and Reporting

- ‘Open with Care: National Oversight Group’ being established
- Data, including updates to the Safety Huddle Tool

Visiting

Are you currently supporting... [Current guidance on visiting](#)

Indoor Visiting? * Yes No

Indoor Visiting Level?
(Please select the option closest to what's happening in the home - choose the lower level if between two stages) *

Total visits, two per week	Daily visits	Multiple visitors
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Total visits, two per week
Up to 2 designated visitors once each, or one designated visitor twice.

Daily visits
Two or more designated visitors, total number of of visits 7 - 14 per week, per resident.

Multiple visits
Multiple visitors per resident per visit, in line with general COVID-19 restrictions, environment and IPC considerations.

[Close without Saving](#) [Save as Draft](#) [Next section: IPC Measures →](#)

1. Select the lower level option if you're between stages
2. Escalation to oversight where not supporting indoor visiting (short lead time understood)
3. Follow up questions to outdoor and essential visiting if you answer 'no' to indoor visiting

Thanks for listening

Any questions?