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

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

Care Home Staff

The average staffing is 45 WTE 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.

<table>
<thead>
<tr>
<th>Structural factors</th>
<th>Infections in residents</th>
<th>Infections in staff</th>
<th>Outbreak*</th>
<th>Large outbreak†</th>
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<tbody>
<tr>
<td>Increased social deprivation</td>
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<td>For-profit status</td>
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<td>Larger LTCFs</td>
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<th>Staffing factors</th>
<th>Infections in residents</th>
<th>Infections in staff</th>
<th>Outbreak*</th>
<th>Large outbreak†</th>
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<tr>
<td>Lower staff-to-bed ratio</td>
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<td>Use of agency nurses</td>
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<td>Staff working at other sites</td>
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<td>Staff not cohorted</td>
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<td>No staff sick pay</td>
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<tr>
<th>Control measures</th>
<th>Infections in residents</th>
<th>Infections in staff</th>
<th>Outbreak*</th>
<th>Large outbreak†</th>
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<tr>
<td>Lower cleaning frequency</td>
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<td>Inability to isolate residents</td>
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<td>Number of admissions to LTCF</td>
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<td>Later closure to visitors</td>
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- Red: p<0.008
- Yellow: p=0.008–0.05
- Light green: p>0.05
- Grey: 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

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

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
- A resident’s condition deteriorates and it is thought the situation may be irreversible.
- Where interaction with loved ones might be felt to help.

End of Life Care
- When 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.

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.
Open with care
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.

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.

2. You will only be allowed to visit if you are feeling well and do not have any COVID-19 symptoms.

3. You will be asked some health questions to ensure that you do not have symptoms of COVID-19.

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.

5. You will be asked to wash your hands and/or apply alcohol-based hand gel regularly.

6. Staff will provide an update on the resident’s wellbeing and any instructions to support safe visiting.

7. Staff will clean visiting areas between visits.

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.

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.

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.

Thank you for helping to keep people safe and for protecting against the spread of COVID-19.
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

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?