



NAZARETH HOUSE NURSING HOME, xxxxxxxx

VISITING AND ACCESS PROTOCOL

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DOCUMENT CONTROL

Date	Reason for Change to Visiting Policy	Comment
16/11/2021	Reference to influenza virus and other viral infections requirement for checking of vaccination /immunity status of visitors	Visitors declaration now contains this requirement
16/11/2021	Recommendation that all who access long term residential care facilities avail of booster COVID vaccine when it is offered	
16/11/2021	Recommendation to support residents with unresolved concerns to access advocacy services	Management of Feedback policy in place which contains this guidance.
16/11/2021	Updated to indicate that Essential Service Providers and Important Service Providers should be vaccinated	
16/11/2021	Essential Service Providers who access residential care facilities should be fully vaccinated (similar to healthcare workers) and should have appropriate training and follow necessary infection prevention and control precautions.	Essential Service Providers are people who provide professional services including healthcare, legal, financial, advocacy and regulatory services
16/11/2021	Important Service Providers who access residential care facilities should be fully vaccinated (similar to healthcare workers) and should have appropriate training and follow necessary infection prevention and control precautions.	Examples of ISPs include those who provide personal care (for example hairdressers) and entertainers.
23/12/2021	Changes to background and context reflecting emergence of Omicron variant For the purpose of this guidance fully vaccinated should mean primary vaccination and booster if eligible for booster People with COVID-19 in the previous 9 months should be encouraged to avail of vaccination as soon as eligible. If, in exceptional circumstances, people do congregate outdoors masks should be worn as per current public health guidance	
04/01/2022	Recommendations to visitors to self-test for COVID-19 antigen	
04/02/2022	Change in title from visiting to access - this is to reflect introduction of the one "Nominated Support Person" model Reference to the change in context given easing of social restrictions Emphasis that guidance places no ceiling on levels of access subject to ability to manage access safely Removal of differentiation between Nursing Homes with high and low levels of vaccine	

	<p>uptake as high levels of uptake is nearly universal</p> <p>Removal of the requirement for a vaccination certificate</p> <p>Visitors may visit residents in multi-occupancy rooms in their rooms only with consent of the other resident</p> <p>Removal of restriction of movement within the Home after outings</p> <p>Even in an outbreak a minimum level of visiting must be facilitated</p> <p>Any limitations on visiting in an outbreak should be reviewed twice each week</p>	
18/07/2022	<p>Inclusion of principles to support access and visiting to Residential Care Facilities, as the standalone guidance documents on access and visiting has been retired by the HSE.</p> <p>Reference: Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities V1.7 01.07.2022 For Implementation 4th July 2022</p>	<p>Visiting and Access is now covered in the HSE IPC guidance</p>

1. Introduction

The Covid 19 pandemic has brought about many changes to our everyday lives and has had a significant influence on the way we deliver healthcare services and how we plan and facilitate visiting and access to the Home. Managing safe visiting and access requires that prospective visitors undertake to co-operate fully with measures required to ensure that visiting represents the lowest possible risk to all residents and staff.

Previous guidance issued by the HSE entitled - **COVID-19: Normalising Access in Long Term Residential Care Facilities (LTRCFs)** on the 31.01.2022 for implementation on the 08th February 2022 has been retired. Guidance on visiting and access is now contained in the following publication by the HSE:

Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities V1.7 01.07.2022 which came into implementation on the 4th of July 2022

This policy can be amended without notice if the Home is advised to do so by the local HSE Covid Outbreak Control Team, HIQA or any Statutory Authority.

Visits to the nursing home are at the discretion of the Registered Provider / Person in Charge in management of the home and it is our responsibility to ensure that visitations do not compromise overall resident care or adherence to requisite Infection Control procedures. Restrictions to visiting if implemented will have the intention of protecting residents, staff and visitors from exposure to any infectious disease. The nursing home seeks full adherence to the measures that we have developed, and ask that you support us in the implementation of the protocol so that we have an agreed collaborative approach going forward that promotes person centred care for our residents. *We ask that the privacy and dignity of residents is always respected.*

This amended protocol balances ethical considerations and the requirement from a public health perspective to shield residents from infection in a way that does not infringe upon their rights to an extent, or in a manner, that is disproportionate. Visiting will be managed to avoid visitors congregating and interacting with other visitors or with residents other than the person, they have come to visit and entry and exit points, in hallways and in communal areas. Records retained will be managed and disposed of in adherence to our GDPR policy.

If limitations on access are considered necessary, this should be based on a risk assessment that is reviewed regularly in view of the prevailing public health circumstances in the population served by the RCF. Risk assessments that underpin decisions regarding restricted visiting will be documented. Visits should not be restricted unless there is an identified risk.

This protocol will be kept under review and amended if it is required.

2. Key Aims and Objectives

- To ensure our residents are equal partners and remain central in planning, developing and implementing our visiting and access protocols;
- To adhere to the latest guidance issued by the HSE or the Government of Ireland;
- To take into account our residents preferences and expressed needs;
- To improve the experiences and lifestyle choices of our residents and help them feel more satisfied;
- To respond in a compassionate way during the management of an infectious disease;
- Reduce and mitigate against possible risks; and
- Promote a culture of engagement and consultation so that everyone acts in a responsible manner to safeguard each other.

Residents in Nursing Homes have the right to receive visitors to support meaningful contact with family members if they wish to do so and also to participate in the life of the wider community. This policy aims to support all key stakeholders by giving guidance to management, staff, residents and relatives to ensure that any restriction on those rights in the context of COVID-19, influenza or other infectious disease are proportionate to the risk at that time.

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 Government policy, public health/infection control advice.

3. Advice for potential Visitors

Visitors are advised to complete self-testing for COVID-19 antigen tests before visiting

Prospective visitors are advised that if they are occasional visitors they should consider self-testing for COVID-19 antigen before a visit and if they are regular visitors they should consider self-testing for COVID-19 antigen tests twice weekly in advance of visits. However, the Home is not required to request evidence that an antigen test has been performed and the inability of a visitor to perform self-testing for antigen will not result in a resident losing access to that visitor if they cooperate fully with all other measures.

Antibody testing is not recommended for routine use to assess immunity to infection, as there is no consensus on how to interpret the results.

Visitors who have symptoms of Covid 19 or subject to restricted movement

Visitors with symptoms of COVID-19 or other viral respiratory tract infection should not visit the Home regardless of their vaccination status or previous COVID-19 infection history.

Visitors who have been advised to self-isolate or restrict their movements for any reason should not visit the Home.

4. Guidance for Visitors when visiting

Visitors will be guided in performing hand hygiene when they arrive and before signing in.

Following the performing of hand hygiene Visitors must:

- Record their full details in the visitor's register;
- Not congregate in communal areas where there are other visitors or residents;
- Complete the visitor's declaration attached at Appendix 1;
- Sanitize their hands;
- Wear the surgical face mask at all times that is provided;
- Wear any other PPE if requested to do so; and
- Cover their mouth and nose at all times with a tissue or sleeve when coughing or sneezing and discard the used tissue safely in the bins provided.

Visitors and relatives are encouraged to take personal responsibility for upholding the safety of the residents, the staff team and their own personal safety

Visitors are required to wear a surgical mask when in communal indoor space during the visit. Visitors are not required to wear a respirator (FFP2 mask) unless asked to do so. The facility will provide any necessary personal protective equipment. Visitors are required to go directly to the room of the person they are visiting and not to stop to speak with or drop in to see any other resident.

It is no longer appropriate to ask visitors to wear gloves, apron, gown or eye-protection during the visit unless there is a good reason to do so.

Visits should occur in the resident's room or other area with well-spaced visiting stations. Congregation of large numbers of visitors and residents in one space and general social interaction should be avoided.

During visiting the room should be ventilated in so far as practical taking account of weather and comfort. The goal is gentle air circulation not a breeze or draught that causes discomfort.

If the resident does not have a room exclusively for their own use visitors may only visit the resident in their room if they have obtained the consent from the other resident in the room. To protect the dignity and privacy of other residents, it is preferable for the visitor to meet the resident in the designated visiting area or a private lounge that does not impinge on the other resident's rights to enjoy their surroundings. The entitlement of the resident to have a private home life is prioritised in the philosophy of care within the Home.

In the event that another unrelated resident, who is sharing a room with the resident visited invites the visitor in to the bedroom, while there will likely be greeting or conversation with the resident, visitors should avoid entering space assigned to another resident.

Visitors must comply with the required IPC related precautions while visiting, however, the resident's rights, privacy and dignity must be respected and there is no intention to invasively monitor visits.

The duration of the visit should not be limited for IPC reasons.

Gifts of goods or other items for visitors should not be restricted and there is no requirement for a period of storage of the item before the resident receives it.

Visits by children should 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.

5. Refusal of access to the Home

The Home will refuse entry to prospective visitors who show evidence of infection unless there are extraordinary circumstances such as expected imminent end of life and the risk can be managed with specific additional measures.

The Home may decide to refuse entry to a prospective visitor if the person is unwilling or unable to comply with reasonable measures to protect all residents and staff or if the person has not complied with reasonable measures during a previous visit.

Other than a resident transferring or returning to an RCF, no one should access the Home who has symptoms of COVID-19 or other communicable infectious disease. Very rare exceptions to this may need to be considered on compassionate grounds. In that case, careful risk assessment and planning is required.

Refusal of access to the Home may also be determined under the Homes' policy entitled 'Zero tolerance on the abuse of staff'. When this policy is enacted, refusal of access will be communicated in writing and all statutory agencies will be notified.

The reasons for any refusal of entry of a visitor at all times will be clearly explained.

6. Communicating any restrictions to visiting

The Home will engage with residents, involve them in decision making and communicate clearly with each resident and relevant others regarding our visiting policy, including any restrictions. This communication will make it clear how visiting is facilitated, any restrictions that apply, the reasons for the restrictions and the expected duration of restrictions. This information will be available in writing to residents, friends and families in writing as required.

In addition to communication with residents, families and friends, restrictions in visiting will be communicated in engagements with HIQA (along with expected duration of same) and with relevant advocacy services.

Residents with significant unresolved concerns regarding visitor access will be supported in contacting relevant advocacy services.

7. Access and Visiting in the context of an outbreak of COVID-19

Full access should be facilitated to the greatest degree practical for all residents.

Access may be very limited for a period of time in the early stages of dealing with an outbreak but a total withdrawal of access is not appropriate. If limitations on access are considered necessary, this will be based on a risk assessment that is reviewed regularly in view of the prevailing public health circumstances in the population served by the Home. Risk assessments that underpin decisions regarding restricted visiting will be documented and retained for Inspection. Visits will not be restricted unless there is an identified risk.

The following approach will be applied during an on-going outbreak of COVID-19:

Nominated support persons should continue to have reasonable access **for some part** of each day if the nominated support person is aware of the risk to them, is prepared to accept that risk and to follow all necessary infection prevention and control measures. This can be an important support to residents and to staff.

The Home may need to limit indoor visitors to the facility during the early stage of an outbreak if specifically advised to do so by Public Health or at the discretion of the Person in Charge. If a resident does not have nominated support person visiting should generally not be less than 2 visits per week by one person. Access for Important Service Providers will often be suspended during the early phase of an outbreak.

When the situation has been evaluated by the outbreak control team in collaboration with the Person in Charge 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, additional visiting will be facilitated to the greatest extent practical.

If limits on indoor visiting are necessary in the early phase of an outbreak, alternative forms of communications and engagements with families and others should be

facilitated proactively and to the greatest extent possible, including through window visits, outdoor visits, video calls etc.

Any limitations on visiting required in an outbreak will be reviewed at least twice per week. 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 section of the Home, there may be fewer requirements for visiting restrictions in other wings or buildings.

All visits during an outbreak are subject to the visitor accepting a risk of infection for the visitor. The Home requests all 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.

The messages around visiting during an outbreak will 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.

8. Essential Service Providers (ESPs)

The term visitor does not include Essential Service Providers (ESPs). Essential Service Providers are people who provide professional services including healthcare, legal, financial, advocacy and regulatory services. Access for ESPs cannot be denied and they should only be limited in the most exceptional circumstances and for defined periods in the context of specific public health advice. **ESPs who access residential care facilities are advised to be fully vaccinated** (similar to healthcare workers) and should have appropriate training and follow necessary infection prevention and control precautions. All services should comply with any legal or public health restrictions on the provision of services in effect at the time.

9. Important Service Providers (ISPs)

The term visitor does not encompass Important Service Providers (ISPs) who provide services that are important to resident's 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. **ISPs who access residential care facilities are advised to be fully vaccinated** (similar to healthcare workers) and should have appropriate training and follow necessary infection prevention and control precautions. All services should comply with any legal or public health restrictions on the provision of services in effect at the time.

10. Visiting on Critical and Compassionate grounds

Critical and compassionate circumstances are difficult to define and of necessity require judgement. It is imperative that the Person in Charge determines when this applies. The term should not be interpreted as limited to circumstances when the death of a resident is imminent. Where critical and compassionate grounds (see examples set out below) apply the duration and frequency of visiting should be as flexible as possible subject to the ability of the Home to manage the visiting safely.

The following are examples of critical and compassionate circumstances.

- Circumstances in which end of life is imminent.
- 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, registered health or social care professional, spiritual advisor or advocate acting for that the resident is that a visit is important for the person's health or sense of well-being.

11. Appeal against any decision on restriction of visiting

Residents and others who wish to appeal against limitations on access that they consider as being unreasonable are encouraged to use in the first instance the 'Management of Feedback' procedure available in the Home.

Residents and others are welcome to also raise any concerns through the Advocacy services that are available or the local HSE leads.

Residents and others can also discuss concerns with HIQA if they feel that this is necessary.

12. Thank you

Finally, thank you all for your patience and understanding as we continue to face the challenges of Covid 19 and other infectious diseases in the community. We are privileged to have the responsibility of caring for our residents, your relatives and friends.



Appendix 1

NAZARETH HOUSE NURSING HOME, XXXXXXX

VISITORS DECLARATION

(This declaration is to be completed prior to the commencement of a visit)

Time/Date:		FULL NAME (CAPITAL LETTERS)	
Visiting		Contact Number	

	YES(✓)	NO(✓)
Are any immediate family members you live with in isolation as a result of contact with a person who is suspected/confirmed of having COVID- 19?		
Have you any symptoms associated with Influenza or Covid 19?		
Do you agree to follow infection control measures during the visit and wear the appropriate PPE if required to do so		
Agree to dispose of all PPE in the correct disposal bin on departure		
Have you read the PHA guidance on the safe use of masks overleaf		
I understand that if there is an outbreak of Covid 19 in the Home, that I may be at risk of acquiring the infection		

Signature:	
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Please note that

- Access may be very limited for a period of time in the early stages of dealing with an outbreak of infectious disease within the Home;
- Everyone who accesses the Home must adhere to directions on essential infection prevention and control practices including maintaining physical distance (in so far as appropriate to their purpose), mask use, respiratory hygiene and cough etiquette and hand hygiene; and
- The Home *will refuse access* to a person who is unwilling or unable to comply with reasonable measures to protect themselves and all residents and staff or if the person has not complied with reasonable measures during previous access.
- This document will be destroyed 14 days after completion.
- This document is compliant with GDPR

COVID-19

HAND HYGIENE BEFORE AND AFTER USING A MASK



Safe use of Masks

THE MASK YOU NEED

DO: REMEMBER TO WEAR THE CORRECT MASK FOR THE TASK:

Wear Surgical mask for droplet precautions, or when providing care within 2 meters of any patient, or when working within 2 meters of another healthcare worker for more than 15 minutes.



Only wear FFP2 (Fit Checked) or FFP3 mask (Fit Tested) for aerosol generating procedures.



WEARING THE MASK

DO: Wear your mask so it comes all the way up, close to the bridge of your nose, and all the way down under your chin.



DO: Press the metal band so that it conforms to the bridge of your nose.



DO: Tighten the loops or ties so it's snug around your face, without gaps. If there are strings, tie them high on top of the head to get a good fit.



DO NOT: Wear the mask below your nose.



DO NOT: Leave your chin exposed.



DO NOT: Wear your mask loosely with gaps on the sides.



DO NOT: Wear your mask so it covers just the tip of your nose.



DO NOT: Push your mask under your chin to rest on your neck.



ONCE YOU HAVE ADJUSTED YOUR MASK TO THE CORRECT POSITION, FOLLOW THESE TIPS TO STAY SAFE:

- ALWAYS change your mask when you answer the telephone or you take a drink/break.
- ALWAYS change mask when leaving a cohort area or exiting a single patient isolation room.
- NEVER fidget with your mask when it's on.
- NEVER store your mask in your pocket.
- ALWAYS wash your hands before and after handling a mask.
- ALWAYS change mask if it is dirty, wet or damaged.

REMOVING THE MASK



Use the ties or ear loops to take the mask off.

Do not touch the front of the mask when you take it off.

DISPOSING OF THE MASK



Dispose of mask in a healthcare risk waste bin.

IF HEALTHCARE RISK WASTE SERVICE IS NOT AVAILABLE:

The mask, along with any other PPE used, needs to be double-bagged and stored for 72hrs in a secure location, then put in the domestic waste.

