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Copied to: Chief Executives NHS Boards and Local Authorities
Chief Officers Health and Social Care Partnerships
Chief Social Work Officers
Directors of Public Health
Nurse and Medical Directors

12 October 2020

Dear Care Home Manager,

I am writing to you with updates to visiting guidance and the care home worker staff testing programme, in the context of recent announcements about additional restrictions to prevent the spread of Covid-19:

1. **Optimising visiting – Updates to Family and Friends Visiting Guidance for Adult Care homes in Scotland**
2. **Clarifying the impact of new national and local restrictions on visiting guidance**
3. **Implementing the staged approach to enhancing wellbeing activities and visits in care homes, including communal living – updated guidance now published**
4. **Testing for care homes - transition to NHS lab and regional hubs**

Optimising visiting – Family and Friends Visiting Guidance for Adult Care homes in Scotland

As you will be aware, on 3rd September 2020 we published updates to existing guidance on care home visiting by family and friends. Indoor and outdoor visiting should be supported in line with stage 3 of the visiting plan, where it is safe to do so.

We have seen again in the last few weeks just how challenging this pandemic continues to be. I want to reiterate my intention that we continue to safely resume visiting and everyday life activities for **all** care home residents in the coming weeks and months. With outdoor temperatures dropping, I want also to emphasise the importance of indoor visiting being resumed for everyone. In tackling this pandemic, it is important to balance the serious risks posed to care home residents by the virus, with the right to a family life which all residents should be able to enjoy, particularly given the beneficial impact which visits from family members have on the mental and emotional wellbeing of residents. I am acutely conscious that this is a difficult balance to strike.

Based on feedback from family members and sector representatives, I am writing now to provide additional advice and updates on stage 3 visiting to help achieve a better balance between the need for safety and the need for family and visitor contact.

The updates are outlined in detail in the appendix to this letter and aim to balance the risks of harm from COVID-19 with important considerations such as the risks of reduced contact with loved ones. These updates respond to the key areas of concern raised by family members of care home residents, sometimes on residents' behalf, and consolidate existing stage 3 guidance with emerging evidence on safe practice. In summary it is recommended that **the length of indoor and outdoor visiting and the number of outdoor visitors are increased, and that involvement in elements of personal care and touch / physical contact be resumed.**

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Recommendations are also outlined regarding spiritual care, hairdressers, visiting by under 18s, gifts and pets (see below).

Therefore, provided the conditions for safely resuming indoor visitations have been met, as set out below, I hope that all care homes can put in place the conditions to support this to happen safely and soon. I recognise that these changes will require careful planning in consultation with your staff, residents and families to ensure safe and manageable arrangements. Changes can be implemented once you are satisfied that they can be accommodated safely, and pending any necessary updates to risk assessments. Local oversight teams can provide support with implementing changes safely. The Turas care management safety huddle information should be used by the to support decisions around risk assessment. Please continue to access your local PPE Hubs for support with additional PPE, including provision for visitors, should your normal supply routes be unsuccessful until 31st March 2021.

I would like to emphasise in particular, my hope that **essential visits** can be supported sympathetically at all times throughout the pandemic and without being subject to the recommended four-hour limit for routine indoor visits. Further advice on essential visits is outlined in the appendix below. Such visits should be supported where it is imperative that friends or family see their loved one. This might include circumstances where their loved one may be deteriorating, where it is clear that the person's health and wellbeing is changing for the worse, where visiting may help with communication difficulties, to ease significant personal stress or other pressing circumstances.

Where you would like additional support or consultation with doing this, or indeed any support to visiting, you should liaise with your clinical oversight leads in the first instance. Clear lines of communication should be agreed with clinical oversight colleagues for ongoing support to decision making to enable an informed and collective response, as well as shared accountability, if these are not already in place.

As with all guidance in this series, content has been developed with input from members of the Scottish Chief Medical Officer (CMO) and Chief Nursing Officer Care Homes Clinical and Professional Advisory Group (CPAG), a multidisciplinary group providing clinical and professional advice throughout the pandemic.

Clarifying the impact of new national and local restrictions on visiting guidance

National restrictions

Indoor and outdoor visiting in care homes is not affected by the new general population restrictions to indoor gatherings to curb increases in COVID-19 community prevalence, announced on 22nd September. Under The Health Protection (Coronavirus) (Restrictions and Requirements) Scotland Regulations 2020, as amended on 25th September, a care home is not classed as a private dwelling, and so the new restrictions on gatherings do not apply to these settings.

The First Minister has stated that visiting is vital to the wellbeing of residents and their loved ones and should continue to be supported as long as it can be done safely. With this proviso, I would like visiting to continue to be supported, including with family and friends travelling from health board areas which are under temporary, additional restrictions.

Local restrictions - general population

As we move through the pandemic, additional temporary local restrictions may be put in place for the general population. Existing national care homes visiting guidance applies only when local conditions are judged to be safe.

Further national announcements, made on 7th October, and advising temporary restrictions in the Central Belt should not automatically apply to care home visiting.



Locally decided restrictions - care home visiting

Currently there are local restrictions in place in a number of local authorities in the West of Scotland. This means that at the time of writing, visiting is restricted to outdoor and essential visits only. Local restrictions should be followed, where they are advised for clinical reasons by local Incident Management Teams.

Information support regarding changes to local restrictions, and any impact on care home visiting can be sought from local oversight boards and Directors of Public Health and will also be available on the Scottish Government website.

As you know there are clear requirements for any level of visiting. Care homes should only resume visiting when they have been free of COVID-19 for 28 days, are participating actively in the care home worker testing programme, and have had their visiting risk assessments approved by the local Director of Public Health (or delegated official). Risk assessments should be kept up to date as part of routine care home manager health and safety responsibilities. Where already reviewed by Directors of Public Health, they do not need to be further submitted before implementing changes in the appendix.

Implementing the staged approach to enhancing wellbeing activities and visits in care homes, including communal living – updated guidance now published

As of today we have published an updated version of this guidance which includes a clarification of existing advice on singing and spiritual care.

It also outlines recommended pre-admission arrangements for stand-alone adult residential respite settings (settings registered as care homes).

The guidance is available at: <https://www.gov.scot/publications/coronavirus-covid-19-adult-care-homes-visiting-guidance/>

Testing for care homes - transition to NHS lab and regional hubs

I am grateful to you for your continued participation in routine weekly COVID-19 testing of your staff. The staff testing programme is a key preventative measure in helping us suppress the virus and protect residents, staff and visitors. I know that there have been challenges with the existing arrangements including most recently, test turnaround times from the UK Lighthouse Lab. However, together we have maintained weekly staff tests to at least 37,000 each week since the end of August. This is a significant achievement and I am grateful to you and your staff for this. I would ask that you continue to proactively communicate the importance of this testing programme and encourage increased participation from your staff as we enter the winter months.

To address some of the logistical and turnaround challenges and because we consider weekly testing of all staff to be a critical preventative safety measure, we have begun the programme of transitioning care home staff testing from UK Government (UKG) laboratories to the NHS. For some of you this has already taken place and I know from the feedback that this has been welcome. We will continue this process in parallel with our work to bring three NHS Regional Testing Hubs online over the coming weeks. This is a carefully managed and nationally led programme delivered with regional and local support. A national group has been established that will oversee the work with sub groups on:

- Pathways, logistics and procurement,
- IT/data flows,
- short/term transition
- communications.

There is care home representation across all groups.

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Through the Transition Programmes communication group we will keep you aware of progress and the detail of transition arrangements at your individual care home level so that they are clear and accessible, reducing uncertainty for providers. This is an ambitious task and timeframe given the importance of the testing programme. In the meantime you should continue to access weekly testing by your current route.

I hope all of this information and the updated guidance is helpful and that you are assured of our continued support. Of course I also hope that you will not hesitate to raise any concerns or issues directly with your local team or directly with me.

Thank you again for your continued efforts and please also pass on my sincere thanks to your staff.

Sind regards

JEANE FREEMAN

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Optimising visiting – Family and Friends Visiting Guidance for Adult Care homes in Scotland

The following table outlines updates to the existing Family and Friends Visiting Guidance for Adult Care Homes in Scotland, and builds on wider content on each of these themes which still remains in place (for example, arrangements around IPC and PPE in each scenario). The guidance is available online and will be updated this week to reflect the changes below, at [hyperlink]:

<https://www.gov.scot/publications/coronavirus-covid-19-adult-care-homes-visiting-guidance/>.

Where there are firm parameters outlined below, e.g. maximum length of visit, these are the recommended upper limits for safe visiting. Care homes will decide, wherever possible in consultation with families, on the safe and manageable arrangements for both care homes and individuals based on their own individual facts and circumstances and wider advice and support, where desired. Whilst decisions should be balanced, they should also involve the least restrictive measures possible, to support proportionality and fairness.

Care home managers who would like to access additional support or advice around content below should contact their clinical oversight leads in the first instance.

Visiting theme	Clarifications and updates
Essential visiting	<p>Essential visits are incredibly important for people's health and wellbeing and it is important to reiterate that these should continue throughout the pandemic.</p> <p>Care homes should be supported to safely and generously allow essential visits, where they will benefit the health and wellbeing of residents, liaising with their local oversight boards to achieve this, if needed.</p> <p>Children and young people are also now recommended to be supported to attend essential visits, with standard safety and PPE recommendations in place (as for others).</p> <p>Updates to definitions of essential visits and the circumstances when they should be supported are provided below to support care home managers with increasing flexibility locally.</p> <p>These now explicitly include essential visits in the following circumstances:</p> <ol style="list-style-type: none"> 1. to prevent or respond a deterioration in the resident's health and wellbeing, 2. for assistance with communication and/or distress, 3. allowing important time with loved ones, in circumstances approaching end of life. <p>The definition now reads:</p> <p>An essential visit is one where it is imperative that a friend or relative is supported to see their loved one and are not subject to the same time limits as routine indoor visits. This might include circumstances where their loved one may be deteriorating, where it is clear that the person's health and wellbeing is changing for the worse, where visiting may help with communication difficulties, to ease significant personal stress or other pressing circumstances. Decisions around circumstances that justify essential visits should be made by the care home manager, with advice and support from the wider local oversight team if needed, and to ensure that the resident's needs are fully met as sympathetically as possible. This should be facilitated by care homes throughout all stages of the visiting pathway.</p>

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	<p>Flexibility around the number, frequency and duration of visits when a friend or relative's loved one is deteriorating is at the reasonable discretion of the care home manager or, if unavailable, another senior staff member. A number of factors need to be taken into account such as the circumstances of the residents and of the visitors, and the ability to manage these visits safely. The recommendation is that care homes work to safely support essential visits where they will benefit the resident's health and wellbeing, or allow families and friends important time with loved ones in circumstances approaching end of life.</p> <p>In circumstances when there is serious concern for the health and wellbeing of the resident and/or approaching end of life, care home managers should, in consultation with the family, decide on the size and duration of family / friends visits, ensuring that full PPE, symptom awareness and IPC measures are in place.</p> <p>To support visits to happen, care homes should give as much advance notice to families and loved ones as is possible, being mindful of practical factors such as making travel arrangements.</p>
Designated visitor	<p>Current recommendations for restrictions to the number of designated visitors are based on evidence that the risk of transmission of COVID-19 in care homes increases as more people enter.</p> <p>There are a range of circumstances where designated visitors should be supported to be alternated, change, or flex. These include:</p> <ol style="list-style-type: none"> 1. when the designated visitor will be unavailable for a visit and the resident wants to see someone else instead, or 2. when visitors (especially family members) are travelling from a distance. <p>Care homes should be sympathetic to requests to meet with family and friends and liaise with their local health protection teams, to secure the support for these to happen safely.</p> <p>In line with these points, the definition of Designated Visitor now reads: A Designated Visitor is someone the resident chooses as their named visitor. This might be a spouse or next of kin or a friend. That person will be the main link to the home for a resident and can be changed or alternated on agreement between the care home manager and the resident. The onus should be on supporting people to visit safely, if there is a pressing emotional, medical or circumstantial need to do so.</p> <p>Designated visitors (family carers) can offer physical contact to residents for comfort and support elements of personal care in the home, as agreed in advance with the care home and on an individual basis.</p> <p>Designated visitors and adults with incapacity There will be occasions where a resident lacks capacity under the Adults with Incapacity (Scotland) Act 2000 (AWI Act). Incapacity can fluctuate depending on the time, place and decision being taken, amongst other factors.</p> <p>In these situations, in the first instance the resident should be provided with support to enable them to choose a designated visitor themselves.</p>

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	<p>If they are unable to then if someone has been appointed to take decisions for them under the AWI Act, such as a guardian, power of attorney, or intervener then this person can represent the resident's wishes. In doing so they should take into account the past and present wishes and feelings of the resident as far as they can be ascertained, and the views of any interested parties, including the nearest relative, named person and primary carer of the resident as far as reasonable and practicable. Care homes should satisfy themselves that the proxy has the correct welfare powers to be able to visit the adult.</p> <p>If there is no proxy then the care home should take the lead in consulting interested parties as far as is reasonable and practicable and deciding who will be the designated visitor.</p> <p>If the designated visitor is unable to visit, or visitors are to be changed, then a decision should be taken in advance by the proxy or care home (where there is no proxy) on who else should be able to visit. The past and present wishes and feelings of the adult and the views of interested parties should be taken into account in this decision.</p> <p>Care home managers should ensure equal flexibility for residents with and without capacity.</p> <p>The sections below cover updates to the involvement of designated visitors with residents' personal care and where touch should be supported. As above, these updates should be read in parallel with existing guidance around PPE and IPC arrangements for visitors.</p>
Indoor visiting	<p>As outdoor temperatures are dropping, care homes are asked to progress indoor visiting arrangements for everyone, with support from local Directors of Public Health / Directors of Nursing to ensure local conditions are safe.</p> <p>Indoor visiting should be resumed on approval of visiting risk assessments, and care homes should liaise with their local oversight teams to resolve any concerns around doing this safely. Wider requirements for care homes to be COVID-19 free for at least 28 days and to be actively participating in the testing programme remain in place.</p> <p>The Turas care management safety huddle information should be used by the care home and local oversight groups to support decisions around risk assessment.</p> <p>In line with new evidence around risk, routine indoor visits can be extended to a maximum of 4 hours with the designated visitor, in line with the resident's wishes and care home manager's support. The recommended frequency remains once weekly.</p> <p>Where at all possible, different entry and exit doors should be used to support a one way system of visitor flow into and out of the care home.</p> <p>Residents and visitors may wish to be involved in elements of residents' personal care or more interactive time together. This should be supported as long it takes place in the resident's room and existing IPC/PPE recommendations are met (see updates to Touch below). Examples of more participative activities include:</p> <ol style="list-style-type: none"> 1. Mealtimes 2. Hair care 3. Involvement in the daily routine.

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Spiritual care	<p>Spiritual care visits should be supported at all stages of the pandemic, ensuring physical distancing is in place wherever possible and PPE is worn at all times.</p> <p>For clarity, spiritual visits are not limited to essential visits and people meeting with residents for this reason should not be counted as designated visitors. Spiritual care visits should be supported both indoors and outdoors.</p>
Garden/ outdoor visiting	<p>Where social distancing can be maintained, garden/outdoor visits can now be extended to include up to 6 visitors total from no more than two households, and for up to one hour per visit.</p> <p>Visitors who have formed extended households should be considered as an individual (single) household when visiting outdoors.</p> <p>Children and young people under 18 years of age can now visit outdoors as long as they adhere to existing social distancing, PPE and IPC recommendations for outdoor visiting.</p> <p>Where numbers of visitors are likely to inhibit the maintaining of social distancing, the maximum number of 6 visitors may be reduced.</p> <p>Residents should be supported to access or exercise in the grounds of the care home if they wish and it is practical to do so; with or without staff or visitors depending on preference and need.</p>
Touch	<p>While the recommendations for social distancing remain in place, we recognise that there are occasions when touch will be valuable for both residents and visitors, including in circumstances approaching end of life and spiritual care. In these instances, touch should be allowed and does not need to be supervised by care home staff.</p> <p>To support touch to happen safely, visitors should be supported to have regular training and supervision from care home staff to put on and take off PPE, in line with the national guidance, as well as to ensure other IPC recommendations are met.</p> <p>As with other updates, should care home managers have queries or concerns around supporting touch to happen safely, they should liaise with their local health protection/oversight teams in the first instance.</p> <p>In these instances, visitors should wear a mask and apron and gloves and residents should be supported to wear a mask (noting circumstances for exemptions in existing guidance). These arrangements are recommended for indoor or outdoor visiting.</p> <p>Measures should be in place to ensure visitors' stringent handwashing and safe disposal of PPE on exiting the home.</p>
Gifts and residents' belongings	<p>Visitors should be allowed to bring in gifts and residents' belongings (kept to a minimum unless they are essential), and agree arrangements to do so with the care home manager ahead of visits. Items such as books and magazines or helium balloons should be wiped by care home staff before passing them to residents. Any items that cannot be wiped clean (for example, teddy bears) should be put in a sealed plastic bag for 72 hours by care home staff, to quarantine items, before removing and passing them to residents.</p>

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	<p>Anyone bringing in gifts should be advised to observe strict hand hygiene measures throughout.</p> <p>The following items should not be brought in, for IPC reasons:</p> <ul style="list-style-type: none"> • Non-helium balloons • Home prepared food or baking
Pets and therapets	<p>Building on new advice around risks to infection, it is now recommended that family pets and therapets can be brought to outdoor and indoor visiting where residents and family members wish, as long as certain pre-conditions are met (for IPC and safety reasons).</p> <p>These are:</p> <ul style="list-style-type: none"> • Pets/therapets are brought by a responsible owner who will ensure they are kept under control whilst on the premises • Pets/therapets are not brought to the care home if they are unwell in any way • Pets/therapets should only be brought to visit a single resident • The suitability of areas should be considered to determine pet/therapet visits (and this should only take place in residents' rooms or outdoors) • A suitable area for the pet to be toileted should be identified • Care home managers should ensure that those residents coming into contact with the pet/therapet have no allergies or fears associated with the animal • Pets/therapets should be kept away from any residents with wounds or invasive devices • Hand hygiene should be performed after touching the animal (using soap and water) • Pets/therapets should not be permitted access to any communal or clinical areas, or dining rooms, or kitchens.
Hairdressers	<p>Hairdressers should now be supported to visit residents in a designated room within the care home.</p> <p>Surfaces should be disinfected between residents and good practice recommendations for hairdressing should be followed (see: https://www.gov.scot/publications/coronavirus-covid-19-retail-sector-guidance/pages/close-contact-services/#highriskzone).</p> <p>Existing visiting guidance safety recommendations should be followed, including for the wearing of PPE and symptom awareness for visiting hairdressers.</p> <p>Residents do not need to wear masks to / from visiting hairdressers in the home.</p>
Communication with families and friends around visiting	<p>To support families and friends to stay up to date with current guidance, we have updated the Care Homes Information Leaflet for Visitors, which is available at: https://www.gov.scot/publications/coronavirus-covid-19-adult-care-homes-visiting-guidance/.</p>