

Visiting at Care homes

Frequently Asked Questions for Care Homes

The aim of this document is to provide you with answers to questions that may regularly be asked of you as a care home staff member.

The document will provide links to the current national guidance and information specific to Hampshire county. Some examples are also provided from HCC Care, who provide Hampshire County Council's care services.

Guidance is correct at time of publication. To ensure you stay up to date, see the national guidance linked below.

National guidance.

[Visiting arrangements in care homes - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Coronavirus \(COVID-19\) lateral flow testing in adult social care settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Visits out of care homes - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Local guidance for providers.

<https://documents.hants.gov.uk/adultservices/Care-Home-Visiting-Guidance-for-Providers.pdf>

Care Home Testing FAQs: <https://www.hants.gov.uk/socialcareandhealth/coronavirus/care>

What you need to know about getting a test for coronavirus and the Local Tracing Service in Hampshire: [COVID-19 testing and contact tracing | Health and social care | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk/healthandsocialcare/covid-19-testing-and-contact-tracing)

Helpful resources

[Outbreak flowcharts for care settings](#)

<https://careprovideralliance.org.uk/coronavirus-visitors-protocol>

Contents

Frequently asked questions- Visits at the care home	3
The position changes so frequently how can I ensure I am keeping families and relatives of my residents up to date?	3
As a home manager I am unclear whether I can accept visitors into the home?	3
What is an Essential Care Giver?.....	4
What should our visiting policy include?	4
What considerations should we make as part of risk assessment?	5
How do I measure the risk?	5
Who has the ultimate say on visiting?	5
How many times can visitors attend, and can others visit?	6
Can children and young people visit?	6
Do visitors need to have received their vaccination before they can visit?	7
What is visitor testing?	7
How is visitor testing implemented? (UPDATED)	7
A visitor has said they don't want to have a test, can they still visit?	8
How can visits be facilitated?	8
What happens when a visitor arrives?	8
What about access to other parts of the building?	9
Does any of this advice differ if the person is end of life care?	9
What symptoms should I be looking out for?.....	9
What should I do if someone has symptoms or tests positive for COVID-19?	10
Can visitors attend if they have had an antibody test?	10
Can visitors attend if a resident has tested positive for Covid-19? (UPDATED)	10
How can I support my workforce to remain safe?	10
What if my staff are classed as CEV or CV?.....	11
How do I approach the visiting topic with families?.....	11
Frequently Asked Questions- Visits out of the Care Home	11
Can a care home resident leave the home for a visit?	11
How can I plan for a visit out of the care home?	12
What steps can be taken to help mitigate risks?	12
What are the rules on self-isolation after a visit out of the care home? (NEW)	12

Frequently asked questions- Visits at the care home

The position changes so frequently how can I ensure I am keeping families and relatives of my residents up to date?

We understand how hard it is to stay up to date and will aim to take the hard work away from you by sharing the current position on our webpage and in the provider newsletters. Please ensure you have bookmarked the page and have signed up to receive the newsletter.

Webpage: <https://www.hants.gov.uk/socialcareandhealth/coronavirus/care/commissioned-services>

To sign up to alerts and our newsletter email; ahc.digital@hants.gov.uk

Communication is essential for residents their families and friends. You can find the link containing a letter to care home visitors about LFD testing. You can find a link to an adaptable example letter for general visiting in our helpful resources above. You may want to adapt these letters to enable you to communicate with visitors.

As a home manager I am unclear whether I can accept visitors into the home?

Receiving visitors is an important part of care home life. Maintaining opportunities for visiting to take place is critical for supporting the health and wellbeing of residents and their relationships with friends and family. So where possible accepting visitors is encouraged.

There may be some circumstances where visits are not possible e.g. Where a care home has an outbreak or positive cases of COVID-19 at the home.

All care homes should seek to enable indoor visits for two named visitors where the visitor has been tested and returned a negative result. If the home is able to accommodate it, both named visitors may be able to attend at the same time.

The visit should be agreed following careful risk assessment and with the continued use of extra precautions, such as PPE and social distancing. The overall decision will be made by the Care Home Manager following these risk assessments.

In addition to the two named visitors, all care homes should seek to enable additional visitors through outdoor visiting, such as window visits where the resident remains inside, or visits under an open sided gazebo/marquee. Visitors and residents participating in outdoor visiting must remain at least 2 metres apart at all times.

Outdoor visits are the preferred approach wherever possible however if a risk-assessment identifies that an open-air visit is not appropriate, a dedicated 'pod'/room with good ventilation (doors and windows open) and where there is a substantial screen* between the resident and visitor can be used. This is unless there are exceptional circumstances for example, end of life.

* *A substantial screen can be defined as a screen that reaches from the floor to the ceiling.*

Updated 01/05/2021

What is an Essential Care Giver?

Some residents may have a care or support need that cannot easily be provided by care home staff, or not without causing distress. This might be help with washing and dressing where the resident becomes distressed unless it is done by a loved one.

Other examples could be where the resident is refusing to eat unless they do so with a loved one present. Or where a family member or friend can calm down challenging behaviour more easily than care home staff.

It is likely that the requirement for this support from the resident's loved one will already be part of (and documented in) their care plan. It will not be necessary for everyone.

In such cases, and with the agreement of the care home, an Essential Care Giver will be enabled and supported to provide this care and they will be able to visit more often. They will have access to the same PCR and rapid lateral flow testing and PPE arrangements as a member of care home staff. Staff will need to provide further instructions and details on how visitors can fulfil this role, including support on how to put on and take off PPE safely where appropriate.

Essential Care Givers do not need to be the same person as one of the two named visitors. A resident can have an essential care giver (where that is agreed with the care home) as well as the 2 named visitors. This could mean the resident has nominated a total of up to 3 people who will make regular visits.

Each resident will be different, and the exact arrangements will need to be agreed between the care home, resident and their family. This should follow an individualised assessment of the resident's needs. Clinical care and medical tasks such as the administering of medication and physiotherapy remains the responsibility of the care home.

Visitors should speak to the care home manager if they think their loved one would benefit from this type of visit.

What should our visiting policy include?

As per Government guidance, your care home's visiting policy should allow for different rules to be applied to different residents or categories of resident. The policy should explain:

- any different approach applied to individuals or groups
- any factors that are relevant to a decision relating to such individuals or groups
- the decision-making process to be applied to these decisions

In summary, your homes visiting policy should contain:

- Considerations before making a visit
- Clear guidance for visitors about how visits can take place and be booked.
- Detail of the type of Risk assessments your home will undertake
- Expectations during a visit including infection control procedures
- Protocol for visitor testing
- Need to report any subsequent illness after a visit
- Protocol for visits (indoor and outdoor)
- Visitor declaration – to be completed on arrival confirming the absence of symptoms and giving contact details for track and trace purposes. Example visitor declaration
- Guidance on infection control procedures within the setting
- Guidance on use of PPE - Advice for residents and families should be set out in the visiting policy of the care home and shared with them.

Updated 01/05/2021

This advice should cover issues such as:

- visitors should be given support on how to prepare for a visit and given tips on how to communicate if face coverings are required, for example:
- 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 resident would more likely recognise
- provide reassurance to visitors, including that some people with dementia might struggle at first to remember or recognise them. Care home staff should try to prepare the resident for a visit, perhaps by looking at photographs of the person who is due to visit and talking to them about their relationship

What considerations should we make as part of risk assessment?

The factors relevant to decisions about particular individuals or groups of residents include the following, in addition to those factors above relating to a care home's general visiting policy:

- the benefits to a person's wellbeing by having a particular visitor or visitors
- the extent of the harm that will be experienced by the resident from a lack of visitation or whether the individual is at the end of their life
- whether residents or staff or visitors are in the extremely clinically vulnerable group (see latest government [guidance on shielding](#))
- if not regarded as a person requiring support to shield, whether the resident's state of physical health is such that they may be more seriously affected if they develop COVID-19
- the provisions and needs outlined in the person's care plan
- the level and type of care provided by external visitors and the ability of care home staff to replicate this care
- the appropriate duration of any visit for the particular resident
- the appropriate level of staff to enable safer visiting practices
- the extent to which remote contact by telephone and/or video addresses any wellbeing issues above and is available and reduces any distress or other harm caused by the absence of visits. When developing visiting policies, care homes should consider how they will support remote contact (for example, wifi access for all residents)
- How visitor testing will be implemented and the impacts of doing so

How do I measure the risk?

Any decisions around admitting visitors remain the responsibility of providers and ultimately the Registered Manager. It is recommended that risk assessments are carried out, considering the most up to date government guidance and local information. Risk assessment should include the need for any additional equipment to support visiting eg. Screens.

Service-wide risk assessment should also be accompanied by appropriate individual risk assessments. Providers may wish to develop a short individual visiting plan for each resident.

Who has the ultimate say on visiting?

Unless you have been told by a Public Health Protection Team or Local Director of Public Health to restrict visiting, the decision must be made by the care home management, based on a number of different factors and assessment of risks.

Updated 01/05/2021

You can find a full statement from the Director of Public Health for Hampshire and the Isle of Wight here; <https://www.hants.gov.uk/socialcareandhealth/coronavirus>

How many times can visitors attend, and can others visit?

The Government are not setting rules about how often individuals can visit, or how long they can stay for. This will vary from place to place, depending on what the care home decides they can do safely and comfortably.

There will probably be some limits. The Government are asking visitors to be supportive of the care home and recognise that the home will need to 'share out' visiting appointments so everyone gets the chance to have one.

Indoor visitors are limited to up to two named visitors wherever possible. This is in order to limit the overall number of visitors to the care home and/or to the individual, and the consequent risk of disease transmission from multiple different routes.

Additional visits may be facilitated for others. These visits should take place outdoors as described above.

Individual homes should make their own risk assessments and decisions around who visits. Visiting should always be arranged through the booking system that that home has established.

Can children and young people visit?

It is possible for someone aged under 18 to be one of the two nominated visitors, if the resident, family, and the care home all agree that is appropriate. Any children visiting (apart from babies and very young children) should be counted towards the maximum number allowed for the visit.

Visits including babies and very young children, generally under the age of 2, may also take place with the agreement of the care home manager. These children do not need to be counted as an additional visitor. As is the case with visitors of all ages, there should be no close physical contact between babies or young children and the residents they are visiting.

It is very important that any children visiting can follow IPC measures carefully. This will include social distancing, PPE use (where appropriate), and advice on minimising physical contact. Children and young people must be able to follow any instructions the care home staff provide.

Children aged 11 and over should wear the same PPE as adult visitors. Children under the age of 3 should not wear masks, for [safety reasons](#).

The Government do not currently recommend that children under the age of 11 participate in regular asymptomatic testing. If a test is to take place for a child, it should be done with appropriate consent and guidance.

It is possible for a young person under the age of 18 to be an essential care giver. This would be more appropriate for older teenagers, and must be with the agreement of the care home manager who must satisfy themselves that the young person is confident, capable and willing to provide the care or support agreed.

Updated 01/05/2021

Do visitors need to have received their vaccination before they can visit?

It is strongly recommended that all visitors and residents take up the opportunity to be vaccinated when they are invited to do so through the national programme, to help make visiting safer. Visitors can still attend if they have not been vaccinated, or if the person they are going to visit has not been vaccinated.

Even if the resident and visitor have received their vaccination it is still very important to follow all government advice and be careful with PPE and social distancing to reduce the risk of infection.

What is visitor testing?

The Department of Health and Social Care is providing homes with Innova SARS-CoV-2 Antigen Rapid Qualitative Test Kits, more commonly known as Lateral Flow Devices (LFDs). These test kits are available for testing visitors prior to every visit.

Like with other testing processes, lateral flow testing is not a full-proof solution: it should be seen as an adjunct to PPE and other IPC measures and must not be seen as a way of relaxing their use.

Even where a visitor test is negative, it is important to continue to follow COVID-secure guidance as no test is 100% accurate and there is a chance that the individual may be carrying the virus.

How is visitor testing implemented? (UPDATED)

You should refer to guidance from the Department of Health and Social care which sets out the protocol in implementing visitor testing; [Coronavirus \(COVID-19\) testing for adult social care settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/coronavirus-covid-19-testing-for-adult-social-care-settings)

Testing onsite at the care home is preferable for assurance purposes. However, care home managers can allow visitors to provide evidence of a recent negative test undertaken through other means. The test must be taken on the day of the visit. Alternative routes may include:

- assisted testing at another lateral flow site such as an asymptomatic testing site (ATS)
- self-testing at home through test kits provided by the care home once care homes have access to packs of 7 test kits (which the MHRA has authorised for self-test use). Do not provide visitors with a test from a pack of 25 test kits.
- self-testing at home using test kits provided by the government such as at a school, workplace, the universal testing offer, or collected from a pharmacy.

All tests done at home should be reported to the UON of the care home and managers should ensure visitors are aware of their UON and the legal duty to report the result. The Government have produced [resources](#) to support this.

Managers need to consider the most appropriate testing route for their home, taking account of any additional risks that may arise from testing off site, as well as the confidence and ability of visitors to carry out tests away from the care home. See the national guidance for further details [Guidance on care home visiting - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/guidance-on-care-home-visiting)

In line with the implementation of self-testing for staff, service users and visitors in adult social care settings, the Government have updated the privacy notices. It is the responsibility of care homes to make this notice accessible to staff, visitors and service users and can be

Updated 01/05/2021

found using the following link [Coronavirus \(COVID-19\) self-test for staff, service users and visitors in adult social care settings: privacy notice - GOV.UK \(www.gov.uk\)](#)

A visitor has said they don't want to have a test, can they still visit?

All visitors are encouraged to take a test, where testing is offered by the home. Homes may not require visitors to be tested when the visit is being conducted outdoors.

The overall decision will be made by the Care Home manager following a risk assessment based on the whole home and the individual you wish to visit.

How can visits be facilitated?

Visits may occur in several ways, to be implemented as part of the staged approach.

Examples include:

All visitors:

- virtual visits such as by phone, Skype, Zoom or post, please be assured that care homes will be doing everything they can to support this where possible.
- window visits: this will need safe ground floor window access for both residents and their visitors, and the relevant social distancing and PPE measures will need to be observed
- garden visits: relevant PPE measures and social distancing will apply; independent access to the garden will be needed to avoid visitors moving through the care setting; providers will need to consider how to facilitate garden visits in different weather conditions; and how to ensure cleaning of areas and any items used between visits
- drive-through visits: these can be facilitated visits in car parking areas, again any relevant PPE measures and social distancing will apply
- designated areas within a care setting with a substantial screen in place between resident and visitor (only with extra precautions and careful risk assessment): must facilitate good ventilation, social distancing, and ease of access by residents/tenants; these must be possible with a limited visitor journey through the residential area. An example might be the use of a conservatory as a designated visiting area.

Two named visitors, essential care giver, or in exceptional circumstances e.g. end of life:

- designated areas within a care setting (only with extra precautions and careful risk assessment, with visitor testing): must facilitate good ventilation, social distancing, and ease of access by residents/tenants; these must be possible with a limited visitor journey through the residential area. An example might be the use of a conservatory as a designated visiting area
- in room visits: these visits may continue to be facilitated as appropriate in line with national guidance.

What happens when a visitor arrives?

Homes should consider asking visitors to complete a declaration before they visit or when they arrive.

- On arrival homes should ask visitors some health screening questions and take the opportunity to remind them to wash their hands thoroughly, use the sanitising gel you are will be providing. HCC Care are also taking the temperature of all visitors.
- As a preference, visitors should be encouraged to 'check-in' to services using the NHS track and trace app. Where this is not possible homes should consider keeping a record of visitor contact details. From a data protection point of view you should let

Updated 01/05/2021

the individual know how long you will keep that record before destroying it – in HCC Care they are keeping details for 21 days.

- If testing is being implemented on-site, gain consent for the test and follow instructions as set out in the Care Home Visitors COVID-19 Testing Guidance: Lateral Flow Device (LFD) Test Kits document. You should have received this if you are receiving Lateral Flow Devices;
<https://www.gov.uk/government/publications/coronavirus-covid-19-lateral-flow-testing-of-visitors-in-care-homes>
- Outline that visitors will be required to always observe **Hands>Face>Space** throughout the visit.

What about access to other parts of the building?

It is recommended that visitors are not permitted to use facilities such as toilets (unless for emergencies)

Does any of this advice differ if the person is end of life care?

Fundamentally the advice remains the same, with the following considerations.

- Ensure the visitor is informed that they could be exposed to COVID-19 during the visit though all government guidance is being followed to minimise the risk of this happening.
- Ensure that visitors know in advance that they cannot wander from the residents' room because of risk of visitors passing on the virus.
- In order to preserve social distancing in line with national guidance you should consider limiting visitors to one at a time in a residents' room.
- HCC Care have prioritised visitors to residents that are being cared for at the end of their lives to next of kin or immediate relatives.
- Registered Managers should consider the risks on an individual basis, including enabling staff to continue to provide care as required without a visitor present and may include restricting timing and duration of visits. (e.g. mealtimes, medication rounds, personal care etc)
- Ensure that on arrival you can take the visitor directly to the resident's room.
- Understandably visitors will want to provide comfort to the person they are visiting who is receiving end of life care. HCC Care have said that visitors can sit with the resident and touch them, as long as they are wearing gloves, and are advising visitors not to kiss the resident.
- As an additional precaution HCC Care are also advising visitors to avoid touching their own and the resident's face/hair/eyes and to touch as little surfaces as possible.

What symptoms should I be looking out for?

All Staff must be alert for the signs and symptoms of this virus.

The typical symptoms are:

- ▶ a fever (a high body temperature of approx. 37.8°C/100.4°F or above), and / or
- ▶ a new and continuous cough.
- ▶ A loss or change to a sense of smell or taste (anosmia)

Care home residents may also commonly present with other signs of being unwell such as being more confused, having diarrhoea, dizziness, conjunctivitis and falls. Residents may also present with changes in usual behaviours such as being restless or changes in abilities such as walking.

Updated 01/05/2021

Record observations: Date of first symptoms, blood pressure, [pulse, respiratory rate](#) and temperature (where possible and appropriate) – remember to [maintain fluid intake](#)

For more clinical support, call the residents GP in the first instance. Call NHS 111 for urgent clinical advice, or if the GP is not available – this will put you in contact with a Clinician in NHS 111.

[What should I do if someone has symptoms or tests positive for COVID-19?](#)

Please follow the Outbreak Flowchart for Care homes which can be found here; <https://www.hants.gov.uk/socialcareandhealth/coronavirus/care>

[Can visitors attend if they have had an antibody test?](#)

Regardless of the result of an antibody test, visitors must continue to comply with government guidelines.

Antibody tests are used to detect antibodies to the COVID-19 virus to see if people have previously had the virus. Our understanding of the body's immune response to the virus is limited, and we do not currently know how long an antibody response lasts, whether a person can be re-infected, nor whether having antibodies means that person cannot transmit the virus to others. The test does not tell the person if they currently have the virus.

[Can visitors attend if a resident has tested positive for Covid-19? \(UPDATED\)](#)

Where residents have tested positive for Covid-19 Health Protection experts may advise care homes to close to visitors for a period of time.

If the home remains open, it is not advised to have face to face visits when a resident has tested positive for Covid-19, unless the resident is at end of life or there are other exceptional circumstances. In the event of an outbreak in the home, Essential Care Givers can continue to visit unless there are specific reasons not to do so.

If a face to face visit has been risk assessed and approved to take place when a resident has Covid-19 symptoms or has had a positive test, the visitor will need to wear PPE – apron, gloves and fluid resistant surgical mask. Support should be provided to put on and remove PPE correctly.

Visitors will need to be aware that risk of contracting coronavirus remains even with precautions taken and by visiting they accept this risk.

[How can I support my workforce to remain safe?](#)

During a period of sustained transmission of COVID-19 across the UK, an additional level of Personal Protective Equipment (PPE) is required for normal care. HCC Care guidance on specific PPE for use in the care home sector can be accessed [here](#).

It is HCC Care policy that:

- All staff in all roles must wear a suitable face mask at all times
- Staff must NOT work across cohorted and non-cohorted areas and staff movement between services should be restricted as far as possible.
- Staff must change into their uniform, or 'work clothes', on arrival at the service and change again when leaving work.
- Staff must NOT take breaks in their cars whilst wearing uniform or work clothing

What if my staff are classed as CEV or CV?

- Those staff on the [extremely clinical vulnerable](#) list will/should receive a letter as before.
- This list has changed from the previous lockdown with some categories added and some removed
- **These staff should not come to work.**
- HCC Care are asking staff to provide their managers with a copy of the letter they receive.
- HCC managers are then discussing possible activities they can carry out at home and providing them with necessary equipment if required, care home managers may want to consider taking a similar approach.
- You should be minded that those staff classed as [clinically vulnerable](#) may not receive a letter.
- It is recommended that these staff complete a self-assessment to identify any risks.
- **HCC Care is then asking service managers to discuss that risk assessment with the member of staff to consider next steps – again Care Home managers may want to take the same approach.**

How do I approach the visiting topic with families?

Conversations with relatives about COVID-19 can be challenging. COVID-19 has a large impact on not only the individual, but those who care for them and their loved ones.

HCC Care have issued the following guidance to staff to assist with these conversations;

- It may be that these conversations need to be held over the phone or remotely.
- Ensure you are in a quiet, private space, free of interruptions.
- When you introduce yourself, check the person you are talking to is the person you need to speak to.
- Remain compassionate, allow time to respond and offer a follow up call.
- More guidance can be found [here](#).

Frequently Asked Questions- Visits out of the Care Home

Can a care home resident leave the home for a visit?

It may be suitable for some residents to leave the care home to visit friends and family. Decisions should be made on a person-centred basis, taking into account personal needs and circumstances. You should balance this against a consideration of the risks to others in the home, in the event that the resident becomes infected on their visit, and the ability of the home to isolate the resident on their return. Care Home Managers are best placed to define their overall policy for how outward visits are supported in the care home safely.

You must consider the rights of residents who may lack the relevant mental capacity needed to make a decision about visits out of care homes. These people are protected by the empowering framework of the Mental Capacity Act (MCA) 2005 and its safeguards. The government has published advice on the [MCA and application of Deprivation of Liberty Safeguards \(DoLS\)](#) during the pandemic.

While on the visit out of the home, all involved must follow the national restrictions that apply at the time.

How can I plan for a visit out of the care home?

You should work with the residents family and friends to develop a plan. Things to be considered within this plan should include:

- A. the nature of the planned visit, the intended activities and where the resident will be spending time. All must comply with the national restrictions in place.
- B. The safest options. Some types of visits are inherently safer, such as visiting outdoor or well-ventilated spaces. Some are inherently riskier – such as indoor public spaces where other people will be present – and should be avoided. The number of different locations visited should be minimised.
- C. the support needs that the resident may have during the visit, and whether the resident will need to be accompanied by a staff member, carer, family member or friend.
- D. how the resident will be supported to follow good infection control practice including social distancing, hand hygiene and face coverings – and whether the resident's needs are likely to impact their ability to do so
- E. transport for the visit, which should minimise exposing the resident to those outside the household they are visiting, for instance by travelling in a family car or private taxi.

Many residents will not have had the chance to leave the home or residence for a significant amount of time and as such should be supported to feel safe and confident where this does happen.

What steps can be taken to help mitigate risks?

- Before, during and after the visit, the number of people the resident has contact with should be kept to minimum.
- Visitors should minimise their potential exposure to COVID-19 by limiting the number of people they meet for 2 weeks prior to the visit out.
- Everyone involved in the visit out should be tested for COVID-19 immediately before the visit and return a negative result e.g. tested on arrival at the care home collect the resident for the visit. If a test result is positive the visit cannot go ahead. The individual with the positive test should immediately self-isolate and complete a confirmatory polymerase chain reaction (PCR) test which should be provided to them by the care home. If the confirmatory PCR comes back positive, they and their household must self-isolate on notification and contacts may also, if notified, need to self-isolate in line with current government guidance.
- All household members must also be free of any COVID-19 symptoms, and if they have previously tested positive, have completed the necessary isolation period.
- The resident should be tested immediately before their visit out of the care home with a lateral flow device (LFD), and if the result is positive, the visit should not go ahead. The resident should be immediately isolated in the care setting, complete a confirmatory PCR test, and contact with the local health protection team should be made urgently.
- During the visit out of the care home; all parties should maintain social distancing, wash their hands regularly, ensure good ventilation and consider wearing a face covering.

What are the rules on self-isolation after a visit out of the care home? (NEW)

When the resident returns to the care home following the visit out, national guidance states additional measures will need to be taken in order to protect other residents and care home staff from the risk of COVID transmission. Specifically, the resident should self-isolate for 14

Updated 01/05/2021

days. Following this isolation period, assuming the resident shows no symptoms, the resident may return to the general community in the care home.

[Supplementary guidance](#) states residents should be enabled to leave their care home to spend time outdoors, without subsequent isolation for 14 days, in the following circumstances:

- residents may be accompanied by:
 - o a member of care home staff
 - o one or both of their nominated visitors
 - o their essential care provider (where applicable).
- care homes should discuss arrangements with residents' nominated visitors, or essential care provider, in advance.
- visits should take place solely outdoors, except for the use of toilet facilities.
- there should be no visits to indoor spaces (public or private).
- the exception to this is that residents will be able to access polling station.
- visits should not involve the use of public transport.

This guidance should be considered alongside infection rates (within the home and local community) and available evidence of variants of concern (VOCs).