

# Going Out Guidance

**This guidance is for residents of care settings and their families and friends to support residents to go out of the care setting.**

**V0.3 August 2020**

## Introduction

Over the last few months, care providers have been working incredibly hard to prevent and manage outbreaks of Covid-19 in their settings. The majority of residents in care settings are some of the most vulnerable to Covid-19 in our community, with many of them falling into the shielding category.

As part of these efforts, the ability for residents to go out of the care setting was put on hold as the benefits of going out were felt to be outweighed by the risk to the health of residents and staff. However, the lack of social contact is known to cause a deterioration in health and wellbeing in residents, particularly those with dementia.

Human rights apply just as much to people living in care settings as anyone else, and include rights to respect for private and family life, freedom of movement and association, including the right for residents to see people. This guidance seeks to balance the rights of an individual resident with the rights of the others within the care setting (residents and staff) and the duties and responsibilities of the care provider, so that residents are able to go out whilst keeping the safety of the care community as the number one priority as restrictions are eased.

## Who is this guidance for?

This guidance is for managers, staff and residents in care settings, and their families, friends and advocates.

Registered Managers will be responsible for the day to day management of residents going out of the care setting, and for ensuring that guidance is followed by staff, residents and visitors.

For people in Extra Care services: -

Risk assessments for extra care and sheltered housing settings will differ from a care home environment as some tenants do not have regular support, therefore managers may not be aware or have control over external visits out. The scheme Covid-19 risk assessment should include how awareness and updated guidance is provided to tenants, family, advocates. For those tenants that receive care and support consideration around

external visits outside of the extra care or shelter housing scheme should be included in the care planning and risk assessment process.

(Extra care residents should follow the national guidance on meeting people from outside your household however, a risk assessment should still be completed.)

<https://www.gov.uk/guidance/meeting-people-from-outside-your-household-from-4-july>

**For care home providers in North Yorkshire, if further advice and support is required, please contact the Care Home Support Team on 01609 780780 or speak directly to your Care Home Liaison Worker.**

**For care home providers in York, if further advice and support is required, please contact your named contract manager or [Adultscommissioning@york.gov.uk](mailto:Adultscommissioning@york.gov.uk)**

**For family members or others who would like advice or support about visiting a resident in a care setting, please contact the relevant setting direct.**

### **Planning for an external visit**

Many of those who are living in care settings - such as residential homes and nursing homes - are at higher risk of catching Covid-19 and of having poorer outcomes due to co-morbidities, and many will be shielding. The approach to enabling external visits outside the care setting has to be based on:

- The circumstances of the individual care setting (including both residents and staff)
- The individual needs of the residents within that setting
- The external Covid-19 environment around that care setting.
- The external Covid-19 environment where the person is travelling to.
- The location and type of visit so that it does not compromise Covid-19 procedures.

This guidance aims to set out some good practice principles to residents and family and friends to plan for going out.

As each care setting is different, Covid-19 guidance should be reflected in a risk assessment to help inform any decisions/recommendations for going out so that the individual circumstances can be factored into the local arrangement. This guidance will be updated as the risk posed by coronavirus continues to change and once when further national guidance is received.

The first priority must remain the prevention of infections in care homes and this means that external visits outside the care setting should still be restricted with alternatives sought wherever possible. However, as the rate of community transmission has reduced, care homes can now develop a policy for limited visits, following the advice set out in this guidance. This should be on the basis of a risk assessment which takes into account the ever changing situation as well as the significant vulnerability of residents in most care homes, in order to protect the person as far as reasonably possible.

## **Before going out**

A discussion should be held between the resident and the registered manager about the nature of the visit, for example, a medical visit, a personal appointment, trip to the shops or visit to family. Initially it is important to explore if the visit out could happen in another way e.g. a virtual GP appointment rather than having to attend the surgery in person.

A risk assessment should be completed with the resident in order to provide transparency about the decision making and the risks involved and any control measures can be put in place to mitigate the risks. The final decision will be at the discretion of the registered manager.

If the person lacks mental capacity about the decision to go out of the care setting, then the risk assessment will be completed by the registered manager and a best interest decision should be made in line with the Mental Capacity Act. This decision should be recorded in the residents care plan.

It may be decided that certain mitigations need to be in place to support the person to go out, for example a member of staff will accompany them to support the person to adhere to Covid-19 guidance.

Most visits should be pre-planned and 5 working days' notice should be given to enable the care setting to make the necessary arrangements

On the day of the visit, the care setting should understand and changes in local lockdowns, weather forecast, transport arrangements and the health status of all parties should be checked prior to the visit commencing.

## **Factors to consider in planning an external visit**

- The ability to go out will be dependent on the prevalence of COVID-19 in the care setting and community. This is especially important if the visit may involve the resident coming into contact with the general public. Therefore, the following scenarios should be considered within the risk assessment and reviewed on the day of the visit:
  - Whether there are confirmed / suspected cases of Covid-19 in the care setting.
  - Whether there are concerns about the levels of Covid-19 in the community that will be visiting e.g. if any alerts have been shared by North Yorkshire County Council / City of York Council.
  - Results from weekly testing of staff and monthly testing of residents. This data will enable the risk assessment to be well-informed.
  - Evidence of outbreaks and recovery from outbreaks should also be considered.
  - Understanding of the shielding status of the resident and the people they will come into contact with is.
  - Are there any PPE requirements or exemptions that may be needed for the visit to take place.

- The type of activity they will be doing, whether the visit is essential (for example, dentist or hospital appointment) and what the impact may be on the person if the external visit does not take place.
- Details of the control measures that will be in place in the location for the visit. For example, if it is a hairdressers or dentist then the care setting can contact them to ask them for further details.
- Whether the resident requires additional support to adhere to Covid – 19 guidance whilst out of the care setting. If this is required, a named person should be identified to support this.
- Whether it is possible to capture the specific details of who the resident may come into contact with. If they are to come into contact with children under the age of 16 will the child be able to understand social distancing.
- Consideration for a process to be in place for the care setting to screen any specific contact for Covid-19 symptoms prior to the person going to visit them.
- Where they are visiting a crowded place, how easy it would be to adhere to restrictions in these locations, prevalence and incidence of Covid-19 in this area. Will there be hand hygiene facilities e.g. handwashing
- Where residents are going out with families / friends for example for a walk, the people they are going out with have a personal responsibility to ensure their own social distancing / wearing of face coverings and hand hygiene.

**Whilst out on a visit the person will need to consider:**

- Medication/aids required during visit – can they be transported safely?
- Ability to put on / change face coverings
- Reinforcing social distancing and ability to understand the guidance
- Hand hygiene and carrying hand sanitiser if washing facilities are not available
- Mode of travel and any restrictions. E.g. use of face coverings in cars/taxis. (face coverings have to be worn if travelling in a car with someone who is not from their bubble)
- Face coverings where required e.g. shops. Can they tolerate wearing a mask? Are there spare face coverings if they become soiled/damp? Religious/cultural beliefs that would make the wearing of a face covering difficult.
- Hygienic storage of soiled face coverings e.g. in a separate plastic bag
- What plans are in place if the trip is delayed? e.g. taking sufficient medication
- If the visit needs to be cut short, then the care setting should be notified to the new timescales for the person to arrive back to the care setting. A contact number should be provided with the person so the care home can be contacted.

## **Arriving back to the care setting**

- Clear guidance should be provided to the resident and people they are visiting of what a breach / potential breach might look like and what to do if there has been a breach of Infection Prevention Control measures. If a breach has occurred the Registered Manager should be informed immediately.
- How will they leave/return to the setting? Consider the following: -
  - o Completing hand hygiene on leaving and returning to the setting.  
Change clothes and launder clothes.  
Enter and leave the care setting through a designated alternative route.
  - o Avoid contact with other residents until they have changed and washed hands.
  - o Wiping down any equipment e.g. walking frame, wheelchair.
  - o Check the person's wellbeing and the person's temperature on leaving and arriving back to the care setting. Disinfect items. If disinfecting items is not possible (such as a suede handbag) then this will need to be quarantined in the resident's room for 72 hours.

## **Staying overnight**

If a resident wants to stay overnight outside of the care setting, then on return to the care setting they would be treated as a new admission to the care setting. This would mean that the resident would have to self-isolate for 14 days.

## **Ability to suspend going out**

In the event of an outbreak of COVID-19, and/or evidence of community hotspots or outbreaks visitor restrictions will need to be immediately implemented including suspension of some of these enabling approaches and the ability to go out for non-essential reasons. This should be implemented in a transparent manner with open and clear communication to residents and relevant family members and other professionals

Care providers will vary their own responses to enabling people to go out as COVID-19 risks change within their local community, using their risk-based approach and based on advice from the Director of Public Health.

Non-essential trips out of the care setting should be able to re-start at the end of the outbreak when the home is Covid-free (28 days following the onset of the last case).

If going out is suspended, care providers should communicate this to the Local Authority and other key stakeholders including families, and revert to virtual and telephone communication with family, friends and advocates.

### Example risk assessment for going out of a care setting

Care Setting Name:		Date:	
Hazard and related condition / activity	Persons at risk	Existing control measures	Additional Control Measures
<p>Leaving the Care Setting for a trip out during the Covid Pandemic potential for spread of infection which may cause serious respiratory illness, death.</p>	<p>All building users including staff, residents, catering, cleaning staff, visitors Health personnel &amp; contractors. Communities and the people who are being visited.</p>	<ul style="list-style-type: none"> <li>All staff wear appropriate PPE including face masks at all times when in the care home and staff have received updated training around this. Donning and Doffing poster displayed and available to staff.</li> <li>Liaising with local Health Prevention Team.</li> <li>Observing residents for signs and symptoms of infection.</li> <li>Residents are encouraged and guided to remain in their rooms as much as possible.</li> <li>All staff follow IPC guidelines including regular hand washing on entering and leaving the care home and regularly throughout the shift.</li> <li>Cleaning staff have increased their cleaning regime across all areas and within any high touch areas such as communal areas, in line with current guidance.</li> <li>Handwashing facilities, both soap/water and alcohol-based hand rub dispensers are available immediately on entering the care home and on leaving.</li> <li>Any current essential visitors (e.g. essential contractors or End Of Life Care) are required to answer health questions regarding potential exposure to the virus and current health status.</li> <li>Any essential visitors to the care home are required to wash their hands on entering and leaving the care home and wear PPE as required.</li> <li>All latest government advice is implemented and communicated to staff.</li> <li>Currently any person developing a new continual cough or a temperature in excess of 37.8°C or a loss of taste or smell whilst at work must be sent home and advice re self-isolating offered. See latest Government Guidance on Coronavirus.</li> </ul>	<p>The specific arrangements for going out of the care setting have been reviewed by the registered manager. Specific actions are captured in an action plan.</p> <p>The resident will be required to wear face covering and any further PPE as appropriate (e.g. mask, gloves, and apron) and undertake hand hygiene before, during and after the trip out of the care setting. Or where appropriate an exemption form will be provided.</p> <p>The resident will be required to maintain physical distancing when outside the care setting.</p> <p>On returning to the care setting the resident will undertake hand hygiene. Go to their room immediately, change clothes and take a shower.</p> <p>All clothing will be laundered as if infectious.</p> <p>If items are not able to be laundered for example a handbag, then they will be disinfected. If the item is not able to be disinfected, then the items need to be quarantined the person's room for 72 hours.</p> <p>All trips out will be pre-programmed and a set leaving time and arriving time arranged and agreed.</p> <p>All trips out will be discussed with the resident/visitor/POA and written in the resident's care plan taking account of individual choice regarding trips out and where the person is visiting.</p> <p>Service, staff and resident risk assessments are reviewed in light of the arrangements as required. (This is especially important if the resident has pre-existing conditions that mean they are clinically vulnerable and / or have been shielding.)</p> <p>A discussion with the people / place they are visiting via telephone so that further information can be gained and any recommendations required are added to the action plan below.</p>

		<ul style="list-style-type: none"> <li>• There is a good stock of PPE and cleaning products in (service name) and these are reviewed as appropriate.</li> <li>• All on site sneeze into a tissue or sleeve NEVER into hands. Clean hands immediately after. Use hand sanitiser if hand washing facilities are not available.</li> <li>• Used tissues will be put in a bin immediately (as above – all waste bins to be lined – preferably double-lined).</li> <li>• If anyone starts to feel unwell or are symptomatic they are to isolate for 7 days or longer if symptoms persist.</li> <li>• Staff and residents are able to access testing (within three days) and report as per instructions.</li> <li>• Managers to investigate (using the RIDDOR for Covid guidance note), all staff being confirmed as work related Covid + and follow the reporting criteria as appropriate.</li> <li>• A resident has great difficulty with communication or in accepting staff or visitors wearing masks or face coverings.</li> </ul>	<p>The place the person is visiting is confirmed to be a COVID cold area and no one that they are going to be visiting have any symptoms of Covid-19.</p> <p>The resident will have their temperature taken before leaving and on returning to the care setting.</p> <p>The resident will enter the care setting via the prescribed route only which should be clearly sign posted, labelled and appropriate hand hygiene and PPE provided as appropriate.</p> <p>Staff may be required to accompany the resident when they go out.</p> <p>Staff will support the person on returning to the service and wash hands thoroughly and support residents to change any clothes or shoes as appropriate.</p> <p>Clothing and other items will be managed as if contagious and laundered as per IPC guidance.</p> <p>Waste to be stored and managed by the service as per current guidelines</p> <p>If a mask or face covering cannot be worn going out due to the difficulty experienced by the resident a review of their person centred risk assessment should be carried out to identify specific risks for them and others whilst going out. If visors or clear face coverings are available, they can be considered with the addition of the social distancing measures as an adequate management control.</p>
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## Additional Guidance

Easy Read Guidance for staying safe whilst out and about

[https://www.mencap.org.uk/sites/default/files/2020-](https://www.mencap.org.uk/sites/default/files/2020-07/Easy%20read%20guidance%20about%20going%20out%20and%20about%20safely%20durng%20the%20coronavirus%20pandemic.pdf)

[07/Easy%20read%20guidance%20about%20going%20out%20and%20about%20safely%20durng%20the%20coronavirus%20pandemic.pdf](https://www.mencap.org.uk/sites/default/files/2020-07/Easy%20read%20guidance%20about%20going%20out%20and%20about%20safely%20durng%20the%20coronavirus%20pandemic.pdf)

Easy Read social distancing

[https://www.mencap.org.uk/sites/default/files/2020-](https://www.mencap.org.uk/sites/default/files/2020-07/Easy%20read%20guidance%20on%20the%202%20metre%20and%201%20metre%20plus%20rule%20around%20coronavirus.pdf)

[07/Easy%20read%20guidance%20on%20the%202%20metre%20and%201%20metre%20plus%20rule%20around%20coronavirus.pdf](https://www.mencap.org.uk/sites/default/files/2020-07/Easy%20read%20guidance%20on%20the%202%20metre%20and%201%20metre%20plus%20rule%20around%20coronavirus.pdf)

Face covering exemption card

<https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own>