

## Guidance on re-opening communal areas following an outbreak of COVID-19 in care homes

14 August 2020 v1.0

(This guidance was updated on 14 August 2020 to include new screening questions including travel corridor)

**If you have questions relating to this guidance please contact Public Health:**

[CIPHAdmin@islington.gov.uk](mailto:CIPHAdmin@islington.gov.uk)

### This guidance contains

- 1 About this guidance
- 2 When should communal areas be closed
- 3 When can communal areas be re-opened?
- 4 How to reduce the risk of COVID-19 when communal areas are re-opened
- 5 Guidance to allow residents to receive visitors
- 6 Considerations for people who are shielding
- 7 Useful resources

### 1. About this guidance

This guidance is intended to support care homes in considering when and how to reopen communal areas and to restart family visits following cases of confirmed or possible COVID-19. This guidance has been classed as 'interim local guidance' while we await an update to national guidance.

This guidance should be used in conjunction with the current government [Adult social care guidance](#).

This local guidance does not replace national guidance. Local guidance has been produced to facilitate the interpretation and application of national guidance to specific local services and situations, taking full account of national guidance and evidence.

Any changes, for example if there are considerable increases in the community transmission rates, which changes this guidance will be clearly communicated to care homes.

### 2. When should communal areas be closed?

Communal areas should close and remain closed in homes where there is an ongoing outbreak of Covid-19. An outbreak is defined as any one or more residents in the care home with symptoms or a confirmed diagnosis of covid-19, and remains until a full 28 days passes from the date that the last person developed symptoms.

Where there are any news cases of residents developing symptoms or receiving a positive diagnosis, homes should report this to the London Coronavirus Response Cell which is run by Public Health England. They will provide further advice and guidance on actions that homes should take to minimise risk of transmission, including discussions on closing communal areas within the home and risk assessment's as to the floors/areas of the home this should apply to.

### **3. When can communal areas be re-opened?**

Communal areas should remain closed in homes where there is an ongoing outbreak of Covid-19. This means that they should not reopen until 28 days after the onset of symptoms in the last person (resident or staff member) in the home to develop symptoms.

After this period, communal areas could be reopened assuming that there are no further onset of symptoms among staff or residents. While there remains a small risk to re-opening communal areas while COVID-19 is ongoing in the wider community, this needs to be balanced with consideration of the impact on residents wellbeing through the reduced social interaction.

### **4. How to reduce the risk of COVID-19 when communal areas are re-opened**

To reduce risks from reopening communal areas, it is essential that care homes continue to follow wider Public Health England guidance on [preventing and controlling infections](#), including the appropriate use of [PPE](#), [isolation practices](#) and [decontamination and cleaning processes](#).

In reopening communal areas, the following steps should be taken to reduce the risk of spreading the virus:

- Limit the number of people using the communal space at any one time, and to the communal area on the floor on which they are resident. This is to help facilitate social distancing and reduce any risk of transmission between residents who may be carrying the virus but who do not have symptoms.
- Reorganise communal spaces so that chairs are placed 2 metres apart.
- Use of the communal space is to be supervised at all times, to remind residents to keep a safe distance of 2 metres from each other.
- Staffing intervention may be required for any residents who wander to try and keep them 2 metres away from other residents.
- Avoid games or other activities which encourage close contact. [Activities](#) for older adults have been collated by the Health Innovation Network to support the provision of activities in care homes during the response to COVID-19.
- Ensure residents' hands are washed before entering the communal space, and as soon as they get back to their room.
- Ensure frequent cleaning of surfaces which are touched regularly such as handles, handrails, remote controls and table tops.
- Ensure PPE is used in line with [guidance](#).

Guidance relating to residents who are shielding is provided in section 5 below.

### **5. Guidance to allow residents to receive visitors**

In reducing risk of transmission care homes have been advised to suspend visits from family or friends unless in end of life care circumstances, in line with wider social distancing measures in place for the whole population.

Updated government guidance now allows individuals from a different household to meet in outside spaces while still practicing social distancing and maintaining a distance of 2 metres. We have put together the below top tips for a safe visits to help you to implement this. Enforcing social distancing is particularly important because there is still community transmission of Covid-19 so it is important to minimise any risk that infection might spread through body fluids for example kissing, or saliva in talking in close proximity.

The risks and benefits of visitors for each resident need to be discussed with them and their families. The below suggestions will help reduce risks, where it is agreed with the resident and their family that visits are in the best interest of the resident.

Be aware that some residents may find maintaining social distancing difficult to understand or distressing – explain this to the resident and reassure them prior to and during the visit.

**Visiting during an outbreak should only occur in exceptional circumstances such as when a resident is in their last days of life. Should any residents develop symptoms of covid-19 or receive a positive test result, all non-urgent visits to the home should stop until a full 28 days passes from the date that the last person developed symptoms.**

#### **Top tips for safe visits:**

- There should be only one household per visit (do not mix different households visiting at the same time). The number of visitors from the household should be kept to a minimum.
- All visits should be scheduled in advance and time allowed in between for one visiting household to leave before the next arrives.
- All visitors must wear a face covering or surgical mask at all times and should use hand sanitiser before entering the premises. Consider providing PPE to visitors (mask, gloves and apron) in cases where there is a risk that social distancing won't be fully adhered to, for instance where residents have dementia or limited understanding in maintaining social distancing.
- **Visits should take place outdoors wherever possible as this reduces the risk of transmission.** If possible, use a garden entrance, if not, visitors should be taken through the home in the most direct route, avoiding communal areas and wearing a face covering.
- **Visits should only occur indoors in exceptional circumstances** (for example in relation to end of life, and where PPE should be worn by visitors).
- There should be no physical contact, ie. touching or kissing. Social distancing guidance rules should be followed at all times. This means any members of the visiting household must stay more than 2 metres away from anyone outside their own household, including the resident and staff. Acknowledging that this could be challenging, consider in advance how the space is set up to try and help residents and their family to adhere to this. eg have chairs laid out ready and one party seated to discourage embraces.
- Any visitors should be able to understand and comply with social distancing e.g. young children who will struggle to socially distance should not visit.
- The visit should ideally be from the same household each time. There will need to be a level of pragmatism around this, but the expectation is visits will be from a limited number of people i.e. not different people each visit.
- Visitors should not bring food or gifts.
- Wherever possible, visitors should not use the bathrooms in the home. In this cannot be avoided, then the bathroom should be cleaned down by staff wearing appropriate PPE after use.

- Frequently touched areas, such as handles, chair tops etc, should be cleaned down before and after the visits.

#### **In advance of visits:**

- Send families information on how to visit safely. Explain to relatives what to expect such as maintaining social distancing, infection control, not using the care home bathroom. You should also ask that they bring a face covering, and advise them not to come by public transport where possible.
- Telephone in advance of the visit to complete screening questions to check that no-one in the visitors household has symptoms of Covid-19 (see below screening questions you could use).

#### **Questions you should ask before a face to face visit with a resident (not in their own home):**

1. Have you or anyone in your household had any of the following symptoms in the last 14 days?
  - New continuous cough
  - Raised temperature
  - Any loss or change in your sense of taste or sense of smell
2. Have you been notified by NHS Test and Trace that you are a contact of a Coronavirus case, and must stay at home?
3. Have you returned from a country within the last 14 days that requires you to self-isolate on your return? (NB this is any country with the exception of those listed here <https://www.gov.uk/guidance/coronavirus-covid-19-travel-corridors#countries-and-territories-with-no-self-isolation-requirement-on-arrival-in-england>)

Note: Only the people who travelled to the country are required to self-isolate, and not those they live with.

**If the answer to ANY of these questions is YES and a face to face meeting should not take place at this time.**

## **6. Considerations for people who are shielding**

If the resident or the family member is on the shielded list then visiting and participation in wider activities in the home is not recommended. However, the risks and benefits of increased social interaction among residents who are shielding should be discussed with them and their families. In some cases, there may be a case for allowing increased interaction to reduce distress. If this is agreed, then homes should be especially stringent in implementing the above guidance, and this should only occur in outside spaces.

## **7. Useful resources**

- MHA booklet on [visiting a relative with dementia](#)
- National Autistic Society [social stories](#) to help someone understand the situation
- NHS guidelines on [visiting at the end of life](#)
- NHS guidelines on [hospital visitors](#)
- British Geriatric Society [care home guidance](#)
- NHS Guidance [Covid-19 Symptom - What to do](#)