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Open with Care: Supporting Meaningful Contact in Care Homes

Supplementary information:
Answers to practical questions and
concerns

19th April 2021

Version History

Version	Date	Summary of changes
1.5	19/04/21	Additional info in blue . Updated with: 2.1 Number of visitors per resident
1.4	16/04/21	Additional info in blue . Updated with: 1.3 Essential visits 2.1 Number of visitors per resident 2.5 Visiting professionals 2.9 Leaving the care home to vote 3.2 Outdoor visits 3.3 Length of visit 3.5 Use of screens and pods 4.5 Physical contact 5.1 PPE for visitors 9 Outbreaks 9.2 Outbreak investigations 9.3 Visiting during an outbreak
1.3	18/03/21	Updated with: 1.3 Resuming visiting following an outbreak 4.7 Additional information for covid-19 infection prevention and control 4.8 Visitors with difficulty understanding IPC advice 6.4 Visitor consent for LFD testing 7.4 Arranging vaccines for staff.
1.2	10/03/21	Edited and reformatted to remove FAQ phrasing for accessibility. Additional topics added based on feedback from care home staff at <i>Open with Care</i> workshops. Information covered in <i>Open with Care</i> guidance removed to avoid duplication
1.1	24/02/21	First version of the document – formally named <i>Open with Care - frequently asked questions, 24 February 2021</i>

This document has been produced in response to questions from care home staff on the implementation of the [Open with Care](#) guidance.

The *Open with Care* guidance remains the primary source of information that care homes should use.

Open with Care takes a flexible approach in many areas of guidance, this is to allow Care Homes to consider their own individual circumstances. The key consideration

in all decisions should be towards facilitating indoor meaningful contact where it is safe to do so.

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1. General

1.1 When care homes can begin to resume meaningful contact

All care homes should be preparing to open to up to two designated visitors per week per resident as soon as possible, provided all the safety measures are in place and the home has reviewed their risk assessment and protocols. Risk assessments do not have to be sent to local public health teams for re-approval unless the care home has any concerns or would like advice.

Some care homes may have to pause indoor visiting on a very temporary basis – for example if there is an outbreak, or concerns have been raised about compliance with infection prevention and control measures.

1.2 Covid protection levels and visiting

Under the [Strategic Framework](#), each local council has a protection level. There are different restrictions for each level. From February 2021, contact between care home residents and loved ones will not usually be tied to the local level.

Travel into and out of levels 3 and 4 to see a loved one living in a care home is classed as essential travel. This travel is exempt from coronavirus travel restrictions.

Essential visits should always continue. Garden and window visits are also likely to always be supported.

[Read more about coronavirus protection levels.](#)

1.3 Essential visits

We want to reiterate that essential visits should continue to be supported alongside and in addition to designated visits. They are not just for end of life situation and should be facilitated generously and compassionately. They should not be time limited or limited to one visitor, and should always allow touch and meaningful contact. Children under 16 should also be considered for essential visits.

2. Designated visitors

2.1 Number of visitors per resident

The guidance advises that when a home first starts to support indoor visiting, homes should support two visits per resident per week (with up to two designated visitors).

However, there may be certain circumstances where it is appropriate or practical that a visitor is accompanied (for example, if they are frail or have mobility issues). Care homes should decide on a case by case basis.

Care homes should move towards supporting daily visits by designated visitors, and then towards multiple visitors per visit, when they feel they are able to do so, and in line with general Covid-19 restrictions. Decisions on the frequency of visits should be informed by a local risk assessment as well as consideration of individual needs and preferences with support from Oversight teams as necessary.

2.2 Number of visitors in the home at one time

The total number of visitors that the home can support at one time is not limited, as long as staff can support with the practical elements of supporting this safely, e.g. welcoming and testing.

2.3 Changing the designated visitor

The designated visitors can be changed, but it is important that this is discussed with the home

2.4 Children and young people

Initially, children under 16 would not normally be a designated visitor for indoor visits and the guidance explains the reasons for this.

When restrictions ease and care home residents can have more visitors, children under 16 should be considered.

However children and young people can be part of outdoor meetings with care home residents. They should be included in group size limits.

Children and young people should be supported to attend essential visits, where desired. During essential visits, children and young people should follow advice from the care home on infection prevention and control and personal protective equipment.

2.5 Visiting professionals (Hairdressers etc.)

[Updated advice on visiting by health and social care, and wider professionals such as hairdressers, has been published on 14 April 2021 and can be found on the Scottish Government website.](#)

2.6 Pets visiting the home

Visitors may bring their pets for outdoor visits. Hand hygiene should be observed.

2.7 Visits during the 14-day isolation period for new admissions to care homes

The period of 14 days self-isolation should be observed wherever possible, so designated visitors would not normally be considered in this period.

However, essential visits should be supported generously and sympathetically if they are needed, recognising that the resident will be in an unfamiliar setting and there may be instances where contact with loved ones may be needed, e.g. to alleviate distress.

2.8 Residents leaving the care home

Residents may wish to meet outdoors or to go for a walk with loved ones. This should be supported with individual risk assessment and collaboration with the resident and loved ones.

National restrictions on visiting other people's homes still apply, meaning care home residents cannot visit the homes of their family and friends at this time.

At the moment, this it is not recommended that residents visit other residents in a different care home, due to the need to restrict movement between care homes. However, where there is a desire for this to happen, care homes should get in touch with their local health protection team and discuss on a case by case basis.

2.9 Leaving the home to vote

Care home residents should be supported to leave the home to vote at polling stations the Scottish Parliamentary Election on the 6 May. This should be classed as an essential personal appointment.

2.10 Residents who don't have visitors

There will be people who do not routinely receive visitors either because their family / friends are not close by or they do not have anyone.

It will be important for care homes, working with local partners, to consider how best to support meaningful contact for those for whom it may be beneficial. There are a range of ways this can be supported from school children sending cards through to visits from befrienders / volunteers who can be identified as designated visitors.

3. Location and length of visit

3.1 Visiting in residents' bedrooms

Residents should be supported to be with loved ones in their own room, if they wish. This is the preferred location but other person centred alternatives, for example a designated room for visiting, can be considered in the short term as opening up is embedded.

The visit should take place in an area of the room that is clutter free, and anything that has been touched by the visitor should be cleaned. This does not include items that the visitor has not touched. There is no need to clean floors following a visit.

3.2 Outdoor visits within the care home grounds

Outdoor visits (including window visits) can continue and do not need to be the same two designated visitors as for indoor visits. [As outlined in Section 5.1 of the Open with Care guidance](#), group size should be in line with national Covid restrictions for the general public on outdoor socialising. From 16 April 2021 this means up to 6 people from 6 households can meet outdoors. Care homes will want do a risk assessment based on the circumstances of the care home and individual resident needs to determine the appropriate number of visitors outdoors per resident.

3.3 Length of visits.

Time limits for residents' contact are not defined in the guidance and should be flexible to meet the individual needs. Care homes may wish to use booking systems when resuming meaningful contact.

[The ambition of Open with Care is to maximise meaningful contact so care homes are asked to be person-centred and maximise the length of visits as far as practically possible.](#)

3.4 Communal areas and activities

Whilst we encourage residents to use communal facilities such as dining rooms and lounges in reduced numbers with physical distancing, we are not at this stage encouraging visitors to use communal areas where there is more than one resident present.

3.5 Use of screens and pods

Open with Care focusses on the reintroduction indoor visiting. Visits outdoors at windows, in garden pods or marquees, or indoor, in fully screened off adapted rooms should not be considered as replacements to, or substitutes for, indoor visiting.

4. IPC Compliance

4.1 Toilet access for visitors

Care homes are asked, wherever possible, to enable visitors access to dedicated toilet facilities (for visitor use only), and ensure frequent enhanced cleaning is in place (at least hourly) for all surfaces and using a chlorine releasing agent 1000 ppm (bleach). This should include the toilet, sink and frequently touched surfaces like door handles and light switches, but not including floors.

We strongly recommended dedicated toilet facilities, being mindful that some visitors may have personal needs (or disabilities). If it is not possible to have a dedicated toilet for visitors, advise visitors of this before they come to the home. If there is not a designated toilet for visitors and there is an emergency, visitors should use the staff toilet. It should be cleaned as above.

4.2 Supporting visitors to comply with Infection prevention and control

The guidance does not stipulate that visits should be supervised. Each situation should be taken on a case by case basis, and care homes may use their discretion where they feel it is necessary, while ensuring that the visit is as close to normal visiting as possible.

Care home staff should take time with visitors to explain what is needed in terms of IPC and why it is important. The intention is that by doing this, care homes will be assured that supervision is not necessary.

4.3 Refreshments for visitors (food and drink)

Unfortunately, we are not able at this point to recommend that visitors can safely touch or take their mask off to eat or drink. Residents may eat or drink while the visit is taking place.

Visitors may assist residents with their meals, but should not eat or drink themselves while in the care home.

4.4 Visitors' clothing

Visitors with long sleeves should be asked to roll their sleeves up to help support hand hygiene. If their sleeves are too tight to be rolled up, they should still be allowed to visit but advised that, for next time, they should ideally be wearing short sleeves.

Visitors do not need to change clothes upon entry to the home.

4.5 Physical contact

Touch, including hand holding and hugging for parts of people's time together, can and should be supported, with the recommended IPC and hand hygiene, as outlined in the *Open with Care* guidance.

4.6 Bringing items into the home

Visitors should be allowed to bring in gifts and residents' belongings. If the item(s) can be wiped clean, such as books, then do so. However items such as flowers do not need to be cleaned before being given to the residents

4.7 Additional disinfection for Covid-19 infection prevention and control

The cleaning that is required to be undertaken by care homes is specified in the COVID-19 Care Home addendum. There is no need for care homes to go beyond this.

We are aware that commercial companies are offering 'fogging' and UV technology as additional methods of 'cleaning' but this is not required for COVID 19 control. 'Fogging' and UV technology are methods of disinfecting an area. This is only effective if the required cleaning has been undertaken prior to this enhanced level of disinfection.

If a care home does decide to undertake fogging, it is important that the required cleaning is undertaken prior to this.

Any further questions on cleaning procedure or products used should be directed to your local health protection team.

4.8 Visitors with difficulties in understanding IPC advice

Some visitors to the care home may not be able follow IPC advice for various reasons. For example, it may be difficult to explain the need to social distancing to a visitor with learning disabilities or dementia. In these cases the care home has posters and guidance that they will be able to explain. This takes time for everyone involved so might need to be built in before or during your visiting time.

In some cases it may be appropriate for the visitor to be accompanied by a loved one or carer. For further information on the please see section 2.1.

5. Personal protective equipment (PPE)

5.1 PPE for visitors

Visitors will be asked to wear a fluid resistant surgical mask (FRSM) and these will be provided by the care home to the person visiting. Gloves are not required as hand hygiene is sufficient to remove the COVID-19 virus. [Aprons are not required, nor must the resident and visitor sit two metres apart for the whole visit.](#)

Physical touch, including brief hugs and embraces, should also be supported when a fluid resistant surgical mask is worn by the person visiting and good hand hygiene is observed.

5.2 Visitors with medical exemptions for face masks

Care homes should not stop someone who is medically exempt from wearing a face mask from visiting. In these cases, the visitor should be made aware of the risk they present to the resident and the risk the resident presents to them.

The care home should ensure that the area the visit takes place in has good ventilation, and that two metres physical distance is maintained. We do not generally recommend physical contact in these cases.

5.3 Use of clear masks

Clear masks are not supplied and do not fit the specification for PPE. However, if a visitor has a single use clear masks they may wear it to support communication. The care home will not supply these.

6. Visitor testing

6.1 Who should be tested

All designated visitors should be offered a lateral flow device (LFD) test. It is not mandatory for visitors to take the test but it is strongly encouraged. If a visitor refuses to undertake a test, it may be helpful to discuss the reasons why. As per Open with Care, essential visitors are not part of the visitor testing programme.

6.2 Screening questions

The care home may ask screening questions but does not need to take the temperature of visitors. These questions include if the visitor has recently felt unwell; if the visitor has been in contact with someone in the past 14 days who has or is suspected to have Covid-19; or if they have been told to self-isolate.

6.3 Designated visitors who have recently been COVID-19 tested elsewhere

Some visitors may have recently been tested for COVID-19 in other circumstances. For example, through their employment.

Currently, the guidance still recommends they be tested again on entry to the home. However this advice, along with other advice in the guidance, is constantly being reviewed.

6.4 Visitor consent for LFD testing

Care homes should prepare consent forms for visitors to sign before they receive LFD testing for the first time.

If the visitor has already completed a consent form, you can reconfirm consent verbally for future LFD tests at further visits (as long as you continue to hold their completed consent form). A template visitor testing letter, privacy notice and consent form is available on the [Scottish Government website](#) alongside further information on management of visitor testing.

7. Staff issues

7.1 How care home staff can raise concerns

Where care home staff have any concerns around how Open with Care is being put into practice, they can raise any concerns they have in a number of ways.

Ways to do this are:

1. By raising their concerns with their unit manager or if necessary through the provider's whistleblowing policy (if one exists).
2. By contacting the Care Inspectorate (see their dedicated guidance on '[Raising Concerns in the Workplace](#)' which also provides a helpful summary of the responsibilities of Social Care Workers under the SSSC Code of Practice).
3. By writing to the Local Authority within which the care home is located for the contract monitoring team or Adult Support and Protection team to investigate (through the HSCP).

7.2 Additional funding to support care homes

The Scottish Government provides funding and support for the provision of PPE and care home testing.

Where it is possible, Scottish Government will also continue to provide funding for reasonable additional costs incurred as a result of the pandemic including staffing and non-staffing costs associated with facilitating safe visiting and testing. This is in line with the financial support for social care providers guidance, published in December 2020, and any further updates at [Coronavirus \(COVID-19\): financial support arrangements for social care providers - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/healthandcare/coronavirus/covid-19/financial-support-arrangements-for-social-care-providers).

7.3 Staff activities with residents

Staff can take part in activities with residents, such as taking them out for a walk. This should be done in a way that means the resident is not having close contact with people without appropriate PPE.

Care homes' ongoing efforts to support residents who do not have regular designated visitors are encouraged, but is not the focus of this guidance.

7.4 Arranging vaccinations for staff

Some staff who declined vaccination initially may now want to be vaccinated. Ways to do this are outlined on [NHS Inform](#). We are aware of some reports of limited appointments for vaccination and are reviewing solutions to the same for health and social care staff.

8. Resident vaccination

8.1 Vaccination programme and visiting

The Scottish Government does not recommend that care homes make it compulsory for visitors to have had the COVID-19 vaccine before going in the care home or residents to be vaccinated. Vaccination is just one of a number of safeguards that together allow meaningful contact to resume.

8.2 When a resident has not been vaccinated

Indoor visiting is now recommended to be supported due to all the layers of protection in place, not just vaccination. These protections include testing, IPC measure including hand hygiene, and PPE. Therefore residents who have not been vaccinated should still be able to receive indoor visitors.

9. Outbreaks

9.1 When visiting can resume following an outbreak

A care home can reintroduce visiting if they have been COVID free / or fully recovered as agreed with the local health protection team for 14 days from last date of COVID symptoms and subject to a Health Protection Team (HPT) assessment and confirmation of safety.

This aligns to advice from Health Protection Scotland and Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland who declare an outbreak over after 14 days if no new cases or symptoms develop – with a HPT risk assessment.

Where the last date of a positive test is in an asymptomatic staff member, a risk assessment should be undertaken by the local Health Protection team (HPT) (Note – this is your local Health Protection Team, not Health Protection Scotland), to determine whether the full 14 days are necessary

9.2 Outbreak investigations

The public health definition of an outbreak is where there is two or more linked cases. However, the possibility of an outbreak within the care home should trigger investigation where there is confirmation of one positive COVID case within the home.

Health Protection Teams should support care homes with all decisions once a single positive test has been identified, including continuing or pausing visiting.

9.3 Visiting during an outbreak

Care homes with a declared outbreak should move to support essential and window visits only and, where advised by local health protection teams, limited outdoor visiting until the Outbreak is declared over.

After a positive test in a member of staff or a resident, local Health Protection teams should undertake a risk assessment to determine the approach and decide whether a home should close to visiting. Each situation will be unique so there needs to be an appropriate clinical decision making process by the HPTs before implementing home closure to take account of circumstances. The aims must be to balance minimising the risks of spread from outbreaks with the risks from not allowing home life to continue, including access to loved ones and clinicians. Teams should be thoughtful about the risks to all individuals of continuing with high footfall whilst an outbreak investigation is ongoing as this will change the risk profile.

10. Other

10.1 Resources for families

Care homes are asked to support residents' loved ones with helping them to understand the reasons for the new guidance and the safeguards to visiting.

Information and advice around the new visiting guidelines and how to work with care homes to keep everyone safe when visiting is available on [NHS Inform](#).

Additionally, leaflets will be sent to care homes that offer advice for families, alongside posters that can be put up in the home to increase awareness among visitors and staff. The leaflets and posters are available to download from the [Scottish Government website](#)

10.2 Changes to the safety huddle tool

The safety huddle tool was updated to reflect the introduction of indoor visiting, from 25 Feb (the day after publication of Open with Care). Care homes should tick the 'two designated visitors' option only when they have put this into place, and it is understood that a short period of preparation will be necessary to do this. Care homes can use the escalation box to ask for support from local oversight

arrangements and update on their current progress towards implementing Open with Care guidance.

10.3 Other care settings, such as very sheltered housing.

Some local health protection teams may advise other services such as very sheltered housing and extra care settings to follow the *Open with Care* guidance. This guidance is aimed at adult care homes, but there may be a range of services that may wish to use the guidance to support safe visiting in those settings. If you are unsure please contact your local health protection team.