



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Guide to facilitating visiting into or out of care homes during the coronavirus pandemic

Identifier code: GUI-006

Category: Guidance

Audience: External

Response area: N/A

Responsible author: Health Protection COVID-19 Guidance Group

Responsible author

email: phw.covid19guidancesubgroup@wales.nhs.uk

Date: 28 January 2022

Status: Live **Version:** 4

Distribution:

- Public Health Wales Website
- PHW response staff
- Registered Care Homes via CIW

Purpose and summary of document:

This document provides guidance to staff and owners of registered care homes on the issues that they will need to consider to facilitate visiting into or visits from the home during the coronavirus pandemic in the safest manner possible. The guidance should be applied in line with the measures in place at the time as set out in the National Coronavirus control Plan and the Coronavirus Control Plan Alert Levels in Wales.

Document location: [Information for Health and Social Care - Public Health Wales \(nhs.wales\)](https://www.nhs.uk/information-for-health-and-social-care/public-health-wales)

1 Introduction

This guidance has been developed to support care homes in facilitating visiting into and visits out from care homes for older people as well as people with Learning Disability, adults with disability and children during the coronavirus pandemic in the safest manner possible. It includes an appendix of common scenarios and outlines actions that can be taken to enable the visit to take place safely.

This guide should be used in conjunction with the following guidance and plans:

- [GUI-001 Guidance to Prevent and Manage COVID-19 within Residential Care Settings alongside other respiratory Viruses during Autumn/Winter 2021-22](#)
- [Welsh Government Guidance on visiting in care homes](#)
- [Coronavirus Control Plan](#)

The guidance and risk assessment template can be used at any alert level but will need to be applied to the guidance and permitted level of visiting at the time.

2 Background

Care homes, particularly those for older people, have been particularly vulnerable to infection and unfortunately loss of life during the pandemic. The virus which causes COVID-19 is highly infectious and easily transmitted. This has meant that once it enters a setting it can be very difficult to bring under control. During the Autumn and Winter of 2020/21 even with the experience of the first wave, infection, prevention and control (IP&C) guidance and advice from multi-agency partners, access to PPE, visitor restrictions and regular asymptomatic testing of staff a significant number of care homes experienced outbreaks of COVID-19.

Visitors are an important part of the recovery process for service users and visiting restrictions may lead to long term impacts on their mental health and wellbeing and that of their visitors. While we recognise the health, safety and wellbeing of residents, communities and staff and the risk of nosocomial transmission particularly in light of the more transmissible Omicron variant these need to be balanced against other risks. The care home population is now, for the most part, protected from serious harm by the very effective Covid vaccination programme. As the wider community enjoys greater personal freedom, it is important that residents in care homes are not excluded from this and supported to spend time with their friends and relatives. Every effort should be made to facilitate visits into or out of care homes.



It is the responsibility of care homes to undertake risk assessment based on their understanding of the local situation, the needs of the residents and their capacity to facilitate visiting. This guide sets out the issues that care homes should consider in deciding how to facilitate visiting into and out of the home.

In broad terms a risk assessment will need to consider the following factors:

- The rates of infection at the time in the community e.g. [rolling 7 day average per 100,000 population](#), or in the setting i.e. does it have an ongoing incident
- The transmissibility and severity of illness caused by the circulating virus
- The resident/s and their degree of vulnerability to infection in addition to the potential impact of not seeing loved ones
- The vaccination status of the resident/s.
- The visit itself, who will be visiting or be being visited, frequency and duration
- Where the visit will take place and the control measures in place

Any visiting within the care home or out into the community, when permitted, must be undertaken in line with the general coronavirus prevention guidance appropriate for the current alert level.

2.1 Visitor testing

Care homes have been provided with lateral flow tests to enable visitors into the home to be tested prior to entering the property. The tests provide a rapid result (within 30 minutes) and individuals who test negative can enter the setting. While some care

homes are continuing to undertake visitor testing at the home others are allowing visitors to bring proof of a negative LFD test taken within 24 hours of the visit. Those who test positive cannot visit and if tested positive at the care home should go home immediately and follow Welsh Government guidance for [self-isolation](#). It is no longer recommended that anyone who tests positive on LFD has a confirmatory PCR test.

2.2 Vaccination

The COVID-19 vaccination programme is progressing well and uptake booster doses of vaccine in residents and staff is very high. However, while the vaccines are very effective at reducing severe disease and hospital admission, no vaccine is 100% effective and therefore even if residents and visitors have been vaccinated providers should continue to follow current COVID-19 guidance to protect residents and staff.

2.3 Visitor Declaration

All visitors should be asked to complete a declaration on each visit or for each visit out, when permitted. This should ask visitors to declare that each individual visiting or those that will be present on a visit out can answer yes to each of the following statements:

- I am well and I do not have symptoms of COVID-19 (new continuous cough, fever or loss of taste and or/smell)
- I have not tested positive for COVID-19 in the last 10 days OR
- I have had COVID-19 in the last 10 days and confirm that I have complied with the self-isolation guidance for vaccinated individuals and have had 2 consecutive negative LFDs 24 hours apart
- I have not been asked to isolate as a contact of a positive case in the last 10 days or nobody in my household is displaying symptoms of COVID-19 OR
- I have been a close contact of a positive case of Covid-19 in the last 10 days and have complied with the daily LFD testing guidance, all tests have been negative. It is more than 48 hours since the household contact tested positive.

3 Undertaking a Risk Assessment

Risk assessments are always context specific which means that if things change it is necessary to review and update them. Each care home should undertake a general risk assessment for visiting to or from the home. They should review this regularly and make amendments if the situation changes. In addition, it will be necessary to risk assess individual visits, particularly during periods where general visiting is not permitted or where residents are leaving the home to visit a public place or a private home.

The template provides guidance on what increases or decreases risk and advice on how risk can be reduced or mitigated. It will not be possible to mitigate all risks and

in those situations a best interests decision will need to be made about the importance of the visit at that time.

This guidance has been produced to support visiting as safely as possible by managing and reducing risks and there is an expectation that care homes will facilitate visiting, in line with the guidance at the time, whenever possible. The care home sector has demonstrated their ability to allow visiting into and out of care homes without incurring harm and going forward prohibiting visiting should be on an exceptional basis only. The frequency and duration of visits will be determined by what each individual care home can support.

3.1 Communication

It is important that there is clear and ongoing communication between the care home and the visitors and people being visited to ensure that everyone is aware of the arrangements for the visit and the control measures that are in place for example, the use of testing and PPE.

It is important that there is a shared approach to facilitating visits that are as low risk as possible, families and others supporting visits out of the care home should be willing to work with the home to plan a visit that is as safe as possible.

3.2 Using the template

Templates have been provided in Appendix 1 (Visits into Care Homes) and Appendix 2 (Visits Out of Care Homes). You may use your own risk assessment templates or add additional questions to these.

Guidance is provided in section 3.3 and 3.4 to help in completing each section of the template.

We suggest that you record the relevant information in Column 2 and in Column 3 you note your conclusion and any mitigating steps you plan to take.

You should refer to the guidance listed at the start of this document and other guidance produced and issued subsequently by Welsh Government, Care Inspectorate Wales, Public Health Wales or your Local Authority/Health Board or Incident Management Team.

It is important that you facilitate visits in line with the national guidance at the time.

If you need advice on a specific complex situation or issue your local Health Protection Team or Environmental Health Officer should be able to help. **Neither your local Environmental Health Officer nor Public Health Wales is able to sign off or agree your risk assessment.**

3.3 Guidance on completion of the Risk Assessment Template – visiting in care homes

Risk assessment purpose		This should include information about the reason for the risk assessment e.g. is it an overall risk assessment for the home or for a particular resident or activity	
Date	Date of risk assessment	Completed By	

Risk Assessment Area	Guidance	Mitigation
Does the setting currently have an incident or outbreak of COVID-19	<p>Where a home has identified an incident or outbreak, it is important that infection prevention measures are maintained, and visits during these periods may need to be adapted to ensure this.</p> <p>Asymptomatic, fully vaccinated individuals who have not had “household type” contact with a case should continue to be supported to receive visits over and above the “essential visitor”, providing those visitors follow the visitor’s guidance as usual and do not have contact with other vulnerable residents.</p> <p>For care home residents who are deemed to be “non-household” contacts of a case of COVID-19, consideration may be given to supporting</p>	<ul style="list-style-type: none"> • ‘Essential visitors’ should have been designated pre outbreak/incident so clear who they are. • Visiting should be supported where the resident being visited is fully vaccinated, asymptomatic and has not had household type contact with a confirmed case • In the context of visiting where there is evidence of ongoing widespread transmission in the home, ‘end of life’ visiting would be indicated during the last days/weeks of life. • Window visits should be considered during an incident or outbreak for family and friends who are not the ‘essential visitor’, provided: <ul style="list-style-type: none"> o care home staff can support this o the layout of the care home means that visitors do not enter the home

Risk Assessment Area	Guidance	Mitigation
	<p>asymptomatic fully vaccinated individuals to continue to leave the home / visit family / socialise.</p>	<ul style="list-style-type: none"> o the resident can come to a window without exposing other vulnerable residents o the visitor remains two metres from the window • The window may be opened if visitors maintain a two metre distance. • Testing is not required for window visits.
<p>Has the home been advised by the Local Authority or Incident Management Team or Public Health Wales to restrict visiting due to concern about rates of infection in the area or possible circulation of a new variant of concern?</p>	<p>There may be circumstances where there is concern about a localised outbreak of infection.</p> <p>This may result in additional local visiting restrictions being advised such as 'essential visitors' and other frequent visitors only who understand and comply with IP&C guidance and testing.</p> <p>In these circumstances homes should follow the advice given.</p> <p>Visiting of any kind may not be advised depending on the circumstances.</p>	<ul style="list-style-type: none"> • If advised by the Local Authority or IMT that routine visiting should cease visiting is still permitted by the 'essential visitor' and by other visitors in exceptional circumstances, including but not limited to end of life (see above). Where visits take place on this basis the rest of the risk assessment below should be completed.

Risk Assessment Area	Guidance	Mitigation
Does the setting care for individuals who are extremely clinically vulnerable?	The majority of care homes for older people will care for individuals who are extremely clinically vulnerable due to age and state of health. Care homes providing care for younger people may also include those who are extremely clinically vulnerable.	<ul style="list-style-type: none"> • All extremely clinically vulnerable people & those caring for them should have had the COVID-19 vaccine and booster. However, if the setting still has individuals in this category that have not been vaccinated, they may still be at considerable risk. A small number of residents may not have been able to have the vaccine. • To facilitate indoor visiting stringent IP&C measures should be followed and visitors should be supported with appropriate PPE but this should not prevent visiting for other residents.
Does the setting care for individuals who may find it difficult to comply with or understand the control measures that are in place?	People with dementia or behavioural difficulties may find it difficult to understand the need to keep their distance for example.	<ul style="list-style-type: none"> • Visits should ideally take place in an area that cannot be accessed by the other residents to reduce opportunity for contact with residents. • Visitors should wherever possible not move around the building. • Provide staff to support residents who may find it difficult to comply with preventative measures. • Remind visitors of the need to support their family member in following the control measures as much as possible.

Risk Assessment Area	Guidance	Mitigation
		<ul style="list-style-type: none"> Remind visitors that they may be at risk if the family member is unable to follow control measures and advise on the protection that the Covid-19 vaccine provides
<p>What is the purpose of the proposed visit? This may be important for individual situations where mitigation is not possible and will help in judging whether there are exceptional circumstances.</p>	<p>It is important that as well as considering the potential risk from visits, the risks or harm from not permitting visits should also be considered.</p> <p>The level of risk that may be tolerated will vary depending on the need for the visit.</p>	<ul style="list-style-type: none"> Visits take place in line with the guidance at the time Can visiting be supported by an alternative means e.g. outdoor visiting; visiting in an outdoor structure or visitor POD
<p>Who will be visiting?</p>	<p>Always check that visitors are eligible to visit (section 2.3 – visitor declaration)</p>	<ul style="list-style-type: none"> Providers should keep records of all visitors to the home.
	<p>The more people visiting the greater the level of risk.</p> <p>Vaccination status of the visitor should not influence a decision to permit a visit at the current time.</p>	<p>Ask visitors to complete a visitor declaration. If larger groups wish to visit e.g. end of life, can people take it in turns? Should families/friends wish to meet outside, weather permitting, this should be facilitated</p>

Risk Assessment Area	Guidance	Mitigation
What frequency and duration of visiting is proposed	<p>From an infection perspective the more often someone visits and the longer the time spent the greater the risk of transmission.</p> <p>There will also be practical reasons for reducing frequency and duration to enable fair access and availability of staff to support the process</p>	Support all visitors to comply with testing and other mitigating measures.
Where will the visit take place?	<p>Visits outdoors are lower risk than visits indoors.</p> <p>Indoor visitors should avoid the need to move through the building where possible.</p> <p>The virus is transmitted more easily in poorly ventilated indoor spaces.</p>	<ul style="list-style-type: none"> • Visits may take place in people’s rooms if that is their preference. The window should be open, if this can be tolerated comfortably, to ensure adequate ventilation. • A well-ventilated, designated visiting area may also be used. If situated near the entrance of the building it will avoid visitors moving around the building. • Visitors should wear PPE where there is likely to be more significant close contact with an unvaccinated clinically extremely vulnerable resident • Enhanced cleaning between visits and at the end of the day. • Visitors who need to travel through the building should be escorted if this is their first visit. Visitors should wear a face covering when moving through the building and when in public

Risk Assessment Area	Guidance	Mitigation
		areas but may remove it when in the person's room or the designated visiting area.
Are there arrangements in place to facilitate safe testing and waiting prior to a visit for those who do not undertake the LFD test at home?	<p>Visitor testing requires an area for the testing to take place and visitors will also need somewhere to wait for the result in line with the guidance.</p> <p>Ideally visitors should not enter the premises until they have a negative test result.</p>	<p>Ensure visitors have received information in advance on the requirement for testing. If space is limited, testing could take place in an appropriate outdoor building or covered area. Waiting can take place in vehicles if visitors travelled by car.</p> <ul style="list-style-type: none"> You can agree that the LFD testing for visitors is undertaken away from the home.

Risk Assessment Area	Guidance	Mitigation
<p>Are there arrangements for the donning, doffing & safe disposal of PPE in place where PPE is indicated e.g. visits where there is likely to be significant close contact or visits in exceptional circumstances during an incident</p>	<p>Where the guidance recommends that visitors are supplied with PPE this will need to be available and advice provided on how to safely put it on and take it off. Facilities for safe disposal should also be available.</p> <p>The exact PPE required will be dependent on the activity being undertaken. If visitors are going to support care provision e.g. help with eating; personal care then this will influence PPE required.</p> <p>Most of the time visitors will not be advised to use PPE, a face covering is sufficient. Ensure that you are clear when each should apply.</p>	<ul style="list-style-type: none"> • PPE should always be used if visiting is taking place during an incident or outbreak or when visiting an individual who is COVID positive. • PPE should be worn if visitors are likely to have significant close contact with the resident • IP&C guidance for PPE should always be followed for visitors • Social distancing, good hand hygiene and a face covering will mean that in most circumstances PPE is not required (ensure the most up to date guidance is followed at the time).

3.4 Guidance on completion of the Risk Assessment Template – visits out of care homes

Risk assessment purpose		This should include information about the reason for the risk assessment e.g. for a particular resident or type of activity	
Date	Date of risk assessment	Completed By	

Risk Assessment Area	Guidance	Mitigation
Does the setting currently have an incident or outbreak of COVID-19	<p>Where a home has identified an incident or outbreak, it is important that infection prevention measures are maintained, and visits during these periods may need to be adapted to ensure this.</p> <p>For care home residents who are deemed to be “non-household” contacts of a case of COVID-19, consideration may be given to supporting asymptomatic fully vaccinated individuals to continue to leave the home / visit family / socialise.</p> <p>.</p>	<p>If there is no evidence of ongoing widespread transmission within the care home social visits out may take place if the resident is fully vaccinated, asymptomatic and is not a household type contact of a confirmed case of Covid-19.</p> <p>Where there is evidence of ongoing widespread transmission of the virus within the care home residents may leave the home for essential reasons, such as urgent medical care. The hospital and ambulance service/transport provider should be advised of the current situation in the setting. If accompanied by staff and/or family member they should have an appropriate level of PPE depending on risk assessment and in-line with current IPC guidance</p>

Risk Assessment Area	Guidance	Mitigation
Has the care home been advised by the Local Authority or Incident Management Team or Public Health Wales to restrict visiting due to concern about rates of infection in the area or the possible emergence of a new variant of concern?	There may be circumstances where there is concern about a localised outbreak of infection. This may result in additional local visiting restrictions being advised. In these circumstances homes should follow the advice given.	Local restrictions may specify a stay at home or other restriction. These should be followed.
Does the setting care for individuals who are extremely clinically vulnerable?	The majority of care homes for older people will care for individuals who are extremely clinically vulnerable due to age and state of health. In addition care homes looking after younger adults and children may include individuals who are clinically vulnerable.	<ul style="list-style-type: none"> • Vaccination has been prioritised for these groups and those caring for them and will reduce the level of risk. If the setting has individuals who have not been vaccinated, they may still be at considerable risk. • Where vaccination has been refused, ensure that those making that decision are aware of the potential risk. • Work with the family or friends who are being visited encouraging them to be fully vaccinated and have a LFD test on the day of the visit

Risk Assessment Area	Guidance	Mitigation
Does the setting care for individuals who may find it difficult to comply with or understand the control measures that are in place?	People with dementia or behavioural difficulties may find it difficult to understand the need to keep their distance or wear a face covering for example.	<ul style="list-style-type: none"> • Consideration should be given to the planned visit and whether the individual/s will find it difficult to follow any guidance in the setting being visited. If this is the case consider alternatives, such as virtual visiting. • Avoid crowded locations or visiting public places during busy periods. • Ensure that staff accompanying the visit or relatives are aware of the potential risks and prepared.
What is the purpose of the proposed visit?	Visitors are an important part of the recovery process for service users and visiting restrictions may lead to long term impacts on their mental health and wellbeing and that of their visitors. However, we must recognise the health, safety and wellbeing of patients, communities and staff and the risk of nosocomial transmission	<ul style="list-style-type: none"> • Can the visit be delayed or is there another alternative if visits out are considered high risk? • Can the risk be reduced by changing the location; shortening the visit; encouraging those being visited to be fully vaccinated and have a negative LFD on the day of the visit or visiti at the care home as an alternative

Risk Assessment Area	Guidance	Mitigation
Who will they be visiting?	<p>Always check that visitors are eligible to visit (section 2.3).</p> <p>Does it include regular visitor/s or wider groups.</p> <p>The more people the individual will have contact with during the visit the greater the risk.</p>	<ul style="list-style-type: none"> • Ask the person arranging the visit to check that all those involved can comply with the visitor declaration; this should be repeated on return if the visit was for an extended period or overnight. Ensure that the number of individuals attending is in line with the guidance for that setting at the time, including private homes. • Encourage reducing size of larger groups if indoor venue; taking account of relative size and ventilation. • Ensure that risks to anyone being visited are understood.
What frequency and duration of visit is proposed	<p>From an infection perspective the more often someone visits and the longer the time spent the greater the risk of transmission.</p> <p>Overnight visits and extended stays are also higher risk for infection transmission</p>	<ul style="list-style-type: none"> • Visiting should be allowed according to the alert level and guidance in the visitor guidance.

Risk Assessment Area	Guidance	Mitigation
Where will the visit take place?	<p>Visits outdoors e.g. to a park are lower risk than visits indoors.</p> <p>Indoor visits to public places such as restaurants or shops are lower risk than visits to private homes as they are controlled environments.</p>	<ul style="list-style-type: none"> • Check that all of those who will be present during the visit out can complete the visitor declaration if not delay until they can e.g. period of isolation has ended if at all possible. • Visit public places during quieter periods. • Choose indoor venues that are large with well-spaced tables/seating, have good control measures in place and are well ventilated.
How will the resident/s travel to the location?	<p>Travel in a private vehicle or on public transport in close proximity to others is a relatively high risk environment for transmission.</p> <p>The longer the journey the greater the risk.</p>	<ul style="list-style-type: none"> • Minimise the number of people travelling in the vehicle (driver and one other to provide care if needed). • Ensure that all travelling in the vehicle wear a face covering (if tolerated). <ul style="list-style-type: none"> • Staff transporting residents should wear PPE. • Open windows to ensure good ventilation. • Avoid travelling on public transport at peak times.

Risk Assessment Area	Guidance	Mitigation
<p>Will the resident need to isolate on return to the setting?</p>	<p>Visits out of the home as part of a group with staff exclusively from the setting will not require isolation on return</p> <p>Visits to outpatient appointments to healthcare settings will not require isolation on return</p> <p>Visits to indoor public places will not require isolation on return.</p> <p>Extended visits in a private home or overnight stay will not require isolation on return.</p>	<p>Any individual who has had contact with individuals who have developed symptoms during the visit or tested positive in the 48 hour period immediately following the visit must isolate on return/ or comply with testing in line with guidance at the time.</p> <p>LFD testing should take place daily for seven days. This is intended to enable individuals to attend school or other structured activities in line with the guidance and recognises that visits with their family will be a regular feature of their care plan or care arrangements.</p>

Appendix 1 Risk Assessment Template – visiting in care homes

Risk assessment purpose			
Date		Completed By	

Risk Assessment Area	Initial Questions		
Does the setting currently have an incident or outbreak of COVID-19 with ongoing widespread transmission of the virus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<p>Would the visit be from an essential visitor or covered by the exceptional circumstances provision</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete risk assessment If no, visit should not take place at the current time</p>
Has the home been advised by the Local Authority or Incident Management Team or Public Health Wales to restrict visiting due to concern about rates of infection in the area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<p>Would the visit be from an essential visitor or covered by the exceptional circumstances provision</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete risk assessment If no, visit should not take place at the current time</p>

Risk Assessment Area	Information	Conclusion and mitigation
-----------------------------	--------------------	----------------------------------

<p>Does the setting care for individuals who are extremely clinically vulnerable?</p>		
<p>Does the setting care for individuals who may find it difficult to comply with or understand the control measures that are in place?</p>		
<p>What is the purpose of the proposed visit? This is designed to aid risk assessment during periods when routine visiting is not permitted or where there are risks that may not be easily mitigated.</p>		
<p>Who will be visiting?</p>		

What frequency and duration of visiting is proposed?		
Where will the visit take place?		
Are there arrangements in place to facilitate safe testing and waiting prior to a visit?		
Are arrangements for the supply, 'donning and doffing' and safe disposal of used PPE in place, if indicated?		

Appendix 2 Risk Assessment Template – visits out of care homes

Risk assessment purpose			
Date		Completed By	
Risk Assessment Area	Initial Questions		
Does the setting currently have an incident or outbreak of COVID-19 and the resident has been identified as a household-type contact of a case?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<p>Would the visit be covered by the exceptional circumstances provision?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete risk assessment If no, visit should not take place at the current time</p>
Has the home been advised by the Local Authority or Incident Management Team or Public Health Wales to restrict visiting due to concern about rates of infection in the area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<p>Would the visit be covered by the exceptional circumstances provision?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete risk assessment If no, visit should not take place at the current time</p>

Risk Assessment Area	Information	Conclusion and mitigation
Does the setting care for individuals who are extremely clinically vulnerable?		

Does the setting care for individuals who may find it difficult to comply with or understand the control measures that are in place?		
What is the purpose of the proposed visit?		
Who will they be visiting?		
What frequency and duration of visiting is proposed?		

Where will the visit take place?		
How will the resident/s travel to the location?		
Will the resident need to isolate on return to the setting?		

Enabling visiting into and out of care homes – frequent scenarios

Scenario	Issues that frequently arise	What is the risk and what are any enabling actions	Any actions on return to care home if visit out
Resident attends a hospital appointment	Is it necessary to self-isolate or test on return?	This is a visit out to a well regulated premises	No requirement to self-isolate or test on return
Resident attends a dental or optician appointment	Is it necessary to self-isolate or test on return?	This is a visit out to a well regulated premises	No requirement to self-isolate or test on return
The resident is going on an outdoor visit such as a visit to park, gardens, the beach, an outdoor picnic either one or two regular family or friends. This visit does not involve meeting up with lots of people	Is it necessary to self-isolate or test on return?	The risk of virus transmission outdoors is far less than indoors	No requirement to self-isolate or test on return
The resident is visiting regulated premises such as a café/restaurant or visiting	Is it necessary to self-isolate or test on return?	Cafés and other regulated premises like restaurants/shops should have measures in place to	No requirement to self-isolate or test on return.

retail shops with one or two regular family or friends.		reduce risk of virus transmission. Resident should be advised to avoid overcrowded, poorly ventilated premises as a precaution	
A resident wants to spend the weekend with family in their home	Is it necessary to self-isolate or test on return?	With the vigilance of the family in ensuring that the risk of exposure to the resident is kept to a minimum by avoiding large family gatherings indoors and avoiding contact with potentially infectious individuals the risk can be low.	No requirement to self-isolate or test on return.
The resident wants to go on an organised coach trip for the day with a friend/family member.	Is it necessary to self-isolate or test on return? What is the risk to the resident?	Longer journeys could present an increased risk of viral transmission but this will also be dependent on mitigations such as ventilation, the use of face coverings.	No requirement to self-isolate or test on return. If there is concern that either the coach company or the final destination did not have measures in place to reduce transmission the resident and the care home

			may want to be vigilant to emerging symptoms
The resident wants to attend a wedding/ party/ funeral	What is the risk if the resident attends and should they attend will it be necessary to self-isolate to test on return?	<p>Large gatherings, particularly indoors, increases the risk of virus transmission.</p> <p>The risk will be greater if the resident is not vaccinated.</p>	If there is concern that reasonable measures to reduce transmission are not in place the resident on return could follow guidance for a contact of a case and be asked to comply with the guidance (no isolation required but LFT testing for 7 days)
An individual from the community requires respite care but cannot tolerate testing	Can the individual avail of the respite care in the absence of a pre-admission test?	Respite care is a critical support for both individuals and their families and should be facilitated. If the individual requiring respite cannot be tested, household contacts could have an LFT on the day of admission to provide some assurance that no one in the household is infectious on the day of admission	No requirement to self-isolate or test on return

An adult with learning difficulties wants to go home for weekends but cannot tolerate testing for Covid-19	Can these weekend visits continue	These visits are important for both the resident and family and it is important to work with the family to minimise risk as it is with any home visit or over night stay	No requirement to self-isolate or test on return
--	-----------------------------------	--	--

