**Greater Manchester Risk Assessment for Care Home External Window Visits – (21.10.20)**

This risk assessment has been developed by the GM Infection Prevention and Control Cell (on behalf of GM ADPH and GM DASS) in readiness for the commencement for different types of visiting that may be permitted in the future, depending on the rate of transmission of the virus within the population. There has been conscious thought of the balance to protect all staff and residents while retaining and enhancing their connection with their loved ones through full use of digital and virtual means and where the threshold permits via outdoor visiting on Care Home premises through an external window. Even where in-person visits are permitted, alternatives to in-person visiting should be actively explored, facilitated and encouraged, such as the use of telephones or video.

On commencement of visiting, care home managers will be supported in the dynamic risk assessment through pre-agreed risk assessments in place signed off by the Director of Public Health and reasonable adjustments in place in advance to support visiting through a designated ground floor window.

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| **Name of Care Home:** | ***Heathlands Village*** |
| **Risk assessment completed by (include job title):** | **Karen Johnson**  **Clinical Director** |
| **Approved by (include job title):** |  |
| **Date of assessment:** | **30-10-20** |
| **Review Date:** |  |

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| **What are the hazards?** | * That COVID-19 (or other infections) are introduced to the care home via a Designated Visitor. * That a Designated Visitor takes COVID-19 (or other infection) out to the community. * An outbreak of COVID-19 (or other infection). |
| **Who might be harmed and how?** | * A resident becomes infected because of exposure to the virus through visiting. * Other residents become infected. * Staff become infected because a Designated Visitor introduced the virus to the home. * The Designated Visitor is exposed to COVID-19 in the care home and infects others in their household and/or other in the community. |

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| **WINDOW VISITING – See accompanying Visitor Declaration form and Booking/Visitor template**   * Window visits (external window) can commence as an exceptional circumstance due to the impact of the length of time of restrictions on residents and visitors. * This will mean care home managers should prepare their risk assessments, and they will also need to arrange their staffing so they can safely supervise residents and put in place the cleaning arrangements in between visits. * A window visit requires safe ground floor window access for both residents and their visitors, and the relevant social distancing and PPE measures will need to be observed. Requirements include:   + A pre-designated ground floor window that can be accessed safely by designated visitors (free from obstructions and trip hazards)   + A clearly marked route to the designated area (free from obstructions and trip hazards)   + Hand washing facilities in designated area   + Staff continue to wear appropriate PPE   + Resident remains indoors   + Window to remain closed (versus open to aid communication) and can use a telephone Visitors to wear a face covering if they cannot safely socially distance from other households.   + Cleaning of the window post visit (inside and outside) * Visits need to be pre-booked, and the care home reserves the right to prioritise the order in which residents can have a visitor safely (e.g. timing them so there is no overlap between visitors coming to see different residents). Care homes should not be put under pressure to arrange visits without the full precautions in place. * The risk assessments for window visiting should be approved by public health or infection control (so we will ask to see them and/or go through it with them). * An **outbreak in the care setting** will supersede the above approach - decisions on visiting and care home admissions can only take place in discussion with the local public health / infection control team * *Internal visiting with a full length glass or perspex barrier is not window visiting. This is due to the additional cleaning implications arising from accessing the care home building. This therefore requires a risk assessment to confirm the additional cleaning requirements can be met.* |

| **Issue** | **Considerations to mitigate risk** | **Supporting guidance** | **Care Home response** |
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| **Covid19 status in the Care Home and surrounding community** | * Visiting arrangements in care homes will always be subject to the local status in relation to Covid19 * Risk assessments should be reviewed regularly and always consider ‘Are there any current restrictions on visiting in the local area’ * If a home has an outbreak, visiting will be suspended and will not resume until 28 days after the last confirmed/suspected case | Suggested thresholds for the level of community transmission are being considered. | Bury Council send routine updates on local area transmission rates  Any new restrictions would prompt a review of the visiting arrangements by Senior management team and risk assessments updated accordingly  Communication to families if we have an outbreak is via email from our CEO who sends regular updates to relatves. |
| **Infection Prevention** | * What handwashing facilities / hand sanitising facilities do you have in place and where are these positioned? * How will you ensure that visitors comply with handwashing on entrance / exit to the grounds? * Do you have posters displayed around the building / visiting areas reminding people about handwashing, social distancing etc? * Will the home have to place markers on the floor outside of the window designated for window visiting to ensure visitors follow social distancing requirements? |  | Hand gel is available at both entrances to the site.  When a visitor arrives they will be directed to the hand sanitiser by the security guard and also by our customer services team  Yes posters are displayed around the site  Yes social distancing markers are placed on the floor in each designated visit area |
| **Cleaning** | * What cleaning regimes do you have in place in the designated visiting area (inside and outside)? (in this instance the window) * How will you ensure the visiting areas are kept clean and safe before and after visits have taken place? * Are you using cleaning materials in line with local and national guidance? |  | After each visit the staff member allocated to the visit will clean the window outside and inside with C2 disinfectant  The staff member allocated to the visit will clean the chair after each visit ready for next person  Yes we are using a flash product called C2 disinfectant multi surface |
| **PPE** | * How will you ensure that staff and visitors comply with PPE guidance produced by the Health Protection Team? * Do you have any issues with the supply of PPE? * How will you ensure that all visitors wear face coverings? |  | We will issue PPE on arrival is they do not bring their own  No issues with supply of PPE  Visitors will be checked on arrival and given a mask to wear if they don’t already have one |
| **Testing** | * Care homes must be fully participating in resident and staff testing programmes before permitting visitors * Please provide details of mass testing of staff and residents, including dates (a table of dates could be included as an appendix to the risk assessment) * Are you submitting the results of testing to the Health Protection Team? |  | We are swabbing staff every week and residents every 4 weeks.  The residents were last swabbed on 10th October and due again on 7th November. Prior to this they were swabbed on 12th September and weekly staff testing started on 14th September  Any positive results are submitted to the HPT |
| **Window visiting** | * Risk assessment of the visitor prior to the visit taking place to be kept for contact tracing purposes * Staff continue to wear appropriate PPE * Resident remains indoors * Window to remain closed (versus open to aid communication) and can use a telephone * All visits to be supervised * Pre-book the visit for a fixed length of time – ad hoc visits should not be permitted * Visitors to wear a face covering if they cannot safely socially distance from other households. * Visitors policy and code of conduct * Single constant visitor, pre-booked and for a defined length of time e.g. 30 minutes. * Cleaning of the window post visit (inside and outside) * Ensure visiting area is free of obstructions and trip hazards * Consideration of a one-way system * The number of visitors in a day is determined by the capacity of the care home to safely supervise visits. * Cleaning of telephone post visit * Drive thru visiting is another version of window visiting through a car window (and social distancing to be maintained) – may not be appropriate in winter. |  | Risk assessments are completed on arrival  Staff wear PPE  Resident does remain indoors   * Telephone in place to use for the visit * Staff member stays with the person being visited * The visits are pre-booked and for 30 minutes each visit * All visitors to wear a face mask or a visor * Visitors policy and code of contact in place * Window cleaned inside and out after each visit by the carer supporting * Visiting area is mapped out as to where visit is taking place outside each window area * Telephone is sanitised after each visit by care staff supervising the visit |
| **Staffing** | * How will you ensure that enough staff / volunteers are available to support visits?   + taking the resident to the designated visiting area and returning them afterwards   + greeting / directing visitors to visiting area   + maintaining visiting area * How will staff be supported to deal with visitors who do not comply with the visiting protocols? |  | * Staff will be allocated on each rota against the resident who is having a visit so they are aware each day of who is responsible for supporting at each visit * We have a security man at the entrance to the site who will be aware of who is on the list of people expected to visit. If they are not on the list they would not be let through the barrier system. |
| **Pre-visit communication** | Have you developed and shared the following with residents and their families?   * Visiting policy and code of conduct * Visitor protocol * Individual visitor declaration / risk assessment |  | * Visiting policy and code of conduct will be shared by CEO on email to families and referred to when a visit is booked * Staff will explain the procedures to individual residents * Visitor declaration/risk assessment is completed at each visit |
| **Preparing residents** | * Have you asked the resident who they would like to be their designated visitor? * Have you followed the MCA guidance if they lack capacity to agree to the visitor policy and/or decide who they would like to visit them? * Have you completed an individual risk assessment, taking account of the resident’s individual visiting needs (for example, hearing loss)? * Have you considered if the resident is likely to be distressed / confused using PPE? How will you manage this? * Have you updated their care / support plan to take account of their individual visiting arrangements during this time? * How will you prepare them for a visit eg if the person has dementia – photos and reminiscence will be important * What will you do if the resident is unable to have a window visit eg if they are bed bound? |  | * Yes residents have been asked who they prefer to visit them and this is documented in their care plan * Yes MCA guidance used and Best interests considered for deciding who they would like to visit * Yes risk assessments completed for individuals * Residents had visits previously and are used to seeing staff in PPE and also have actually already worn PPE themselves so are used to it. * Anyone who is not used to PPE time would be taken by care staff to explain what is and why it is being used. * Yes care plans reflect visiting plans * Photos will be used to show them which family member is visiting * Unfortunately a bed bound person would have to have a skype/face time visit arranged. |
| **Planning visits** | * Give consideration to number of designated visitors permitted – this will be dependent on the individual care home environment / space available to ensure social distancing can be maintained. * What is the process for visitors to request and book window visits? (eg date/time and length – no longer than 30 minutes, unless families have travelled some distance and longer visits can be safely accommodated) * Have you introduced a ‘booking system’ to manage footfall and limit numbers of window visitors at any given time? * How will you ensure that there are no ad hoc visits to the home? * Check ahead for the weather situation and reschedule if necessary * How will you keep a record of all visits to the home? * How will you ensure that visitors arrive safely and avoid the use of public transport? * Have you provided information on safe local transport options? * How will you ensure that only the designated visitor attends on the day – what will you do if they arrive with children/other people? * Confirm the process from the point of arrival – temp checks, completion of the individual risk assessment etc * How will you manage visitors bringing gifts for residents? (needs to be included in the Visitor Policy/Protocols**)** |  | **Visiting process for both buildings:**   * We will have 3 areas at the main building for window visits in 3 separate areas with shelter built overhead to keep people dry if inclement weather. * Visits will be done via a telephone booking system and for 30 minutes only and allocations restricted to a set number each day for each area * The designated visitor name will be aligned against the resident name * The visitor will be checked in off the list by the security guard * We have shelters overhead outside at each visiting point * When the visitor arrives after being allowed in by security guard they will then be met by a member of the customer services team who complete the visitors declaration form with them and check their temperature. This information will be scanned in at the end of each day and also the booking staff member will also keep a log of visits. * We advise that relatives do not bring any gifts in with them. If they do then we would have to quarantine them for 72 hrs. |
| **Contact tracing** | * How will you keep a record of all visitors to your home to support contact tracing? (a minimum of 21 days) * How will you ensure that you meet GDPR guidelines? Eg safe storage and disposal of records? |  | * Via the booking system and also if they have a smart phone they can scan our QR code * After the declaration forms are scanned in each day these will then be shredded. |
| **Managing changes to the visiting arrangements** | * How will you ensure that any changes to visiting arrangements can be communicated quickly and effectively (eg all planned visitors will receive a phone call by 9am on the day of the planned visit if visits need to be cancelled due to residents being symptomatic overnight)? * How will you communicate to all potential visitors if there is a suspected or confirmed outbreak in the home? * Ensure that you confirm that the home will be closed to visitors for 28 days since the last suspected or confirmed case. |  | * Via a phone call to the relevant visitor * Via an email sent to all relatives by our CEO * Date of start of confirmed outbreak will be monitored on our covid log and will evidence closure date and anticipated open date of 28 days hence if home remains clear of any new cases of covid. |
| **Visiting restrictions** | * How will you maintain good communication between residents and their families / friends if the home must close to visits? * How will you use technology to support regular communication between residents and their families/friends? * How will you ensure that residents specific needs continue to be met eg cultural/religious needs? |  | * Via a weekly email sent out by our CEO to all relatives * We use ipads and face time calls plus skype on a daily basis * We have a religious director on site who supports with this |

**APPENDIX 1 Care Home Visitor Declaration and Booking/Visitor template**

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