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Dear Colleagues

LATEST REVIEW OF “VISITING WITH CARE – A PATHWAY”

Thank you for the amazing work you continue to do in providing safe care for our care home residents here. I am very aware of the importance of visiting in care homes that is meaningful for residents, families, loved ones and care home staff while optimising protection from COVID-19 transmission. I look forward to working closely with you all in ensuring the continuation of our return to a more normalised visiting regime as the scientific data allows.

The Public Health Expert Reference Group within the Public Health Agency has recently completed its latest formal review of surveillance information as required in “**Visiting With Care – A Pathway**”.

Review Outcome

Based on the analysis of the available surveillance information (see details at **Appendix A**), I can confirm that the Public Health advice is that it is appropriate to remain in the third full stage of the Pathway – “**Further**

Easing". For reference, this means that visiting should be facilitated as follows (please see full pathway for further detail):

How we manage access to care homes for visiting is dictated by whether the care home has an active COVID-19 outbreak.

When The Care Home Is Not In Outbreak

Receiving Visitors

When a care home is not in outbreak, the "Further Easing" stage of the Pathway means that:

- Visiting can happen in residents' own rooms with window open.
- There is no restriction on the number of people who may visit but visits must be limited to visitors from two household per day.
- Care Homes will continue to operate a booking system for all visitors including evenings and weekends.
- Children can visit and the responsibility will rest with the adult for supervision to ensure they adhere to all IPC measures. Any restriction on numbers has been lifted.
- Close physical contact enabled to include 'brief' hugging. Effective hand hygiene practices and masks to remain.

Taking a Trip

If the resident (while following the restrictions applicable to the general public) is able, by themselves or with assistance from their loved one, to leave the care home for a short visit out:

- Residents can continue to take trips out of the home
- Residents can stay elsewhere overnight with appropriate risk assessments.

- Where the resident complies with IPC advice and with restrictions applicable to the general public there will be no requirement to isolate on return to the home.

When There Is An Outbreak

If there is an outbreak in a care home, unfortunately all visits will have to be suspended, unless there are exceptional circumstances, such as end-of-life. The care home manager will continue to take direction from PHA health protection Duty Room regarding management of the outbreak and the infection prevention and control measures required.

Happily since care partners undergo routine testing, if they are infection free they can continue with existing care partner arrangements, in cooperation with the care facility.

However, everyone must consider the risks associated with an outbreak, and the potential for becoming infected, along with the increased risk to the resident.

Key Messages

Despite what may be seen as a public perception that the pandemic is over, it is crucial that we continue to reinforce the key messages that:

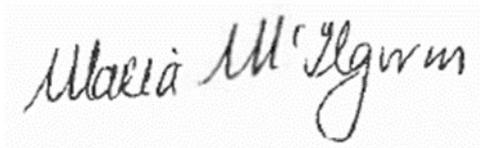
- since the effectiveness of COVID-19 vaccines and vaccine coverage is evidently effective in reducing the severity of COVID-19 infections and the risk of hospitalisation, it is crucial that care home managers and Trusts continue to encourage uptake of the COVID-19 vaccination (including booster) for care home staff;
- continued engagement with the regular testing programmes for staff, visitors and Care Partners is essential; and

- strict adherence to IPC standards including hand washing and use of face masks remains vitally important.

Work is currently underway with our Public Health colleagues to consider the appropriateness of developing a more risk managed approach to facilitating some degree of normalised visiting in care homes that are experiencing an outbreak. While the current guidance allows that, during an outbreak, arrangements can be made to allow visits in exceptional circumstances (e.g. end-of-life, etc.) and the Care Partner scheme remains in place during outbreaks, now may be the time to consider a new approach. We will keep you all informed as this updated approach is developed.

Thank you all, once again, for the efforts you continue to make to deliver top quality care in these difficult times. I would ask that this update be circulated appropriately to facilities, residents/families and staff as soon as possible.

Yours sincerely

A handwritten signature in black ink that reads "Maria McIlgorm". The signature is written in a cursive style with a large, looped 'M' and 'I'.

Maria McIlgorm
Chief Nursing Officer

cc: Trust Directors of Older People Services

Sean Holland

Dr Michael McBride

Dr Lourda Geoghegan

Tim Johnston

Debbie Murray

Geraldine Traynor

William Stewart

Janet Humphries

Pauline Shepherd – IHCP

Leslie-Anne Newton – ARC

Vivian McConvey - PCC

Sandra Aitcheson – PHA

Malachy Finnegan - RQIA

Summary of Public Health Expert Reference Group Findings:

Care Home Outbreaks

The incidence of new care home outbreaks per week has fallen since the end of 2021, from a weekly peak of 100, to around 20–25 per week over the past two months (figure 1a). The definitions of outbreak were tightened in mid-January to ensure that spread within Care Homes was being measured, rather than occurrence of cases in the community who happen to work in a Care Home.

Whilst weekly incidence has fallen, the overall number of homes in outbreak across the region remains high with 34% care homes in outbreak. This is similar to 37% at the beginning of February and, in part, reflects the continued high levels of COVID-19 in the wider community.

Of the current open/active outbreaks around 70% were associated with cases who had symptoms of COVID-19 at the time of notification. Of 163 current open outbreaks data pulled on 9 March; 47 are staff only, 18 are residents only and 98 have a combination of residents and staff. Just under 30% of care home outbreaks at this point in time, currently, do not involve residents. This figure is lower than that reported in the last review point where 50% of outbreaks were staff only. To note, the adverse health impact of care homes outbreaks remains blunted by the high uptake rates of booster vaccines, especially in elderly residents.

Community Incidence

The current wave of COVID-19 has been difficult to accurately quantify in comparison to pre-Christmas community incidence as the testing regimens

changed. In addition from January 2022, reported COVID-19 cases are reported on an episode based definition which also includes possible re-infections.

Overall numbers and rates remain high ONS data although reduced from the peak at the start of the year when newly diagnosed cases per day were in excess of 8,000.

Over the past 2 weeks new cases reported to PHA have remained around 2,000 to 2,500 cases per day; 2,161 cases were recorded on 9 March.

A more even distribution across the population age groups is noted than during the previous couple of months. Higher rates are noted in those aged 30-50 and lowest rates are noted in the older population aged over 65 and in under 5s who are largely exempt from testing.

It is important to note that due to changes in testing policy and recording, laboratory confirmed (PCR) and online registered (LFD) positive tests are likely to significantly under estimate the true community prevalence.

As of 4 March, research by ONS estimates that 1 in 13 people in Northern Ireland have COVID-19.

Mortality associated with COVID-19 in care home settings

There are continued lower levels of mortality associated with COVID-19 in care home settings compared to previous phases in the pandemic.

The number of deaths is noted over the past 6 weeks with between 6 and 10 deaths per week being notified where COVID-19 was noted on the death

certificate, similar to the previous 4 weeks but higher than 0-1 deaths per week in the 8 weeks immediately prior to the end of 2021. This is a reflection of the numbers of care home with outbreaks and residents affected, as community incidence increased. The severity of illness in residents being reported to the duty room by care homes continues to be less than that experienced previously due to booster vaccinations. As indicated in the last review, people can be dying with, not necessarily because of, COVID-19. Care home deaths as a proportion of total deaths where COVID-19 is noted on the death certificate remains lower than in all previous waves/surges (NISRA).

Hospital admissions:

Hospital admissions remain a challenge for the system. Overall, daily admissions to hospital due to COVID-19 have not changed significantly during January and February. A peak of 58 was noted on 2 February, however daily admissions followed a see-saw pattern of between 20 and 40 for the majority of the period.

Inpatients generally rose during January to mid-February with a peak of 693 on the 20th. Inpatients numbers have fallen steadily over the past 2 weeks (483 on 7 March).

The majority of new inpatients continue to be from older populations aged 70-79 and aged 80+.

Vaccine uptake rates

Vaccination rates remain relatively steady with a slight increase noted from last month;

- for residents with booster doses = 91.3% and two doses 95.3%;
- for staff with booster it is lower at 61% and 2 doses = 80.8%

Variation in care home staff vaccination at trust level has reduced although the SHSCT remains lower than the other trusts with 49.5% (up from 47.4% in last review) for staff booster and 75.1% (73.8% at last review) for 2 doses.

A small number of homes still have low levels of coverage (especially in staff). Many of the homes with low uptake rates are either very small or have a relatively high turnover of residents as they provide respite or intermediate care.

During February, all care homes with vaccine coverage levels of less than 90% for residents and 80% of staff received an e-mail with their individual data and offered targeted support to increase overall vaccine uptake further.

Variant of concern

The Omicron variant is the highly dominant variant in Northern Ireland having had significantly increased transmissibility over delta but morbidity appears less, albeit infection in those who have been vaccinated is occurring.

Waning protection from vaccination continues to be a concern and plans are underway to offer a further booster (4th dose) to the care home resident population in the coming weeks. Health protection surveillance will continue to monitor this data closely.