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Dear Colleagues

LATEST REVIEW OF “VISITING WITH CARE – A PATHWAY”

As scheduled, the Public Health Expert Reference Group within the Public Health Agency 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 it remains appropriate for our visiting to continue to be facilitated under the terms of 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

The current guidance is that during an outbreak, all normal visiting should cease, but with care partner arrangements able to continue.

Regrettably throughout this recent surge of the pandemic some care homes have had severely restricted visiting during outbreaks lasting

for several months; this has caused major stress for residents in these particular homes and their families/loved ones.

Following discussions among Public Health professionals cross the United Kingdom, we are able now to update the recommendations in terms of managing visits during COVID-19 outbreaks.

The updated process reflects a more individualised risk assessed approach to permitting visiting during an outbreak using an agreed algorithm (see **Appendix B** attached) as opposed to a more generalised approach that discourages general visiting. This algorithm considers the extent of the outbreak; the level of IPC precautions in place, the capacity of the care home to support visiting from a staffing perspective and the informed consent of the visitor in terms of understanding the potential risk to themselves of visiting a care home in outbreak.

We are confident that this revised approach is a safe, risk assessed way to inform decisions in relation to facilitating general visiting during an outbreak. The care home manager should continue to take direction from PHA health protection Duty Room regarding management of the outbreak and the infection prevention and control measures required.

This change should take effect from 2 May 2022.

Key Messages

It remains crucial that we continue to reinforce the key messages that:

- Everyone should continue to encourage uptake of the COVID-19 vaccination (including booster) for care home staff, as it is evidently

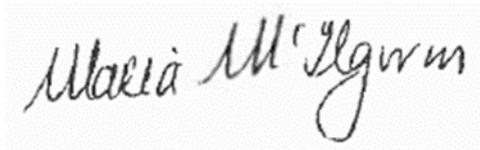
effective in reducing the severity of COVID-19 infections and the risk of hospitalisation;

- Ongoing engagement with the regular testing programmes for staff, visitors and Care Partners is essential; and
- We must all work to ensure strict adherence to IPC standards including hand washing and use of face masks.

I would ask that this update be circulated appropriately to facilities, families/residents and staff as soon as possible. For future review updates we are working with PHA colleagues to develop a printable leaflet, and this will be shared with you for onward dissemination to residents/families to keep them informed of progress.

Thank you for your ongoing efforts in the delivery of safe, holistic care during these difficult times.

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' at the beginning.

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:

- **Outbreaks:**

- The incidence of new care home outbreaks per week has largely remained steady averaging around 20 – 25 per week over the past three months albeit with some week to week variation (figure 1). The definitions of outbreak were tightened in mid-January to ensure that spread had happened within the Care Home, rather than occurrence of cases in the community, who happen to work in a Care Home.
- Whilst weekly incidence has levelled, the overall number of homes in outbreak across the region has fallen slightly from 34% last month to 32% currently (150); these numbers are part of a longer downward trend and are significantly lower than the 200 care homes that were in outbreak at the start of 2022 (figure 2).
- Of the current open/active outbreaks around 63% are associated with cases who had symptoms of COVID-19 at the time of notification (lower than last month 70%), (Figure 2).
- Of the 150 current open outbreaks (data as of 5 April); 25 are staff only, 16 are residents only and 107 have a combination of residents and staff.
- The adverse health impact of care homes outbreaks remains blunted by the high booster vaccines uptake 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 and population use of testing have changed.
- COVID-19 infection rates declined from 1,400 per 100,000 to 700 per 100,000 in the past 6 weeks (ONS data to 27 March), (Figure 3). Using individual clinical testing, new cases reported to PHA have fallen from around 2,000 to 2,500 cases per day to fewer than 1,000 cases per day, during the last four weeks, (Figure 4). The ONS data are considered the better estimate but both are moving in the same direction.

- The more even distribution of new cases across the population age groups that was seen last month has changed; the rates of self- diagnosed and reported COVID-19 infection have reduced in the under 25s, more so than the rest of the population. The highest rates remain in those aged 30-50 years and lowest rates are now noted in those under 15 years and those 65 years+ (figure 5).
- 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 and the population behavioural changes may differ between age groups.
- **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 in people who were living in care homes over the past 4 weeks (where COVID-19 was noted on the death certificate) fell to 28, compared to 35, for the previous 4 weeks (Figure 6). The numbers are still showing a level of variation but this trend also appears downwards. This will be a reflection of the fewer numbers of care home in outbreaks and residents affected due to community incidence decreasing. Declining community incidence will have also impacted on total mortality which is likewise showing a decline in numbers during the same period, Figure 7. The severity of illness in residents being reported to the duty room relating to care home residents continues to be less than that experienced previously. As indicated in the last review, people can be dying with, not necessarily because of, COVID-19.
- **Hospital admissions :**
 - Hospital admissions remain challenging. Overall, daily admissions to hospital due to COVID-19 had not changed significantly over the previous 12 weeks, until last week or two, when there appears to be a decline in new admissions (incidence) and a clearer decline in total inpatients (prevalence). A peak of 62 was noted on

4 March and a low of 22 on 3rd April; however, daily admissions have followed a see-saw pattern of between 25 and 45 for the majority of the period, so more time is needed to be confident about this trend, (Figure 8).

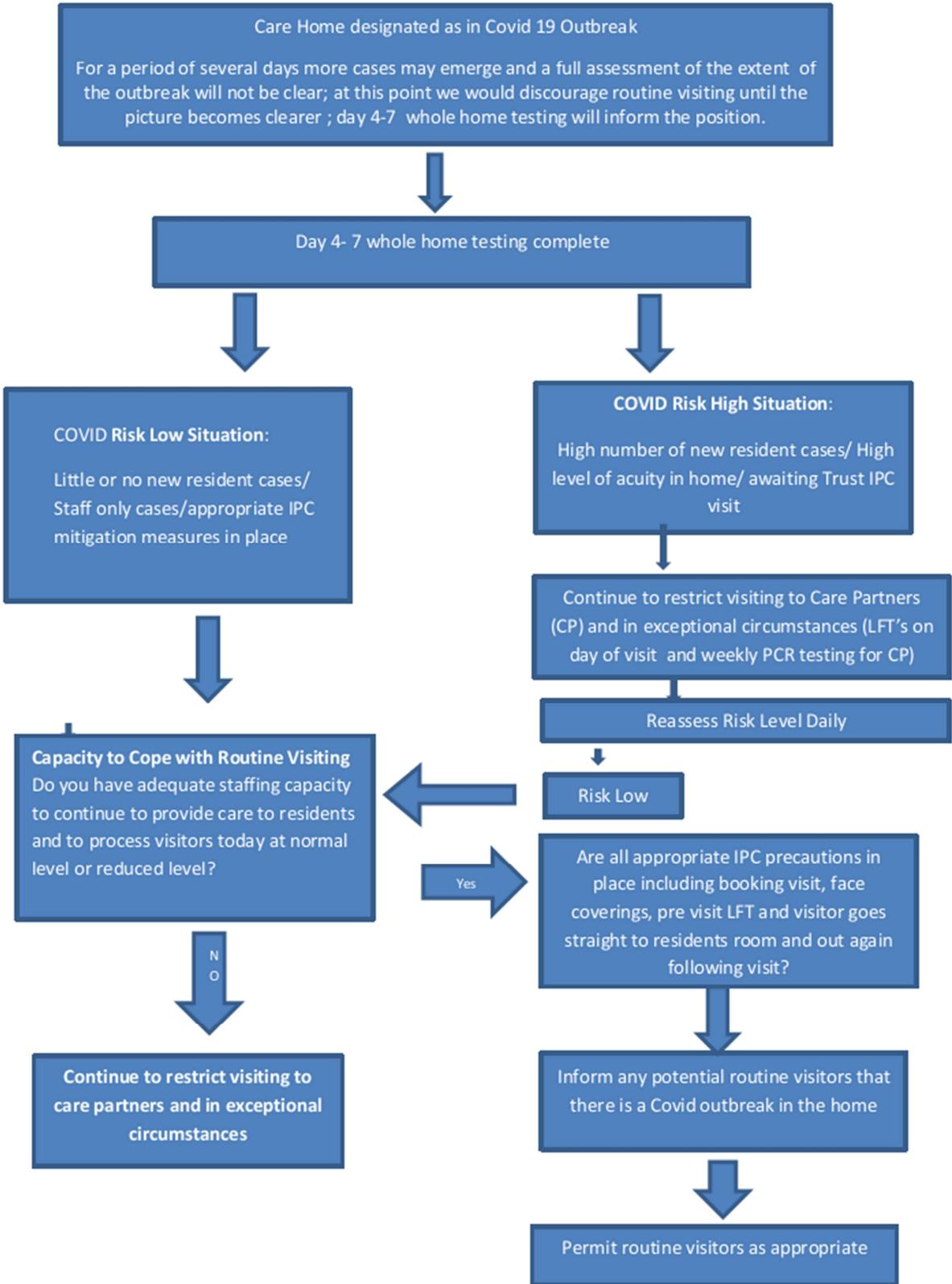
- **Vaccine uptake rates:**

- Vaccination uptake rates have shown a slight increase noted from last month; for residents with booster doses it is 94.2% (last month = 91.3%) (Figure 9); for staff with booster it is 61.5% (last month = 60.0%) and 2 doses it is 81.1% (last month = 80.8%), (Figure 10).
- 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.
- Following a focused communication to care homes with low staff vaccination uptake last month, several information sessions have been arranged for PHA immunisation experts to support individual care homes improve their staff vaccine uptake rates.

- **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 roll out of a further booster (4th dose) to the care home resident population is commencing. Health protection surveillance will continue to monitor these data closely.

Care Home: Visiting In COVID-19 Outbreak: Guidance Algorithm (PHA April 2022)



To note decision to permit routine visitors during a COVID-19 Outbreak will be based on ongoing review

Care Home: Visiting In COVID-19 Outbreak: Guidance Algorithm (effective 2 May 2022)

Implementation

- General visiting should be discouraged until a care home declared in outbreak has received results from Day 4 to 7 testing; this will confirm the extent of the outbreak and inform decision making in relation to facilitating general visiting using the algorithm. To note during this time Care Partners can continue to visit and visiting in exceptional circumstances including end of life should be facilitated.
- On receipt of the above results the Acute Response team in the Duty Room will, if required, work through the algorithm with the care home to inform a risk assessed decision in relation to facilitating general visiting within the care home. To note this may be full visiting or some level of restriction depending on the risk assessment.
- In the event that the assessment identifies a **Low Risk** situation the care home should advise residents and families of the level of general visiting that can be facilitated while ensuring all those who visit are aware of the risk to themselves of contracting COVID -19 and the need to adhere to all IPC measures.
- Where the outbreak is identified as a **High Risk** situation visiting will remain restricted to Care Partners and in exceptional circumstances including end of life.
- The position in relation to general visiting should be reviewed on a daily basis with a focus on facilitating general visiting where possible in order to maintain access to family life for all residents.