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Visiting healthcare inpatient settings during the COVID-19 pandemic

5 June 2020, Version 1

This guidance supersedes and replaces the NHS 'Visitor guidance' dated 8 April 2020. The national suspension on visiting imposed under that guidance is now lifted. Visiting shall instead be subject to local discretion by trusts and other NHS bodies.

The health, safety and wellbeing of our patients, communities and individuals and teams remain our absolute priority.

This guidance provides advice on how NHS organisations may choose to facilitate visiting across healthcare inpatient settings (including mental health, learning disability and autism, children and maternity). Further information on visiting on maternity wards can be found on the <u>Royal College of Midwives website</u>.

This guidance is consistent with NHS advice on <u>compassionate visiting arrangements at end</u> <u>of life</u> and <u>wider government advice on social distancing</u>.

Practical considerations to support visiting

- **Before visiting** the visitor should contact the clinical area to discuss appropriate arrangements.
- The number of visitors at the bedside is limited to one close family contact or somebody important to the patient. However, where it is possible to maintain social distancing throughout the visit, a second additional visitor could be permitted in circumstances including partners of women in labour and a family member for individuals receiving end-of-life care.
- Visitors should be informed in advance about what to expect when they see the patient and, be given practical advice about social distancing wearing personal protective equipment, handwashing and risks associated with the removal of gloves to hold hands.
- Visitors must wear masks or face coverings at all times.

- Anyone showing <u>symptoms of coronavirus</u> should not visit, even if these symptoms are mild or intermittent, due to the risk they pose to others. This is important for <u>infection prevention and control</u>. If you display symptoms of coronavirus you should self-isolate at home and organise a test, members of your household should also self-isolate for 14 days.
- Other people who are in attendance to support the needs of the patient, for example a familiar carer/supporter/personal assistant, should not be counted as additional visitor. Patients may be accompanied where appropriate and necessary to assist with the patient's communication and/or to meet the patient's health or social care needs. Where possible patients should contact the ward or department in advance to discuss local considerations and make appropriate arrangements.
- Where a face-to-face visit is not practical then virtual visits (examples are in included in Appendix A) should be supported and facilitated.

Appendix A: Approaches to virtual visits

- Many organisations are currently looking at their own arrangements for supporting patients to stay in touch with those important to them. They have enhanced family liaison arrangements to provide updates to one close family contact, or somebody important to the patient, and this should be encouraged.
- These local approaches are an important way to offer contact. Organisations can helpfully promote awareness of local arrangements so that staff and volunteers can signpost to these as necessary.
- Successful examples of 'virtual visits' and other arrangements include:
 - arrangements for getting messages to those important to the patient supported by voluntary services
 - central email arrangements and delivery to patients of laminated messages/photographs
 - taking delivery of a phone for patients from their families/friends
 - making internet connected kit available to staff to facilitate contact between patients and the people important to them
 - providing physical symbolic tokens that create physical connection between the patients and the people important to them.
- As they deploy devices as an alternate to face-to-face visiting, organisations will wish to ensure:
 - good infection control and effective cleaning of mobile devices based on wider official <u>infection control guidance</u>
 - potential risks to patient confidentiality are understood and mitigated
 - storage and safe keeping of patients' personal devices is in line with the healthcare settings guidance on safe keeping of property.