

Visiting healthcare inpatient settings during the COVID-19 pandemic: principles

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Visiting is allowed in inpatient settings, in a very careful and Covid-secure way. This guidance supersedes and replaces the earlier guidance: *Clinical guide for supporting visitors during the last week of life during COVID-19* and *Visiting healthcare settings during COVID-19 pandemic*.

Careful visiting policies remain appropriate while coronavirus continues to be in general circulation and organisations can exercise discretion where Covid rates are higher. The health, safety and wellbeing of our patients, communities and staff remain the priority.

This guidance advises on how NHS and other healthcare organisations should facilitate visiting, as far as possible, across healthcare inpatient settings, including mental health, learning disability and autism, children, maternity and hospices. It is consistent with [wider government advice on social distancing](#).

Specific guidance for maternity services are available here, which all providers of maternity services are asked to follow: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/09/par001599-framework-for-the-reintroduction-of-visitors-throughout-maternity-services-sep-2020.pdf>

For visiting in care homes, follow [government guidance](#).

These principles can also be applied in outpatient and diagnostic service settings.

- **Before visiting the visitor should:**
 - **contact the ward/unit/clinical area** to discuss appropriate local arrangements
 - **be informed about what to expect** when they see the patient and be given practical advice about social distancing, wearing personal protective equipment (PPE) and handwashing.

- **Number of visitors at the bedside:**
 - **limited to one close family contact** or somebody important to the patient
 - **where social distancing can be maintained throughout the visit and if there are specific needs that have been agreed with clinical team up to 4 visitors could be permitted:** eg partner's of women requiring support through induction of labour, during labour, as well as in the postnatal period; a family member for individuals receiving end-of-life care; a familiar carer/parent or guardian/supporter/personal assistant - including both parents/guardians where the family bubble can be maintained. Patients may be accompanied where appropriate and necessary to assist their communication and/or to meet their health, religious or spiritual care needs,
 - **Visiting times:** may be staggered to accommodate visiting for all patients.
- **Face coverings:**
 - all visitors must always wear a face covering, including when entering and moving through the healthcare setting
 - visitors will be asked to wear a surgical facemask if visiting a high-risk area or a patient with suspected/known COVID-19
 - **parents/guardians** must always wear a face covering when entering and moving through the healthcare setting and when a healthcare professional is treating their child/young person. If they are with their child and/or young person and within their 'family bubble' in side rooms or physical environments that afford separation, they can remove their face covering.
- **Anyone showing any [symptoms of coronavirus](#)** should not visit. This is essential for [infection prevention and control](#). If visitors display symptoms of coronavirus they should be asked to leave, self-isolate at home for 14 day and organise a test; members of their household should also self-isolate for 14 days.
- NHS trusts are also advised to keep a list of hospital visitors' names and contact details, to aid the NHS Test and Trace teams if contact tracing is indicated
- **Where a face-to-face visit is not practical** then virtual visits (see Appendix A for examples) should be supported and facilitated.
- **Local arrangements for visiting** should be clearly communicated, e.g on organisation websites and through social media.

Additional considerations to support visiting at end of life

This section relates to people who are thought to be in the last week of their life, recognising this can be difficult to determine with accuracy. Sometimes a patient dies very suddenly or

unexpectedly. Families need to be reassured that if they are not present when their loved one dies; staff will always be with and comfort their patient.

Adults who are dying

- A compassionate approach is essential in balancing the importance of close family members (including children) and others important to the dying person being able to spend precious time with them and say goodbye, with the need to manage infection risk and maintain the safety of the visitor, staff and other patients. Organisations should, in conjunction with the local incident team, use their own risk-based assessment to decide to what extent more relaxed visiting arrangements can be facilitated.
- It may be especially important for the dying person (or their family) to receive spiritual, emotional or religious support at this time. This can be assessed and provided by the healthcare chaplain, who is part of the multidisciplinary team, can assess and provide this or contact an external faith leader if required. Provision of the extra practical and emotional support that visitors may need in this situation should be co-ordinated (see Appendix B).
- Staff require training and preparation to sensitively support visitors of people who are dying and support to manage the impact of this on their own wellbeing. Health Education England offers some [practical learning around end-of-life communication](#).
- The principles in this guidance apply to the inpatient healthcare setting. When people are dying in their own home, health and care staff can support by advising on the latest PHE guidance, including handwashing, social distancing and minimising the number of visitors at any one time, to manage infection risk for others in the household. Follow [government guidance](#) for visiting in care homes.

Children and young people who are dying

The same compassionate approach is needed when a child or young person is dying. Healthcare teams always make every effort to ensure that a parent or guardian can be present.

If the parent or carer is suspected of being infected with coronavirus it may be possible to enable visiting by moving the child or young person to a separate location or providing the parent or carer with appropriate PPE. Staff will ensure the parents/guardian are updated if they cannot visit and allow another family member or someone close to the child to visit instead.

Appendix A: Approaches to virtual visits

- Many organisations have enhanced family liaison arrangements to help patients stay in touch with those important to them. These also provide updates to one close family contact, or somebody important to the patient, and should be encouraged.
- Organisations should promote awareness of local arrangements so that staff and volunteers can communicate and signpost to these as necessary.
- Good examples of 'virtual visits' and other arrangements include:
 - passing messages between the patient and those important to them, supported by voluntary services
 - having central email arrangements, with laminated messages/photographs delivered to patients
 - taking delivery of a phone for patients from their families/friends
 - giving staff internet connected kit to facilitate contact between patients and the people important to them
 - providing physical symbolic tokens to physically connect the patients and the people important to them.
- When using devices as an alternative to face-to-face visiting, healthcare settings should consider and ensure:
 - wherever possible, the patient's views on virtual visiting are sought, honoured and documented
 - potential risks to patient confidentiality are understood and mitigated
 - visitors are prepared for what they will see when virtually visiting the care setting
 - good infection prevention and control measures, including frequent cleaning of mobile devices, based on wider official [infection control guidance](#)
 - storage of patients' personal devices in line with the healthcare setting's guidance on safe keeping of property.

Appendix B: Practical advice and support for visitors

- **Prepare** the visitor for what they will see when they arrive in the care setting.
- **Transport:** Visitors should arrange to be driven to and from the hospital by a member of their household, if possible, to minimise the risk of exposure to others. They should avoid using public transport – especially after the visit. Visitors driven by a person close to them may welcome the support that person can give after a visit. <https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers>
- **What to do on arrival** and if required arrangements to escort the visitor to the care setting by the shortest possible route.
- **Personal belongings:** Visitors should bring as few personal belongings as possible with them, e.g. bags, handbags, electronic devices, gifts and food for the patient.
- **Clothing:** Visitors should remove outer clothing, eg their coat or jacket, roll up their sleeves and clean their hands.
- **Personal protective equipment (PPE):** in some settings in addition to wearing a face covering visitors may be required to wear PPE. Staff will guide and support them in this. Going to the toilet and having had a small drink before putting on PPE can help avoid the need to remove it and put it back on during the visit.
- **Reassure** the visitor that they do not need to self-isolate following the visit as by performing hand hygiene and where required wearing PPE they are unlikely to present a risk to those they encounter.
- **Explain any limits to the length of time that the visitor can stay.**
- **Ensure that the visitor knows how to use the call bell** if they need anything or to signal when they want to leave.
- **The visitor may need comfort and support** during or after the visit. If possible, ask if they would like to be accompanied as they walk away from the care setting as this can be a particularly difficult time.
- **Give the visitor information about what will happen when their loved one has died**, including whether they will be able to see them in the clinical setting or in the mortuary and any limitations to that. Signpost them to emotional and spiritual support (chaplains and faith leaders can play an important role here) and bereavement support services.