
Guidance on Visiting Inpatient Units whilst COVID-19 is in general circulation: update June 2022

This guidance sets out the principles of the [current NHSE visiting guidance](#). As with previous versions, local adaptation within services may be applied providing that each of the key principles is followed; frequently asked questions are answered in appendix 1 to assist with this. Visiting in line with the principles set out below will be reviewed as necessary where there is an increased incidence of infection or where continuing with these principles poses a risk to staff or service user safety. Content is subject to change as guidance becomes available from public health bodies.

Exceptions

It may be appropriate to adapt this guidance in specific and individual circumstances following a risk assessment which must include the risk of infection, made by the MDT in consultation with the infection prevention & control team. An example of this is when a service user is receiving care at the end of life.

Any exceptions agreed should follow appropriate infection control principles including the wearing of appropriate PPE and be detailed in the patients care plan.

Exceptions should be agreed with the Head of Operations and Infection Control Team (Mon-Sun 8-4pm) and the on call CSM outside of those hours if the decision requires urgent approval.

Maintaining contact with families and carers where face to face visiting cannot occur

We recognise the importance to service users of maintaining contact with their family, friends, and carers whilst they are in hospital. Where direct visiting is not possible, staff should facilitate other means of communicating, such as telephone, video calls and SMS; all wards should now have the technology to enable this.

Upon admission staff should agree with service users and carers the preferred methods of contact and ensure this is care planned. We have also set up an email address for families and friends to send messages to their loved ones whilst they are in our care. (letterstolovedones.lypft@nhs.net)

Written information is available for families and carers in Appendix 2.

Guiding principles

1. Anyone showing any symptoms of COVID-19 or feeling unwell should not visit. This is essential for infection prevention and control. If any visitor displays symptoms of coronavirus they should be asked to leave and [follow the guidance](#) for people with symptoms of a respiratory infection
2. Visiting should be accommodated for at least one hour per day per service user, and ideally for longer where this can be supported
3. Visiting is limited to two people per service user; this may include a visitor to assist with communication and/or to meet their health, care, emotional, religious, or spiritual care needs
4. It may be appropriate that visiting occurs in an area away from the main ward environment in a well-ventilated space, e.g., an allocated office or room. Where this occurs, local protocol must support a coordinated approach between all wards using this area
5. Visitors to Trust sites must wear a face mask on entry to the building and throughout the duration of the visit. If there is a clinical exception which would otherwise prevent the visit going ahead, advice should be sought from the infection control team and the MDT
6. Local protocols must include a clear process and stated responsibilities for cleaning and ventilating in-between each visit (this can be done by using Clinell wipes to wipe down surfaces and touch points, and opening windows between use)
7. Where bedside visiting is facilitated, ward staff are responsible for ensuring that correct IPC principles are followed by the visitor and service user e.g., PPE is worn (visitor), and hand hygiene before and after contact.
8. Where end of life care is being provided and the service user is expected to die within the next few days it is important that a compassionate approach is taken. This may require flexibility of the guidance and the infection prevention and control team should be contacted to enable this to be safely care planned
9. All visiting should be booked in advance. Contact with the ward must be made to discuss local arrangements and provide information about what to expect on arrival. A record of all visitors including the details below must be kept by the ward and stored confidentially:
 - Date and time
 - Patient being visited
 - Contact details for the purpose of contact tracing

Frequently Asked Questions

1. The guiding principles refer to two visitors. Does this mean just one relative can ever visit, or one at a time?

A local assessment must be made of the individual family's needs and should be agreed with the family. Consideration should be given to elderly visitors or those with additional needs who may require the support of another family member in line with the exceptions section of this document on page 1.

2. What do we do if the patient has, or has recently had COVID 19?

Providing the minimum isolation period has been completed (if within 10 days the service user must have tested negative on 2 consecutive days and meet stepdown criteria) visiting may go ahead. The infection control team can be contacted for further advice if needed.

3. Are the chaplaincy team included in the numbers of visitors allowed?

No, the chaplaincy team are Trust employees and should not have any restrictions to their visits. They are aware of precautions required and the need to only attend ward areas when essential.

4. Can community faith leaders visit the patient?

Community faith leaders can attend the ward under the visiting guidance detailed above. Where there is a special request from family members there should be a discussion with the Trust's chaplaincy team to see if alternative arrangements can be provided.

5. What do we do if visitors refuse to comply with the agreed plan?

Where visitors refuse to adhere to this guidance and the agreed plan, staff should seek support from their Matron or Operational Manager. Discussions should take place with visitors about the risk to staff and other patients of non-compliance. Staff should ensure they have listened to the family and that local resolution /negotiation has been attempted. A warning of the withdrawal of any visiting should be made if non-compliance continues.

6. Are there any other steps we can put in place to support relatives at this difficult time?

Please consider making a clear plan to provide regular updates on the patient's condition via phone for relatives who are unable to attend the ward. Families should be asked to set up their own cascade system so that only 1 call from the ward is required and the possibility of set times for these calls could be agreed in advance. Relatives may appreciate talking to patients via speaker phone or using WhatsApp or Zoom/Skype where this facility is available. **The Trust Patient Advice and Liaison Team are available Monday to Thursday 8-4 and Friday 8-1 and can be contacted on 0800 052 5790.**

Appendix 2

Information about Visiting for Families and Carers during the COVID 19 Pandemic

We recognise how important it is for family and friends to keep in contact with each other particularly when someone is hospital, but we have to carefully balance this with the risk and spread of infection. Therefore, visiting continues under the guidance of NHS England.

We understand how difficult and distressing this must be for you and your family or friend therefore we there are alternative options available for you to keep in touch if you are unable to visit. A member of the ward team will contact you on or immediately after admission to confirm how you can do this and be involved in their care where they have given you consent to do so.

We have Wi-Fi within our units which can facilitate video calls. If your family member or friend does not have access to a phone or laptop the ward staff are able to arrange this. We have also set up an email address for families and friends to send messages to their loved ones whilst they are in our care.

Letters to Loved Ones

We recognise that it is a very difficult for our patients and their families whilst visiting is limited. Not being able to talk to loved ones during this time is very distressing. In addition to the use of web platforms such as zoom, we have set up an email address, for families and friends to send messages to their loved ones whilst they are in our care.

Emails can be sent to letterstolovedones.lypft@nhs.net where the Complaints Team will print them, pop them in an envelope and deliver them for you. To make sure we deliver to the correct person please include the patients full name, date of birth or address, the site they are on e.g. The Mount, and the ward (if known) and any other special requirements (e.g. large print / letter to be read out).

Letters to loved ones will be delivered by the next working day.

Please note we are only able to offer this service Monday-Friday, any letters sent after 2pm on Friday will be delivered on the following Monday.

If you do not have access to an email our PALS team would be happy to write your message down on a card and we will print and deliver this in the same way. PALS can be contacted on Tel: 0800 0525 790.

If you would like to be involved in ward meetings, please let staff know and we will tell you how to do this or if you prefer you can inform the ward team of things you wish to address, and they will update you after.

In some cases, our patients ask that we do not share information with family and friends. We know that this can be very frustrating and difficult, but we can still give general information about the ward and processes and offer support to you.

We know that caring for someone can be very stressful and even more so at this current time, but there is support available. Please speak to the ward team who would be happy to provide you with information about carers support within both our Trust and wider support from Carers Leeds.

We continue to review our visiting arrangements in light of any changes in the national guidance.

