Guidance on visiting inpatient units update June 2023

This guidance sets out the principles of the [current NHSE visiting guidance](https://www.england.nhs.uk/coronavirus/documents/c1606-living-with-covid-19-visiting-healthcare-inpatient-settings-principles/). As with previous versions, local adaptation within services may be applied providing that each of the key principles below 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. Please note since the change to Trust PPE guidance made in June 2023, visitors will no longer routinely be expected to wear a mask when visiting inpatient units (see examples below).

Key Principles (national guidance)

* **Anyone showing any**[[**symptoms of COVID-19**](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection#criteria)](https://www.nhs.uk/conditions/covid-19/covid-19-symptoms-and-what-to-do/) should not visit. This is essential for infection prevention and control.
* **Anyone feeling unwell**, should not visit.
* **Number of visitors at the bedside**:
  + Two visitors
  + Patients may be accompanied where appropriate and necessary to assist their communication and/or to meet their health, care, emotional, religious, or spiritual care needs.
* **Face coverings:**
  + Visitors, parents, guardians, siblings *may* be asked to wear a mask/face covering following a local risk assessment, (e.g., during periods when circulating infection is high) including when entering and moving through the healthcare setting unless medically exempt for which evidence should be provided.
  + visitors, parents, guardians, siblings *will* be asked to wear a surgical facemask if visiting a high-risk area or a patient with suspected/known COVID-19.
* **Where a face-to-face visit is not practica**l then virtual visits should be supported and facilitated.

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 with a respiratory virus is receiving care at the end of life.

Any exceptions agreed should follow appropriate infection control principles for transmission based precautions (IC-0009) including the wearing of appropriate PPE and be detailed in the patients care plan.

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.

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](https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19) 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 generally limited to two people per service user (with exceptions as deemed appropriate by the ward team).
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. Detergent wipes should be available for staff to use on high frequency touch points.
5. Where bedside visiting is facilitated, ward staff are responsible for ensuring that correct IPC principles are followed by the visitor according to infectious activity at the time.

**Appendix 1**

**Frequently Asked Questions**

1. **The guiding principles refer to two visitors. Does this mean just two relatives can ever visit, or two 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.

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

Providing the minimum isolation period has been completed, visiting may go ahead. The infection control team can be contacted for further advice if needed.

1. **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.

1. **Are there any other steps we can put in place to support relatives?**

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.**