Southern Health and Social Care Trust

Quality Care - for you, with you

In-patient Hospital Visiting Policy

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Directorate responsible for document:	Nursing, Midwifery, AHP & Functional Support Services Directorate
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Policy Checklist

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1.0	**New Policy based upon new regional visiting guidelines issued by the Department of Health. Document was shared with Senior Nursing & Midwifery Governance Forum and Trade Union for cascading and comments.**		Grace Hamilton Sharon Love

Contents

1.0 Introduction

The Southern Health and Social Care Trust (SHSCT) Inpatient Visiting Policy has been reviewed and updated to facilitate family presence and ensure that patients' safety is maintained while receiving care within our inpatient wards, while simultaneously helping to prevent and reduce the spread of healthcare associated infections.

The SHSCT acknowledge that family presence is an integral part of Health Care.

Family presence is the ability of a patient's family to be present at the bedside playing an important role in the emotional and physical care of the patient. Family presence can contribute to decision-making, assist with the provision of care and can share information with staff regarding changes in the patients' condition.

Evidence supports that family presence can lead to better health outcomes for patients, improved patient and family experience and better staff satisfaction.

However, the presence of family at the bedside must be understood and balanced with other needs for patient care. These may include, but are not limited to, timely and effective care, rest and sleep, privacy of the patient or any other patients occupying the same area, safety and security, infection prevention and control. As such, patients, families and staff are encouraged to work collaboratively to ensure family presence is balanced with the range of factors that affect the delivery of safe, high quality, patient centred care.

This policy outlines a set of principles to support family presence and visiting within the SHSCT in-patient areas, and is in keeping with the HSC regional 'Enabling Safer Visiting' guidelines.

2.0 Purpose and Aims

The purpose of this policy is to:

- Facilitate family presence
- Improve the experience of our patients and their family/carers/friends
- Support clinical staff and teams to take a flexible, compassionate approach and to manage risks appropriately, including the necessary requirements that must be taken in the event of a ward/setting outbreak or widespread community transmission/increased severity
- Support staff to deliver safe, high quality, patient centred care, whilst respecting the privacy and dignity of patients.
- Improve patient safety by contributing to a reduction in the spread of infection and transmittable diseases

3.0 Objectives of this Policy

The agreed objectives of this Policy are to:

- Maintain patient safety, privacy and dignity whilst receiving inpatient care
- Ensure adequate rest time for patients
- Recognise exceptional and end of life circumstances and support the provision of principle based compassionate care
- Provide information about the SHSCT visiting guidelines and associated Infection Control Prevention requirements for visitors.
- Provide guidance for staff relating to ward/setting outbreaks and widespread community transmission/increased severity
- Reduce, and where possible prevent, the spread of healthcare associated infections and transmissible diseases

4.0 Policy Statement

The SHSCT is committed to the Health & Social Care values, delivering safe, high quality, compassionate care and improving the experience of our patients while in hospital. These values are further reinforced in the Patient and Client Experience Standards (DoH 2008): respect, attitude, behaviour, communication and dignity.

The SHSCT will work to provide a flexible, compassionate approach to visiting and will endeavour to facilitate a safe, secure, healing and supportive environment for patients, their families and visitors. This will be achieved through promoting family presence and managing risk effectively, whilst ensuring patient privacy, dignity, safety and quality of care is optimised.

The SHSCT visiting arrangements will be in line with the DoH regional guidelines – *Enabling Safer Visiting* (Oct 22). Based upon these guidelines, there should be no unreasonable visiting restrictions placed on any patients to prevent them from being able to receive visitors. The regional 'Enabling Safer Visiting, guidelines set out the expectation for how visiting arrangements should be managed in the following circumstances: (Appendix 1)

- In normal circumstances (i.e., where there is no active outbreak)
- During a localised outbreak in a particular ward/setting.
- During a period of wider community transmission or increased severity.

The expectation is that in all cases, the objective will be to maintain visiting in the *'Normal Arrangements'* phase of the visiting grid (Appendix 1).
However, there may be circumstances, be it a localised outbreak, or a spike in either regional or national transmission of infection, which may require the temporary

implementation of some degree of restriction to visiting to protect the vulnerable. In such cases, the purpose of the visiting restrictions introduced should be clear as to whom the measures are protecting and what measures will be needed to allow a return to normal visiting arrangements as swiftly as possible.

As any restrictions to meaningful social interaction can, in themselves, be detrimental to the wider health of patients and of visitors themselves, any such restrictions should be introduced judiciously, for clearly defined purposes and for the shortest possible periods and be proportionate.

- Where any ward/unit management team deems it necessary to apply significant restrictions (any restrictions beyond the arrangement set out in Appendix 1) for a period less than 24 hours, they should be empowered to do so, reporting their decision to the SHSCT senior management immediately. Infection Prevention Control (IPC) teams need to be involved in this decision-making.

- Any such restrictions which are likely to be in place longer than 24 hours and less than 7 days, should be approved by the SHSCT Senior Management Team.

- The SHSCT Senior Management Team should approve any such restrictions which are likely to be in place longer than 7 days, and these restrictions should be reported to the PHA's Health Protection Team.

The extent of any restrictive measures to be applied (in respect of any infectious disease outbreak e.g., COVID-19, norovirus, influenza, mycoplasma, etc.) should be clearly justified by the need to protect patients, visitors and staff from acquiring infectious diseases, while taking account of the many positive benefits to patients' health and well-being offered by facilitating visiting.

When restricted visiting is being contemplated, staff must give consideration to the 'General Principle for Managing Visiting Restrictions' in Appendix 2.

During any episode of visiting restrictions:-

- A dynamic risk assessment (DRA) approach must occur before visiting restriction can be implemented.

- Each patient should have an individualised visiting plan (within their care plan) which is person centred and takes account of individual preferences and needs and balanced against the needs of others in the healthcare setting.

On admission or attendance to any ward, patients and family should be provided with information regarding the SHSCT visiting arrangements (Appendix 3). If a ward has moved to temporary restricted visiting (relating to either ward outbreak or widespread

transmission/increased severity) patients and family/carers/friends must be appraised of the temporary restricted visiting arrangements.

4.1 Alternative visiting arrangement

In addition to the normalisation of visiting, the SHSCT alternative visiting arrangements, Virtual Visiting service will continue (Appendix 4).

5.0 Scope of Policy

This policy is to be implemented by all staff working in in-patient wards, including temporary and agency staff who are working within the these settings

6.0 Responsibilities

Operational Directors:
The operational Directors are responsible for ensuring communication and compliance with this policy across their respective areas of responsibility.

Assistant Directors and Heads of Service:
Assistant Directors and Heads of Service are responsible for:

- Ensuring that clear information on visiting and expectations is available for visitors, patients and staff.
- Ensuring the provision of support to the Hospital at Night Co-ordinator / the Patient Flow Co-ordinator/Ward Sister/Charge Nurse/Nurse in Charge to implement the policy and to address difficult/complex situations and circumstances relating to infection risks and non-compliance with visiting arrangements.

Lead Nurses, Infection Prevention Control Leads, Patient Flow managers, Hospital at Night Co-ordinator, Ward Sisters/Charge Nurses:
Lead Nurses, Infection Prevention Control Leads, Patient Flow managers, Hospital at Night Co-ordinator, Ward Sisters/Charge Nurses, are responsible for:

- Implement and adhere to the principles to support visiting outlined within this visiting policy.
- Assisting in making judgements in respect of Ward/Settings in outbreak and widespread community transmission/increased severity.
- Ensuring that there are processes in place on a ward to notified visitors that this is an outbreak ward, and assist with their decision making process regarding visiting.

- Providing support to ward staff to implement the policy and to deal with difficult and complex situations which may arise.
- Ensuring that hand sanitizer and other Infection Prevention Control requirements are available
- Monitoring and ensuring continual risk assessments of multiple occupancy areas to manage the number of visitors.
- In the event of overcrowding in multiple occupancy areas, ask visitors to rotate.
- Monitoring compliance with this policy.

Nurses

- Promote and support a family presence culture.
- Share in-patient visiting information with patients, their families and friends.
- Monitor overcrowding in multiply occupancy areas and rotate visitors as required.
- Notify visitors if the ward is in an outbreak, and provide information regarding their Infection Control responsibilities if they still wish to go ahead with a visit.
- During visiting restrictions complete an individualised visiting care plan.

All other relevant staff

It is the responsibility of all other relevant staff to familiarise themselves with the contents of this policy and attached key guidelines, adhere to the principles and share information regarding the SHSCT visiting with in-patients, their family and friends.

7.0 Legislative Compliance, Relevant Policies, Procedures and Guidance

- Enabling Safer Visiting. Regional principles for visiting in healthcare facilities in Northern Ireland https://www.health-ni.gov.uk/sites/default/files/publications/health/Enabling%20Safer%20Visiting%20-%20October%202022.pdf
- Care Partner https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-care-partner-leaf-leaflet.pdf
- DoH, Patient and Client Experience Standards: Improving the Patient Client Experience (2008)

8.0 Equality & Human Rights Considerations

This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the SHSCT to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact

on the nine equality categories. The policy has been 'screened out' without mitigation or an alternative policy proposed to be adopted.

Human Rights Considerations

This policy has been considered under the terms of the Human Rights Act, 1998, and was deemed compatible with the European Convention of Human Rights contained in that Act. This policy will be included in the SHSCT register of screening documentation and maintained for inspection whilst it remains in force.

This document can be made available on request in alternative formats, for example Braille, disc, and audiocassette and in other languages to meet the needs of those who are not fluent in English.

Polish:
Zasady te zostaną udostępnione na żądanie w alternatywnych formatach w różnych językach, zgodnie z potrzebami tych, którzy nie władają płynnie językiem angielskim.

Lithuanian:
Ši dokumenta bus galima gauti paprašius alternatyviais būdais ir įvairiomis kalbomis patenkinti poreikius tų kurie laisvai nekalba Anglu kalba.

Portuguese:
Este regulamento estará à disposição em formatos alternativos e em outras línguas, à pedido, com a finalidade de atender às necessidades daqueles que não são fluentes na língua inglesa.

Tetum:
Planu ida ne, iha ho formatu seluk-seluk nebe bele husu, no hakerek mos ho lian oin-oin ba ema sira nebe la hatene lian Inglés.

Russian:
Данный документ может быть предоставлен по требованию в альтернативных форматах и на различных языках для людей, которые не владеют английским языком свободно.

Latvian:
Šie noteikumi ir pieejami pēc pieprasījuma alternatīvā formātā un dažādās valodās, lai apmierinātu tos, kuri nepārvalda angļu valodu.

9.0 Sources of Advice & Further Information

Further advice and information regarding this policy can be obtained from:

- Operational and Professional managers

- The Policy Author and the responsible Assistant Director or Director as detailed on the policy title page, should be contacted with regard to any queries on the content of this policy.

Normalised Visiting Arrangements in Healthcare Settings in NI
The visiting grid outlines the arrangements which should apply in each situation / scenario described.

Appendix 1

Normal Arrangements	Ward/Setting in Outbreak* *Outbreak is defined by evidence of transmission in two or more cases which are likely to have occurred within the setting	Widespread Community Transmission / Increased Severity
The expectation is that visiting should be enabled essentially as it was prior to the pandemic. No additional COVID-19 related restrictions should be applied. This should include the facility for patients to be accompanied to appointments, including to Emergency Departments, by a relative, friend or advocate of their choosing. However, anyone intending to visit or accompany a patient should ensure they meet their responsibilities as outlined in the SHSCT visiting information leaflet – see appendix 3 Visitors should engage with the relevant facility's visiting scheduling system. Infection prevention and control measures need to be maintained including hand washing, appropriate use of PPE etc. Face masks should continue to be used by staff and visitors on a risk assessed basis. This is particularly important in wards/areas where there is known respiratory infection. Formal Care Partner arrangements can be stood down. Details of agreed arrangements to be maintained to provide resilience if they need to be reactivated.	Even where there is an outbreak in a ward or other care setting, visits deemed to be for the patient's benefit should still be able to continue subject to conversations with clinical staff following a dynamic risk assessment. Visitors should be notified that the ward or care setting is in outbreak and be free to decide whether they wish to go ahead with a visit. Visitors should ensure they meet their responsibilities as outlined in the Tru visiting information leaflet – see appendix 3 Where the visitor needs more information to inform this decision, they should be helped to understand their personal risks should they still choose to visit? Infection prevention and control policies and requirements should be applied, as would be the case for any infectious diseases including COVID-19. Visitors should continue to engage with the relevant facility's visiting scheduling system. Infection prevention and control measures need to be maintained including hand washing, appropriate use of PPE etc. Face masks should continue to be used by staff and visitors on a risk assessed basis. This is particularly important in wards/areas where there is known respiratory infection. Care partner arrangements can be reactivated.	Advice on an appropriate response to increased community transmission or increased severity of a circulating infection will be issued by the Department of Health and/or Public Health Agency depending on the nature of the disease presenting, and its severity both to patients and their visitors, and the staff and the wider community. To allow the management of visits, visitors should continue to engage with the relevant facility's visiting scheduling system. Following a dynamic risk assessment (DRA), each ward/care setting may apply additional controls locally. All elements of this DRA should be clearly recorded. Infection prevention and control measures must be maintained, including hand washing and appropriate use of Personal Protective equipment (PPE) as informed by the DRA and informed by the relevant DoH/PHA advice. Care partner arrangements to continue.

Appendix 2

GENERAL PRINCIPLES FOR MANAGING VISITING RESTRICTIONS

While we have now progressed to a point where restrictions around visiting have largely been removed, the visiting grid at Appendix 1 makes provision for the temporary reintroduction of some restrictions in certain, prescribed circumstances. Such restrictions should be introduced judiciously, with the clearly defined purpose of protecting the well-being of patients and their visitors. If restrictions are implemented, there should also be measures in place to return to normal in the shortest possible time.

The following principles should always apply when considering how best to deal with such issues around visiting restrictions:

Responsibility

Everyone, including staff, patients, and family members, has a responsibility to follow all relevant advice and guidance, and to take those actions which will keep our healthcare settings safe.

Safely Balancing Risks of Harm

Visiting or not visiting carries risks of harm and everyone should work together to consider and minimise these risks.

Equitable Access for all Patients

Fairness (or equity) means recognising that patients will have diverse needs or preferences for visiting and supporting these where at all possible, within wider safety considerations for the setting. Equity means giving patients the sufficient contact they need to maintain their health and well-being wherever possible.

Maintaining Wellbeing

When it is found to be necessary to introduce short-term restrictions to visiting, all such decisions should focus on supporting ongoing meaningful contact safely wherever possible, to protect the wellbeing of patients and their loved ones, in line with care needs and the safety of all.

Individualised Approach

Every patient should have an individualised visiting plan (within their care plan) which is person centred and takes account of individual preferences and needs and balanced against the needs of others in the healthcare setting. Any restrictions to meaningful contact must be time-bound and proportionate.

Flexibility

Local flexibility and professional judgment remain key to decision making in complex circumstances. Factors such as the characteristics of the healthcare setting, staffing

availability, outbreak status and required/recommended IPC measures are all variables to consider when deciding on setting-specific policies.

To support a flexible, compassionate approach and to manage risks appropriately, clinical teams should take account that:

- Helping people in hospital to get the vital support they need from family, carers or friends is of paramount importance. This should be done in a way that recognises the balance of risks proportionately and has the rights, wellbeing, and safety of all concerned at its heart.
- All people in hospital should be able to have daily support in-person during their hospital stay.
- The family members visiting and providing support can change to meet the needs of patient or family – there should be no need for an "approved list" of allowable visitors.
- In some cases, the family member providing support may need to be accompanied, for example a child visiting a parent or sibling, or a frail older person, or a disabled person who cannot attend the hospital independently. The presence of the additional person should be facilitated and should not prevent a visit taking place.
- Children will be facilitated to visit in exceptional circumstances following discussion with the nurse in charge.
- No-one who wants to visit a loved one in hospital should visit if they are feeling unwell, even if any test they may have completed is negative.
- Family, carers, or friends attending the hospital to provide support should follow infection prevention and control guidance.
- Physical distancing should be adhered to in communal areas of the hospital wherever possible, but with appropriate infection prevention and control measures in place we expect families to be able to have close contact, such as holding hands, when they are with the person they are supporting. A risk assessed approach should be taken as required.
- A person-centred focus should be adopted. The individual views and needs of each patient and, in the case of someone with incapacity, the views of the Power of Attorney or Guardian, should be central to the decision about who provides this support. If an individual lacks capacity, the principles of the Adults with Incapacity (AWI) Act make it clear that attempts should be made to involve the person in whatever way possible, considering past and present views.
- Individual healthcare professionals and clinical teams should feel empowered to make the right decision to meet the needs of the individual patient and their family in any given circumstance. If in doubt, the default position, subject to the outcome of a dynamic risk assessment, should be to err on the side of compassion and facilitate family contact.
- Recognising the negative impact on patient safety and psychological wellbeing, "blanket" policies for all hospitals, or all patients with particular characteristics, should not be applied. This also recognises the fundamental importance of the right to family life.

- Visiting should not be restricted because of increased hospital activity or staffing challenges. In such circumstances family support is more important than ever.
- Whilst appointments for visitors may be required in some circumstances, for example to manage the number of people in multiple occupancy areas, these should not be compressed into limited time slots within a day. A person-centred approach should be adopted to enable people to attend at a time convenient to them, meeting the needs of the patient, while taking account of the findings of any relevant dynamic risk assessment; and
- Current data on community incidence and prevalence of COVID-19 may impact on visiting arrangements, but this should be balanced with the rights, needs and circumstances of the patient and their family.

Appendix 3

Information for Patients and Families regarding Hospital Visiting	Hospital Visiting Leaflet Nov 22.pdf

Appendix 4

SHSCT ADDITIONAL/ALTERNATIVE VISITING/CONTACT ARRANGEMENTS

Exceptional circumstances (including End of Life care):

It is also recognised that some patients may have specific support and assistance requirements to ensure that their communication or other health and social care needs are met due to a pre-existing condition. Patients with exceptional circumstances / specific needs include; patients receiving end of life care, patients whose condition is assessed by clinical staff as significantly deteriorating, patients with cognitive impairment/learning disability/autism were the absent of a family member causes further distress, woman in labour, children/neonates, patients receiving treatment in critical care settings, patients receiving difficult information about a life-changing illness and patients with visual/auditory impairment who require support to communicate effectively.

To meet the needs of these individuals it may necessitate the presence of a carer or family member outside the normal visiting times/guidelines

In these circumstances the person in charge will discuss the individual's needs with the patient and their carer/family, and as far as possible facilitate their needs.

End of life:

Where patients have been clinically assessed as actively dying, (considered to be the last 72 hours of life) visits should be facilitated over the full 24 hour period wherever possible.

- Local risk assessments should be undertaken to determine the number of visitors permitted to be present at any one time and the total number of visitors within any 24 hour period

Care Partner Agreement

Care Partners are individuals who support patient with specific care and communication needs, such as interpreters and carers (including young carers). Care Partners should be considered to be part of the care team and remains additional to visiting arrangements. Care Partners will however be considered in the total number of people who can safely be accommodated within a specific area at any one time.

It is recognised that as the SHSCT progresses to more normalised visiting arrangements, it may be found that the need for the formal Care Partner arrangements will recede, so it is anticipated that there will be a gradual scaling back of such arrangements. However, given the benefits of the Care Partner

arrangements, these can be reintroduced if the SHSCT has to implement any future visiting restrictions.

Care Partner leaflet STAFF	SHSCT Care Partner STAFF_FINAL PDF.pc
Care Partner leaflet CARER	SHSCT Care Partner CARERS_FINAL PDF.p

Pastoral Care Visiting

- Hospital Chaplains are members of the multi-disciplinary teams providing pastoral support to patients and are not counted in the number of visitors.

- Should a patient wish to have a visit from a Minister of Faith from their own parish / community, such a visit can be accommodated. This visit will not be counted as, or replace a patient's scheduled visit with family/friends. Visiting Ministers of Faith must adhere to the detail of the site's visiting policy with regards to Infection Prevention Control, Personal Protective Equipment and social distancing requirements.

Virtual visiting

- In circumstances were loved one are unable to attend the hospital to visit loved ones, virtual visits can help families and friends stay connected. This service must be booked through the SHSCT Virtual Visiting schedulers (further details are available on the SHSCT webpage). This service also allows for friends and families to organise group calls, or calls from families and friends from all over the world.

Would you like a Virtual Visit - patien

How does it work poster.pdf

Virtual Visiting poster.pdf

Send a message to a loved one

- In addition fiends/relatives can also '*Send a Message to a loved one'* – relatives and friends can forward messages of support to their loved ones via a virtual post box, were staff will download them and deliver/read them to patients. The message must include the patient's full name, hospital site and ward. Virtual post box - virtual.visiting@southernSHSCT.hscni.net