HPFT

Visitor Guidance during COVID-19

Guidance for healthcare professionals

HPFT Guidance

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Version Control

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Version	**Issue Date**	**Review Date**	**Lead Author**	**Approved by**	**Brief Summary of change**
1	15.04.2020		Nick Egginton and Tina Kavanagh	CPAC	
2	05.06.2020		Su Wiggins and Tina Kavanagh		Updated to include NHS E guidance for supporting compassionate visiting arrangements for those receiving end of life care
3	12.06.2020		Tina Kavanagh		Updated to reflect national guidance on visiting issued on 5th June 2020

The following guidance is based on NHS England and NHS Improvement guidance - Publications approval reference: 001559 (updated on 5th June2020)

C0524_Visiting_healthcare_inpatient_setti

and NHS England and NHS Improvement guidance – Guide for supporting compassionate visiting arrangements for those receiving end of life care (11 May 2020)

C0393-clinical-guide-for-supporting-compa

This guidance should be read in conjunction with the Trust Guidance in relation to Patient Leave including S17 Leave (MHA) during COVID-19 outbreak.

Updated visitor guidance

The national suspension on visiting imposed under national 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 service users, communities and individuals and teams remain our absolute priority. visitors and outpatients to hospital settings should wear a form of face covering to prevent the spread of infection from the wearer.

It is important that our service users get to see their family and friends and we will support this as an organisation.

Factors to consider when planning visits:

1. Decisions on limiting visits should be made on an individual basis and based upon active risk assessment, rather than blanket bans. An example may include limiting visits onto a ward if there are COVID positive service users on the ward. Other alternatives to ensure visits can take place may need to be considered in these cases, for example letting visits happen in gardens or other outside spaces where the clinical risk assessment allows for this.

2. Visiting may be facilitated more easily through, for example, arranging a visiting space off the ward, limiting the time of visits, and establishing non-contact rules and reminding service users around social distancing.

3. Service users are to be supported to maintain contact with their family/carer as this is an important part of their recovery. If their visitors are either not able or not allowed to visit them, the reason for this must be explained to the service user. Maintaining contact should be encouraged and other options for keeping in contact should be offered and provided in these circumstances (telephone, Skype, Facetime for example). This is particularly important for those service users who are self isolating on the ward/unit. Visitors may come onto our wards/units following a clinical discussion to determine if it would be safe for this to happen. If this discussion finds that it would not be appropriate for the visit to take place on the ward, alternative means of visiting must be explored. If it is decided that the visit will go ahead then one visitor (an immediate family member or carer) will be permitted to visit on the ward. Visitors will be required to wear face masks at all times.

4. However, in the following situations visits onto the ward will take place as these are exceptional circumstances:

    - The service user they wish to visit is receiving end-of-life care.
    - They are a parent or appropriate adult visiting their child/young person.
    - They are supporting someone with a mental health issue such as dementia, a learning disability or autism, where not being present would cause the service user to be distressed.

    For those service users receiving end of life care a second visitor could be permitted if it is possible to maintain social distancing throughout the visit. The dying person should be asked, where possible, if they would like a visit from a loved one or faith leader. Face masks will need to be worn at all times.

5. Each inpatient area needs to consider individual risk assessment, management plans and care plans as well as practical management measures to ensure a

pragmatic & proportionate response. This needs to be agreed with the Consultant and Nurse in Charge **at the beginning of every shift** to ensure clarity on who has agreed visitors and the management regarding their visit (times, areas etc.). This must be recorded on the shift planner & the Patient Status at a Glance (PSAG) board.

6. **Visitors should be informed in advance** about what to expect when they see the service user and, be given practical advice about social distancing, wearing personal protective equipment, handwashing and risks associated with the removal of gloves to hold hands.

7. Prior to entering the inpatient area, visitors must be asked if they have any symptoms of COVID-19, however mild (new, persistent cough and/or a temperature, a loss or change to their sense of smell or taste) if so, they must be asked not to enter the inpatient area. Signage is critical to support restrictions.

8. **If visitors have someone in their household with COVID-19 symptoms then they must not enter the inpatient area. Wards/units to ask this question prior to any planned visit.**

9. **Visitors who appear to be symptomatic must not be allowed to enter HPFT premises and should be advised to remain at home. An explanation should be given to the person and to the service user should this happen.**

10. Visitors should be asked to consider their transport to the hospital – being driven by a family member of their household would minimise the risk of exposure to others.

11. On arrival the visitor should be escorted through the ward using the shortest possible route.

12. Personal belongings should be kept to a minimum, i.e. bags, electronic devices.

13. If visits are not allowed to happen and alternative means to allow the visit to take place are not practical for whatever reason, this should be raised as a datix and the reasons for not allowing visits discussed at Operational Command.