Classification: Official

Publications approval reference: C1606

Living with COVID-19 - Visiting healthcare inpatient settings: principles

8 March 2022, Version 4. Updates to version 3 are highlighted.

Inpatients in healthcare settings can be more vulnerable to severe illness because of coronavirus (COVID-19). We expect providers to facilitate visits, and to do so in a risk-managed way**. This guidance supersedes and replaces the earlier guidance: *Visiting healthcare inpatient settings during the COVID-19 pandemic: principles***

It is important to recognise the contribution that visiting makes to the wellbeing and the person-centred care of patients; lack of access to visitors causes distress to them and their families.

Visiting policies need to reflect that we are living with COVID-19 in general circulation and should be accommodated for at least one hour per day and ideally for longer. The health, safety, mental health and wellbeing of our patients, communities and staff remain the priority.

This guidance sets out how NHS, and other healthcare organisations, should facilitate visiting across healthcare inpatient settings, including mental health, learning disability and autism, children and maternity. It is consistent with Coronavirus how to stay safe and prevent spread and infection prevention and control guidance.

Specific guidance for maternity services is available here, which all providers of maternity services are asked to follow. For visiting in care homes, follow government guidance.

These principles should also be applied in outpatient and diagnostic service settings and the emergency department where the patient may wish/need to be accompanied by somebody important to them. No patient should have to attend on their own unless it is their personal choice.

Local arrangements for visiting, including an advice leaflet for visitors, should be clearly communicated, e.g., on organisation websites and through social media.

- **Anyone showing any symptoms of COVID-19** should not visit. This is essential for infection prevention and control.
- **Anyone feeling unwell**, should not visit.

- **Where a face-to-face visit is not practical** then virtual visits (see appendix for examples) should be supported and facilitated.

- **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:**
  - all visitors must always wear a mask/face covering, including when entering and moving through the healthcare setting unless medically exempt for which evidence should be provided.
  - 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/siblings** must always wear a mask/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 in side rooms or physical environments that afford separation, they can remove their face covering.
- **Where a face-to-face visit is not practical** then virtual visits (see Appendix for examples) should be supported and facilitated.

Additional considerations to support visiting at end of life

This section relates to people who are ill enough that they could die within the next few days, 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. The healthcare chaplain can assess and provide this or contact an external faith leader if required.).

- 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 infection, prevention and control 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.
- An individualised approach needs to be taken on a case by case basis to manage the balance between compassionate visiting and infection risk management.

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 parents/siblings, guardians, or carers can be present.

- If the parents/siblings, guardians, or carers are suspected of being infected it may be possible to enable visiting by moving the child or young person to a separate location or providing the parents/siblings, guardians, or carers with appropriate PPE. Staff will ensure the parents/guardians are updated if they cannot visit and allow other family members or people close to the child to visit instead.

Appendix: 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. In Intensive Care Units organisations may wish to consider establishing dedicated support teams to facilitate this communication.
- 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 hospital staff and 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.