Visiting healthcare inpatient settings during the COVID-19 pandemic: principles

1 January 2022, Version 3. Updates to version 2 are highlighted

This guidance supersedes the previous version.

Inpatients in healthcare settings can be more vulnerable to severe illness because of coronavirus (COVID-19). We expect and encourage providers to facilitate visits wherever possible, and to do so in a risk-managed way.

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.

Careful visiting policies remain appropriate while COVID-19 continues to be in general circulation and organisations can exercise discretion where COVID-19 rates are higher. The health, safety, mental health and wellbeing of our patients, communities and staff remain the priority. Additional measures are therefore advised to facilitate visiting and healthcare providers are encouraged to actively find ways to ensure that visiting can take place.

This guidance advises on how NHS, and other healthcare organisations, should facilitate visiting, as far as possible, across healthcare inpatient settings, including mental health, learning disability and autism, children, maternity and hospices. 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 can also be applied in outpatient and diagnostic service settings and the emergency department where the patient may be accompanied by one close family contact, or somebody important to the patient, to support the patient with complex/difficult decision making, communication and receiving bad news.

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

• Before visiting the visitor should:
contact the ward/department/service setting to discuss appropriate local arrangements. This should include an individual risk assessment.

- be informed about what to expect when they see the patient and be given practical advice about social distancing, wearing personal protective equipment (PPE) and handwashing.

- take a lateral flow test, regardless of vaccination status and provide proof of a negative result.

• Number of visitors at the bedside:

- limited to one close family contact or somebody important to the patient, e.g., partners of women requiring support through antenatal and scan attendances, induction of labour, during labour, as well as in the postnatal period; a family member or someone important to the patient receiving end-of-life care; a familiar carer/parent or guardian/supporter/personal assistant - including both parents/guardians where the family unit can be maintained (if possible facilitate this within a side room or an area that allows for social distancing).

- Patients may be accompanied where appropriate and necessary to assist their communication and/or to meet their health, emotional, religious, or spiritual care needs.

• Face coverings:

- all visitors must always wear a 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 must always wear a 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.

• Anyone showing any symptoms of COVID-19 should not visit. This is essential for infection prevention and control. If visitors display symptoms of COVID-19 or have a positive test result they should stay at home and self-isolate immediately. If they have symptoms of COVID-19, they should arrange to take a PCR test as soon as possible, even if they’ve had one or more doses of a COVID-19 vaccine.

• Anyone feeling unwell, even if they have tested negative for COVID-19 and are fully vaccinated and have received their booster, should not visit.
• Where a face-to-face visit is not practical then virtual visits (see Appendix B 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. Provision of the extra practical and emotional support that visitors may need in this situation should be co-ordinated (see Appendix C).
• 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 a parent, guardian or carer can be present.
If the parent, guardian or carer is suspected of being infected with coronavirus it may be possible to enable visiting by moving the child or young person to a separate location or providing the parent, guardian or carer with appropriate PPE. Staff will ensure the parents/guardian are updated if they cannot visit and allow another family member or someone close to the child to visit instead.
Appendix A: Patient information on inpatient visiting during the COVID-19 pandemic

Due to coronavirus (COVID-19) we have reviewed arrangements to allow inpatient visiting in a very careful and COVID-secure way. We know it is important for you to visit your loved ones and we have made the following exceptional circumstances where one visitor (a family member or friend) will be permitted to visit. Exceptional circumstances for inpatient visiting are:

- patient receiving end-of-life care
- **partners** of women requiring support through antenatal and scan attendances, induction of labour, during labour, as well as in the postnatal period
- a familiar carer/parent or guardian/supporter/personal assistant
- both parents/guardians where the family unit can be maintained
- patients may be accompanied where appropriate and necessary to assist their communication and/or to meet their health, emotional, religious, or spiritual care needs.

Anyone with a COVID positive test or showing symptoms of coronavirus (a new continuous cough, a high temperature or a loss of, or change in, your normal sense of smell or taste) should not visit, even if these symptoms are mild or intermittent, due to the risk they pose to others. All visitors must wear a face covering and observe good hand hygiene (handwashing) to reduce risks to the visitor, other patients, and staff.

What can I expect when I am visiting a loved one in hospital?

- **You will need to arrange your visit in advance.** Prior to visiting, a member of staff will ask you about any high-risk conditions you or members of your household may have. Depending on your answers, you may be advised not to visit.

- If your visit is agreed, you will be given instructions on where to go and who to ask for on your arrival at the hospital.

- If you are unable to visit in person, please talk to the staff about arranging a virtual visit.

- All visitors must always wear a face covering, including when entering and moving through the healthcare setting. Visitors will be asked to wear a surgical facemask if visiting a high-risk area or a patient with suspected/known COVID-19.

- If you are parents/guardians, you must always wear a face covering when entering and moving through the healthcare setting and when a healthcare professional is treating your child/young person. If you are with your child and/or young person and within your ‘family unit’ inside rooms or physical environments that afford separation, you can remove your face covering.

- **Transport:** you should arrange to be driven to and from the hospital by a member of your household, if possible, to minimise the risk of exposure to others: [https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers](https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers)

- **You should limit the number of personal belongings you bring with you.**

- You should remove your outer clothing, e.g. coat or jacket, roll up your sleeves and clean your hands.
Appendix B: 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.
Appendix C: Practical advice and support for visitors

• **Prepare** the visitor for what they will see when they arrive in the care setting.

• **Transport**: Visitors should arrange to be driven to and from the hospital by a member of their household, if possible, to minimise the risk of exposure to others. They should avoid using public transport – especially after the visit. Visitors driven by a person close to them may welcome the support that person can give after a visit: [https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers](https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers)

• **What to do on arrival** and if required arrangements to escort the visitor to the care setting by the shortest possible route. **Provide proof of a negative lateral flow test result, regardless of vaccination status.**

• **Personal belongings**: You should limit the number of personal belongings you bring with you.

• **Clothing**: Visitors should remove outer clothing, e.g. their coat or jacket, roll up their sleeves and clean their hands.

• **Personal protective equipment (PPE)**: in some settings in addition to wearing a face covering visitors may be required to wear PPE. Staff will guide and support them in this. Going to the toilet and having had a small drink before putting on PPE can help avoid the need to remove it and put it back on during the visit.

• **Reassure** the visitor that they do not need to self-isolate following the visit as by performing hand hygiene and where required wearing PPE they are unlikely to present a risk to those they encounter.

• **Explain any limits to the length of time that the visitor can stay.**

• **Ensure that the visitor knows how to use the call bell** if they need anything or to signal when they want to leave.

• **The visitor may need comfort and support** during or after the visit. If possible, ask if they would like to be accompanied as they walk away from the care setting as this can be a particularly difficult time.

• **Give the visitor information about what will happen if their loved one has died**, including whether they will be able to see them in the clinical setting or in the mortuary and any limitations to that. Signpost them to emotional and spiritual support (chaplains and faith leaders can play an important role here) and bereavement support services.