



Llywodraeth Cymru
Welsh Government

Hospital visiting during the Coronavirus outbreak: guidance

Visiting with a purpose

This guidance will commence from 20 July 2020

This guidance supersedes NHS Wales
visiting guidance of 25 March and 20 April.

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Summary

- To ensure the health and safety of patients/service users and staff our first priority is the prevention and control of infection in healthcare settings.
- In order to comply with the 2 metres social/physical distancing measure it is still necessary to restrict the number of visitors.
- Virtual visiting should be encouraged and supported where possible.
- Face-to-face visiting needs to be agreed in advance and outdoor visits may be offered if appropriate.
- Visiting should be with a clear purpose and agreement for visiting based on the best interests of the patient/service user or the well-being of the visitor.

Guidance

The Welsh Government supports a person-centred, flexible approach to visiting. However, Wales is still in a phase of sustained community transmission of COVID-19 and our first priority is the prevention and control of infection in our healthcare settings. This is to ensure the health, safety and wellbeing of patients/service users, staff and visitors themselves.

[Welsh Government guidance](#) currently states that 2 metres social/physical distance needs to be maintained as one of the key measures to help prevent the transmission of COVID-19. Insofar as possible, this measure needs to be maintained in a healthcare setting. To adhere to the social distancing measure, it is still necessary to restrict the number of visitors in healthcare settings.

The importance of continuing to support the well-being both of patients/service users and their families and loved ones during this difficult time is fully appreciated. It is recognised health boards and trusts have been innovative in finding alternative ways to enable patients/services users to maintain contact with their relatives and friends through virtual visiting using mobile phones, tablets etc and this should continue where possible. There is immense value in cards, phone calls, e-mails, social media as well as video calls.

Therefore, this updated guidance aims to assist health boards and trusts to strike a balance in terms of the visiting principles between allowing **visiting with a purpose** and the clear need to maintain robust infection prevention and control strategies at this stage in the pandemic, for the safety of patients, visitors and staff.

This guidance is being kept under review and will change as the pandemic status alters.

The guidance remains that health boards and trusts should not return to “business as usual” in relation to visiting.

Visiting, with agreement from the ward sister/charge nurse/nurse in charge, can be facilitated as follows; as long as visitors do not have any symptoms of COVID-19 or are recovered from COVID-19 and have not been knowingly exposed to someone with COVID-19 in the past 14 days:

Within non-COVID-19 areas and services

- One parent guardian, or carer at the bedside at a time for paediatric inpatients and neonates.
- Patients who are in the last **days** of their life - this can be up to two visitors at a time, for a specified amount of time, from the same household or part of an [extended household](#). If not from same household or not part of an extended household they should visit the bedside separately and maintain distance outside of the clinical area.
- A birthing partner for women in labour, preferably from the same household or part of an extended household.
- In general, one visitor at a time for a patient with mental health needs, learning disability or cognitive impairment, where lack of visiting would cause distress or it is required as a reasonable adjustment to support access to health assessment or intervention. However the number and frequency of visitors should be considered on an individual basis in light of the patient’s/service user’s needs, care plan and in consultation with their support staff or carer.
- Children and young people may visit a parent/guardian/carer or sibling in a healthcare setting and should be accompanied by one appropriate adult.
- People with long term conditions which necessitate increased length of stay in a healthcare setting or people with specific care and well-being needs that the visitor/carer actively contributes to, for example, feeding, supporting communication needs and supporting rehabilitation. The health and well-being of these patients may benefit from seeing appropriate visitors, as their length of stay is over many weeks. This should be documented in their care plan.

COVID-19 confirmed and possible infectious areas (assessment areas)

- Infection Prevention and Control (IP&C) procedures in these areas must be clear and any visitors must be made aware of the risks and advised of IP&C measures in place including the use of any PPE required during their visit.

- End of life COVID-19 patients may receive visitors during their last days of life, if permission is sought in advance from the ward sister/charge nurse/nurse in charge. This may be up to two visitors, one at the bedside at a time, for a specified amount of time, preferably from the same household or part of an [extended household](#).
- Visitors with underlying health conditions who are shielding should be advised of the risks to themselves.
- All permitted visitors must adhere to hand hygiene and infection control precautions on arriving and leaving the area.

Exceptionality

It is recognised that guidance cannot foresee all requests for visiting nor all patient circumstances. Therefore, health boards and trusts do have the discretion, when operating the guidance, to agree to visiting requests that are not outlined in any of the categories set out above where they are satisfied the benefits to the well-being of the patient or visitor in agreeing a visit outweigh the infection control risks and any other practical difficulties in facilitating access.

Agreeing visits

It is important that **all** visitors have agreement from the ward sister/charge nurse/nurse in charge before travelling for each visit. It may not be possible for visitors to see their loved ones every day and agreement for one visit should not be taken as agreement for further visits. This should be made clear to the visitor.

Staff should treat all requests from visitors with compassion and empathy whilst ensuring the patient's best interests are met. Face-to-face visiting should be with a purpose ie not just a social occasion. It is to improve the well-being and aid the recovery of a patient or benefit the well-being of a visitor e.g. a visit from a young person who is distressed at not being able to see their parent, guardian or carer.

Advice can be sought from the Infection Prevention and Control team if required. All visits need to be risk assessed and Annex 1 provides a checklist of questions to aid decision-making for visits.

Outdoor visits for patients not known to be infected with COVID-19

Scientific evidence suggests that the virus survives less well in sunlight. This means that the risk of transmission is thought to be greatly reduced when outdoors.

If health boards and trusts are in a position to support outdoor visits, for example in the grounds or gardens of the healthcare setting, such visits should be made in

accordance with [Welsh Government guidance](#). Visitors should maintain the 2 metres distance from patients/service users, staff and other visitors at all times.

Health boards and trusts may offer outdoor visits if they feel in certain circumstances that such visiting arrangements would be appropriate and possible to arrange.

Annex 1 provides a checklist to aid staff in considering visits.

Accompanying patients to scheduled healthcare appointments

It may be necessary for visitors to accompany patients/service users to scheduled appointments in a healthcare setting. This may be in the following situations, which are by no means exhaustive:

- Individuals with a mental health issue, dementia, a learning disability or autism, where not being accompanied would cause the patient/service user to be distressed. Where possible, visits for such service users should be considered on an individual basis in light of the patient's/service user's needs, care plan and in consultation with their support staff or carer.
- Individuals with cognitive impairment who may be unable to recall health advice provided.
- Where the treatment/procedure is likely to cause the patient distress and the visitor can provide support.

Appointment letters and websites should provide advice and contact details for visitors to request approval to accompany patients (where appropriate). The letters may include advice on:

- The need to adhere to social/physical distancing as well as hand hygiene and infection control precautions on arriving and leaving the appointment.
- Visitors who have received a shielding letter from the Chief Medical Officer for Wales should not accompany patients unless essential. They will need to wear a medical mask as set out in the 14 June [Chief Medical Officer's advice on face masks](#).
- Visitors who are not shielding may choose to wear a [face covering](#), particularly if they are in a vulnerable group.

All requests to accompany patients need to be risk assessed and Annex 1 provides a checklist of questions to aid decision-making for visits. Guidance on accompanying pregnant women to pre-planned antenatal appointments is provided at Annex 2.

Accompanying patients to unscheduled healthcare appointments

It may also be necessary for visitors to accompany patients/service users to unscheduled appointments, for example to Emergency Departments. If via ambulance this will need to be at the discretion of ambulance/emergency department staff and requests should consider the individual patient's/service user's needs and the support which can be provided by the visitor to help them understand their treatment and/or alleviate their distress.

Considerations for visiting in non-COVID-19 healthcare settings

Staff should treat all requests for face-to-face visits with patients compassionately and with empathy whilst ensuring the patient's best interests are met. Indoor visiting should always be by appointment for one visitor at a time for a limited time period unless the patient/service user is in the last days of their life.

Consideration should be given as to whether or not outdoor visiting is an option for the patients. If it is, an offer should be made for outdoor visiting in accordance with [Welsh Government guidance](#).

All requests and offers for visits need to be risk assessed and the following considerations will aid decision making:

- Does the patient/service user meet the exceptions to visiting for patients not infected with COVID-19?

If not:

- Is the request for visiting with a purpose? ie not a social occasion but to improve the well-being and aid the recovery of a patient or benefit the well-being of a visitor?
- Would the patient's/service user's health and well-being benefit from seeing an appropriate visitor?
- Is the patient/service user COVID-19 free and placed on a COVID-19 free ward?
- What is the COVID-19 situation in the healthcare setting? Visiting will need to be suspended if an outbreak or increased numbers of patients with symptoms of COVID-19 (or other infection) occurs in the healthcare setting.
- Has the patient/service user already received a face-to-face visit from another relative? Visits should preferably be with people from the same household or part of an [extended household](#) and ideally be limited to one household/extended household in any given week, however visiting arrangements should take into account individual circumstances - multiple adult children may each be living in separate households for example. The aim here is to limit the number of contacts as far as possible whilst ensuring compassionate arrangements for visiting.

Practicalities and location of visit

- Has provision been made to ensure all chairs and equipment are cleaned between visits?
- Can hand sanitiser be provided for the visitor at a fixed point?

- Can the visit be facilitated outdoors, such as a garden?
- Do staffing levels support outdoor visiting?
- If the visit cannot be facilitated outdoors, is there a separate side room in the healthcare setting which can be used?
- How will the visitor safely journey from the car park through the building to and from the patient's/service user's location?
- For outdoor visiting, consider how the visitor will safely journey from the car park to the outdoor location.
- Is there sufficient signage to the patient's/service user's indoor or outdoor location as well as social distancing reminders?
- Will the visitor need to be escorted to the patient's/service user's indoor or outdoor location?
- Have any other visits been arranged at the same time in the side room or outdoor location?
- Is there facility for a designated, well sign-posted "visitor toilet" near to the visiting location?
- How will visitors of different patients/service users be managed to prevent too many visitors at one time in a location.

Questions to discuss with the visitor

- Has the visitor considered other methods to maintain regular contact with their loved one? For example, phone calls, e-mails, social media and video calls.
- Is the visitor self-isolating? Do they have COVID-19 symptoms? People who have COVID-19 symptoms or are required to self-isolate, including as an identified contact of a positive case under Test, Trace and Protect Strategy must stay at home and are not permitted to visit.
- Does the visitor understand that if they arrive and are displaying any symptoms consistent with COVID-19 they will be asked to leave immediately?
- Does the visitor understand that visiting may have to be suspended if an outbreak or increased numbers of patients with symptoms of COVID-19 (or other infection) occurs in the healthcare setting?
- Does the visitor understand that agreement for this visit does not mean they may see their loved one every day? Agreement will need to be sought for subsequent visits.
- Is the visitor able to travel to the healthcare setting?

- Does the visitor understand the need to maintain the 2 metre social distance from patients/service users, staff and other visitors at all times in the healthcare setting or outdoor location?
- Does the visitor understand that they will need to listen and adhere to staff advice on hand hygiene and infection control precautions on arriving and leaving the area?
- Does the visitor intend to bring a young child or toddler? This should be discouraged due to the difficulty of maintaining social distancing.
- Has the visitor received a shielding letter from the Chief Medical Officer for Wales? Shielded visitors are not advised to visit unless they absolutely have to attend hospital to visit a loved one, for example if a relative is in the last days of their life.
- Does the visitor understand they will need to wear a [medical mask](#) if they have received a shielding letter from the Chief Medical Officer for Wales and the visit is essential? This is set out in the 14 June [Chief Medical Officer's advice on face masks](#). Visitors who are not shielding may choose to wear a [face covering](#), particularly if they are in a vulnerable group.
- Does the visitor understand that food and drink may not be shared and gifts/flowers are discouraged?
- Does the visitor to the outdoor location understand that they may not enter the healthcare setting unless they wish to use the designated "visitor toilet"?
- Does the visitor understand that outdoor visits are weather dependent and may be cancelled at relatively short notice if there is no alternative visiting area?

Principles for pregnant women attending pre-planned antenatal appointments in Wales

To commence from 20 July

Previous guidance on visiting to maternity hospital settings during the COVID-19 pandemic has been that a woman could be accompanied by one birthing partner and only during active labour and at birth. However, evidence not only supports the presence of birth partners in labour and birth in improving outcomes for women and infants but also highlights that infant bonding and attachment with parents, increases in the periods around birth. Also, we are aware that lack of opportunities for partners to attend appointments such as ultrasound scans have caused distress for families at this time.

This paper outlines guidance for pregnant women attending hospital settings for specific pre-planned antenatal appointments.

The guidance outlines situations where the woman can be accompanied by her partner/nominated other. This guidance cannot foresee all requests for accompanying pregnant women and reference should be made to the exceptionality paragraph in the main guidance.

The revised guidance is applicable to women when attending the maternity hospital for the following reasons:

- 12-week pregnancy dating scan
- early pregnancy clinic
- anomaly scan
- attendance at Fetal Medicine Department;

Key policy principles

Women can be accompanied by their partner or nominated other, preferably from the same household or part of an [extended household](#), to any of the above except in outbreaks of the COVID-19 pandemic in a hospital setting. There may be occasions in individual health boards that visiting, for specific reasons, may be limited further than outlined in this guidance. This will most likely be to reduce the number of people in any one area to comply with social distancing rules. In this scenario, clear explanations will be given to women and their partner/nominated other.

Members of the public who are experiencing the symptoms associated with COVID-19 should not visit maternity hospitals. Pregnant women with symptoms of COVID-19, or have tested positive or are self-isolating, should be advised to phone their maternity service to discuss the rescheduling of their appointment.

Appointment letters and health board websites should provide advice and contact details for visitors to request approval to accompany patients (where appropriate). The letters may include advice on:

- The need to adhere to social/physical distancing as well as hand hygiene and infection control precautions on arriving and leaving an appointment.
- Visitors who have received a shielding letter from the Chief Medical Officer for Wales should not accompany patients unless essential. They will need to wear a medical mask as set out in the 14 June [Chief Medical Officer's advice on face masks](#).
- Visitors who are not shielding may choose to wear a [face covering](#), particularly if they are in a vulnerable group.

Consideration should be given to the principles in the main guidance on accompanying patients to scheduled healthcare appointments. This may be in the following situations, which are by no means exhaustive:

- Women with a mental health issue, a learning disability or autism, where not being accompanied would cause them to be distressed.
- Women with cognitive impairment who may be unable to recall health advice provided.
- Where the treatment/procedure is likely to cause the woman distress and the partner/nominated other can provide support.

All requests to accompany patients need to be risk assessed and Annex 1 provides a checklist of questions to aid decision-making for visits.