

Visiting Guidance to Adult Inpatient Wards during Covid-19 Pandemic Standard Operating Procedure

V1.0

July 2021

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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We cannot rely on opt out, it must be opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the *Information Use Framework Policy* or contact the Information Governance Team

rch-tr.infogov@nhs.net

1. Introduction

- 1.1. This section should provide an overview of the importance and role of the subject covered by the document. If the document is created in support of a parent procedure then this should be referenced.
- 1.2. Visiting arrangements are aimed at ensuring the health, safety and wellbeing of our patients, communities, individuals and teams; remains our absolute priority.
- 1.3. The best way to prevent the spread of the Covid -19 has been to reduce social contact and follow good hygiene practices (Hands, Face, Space), therefore reducing footfall into clinical areas to protect patients and staff by reducing opportunity for the transmission of the virus within the hospital setting.
- 1.4. As lockdown restrictions are relaxed it has been deemed appropriate that the opportunity for people to visit patients in hospital is increased.
- 1.5. This policy outlines how the Trust will introduce visiting whilst maintaining the health and safety of patients, staff and visitors.

2. Purpose of this Standard Operating Procedure

- To provide a safe opportunity for patient visiting.
- To improve the wellbeing and experience of patients in the adult inpatient areas.
- This document applies to all adult inpatient areas within the Royal Cornwall Hospitals NHS Trust.
- This policy does not apply to wards that are closed as a result of an outbreak or is a designated Covid-19 ward and admissions areas (ED, AMU, Theatre Direct).

There are separate processes for paediatrics and maternity visiting and these are not covered in this document.

3. Ownership and Responsibilities

3.1. *Role of Executive Triumvirate/ On-call Executive*

- To approve visiting requests in exceptional circumstances

3.2. *Role of the Care Group Triumvirate*

Care Group Triumvirate is responsible for:

- Ensuring processes are in place to implement this policy
- Ensuring all staff are aware of the content of the policy
- Distribution of the QR codes to inpatient areas

3.3. Role of Matrons

Matrons are responsible for:

- Overseeing the implementation and compliance of this policy

3.4. Role of Ward Leaders and Ward Colleagues

- Ensuring the named visitor and details for each person is recorded on the visiting care plan (CHA4581)
- Ensuring that the risk assessment is completed for each visitor.
- Encourage and promote patients to wear surgical face masks where possible.
- Ensuring that visitors are directed to hand hygiene facilities and appropriate PPE on arrival.
- Ensuring QR codes are displayed outside each bay.
- Ensuring that visiting is coordinated so that only two visitors at any one time are in a bay.
- Ensuring that each bed has a designated visiting time and that the patient is informed of this time on admission.
- Ensuring that each patient visit is no longer than one hour (exceptional circumstances excluded).
- Ensuring appropriate cleaning practices are in place following each visit.

3.5. Role of Visitors

- Visitors will undertake lateral flow testing prior to visiting
- Visitors will not visit if they have been:
 - in contact with someone who has had confirmed Covid-19 in the last 14 days
 - told to isolate by NHS Track and Trace
 - returned from an amber or red country within the last 10 days.
 - Or experiencing any of the symptoms associated with possible Covid-19
- Visitors to wear appropriate PPE as a minimum a surgical face mask
- Visitors to scan the QR code at the entrance to each bay. Where this is not possible they will be expected to provide their contact details.
- Visitors to sit on the visitor chair provided and not the patient chair – see appendix 4.
- Visitors to attend on time for their allocated visit (no more than 5 minutes before).
- Visitors will not bring any unnecessary items for the patient including food and drinks.

4. Standards and Practice

- 4.1. **All patients** will be allowed **one named visitor** for the duration of their hospital stay whilst on the adult in-patient wards (admitting areas are not included); unless exceptional circumstances arise (see below).
- 4.2. Visitors should contact the clinical area the day before if possible to arrange the visit so that this is approved **BEFORE coming to hospital**.
- 4.3. The Trust strongly advises that the named visitor undertakes lateral flow testing which must be recorded on the [national testing database](#). If visitors are unable to do this, the patient may need to consider an alternative named person.
- 4.4. Even if the visitor has had a negative lateral flow test, **they must not visit** if they have been:
 - in contact with someone who has had confirmed Covid-19 in the last 14 days
 - told to isolate by NHS Track and Trace
 - returned from an amber or red country within the last 10 days.
 - Or experiencing any of the symptoms associated with possible Covid-19
- 4.5. Visits will be for **no longer than 1 hour** each day, at a time agreed by the ward team. There should be no more than two visitors in a bay at the same time. See allocation sheet to see suggested times of visit for each bed space.
- 4.6. If the visitor is late for their allotted time, the visiting hour will still finish at the allocated time and not extended.
- 4.7. Bed spaces will be set out to comply with social distancing.
- 4.8. Visitors must be directed to use the appropriate hand hygiene facilities **before and after visiting**.
- 4.9. Appropriate PPE, specifically a surgical facemask, must be worn (face coverings are not acceptable).
- 4.10. If visitors do not comply with Infection Prevention and Control guidance they will be politely asked to leave the site.
- 4.11. The visitor care plan (available on forms to print) should be completed and inserted into the patient record to allow contact tracing should the need arise. If the care plan cannot be located please record visitor details in the patient record.
- 4.12. Where QR codes are displayed visitors are requested to scan.
- 4.13. Prior to visiting visitors will be expected to use the public facilities as these will not be available on the ward.

4.14. Exceptional Circumstances

Patients at End of Life

- 4.14.1. Patients who are at the end of their life may have increased visiting with the number of visitors limited to 3 close family members, can be increased at the discretion of the ward leader to a maximum of 4 (from within the same social bubble).
- 4.14.2. Only one visitor to be allowed at time for an hour, but more than one visitor can attend within a 24 hour period.
- 4.14.3. Exceptional circumstances may present for those patients who are at the end of their life where more than 4 people may be considered and the length of time of each visit extended. These cases must be assessed by a member of the Care Group Triumvirate / senior leadership team and approved by one member of the Executive Triumvirate or out of hours the Executive on call.

4.15. Additional exceptional circumstances

- 4.15.1. Exceptional circumstances may arise where patients who require extra support with care, cognition etc. These cases must be assessed by a member of the Care Group Triumvirate / Senior Leadership Team and approved by one member of the Executive Triumvirate or out of hours Executive on Call.
- 4.15.2. Compassionate visiting where it is important to the emotional wellbeing of the patient, including receiving difficult or complex news. These cases must be assessed by a member of the Care Group Triumvirate / Senior Leadership Team and approved by one member of the Executive Triumvirate or out of hours Executive on Call.
- 4.15.3. In all situations there should only be 2 visitors in a bay at any one time.

5. Dissemination and Implementation

- 5.1. To be disseminated via Trust wide communication.
- 5.2. An electronic record of the policy will be uploaded onto the Trust's document library.

6. Monitoring compliance and effectiveness

Element to be monitored	The number of visitors in a bay at any one time
Lead	Clinical Matron
Tool	Observations during the ward visits
Frequency	During each visit if this coincides with visiting times
Reporting arrangements	By exception to the Head of Nursing/Care
Acting on recommendations and Lead(s)	Head of Nursing/Care group will escalate any concerns that cannot be resolved within the Care Group to the Deputy Director of Nursing Midwifery and AHPs and Interim Director of Operations.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within an identified time frame dependent on the issue raised. A lead will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders

7. Updating and Review

This document will be reviewed in six months' time and as and when any new national guidance is issued

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Visiting Guidance to Adult Inpatient Wards during Covid-19 Pandemic Standard Operating Procedure V1.0		
This document replaces (exact title of previous version):	New		
Date Issued/Approved:	July 2021		
Date Valid From:	July 2021		
Date Valid To:	June 2024		
Directorate / Department responsible (author/owner):	Louise Dickinson, Deputy Director of Nursing Midwifery and AHPs DIPC		
Contact details:	08172254969		
Brief summary of contents	This policy outlines how the Trust will introduce visiting whilst maintaining the health and safety of patients, staff and visitors.		
Suggested Keywords:	Covid-19, visiting		
Target Audience	RCHT ✓	CFT	KCCG
Executive Director responsible for Policy:	Dual Executive Director of Nursing Midwifery and AHPs		
Approval route for consultation and ratification:	Covid-19 Incident Command and Control		
General Manager confirming approval processes	Robin Jones, Deputy Chief Operating officer		
Name of Governance Lead confirming approval by specialty and care group management meetings	Louise Dickinson, Deputy Director of Nursing/Consultant Nurse DIPC		
Links to key external standards	Regulation 12		
Related Documents:	None		
Training Need Identified?	No		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only
Document Library Folder/Sub Folder	Clinical / Corporate Clinical		

Version Control Table

Date	Version No	Summary of Changes	Changes Made by <i>(Name and Job</i>
7 th July 2021	V1.0	Initial issue	Louise Dickinson Deputy Director of Nursing Midwifery and AHPS

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment Form						
Name of the strategy / policy /proposal / service function to be assessed Visiting Guidance to Adult Inpatient Wards during Covid-19 Pandemic Standard Operating Procedure V1.0						
Directorate and service area: Corporate Clinical			Is this a new or existing Policy? New			
Name of individual/group completing EIA Louise Dickinson, Deputy Director of Nursing/Consultant Nurse DIPC			Contact details: 01872254993			
1. Policy Aim Who is the strategy / policy / proposal / service function aimed at?		This policy aims to re-introduce visiting to all adult in patient areas.				
2. Policy Objectives		To ensure there is a robust process in place to comply with track and trace requirements. To improve the wellbeing and experience of patients in the adult inpatient areas.				
3. Policy Intended Outcomes		All patients will be allowed one named visitor for the duration of their hospital stay whilst on the adult in-patient wards (admitting areas are not included); unless exceptional circumstances arise				
4. How will you measure the outcome?		Matrons will monitor how the visiting processes are being managed via their daily ward visits.				
5. Who is intended to benefit from the policy?		Visitors and staff				
6a). Who did you consult with?		Workforce	Patients	Local groups	External organisations	Other
		x			x	
b). Please list any groups who have been consulted about this procedure.		Please record specific names of groups: Executive Teams RCHT/CFT Clinical Practitioner Cabinet				
c). What was the outcome of the consultation?		Approved.				

7. The Impact				
Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.				
Are there concerns that the policy could have a positive/negative impact on:				
Protected Characteristic	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		X		Restricted visiting may impact on older vulnerable patients however this could be addressed utilising best interest visits where required.
Sex (male, female non-binary, asexual etc.)		X		
Gender reassignment		X		
Race/ethnic communities /groups		X		
Disability (learning disability, physical disability, sensory impairment, mental health problems and some long term health conditions)		X		Restricted visiting may impact on vulnerable patients however this could be addressed utilising best interest visits where required.
Religion/ other beliefs		X		
Marriage and civil partnership		X		
Pregnancy and maternity		X		
Sexual orientation (bisexual, gay, heterosexual, lesbian)		X		
<p>If all characteristics are ticked 'no', and this is not a major working or service change, you can end the assessment here as long as you have a robust rationale in place.</p> <p>I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.</p>				
Name of person confirming result of initial impact assessment:			Louise Dickinson, Deputy Director of Nursing/Consultant Nurse DIPC	
<p>If you have ticked 'yes' to any characteristic above OR this is a major working or service change, you will need to complete section 2 of the EIA form available here:</p> <p>Section 2. Full Equality Analysis</p> <p>For guidance please refer to the Equality Impact Assessments Policy (available from the document library) or contact the Human Rights, Equality and Inclusion Lead india.bundock@nhs.net</p>				

Appendix 3. Example of booking form

Visitor Booking Form			
Ward Name:		Date:	
<i>Only 2 individual visitors to each bay at any one time and must be to patients in beds on opposite sides.</i>			
Time	2-3pm	3-4pm	4-5pm
Bay A			
Bed 1			
Bed 2			
Bed 3			
Bed 4			
Bed 5			
Bed 6			
Bay B			
Bed 1			
Bed 2			
Bed 3			
Bed 4			
Bed 5			
Bed 6			
Bay C			
Bed 1			
Bed 2			
Bed 3			
Bed 4			
Bed 5			
Bed 6			
Time	2-3pm	3-4pm	4-5pm
Bay D			
Bed 1			
Bed 2			
Bed 3			
Bed 4			
Bed 5			
Bed 6			
Side Room			
1			
2			
3			
4			

Appendix 4. Bed space Layout to support safe visiting



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Bed space layout for visiting

