

Chief Nurse Directorate

COVID-19 PANDEMIC INTERIM VISITING POLICY

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Northern Lincolnshire and Goole NHS Foundation Trust actively seeks to promote equality of opportunity. The Trust seeks to ensure that no employee, service user, or member of the public is unlawfully discriminated against for any reason, including the “protected characteristics” as defined in the Equality Act 2010. These principles will be expected to be upheld by all who act on behalf of the Trust, with respect to all aspects of Equality.

1.0 Introduction

- 1.1** This aim of this policy is to provide guidance for staff to enable a safe and compassionate approach to visiting during the continued Covid-19 Pandemic. Updated national guidance from NW NHS England “Visiting Healthcare in-patient settings during the Covid-19 pandemic” (June 2020) provides the supporting framework of this policy alongside the CQC Supportive Emergency Framework July 2020 and the latest NHSI Infection Prevention and Control guidance, August 2020.
- 1.2** Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) continues to be focused on a safe approach to visiting during the Covid-19 restrictions, understanding that the experience of patients and families remains vitally important to any decisions made.

2.0 Background

- 2.1** Following the initial restrictions nationally, the Trust facilitated restricted visiting for some key groups of patients:

- End of life
- Patients with additional support needs such as dementia, a learning disability or autism, where not having a carer present would cause the patient distress
- Vulnerable patients who may need to be accompanied to assist with communication and/or the persons health or social care needs
- Supporting pregnancy anomaly scans at 20 weeks, also for women giving birth
- In paediatrics one parent has been allowed to be present with their child all the time
- This was then also extended to include patients who are struggling with isolation and separation

- 2.2** In November 2020, following feedback from staff, the additional key group of patients has been added to this policy for facilitating restricted visiting:

- Deteriorating patients – All patients whose condition is deteriorating with uncertain outcome should have a facilitated visit offered to their next of kin’. This will avoid a call being too late if end of life is a rapid outcome of the deterioration. This is particularly important in covid-19 patients as experience has suggested deterioration can be rapid.

- 2.3** This restricted visiting has been supported by a risk based assessment (Appendix A) for those people wishing to visit in the aforementioned circumstances, along with information and guidance on the correct usage of personal protective equipment (PPE).
- 2.4** The trust has continued to review the visiting arrangements on a regular basis and discussed at Executive Level meetings. The trust has worked hard to ensure we have continued to provide visiting during the pandemic period.
- 2.5** It should also be noted that we will continue to review our visiting guidance alongside national guidance and local outbreak information, it maybe that we have to change our visiting at short notice, but we will continue to have a regular review and oversight of our arrangements.

3.0 Purpose

- 3.1** As the Covid-19 Pandemic has progressed, the Trust has undertaken regular reviews of its approach to visiting, which have included actively seeking the views of its patients and staff as well as other available feedback from patients, families and the public.
- 3.2** Reviewing the risks and challenges of the re-opening of visiting has been a difficult and complex task. The trust has had to consider the mental health and relationships of people at some of the most vulnerable times of their lives and then balance this with affording the same vulnerable people in our care with protection from harm whilst in hospital, including keeping our staff safe. Considering the significant concerns of our workforce has also been a factor, following a period of intense vigilance through the height of the pandemic, reducing risk to an absolute minimum, the process of re-introducing a less controlled environment into the hospital setting must be managed carefully to maintain staff engagement and the sense of a safe workplace.
- 3.3** As we have seen an increase in the incidence of covid-19 locally, with the introduction of a national lockdown, the changes to visiting which included the piloting of extended visiting have had to be stopped and will be reviewed again when we see a reduction in the cases of people with covid-19.

4.0 Area

The scope of this document is the interim of the visiting policy at NLAG during the Covid-19 pandemic.

5.0 Virtual Visiting

5.1 The enhanced use of electronic tablets within the Trust continues to provide the safest interaction for patients and families. Every ward area within the Trust has access to a device to enable patients to communicate via a video call, with those they choose to contact. Families can also request these calls via the generic email account advertised on the website. These are supported by the Patient Experience Feedback Team during ward visits.

5.2 The majority of ward areas have access to Hospedia media system which has a telephone module offering free incoming calls for families. Ward teams will support patient access to this as required.

6.0 In-patient Visiting

6.1 Facilitating Visiting On Site

6.1.1 Facilitating visiting on site requires a safe and compassionate approach from all involved. To ensure the safety of staff, patients and visitors the following have been considered in the decision making process of this change:

- Ability to ensure social distancing within the ward areas
- Reduction of the risk of clustering at key entrances and exits
- Capacity of ward staff to oversee visitor PPE usage

6.1.2 Communication should be clear to those in the following groups that onsite attendance is not permitted:

- Any persons who have had a positive Covid-19 swab in the last 2 weeks
- Anyone who is isolating as a contact of someone who is Covid-19 positive
- Anyone who has been contacted by Test and Trace to say they are a contact of a Covid-19 positive patient
- Anyone with symptoms of Covid-19
- Anyone who is shielding due to anticipated surgery
- If any local or national lockdown restrictions are in place that do not support patient visiting

6.1.3 Guidance regarding the visiting of the special groups in section 2.0 will remain unchanged.

6.2 Precautions for Visitors

The following infection prevention and control measures will be clearly communicated to all those attending for onsite visiting:

- Undertake hand hygiene and a face covering on entering the building
- On arrival to the inpatient facility repeat hand hygiene measures
- Replace face coverings with hospital provided Type II Fluid resistant surgical mask and if advised apply disposable gloves, apron and eye protection. (where AGP's are being performed)
- If full PPE as above, these need to be removed under supervision at the end of the visit
- Hand hygiene should be performed and own face covering replace surgical mask when leaving the ward
- At the exit to the hospital perform hand hygiene again after removing the face covering

6.3 Restricted Visiting of Patients Receiving AGP's

If it is deemed appropriate for a patient receiving an AGP to receive a visit, due to deterioration in condition or a need to support communication or reduce distress, it is important to explain the increased risks to the visitor prior to arrangement of the visit. The visitor must be supported to wear an FFP3 mask, for which a 'fit check' can establish the seal or a powered hood, a gown and gloves. The key responsibility for the clinician is to assess the risk to the visitor and describe this clearly, ensuring that this is understood and the visitor has signed to say they have an understanding of this.

6.4 Visiting Patients Who Have Been in Contact with a Covid-19 Positive Patient

If it is deemed appropriate for patient who has had contact with a patient positive for covid-19 to receive a visit, due to deterioration in condition or a need to support communication or reduce distress, it is important to explain the increased risks to the visitor prior to arrangement of the visit. The visitor must be supported to wear an FFP3 which a 'fit check' can establish the seal or a powered hood, a gown and gloves. The key responsibility for the clinician is to assess the risk to the visitor and describe this clearly, ensuring that this is understood and the visitor has signed to say they have an understanding of this.

6.5 Children and Young People Visiting Arrangements

6.6 The Trust continues to support the arrangements in place to promote vital family relationships for children and young people while in hospital, which is detailed in Appendix C, Family Services Division: Neonatal and Paediatric Services Parental Residency Guidance

6.7 Maternity Visiting Arrangements

6.8 It is recognised that restrictions on visiting and support at appointments has been challenging for many women and therefore changes will be implemented from September 14th 2020 to safely apply infection control measures in line with guidance.

6.9 We have been aware of the emotional difficulties that the restrictions have caused to women and their partners and after review we feel confident in extending access to the Maternity Units and the Maternity Services will be extending their visiting and accompaniment of women to enable as follows:

- A birth partner will have the opportunity to accompany women whilst **in-patients** in the maternity units. This can be at any point in their pregnancy journey and not just during labour and delivery
- At this time, this does not extend to other visitors, just partners. The wards and teams will maintain a record of who will be accompanying women and it needs to be the same person throughout the in-patient stay
- Unfortunately due to social distancing challenges, we are not able to extend this to all **clinic appointments** however we will be reviewing this regularly
- The opportunity for partners to stay overnight cannot be reinstated at present and but will be reviewed regularly
- We have been working hard to try to facilitate the opportunity for partners to be present at all **scans**, and not just the 20 week anomaly scan as at present, but as these go with a clinic appointment, we cannot maintain social distancing so are unable to extend the offer at this time. We are looking at ways we can overcome this matter as we appreciate the importance of this element of the pregnancy journey
- We will accommodate partners at any emergency scans or any emergency assessments. Partners may be asked to call ahead of this appointment so we can ensure safe provision of their attendance
- Home deliveries will continue as before with the birth partner being welcome

6.10 Chemotherapy Day Unit

- 6.10.1** In order to safely enable this high risk group of patients to bring a family member or friend for support, we will be enabling one person to accompany a patient at their appointment on the Chemotherapy Day Unit, where capacity allows.
- 6.10.2** Due to the ebb and flow of capacity on the Day Unit, which is led by treatment regimes, the ability for a patient to bring a delegated person will need to be managed on a daily basis by unit staff, who will contact the patient the working day prior to treatment to inform them there is capacity to make bring somebody with them.
- 6.10.3** Social distancing will not be possible if every chair on the day unit is planned for treatment at the same time, therefore, the daily management of this process will be communicated with patients at the pre-treatment consultation and regularly throughout the treatment journey.
- 6.10.4** In the event that capacity is reduced and that a small number of patients only can bring a delegated person, priority will be given to those at the beginning of their treatment journey as this is reported to be the most anxious time for patients and their loved ones, and those with special circumstances. This discretion will lay with the nurse in charge of the day unit and Amethyst Sister.

7.0 Duties, Accountabilities and Responsibilities

7.1 Chief Nurse

The Chief Nurse will ensure the review of this policy in line with any changes to national and local Covid-19 intelligence, local patient experience feedback and feedback from staff, visitors and families.

7.2 Heads of Nursing & Midwifery and Matrons

Senior Nurse Leaders will support the safe delivery of this policy and ensure that a compassionate approach is applied across the in-patient wards.

7.3 Ward Nursing Teams

Ward Sisters and nursing staff will utilise the guidance contained within this policy and support a safe visiting culture in their respective ward areas.

7.4 AHPs, Administrators and Multi-disciplinary Ward Teams

All staff working within the ward environments will support and communicate the guidance contained within this policy.

8.0 Implementation

- 8.1 The implementation of this policy will be delivered in a phased roll out, in order to address risks and concerns raised by ward staff by the re-introduction of visiting. Lead wards will be identified on the DPOW and SGH site to implement the policy from 14th September 2020, these initial pilot wards will be to be confirmed.
- 8.2 This will be evaluated on October 5th 2020 and concerns addressed prior to roll out to other wards trust wide by the 28th of September 2020.
- 8.3 A weekly meeting, hosted by the Deputy Chief Nurse and Lead Nurse for Patient Experience, will take place with clinical leaders/ward managers to work through how this is working to support trust wide roll out or changes to process.
- 8.4 Training will be delivered by the Chief Nurse team and the Patient Experience Team and will address interpretation of the policy, managing conflicting priorities, how to seek support with complex situations and communication with relatives and patients.

9.0 Monitoring Compliance and Effectiveness

- 9.1 Compliance and effectiveness of this policy will be via the trust internal processes, reviewing the number of incidents, complaints and concerns relating to matters contained within this policy.
- 9.2 Each division will be required to monitor compliance at an operational level and report these through their respective operational and governance groups.
- 9.3 This policy will be reviewed by the Chief Nurse office on October 30th 2020 and on or before the 30th of each month until March 2021 and is subject to immediate change following any changes to national or local guidance or infection prevalence rates.

10.0 Dissemination

All divisional management teams, departments and ward teams will receive this document and are expected to disseminate to all staff affected by the policy.

11.0 Associated Documents

None.

12.0 References

- 12.1 Covid-19 In-Patient Visiting NW Good Practice Guide Final version 1.0:
https://s3.eu-west-2.amazonaws.com/files.bliss.org.uk/images/Bliss-Statement_Version-4.pdf?mtime=20200706153313&focal=none
- 12.2 Covid-19 In-Patient Visiting NW Good Practice Guide Final version 1.0:

13.0 Definitions

None.

14.0 Consultation

Nursing & Midwifery Board.

15.0 Equality Act (2010)

- 15.1 Northern Lincolnshire and Goole NHS Foundation Trust is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which values diversity.
- 15.2 The Trust is committed to building a workforce which is valued and whose diversity reflects the community it serves, allowing the Trust to deliver the best possible healthcare service to the community. In doing so, the Trust will enable all staff to achieve their full potential in an environment characterised by dignity and mutual respect.
- 15.3 The Trust aims to design and provide services, implement policies and make decisions that meet the diverse needs of our patients and their carers the general population we serve and our workforce, ensuring that none are placed at a disadvantage.
- 15.4 We therefore strive to ensure that in both employment and service provision no individual is discriminated against or treated less favourably by reason of age, disability, gender, pregnancy or maternity, marital status or civil partnership, race, religion or belief, sexual orientation or transgender (Equality Act 2010).

16.0 Freedom to Speak Up

Where a member of staff has a safety or other concern about any arrangements or practices undertaken in accordance with this policy, please speak in the first instance to your line manager. Guidance on raising concerns is also available by referring to the Trust's Freedom to Speak Up Policy and Procedure (DCP126). Staff can raise concerns verbally, by letter, email or by completing an incident form. Staff can also contact the Trust's Freedom to Speak Up Guardian in confidence by email to nlq.tr.ftsuguardian@nhs.net. More details about how to raise concerns with the Trust's Freedom to Speak Up Guardian or with one of the Associate Guardians can be found on the Trust's intranet site.

**The electronic master copy of this document is held by Document Control,
Office of the Trust Secretary, NL&G NHS Foundation Trust.**

Appendix A

Family Services Division

Neonatal & Paediatric Services

Parental Residency Guidance

(Version 4.0 - reviewed 03.11.2020)

Guidance on parents/carers being resident with their baby or child during hospital admission or attendance within the Paediatric and Neonatal Areas within NLaG

At Northern Lincolnshire & Goole NHS Foundation Trust we are committed to promoting and supporting parental residency when they have a sick or premature baby in the Neonatal Unit or have a child attending or being cared for in our paediatric ward areas. This guideline will be reviewed weekly in line with the wider Trust review of visiting on our hospital sites.

Neonatal Units

The British Association of Perinatal Medicine (BAPM) and the Royal College of Paediatrics and Child Health (RCPCH) have developed specific guidance for neonatal settings and state that **only** parents should be permitted onto Units, with no other wider family, including siblings, permitted at this time. BAPM Guidance states that *'it is essential that the Mother and her partner are **never** considered to be visitors within the neonatal unit – they are partners in their baby's care and their presence should be encouraged and facilitated as much as possible'*.

Paediatric Wards

Current practice in relation to parental residency on the Paediatrics Ward is in line with both regional practice (Paediatric Critical Care Operational Delivery Network), all RCPCH Guidance published to date and Trust Policy.

Guidance

The key aim for staff is to keep the risk of transmission between babies/children, parents and staff to a minimum and ensure that the parent is aware and accepts the risks described to them.

Paediatric Wards

- **Both** parents can be resident with the baby/child or young person during daytime hours.
- Only **1 parent** to be resident overnight – unless their child falls into the exceptions criteria below

- There is no routine restriction on length of time parents can be resident and provision will be made for parents to be resident at the bedside – the shift lead/ward manager has the responsibility to continuously review the footfall within the clinical environment and reduce the number of visitors accordingly if they feel infection control requirements are not being met.
- All resident parents will be **COVID screened** on immediate arrival and daily whilst on the Ward
- Parents will be required to wear fluid repellent surgical facemasks whilst away from the bedside and will be expected to adhere to relevant infection control requirements.
- Parents who are screened positively will be asked to leave and isolate for 10 days – alternative resident parent/carer to be identified. Other household residents must be advised to isolate for 14 days.

Exceptions to **1 parent** being resident overnight are as follows and will be agreed following discussion with the Consultant Paediatrician, Shift Lead/Ward Manager and Matron/HoN – advice will be sourced from the Infection Prevention & Control Team as necessary:

- Seriously ill/Critically ill Baby/Child/Young Person
- Baby/Child/Young Person at End of Life
- Breaking bad news
- Baby/child/young person with complex needs where parents require education/training programme as part of a discharge planning programme
- At the discretion of the Ward Manager/Matron where other exceptional circumstances may exist.

Neonatal Units

- **Both parents** can be resident with their baby to support each other and provide care to their baby during daytime hours.
 - Although not usual practice on the Neonatal Units - 1 **parent** can be resident overnight – unless their child falls into the exceptions criteria below where **both parents** can be resident.
 - There is no restriction on the length of time both parents can be resident on the neonatal unit and provision will be made for parents to be resident at the cot side and fully involved in the delivery of care to their baby - the shift lead/ward manager has the responsibility to continuously review the footfall within the clinical environment and reduce the number of visitors accordingly if they feel infection control requirements are not being met.
 - Parents are required to ‘sign in’ every day to confirm they have no symptoms and must wear a fluid repellent surgical facemask at all times and practice strict, effective hand hygiene and ICP measures.
 - Parents must be instructed not to mingle with other parents or babies and maintain social distancing whilst on the Unit wherever possible.
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- Parents who are screened positively but arrive on the Unit will be asked to leave and isolate for 10 days – alternative resident parent/carer to be identified

Exceptions to **1 parent** being resident overnight are as follows and will be agreed following discussion with the Consultant Paediatrician, Shift Lead/Ward Manager and Matron – advice will be sourced from the Infection Prevention & Control Team as necessary:

- Seriously ill/Critically ill Baby
- Baby at End of Life
- Breaking bad news
- Baby with complex needs where parents require education/training programme as part of a discharge planning programme
- At the discretion of the Ward Manager/Matron where other exceptional circumstances may exist.

‘Sibling Saturday’

Sibling bonding and contact with the hospitalised baby/child or young person is essential as restrictions in sibling contact can have a detrimental emotional and psychological effect on the hospitalised child and the sibling unable to have regular contact.

COVID social distancing restrictions and the need to ensure footfall is reduced within our clinical areas has meant that children/siblings have not been granted access to our clinical areas.

In order to facilitate sibling contact, and to support whole families having time together, there will be a **2 hour period on a Saturday afternoon between 2pm – 4pm** where siblings can visit the clinical areas.

‘Sibling Saturday’ expectations:

- All visiting siblings/children must be COVID Screened on arrival and if any suspicion of COVID infection risk, the parent must be asked to take the child home and isolate for 10 days. Other family members must isolate for 14 days.
- Where the visiting sibling is aged 11 years and over they will be expected to wear a fluid resistant surgical face mask and adhere to strict hand hygiene and infection control practice.
- All members of the ‘family bubble’ will be advised to remain at the bedside/cot side and be advised not to mix with other families.
- The shift lead/ward manager has the responsibility to continuously review the footfall within the clinical environment and reduce the number of visitors accordingly if they feel infection control requirements are not being met.

N.B Where ‘Sibling Saturday’ is not considered appropriate by the Ward Manager or Nurse in Charge – sibling visiting should be considered at other times at the Ward Manager/Nurse in Charge’s discretion. All above infection control measures and COVID Screening practices apply regardless of when siblings visit the clinical area.

References:

Covid-19 In-Patient Visiting NW Good Practice Guide Final version 1.0

https://s3.eu-west-2.amazonaws.com/files.bliss.org.uk/images/Bliss-Statement_Version-4.pdf?mtime=20200706153313&focal=none

Screening

It is vital that parents/carers and siblings attending for ‘Sibling Saturday’, are screened on arrival to the clinical areas and if resident on a daily basis until discharge. In addition to the screening it is vital that parents sign in to the Units/Wards to allow us to have a ‘Track & Trace’ system in place in cases of symptoms/confirmed COVID being detected in an individual who has been on the clinical area.

The following questions should be asked and documented on the separate risk assessment attached:-

1. Are they in the shielded group who have been advised to self-isolate for 12 weeks?
2. Are they aged over 70 or have a long term health condition?
3. Are there vulnerable members in the household who would say yes to question 1 or 2?
4. Ask the parent/carer if they have any of the following symptoms? Fever, sore throat, cough, a new loss of taste or smell, new shortness of breath, diarrhoea or vomiting?
5. Ask if any member of their household has the symptoms in Q4?
6. Ask if the individual has been advised to self-isolate due to contact with Covid 19?

If key risks are identified explain that it is not appropriate for either parent to be resident within the clinical areas and send home with appropriate isolation & testing advice.

Record of Risk Assessment Screening for resident parent and siblings on the Paediatric Ward/Neonatal Unit during Covid-19 Pandemic response.

Patient Name			
Name of staff member completing form			
Role			
Date		Time	
Resident Parent/Carer name Sibling Name			
	Please enter responses to screening questions below		
1. Are you in the shielded group who have been advised to self-isolate for 12 weeks?			
2. Are you aged over 70 or have a long term health condition?			
3. Are there vulnerable members of the household who would say yes to question 1 or 2?			
4. Do you have any of the following symptoms? Fever, sore throat, cough, new shortness of breath, diarrhoea or vomiting?			
5. Does any member of your household have the symptoms in Q4?			
6. Have you been advised to self-isolate due to contact with Covid 19?			