

In-Patient Visitors Policy

Policy information

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Classification:

Clinical

Supersedes:

Previous Versions

Local Safety Standard for Invasive Procedures (LOCSSIP) reference:

N/A

National Safety Standards for Invasive Procedures (NatSSIPs) standards:

N/A

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Approval information

Approved by: Clinical Written Control Documentation Group

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09/01/2026

Summary of document:

This policy addresses standard inpatient visiting arrangements and additional measures to be put in place to support infection prevention and control e.g. during outbreaks of infection including COVID 19. It also addresses other occasions when visiting may need to be restricted or controlled in order to establish the safest and most effective care environment for patients and staff taking into account their wellbeing and recovery.

Scope:

The statements included in the Policy apply to all staff in in-patient areas across Health Board sites, including adult, paediatric and infants, mental health and community areas. Where exceptional circumstances apply, this is made clear within the policy. At all times, the Ward Manager or deputy can use their discretion in the best interests of the patients.

To be read in conjunction with:

[236 - Outbreak Management Policy](#) (opens in a new tab)

[322 - Management of Diarrhoea and/or Vomiting Outbreak Policy](#) (opens in a new tab)

[All Wales Violence and Aggression Passport and Information Scheme](#) (opens in a new tab)

[227 - Management of Resident/Visiting Animals in Health Care Settings Policy](#) (opens in a new tab)

[311 - Domestic Abuse and Sexual Violence Workplace Policy](#) (opens in a new tab)

[868 - All Wales Safeguarding Procedures](#) (opens in a new tab)

[293 - Smoke Free Policy](#) (opens in a new tab)

[476 - Safeguarding Supervision Policy](#) (opens in a new tab)

[149 - Hand Hygiene Policy](#) (opens in a new tab)

[370 - Discharge and Transfer of Care Adults Policy](#) (opens in a new tab)

[476 - Safeguarding Supervision Policy](#) (opens in a new tab)

[172 - Confidentiality Policy](#) (opens in a new tab)

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Senior Nurse Management Team

15/09/2022

Executive Director job title:

Mandy Rayani – Director of Nursing, Quality and Patient Experience

Reviews and updates:

1.0 – New Policy – 08.04.2018

2.0 – Revised – 12.02.2019

3.0 – Updated to reflect COVID19 guidance – new appendix 13. Guidance for facilitating a hospital visit to patients at the end of life (during the Covid-19 pandemic) (reference to document on page 9). – 30.04.2020

4.0 – Updated to support a return to ‘business as usual’ during a period of ‘learning to live’ with COVID19 transitioning out of the pandemic, but still including reference to additional measures which may need to be initiated at times of increased incidence of SARS-CoV-2 & emergence of variants of concern (VoC) within the local population. – 23.06.2020

4.1 – Amended to reflect Covid advice

5.0 – Guidance reviewed with Heads of Nursing to create a standalone Covid-19 response –
19.02.2021

6.0 – Complete Review 09.01.2023

Keywords

In-patient, Visitor, Visiting Hours, Carers, Visiting Restrictions

Glossary of terms

ICU - Intensive Care Unit

IPC - Infection Prevention and Control

HB – Health Board

SCBU – Special Care Baby Unit

PPE – Personal Protective Equipment

UHB – University Health Board

FGM – Female Genital Mutilation

AHR – Alcohol Hand Rub

MARAC - Multi Agency Risk Assessment Conference

Traffic Light Alert System - An in-patient visiting guidance system to manage visiting restrictions in infection prevention and control situations.

Model matrix for information visiting restrictions - A matrix to inform advisable visiting restrictions in review of actual/potential transmissible infection issues experienced within a clinical area.

Opening Hours - The times at which visitors would be encouraged to attend clinical areas

Key Points

- **The policy aims to balance the need for maintaining patient privacy and dignity and the provision of care within a safe, secure and efficient environment with the therapeutic benefits of patients receiving visitors and their contribution to patient wellbeing Standard or core visiting hours for general wards are agreed as 2pm-4pm and 6pm-8pm**
- **Only 2 visitors at the bedside at any one time**
- **Open/flexible visiting is in place in augmented care units**
- **Visiting ‘by appointment’ is encouraged to prevent overcrowding in a bay/ward at any one time and should be adopted when for example there is an increased incidence of certain communicable diseases in the general population e.g. COVID19 or influenza**
- **If visiting by appointment is in place this must be communicated to the patient and visitors**
- **Mealtimes remain protected as quiet times, with the option for visitors/carers to make arrangements with the ward sister/charge nurse to assist with feeding as appropriate**
- **Ward sisters/charge nurses/ midwives in charge can use their discretion to facilitate visiting outside of core hours and in exceptional circumstances**
- **Where appropriate ‘virtual visiting’ should be supported**
- **All visitors should be advised not to visit if unwell with a gastrointestinal or respiratory infection**
- **Specific visiting restrictions may be in place to prevent the transmission of infection e.g. during an outbreak of infection on the ward**

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Introduction

Hywel Dda University Health Board (the Health Board) recognises that visiting time is an important part of the patient's day and our hospitals welcome visitors. This policy has been developed with the aim of balancing the therapeutic effect of patients spending time with relatives, carers and friends with the patients' need for rest and the need for clinical staff to manage the ward, reduce the potential spread of infection and provide efficient care in a safe and secure environment. This policy supports the UHB's aim of putting patients at the heart of everything it does and has been updated to reflect feedback received from patients, their families, and staff about their experiences during the pandemic.

Policy statement

This policy gives the ward sister/charge nurse/nurse (or midwife) in charge the authority to manage in-patient visiting, within an effective health care setting, in a way that provides patients with appropriate access to their visitors while at the same time protecting patient:

- Dignity
- Rest and recovery
- Privacy and confidentiality.
- Infection prevention and control (IPC)
- Security

Clear statements and a common approach are provided so that as patients move between wards and hospital sites consistent information may be given to them and their visitors.

Scope

The statements included in the Policy apply to all staff in in-patient areas across Health Board sites, including adult, paediatric and infants, mental health and community areas. Where exceptional circumstances apply, this is made clear within the policy. At all times, the ward sister/charge nurse/nurse (or midwife) in charge can use their discretion in the best interests of the patients and visitors.

Aim

The aim of this document is to:

- To ensure that staff maintain a consistent approach to visiting throughout all clinical areas.
- To facilitate safe visiting in a compassionate manner respecting the needs of patients and their visitors
- To ensure patients receive visitors whilst staff maintain a safe therapeutic clinical environment
- To reduce the potential for the introduction and/or spread of infection.
- To protect our patients, visitors, and our staff.
- To maximise privacy, dignity and confidentiality.
- To balance the need for patient rest.
- To ensure effective communication between patients, visitors and staff in relation to any restrictions to in-patient visiting status as a result of IPC issues.
- To enable staff to support patients and visitors to maintain ongoing care arrangements whilst in hospital, thus avoiding any distress to patients and their visitors brought about by a stay in hospital
- To provide clear and concise information on department visiting status in order to minimise incidents of conflict or unacceptable behaviour.

Objectives

The aim of this document will be achieved by the following objectives:

- A consistent common approach which will ensure that patients and their visitors are fully informed with regard to in-patient visiting; thereby maintaining a safe and secure environment and reducing incidents of distress or conflict.
- Effective communication will be fundamental to the successful implementation of the policy for patients, visitors and staff.

Visiting

Visiting Times and Guidelines for Visitors [149 - Hand Hygiene Policy](#) (opens in a new tab)

Key Communicator:

It is requested that visitors nominate a **'key communicator'** while their relative or friend is an in-patient. This will be a key individual (family, unpaid carer or friend) nominated to contact the ward to check on the patient's condition. This information can then be communicated to other family members, unpaid carers and friends by the key communicator and will allow nursing staff to spend more time providing direct care to in-patients rather than responding to multiple telephone enquiries during the day. The preferred method of communication will be discussed with alternative methods being considered, for example text messaging for hearing impaired relatives.

Visitors per Inpatient:

Ward staff should advise visitors of the need to restrict visitor numbers to two people at the bedside at any one time to protect the privacy and dignity of other patients within the ward; to maintain a safe environment and allow adequate space between patients and visitors.

Consideration will be given to exceptions to this e.g. where individual situations relate to religious and / or cultural observances; where two young siblings visit with a parent or where a patient is at end of life within a side room facility.

Visitors will be advised to visit within the standard visiting hours which will be clearly communicated; and advised that overly long visiting can be tiring for many patients.

Notices throughout the hospital ward environments must be displayed stipulating that the Nurse (or midwife) in Charge needs to be made aware of any children visiting and that any visiting child must be accompanied by a responsible visiting adult at all times.

Visiting Times:

Each area has the option to set their own visiting times, in line with particular patient need. Typically, standard or 'core' visiting times will now run from 2pm-4pm and 6pm-8pm daily.

However, in the following areas 'Open/Flexible Visiting' applies within the confines of any local variation due to an outbreak of infection:

- The Maternity Unit: Partners
- The Children's' Ward: Parents/guardians
- Special Care Baby Unit (SCBU): Parents/guardians
- The Intensive Care Unit (ICU): Close family/friends

The ward sister/charge nurse/nurse (or midwife) in charge is responsible for informing the Communications Department, in the event of a change to visiting times in order to ensure the website is updated, and the hospital switchboard are aware and able to respond to telephone enquiries.

Any changes that lead to significant restrictions in visiting arrangements must be referred to the Executive Director of Nursing, Quality and Patient Experience. In turn, where necessary the Office of the Chief Nursing Officer, Welsh Government will be informed by the UHB's Executive Director's office of any major changes or restrictions to visiting hours.

Visiting by Appointment:

To facilitate effective and safe visiting wards/departments will operate a 'visiting by appointment' system e.g. during a period of increased transmission of SARS-CoV-2 in the local population, to ensure that the numbers of visitors present at one time does not exceed safe levels for the environment in question. If such a system is in place on a temporary or permanent basis this must be clearly communicated to patients on admission and to visitors.

Outside of Visiting Times:

Visitors will be welcome on the wards at other times following discussion with the ward sister/charge nurse/nurse (or midwife) in charge. Consideration will always be given to visitors who are unable to visit during visiting times because of personal circumstances or where patients are in a critically unwell condition.

Protected Mealtimes:

Each ward area operates the 'Protected Mealtimes' principle and visiting is discouraged during this time.

Protecting mealtimes enables patients to eat their meals in a quiet and private environment with nursing staff available to supervise as required. In the event that a patient requires assistance with feeding, with the agreement of the patient/family/unpaid carer and the ward sister/charge nurse/nurse in charge, visitors will be supported to assist. Where similar arrangements have been agreed with the patient/family/unpaid carer, visitors will be supported with personal care needs, including feeding, this will be communicated at the daily patient review board rounds so as to avoid miscommunication and inconsistencies.

Consultation / Medical Rounds:

If the patient wishes, visitors may be present for consultant/ medical rounds by prior arrangement.

Hand Hygiene and Personal Protective Equipment (PPE):

All visitors to a ward should be encouraged to clean their hands on entering and leaving the ward environment. Periodically, it may be necessary for visitors to put on PPE such as face masks during the visit. Clear information will be shared with visitors about what items of PPE are necessary and why, and how to put them on and dispose of them safely when leaving the ward.

[149 - Hand Hygiene Policy](#) (opens in a new tab).

[151 - Personal Protective Equipment PPE Policy](#) (opens in a new tab).

During the COVID 19 pandemic it became legal requirement to wear a face mask / face covering in certain environments including hospitals. Whilst the wearing of face masks/face coverings is no longer

universally mandated, within the Health Board their use will continue in certain circumstances to minimise the risk of transmission of respiratory viruses:

- Use of face masks for staff, patients and visitors in areas that are dealing with known or suspected cases of SARS-CoV-2 and other respiratory infections will be continued in compliance with national and local Infection Prevention and Control guidance.
- Where certain individuals or groups of patients remain at higher risk of acquiring SARS-CoV-2, following a local risk assessment, the requirement for staff, patients and visitors to wear masks will be kept in place
- The Health Board will continue to support service users and the general public to wear masks/face coverings where they choose to do so when entering its facilities, making them available in public spaces/wards/departments.

Face masks with a transparent face panel are available to support improved communication where a patient or visitor is deaf or hard of hearing and relies wholly/partially on lip reading.

Cameras:

Cameras (including mobile phone cameras) and camcorders should only be used in clinical areas with the consent of the person being photographed or filmed. No patient identifiable information should be captured in the photograph. Patients and visitors are tactfully reminded not to photograph or film other patients or staff at any time.

Refer to [404 - Making, Using and Storing Clinical Patient Photography, Video and Audio Recordings Policy and Procedure](#) (opens in a new tab).

No Smoking:

From the **1st September 2022**, to protect the health and wellbeing of our staff, patients and visitors, mental health and learning disability sites will join the rest of the Health Board in going entirely smoke-free. This includes all residential units, wards, buildings, grounds and vehicles on the site. Further information and support is available for staff and patients from the Smoking and Wellbeing Team:

https://nhs.wales365.sharepoint.com/sites/HDD_public-health/SitePages/Smoking%20and%20well-being.aspx (opens in a new tab).

Refer to Hywel Dda UHB [293 - Smoke Free Policy](#) (opens in a new tab).

Verbal or Physical Abuse:

Any kind of verbal or physical abuse is unacceptable. Visitors may be asked to leave if their behaviour causes disturbance to other patients or staff.

This approach will also be taken where patients and /or visitors are considered to be under the influence of alcohol and / or drugs and their behaviour is causing distress to patients and / or staff.

Any behaviour of a violent or aggressive nature will be addressed with a preventative approach which will be reinforced through distribution and use of the All Wales Violence and Aggression Passport and Information Scheme.

Carers:

The Health Board actively encourages carers who would like to be involved in providing care to a relative or friend whilst they are in hospital. Carers are not obliged to continue their carer's role whilst their relative or friend is in hospital, but it is also recognised that maintaining continuity of contact can be an important part of an in-patients well-being. This may particularly apply to those with

conditions/diagnoses where maintaining contact with 'familiar faces' may reduce the distress of an unfamiliar environment or routine, for example those with cognitive impairment and learning disabilities. Staff should discuss individual requirements with patients, their relatives or carers as soon as possible after admission. This approach is in keeping with the principles of the national campaign around open visiting for carers of patients with Dementia, known as John's campaign. <http://johnscampaign.org.uk/> (opens in a new tab)

Protecting mealtimes enables patients to eat their meals in a quiet environment with nursing staff available to support as required. Where arrangements have been made with carers to support the patient's personal care needs, including feeding, staff will record this in the patient health records and include this information within the hand over meetings to avoid miscommunication and inconsistencies.

Unpaid Carers

It is likely that patients will need some sort of care following discharge from hospital. For some patients, this could be provided by health or social care. However, there is usually a family carer/carers who will support the patient on discharge and who will be carrying out, or supporting, caring at home. The family carer/carers should be identified by staff at the earliest opportunity following admission to enable staff to provide relevant information or advice about services that could help them. There are specific yellow and black posters/leaflets throughout the hospital that provides further information.

Paid Care Workers

Where patients have specialist established care provision in place, for example those with learning disabilities or specialist mental health needs, staff will undertake a risk assessment with the care worker on admission, to assess the needs of the individual and to determine whether it is best for the patient to have a familiar carer with them during their stay in hospital. This will then be escalated to Senior Staff for confirmation of need and authorisation to proceed.

Safeguarding and Supporting Victims of Domestic Abuse:

The Health Board is committed to safeguarding and supporting victims of Domestic Abuse. The Home Office published a new definition of Domestic Abuse in March 2013:

Domestic Abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial or emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM).

Patients will be asked about Domestic Abuse during admission, using the HITS questions included in the Initial Patient Assessment documentation. If Domestic Abuse is disclosed at this, or any other time, staff will offer support as required, which may include access to resources such as appropriate leaflets, referral to the Multi Agency Risk Assessment Conference (MARAC), assistance with contacting or seeking advice from the police or other local support agencies. This may include restricting visits from alleged perpetrators of abuse.

Contact numbers & further information can be found in the Hywel Dda UHB [311 - Domestic Abuse and Sexual Violence Workplace Policy](#) (opens in a new tab).

Further advice and support can be accessed via the Health Board Safeguarding Children Team, The Hywel Dda University Health Board Domestic Abuse Forum, or County Domestic Abuse Advisers.

Children Visiting Patients

Safeguarding of Visiting Children:

The Health Board is committed to the safeguarding of children at all times. If the Health Board has been informed that a patient being admitted has conditions in place regarding not having contact with various groups/ age groups then there will be time to plan in respect of the area they are to be placed within the hospital, giving consideration to the location on the ward. For unscheduled care the planning element is reduced somewhat, but if the Health Board are informed of any licence conditions then the above would apply.

Appropriate placing in the ward environment in relation to risk would need to take place.

There may be a need to hold discussions with police/ probation in relation to risk and conditions of licence.

Children Visiting Patients not Undergoing Isolation Procedures:

Children are permitted to visit patients who are not undergoing isolation procedures. Visiting for patients in isolation may not be recommended and liaison with ward / department staff is essential. Young children must be supervised to an acceptable level by appropriate adults.

Visiting During an Infection Control Attack:

During periods of restricted visiting, as a result of an outbreak of infection, children under 16 are requested not to visit. Visiting will be arranged by exception and agreement with the ward sister/charge nurse/nurse (or midwife) in charge.

Maximum Number of Visitors per Patient:

Any visiting children will form part of the maximum of two visitors per bed. Any difficulties in relation to this must be discussed and arranged with the ward sister/charge nurse/nurse (or midwife) in charge. Visiting children must be accompanied by a responsible visiting adult at all times.

Maternity Unit Visitors:

In the Maternity Unit child visitors are restricted to siblings of the neonates.

Staff Visiting Staff

Staff as In-Patients:

When members of staff are in-patients, staff wishing to visit them should respect their colleague's status as a patient and must follow the statements in this policy.

Infection Prevention

Community acquired infection

In order to help Health Board staff to minimise the risk of introducing community acquired infections into the healthcare environment visitors are asked not to attend the hospital if:

- They are feeling unwell.
- They or any other close family member or contact have flu/COVID-19 like symptoms.
- They have currently, or have suffered with, diarrhoea and/or vomiting in the last 48hrs.
- They have been in contact with anyone with flu/COVID-19 like symptoms, diarrhoea and/or vomiting within the past 72 hours.
- They have an existing medical condition that puts them at risk of healthcare associated infection, for example, those who are immuno-compromised as a result of a condition or treatment.
- If the visit is to someone nearing end of life and can not be delayed then a local risk assessment should be carried out. If a face to face visit cannot be accommodated safely either for the patient or their visitor then a virtual visit must be facilitated as appropriate (see section on Virtual Visiting below).

Hand Decontamination:

All visitors should be advised to clean their hands before and after entering a health care environment. They should also be encouraged to clean their hands on arrival and when leaving using the alcohol hand rub (AHR) located at hospital, ward and bay entrances and by bed space. If unable to use the AHR, antimicrobial hand wipes or soap and water at the hand wash basins, are available for hand hygiene within wards/bays.

Where patients are being nursed in isolation to prevent the spread of infection it is important that staff communicate to visitors the precautions that they need to take before entering and leaving the room. Any visiting agreed during an outbreak of infection within a bay or ward **MUST** be with the understanding that the visitor will follow hand hygiene and PPE guidance as instructed by the ward staff to protect themselves, other patients, and staff.

NB: Children under the age of 12 should use AHR under supervision. It should be kept out of reach of children under the age of 5, and children under 5 should use the hand wash basin rather than AHR.

Refer to the Hywel Dda UHB [149 - Hand Hygiene Policy](#) (opens in a new tab).

Patients Beds:

Visitors are requested not to sit on the patients' beds but to use chairs provided.

Use of Patient Toilets on the Ward:

Visitors are requested not to use the patients' toilets on the wards. The ward staff will inform visitors where the nearest available toilets are when requested.

Restrictions to visiting :

It is possible to both protect people from infectious disease through infection prevention and control while enabling safe, compassionate, human interaction, including physical contact between loved ones e.g. through the use of appropriate PPE and hand hygiene.

Where a ward has an identified concern with an individual or multiple patients with a known or suspected infection a decision must be made as to the appropriate action required. The ward sister/charge nurse/nurse (or midwife) in charge of the ward will be responsible for alerting the site manager, the senior nurse manager and infection prevention team (nurse in hours and microbiologist out of hours) and a will be made following an appropriate risk assessment in line with the Model matrix for informing visiting restrictions ([Refer to Appendix 2](#)). The outcome of this assessment will inform the extent of visiting restriction necessary in order to manage and contain the infection as quickly and safely as possible.

In the event of a visiting restriction being implemented, the ward sister/charge nurse/nurse (or midwife) in charge of the area will be responsible for ensuring that the relevant patient/s and/or key communicator (See section '[Key Communicator](#)' under '[Visiting](#)') for that patient is informed in a timely manner. The method of daily updates must be explained so as to ensure visiting is not restricted any longer than is necessary.

Where restrictions are in place the ward sister/charge nurse/nurse (or midwife) in charge can still use their discretion when there are requests to visit patients in exceptional circumstances for example:

- Where patients are seriously ill/receiving end of life care.
- Where the patient has specific needs such as learning disabilities, confusion, memory impairment, requires 1:1 support or support with feeding.
- Where communication cannot be maintained via telephone, for example in the event of hearing impairment where text or specially adapted phones are not possible.
- Where visitors have travelled long distances or have specific transportation needs.
- Where the patient has an informal carer at home and wishes for that support to continue within the hospital setting.

Outbreak Situation: ([236 - Outbreak Management Policy](#) (opens in a new tab))

Even where an outbreak occurs and restrictions may be warranted, safe, compassionate exemptions must still prevail and be actively facilitated.

During an outbreak situation, it may also be advisable to further restrict visiting to wider clinical areas as opposed to only the directly affected areas. This will serve to minimise the risk of spreading infection into hospital from the community, vice versa and within the hospital. Specific additional restrictions will be communicated throughout the course of the outbreak, as deemed appropriate. Where necessary, the patient and/or key communicator will be informed of the visiting restriction by ward staff. Ward staff can then be contacted directly regarding updates.

Current visiting status will be illustrated through the use of an infection prevention 'In-patient visiting traffic light alert system poster' ([See Appendix 1](#)).

Additional Restrictions:

- At any point in time, the Health Board may be required to instate/reinstat additional restrictions for example during an increase in prevalence of seasonal respiratory infections in the local population such as influenza or SARS-CoV-2.
- In line with the local communication strategy, the Health Board must inform the public prior to the introduction of further restrictions or an easing of restrictions.

Virtual Visiting:

- Every ward now has access to devices such as tablets and smartphones to connect patients and service users with their loved ones and unpaid carers. This is now well established.
- Access to electronic devices for those without personal devices can be arranged to facilitate safe virtual visiting supported where possible/necessary by the nursing staff or Family Liaison Officer.
- Patients should be given information on how to access the Health Board Wi-Fi free of charge to use e.g. FaceTime, WhatsApp or similar.
- In the event of either the patient or their key communicator being hard of hearing then a suitably adapted phone can be made available. Alternatively text messaging may be used or visiting under exceptional circumstances permitted.
- Virtual visiting should not be restricted to use during outbreaks of infection but to support recovery where for example patient's relatives/visitors live long distances away or they have mobility/health issues which prevent them visiting.

Patient Information Leaflets

- [Carers information - Hywel Dda University Health Board \(nhs.wales\)](#) (opens in new tab).

Mental Health and Learning Disabilities

Mental Health and Learning Disabilities promotes the encouragement and facilitation of visiting on their units, recognising the importance of maintaining links with visitors and community networks.

There are facilities available for those who are visiting who have children on all inpatient facilities.

The Mental Health Act (1983) Code of Practice for Wales (Revised 1983) does make reference to those instances where restrictions to visitors to detained patients are put in place on the basis of clinical and/or security grounds. In these instances, the rationale for the restriction must be recorded and explained to both the patient and the visitor, verbally and in writing. Such restrictions must be based on a documented risk assessment and be subject to frequent review so that they are in place for the minimum amount of time.

Responsibilities

Chief Executive

The Chief Executive has the overall responsibility for this policy throughout the organisation.

Director of Nursing, Quality and Patient Experience/Executive Director

The Nominated Director has delegated responsibility for this policy and the Executive Directors must be familiar with this policy and support the implementation of the policy throughout the organisation.

Ward Sister / Charge Nurse / Nurse (or Midwife) in Charge

It is the responsibility of each ward sister/charge nurse to ensure that their staff are familiar with this policy and that all aspects are being implemented to ensure consistency across the Health Board sites. Exceptions are not to become the norm.

Copies of this Policy will need to be available to staff within the clinical area as well as outpatient clinics, such as Pre-Operative Assessment Clinic. Each patient will be provided with a visitor information leaflet prior to, or on their admission to hospital. ([See Appendix 3](#)).

Where there is a change to the visiting restrictions this will be overseen by the Site Manager and Senior Nurse Manager at that time. This will include Switchboard notification and ensuring relevant notices are displayed at hospital entrances.

Training

Staff will need appropriate training to ensure that they are aware of and understand the principles of this policy together with:

The 'traffic light alert' system that may require implementation of restricted visiting during an outbreak situation ([See Appendix 1](#)). The matrix model to inform the level of visiting restriction necessary. ([See Appendix 2](#)).

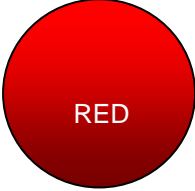
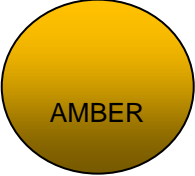
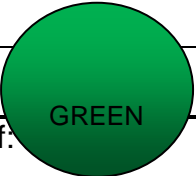
This training will be provided collaboratively between the Infection Prevention Team and Patient Flow Team.


References

- <http://johnscampaign.org.uk/> (opens in a new tab)
- Domestic Abuse. The Home Office published a new definition of Domestic Abuse in March 2013 <https://www.gov.uk/guidance/domestic-violence-and-abuse> (opens in a new tab)
- Mental Health Act (1983) Code of Practice for Wales (Revised 1983)
- **GUIDANCE: Hospital visiting during the coronavirus outbreak guidance, July 2021:** How the NHS can support hospital visiting in a safe and planned way during the coronavirus pandemic. **Visiting with a Purpose** (Last updated: 18 June 2021)
- **Hospital visiting during the coronavirus pandemic: supplementary statement June 2021** (Last updated: 10 January 2022)

Appendix 1 – Traffic Light Guidance for In-Patient Visiting

Infection Prevention Traffic Light Guidance for In-patient Visiting

<p>CLOSED</p> 	<p>Ward Closed</p> <ul style="list-style-type: none"> • Closed to all visiting • Pre-arranged visiting by exception only, as discussed & agreed with the nurse in charge
<p>RESTRICTED</p> 	<p>Restricted Visiting</p> <ul style="list-style-type: none"> • Health Board wide or local restrictions may be in place and subject to change • Restrictions will be advised on both the internet and intranet and lifted as soon as safe to do so • Restrictions may include limiting the number of people who visit at one time & use of PPE / increased compliance with hand hygiene
<p>ROUTINE</p> 	<p>Afternoon and Evening Visiting</p> <ul style="list-style-type: none"> • Visiting by appointment

	<ul style="list-style-type: none">• Core visiting hours 2-4pm, 6pm-8pm• See individual wards for exact visiting times• Maximum of 2 visitors at bedside• Additional arrangements in place for augmented care areas e.g. ICU, SCBU, maternity, paediatrics
<p>ALL VISITORS PLEASE</p> 	<p>All areas DO NOT attend if:</p> <ul style="list-style-type: none">• You are feeling unwell• You have flu-like / respiratory symptoms• You have, or have had, diarrhoea and/or vomiting in the last 48 hours• You have been in contact with anyone with the above symptoms within the past 72 hours• You have an existing medical condition that may put you at risk of infection

Appendix 2 – Model Matrix for Informing Visiting Restrictions when Wards / Departments have Increased Incidence or Outbreaks of Infection (Based on Transmission Based Precautions – TBP)

Where a ward / department has an outbreak of infection **the Nurse in Charge, in discussion with the Infection Prevention Team and site nurse, will be required to restrict inpatient visiting to minimise the risk to manage the infection as quickly as possible.**

Current visiting status may be illustrated through the use of an ‘In-patient visiting traffic light alert system’ and displayed to visitors via a poster at the entrance to the affected bay / ward ([See Appendix 1](#)).

It is the responsibility of the Nurse in Charge of the ward to place the ‘in-patient visiting traffic alert poster’ and / or appropriate transmission based precautions poster the at the entrance to the room /bay / ward and update it as necessary.

Visiting Risk scoring Matrix (Severity Score) = consequence x likelihood (C x L)

Risk Matrix Mode of Transmission (TBP – contact / droplet / airborne precautions) Activity/Staffing Levels		Contact Spread	Contact &/or Droplet Spread	Contact &/or Airborne Spread	Contact &/or Airborne Spread, staff shortages, surged beds.	Contact &/or Airborne Spread, staff shortages, surged beds & high community incidence. High risk ward Visitors at risk of acquiring infection
			Calculated Severity Scores			
Multiple Ward closure	5	5	10	15	20	25

Single Ward Closure	4		4	8	12	16	20
Multiple Bay Closure	3		3	6	9	12	15
Single Bay Closure	2		2	4	6	8	10
Infection isolated in side room	1		1	2	3	4	5

The severity score obtained from the risk matrix are assigned the following grades and recommendations:

	Risk / severity score = 1 – 4	Low/medium risk Risk of spread of infection is unlikely	Routine Visiting to wards / departments but note individual ward / department may have additional precautions / exclusions in a bay/bays with visitors as assessed with IP&C Team.	On the closure of a bay / ward it is advisable that patients / staff telephone relatives to advise of any changes to routine visiting
	Risk/severity Score= 5 - 19	High risk Risk of spread of infection is possible – likely	Restricted visiting to wards / departments Additional precautions / exclusions in a bay/bays/ward/wards with visitors as assessed with IP&C Team.	On the closure of a bay / ward it is advisable that patients / staff telephone relatives to advise of visiting restrictions. Communication via the HB inter- and intranet of restrictions depending on extent/potential impact of restrictions.
	Risk severity score = 20-25	Extreme risk Risk of spread of infection is almost certain	Ward / department / multiple ward areas closed to routine visitors with prearranged visiting by appointment only under exceptional circumstances in liaison with senior ward staff.	On the closure of a ward/s it is advisable that patients / staff telephone relatives to advise 'no visiting' except in exceptional circumstances. Communication via the HB inter- and intranet of any major restrictions

Appendix 3 – Visiting at Our Hospitals – Information for Patients, their Visitors and Carers

Visiting at our Hospitals Information for Patients, their Visitors and Carers

Our priority is for our patients to receive the highest quality care in a safe, supportive and healing environment. We know that you share that priority and we recognise the invaluable contribution that visitors and carers can give when their loved one comes into hospital.

Hospitals and wards are busy environments and patients need privacy and time to rest. The purpose of this information is to give guidance for visitors and carers to receive the best care from us all.

There are real benefits for patients when we work together. Visitors and carers can give comfort, help with care and provide emotional support which can significantly aid recovery and wellbeing for our patients.

As a **patient** you can expect to be given the opportunity to say who you would like to visit and be involved in your care during your admission.

As a **visitor** you can expect to be welcomed by the team and be included in a spirit of mutual respect and collaboration.

As a **carer** you can expect to be welcomed to work with the hospital care team, helping to provide continuity of care, support and comfort for your relative/friend. Where consent has been given, information will be shared with you throughout the hospital stay, from admission through to the transition to home and community care. Your views will be welcomed and respected, and your own needs taken into account.

We strongly believe that staff need to spend as much time as possible directly caring for patients. With this in mind, each family are asked to nominate a **'key communicator'** while their relative or friend is an inpatient. This will be a key individual (family or friend) nominated to contact the ward to check on their relative's condition. This information can then be communicated to other family and friends by the

key communicator and will allow nursing staff to spend more time providing direct care to patients rather than responding to lots of telephone enquiries during the day. A preferred method of communication will be discussed with alternative methods being considered, for example text messaging for hearing impaired patients.

We seek to provide core visiting times between 2pm-4pm and 6pm-8pm. However visiting times may vary from area to area and can be confirmed directly with the ward, information about visiting times will also be displayed on the Hywel Dda University Health Board's website.

What we need from you when you visit:

Visitors are reminded that many activities, such as ward rounds, drug rounds, and treatment sessions, are time-critical. During these times staff may not always be able to fully update you. However, staff acknowledge that providing timely information and updates are important and will arrange to speak with you as soon as possible.

We actively encourage visitors and unpaid **carers** who would like to be involved in providing care to a relative or friend whilst they are in hospital. While protected mealtimes enable patients to eat their meals in a quiet environment with nursing staff available to support as required, if you wish to support and encourage your loved one by helping them to eat, or helping with elements of their care, you will be welcomed. Where arrangements have been made with relatives to support with personal care needs, including feeding, staff will ensure all colleagues are made aware, so as to avoid miscommunication and inconsistencies

If you are a carer please ask for a copy of our carers information leaflet. Carers Wales also produce a factsheet '*Coming Out of Hospital*' which you may find useful.

Visitors and carers are asked to work with staff to ensure safe access to patients. Generally this means a maximum of 2 people per patient at any time.

Visitors and carers whose loved ones share bays with other patients are asked to be respectful of and sensitive to other patients' privacy. There may be times when you are asked to wait outside a ward when certain activities (procedures/discussions/ward rounds) are taking place.

Patient privacy and dignity must be respected at all times. In order to support this, cameras (including mobile phone cameras) and camcorders must not be used by visitors in the ward areas. The exception to this is within the Maternity Unit where special procedures are in place.

We actively encourage patients to dress in day clothes whilst in hospital, so as to maintain as much normal daily function as possible. We ask that families provide day clothes and also take clothes home to be washed as needed.

Children in patient areas must always be supervised and, for children under the age of 16, agreement must be gained from the nursing team for them to visit.

Visitors are reminded that all Health Board premises, including the grounds, are no smoking areas (except Tenby Cottage Ward site).

Disruptive behaviour and unsafe practices are not acceptable. These situations whilst usually rare, will be addressed directly and promptly.

Infection Prevention

In order to help Health Board staff to minimise the risks of healthcare associated infections visitors are asked not to attend the hospital if they:

- Feel unwell.
- Have flu like symptoms.
- Currently have, or have suffered with, diarrhoea and/or vomiting in the last 48hrs.
- Have been in contact with anyone with flu like symptoms, diarrhoea and/or vomiting within the past 72hrs.
- Have an existing medical condition that puts them at risk of infection, for example,
- those who are immune compromised as a result of a condition or treatment.

The most effective means of preventing the spread of infection is hand washing. All visitors' are asked to clean their hands before entering ward areas. This can be done using soap and water at the hand washing basins or using the hand hygiene gel located at ward and bay entrances and by bed spaces.

Where patients are being nursed using isolation measures (to prevent the spread of infection to or from the patient) then it is important that the visitor speaks with ward staff before entering the isolation room.

Please note that it is recommended that the preferred hand decontamination method in children under 16 is to wash hands at the hand wash sink rather than use alcohol gel.

If an outbreak of infection requires some restrictions in the patient areas you will be informed of this by the nursing team and advised of any restrictions that may apply. Please be assured that individual needs of patients will be discussed with you and agreed with the nursing team.

The nurse in charge will use their discretion when there are requests to visit patients during an outbreak situation, for example:

- Where patients are seriously ill/receiving terminal care.
- Where the patient has special needs such as learning disabilities, confusion, memory impairment, requires 1:1 support, or support with feeding.
- Where communication cannot be maintained via telephone, for example in the event of hearing impairment where text or specially adapted phones are not possible.
- Where visitors have travelled long distances or have specific transportation needs.
- Where the patient has an informal carer at home and wishes for that support to continue within the hospital setting.
- Any circumstances that require special consideration.

Visiting can be arranged at other times following discussion with the nurse in charge. Consideration will always be given to visitors who are unable to visit during open times because of personal circumstances or where patients are in a critically unwell condition.

Please feel free to speak to staff within ward areas where you have any queries around visiting. We aim to work with carers and visitors to ensure patients and their families suffer as little distress as possible during their hospital stay.

Please include here the availability of patient information in different formats.

