

Visiting FAQ's for Staff - From 27 August 2021

Contents

Introduction.....	3
Who made the decision to restart visiting in our hospitals?.....	3
Why is this important?	3
Is it safe to reintroduce visiting?.....	4
What do we mean by family support?	4
Is there a minimum standard for visiting?.....	4
What are the main principles for visiting?.....	5
Who can visit?.....	5
Can a patient who has tested positive for COVID-19 have visitors?.....	5
Who chooses who can visit?	6
Can the people chosen to visit be changed?.....	6
How do family members arrange a visit?	6
How many people can be present in the ward at one time for visiting purposes?.....	6
Can other people visit in addition to the chosen family member?	6
Who decides when a family member can visit?.....	6
What if the patient does not want their family to visit?	7
Why might patients not be able to have a visit from family?	7
If visiting is restricted, are there situations when a visit is possible?.....	7
What if family and friends cannot visit?	8
What advice should I give to the chosen family member before they visit?.....	8
How do family arrange to have a voluntary lateral flow test?	8
What must family who visit do when they visit?.....	8
Should family who visit use personal protective equipment (PPE) during the visit?	9
What if the family member is unable to wear a face covering for a medical reason?	9
What if the family member refuses to wear a face covering?	9
Are family who visit able to touch their relative or friend during the visit?	9
Do family who visit need to be asked for test and protect information?	9

What other safety measures are in place for family visiting?	10
Will family who visit be able to use the facilities in the hospital?	10
Are family visiting allowed to freely move around the hospital?	10
Is it possible to ask family to leave the ward temporarily?	10
Can patients in high risk pathway (either red/ COVID or Aerosol Generating Procedure (AGP) areas) have visitors?	11
Do people visiting an AGP area need to self-isolate after visiting?	11
If a family member needs to isolate after visiting an AGP area, can the patient choose a new family member to visit?	12
Can children visit?	12
In End-of-Life circumstance can a family member visits if they have COVID-19?.....	12
In End-of-Life circumstance, can a family member visit if they are self-isolating because of their pre-hospital contact with the patient?	12
Should family visiting be advised to change their clothing after visiting?	12
What if a family member tests positive for COVID-19 after visiting?	12
Where can I find further information?	13

Introduction

From Monday 9 August 2021 patients in the majority of NHSGGC wards have been able to have:

- Support in hospital from the people who matter to them. This no longer needs to be limited to the same two people visiting; instead, the maximum occupancy of a room or ward should be used to guide how many people visiting can be present at any one time.
- Conversations with the patient and family will take place on admission and throughout the hospital stay to discuss who they would like to visit and when.
- Family support at times when patients wish the presence, help and support of the people who matter to them. For example at mealtimes, rehabilitation sessions, discharge planning and during Multi-disciplinary Team conversations.

As was the case before the COVID-19 pandemic, a full person-centred approach to family support does not mean an unmanaged approach to family support. It will be necessary to work with patients and families to develop processes and a culture that maximises the full benefits of family support and recognises the vital role this plays in high quality safe, effective, person-centred care. The main difference is that this needs to be balanced with the risks that COVID-19 still presents and needs to be cognisant of the safety measures which still need to be in place.

However, there may sometimes be a need to temporarily restrict visiting to a particular ward or area for example due to an outbreak of COVID-19 or rapidly increasing community transmission. In these situations, essential visits will continue.

The following FAQ's are designed to help support you implement visiting arrangements in your ward and department.

Who made the decision to restart visiting in our hospitals?

The Scottish Government has published new guidance to support the implementation of the extension to visiting arrangements, which can be found on the [Scottish Government Website](#).

This advises in Level Zero hospitals should return to full person-centred visiting, subject to local health protection advice and acceptable incidence and prevalence data.

Why is this important?

The importance of support from family members and those who matter to people in hospital cannot be overstated, bringing comfort to both the person in hospital and the people who they consider their family or carers.

The pandemic has created an unprecedented situation, which at times has necessitated some restriction of families', and carers' freedom to support people in hospital. This has had a significant impact on patients, families and staff alike. Studies on the positive benefits of family presence in hospital have shown improvements in healing and recovery, patient safety, patient and family experience and staff experience. In addition to these clinical considerations, there is also a fundamental human right to family life. Therefore, we need to balance these risks and basic rights.

The impact on people with dementia and others with cognitive and communication difficulties, and people experiencing momentous changes in their lives such as childbirth, life-changing illness and

end-of-life situations, has been significant. This situation makes it imperative that we now focus on facilitating the vital support for people in hospital provided by families and carers.

Is it safe to reintroduce visiting?

At various stages throughout the COVID-19 pandemic, visiting has been reduced to “essential visits”, permitting visits only where not seeing a family member would cause particular distress or suffering. This was necessary to minimise the spread of COVID-19 and to keep patients, families and staff safe.

However, it is recognised that the absence of vital family support and information causes social isolation, emotional distress and can result in negative impacts for patients, families and staff. Therefore, we need to balance these risks appropriately and ensure a person-centred approach to family and carer support.

Family and carer presence was only restricted because it was necessary to do so to protect against the risk of COVID-19. Given progress that has now been made, the time is now right to take steps to carefully re-introduce family support in hospitals more broadly.

However, there may sometimes be a need to temporarily restrict visiting to a particular ward or area for example due to an outbreak of COVID-19 or rapidly increasing community transmission. In these situations, essential visits will continue.

What do we mean by family support?

The term family is interpreted in its broadest possible sense, recognising that the person an individual might want to support them in hospital could be a friend, carer or neighbour, and may not always be a relative. We recognise that the support provided from such people is vital to the wellbeing and recovery of a person in hospital. Wherever the term “family” is used throughout this guidance the same broad interpretation is intended, also recognising that family and friends are not “visitors” in a person’s life, even in hospital.

Is there a minimum standard for visiting?

A person-centred, flexible approach to visiting should be taken where possible to ensure people have meaningful contact with their family and those who matter to them in accordance with the minimum standard for visiting at each of the strategic tiers.

During each of the tiers, the following visiting arrangements (where possible) should be in place in accordance with national guidance and aligned with the context of the hospital visit.

TIER	VISITING ARRANGEMENTS
Level 4, 3 and 2	Support from at least one person (where possible) <i>In some cases, the person providing family support visits may need to be accompanied by another person, for example a child visiting a parent or sibling, or a frail elderly person who cannot attend the hospital independently. The presence of the additional person should be facilitated and should not prevent a support visit-taking place.</i>

Level 1	Support from at least two people from the same household at the same time (where possible) (or from separate households, as long as physical distancing can still be maintained) <i>If not from the same household and physical distancing cannot be maintained, visits can take place separately</i>
Level 0	Full person-centred visiting subject to local health protection advice

What are the main principles for visiting?

The principles are evidence based, consistent and compassionate, recognising that the presence of family support is a clinical intervention of vital importance to recovery and wellbeing.

1. Visiting should adopt a person-centred approach,
2. Patient, staff and visitor safety is crucial,
3. A phased approach to visiting will be adopted with progression through each phase, ensuring that this is being done in a safe, planned manner,
4. Flexibility is required – restriction of visiting will be considered if there is a ‘peak’ in COVID-19 cases or an outbreak is declared.

Who can visit?

To maintain the safety of patients, family providing support and staff, visiting needs to continue to be carefully managed. At present **only family and friends chosen by the patient or their guardian, carer or power of attorney can visit.**

We understand in some cases, the family member chosen to visit may need to be accompanied by another person, for example a child visiting a parent or sibling, or a frail elderly person who cannot attend the hospital independently. The presence of this additional person should be facilitated and discussion with them how the visit will be managed.

Visiting arrangements must be organised as flexibly as possible using a person-centred approach to ensure the safety of patients, family and staff.

Can a patient who has tested positive for COVID-19 have visitors?

All patients are now entitled to support from at least one visitor including individual cases where a patient may have COVID-19. The visit should be managed in accordance with local Infection Prevention and Control advice, as for other infectious agents with a similar risk profile to COVID-19.

The exception to this is when there is a local **outbreak** or when the numbers of COVID-19 patients reaches a point where they require to be cohorted. In these situations the situation should be managed by the local Infection Management Team and **a return to essential visiting for those specific areas may be required.**

Who chooses who can visit?

On admission and on transfer into your ward ask the patient 'who matters to them' and who they would like to be their family support. If the patient is not able to provide this information, this should be obtained from their guardian, carer or power of attorney. The family support details should be recorded on the '**Visitor Record Sheet**' and filed at the front of the nurse/midwife notes.

Care should be taken first to determine whether the individual patient wishes to receive visitors and who they want to see.

Can the people chosen to visit be changed?

The people providing support can be changed if required. From Monday 9 August, patients can benefit from the support in hospital from the people who matter to them. This no longer needs to be limited to the same two people visiting; instead, the maximum occupancy of a room or ward should be used to guide how many people visiting can be present at any one time.

How do family members arrange a visit?

The people chosen by the patient, guardian, carer or power of attorney to visit must phone the ward in advance to arrange the day and time they are visiting.

How many people can be present in the ward at one time for visiting purposes?

You will have a social distance risk assessment, which details the maximum number of people permitted in a room at any one time to ensure we can all follow physical distancing measures. The maximum occupancy of a room or ward should be used to guide how many family visiting can be present at any one time.

Can other people visit in addition to the chosen family member?

We understand in some cases, the family member(s) chosen to visit may need to be accompanied by another person, for example a child visiting a parent or sibling, or a frail elderly person who cannot attend the hospital independently. The presence of this additional person should be facilitated and discussed with them how the visit will be managed.

Who decides when a family member can visit?

When the chosen family member(s) contact the ward to discuss the local arrangements this should include the time to suit the patient, the ward and the family member.

This conversation should be approached compassionately, and handled in a manner, which is supportive and sensitive to individual needs.

There may be instances where time slots for visiting may be required in particular shared room accommodation and open ward environments to ensure physical distancing and maximum occupancy of rooms/ward can be adhered to. This should be included in local risk assessment where required. Otherwise, visiting arrangements should be as flexible as possible and visiting times should not be imposed un-necessarily.

What if the patient does not want their family to visit?

The patient is under no obligation to have a visitor if they don't want one. Their wishes should be respected. If they are particularly concerned about other patients' visitors, this should be taken into account and where possible they should be placed in an area where they are more distanced or separated from other patients who are having visitors.

Why might patients not be able to have a visit from family?

COVID-19 is still with us and can be transmitted easily. To reduce risks careful attention to infection prevention and control measures around family support still need to be maintained.

There are many vulnerable patients in our hospital wards and in particular some types illness and with some types of treatments where we need to proceed with extreme caution and ensure a risk assessment is undertaken appropriately and reassessed as and when circumstances change for these patients.

A consultant led multidisciplinary individual risk assessment is advised for high-risk patients to aid decision making to determine whether visits can be safely supported or not. Some examples of patients who require this review would be those undergoing surgery or patients with low immunity.

If a visit is not possible, you should inform the patient and family of the reasons why a visit cannot take place and keep this under review where possible as circumstances change.

If visiting is restricted, are there situations when a visit is possible?

If there is a need to restrict visiting to a particular ward or area for example due to an outbreak of COVID-19 or rapidly increasing community transmission, **essential visits will continue.**

The '**essential visiting arrangements**' should be applied flexibly and compassionately and each patient's needs considered on their own merits. Carers, those providing essential care or emotional support, or spiritual care are not considered to be visitors and should continue to be permitted to attend a patient in hospital.

The '**essential visiting criteria**' relevant to these specific acute wards is set out below. However, it is important to note that these examples are intended to be illustrative rather than exhaustive.

- a birth partner supporting a woman during hospital visits
- a person receiving end-of-life care, to enable them to spend meaningful time with those who matter to them in their final days, weeks or months
- to support someone with a mental health issue, or dementia, or a learning disability or autism, where not being present would cause the patient to be distressed
- to accompany a child in hospital.
- **Other situations** where clinical staff assesses that it is essential to involve family or carers for ethical or patient safety reasons.

All patients and their family affected by these revisions to visiting should be offered daily **virtual visits** as a minimum to ensure they can see and talk to those people who matter most to them.

What if family and friends cannot visit?

Family and friends unable to visit in person due to the restrictions in place should be encouraged to use technology such as social media and phone calls to stay in touch. If the person they want to speak to does not have access to his or her own phone or tablet, they should be offered the hospital iPad to stay in touch. All wards have iPads specially set up to enable 'virtual visits' (video call) allowing patients to see and talk to the people who matter to them using FaceTime, Skype or Zoom.

What advice should I give to the chosen family member before they visit?

To help keep everyone safe, we strongly recommend that all visitors undertake **voluntary lateral flow testing** prior to visiting. It is then recommended they undertake the test **twice per week** for as long as they are visiting.

This is optional - if they do not wish to have a test or are not able to test this will not be an obstacle to a visit.

How do family arrange to have a voluntary lateral flow test?

Information on how to order Lateral Flow Tests is on the [Scottish Government's website](#).

Tests can also be collected from the COVID-19 testing centres in the afternoon or early evening.

Tests can also be booked/arranged at the **asymptomatic test facilities** across NHSGGC. A list of where these facilities are can be obtained on the [NHSGGC Website](#).

What must family who visit do when they visit?

It is important for your safety and for the safety of patients that everyone visiting adheres to the following measures:

- **Face covering/mask** must be worn at all times, unless there is a medical reason why they cannot.
- **Avoid communal gatherings** in public areas of the hospital. Take the stairs if possible to avoid congregating in left lobbies. Movement around other areas of the hospital must be limited as much as is reasonably possible.
- **Clean their hands** using the hand sanitiser before and after they leave the ward or department and when they touch anything.
- **Two metres distance** should be maintained from others where possible.
- **Self-isolate** - they **MUST NOT** attend if they are unwell, if they are a household contact or have otherwise been informed that they are a close contact of a confirmed case of COVID-19 and have been advised to self-isolate or have to self-isolate for another reason.

Respiratory hygiene also remains important, covering the nose and mouth with a disposable tissue when sneezing, coughing, wiping or blowing the nose. These should be disposed of immediately in the bin and hand washing performed immediately afterwards.

Should family who visit use personal protective equipment (PPE) during the visit?

There might be situations where you will need to ask family visiting to use **PPE – such as a facemask, apron, gloves etc.** If this is required, you should help them to put this on correctly and to dispose of it before they leave.

If they are a family member or carer for the person, they are visiting and helping to support aspects of their care such as supporting nutritional intake at meal times, or other personal care they should be provided with necessary PPE to undertake this activity.

PPE in accordance with Table 9 of the Scottish COVID-19 IPC [Addendum](#) should be worn when visiting a high AGP environment.

What if the family member is unable to wear a face covering for a medical reason?

If the family member is unable to wear a face covering for a medical reason, please discuss this with the local infection control team. They will risk assess the situation on an individual basis and advise how to proceed.

Guidance on who is exempt from wearing a face mask can be found on the [Scottish Government Webpage](#).

What if the family member refuses to wear a face covering?

If the family member refuses to wear a face covering, and is not mask exempt for medical reasons, they should not be allowed access into the ward / department. They should be asked politely to leave.

If the family member has forgotten to bring their face covering, a face mask should be offered to them.

Are family who visit able to touch their relative or friend during the visit?

As a general rule, close physical contact should be avoided or minimised, but there may be times in the context of a hospital visit where it will be the right thing to do. Decisions should always be person-centred and compassionate in each individual circumstance.

Ability to touch the person's hand without wearing gloves to provide comfort and reassurance when stressed or distressed **is therefore permitted with discretion. They must follow strict hand hygiene measures before and after contact with the patient.**

Do family who visit need to be asked for test and protect information?

From Monday 9 August, it is **no longer necessary** to collect visitor contact details for Test and Protect in most circumstances.

Staff are advised to collect visitor contact details for Trace and Protect only in the event that patients are unable to identify who has been to visit them, and if 2m physical distancing has not been maintained.

On visitors' arrival at the ward and every time they visit the ward, you should check they are well and ask the following questions:

- Are you feeling unwell?
- Do you have new/continuous cough?
- Have you had any sickness or diarrhoea within the last 48 hours?
- Have you noticed a change in your temperature?
- Have you noticed a change in your normal sense of taste or smell?
- Are you self-isolating because you have been in contact with anyone suspected as having, or has tested positive for COVID-19, in the past 14 days?

They should **not be allowed to visit** if they do not pass this safety check.

It is essential they do not visit if they have a persistent cough, loss of taste or smell, flu like symptoms or fever.

What other safety measures are in place for family visiting?

Security arrangements are in place at all our hospitals to ensure entry is restricted to people with authorisation for a visit only and to assist us to adhere to the guidelines. Family visiting should be advised when they arrive at a hospital site, they should explain to security staff that they have a visit pre- arranged with the ward.

Will family who visit be able to use the facilities in the hospital?

If using the retail outlets or hospital dining facilities they must take all the necessary safety measures required – wear a face mask, maintain a 2 metre social distance where possible, apply hand sanitiser on entry and when leaving the facility etc.

Where possible family visiting should use the toilet facilities provided for members of the public. It is preferred that they do not use patient and staff toilets, unless there is no other option available.

Are family visiting allowed to freely move around the hospital?

No. At the current time, family visiting should be asked not to move around different areas of the hospital or try to visit other people in the hospital. While they are visiting, they should remain in the room of the relative / friend they are visiting.

If applicable family visiting should also be advised at this time if their relative / friend needs to go to another department for an investigation or scan etc. they will not be able to go with them as the waiting areas are too small for physical distancing to take place safely.

Is it possible to ask family to leave the ward temporarily?

There may be times when we need to ask family to leave the ward temporarily to ensure privacy, safety, space and rest for patients. If this is necessary you should explain this to them and show them to an area where it is safe for them to wait.

On some occasions, for safety reasons it may also be necessary to ask family members to leave the ward due to the number of people present at one time. The number of people able to be accommodated for visits to a ward or department at any one time will depend on the setting. For example, hospitals with single rooms may be able to accommodate more people to a ward at one time than multiple occupancy rooms/areas.

Can patients in high risk pathway (either red/ COVID or Aerosol Generating Procedure (AGP) areas) have visitors?

In high risk pathway AGP or red/ COVID areas only, family members should not visit whilst the patient is undergoing an AGP or during the Post AGP fallow time that follows the procedure. Where a unit has unit wide airborne precautions in place, family members may be allowed to enter the room but must be informed that there is a higher degree of risk due to the potential exposure to infectious aerosols. The following additional mitigation measures should be in place;

- Family member should not enter whilst the individual they are visiting is undergoing an AGP or during the post AGP fallow time.
- Ask family member to remain 2 metres from all other patients
- Provide the family member with [appropriate PPE](#)
- Guide and supervise family member when donning and doffing PPE and remind them of the appropriate times when hand hygiene should be undertaken.
- Ensure family member performs hand hygiene on leaving the ward.

Do people visiting an AGP area need to self-isolate after visiting?

If a family member visits a high AGP environment, such as a red ICU, without the specified PPE they may need to self-isolate after the exposure in keeping with current guidance.

If a family member is in a medium risk (cohort) AGP area, or is passing through an AGP area, but the person they are visiting is not on an AGP, a local decision should be taken as to whether the family member needs to self-isolate, based on; the individual case, ability to take the necessary risk mitigation steps (careful use of PPE and IPC measures), and the local environment. It is important to explain to the family member the nature of the environment they are passing through – the potential risk, and the importance of adhering to risk mitigation measures (PPE, hand hygiene, etc).

If a patient is receiving continuous AGP in a single room, and they are medium risk (negative test and low clinical suspicion), the family member does not need to self-isolate after visiting. Family members should still be encouraged to take basic precautions (facemask, hand hygiene, and strongly encouraged to take a voluntary Lateral Flow Test).

If a patient is requiring continuous AGPs in the medium risk pathway with regular testing, it's important to inform family members wishing to visit of this risk, and that if the patient is to test positive in the 48hrs following their visit, the family member will be contacted and assessed as a close contact and required to self-isolate in line with national guidance.

PPE in accordance with Table 9 of the Scottish COVID-19 IPC [Addendum](#) should be worn when visiting a high AGP environment.

It is not expected that family visiting will be routinely fitted with FFP3 masks. However, if a visitor did have an FFP3 mask they would not be required to isolate. Where patients who are COVID-19 positive are in an AGP area (e.g. ICU), and the family member is not face-fit tested with an FFP3 mask, then they would be required to isolate for the quarantine after the visit.

In principle, children can visit intensive care, but the detail of how this is managed will need to be determined by the particular circumstances in each case based on risk assessment.

If a family member needs to isolate after visiting an AGP area, can the patient choose a new family member to visit?

Yes, they can choose a new family member to visit.

Can children visit?

Children are able to visit adults in hospital and every effort should be made for a child or young person to visit a family member where possible. A child over 5 years of age is also currently expected to wear a face covering.

In End-of-Life circumstance can a family member visit if they have COVID-19?

Where the person who wishes to visit is COVID-19 positive, this should be dealt with on a case-by-case basis locally with support from the local infection prevention and control team to risk assess how this will be supported and managed.

In End-of-Life circumstance, can a family member visit if they are self-isolating because of their pre-hospital contact with the patient?

Yes. Further guidance about end of life visiting is available [here](#).

If a family member has to self-isolate *because of* a visit to a patient, and the patient's status deteriorated and they were in an end-of-life situation, further visits can take place within the isolation period, as long as the family member returns to isolation thereafter. If the family member has entered a high risk AGP (Aerosol Generating Procedure) area without a FFP3 mask, then they would need to isolate and not visit again within the period of isolation (unless in an end-of-life situation as detailed above).

Should family visiting be advised to change their clothing after visiting?

Visitors are not going from patient-to-patient in the same way staff are, or moving around the hospital in the same way staff do. Surface contamination has not proved to be a significant transmission route for COVID-19, therefore, focus for visitors should be the same as FACTS.

What if a family member tests positive for COVID-19 after visiting?

It is important to note that nosocomial prevalence of COVID-19 mirrors that of the community, therefore where a visitor contracts COVID-19 post-visiting someone who is positive, and they have been compliant with PPE, hand hygiene and physical distancing, it is more likely that they will have

acquired their infection in the community where they may not have been as vigilant with control measures. It remains important to ensure that visitors receive guidance around controls which must be adhered to whilst visiting hospitals to ensure they are fully informed of the risks and how to mitigate against them.

Where can I find further information?

Further local information about the new visiting arrangements is available on the [NHSGGC Website](#).