NHS Greater Glasgow and Clyde

Enabling Family Support for People in Hospital

Guidance for Staff

Contents

Version History

Version	Date	Summary of changes
1.0	23/12/21	First version of document
2.0	05/04/22	Addition of guidance in relation to: • Governance arrangements for reviewing visiting arrangements • Visiting in hubs and adjacent beds • Essential visiting when restrictions are gradually eased • Visiting in outpatient departments
3.0	06/05/22	Amendment of guidance to: • Strongly encourage visitors to wear face masks • Identify pathways for visitors to access LFD tests • Remove requirement to provide contact details for Test and Protect • Remove requirements for visitors to self isolate, unless symptomatic.
4.0	23/05/22	Updating guidance in light of removal of physical distancing measures.

1. Introduction

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 they consider their family or carers.

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 is 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. This continues to require to be balanced with the risks of infection, and needs to be cognisant of the safety measures which still need to be in place.

As the presence of COVID-19 in our hospitals fluctuates, and new variants are found, it is sometimes necessary to temporarily reintroduce visiting safety measures.

This guidance document provides guiding person centred and safety principles for staff to support them to safely manage visiting.

It applies to all staff working in all hospitals and community outpatient settings in NHSGGC. Where applicable, specific variation is outlined in this guidance.

1.1 National guidance

This guidance is intended to support the local application of national guidance from Scottish Government for hospital visiting and is aligned to The Scottish Winter 2021/22 Respiratory Infections in Health and Care settings - Infection Prevention and Control (IPC) Addendum.

1.2 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.

2. Remobilising visiting

The Visiting Review Team (VRT) uses a risk assessed approach to review the hierarchy of controls around visiting in the COVID-19 pandemic. Any temporary reintroduction of visiting safety measures is then communicated to clinical teams following this consideration.

2.1 Person Centred Visiting

The default position is that of person centred visiting; patients can have the support of those who matter most to them, without being restricted by set visiting times.

In most circumstances, it is appropriate to guide people to visit a maximum of two people at a time; a flexible and compassionate approach is still required.

Visiting safety measures should not be reintroduced because of increased hospital activity or staffing challenges. In such circumstances family support is more important than ever.

Recognising the negative impact on patient safety and psychological wellbeing, and the fundamental importance of peoples' rights to family life, blanket policies for all hospitals, or all patients with particular characteristics, should not be applied.

Community incidence and prevalence of COVID-19 may impact on visiting arrangements, but this should be balanced with the rights, needs and circumstances of the patient and their family.

In the event of an outbreak, the local Incident Management Team (IMT) may need to reinstate time limited and specific temporary visiting safety measures in areas to protect patients, families and staff as is normal practice in outbreak situations.

For up-to-date visiting arrangements in NHSGGC, please visit the NHSGGC website.

2.2 Essential visits only

In some situations, the VRT may recommend that essential visits only are required as a precautionary measure based on underlying risk assessments, for example in areas near outbreak wards.

In these situations, the VRT will agree what specific visiting arrangements apply, in which wards, and when these shall be reviewed. This may be a targeted approach in wards adjacent to an outbreak ward, to a hospital site, or all hospitals.

In the event of an outbreak in a ward, standard outbreak management policies will

be applied by the local Incident Management Team. This may include limiting family and carer support temporarily to essential visits only.

2.2.1 Essential visiting criteria

Where it is risk assessed as necessary to restrict visiting, **essential visits will continue.** Staff should take as flexible, person centred, and compassionate an approach as possible in applying this guidance. The examples of the type of situations where 'essential visiting' should be supported are included below:

- A birth partner supporting a woman during hospital visits
- A person receiving end-of-life care – we expect this to be defined as flexibly and compassionately as possible, to support patients at the end of life spending meaningful time with their loved ones 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
- Carers, those providing essential care or emotional support, or spiritual care
- To accompany a child in hospital
- A child in hospital is entitled to have one or both parents or carers present to support them. A child in hospital should be allowed visits from siblings or other children
- In general situations when someone is receiving information about life-changing illness or treatments
- In these and other similar situations where support from another person is essential for advocacy and wellbeing

It should be noted these examples are intended to be illustrative rather than exhaustive. A flexible, compassionate approach is encouraged - family support should be facilitated in any situation where you assess that it is important to involve family or carers for ethical, safety, or other reasons.

Individual healthcare professionals and clinical teams should feel empowered to make the right decision to meet the needs of the individual patient and their family in any given circumstance. **If in doubt, the default position should be to err on the side of compassion and facilitate family contact.**

Further guidance about essential visits is available on the NHSGGC website, along with a patient information leaflet.

2.2.2 Give and Go

If visiting is temporarily restricted, the Give and Go service will be remobilised for family to drop off essential personal items, and to pick up laundry etc.

Where Give and Go is not available, local arrangements will be recommenced in all other sites. Ward staff will need to advise patients and families of these

3. Core Principles

The following core principles are to be applied as flexibly and compassionately as possible, with each patient's needs considered on their own merits and taking account of the local context, recognising the need to be person-centred and to ensure the safety of all.

3.1 Welcoming

- We welcome and encourage the involvement of the people who matter to patients.
- Patients can have family support wherever possible, e.g., mealtimes, rehabilitation sessions, discharge planning and Multi-Disciplinary Team conversations. We will provide family members with necessary PPE to undertake these activities as required.

3.2 Patient led

- We are guided by patients whenever possible: when the people who matter will visit, how they would like them involved in their care, and when they want to rest.
- For people without the capacity to provide this information, see Adults with Incapacity (Scotland) Act 2000: principles for further information.
- On admission and on transfer into the ward we will ask the patient who matters to them and who they would like to be their family support while in hospital.
- We will take care to determine whether the individual patient wishes to receive visitors and who they want to see. The patient is under no obligation to have a visitor if they do not want one. We will respect their wishes.

3.3 Partnership

- We will work in partnership with the people who matter to patients.
- We will have conversations with the patient and their family on admission and throughout the hospital stay to advise of visiting arrangements and expectations to embed this as part of routine care conversations.
- When family contact the ward to discuss local arrangements, we will discuss what time suits all. We will approach this compassionately, handle in a manner which is sensitive to individual needs, and document appropriately.

3.4 Flexibility

- We have no set visiting times.
- We will be person centred and maximise the length of visits, as far as patients and family members wish and is possible.
- In some cases, the family members 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 independently. We will facilitate the presence of this additional person and discuss with them how the visit will be managed.
- Individual healthcare professionals and clinical teams should feel empowered to make the right decision to meet the needs of the individual patient and their family in any given circumstance. If in doubt, the default position should be to err on the side of compassion and facilitate family contact.
- Each situation should be approached in a person-centred, compassionate way with the benefits of visiting being given equal priority and balanced against the harm caused by separation or the risk of cross-infection.

3.5 Respect

- We respect peoples' individual needs and act on an individual basis to ensure the safety, privacy, and dignity of all patients.
- This means there may be times when we need to ask people to leave a clinical area temporarily.
- If a patient is particularly concerned about other patients' visitors, this should be considered and where possible they should be placed in an area where they are more distanced or separated from other patients who are having visitors.

4. Safety Mitigations

In order for transmission risk to remain low in our healthcare settings, Infection Prevention and Control (IPC) measures around family support remain.

Family should be reminded that hospital environments differ to other public places due to the increased vulnerability of patients, and therefore we often require enhanced IPC measures when compared to other public places. Family must be informed on arrival of IPC measures and be strongly encouraged to adhere to these.

Each situation should be approached in a person-centred, compassionate way with the benefits of visiting being given equal priority and balanced against the harm caused by separation or the risk of cross-infection.

The following measures should be put in place to minimise risk:

4.1 Covid-19 measures

- **Information and support** should be available to prepare family attending the hospital, so they are prepared for the extra measures in place.
- The ward door poster should be displayed prominently at the ward entrance.
- Current IPC measures taken by staff are deemed acceptable to reduce risk associated with close contact, and the same evidence-based assessment approach to this risk should be applied for the family member providing support. A risk assessed approach should be taken as required.

4.1.1 Fluid Resistant Surgical Masks (FRSM)

Family must be strongly encouraged to wear a **FRSM** for the duration of their visit in a hospital building**,** unless medically exempt, and avoid touching their face or face mask once in place.

Scottish Government guidance advises “where visitors decline to wear face coverings, clinicians/ community healthcare managers should apply judgment and consider if other IPC measures, such as hand hygiene, respiratory etiquette and ventilation are sufficient depending on the patient/resident/client’s condition and the care pathway.”

4.2 Good IPC practice

- All family should be asked not to visit if they are **unwell**.
- Family members should be provided with **appropriate PPE** when required for individual circumstance and given assistance to don and doff PPE as required.
- **Hand hygiene** measures must be adhered to by using hand washing facilities or alcohol hand rub on entering and leaving the ward/ department, following any personal contact, prior to putting on PPE and after removing PPE
- **Respiratory hygiene** also remains important. The principles of respiratory and cough hygiene can be found in section 1.3 of SICPs.
- Family should use the **toilet facilities provided for members of the public** only, not patient and staff toilets, unless there is no other option available, and must be made aware in advance of this policy before attending the hospital.

4.3 Lateral Flow Device (LFD) Testing

Families should be strongly encouraged to carry out an LFD Test before every visit and must not visit if the test is positive**.**

Kits can be ordered from the Scottish Government's website or by phoning 119.

Staff are not being asked to verify negative results on a family member's arrival but should make these expectations clear to every family member in advance, alongside existing protections detailed above.

4.4 Risk Assessment

All areas should have a local risk assessment process in place, tailored to specific local environmental or clinical needs. In NHSGGC, there is a wide variety of accommodation including single rooms, shared rooms, and open wards where there is variation to risks, control measures and mitigations which are required.

The risk assessment should clearly describe the process from entry to the hospital to the end of the visit and how safety measures will be achieved.

An example of a risk assessment for local adaptation and a risk assessment checklist can be found on the NHSGGC Visiting Resources for Staff webpage.

4.4.1 Risk Assessment for high-risk situations

Individual risk assessment for high-risk patients or high-risk cohorts of patients in inpatient or outpatient settings should be completed separately adhering to the same principles of assessment and inclusive of the individual circumstance.

5. Variation

5.1 High risk and vulnerable patients

There are many vulnerable patients in our wards and particular clinical pathways where we need to proceed with extreme caution and ensure a risk assessment is undertaken appropriately and reassessed as circumstances change.

High-risk patients may include some surgical patients, patients who are immunocompromised, organ or bone marrow transplant patients, oncology patients, cohorts of COVID-19 patients, and areas undertaking Aerosol Generating Procedures (AGP), such as Intensive Care Units.

A consultant led multi-disciplinary team individual risk assessment is advised for high-risk patients to aid decision making to determine if visits can be safely supported. Patients advised against receiving family support must be provided with an explanation and this should be reviewed as the patient's condition changes, including why it is not possible for the person providing family support to continue to visit taking the same IPC precautions as staff attending the patient. This should be reviewed regularly as the patient's condition changes.

With surgical patients the pre-op discussion with patients should explore the wishes of the patient and the need to risk assess their visiting options.

5.1.2 AGP Areas

Staff should support family members wishing to visit someone in an AGP area to follow guidance as outlined in Section 5.24 of the Winter 21/22 Respiratory Infections in Health and Care Settings IPC Addendum:

"Visitors entering an AGP area should do so after the fallow time has elapsed. Where this is not possible (continual AGP zone), visitors should be advised that there may be a risk of exposure to respiratory viruses. Visitors must wear an FRSM where respirator fit testing is not possible. Visitors should also be advised to regularly test for COVID-19 and refrain from returning to the health and care setting if positive for COVID-19 unless deemed essential and arranged with staff in advance."

5.1.3 Patients who have tested positive for COVID-19 or other respiratory pathogens

In a situation where one patient on the respiratory pathway (i.e., those who have confirmed, probable or possible cases of COVID-19 or other respiratory infection) is being cared for out with an outbreak situation (i.e. they are in a contact bay, an individual contact, a COVID hub or in a non-respiratory pathway area), it should be possible to safely manage support from at least one person, in line with other

infectious diseases with a similar risk profile to COVID-19.

The visit should be facilitated in line with the current NHSGGC visiting position wherever possible. Extra care should be taken to discuss with family members the additional risk they are taking. Reference should be made to the family member's vaccination status, underlying health conditions, ability to wear a FRSM, and other safety measures in place.

Decisions should be risk assessed based on each individual case by the clinical team at local level in discussion with the local IPC Team.

PPE in accordance with Table 10 of the Scottish COVID-19 IPC Addendum should be worn when visiting in respiratory pathways, in particular a Type IIR FRSM.

The exception to this is where there is a local outbreak. See section 2 of this document for further information.

5.2 Outpatient Departments

Patients in outpatient clinics can have the support of the people who matter to them in most circumstances. A flexible and compassionate approach is encouraged.

Circumstances where support should always be offered include, but are not limited to, where a person:

- may have difficulty understanding what course of action a clinician is discussing, for example if they have a sensory impairment
- has dementia, a learning disability or autism
- is receiving bad news or information that is potentially life-changing
- is receiving a cancer diagnosis or discussing cancer treatment options
- attends a maternity appointment in any setting including an obstetric ultrasound
- is distressed or stressed.

If it is not possible for a patient to have someone with them during a consultation, consideration should be given as to whether a family member can attend a consultation virtually. Further information about Person Centred Virtual Visiting is available on the NHSGGC website.

5.4 Mental Health, Learning Disability, Neurodevelopment and Addictions

The European Convention on Human Rights, in particular Article 8, which provides a right to respect for private and family life, is of particular relevance for people accessing mental health, learning disability, neurodevelopmental, addictions services where their stay in hospital is often lengthy. Given this, the ward is deemed their home during this period.

Therefore, the ward team must take account of evidence about the harm posed from the virus, carefully balancing this with evidence about the positive impact on health and wellbeing from seeing family on the individual's care plan.

An individual visiting plan should be discussed with the person, their next of kin and the ward clinical team, and should be reviewed on a regular basis.

5.5 Maternity and Neonatal Visiting

Specific national guidance is available which sets out how this hospital visiting guidance should be applied in these contexts. This national guidance should be implemented in alignment and context to the guidance described in this document.

5.6 End of Life Care

As has been the case throughout the pandemic, there are no restrictions on time or the number of people who can provide support for people at the end of life.

It can often be difficult to identify when someone may be nearing the end of life and interpretations of 'end of life' may differ. As such, it is not appropriate to define a set time-period for 'end of life' care in this context and instead clinical teams should adopt as compassionate and broad an approach as possible.

If someone is identified as at the end of their life and then rallies, support from family should not be stopped suddenly, but should be sensitively transitioned so that support can continue as described elsewhere in this guidance. This guidance is intended to ensure that patients nearing the end of life can spend meaningful time with their loved ones in the final days, weeks, and months of their life.

More detailed principles are set out by the Scottish Academy of Medical Royal Colleges.

5.7 Children Visiting

Children can visit adults in hospital and every effort should be made for a child or young person to be able to visit who matters to them in hospital safely.

A child is entitled to have one or both parents or carers present to support them. A child in hospital should be allowed visits from siblings or other children.

There will be rare and specific clinical circumstances where visits are not possible. For example, when an individual is severely immunocompromised following organ donation or bone marrow transplantation, safety measures relating to visiting will apply as they would in normal circumstances.

Children can visit intensive care, but the detail of how this is managed will need to be risk assessed in the particular circumstances in each case.

A child's visit may need to be facilitated by an adult; the presence of the additional person should be supported and should not prevent a visit taking place.

5.8 People who have sensory loss

Staff communication with patients and families is more challenging with the requirement for face masks. Masks impact on hearing aid's frequency. Please see additional guidance on communicating with people who have sensory loss.

If a patient whose first language is English needs to lip read, the AVA app on the Person Centred Virtual Visiting iPads should be used to facilitate communication between the patient and their family member. Further information on the AVA app is available on the Person Centred Virtual Visiting webpages.

Transparent fluid resistant masks (TFRM) have been approved for use in health and social care settings. The new TFRM, which feature a clear front panel to enable lip reading, will make communication easier.

A diverse range of individuals may benefit from the use of TFRM, including:

- autism or non-neurotypical people
- developmental language disorder (DLD)
- dysphagia (eating, drinking and swallowing disorders)
- hearing impairment or hearing loss
- cognitive impairment
- families in a neonatal or paediatric intensive care unit.

If family members have access to TFRM, they should be encouraged to use them during their visit if the person they are visiting requires them.

6. Person Centred Virtual Visiting

Virtual Visiting is an integral part of our person-centred approach to visiting. Where in-person support is not possible for any reason, a patient should be supported to use the hospital iPad or their own personal mobile or tablet to maintain contact with the people who matter to them.

However, it is important to bear in mind that this virtual approach will not be appropriate for some people, and it should not be used to replace in-person support. The virtual option is available for circumstances where in-person support is prevented either for clinical reasons or by geographical distance or because the visitor is isolating. Our first option should always be to aim to facilitate in-person support from family.

Further information about Person Centred Virtual Visiting is available on the NHSGGC website.

NHS Greater Glasgow and Clyde

Person Centred Visiting

Staff Visiting Guidance
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