

Introduction

The importance of support from family members and loved ones to people in hospital cannot be overstated, bringing comfort to both the person in hospital and the people whom they consider to be their family or carers. For example, people with dementia may have limited understanding of events, including the COVID-19 pandemic. They may experience distress and confusion – which can be eased by the presence of familiar faces of family and friends who visit. There are many other situations where we know that support from family, friends or a carer has a positive effect on quality of care including nutrition, healing, recovery and overall quality of care. Given this, family support should be a fundamental part of the care of a person in hospital and not optional.

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.

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, we recognise 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 absolutely necessary to do so to protect against the risk of COVID-19. Given progress that has been made, the time is now right to take steps to carefully re-introduce family support in hospitals more broadly.

Key principles

This visiting guidance, which updates our earlier guidance of June 30, 2020, has been designed with the following principles in mind:

- All people in hospital will be able to have support from *at least* one person of their choosing during their hospital stay.
- This will apply in all levels of the Strategic Framework.
- Helping people in hospital to get the vital support they need from family, carers or friends is of paramount importance. This should be done in a way that recognises the balance of risks proportionately and has the wellbeing and safety of all concerned at its heart.

- A person-centred focus should be adopted. The individual views and needs of each patient and, in the case of someone with incapacity, the views of the Power of Attorney or Guardian, should be central to the decision about who provides this support. If an individual lacks capacity, the principles of the Adults with Incapacity (AWI) Act make it clear that attempts should be made to involve the person in whatever way possible, considering past and present views.
- “Blanket” policies for all hospitals, or all patients with particular characteristics, should not be applied.
- Implementation of this guidance should be based on the current evidence on incidence and prevalence of covid-19 available at the time. This evidence should be balanced with the needs and circumstances of the patient and their family.
- A staged approach to the reintroduction of family support will be adopted – progression will be as fast as possible while fully taking into account the risks at key stages.
- Flexibility will be required; for example, in the event of an outbreak in a hospital and/or evidence of rapidly increasing community transmission or outbreaks.
- In the event of an outbreak the local Incident Management Team (IMT) may need to reinstate some restrictions for short periods to protect patients, families and staff as is normal practice in outbreak situations
- For example, if covid-19 cases are so numerous that they are being cohorted within a specific area of a hospital then previous guidance on limiting support to “essential visits” may need to apply for this specific group of patients.
- However, if frequency of covid-19 cases is lower and limited to an individual patient in a ward or ICU, for example, then local infection control policies should be applied as would be the case for other infectious diseases with a similar risk profile to covid-19. In these circumstances support from *at least* one person may still be possible.
- In some cases, the person providing 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.
- The person providing support can be changed if required.
- Family, carers or friends attending the hospital to provide support should continue to wear face coverings and follow existing infection control requirements
- Physical distancing should be adhered to in communal areas of the hospital wherever possible, but with appropriate IPC measures in place we expect families to be able to have close contact, such as holding hands, when they are with the person they are supporting
- This guidance has been reviewed in conjunction with Health Protection Scotland and Public Health Scotland and aligns with policies and recommendations in terms of Infection Prevention and Control (IPC).