



Llywodraeth Cymru
Welsh Government

Hospital visiting during the Coronavirus outbreak: guidance

Visiting with a purpose

This guidance will commence from 30 November 2020

This guidance supersedes NHS Wales visiting guidance of 25 March, 20 April and 15 July.

Hospital visiting during the Coronavirus outbreak: guidance – November 2020

Visiting with a purpose. To commence from 30 November

The Health Protection (Coronavirus Restrictions) (No. 4) (Wales) Regulations 2020 as amended set out the number of persons who are permitted to gather together in regulated premises, which is defined to include hospital premises and hospices.¹ This Guidance does not change those Regulations but is giving advice in the context of what is considered to be appropriate in terms of visitor numbers to maintain infection prevention and control in hospital and hospice settings during the pandemic.

This guidance supersedes NHS Wales visiting guidance of 25 March, 20 April and 20 July.

Summary

- To ensure the health and safety of patients/service users and staff our first priority is the prevention and control of infection in healthcare settings.
- In order to comply with the 2 metres social/physical distancing measure it is still necessary to restrict the number of visitors.
- Virtual visiting should be encouraged and supported where possible.
- Face-to-face visiting needs to be agreed in advance and outdoor visits may be offered if appropriate.
- Visiting should be with a clear purpose and agreement for visiting based on the best interests of the patient/service user or the well-being of the visitor.

Guidance

The Welsh Government supports a person-centred, flexible approach to visiting. However, Wales is still in a phase of sustained community transmission of COVID-19 and our first priority is the prevention and control of infection in our healthcare settings. This is to ensure the health, safety and wellbeing of patients/service users, staff and visitors themselves.

[Welsh Government guidance](#) currently states that 2 metres social/physical distance needs to be maintained as one of the key measures to help prevent the transmission of COVID-19. Insofar as possible, this measure needs to be maintained in a healthcare setting. To adhere to the social distancing measure, it is still necessary to restrict the number of visitors in healthcare settings.

The importance of continuing to support the well-being both of patients/service users and their families and loved ones during this difficult time is fully appreciated. It is recognised health boards and trusts have been innovative in finding alternative ways to enable patients/services users to maintain contact with their relatives and friends

¹ <https://gov.wales/health-protection-coronavirus-restrictions-no-4-wales-regulations-2020-amended>

through virtual visiting using mobile phones, tablets etc and this should continue where possible. There is immense value in cards, phone calls, e-mails, social media as well as video calls.

Therefore, this updated guidance aims to assist health boards and trusts to strike a balance in terms of the visiting principles between allowing **visiting with a purpose** and the clear need to maintain robust infection prevention and control strategies at this stage in the pandemic, for the safety of patients, visitors and staff.

This guidance is being kept under review and will change as the pandemic status alters.

The guidance remains that health boards and trusts should not return to “business as usual” in relation to visiting.

Some people may require essential support assistants for specific additional support eg a support worker or interpreter. Essential support assistants are not to be classed as visitors in the traditional sense. In some circumstances, where people receive care and support from a family member or partner they may nominate this person as their essential support assistant.

All visitors aged 11 or over are required to wear a face covering in indoor public areas unless they have a reasonable excuse not to wear a face covering, for example if you have a health or disability reason for not wearing one. [Read further guidance on face coverings and exemptions](#). In so far as possible, visitors should also maintain 2m physical distancing whilst on the hospital premises.

Visiting, with agreement from the ward sister/charge nurse/nurse in charge, can be facilitated as follows; as long as visitors do not have any symptoms of COVID-19 or are recovered from COVID-19 and have not been knowingly exposed to someone with COVID-19 in the past 14 days:

Within non-COVID-19 areas and services

- One parent guardian, or carer at the bedside at a time for paediatric inpatients and neonates.
- Patients who are in the last **days** of their life - this can be up to two visitors at a time, for a specified amount of time, from the same household or part of an [extended household](#). If not from same household or not part of an extended household they should visit the bedside separately and maintain distance outside of the clinical area.
- An essential support assistant and one birthing partner for women in active labour, preferably from the same household or part of an extended household. Further advice on maternity service is set out in Annex 2
- In general, one visitor at a time for a patient with mental health needs, dementia, learning disability or cognitive impairment, where lack of visiting would cause distress or it is required as a reasonable adjustment to support

access to health assessment or intervention. However the number and frequency of visitors should be considered on an individual basis in light of the patient's/service user's needs, care plan and in consultation with their support staff or carer..

- Children and young people may visit a parent/guardian/carer or sibling in a healthcare setting and should be accompanied by one appropriate adult.
- People with long term conditions which necessitate increased length of stay in a healthcare setting or people with specific care and well-being needs that the visitor/carer actively contributes to, for example, feeding, supporting communication needs and supporting rehabilitation. The health and well-being of these patients may benefit from seeing appropriate visitors, as their length of stay is over many weeks. This should be documented in their care plan.

COVID-19 confirmed and possible infectious areas (assessment areas)

- Infection Prevention and Control (IP&C) procedures in these areas must be clear and any visitors must be made aware of the risks and advised of IP&C measures in place including the use of any PPE required during their visit.
- End of life COVID-19 patients may receive visitors during their last days of life, if permission is sought in advance from the ward sister/charge nurse/nurse in charge. This may be up to two visitors, one at the bedside at a time, for a specified amount of time, preferably from the same household or part of an [extended household](#).
- People who were formerly shielding² or who are otherwise at increased risk from the virus³ should avoid hospital visits wherever possible. Where a hospital visit is deemed essential, for example to visit a loved one in the last days of life, hospitals should provide medical masks. All permitted visitors must adhere to hand hygiene and infection control precautions on arriving and leaving the area.

Exceptionality

It is recognised that guidance cannot foresee all requests for visiting nor all patient circumstances. Therefore, health boards and trusts do have the discretion, when operating the guidance, to agree to visiting requests that are not outlined in any of the categories set out above where they are satisfied the benefits to the well-being of

² <https://gov.wales/guidance-people-extremely-vulnerable-covid-19-who-have-been-shielding>

³ <https://gov.wales/people-increased-risk-coronavirus>

the patient or visitor in agreeing a visit outweigh the infection control risks and any other practical difficulties in facilitating access.

Agreeing visits

It is important that **all** visitors have agreement from the ward sister/charge nurse/nurse in charge before travelling for each visit. It may not be possible for visitors to see their loved ones every day and agreement for one visit should not be taken as agreement for further visits. This should be made clear to the visitor.

Staff should treat all requests from visitors with compassion and empathy whilst ensuring the patient's best interests are met. Face-to-face visiting should be with a purpose ie not just a social occasion. It is to improve the well-being and aid the recovery of a patient or benefit the well-being of a visitor e.g. a visit from a young person who is distressed at not being able to see their parent, guardian or carer. All visitors aged 11 or over are required to wear a face covering in indoor public areas unless they have a reasonable excuse not to wear a face covering. For example, if you have a health or disability reason for not wearing one. [Read further guidance on face coverings and exemptions⁴](#).

Advice can be sought from the Infection Prevention and Control team if required. All visits need to be risk assessed and Annex 1 provides a checklist of questions to aid decision-making for visits.

Outdoor visits for patients not known to be infected with COVID-19

Scientific evidence suggests that the virus survives less well in sunlight. This means that the risk of transmission is thought to be greatly reduced when outdoors.

If health boards and trusts are in a position to support outdoor visits, for example in the grounds or gardens of the healthcare setting, such visits should be made in accordance with [Welsh Government guidance](#). Visitors should maintain the 2 metres distance from patients/service users, staff and other visitors at all times.

Health boards and trusts may offer outdoor visits if they feel in certain circumstances that such visiting arrangements would be appropriate and possible to arrange. Annex 1 provides a checklist to aid staff in considering visits.

⁴ <https://gov.wales/face-coverings-guidance-public>

Accompanying patients to scheduled healthcare appointments

It may be necessary for visitors to accompany patients/service users to scheduled appointments in a healthcare setting. This may be in the following situations, which are by no means exhaustive:

- Individuals with a mental health issue, dementia, a learning disability or autism, where not being accompanied would cause the patient/service user to be distressed. Where possible, visits for such service users should be considered on an individual basis in light of the patient's/service user's needs, care plan and in consultation with their support staff or carer.
- Individuals with cognitive impairment who may be unable to recall health advice provided.
- Some people may require essential support assistants for specific additional support eg a support worker or interpreter. Essential support assistants are not to be classed as visitors in the traditional sense. In some circumstances, where people receive care and support from a family member or partner they may nominate this person as their essential support assistant.
- Where the treatment/procedure is likely to cause the patient distress and the visitor can provide support.

Appointment letters and websites should provide advice and contact details for visitors to request approval to accompany patients (where appropriate). The letters may include advice on:

- The need to adhere to social/physical distancing as well as hand hygiene and infection control precautions on arriving and leaving the appointment.
- People who were formerly shielding⁵ or who are otherwise at increased risk from the virus⁶ should avoid hospital visits wherever possible. Where a hospital visit is deemed essential, for example to visit a loved one in the last days of life or to attend as an outpatient, hospitals should provide medical masks
- All visitors aged 11 or over are required to wear a face covering in indoor public areas unless they have a reasonable excuse not to wear a face covering. For example if you have a health or disability reason for not wearing one. [Read further guidance on face coverings and exemptions⁷](#).

⁵ <https://gov.wales/guidance-people-extremely-vulnerable-covid-19-who-have-been-shielding>

⁶ <https://gov.wales/people-increased-risk-coronavirus>

⁷ <https://gov.wales/face-coverings-guidance-public>

All requests to accompany patients need to be risk assessed and Annex 1 provides a checklist of questions to aid decision-making for visits. Guidance on accompanying pregnant women to pre-planned antenatal appointments is provided at Annex 2.

Accompanying patients to unscheduled healthcare appointments

It may also be necessary for visitors to accompany patients/service users to unscheduled appointments, for example to Emergency Departments. If via ambulance this will need to be at the discretion of ambulance/emergency department staff and requests should consider the individual patient's/service user's needs and the support which can be provided by the visitor to help them understand their treatment and/or alleviate their distress.

Considerations for visiting in non-COVID-19 healthcare settings

Staff should treat all requests for face-to-face visits with patients compassionately and with empathy whilst ensuring the patient's best interests are met. Indoor visiting should always be by appointment for one visitor at a time for a limited time period unless the patient/service user is in the last days of their life.

Consideration should be given as to whether or not outdoor visiting is an option for the patients. If it is, an offer should be made for outdoor visiting in accordance with [Welsh Government guidance](#).

All requests and offers for visits need to be risk assessed and the following considerations will aid decision making:

- Does the patient/service user meet the exceptions to visiting for patients not infected with COVID-19?

If not:

- Is the request for visiting with a purpose? ie not a social occasion but to improve the well-being and aid the recovery of a patient or benefit the well-being of a visitor?
- Would the patient's/service user's health and well-being benefit from seeing an appropriate visitor?
- Is the patient/service user COVID-19 free and placed on a COVID-19 free ward?
- What is the COVID-19 situation in the healthcare setting? Visiting will need to be suspended if an outbreak or increased numbers of patients with symptoms of COVID-19 (or other infection) occurs in the healthcare setting.
- Has the patient/service user already received a face-to-face visit from another relative? Visits should preferably be with people from the same household or part of an [extended household](#) and ideally be limited to one household/extended household in any given week, however visiting arrangements should take into account individual circumstances - multiple adult children may each be living in separate households for example. The aim here is to limit the number of contacts as far as possible whilst ensuring compassionate arrangements for visiting.

Practicalities and location of visit

- Has provision been made to ensure all chairs and equipment are cleaned between visits?

- Can hand sanitiser be provided for the visitor at a fixed point?
- The expectation is that visitors would provide their own face coverings, but in the event a visitor arrives without one, consideration should be given to providing one.
- Can the visit be facilitated outdoors, such as a garden?
- Do staffing levels support outdoor visiting?
- If the visit cannot be facilitated outdoors, is there a separate side room in the healthcare setting which can be used?
- How will the visitor safely journey from the car park through the building to and from the patient's/service user's location?
- For outdoor visiting, consider how the visitor will safely journey from the car park to the outdoor location.
- Is there sufficient signage to the patient's/service user's indoor or outdoor location as well as social distancing reminders?
- Will the visitor need to be escorted to the patient's/service user's indoor or outdoor location?
- Have any other visits been arranged at the same time in the side room or outdoor location?
- Is there facility for a designated, well sign-posted "visitor toilet" near to the visiting location?
- How will visitors of different patients/service users be managed to prevent too many visitors at one time in a location.

Questions to discuss with the visitor

- Has the visitor considered other methods to maintain regular contact with their loved one? For example, phone calls, e-mails, social media and video calls.
- Is the visitor self-isolating? Do they have COVID-19 symptoms? People who have COVID-19 symptoms or are required to self-isolate, including as an identified contact of a positive case under Test, Trace and Protect Strategy must stay at home and are not permitted to visit.
- Does the visitor understand that if they arrive and are displaying any symptoms consistent with COVID-19 they will be asked to leave immediately?
- Does the visitor understand that visiting may have to be suspended if an outbreak or increased numbers of patients with symptoms of COVID-19 (or other infection) occurs in the healthcare setting?

- Does the visitor understand that agreement for this visit does not mean they may see their loved one every day? Agreement will need to be sought for subsequent visits.
- Is the visitor able to travel to the healthcare setting?
- Does the visitor understand the need to maintain the 2 metre social distance from patients/service users, staff and other visitors at all times in the healthcare setting or outdoor location? Does the visitor understand that they will need to listen and adhere to staff advice on hand hygiene and infection control precautions on arriving and leaving the area?
- Does the visitor intend to bring a young child or toddler? This should be discouraged due to the difficulty of maintaining social distancing.
- Does the visitor understand that if they were formerly shielding or are otherwise clinically vulnerable, they should avoid hospital visits? Where a hospital visit is deemed essential, for example to visit a loved one in the last days of life, hospitals should provide medical masks.
- Does the visitor understand that all visitors aged 11 or over are required to wear a face covering in indoor public areas unless they have a reasonable excuse not to wear a face covering. For example if you have a health or disability reason for not wearing one. [Read further guidance on face coverings and exemptions](#). Has the visitor been advised that they should bring their own face covering with them?
- Does the visitor understand that food and drink may not be shared and gifts/flowers are discouraged?
- Does the visitor to the outdoor location understand that they may not enter the healthcare setting unless they wish to use the designated “visitor toilet”?
- Does the visitor understand that outdoor visits are weather dependent and may be cancelled at relatively short notice if there is no alternative visiting area?

Framework to assist NHS Health Boards to assess visitor access for partners, visitors and other supporters of pregnant women in Welsh maternity services during Covid pandemic

Purpose of this Framework

This framework is designed to assist NHS Health Boards in Wales to flexibly adapt access for partners, visitors and other supporters of pregnant women in maternity services according to local viral transmission rates. It applies to inpatient and outpatient settings. It does not apply to women who have tested positive for Covid-19 for whom there is a defined pathway in each Health Board.

Background

This framework has been informed by the guidance provided to NHS England from the Royal College of Midwives (RCM) and Royal College of Obstetricians and Gynaecologists (RCOG) and the subsequent published framework by NHSE (September 2020). It has been reviewed to ensure it meets advice and guidelines in operation in Wales with the support of key stakeholders from Health Boards in Wales. Visiting is challenging during a pandemic, and the priority must be the safety of all service users (including pregnant women), staff and visitors.

Health Boards must tailor policies to the local situation and be innovative in the way that visiting access is enabled. In periods of local / national lockdowns Health Boards should revise guidance according to need, working with Maternity Service Liaison Committees, local staff representatives (including health and safety representatives), other professional groups (e.g. sonographers) as well as appropriate infection control and public health experts.

Take a risk assessed approach

We suggest that Health Boards undertake a risk assessed approach, following a meaningful and documented assessment, making any necessary changes according to local transmission of the virus to either relax or reinstate previous levels of restrictions.

Information to support Health Boards to risk assess visiting policies can be utilised in the Royal College of Midwives' briefing 'Reintroduction of visitors to Maternity Units across the UK during the COVID-19 pandemic':

<https://www.rcm.org.uk/media/4161/rcm-briefing-on-reintroduction-of-visitors-to-maternity-units-in-the-covid-pandemic-003.pdf>. More general information is available from the Health and Safety Executive.

Policies on permitting access to women's partners, visitors or other supporters should be regularly reviewed, be tailored to your local context and take account of:

- current national pandemic risk and government policy;
- NHS recovery phases;
- local trends in Covid-19 incidence and prevalence;
- physical space in the maternity service, including in waiting areas and clinic rooms;
- the number of women expected to attend an outpatient scan or clinic, and the use of waiting areas which are shared with other services;
- the number of women expected in an inpatient maternity unit (e.g. a postnatal ward), distance between bed spaces and cots as well as flow through ward; and
- staffing of the maternity clinic / unit.

Mitigating the risk of transmission

While clinical services are a potential source of viral transmission between service users (including pregnant women), staff and visitors, this risk can be mitigated by:

- requiring all hospital staff, service users and visitors over the age of 11 to wear a face covering in indoor public areas unless they have a reasonable excuse not to wear a face covering, for example if they have a health or disability reason for not wearing one. [Read further guidance on face coverings and exemptions.](https://gov.wales/face-coverings-guidance-public)
<https://gov.wales/face-coverings-guidance-public>
- facilitating good hand hygiene by signposting to hand-washing stations or alcohol gel;
- encouraging good respiratory hygiene through the 'Catch it, Bin it, Kill it, Wash your Hands' approach (e.g. using a tissue to catch coughs or sneezes and immediately disposing of this in a bin);
- supporting 2-metre social distancing according to national guidance in healthcare settings <https://gov.wales/coronavirus-social-distancing-guidance>
- introducing one-way systems where feasible and proactively managing the risk of queues and pinch points;
- staff using personal protective equipment (PPE), as directed by national guidance; <https://gov.wales/clinical-guidance-coronavirus>
- implementing government advice requiring individuals with COVID-19 symptoms to not visit women admitted to hospital or accompany women to outpatient appointments;
- where possible, recommending that partners, visitors or other supporters should preferably be from the same household or part of an [extended household](#) as the woman;
- checking on arrival that partners, visitors or other supporters do not have symptoms suggestive of Covid-19 infection or other indications that require a self-isolation period (e.g. recent foreign travel to some countries, recent contact with an infected person) <https://gov.wales/self-isolation-stay-home-guidance-households-possible-coronavirus> and requesting that under either circumstance, they leave the clinical premises and return home immediately;

- for women admitted in a hospital or community birth centre, asking the woman to nominate her birth partner and, if required, essential support assistant who can attend during her admission;
- minimising the movement of visitors and service users around the premises;
- not permitting children under the age of 16 to visit or accompany women to appointments; in exceptional circumstances, this can be discussed with the midwife/person in charge who should make an individualised decision;

Assessing restrictions of partners, visitors or other supporters to maternity inpatient services

Consideration should be given to the needs of women who require additional support to access maternity services and for whom reasonable adjustments may be required. This may be in the following situations, which are by no means exhaustive:

- ☐ Women with a mental health issue, a learning disability or autism, where not being accompanied would cause them to be distressed.
- ☐ Women with cognitive impairment who may be unable to recall health advice provided.
- ☐ Where the treatment/procedure is likely to cause the woman distress and the partner/nominated other can provide support.
- ☐ Where a woman has specific communication needs and may require support to understand information

Women with support needs such as those listed above may also require an essential support assistant to accompany them to appointments and when in a hospital setting.

Definitions of partners, visitors and essential support assistants

Birth partners are persons nominated by the woman to accompany her during labour and birth. They are not necessarily life partners, but may be other supportive persons such as relatives, friends or doulas.

Visitors and other supporters of pregnant women are other people who either visit a woman during her stay in hospital or a community birth centre, or accompany her to outpatient appointments. This may include her partner, a relative, a friend or a doula.

Essential support assistants are individuals required by women with specific additional support needs, e.g. a support worker or interpreter. Essential support assistants are not to be classed as visitors in the traditional sense. In some circumstances where a woman usually receives care and support from a family member or partner they may nominate this person as their essential support assistant.

It is anticipated the risk levels will be set by predominately following the overall Health Board's risk levels. However, localised risk assessments should also be

undertaken for individual maternity units / services. This risk assessment should be carried out on a multi professional basis.

Essential support assistants, birth partners and visitors may support women in a maternity unit / hospital setting within these defined risk assessed levels of restrictions.

Risk Rating	Labour and Birth Settings	Antenatal or Postnatal Inpatient settings	Maternity Outpatients	Ultrasound Appointments
Very High	Essential support assistant AND / OR a single birth partner in active labour	Women to attend appointments alone. However essential support assistants able to attend to provide specified support. One nominated adult may accompany the woman attending where she requires familiar support for consultations which may cause her distress.	Women to attend appointments alone. However essential support assistants able to attend to provide specified support. One nominated adult may accompany the woman attending where she requires familiar support for consultations which may cause her distress.	All scans: Women to attend scans alone. However essential support assistants able to attend to provide specified support. One nominated adult may accompany the woman attending where she requires familiar support for consultations which may cause her distress.
High	Essential support assistants AND / OR a single birth partner in active labour	Women to attend appointments alone. However essential support assistants able to attend to provide specified support. One nominated adult may accompany the woman attending where she requires familiar support for consultations which may cause her distress.	Women to attend appointments alone. However essential support assistants able to attend to provide specified support. One nominated adult may accompany the woman attending where she requires familiar support for consultations which may cause her distress.	Specified scans: One nominated adult to accompany the woman to the appointments specified below* where social distancing can be achieved All other scans: As very high risk level
Medium	Essential support assistants AND / OR a single birth partner in all stages of labour if national guidance on social distancing can be achieved in the local setting	Essential support assistants AND / OR up to one designated /nominated visitor if national guidance on social distancing can be achieved in the local setting.	Essential support assistants AND / OR up to one designated /nominated visitor if national guidance on social distancing can be achieved in the local setting.	Specified scans: One nominated adult to accompany the woman to the appointments specified below* where social distancing can be achieved All other scans: As very high risk level

Low	Phased reintroduction of usual birth policies, if different to medium risk level.	Phased reintroduction of usual visiting policies, if different to medium risk level.	Phased reintroduction of usual visiting policies, if different from medium risk level.	Phased reintroduction of usual visiting policies, if different from medium risk level.
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* early pregnancy assessment unit scan (EPAU) / early pregnancy dating scan (11 weeks + 2 days to 14 weeks + 1 day) / fetal anomaly scan (18 to 20 weeks + 6 days) / attendance at Fetal Medicine Department

Considerations when arranging inpatient visiting opportunities

Restricting the time allowed for a single visit, offering morning or afternoon visiting sessions for adjacent bed spaces, or operating a visit booking system are some approaches that will maintain social distance between visitors.

You may need to tailor your approach across services if one section of the service (e.g. birthing units) has ample physical space but others (e.g. postnatal wards) do not.

NHS Health Boards are also advised to keep and retain a list of women attending each clinic / health care setting so that she can be contacted to provide details of anyone who has accompanied her and provide their names and contact details, to aid the Public Health Wales Test, Trace and Protect teams if contact tracing is indicated <https://gov.wales/test-trace-protect-coronavirus>.

Sample guidance for visitors to inpatient services is in the RCM's briefing Re-introduction of visitors to Maternity Units across the UK during the COVID-19 pandemic <https://www.rcm.org.uk/media/4161/rcm-briefing-on-reintroduction-of-visitors-to-maternity-units-in-the-covid-pandemic-003.pdf>.

Assessing restrictions for supporters of pregnant women to maternity outpatient services

We recommend a similar approach for assessment of restrictions for accompanying adults, including planned birthing partners, to maternity outpatient services and ultrasound appointments.

The measures to mitigate the risk of transmission also apply to adults accompanying women to maternity outpatient services in community and hospital settings.

Women should be encouraged to attend their appointment on time and to wait outside the hospital if they arrive early.

If it isn't feasible for partners or other individuals to accompany the woman in the waiting area, consider whether it is practical for them to wait outside the hospital/clinic (or in their car). They can be called into the clinical area when the clinician is ready to begin the appointment. Take account of whether it is acceptable for the accompanying adults to enter the room later than the woman, or whether it is

possible to organise services in a way that enables this (including a possible impact on the length of the appointment), and whether this will lead to overcrowding and prevent social distancing in the external waiting areas.

Pausing or reversing the reintroduction of visitors to maternity services

Pausing the reintroduction of visitors, or reversal back to more stringent restrictions, may be warranted in response to the local or national transmission risk, or if a recent increase in the number of visitors was unsafe.

The decision-making process for pausing or reversal should be clearly recorded. Discuss your reasons with local Maternity Services Liaison Committees and staff-side representatives. Consider sharing why you've made the decision, to help assure women and visitors that the leadership team has considered all reasonable approaches and adjustments but finds the practice unsafe.

Informing the Welsh Government

Health Boards should inform the Office of the Chief Nursing Officer immediately prior to changing their approach to visitor access to maternity services. Please email OCNOMailbox@gov.wales

Considerations for visiting in non Covid-19 Hospice settings

This guidance should be read in conjunction with Annex 1 above: Considerations for visiting in non-COVID-19 healthcare settings.

Hospices place family and carers care at the heart of good palliative care. Being able to share time with friends and family at the end of life contributes, not only to the wellbeing of the patient, but also to their loved ones. Where possible all visiting requests are met with sensitivity and understanding, particularly during the last days of life, where death is imminent.

As a result of the numbers of people affected by coronavirus pandemic, hospices are having to do things a little differently.

Hospices want to provide families and loved ones with the opportunity to visit COVID-19 positive patients and others receiving end of life care. In order to do this, they must consider that prevention and control of infection, is supported by detailed risk assessment and careful planning, to ensure the health and safety of patients, visitors and staff. Hospices will need to continue restricting the number of visitors if this is necessary, to comply with **social distancing measures**.

Revised guidance on hospital visiting during the coronavirus outbreak (effective from 30 November), is, where relevant, also applicable to hospices. The guidance sets out that, where patients are in the last days of their life, up to two visitors may be allowed at a time, for a specified amount of time, from the same household or part of an **extended household**. If not from the same household or not part of an extended household, they should visit the bedside separately and maintain distance outside of the clinical area.

Agreement, in advance of any visit to a hospice, should be sought from the Hospice manager, before a visit is made.

- Virtual visiting is encouraged and supported where possible, but in the case of face-to-face visiting, this needs to be agreed in advance and outdoor visits may be offered if appropriate. Hospices should consider local situations, including COVID-19 outbreak status and the unique structure of each hospice.
- All visitors to health and care facilities must wear face coverings; Guidance in relation to the new measures, including reasonable excuses for not wearing face coverings, can be found at: <https://gov.wales/face-coverings-guidance-public>
- Risk should be balanced against:
 - the benefits to individual wellbeing of having visitors;
 - the extent of harm experienced by a patient or by a visitor from a lack of visitation, particularly for people in the final hours or days of life;

- the provisions and needs outlined in an individual's care plan.
- Hospices have discretion to meet the individual needs of patients and to deliver family centric care, at a time when the presence of family or friends will be particularly important.
- This individualised and flexible approach must take into consideration a patient's wishes, proximity to death, rights, family needs and any cultural or religious needs. Patients should be involved in this approach as far as possible. These discussions should be documented within the patient's notes so that there is a written record.
- Hospices may apply different rules for different patients, in particular for people in the final hours or days of life. Planning should be done in advance in cases where this is possible. Information and decisions should be shared quickly with patients, families and staff.
- The approach to making decisions on visiting, including factors taken into consideration for a decision and the decision making process, should be outlined in a visiting policy, which is distributed to patients and families.
- For hospices with an In-Patient Unit (IPU), it is important to provide clarity and gain consensus with the IPU team on its visiting policy.
- It is recommended hospices enable pre-booking and recording of visits, avoiding ad-hoc visits where possible.
- Supporting children to visit loved ones can be a key part of their bereavement support.
- In the event of an outbreak in a hospice and/or evidence of community hotspots or outbreaks, hospices may rapidly impose visiting restrictions to protect patients, staff and visitors. In this situation, hospices should set out alternative options to maintain social contact and keep families updated.
- Local lockdown rules should also be taken into consideration before arranging any visit. Guidance can be found at: <https://gov.wales/local-lockdown>
- This guidance is being kept under review and is likely to change as the pandemic status alters.