

DOCUMENT CONTROL PAGE

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Designation:	Deputy Chief Nurse
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Originated By: Deputy Chief Nurse

Designation: Deputy Chief Nurse

V1. Modified by: Infection, Prevention and Control Team and Consultant Virologist. CEO and Director of Midwifery, SMH.

Designation: Lead Nurse, Infection Prevention and Control and CEO and Director of Midwifery, SMH

V2. Modified by: Deputy Chief Nurse.

V3. Modified by: Deputy Chief Nurse.

V4. Modified by: Deputy Chief Nurse, Directors of Nursing/Midwifery, Assistant Chief Nurse (IPC), Head of Nursing (Patient Experience).

V5. Modified by: Deputy Chief Nurse, Directors of Nursing/Midwifery and Assistant Chief Nurse (IPC)

V6. Modified by: Deputy Chief Nurse, Directors of Nursing / Midwifery and Assistant Chief Nurse (IPC)

V7. Modified by: Directors of Nursing/Midwifery, Chief Allied Health Professional and Head of Nursing (IPC).

V8. Deputy Chief Nurse, Directors of Nursing / Midwifery and Assistant Chief Nurse (IPC)

V9. Deputy Chief Nurse, Directors of Nursing / Midwifery and Assistant Chief Nurse (IPC)

V10. Deputy Chief Nurse, Directors of Nursing / Midwifery and Assistant Chief Nurse (IPC) - Takes account of Living with COVID-19: Visiting healthcare inpatient settings principles June 2022, and National Infection Prevention and control manual for England 14th April 2022.

V11. Deputy Chief Nurse, Directors of Nursing/Midwifery/Assistant Chief Nurse (IPC) – minor amend to extend review date to 30th September 2022 14th October 2022 – review date extended to 31st January 2023 (or before if required during Winter Months).

Ratified by: Chief Nurse/R&R

Date of Ratification:

Version 2: 25th March 2020

Version 3: 24th July 2020

Version 4: 7th October 2020

Version 5: 14th April 2021

Version 6: 23rd December 2021

Version 7: 2nd January 2022

Version 8: 14th February 2022

Version 9: 18th March 2022

Version 10: 6th April 2022

Version 11: 8th June 2022

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1 Introduction

- 1.1 The Novel Coronavirus (COVID-19) outbreak which began in December 2019 has presented a significant world-wide challenge.
- 1.2 On 30th January 2020, the WHO declared the outbreak of COVID-19 a “Public Health Emergency of International Concern” (PHEIC).
- 1.3 On 23rd March 2020 the UK Prime Minister announced that people must stay at home and away from others in order to reduce the spread of Coronavirus. In light of a reduced prevalence of Coronavirus in the UK, on 23rd June 2020 the Prime Minister announced an easing of previous measures.
- 1.4 On 27th July 2020, the UK Government published the “*Government’s approach to managing local coronavirus outbreaks*”, setting out a framework to contain local outbreaks.
- 1.5 Since February 2022, the need for compliance with social distancing guidelines and other risk mitigation measures to keep COVID-19 has now been discontinued in community settings following publication of COVID-19 Response: Living with COVID-19¹
- 1.6 Guidance published in March 2021, Visiting healthcare inpatient setting during the COVID-19 pandemic has been updated in June 2022², the requirement for face covering (masks) following assessment and to limit the number of visitors to two people remains in place.

2 Context

- 2.1 The Trust’s response to the impact of COVID-19 continues to be managed through Emergency Preparedness, Resilience and Response structures and processes. Command and control structures and processes enable the Trust to respond to the impact of the COVID-19 pandemic and to support the recovery of services. This policy has been developed within the context of these structures and processes.
- 2.2 This policy is set in the context of the following national and regional documents and guidance:
 - Living with COVID-19 Visiting healthcare inpatient settings: principles
 - NHS Infection prevention and control recommendations³
 - MFT Emergency Planning Policy⁴
 - Visiting healthcare inpatient settings during the COVID-19 pandemic: principles⁵, which superseded previous NHS Visitor Guidance

¹ UKHSA Guidance COVID-19 Response: Living with COVID-19

² Visiting healthcare inpatient settings while COVID-19 is in general circulation: principles C1658

³ <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

⁴ <https://intranet.mft.nhs.uk/documents/policies/2558>

⁵ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C1112-visiting-healthcare-inpatient-settings- during-the-covid- 19-pandemic-v2.pdf>

- Visiting healthcare inpatient settings while COVID-19 is in general circulation: principles V4⁶
- UK Government Coronavirus guidance and support⁷
- NHS supporting pregnant women using maternity services during the coronavirus pandemic: Actions for NHS providers⁸
- National guidance for the recovery of elective surgery in children⁹

2.3 Inpatients in healthcare settings can be more vulnerable to severe illness because of COVID-19. It may be necessary to temporarily increase restrictions in clinical areas that experience COVID-19 outbreaks or where patients have specific vulnerabilities to infection.

3 Aims of the Policy

3.1 The aims of this policy are to:

- Protect patients and staff by reducing the risk of transmission of infections.
- Safely welcome visitors whilst providing clarity to staff and visitors of visiting within Trust premises, as we live COVID-19 in general circulation.
- Respond to changing national and local restrictions as COVID-19 cases increase and decrease within the hospitals settings as COVID- 19 continues to be in general circulation.

4 Principles of the policy

4.1 The principles of this policy are:

- Maintaining contact with friends and family during a hospital admission is important to a patient's experience and where visiting restrictions prevent contact in person, alternative arrangements should be agreed as part of the patient's individual plan of care.
- Two visitors can visit during agreed visiting times, determined locally at ward / department level, where this can be achieved safely and the patient wishes to receive a visitor.
- Anyone showing any symptoms of COVID-19 should not visit. This is essential for infection prevention and control precautions.
- Anyone feeling unwell, should not visit.
- Where a face-to-face visit is not practical then virtual visits should be arranged and supported.
- Patients may be accompanied (in outpatients and the Emergency Departments) where appropriate and necessary to assist their communication and/or to meet their health, care, emotional, religious, or spiritual care needs.

⁶ Visiting healthcare inpatient settings while COVID-19 is in general circulation: principles V4

⁷ <https://www.gov.uk/coronavirus>

⁸ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0961-Supporting-pregnant-women-using-maternity-services-during-the-coronavirus-pandemic-actions-for-NHS-provi.pdf>

⁹ <https://www.rcpch.ac.uk/resources/national-guidance-recovery-elective-surgery-children>

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- All visitors to Trust premises are requested to wear a fluid resistant surgical face mask, and to comply with other safety measures, including handwashing and donning the appropriate PPE as identified by the clinical staff responsible for the patient's care.
- Where specific needs have been identified, the number of visitors permitted and the length of time they may stay will be influenced by the assessed level of risk relating to the risk of transmission of infection however wards and department visiting times will no longer be restricted to one hour.
- Visiting times will be displayed at the entrances of the wards/departments in addition to information to help reinforce good infection prevention and control (IPC) practices

5 Scope

5.1 This policy is applicable to all hospitals and inpatient areas within the MFT Group including Manchester/Trafford Local Care Organisation inpatient areas.

6 Definitions and key terms

- 6.1 Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause illnesses in people. For example, some coronaviruses cause the common cold; others cause diseases which are much more severe such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS), both of which often lead to pneumonia. COVID-19 is the illness seen in people infected with a new strain of coronavirus not previously seen in humans¹⁰.
- 6.2 Patients with specific needs include: patients receiving end of life care, patients whose condition is assessed by clinical staff as significantly deteriorating, patients with cognitive impairment/learning disability/autism, women in labour, children/neonates, patients receiving treatment in critical care settings and patients with visual/auditory impairment who require support to communicate effectively.
- 6.3 Essential visitors are individuals who support patients with specific care and communication needs, such as interpreters and carers (including young carers). Such visitors should be considered to be part of the care team and are not included in the number of visitors that a patient is permitted to have. Essential visitors will, however, be considered in the total number of people who can safely be accommodated within a specific area at any one time.
- 6.4 Birth partners are persons nominated by a 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.
- 6.5 For the purpose of this policy children are defined as 0 to 16 years of age.

¹⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869827/Coronavirus_action_plan_-_a_guide_to_what_you_can_expect_across_the_UK.pdf

7 Duties and Responsibilities

- 7.1 **The Trust** must respond to the COVID-19 pandemic in line with Emergency Planning, Resilience and Response processes and must comply with national requirements. The Trust will recognise the value of visiting and implement appropriate restrictions on visiting Trust premises in order to protect patients and staff.
- 7.2 Hospital/MCS/LCO Chief Executives and Directors of Nursing/Midwifery are responsible for the dissemination, implementation and monitoring of this policy in their areas and amongst their staff. This includes establishing visiting times for each ward and department.
- 7.3 **Heads of Nursing / Lead Nurses / Matrons / Departmental Managers / Team and Ward Managers** will ensure the implementation of this policy into their services. They must ensure that all staff are aware of the policy and support staff to comply with the policy. They must ensure that clinical areas are regularly risk assessed to determine the relevant patient pathways undertaken within the areas for which they are responsible and that exceptions to visiting restrictions are recognised, individual risk assessments are undertaken, and appropriate visiting plans are put into place. They should ensure that facilities and processes are in place to support virtual visiting where possible to facilitate communication with patients' loved ones. All clinical areas will display posters and other forms of information, advising patients and those who do need to visit Trust premises of the restrictions and local arrangements.
- 7.4 **Group Director of Estates and Facilities** must ensure that Sodexo staff and contractors working on the Trust's sites comply with this policy. Security staff must be briefed on the content and application of this policy and have access to a route of escalation for advice.
- 7.5 **All Staff** must comply with the policy. On arrival, patients and their families / carers must be made aware of the Trust's COVID-19 Visiting Policy by the clinical staff responsible for their care. If an adult who is bringing a child/young person for care and/or treatment is asked to leave Trust premises for refusing to comply with this policy the relevant safeguarding children team must be contacted to provide support. If staff suspect that an adult who refuses to comply with this policy does not have mental capacity to make an informed decision regarding the implications of not receiving their care and/or treatment, the relevant safeguarding adult team must be contacted to provide support.
- 7.6 **Patients and Visitors** must be asked to follow this policy. Visitors who refuse to comply with the policy may be asked to leave Trust premises. Any such discussions must be managed with sensitivity and compassion.

8 Detail of Procedural Document

8.1 Risk Assessment

- 8.1.1 The risk associated with permitting visitors to access different locations across the Trust's premises must be regularly assessed and monitored, as set out in the Roles and Responsibilities section of this policy. The following factors should be considered when assessing risk:

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- Local and national restrictions and rates of COVID-19 infection.
- Outbreaks of COVID-19 infection: a clinical area in which an outbreak has occurred must be treated as a high-risk area until the outbreak is closed.

8.2 Adult Emergency Departments

Patients may be accompanied by one person when attending the Emergency Department where they require additional support during their time spent in the department. To aid with social distancing at peak times, patients in the emergency department who do not require additional support may be requested to attend on their own. Whilst in the department a fluid resistant surgical mask should be worn and movement should be restricted.

8.3 Inpatient adult wards

Visiting is allowed in all adult clinical areas, with local risk assessment taking place at times of an outbreak in order to prevent the transmission of Coronavirus.

- Visitors do not need to undertake a Lateral Flow Test prior to visiting, except in some pre-determined high-risk areas and confirmation gained.
- Visitors are required to wear a surgical mask and may be required to wear additional PPE as appropriate.
- Children (aged under 16 years) may be permitted to visit adult areas, please see guidance set out in point 9.3 of this policy.

8.4 Children's wards

- **Two parents/named family members** may visit, of **which one** may be resident with the child. Resident parents/named family members must comply with specified safety measures at all times.
- Siblings who live in the same household may visit at a pre-arranged time for a defined time period, if it is assessed that this can be safely accommodated.
- The needs of children with a learning disability and/or autism must be assessed on the day of admission and daily thereafter and an individual visiting plan must be established to meet their needs.
- Visiting times are not restricted for identified parents/family members.
- Visitors are required to wear a surgical mask and may be required to wear additional PPE as appropriate.
- Shared facilities must only be used by one person at a time and must be cleaned after use. Please refer to the RMCH local Standard Operating Procedure for further detail.

8.5 Neonatal Units

- For babies cared for in all areas of the Newborn service, Parents (or a parent and a nominated care giver) are now able to fully access Newborn Services to see their baby(ies).

- Siblings who live in the same household as the baby may visit at a pre-arranged time for a defined period. This can be arranged with the nurse caring for the infant, who will inform the senior nursing staff for confirmation

8.6 Delivery Units/Birth Centre

- Two birth partners are permitted for all women in line with individual choice .
- No children are permitted to visit during the intrapartum period .
- Without exception, all birth partners must wear PPE as appropriate in accordance with sections 4 and 11 of this policy.
- Visitors do not need to undertake a Lateral Flow Test prior to visiting, except in some pre-determined cases and confirmation gained.

8.7 Maternity wards (65, 66, 47, C2 and C3 and ERP AN /PM wards North Manchester)

- **2 visitors** are permitted in accordance with adult visiting arrangements set out in section 8.2 of this policy.
- Without exception, all visitors must wear PPE as appropriate in accordance with sections 4 and 11 of this policy.
- Visitors do not need to undertake a Lateral Flow Test prior to visiting, except in some pre-determined cases and confirmation gained.
- **Siblings** are permitted to visit maternity wards from 17.00-19.00 daily

8.8 Maternity triage – all sites

- **One person** is permitted to accompany women attending triage areas.
- Without exception, the essential visitor/named birth partner accompanying the woman must wear PPE as appropriate in accordance with sections 4 and 11 of this policy
- Visitors do not need to undertake a Lateral Flow Test prior to visiting, except in some pre-determined cases and confirmation gained.

8.9 Antenatal Assessment Unit/Antenatal Clinics/Maternity Day Care/Emergency Gynaecology Unit (EGU)

- Women can be accompanied throughout their antenatal care if they wish
- **One person** may accompany a woman to all scans. If the woman's scan results are distressing, staff must provide the opportunity and privacy for the woman and her partner to discuss the results before leaving the clinic.
- Without exception, the person accompanying the woman must wear PPE as appropriate in accordance with sections 4 and 11 of this policy.
- Children / siblings are permitted unless this causes childcare difficulties resulting in the woman finding it difficult to access care.

8.10 All outpatient settings

- Patients who attend face to face outpatient appointments should attend alone where possible. Patients who wish to be accompanied may bring one person to their appointment.

- Parents/Carers attending with children, should only bring the patient, siblings of the patient are not permitted to attend the appointment unless this causes childcare difficulties resulting in difficulty to access care. Anyone attending an outpatient service must wear a fluid resistant surgical face mask, and appropriate PPE requirements if required.

9 Patients with specific needs

9.1 Patients with specific needs are defined in point 6.2 of this policy. Essential visitors who meet a specific, identified care or communication need must not be counted as named visitors.

9.2 Patients receiving end of life care and patients experiencing significant deterioration in their condition

9.2.1 If a patient is receiving end of life care or their condition is assessed by the responsible clinician as deteriorating and unlikely to improve in the near future (including patients with COVID-19), the senior clinician and Ward Manager/Nurse in Charge will assess the individual needs of the patient and family, with the input of the patient (where possible), or the parents if the patient is a child, and agree an increased number of visitors, and extended visiting times.

9.3 Children and young people

9.3.1 Children (aged under 16 years) may visit adult areas at the discretion of the nurse in charge, this includes when visiting patients who are receiving end of life care and it is assessed by the senior clinician and Ward Manager/Nurse in Charge as appropriate for a child to visit accompanied and supported by a visitor.

9.4 Patients with a learning disability, autism or cognitive impairment

9.4.1 A carer with whom the patient is familiar may be identified as an essential visitor to provide additional support to the patient at any time. Carers and visitors may be required to wear appropriate PPE if the patient has suspected or confirmed COVID-19.

9.5 Patients who require support to communicate

9.5.1 Patients whose first language is not English must be given access to interpreting services to ensure effective communication throughout their admission and to support good discharge planning.

9.6 Patients receiving treatment in critical care settings

9.6.1 It is important that the need for loved ones to visit patients is balanced with the need to maintain a safe environment. **One or two** visitors may visit a patient receiving treatment in a critical care bed if this can be safely facilitated.

9.6.2 Patient receiving End of Life Care or who have experienced significant deterioration in the condition must be considered individually in accordance with section 9.2 of this policy. Visiting must be arranged in advance with the Nurse in Charge. Visitors must be triaged to

confirm that they have no current symptoms of COVID-19, have not been in contact with anyone positive or tested positive in the last 10 days.

9.6.3 Children are not permitted to visit critical care areas other than in the exceptional circumstances set out in point 9.3 of this policy.

10 Virtual visiting and family liaison

10.1 In order to support families to maintain contact during the patient's admission, processes must be in place within all inpatient areas to support and encourage patients to access virtual visiting and alternative means of communicating with family and friends, such as FaceTime or WhatsApp. Opportunities for a "virtual visit" should be offered to patients following ward rounds or significant events.

10.2 In areas where visiting is restricted, clinical staff must ensure that daily contact is maintained with identified family members, as agreed by the patient or identified through a best interest process. The frequency of contact may be reduced if agreed by the patient and family.

11 Care of patients' visitors

11.1 Safety measures

- Staff must provide education on hand hygiene, wearing of face masks and other PPE where this is indicated, and must ask any visitors who are permitted to access the Trust's premises to comply with infection prevention and control policies. Visitors who refuse to comply with these policies may be asked to leave the Trust's premises.
- Arrangements must be in place to inform visitors if the level of risk changes in a specific area resulting in a change to the visiting arrangements.
- In maternity services, all birth partners will be expected to wear a mask whilst they are in the hospital. Any exemptions are discretionary and must either be agreed prior to the visit or be agreed with the Midwife/Nurse in Charge of the ward. The name of the birth partner who is exempt from wearing a mask should be documented in the patient's notes.
- Birth partners will not be allowed into theatre without a face mask. If a birth partner is exempt from wearing a face mask, he/she will not be allowed into theatre as he/she is unable to wear a mask.

11.2 Visitor illness

11.2.1 Visitors must be advised NOT to visit any Trust premises if they are unwell.

11.3 Preventing transmission of Coronavirus

11.3.1 All visitors must comply with hand hygiene, social distancing, the wearing of surgical face coverings and additional PPE requirements.

11.4 Welfare of visitors to inpatients

11.4.1 In exceptional circumstances, if food outlets are not available, arrangements may need to be made to meet the nutritional and hydration needs of permitted visitors if the visiting

period exceeds 4 hours. Religious dietary requirements and times of eating will need to be taken into consideration.

12 Equality Impact Assessment

- 12.1 The Trust is committed to promoting Equality, Diversity and Human Rights in all areas of its activities.
- 12.2 It is important to address, through consultation, the diverse needs of our community, patients, their carers and our staff. This will be achieved by working to the values and principles set out in the Trust's Equality, Diversity and Human Rights Strategic Framework.
- 12.3 To enable the Trust to meet its legislative duties and regulatory guidance, all new and revised procedural documents, services and functions are to undertake an equalities impact assessment to ensure that everyone has equality of access, opportunity and outcomes regarding the activities.
- 12.4 The Trust undertakes Equality Impact Assessments (EqIA) to ensure that its activities do not discriminate on the grounds of: Religion or belief Age Disability Race Gender Sexual orientation Human Rights Trans Pregnancy and Maternity Socially excluded groups Marriage and civil partnership Human rights.
- 12.5 An EqIA has been undertaken and amendments were made to version 11 of this policy to take the findings into account.

13 Consultation and ratification

- 13.1 Consultation includes Directors of Nursing/Midwifery, Assistant Chief Nurse (Infection Prevention and Control), Assistant Chief Nurse (Safeguarding) and members of the COVID-19 Strategic and Tactical Groups (version 1-3).
- 13.2 Ratification will be undertaken by the Chief Nurse/Director of Infection Prevention and Control (DIPC) and COVID-19 Strategic Group.

14 Implementation and monitoring

- 14.1 Hospital/MCS/LCO leadership teams must disseminate this policy and ensure that their respective staff are aware of this policy and are taking the necessary steps to implement the policy.
- 14.2 Compliance with the policy must be monitored in all areas through the daily Core Huddle process and any deviations from compliance must be immediately escalated to the Ward/Team Manager and Matron so that they can be addressed.
- 14.3 The policy will be available on the Trust's intranet site and key aspects of the policy will be communicated on the Trust's internet site.