Scottish Government
Riaghaltas na h-Alba
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Visiting Guidance for Hospitals in Scotland

30 June 2020

Version History

Version	Date	Summary of changes
1.1	30/06/20	First version of document

Introduction

The importance of visiting within hospitals cannot be overstated, bringing comfort to both those receiving visitors and to those visiting. Some patients are living with dementia, and have limited understanding of events, including the COVID19 pandemic. They may experience distress and confusion – which can be modified by the presence of familiar faces of family and friends who visit. We also know that visits can have a positive effect on diet and nutrition. As such, visiting should be seen as a fundamental part of the care of a patient in hospital.

The COVID19 pandemic has meant that visiting has had to be suspended in all but a few exceptional situations – at the end of life, for patients with dementia where not seeing a family member would cause distress, people with autism or a learning disability, for children, and for birth partners. This was an essential provision to minimise the spread of Covid 19 and to keep patients, visitors and staff safe. However, the absence of visitors has increased social isolation.

Now that the pandemic is showing signs of being contained, the time is right to reintroduce visiting to hospitals on a phased basis.

The purpose of this guidance is to support a staged approach to the reintroduction of visiting in hospitals over and above essential visits in a safe and planned way.

These principles are designed to be evidence-based, consistent and compassionate, recognising that the presence of family and loved ones is a clinical intervention of vital importance to recovery and wellbeing.

The underpinning aim of the guidance is to balance the risk associated with visiting with the harm associated with the loss of visiting. The guidance considers how visiting may be re-introduced while minimising the risks to patients, staff and visitors.

These principles are designed to be evidence-based, consistent and compassionate, recognising that the presence of family and loved ones is a clinical intervention of vital importance to recovery and wellbeing.

The development of this guidance has been undertaken with the following principles in mind:

1. Visiting should adopt a person-centred approach. 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. 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.
2. Patient, staff and visitor safety is crucial.
3. “Blanket” policies for all hospitals, or all patients with particular characteristics, must be avoided.

4. An evidence-based approach is required for both national and local implementation of visiting practice.
5. A staged approach to the reintroduction of visiting will be adopted; progression will be as fast as possible while fully taking into account the risks at key stages.
6. Flexibility will be required; for example in the event of an outbreak in a hospital and/or evidence of community hotspots or outbreaks, hospitals may have to impose visiting restrictions to protect patients, staff and visitors.
7. A clear national policy for the testing of hospital staff and visitors.
8. Visitors should wear face coverings.
9. The 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).

Staged approach to the reintroduction of visiting

COVID19 is extremely infectious – and its effects have been devastating. The infection can be passed very easily from person to person and the use of public spaces (especially indoors) and close contact increase that risk. Reintroducing social routines including visiting has to be done with extreme care and although infection rates are slowly improving across Scotland, it is possible that there may be a second 'peak'.

To reduce the risks there will need to be very careful attention to IPC measures when visiting is re-introduced. Key among these will be regular handwashing, the use of alcohol-based hand rub, wearing face coverings, and adherence to physical (social) distancing.

If there are risks identified with this approach, restrictions may be resumed. Visiting to any area where there is an outbreak of Covid 19 will have to be reviewed in accordance with public health guidance.

At a national level, each stage of easing of restrictions will be assessed depending on scientific advice and the progress of the infection rates. Progression will be as fast as possible while fully taking into account the risks at key stages. Stages may be delayed if scientific advice suggests that the risks of relaxing measures cannot be minimised.

In order to minimise risk, there will be a staged approach to the reintroduction of visiting. Appendix one provides a four-staged approach which is summarised below and in the attached graphic.

This guidance only applies to areas of hospitals where there is no Covid-19. Covid areas should continue to follow the current guidance (stage 1), which restricts visiting to all but essential visits.

Staged approach to visiting
(each stage is dependent on the scientific advice given at the appropriate time)

Staged Readiness	Stage 1 (prior to any relaxation)	Stage 2 (subject to scientific advice)	Stage 3 (subject to scientific advice)	Stage 4 (subject to scientific advice)
Visiting	Essential Visits only (End of Life, birth partners, children, patients with mental health issues including dementia, learning disabilities, autism)	Essential Visits And One designated visitor observing physical distancing	Essential Visits And Two designated visitors at the same time observing physical distancing	Essential Visits And Implementation of local plans for phased re-introduction of person-centred visiting with no restrictions. This process to take no longer than four weeks
Required	Visitors must maintain physical distancing wherever possible Visitors must wear face coverings; staff must wear face coverings in clinical areas A strict cleaning and hand hygiene regime must be in place Restricted movement to other areas of hospital unless of part of care for patient – i.e. birth partner attending scan, parent accompanying child or other similar situation			
Settings	Hospitals with no Covid 19 outbreak. Essential visits can still take place to Covid areas. Covid areas should remain at stage one restrictions, with essential visitors only.			

Stage 1, with the policy of essential visits only (see definition below) has been in operation throughout the pandemic.

Stage 2: (*parallels phase 3 of the national route-map and in accordance with the required level of community prevalence of Covid-19*)

A relaxation of visiting restrictions will commence with one named visitor at stage 2. This does not mean that there are no risks, therefore this will be limited to one named visitor only (see definition below), at 2m safe distancing, wearing a face covering, as well as any further PPE that the area being visited considers necessary. Handwashing will remain crucial to protect visitors and patients alike.

In addition to essential visits as specified in the guidance of March 24, people in hospital will now be allowed a single named visitor

Patients should be asked to identify one key visitor who will be able to visit them while in hospital.

Visitors should arrange with ward staff a time to visit in advance in order to manage numbers of people present at any one time so physical distancing can be maintained.

NHS Boards should not impose set time restrictions on visiting as this would make physical distancing harder to maintain by concentrating groups of people into one area at the same time.

Risk assessments should be carried out where required and these may need to be tailored to specific environmental or clinical requirements locally.

The number of people able to be accommodated for visits to a ward or clinical area at any one time will vary depending on the setting.

For example, hospitals with single rooms may be able to accommodate more visitors to a ward at any one time than multiple occupancy areas. Individual settings should consider how many visitors it is possible to accommodate on a ward at any one time. This should however be done against the context of overall footfall throughout the hospital.

Visitors should wear face coverings and any other PPE as indicated by the clinical team and must adhere to strict hand and respiratory hygiene by washing their hands with soap and water, or using alcohol hand gel, prior to entering and leaving the ward and covering the nose and mouth with a disposable tissue when sneezing, coughing, wiping or blowing the nose. These should be disposed of immediately in the bin and hand hygiene performed immediately afterwards.

If visiting a patient with suspected or confirmed COVID-19, visitors should be provided with the appropriate PPE.

Physical distancing should be maintained where possible during visits.

Visitors should not visit other patients or clinical areas during their visits.

We expect these principles to be applied compassionately, taking account of the local context, recognising the need to be person-centred at all times and especially in areas such as ICU, learning disabilities, autism, mental health, frail elderly, dementia and maternity. In general situations when someone is receiving information about life-changing illness or treatments, or other similar situations where support from another is essential for support and well-being.

Specific examples of application include: In maternity settings, partners or birth partners being able to attend ante-natal, clinic or scan appointments with their partner. A parent or guardian can accompany a child to hospital. Frail elderly people who don't have dementia can now be visited by a loved one by arrangement. Discussions about cancer treatment can be attended by a loved one or carer.

In the case of someone with learning disabilities or mental health, visits should be tailored and flexible to meet the needs of the individual. For example, visits could

take place once a day or several times a day and could include a paid carer or family member to participate in care, reducing the stress and distress experienced by the individual.

This list is not intended to be exhaustive and we expect this guidance to be applied consistently and compassionately.

Other people who are in attendance to support the needs of the person in hospital, such as a carer/supporter/personal assistant, should not be counted as an additional visitor. Where possible, when this extra support is needed, advance contact with the ward or department will be helpful in enabling them discuss local considerations and make appropriate arrangements.

In-person visits can be supported by other alternatives such as person-centred virtual visiting using tablets or mobiles. However, it is important to bear in mind that virtual visiting will not work for a significant group of people and it should not be used as the default option or to replace in-person visiting. Virtual visiting is available for extreme and rare circumstances where an in-person visit is prevented either for clinical reasons or by geographical distance. Our first option should always be to aim to facilitate in-person visiting.

Anyone with symptoms of coronavirus should not visit, even if these symptoms are mild or intermittent, due to the risk they pose to others.

Stage 3: *(parallels phase 4 of the national route-map in accordance with required level of community prevalence*)

All the provisions detailed in phase 2, with the addition of:

A total of two named visitors allowed, by prior arrangement with the clinical area (this is two visitors in total, not two visitors in addition to the one named visitor in phase one). The two visitors should visit the patient at the same time.

During this phase, Boards will be required to submit to the Scottish Government plans outlining a proposed approach to returning to full person-centred visiting in phase 4 (see below).

Stage 4: *(commences approximately with the end of phase 4 with community prevalence at the required level)*

Phased local return to person-centred visiting policy based on local risk assessment. We recommend this process should be completed over approximately four weeks or less.

Social distancing guidance may change for this phase.

Local restrictions may need to be reintroduced in response to specific geographical outbreaks.

Continued strict adherence to hand hygiene guidance.

Visits to other patients in hospital permitted.

Continued exclusion of anyone with COVID19 symptoms no matter how mild, or anyone self-isolating because they have had contact with someone with COVID19.

Definitions - essential visit and designated visitor

An **essential visit** is one where it is imperative that a relative or friend is allowed to see their loved one in a number of exceptional circumstances. These include at end-of-life, for patients with a mental health issue such as dementia, autism or learning disabilities where the absence of a visitor would cause distress, to accompany a child in hospital, or any other situation where clinical staff assess that it is essential to involve family or carers for ethical or patient safety reasons.

A **Designated Visitor** is someone chosen by the patient who they would like to be their named visitor. This might be a spouse or next of kin or a friend. That person will be the first to visit in the early stages of allowing visiting and we recommend this person should also be the main link for communication. The designated visitor is in addition to any essential carer/personal assistant/support required for care.

The impacts of isolation

The pandemic has created an unprecedented situation with the necessary cessation of visiting to hospitals and this has had an impact on patients, families and staff. Studies on the positive benefits of family presence in hospital have shown improvements in patient safety, patient and family experience and staff experience. Whilst it has been necessary to restrict visiting during the pandemic, we recognise the importance of re-instating person-centred visiting to make sure these benefits are realised for all concerned and human rights are respected.

The impact on people with dementia and others with cognitive and communication difficulties, and also people experiencing momentous changes in their lives such as childbirth or life-changing illness, has been significant. This situation makes the re-introduction of hospital visiting, and indeed other person-centred improvement work, an important element of the NHS Scotland recovery plan.

Planning for a return to visiting

We suggest approaching each stage from three perspectives – that of the individual patient and their characteristics; the individual visitor and their characteristics; and the specific environment of the hospital in question.

After such a lengthy period during which there have only been essential visits happening (i.e. those for end of life situations or specific situations of distress) and in which individuals will have been living in very different ways, it is important that the

recommencement of visiting is handled in a manner which is supportive and sensitive. Patients should be asked who they want their Designated Visitor to be.

Care should be taken first of all to determine whether the individual patient wishes to receive visitors and who they want to see as their Designated Visitor.

The Designated Visitor should arrange with staff a visiting time in advance, in order to manage numbers of people present at any one time so physical distancing can be maintained.

Designated Visitors are likely to have specific concerns and expectations about their relative and the conditions of visiting which could be discussed in advance. Some patients may find the conditions associated with recommencement of visits difficult and emotional. Staff should be supported to prepare visitors as well as possible and be familiar with approaches which may help. Designated visitors can be changed if required. We have prepared a sample information leaflet that you might find helpful to support visitors.

Staff may be fearful about the risks of harm associated with visitors returning and how they will manage the conditions which will make this possible and safe. They are also likely to be concerned about the reactions of patients and visitors and how they can best support emotionally challenging situations.

Both staff and designated visitors would benefit from being supported to anticipate different responses and prepared with some potential coping strategies. In the context of visiting restrictions continuing for some time, there is much to be learned from care teams who have been especially successful in adopting a range of methods to maintain connections between relatives, residents and themselves. Continuing to develop augmented channels of communication such as virtual visiting will be important.

It will be important during stage 2 that there is an appropriate assessment of the individual, the visitor and the hospital or ward environment. This will enable documented local risk assessments to be undertaken.

The patient

The needs of the patient

Consideration will need to be given to the specific needs of the patient involved, and what matters most to them. The main goal of visiting is to reduce distress for the patient and promote good recovery. The patient needs to be at the centre of all the decision making and supported to be able to make a decision as to which person or persons they may wish to see.

Consideration will also need to be given to the communication needs of patients. Communication may be more challenging with the requirement for face coverings and physical distancing. Hearing aids work best within 1m but decrease in effectiveness by 50% at 2m and masks impact on the hearing aid's frequency. Guidance on communicating with people who have sensory loss is available here.

How will the visit happen?

Consideration needs to be given to how frequently a patient may wish to see their visitor. It may be necessary to stagger visits and it may be necessary to limit the length of time of visits in order to ensure not too many people are in the ward at the same time. It will also be important to think of practical issues such as where the visit might take place (see below).

All of these requirements will need to be clearly explained to patients and family members.

Other considerations:

- Is there an added risk to their health and wellbeing which might result from a visit taking place?
- Does the patient need to physically distance and are they able to understand what this means in practice?
- Are visitors aware of the importance of social distancing, hand hygiene and respiratory and cough hygiene?

Visitors

The family of a patient may require to be supported in making the decision in stage 2 as to who is to be the Designated Visitor. If a patient has been in hospital for a long period of time, the health and wellbeing of their family member may have changed and this may cause distress to the visitor. Staff should be prepared to support both anxiety and upset should it occur. The following should be considered before visitors are permitted to visit:

- Visitors must not have symptoms of COVID19 and if they have recently had COVID19 they must have followed guidance on self-isolation.
- Visitors must not attend if they are self-isolating for suspected or confirmed COVID19, or if they have recently returned from foreign travel.
- Visitors must not attend if they or their household have had contact with a confirmed case of COVID19.
- The overall health of the visitor needs to be taken into account especially should they be an individual who may be in a particular at-risk group. They should be advised of the risks which may result from any visit to the hospital.
- The Designated Visitor can be changed by arrangement if required.
- Visitors will need to consider how they will travel to the hospital and in particular whether their journey necessitates the use of public transport. Guidance on how to travel safely is available from Transport Scotland.
- Visitors will be required to wear face coverings at all times.
- They will be required to restrict themselves to the locations where the visit will be taking place as directed by hospital staff.

The hospital

Every hospital should be encouraged to risk assess and where required develop a Visiting Protocol. No visiting, other than essential visiting, will take place while there

is an outbreak of Covid 19 in an area. This protocol should describe in plain and accessible terms the process of visiting from Designated Visitor contact to the end of the visit. The protocol should describe how a visit to the hospital will take place. The terms of this protocol should be agreed in liaison with the local Health Protection Team. Particular consideration and an appropriate local risk assessment will need to be undertaken for care homes where there is an outbreak occurring. This should be done in collaboration with the local Health Protection Team.

Every hospital should have a risk assessment process in place, tailored to specific environmental or clinical needs locally. An example risk assessment form is provided at Appendix 2.

All visits

Regardless of the location of the visit there are some practical steps that need to be considered. These will include:

- Is there sufficient staffing to supervise visiting if it is deemed necessary?
- Could a one-way system be introduced to minimise the risk of contact with others?
- What needs to be in place to minimise/avoid contact with other patients and staff?
- How will the hospital ensure visitors follow good practice such as hand washing, respiratory hygiene, physical distancing etc?

Toilet facilities:

- Visitors should use toilet facilities provided for members of the public only, not patient and staff toilets, unless there is no other option available, and should be made aware in advance of this policy before visiting.

Feedback on the guidance

If you have feedback on this guidance please email: ruth.jays@gov.scot

Appendix 1: Staged approach to visiting hospitals

Stage readiness	Stage 1	Stage 2*	Stage 3*	Stage 4*
Visiting	Visitors with no COVID19 Essential Visits (End of Life Care, Stress and Distress behaviours, children, birth partners)	Visitors with no COVID19 Essential Visits Visits from a single designated visitor Visits pre-arranged with clinical area Local risk assessment process in place Hand hygiene and face coverings Social distancing Specific examples of application provided to health boards	Visitors with no COVID19 Essential visits Visits from 2 designated visitors at the same time and appropriate social distancing. All other Stage 2 restrictions remain in place Health boards draw up local recovery plans to move back to person-centred visiting during phase 4 and submit to SG policy team	Visitors with no COVID19 Essential visits. Implementation of local plans for phased re-introduction of person-centred visiting with no restrictions. This process to take no longer than four weeks. Implementation of local plans for phased return to person-centred visiting with accompanying risk assessment Not expected to last more than 4 weeks Limited visits to other patients in hospital permitted during implementation phase Social distancing guidance may change for this phase Continued adherence to hand hygiene and face covering guidance Local restrictions may need to be reintroduced in response to

				community prevalence or geographical outbreaks.
Requirements	Visitors must maintain physical distancing wherever possible Visitors must wear face coverings; staff must wear face coverings in clinical areas A strict cleaning and hand hygiene regime must be in place Restricted movement to other areas of hospital unless of part of care for patient – i.e. birth partner attending scan, parent accompanying child or other similar situation			
Settings	Hospitals with no COVID19 outbreak Essential visits can still take place to Covid areas. Covid areas should remain at stage one restrictions, with essential visitors only.			

ID:

Appendix 2: Sample Risk Assessment Form

Use this form for any detailed risk assessment unless a specific form is provided. Refer to your Summary of Hazards/Risks and complete forms as required, including those that are adequately controlled but could be serious in the absence of active management. The Action Plan and reply section is to help you pursue those requiring action.

Name of Assessor:		**Post Held:**	
Department:		**Date:**	
Subject of Assessment: E.g.: hazard, task, equipment, location, people			
Hazards (Describe the harmful agent(s) and the adverse consequences they could cause)			
Description of Risk Describe the work that causes exposure to the hazard, and the relevant circumstances. Who is at risk? Highlight significant factors: what makes the risk more or less serious – e.g.: the time taken, how often the work is done, who does it, the work environment, anything else relevant.			
Additional Local Units Description of Risk			

Existing Precautions

Summarise current controls In place	**Describe how they might fail to prevent adverse outcomes.**

Bed Spacing Current General Precautions	

Level of Risk - Is the control of this risk adequate?

Give more than one risk level if the assessment covers a range of circumstances. You can use the 'matrix' to show how 'likelihood' and 'consequences' combine to give a conclusion. Also, be critical of existing measures: if you can think how they might fail, or how they could be improved, these are indications of a red or orange risk.

Risk Matrix

Likelihood	Impact/Consequences				
	Negligible	**Minor**	**Moderate**	**Major**	**Extreme**
Almost Certain	**Medium**	**High**	**High**	**V High**	**V High**
Likely	**Medium**	**Medium**	**High**	**High**	**V High**
Possible	**Low**	**Medium**	**Medium**	**High**	**High**
Unlikely	**Low**	**Medium**	**Medium**	**Medium**	**High**
Rare	**Low**	**Low**	**Low**	**Medium**	**Medium**

Very High **High** **Medium** **Low**

Current risk level

Given the current precautions, and how effective and reliable they are, what is the current level of risk? **Green** is the target – you have thought it through critically and you have no serious worries. Devise ways of making the risk green wherever you can. **Yellow** is acceptable but with some reservations. You can achieve these levels by reducing the inherent risk and or by effective and reliable precautions.

High (Orange) or Very High (Red) risks are unacceptable and must be acted on: use the Action Plan section to summarise and communicate the problems and actions required.

Action Plan (if risk level is **High (Orange) or Very High (Red)**

Use this part of the form for risks that require action. Use it to communicate, with your Line Manager or Risk Coordinator or others if required. If using a copy of this form to notify others, they should reply on the form and return to you. Check that you do receive replies.

Describe the measures required to make the work safe. Include hardware – engineering controls, and procedures. Say what you intend to change. If proposed actions are out with your remit, identify them on the plan below but do not say who or by when; leave this to the manager with the authority to decide this and allocate the resources required.

Proposed actions to control the issue List the actions required. If action by others is required, you must send them a copy	**By Whom**	**Start date**	**Action due date**

Action by Others Required - Complete as appropriate: (please tick or enter YES, name and date where appropriate)

Report up management chain for action	
Report to Estates for action	
Contact advisers/specialists	
Alert your staff to problem, new working practice, interim solutions, etc	

Reply

If you receive this form as a manager from someone in your department, you must decide how the risk is to be managed. Update the action plan and reply with a copy to others who need to know. If appropriate, you should note additions to the Directorate / Service Risk Register.

If you receive this as an adviser or other specialist, reply to the sender and investigate further as required.

Assessment completed - date:	**Review date:**

Appendix 3: Sample Visiting Guidance for Families and Carers

Stage Two/Three

We are beginning to introduce controlled visiting. Your continued support in protecting not only our patients and staff, but also you as visitors and the wider community, is equally important.

It is critical during this stage that visits only take place at pre-arranged times. These will be jointly agreed between you, the person you are visiting and staff. This arrangement is in place to ensure we control the number of people in one area of the hospital at any one time.

You may be asked to limit your visit to a set amount of time, to allow other visitors to visit other patients, and to allow staff to manage numbers of people in any one area at a time.

Action to be taken

1) You will be asked before entering the ward/clinical area to wash your hands with soap and water. Hand-washing should take a minimum of 20 seconds, following the hand-washing guide which will be visible in the area you are visiting.

2) You will again be asked to clean/rub your hands with the alcohol-based gel when you leave.

3) You will be asked to wear a face covering. You should bring one with you and put it on before entering the hospital. You may be asked to wear additional protective garments by staff where needed.

4) You are asked to maintain a two-metre distance between you and your loved one, even if you were part of the same household or social bubble prior to admission to hospital. This is because the risks of infection change and become much higher once someone comes into hospital. We fully understand this is difficult for both you and your loved one, however it is a critical protective factor for you both, our staff and the wider community.

5) In addition, you may be asked a series of questions by the staff – this is normal in the current times and is intended to try and make sure that everyone stays safe.

6) Part of the process of being a Designated Visitor for someone in hospital includes being asked to provide your contact details; this is normal in the current circumstances and is to assist Public Health, Trace and Protect colleagues should there be a need to contact you.

7) Please do not to bring in food parcels, flowers, helium balloons or similar items.

1) Have you felt unwell recently – especially with a cough, breathlessness, tiredness, a temperature or vomiting or diarrhoea?	
2) Have you been in contact with someone, in the past 14 days, who is suspected of having or is confirmed as having COVID-19?	
3) Have you been told by your GP or other NHS professional that you should not be visiting a hospital?	
4) Please supply your contact details: these may be used by Public Health as part of the 'Test and Protect' strategy, should there be a necessity following your visit to the hospital.	