

POLICY DOCUMENT CONTROL SHEET

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Ratification

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Name / Job Title of Executive Sponsor of Ratifying Body:	QHCG Committee
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VERSION CONTROL TABLE

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October 2005	1.0	Superseded
July 2009	2.0	Approved
January 2012	3.0	Approved
July 2014	4.0	Draft
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TABLE OF REVISIONS

Date	Section	Revision	Author
July 2009	Full	Full	L Robson, J Todd, S Lonie, H Rutter
January 2012	Full	Full	M Grieveson
July 2014	Full	Full	M Grieveson
March 2016	Section 4.2, 4.5	Recommendations from local evaluation report of patient and staff feedback.	J Salkeld

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1 DOCUMENT SUMMARY

It is the policy of County Durham and Darlington NHS Foundation Trust (CDDFT) to work in partnership with patients and their visitors. It is expected that all healthcare professionals treat visitors with dignity, respect and politeness at all times. It is expected in return that visitors treat staff and patients in the same way. Staff will ensure the patient's safety, privacy and dignity are paramount at all times and will validate the identity of visitors prior to sharing of information.

CDDFT recognise that visiting times are important for patients and their relatives; not only are they opportunities to stay in touch with each other but they are also useful opportunities for relatives to talk to staff about progress and treatment. Therefore, all wards and departments within CDDFT will operate open visiting times 11.00 hours until 19.00 hours, for the benefit of patients and their visitors, however visitors are not expected to stay for the whole time period, but can visit during this time period at their convenience.

2 PURPOSE

The aim of this policy is to provide guiding principles for visiting that promote health and safety, wellbeing and infection prevention and control activities whilst maintaining the patient's privacy and dignity. The policy is also designed to ensure that patients receive rest, private care, treatment and that mealtimes are uninterrupted.

2.1 Objectives

The objectives of the policy are:

- To facilitate appropriate visiting arrangements for hospital patients
- To ensure that there is provision of restful times in a quiet environment for patients, which is conducive to the promotion of their health and wellbeing
- To ensure the health and safety of patients, visitors and staff
- To allow patients to have their meals free from interruption
- To allow staff to provide care and treatment at the optimum times
- To promote and safeguard the patients privacy
- To allow for thorough cleaning of the ward area
- To promote good infection prevention and control practices and help reduce the occurrence of HCAI's
- To allow as much flexibility for visitors as possible.

3 SCOPE

Whilst the guiding principles in relation to the content of this policy apply to all wards and departments where patients are cared for and visitors are received, CDDFT acknowledges there may be circumstances where visiting outside of the advertised times is required.

CDDFT therefore has an arrangement whereby visiting outside of the advertised hours may be agreed on an individual basis with the nurse in charge. In cases where visitors or patients may experience difficulty in complying with the advertised visiting times on the grounds of age, disability, race or nationality, religion or belief, sex, sexual orientation, gender reassignment, pregnancy and maternity, marriage and civil partnership or other personal reasons, where possible, reasonable adjustments should be made to accommodate their requirements, without compromising the patient's care, health and safety or infection preventions and control issues.

CDDFT acknowledges that some clinical areas may require adaptation or flexibility in the application of visiting times or policy to suit individual circumstances e.g. where the presence of a parent or carer is essential to the wellbeing or care provision.

There are some areas with specific restrictions and special arrangements, for example:

- Critical Care
- Neonatal
- Paediatric
- Maternity

In the case of these areas, local policy should be specific to the individual needs of the unit, reflect best practice, promote the concept of patient and family centred care and incorporate all relevant infection prevention and control principles.

4 DUTIES

1. The start of each visiting period should ideally be supervised by a member of the ward staff who should take the opportunity to remind visitors to wash their hands or use the hand sanitisers provided, particularly when there is an infection outbreak.
2. Visiting periods will be from 13.00 hours to 19.00 hours. Some areas may require further restriction in order to meet patient need.
3. There should ideally be a maximum of 2 visitors per patient at any one time.
4. The duration of visits or numbers of visitors may be limited further by the nurse in charge, if it is determined to be in the best interest of any patient. For example, this may be required to attend to the private care/treatment of the patient or to permit the patient to have rest.
5. **Visitors may be asked to leave temporarily if any patient requires direct care delivery, during ward rounds, to receive rehabilitation or investigations.** In the case of children, parents/carers who are staying with their child may remain in these situations.
6. Visiting times should be scheduled in a way which promotes quiet periods for patient rest and patient care needs.
7. Visiting times should be scheduled in a way which allows for optimum and timely care delivery, maintains the privacy and dignity of all patients. Visitors are requested politely to comply with this.
8. Mealtimes for patients should be protected during visiting time. However, there may be exceptions to this especially where visitors wish to assist with feeding or where a parent is staying with their child.
9. Visiting outside of the usual visiting times should only take place if there are particular, individual or special circumstances and where these are agreed with the nurse in charge.
10. The nurse in charge will discuss additional individual and special requirements for visiting with patients and their visitors and will make reasonable adjustments to accommodate these where possible.
11. Visiting times should be scheduled in a way which facilitates maximum access for the cleaning team.
12. Children under the age of 16 years who are visiting hospital should be accompanied by an adult.
13. For guidance on infection prevention and control issues in relation to this policy see appendix 1.

Individuals can use mobile phones anywhere within the Trust unless there are prohibited signs displayed in an area.

Individuals may not use cameras within mobile phones anywhere in the Trust this is to ensure that the rights of individuals (including patients) for privacy and dignity are protected.

Restrictions on the use of Mobile

The use of mobile telephones in the following areas is not allowed by the Trust:

- Maternity Units / Special Baby Units
- Theatres including access and waiting areas
- HDU/ITU/CCU including access and waiting areas
- Clinical treatment areas

Mobile telephone use is permitted in the following areas:

- On wards including day rooms
- Hospital reception and entrance areas
- Non-clinical communal areas – which may include café areas
- Specially designated rooms/areas
- Public corridors.

Expectations of Visitors see Appendix 3

Facilities for Visitors

Darlington Memorial Hospital

Hollies Restaurant - This is a self-service facility offering hot and cold meals, sandwiches, snacks and refreshments, situated on the lower ground floor, Darlington Memorial Hospital.

Café Quick - Café Quick is situated within the Main Entrance of Darlington Memorial Hospital and offers a wide range of both hot and cold beverages and hot and cold snacks.

University Hospital of North Durham

Saffreys Restaurant –

Self-service facility offering hot and cold meals, sandwiches, snacks and refreshments, situated on Level 2, University Hospital of North Durham.

Monday - Friday	
7.30am – 11.15am	Breakfast service, snacks and refreshments
11.45am – 2.00pm	Selection of hot and cold meals, snacks and refreshments
7.30am – 7.00pm	Snacks and refreshments
Saturday - Sunday	
7.30am – 11.5am	Breakfast service, snacks and refreshments
11.45am – 2.00pm	Selection of hot and cold meals, snacks and refreshments
2.00pm – 7.00pm	Snacks and refreshments

Coffee Club - is situated within the main entrance at the University Hospital of North Durham and offers a wide range of both hot and cold beverages and hot and cold snacks.

Monday - Sunday	7.30am – 7.00pm

Bishop Auckland General Hospital

Chimneys Restaurant - This is a self-service facility offering hot and cold meals, sandwiches, snacks and refreshments, situated on the ground floor at the Main Entrance, Bishop Auckland General Hospital.

Monday - Friday	
8.00am – 11.00am	Breakfast service, snacks and refreshments
11.00am – 11.45am	Snacks and refreshments
11.45am – 2.00pm	Selection of hot and cold meals, snacks and refreshments
2.00pm – 3.45pm	Snacks and refreshments

Chester le Street Community Hospital

This is a self-service facility offering hot and cold meals, sandwiches, snacks and refreshments, situated on the ground floor at the Main Entrance, Chester Le Street Community Hospital

Monday - Friday	
12.00 – 2.00pm	Selection of hot and cold meals, snacks and refreshments

5 MAIN CONTENT OF POLICY

CDDFT must provide information on visiting times and clear direction to patients and visitors. Wards and departments must display visiting times at the entrance to all wards and departments.

Visiting times should be displayed on the Trust's website.

Patients and their visitors must be advised of visiting times or arrangements for their particular ward/department by the nursing staff, ideally at the time of admission.

6 DISSEMINATION ARRANGEMENTS

The policy will be shared at the patient experience forum and uploaded onto the intranet site for staff access. Information in relation to the policy will be disseminated in the weekly bulletin.

Related Documents

Sanctioned Visits Policy

7 MONITORING

7.1 Compliance and Effectiveness Monitoring

Monitoring Criterion	Evidence of visiting times being displayed.
Who will perform the monitoring?	Patient Experience Team.
What are you monitoring?	Open visiting times.
When will the monitoring be performed?	March 2015 then six monthly.
How are you going to monitor?	Observation and recording on patient experience audit tool.
What will happen if any shortfalls are identified?	They will be highlighted to the Ward/Department manager.
Where will the results of the monitoring be reported?	Patient Experience Forum
How will the resulting action plan be progressed and monitored?	Patient Experience Forum
How will learning take place?	Staff meetings.

8 APPENDICES

8.1 Appendix 1: Infection Prevention and Control Issues

Visitors should be asked not to visit if they have any infectious conditions such as:

- Vomiting and/or diarrhoea
- Coughs, colds or 'flu-type symptoms
- Any other infectious condition such as chicken pox.

All visitors must wash their hands or use hand sanitiser on entering and leaving the ward.

As clear surfaces promote good access for cleaning staff, visitors should be asked not to bring excessive or unnecessary items into hospital or place them on the patient's locker top.

Visitors will be provided with the use of chairs and are asked not to sit on the patients' beds or chairs.

Visitors must be advised not to touch drips, drains, wound sites or dressings.

Visitors should only bring in food items for patients following discussion with the nurse in charge.

Restrictions to visiting may be put in place for infection prevention and control purposes on the recommendation of the clinical or infection prevention and control team.

Visitors must be advised whom to contact if they have any concerns regarding infection prevention and control – this may be the nurse in charge or the infection control team.

8.2 Appendix 2: Visiting Rules

When visiting family or friends we politely ask you to follow these simple rules:



Clean your hands before entering and when leaving wards or treatment areas: hand disinfectant is available at the entrance to all wards and department areas.



To help stop the spread of infection, do not visit if you are unwell or if you have a tummy upset. Wait until you have been symptom free for 72 hours before visiting.



Only two visitors per patient and no sitting on beds.



Only visit for short periods (maximum of 1 hour) and allow patients to rest before next visitors arrive. Information about visiting times is available at each ward entrance.



Please only use mobile phones in permitted areas, do not use cameras within mobile phones.



Smoking is not permitted within Trust grounds. (Visit the website for information on getting help to stop smoking)



The visiting of patients by children under the age of 12 years is discouraged, unless the patient is parent, brother or sister.



Please do not run anywhere in the hospital (children should be supervised at all times).



Please note we operate a zero tolerance on violence and aggression towards staff, other visitors and patients.



Gifts and flowers – check with ward staff first.



Treat everyone, patients, staff and visitors with dignity and respect at all times.



Remember everyone has the right to privacy.

8.3 Appendix 3: Equality Impact Assessment

Equality Analysis / Impact Assessment

EIA Assessment Form

v3/2013

Division/Department:

Patient Experience

Title of policy, procedure, decision, project, function or service:

Visitors to patients policy

Lead person responsible:

Maureen Grieveson

People involved with completing this:

Maureen Grieveson, Jillian Wilkins

Type of policy, procedure, decision, project, function or service:

Existing

New/proposed

Changed

Date Completed:

5 August 2014



Step 1 – Scoping your analysis

What is the aim of your policy, procedure, project, decision, function or service and how does it relate to equality?

Provide guidance on visitors to patients, applies to all visitors throughout CDDFT. This policy has been changed to standardise extended opening times throughout the whole organisation.

Who is the policy, procedure, project, decision, function or service going to benefit and how?

Patients, visitors and the organisation's staff by providing clear guidance on visiting arrangement and a standardise visiting procedure and times that should allow greater flexibility and convenience for all.

What barriers are there to achieving these outcomes?

Adherence to the policy and consistent application throughout the organisation. Due to the nature of the service provision and patient needs special arrangement will be put in place for critical care, neonatal, paediatric and maternity services.

How will you put your policy, procedure, project, decision, function or service into practice?

Dissemination via website, visiting times well displayed throughout Trust.

Does this policy link, align or conflict with any other policy, procedure, project, decision, function or service?

Infection, prevention and control policies and procedures

Step 2 – Collecting your information

What existing information / data do you have?

Equality monitoring data is not currently collected on patient/service user visitors.

Census 2011 data is available on the demographic of the local population of County Durham and Darlington.

Who have you consulted with?

Quality and Healthcare Governance Committee, Patient Experience Forum.

What are the gaps and how do you plan to collect what is missing?

There are no plans to collect equality monitoring data from visitors.

Step 3 – What is the impact?

Using the information from Step 2 explain if there is an impact or potential for impact on staff or people in the community with characteristics protected under the Equality Act 2010?

Ethnicity or Race

County Durham has a predominately white British population at 97% (98% including white other) and Darlington 94% (96% including white other). It is also considered to have one of the largest transient travelling/gypsy populations in the country. County Durham also attracts tourism from other countries that may access emergency/urgent care resulting in admission onto hospital wards. Visitors that have dependents within our care may request information in other languages as necessary. The Trust recognises people of race or ethnicity other than white British may have different cultural requirements regarding visiting times, the extended visiting times should allow greater flexibility, convenience and choice to accommodate these requirements however the policy specifically states where there are difficulties in complying with these arrangements reasonable adjustments will be made where possible.

Sex/Gender

Woman are the primary carers in most family units therefore there will be a positive impact as the extended opening times will create more flexibility, convenience and choice to accommodate caring commitments.

Age

The extended visiting times will have a positive impact on all age groups allowing greater flexibility, convenience and choice. The policy acknowledges that special arrangements, flexibility or adaptations maybe required in certain areas such as neonatal and paediatric or where the presence of a parent or carer is essential to wellbeing or care provision. The policy requires young children visiting service users/patients to be accompanied by an adult.

Disability

The extended visiting times will have a positive impact on all disability groups and carers of disabled dependents allowing greater flexibility, convenience and choice of visiting times. The policy specifically states that reasonable adjustments will be made those people that have disability and have difficulty complying with the visiting times. The extended visiting times should also have a positive impact on the availability of accessible car parking at the hospital sites.

Religion or Belief

The extended visiting times will have a positive impact on all people of different religions or beliefs allowing greater flexibility, convenience and choice to accommodate prayer times etc. The policy specifically states that reasonable adjustments will be made those people that have difficulty complying with the visiting times because of their religion or belief which may be particularly relevant where religious fasting is being observed such as Ramadan and

family/friends wish to assist the service user/patient with feeding. Visitors of any faith or none may access the hospital Chapel for worship, reflection or quiet time.

Sexual Orientation

The extended visiting times will have a positive impact on people of all sexualities allowing greater flexibility, convenience and choice.

Marriage and Civil Partnership (applies to workforce issues only)

Not applicable

Pregnancy and Maternity

The extended visiting times will have a positive impact on people that are pregnant or after giving birth allowing greater flexibility, convenience and choice. The policy specifically acknowledges that special arrangements, flexibility or adaptations may be required in maternity service.

Gender Reassignment

The extended visiting times will have a positive impact on transgender people allowing greater flexibility and convenience.

Other socially excluded groups or communities e.g. rural community, socially excluded, carers, areas of deprivation, low literacy skills etc.

Greater flexibility, convenience and choice will benefit carers.

Step 4 – What are the differences?

Are any groups affected in a different way to others as a result of the policy, procedure, project, decision, function or service?

Greater flexibility, convenience and choice will benefit different groups in different ways depending on their personal circumstances.

Does your policy, procedure, project, decision, function or service discriminate against anyone with characteristics protected under the Equality Act 2010?

Yes No

If yes, explain the justification for this. If it cannot be justified, how are you going to change it to remove or mitigate the affect?

Step 5 – Make a decision based on steps 2 - 4

If you are in a position to introduce the policy, procedure, project, decision, function or service? Clearly show how this has been decided.

The amendment of extending visiting times will have a positive impact on all visitors allowing greater flexibility, convenience over when they choice to visit service users/patients.

If you are in a position to introduce the policy, procedure, project, decision, function or service, but still have information to collect, changes to make or actions to complete to ensure all people affected have been covered please list:

No further information to collect at this stage.

How are you going to monitor this policy, procedure, project or service, how often and who will be responsible?

Patient feedback, senior nurse ward visits.

Step 6 – Completion and central collation

Once completed this Equality Analysis form must be forwarded to Jillian Wilkins, Equality and Diversity Lead. jillian.wilkins@cddft.nhs.uk and must be attached to any documentation to which it relates.