

## VISITING POLICY

Primary Intranet Location	Version Number	Next Review Year	Next Review Month
Nursing and Midwifery	V3	2021	March

<b>Current Author</b>	Valerie Newton
<b>Author's Job Title</b>	Deputy Chief Nurse
<b>Department</b>	Corporate Nursing
<b>Ratifying Committee</b>	The Nursing & Midwifery Policy and Standards Committee
<b>Ratified Date</b>	March 2018
<b>Owner</b>	Emma Hardwick
<b>Owner's Job Title</b>	Chief Nurse

It is the responsibility of the staff member accessing this document to ensure that they are always reading the most up to date version, - This will always be the version on the intranet

<b>Related Policies</b>	Infection, Prevention & Control Policy Protected Meal Time Overnight Stay Policy
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<b>Stakeholders</b>	All Trust Staff Hospital at night team Night Nurse Practitioner
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Version	Date	Author	Author's Job Title	Changes
V1	2010	Pauleen Pratt	Interim DIPC	
V2	2014	Valerie Newton	Deputy Director of Nursing	Updated
V3	March 2018	Valerie Newton	Deputy Chief Nurse	Updated. Increased stakeholders – visitors to wash hands at the sinks at main entrance.

<b>Summary of the policy</b>
To inform all staff about visiting rules within the Trust.

<b>Key words to assist the search engine</b>
Visiting Times

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## VISITING POLICY

### 1 INTRODUCTION

- 1.1 The policy for patient visiting at Queen Elizabeth Hospital King's Lynn NHS Foundation Trust aims to balance the therapeutic effect of patients spending time with relatives, carers and friends with the patients' need for rest and the need for clinical staff to manage the ward and care safely and efficiently. It also takes account of the need to manage the issues of outbreaks of infections.
- 1.2 As a result of a recent review of visiting times, patient feedback and to assist with infection prevention and control measures new visiting times and restrictions are being introduced. There will also be seasonal adjustments to visiting times.
- 1.3 The statements included in the policy apply to all in-patient areas across the Trust. Where special circumstances apply, this is made clear within the policy. At all times, the Ward Manager or deputy can use their discretion in the best interests of the patients for whom they are caring. No relative should be refused admission to a critically ill or terminal patient.

### 2 PURPOSE

- 2.1 The policy gives staff the authority to manage visiting in a way that provides appropriate access for patients to their family and friends while at the same time protecting confidentiality, security, privacy and rest. Clear statements and a common approach are provided so that as patients move between wards consistent information may be given to them and their visitors.

### 3 DEFINITION

- 3.1 In an institution such as a hospital or prison, visiting hours are the times during which people from outside the institution are officially allowed to visit people who are staying at the institution.

### 4 RESPONSIBILITIES

- 4.1 **The Chief Executive** has overall responsibility for the visiting policy.
- 4.2 **The Chief Nurse** is accountable to ensure that processes and procedures are in place to ensure that staff implement the visiting policy.
- 4.3 **The Associate Chief Nurses** are responsible for ensuring compliance with this Policy.
- 4.4 **Ward Managers** are responsible for ensuring that all staff adhere to the visiting policy.

### 5 VISITING TIMES AND GUIDANCE FOR VISITORS

- 5.1 All visitors to patient areas should report to the nurses' station prior to entering the patient bed areas. This is to enhance security in the wards and to improve communication with visitors.
- 5.2 For the benefit of nearby patients, visitors will be restricted to a maximum of two per patient.
- 5.3 Visiting times will be clearly displayed outside each clinical area.
- 5.4 Visitors will be welcome on the wards at other times in discussion with the senior nurse on duty. Consideration will always be given to visitors who are unable to visit during core times because of personal circumstances. In addition nominated carers may be invited in to assist with aspects of care or feeding.

- 5.5 Children under the age of 12 years will not be permitted to visit general wards. In exceptional circumstances, child visiting may be permitted by prior arrangement with the ward manager/deputy.
- 5.6 No balloons, flowers or unwrapped foods for patients are to be brought into the wards.
- 5.7 The Trust operates a zero tolerance policy relating to any kind of verbal or physical abuse and visitors may be asked to leave if their behaviour causes disturbance to other patients or staff.
- 5.8 Visitors should be reminded that all Trust premises, including the grounds, are no smoking areas.

## **6 INFECTION, PREVENTION AND CONTROL**

- 6.1 All visitors are requested to wash their hands with soap and water at the sinks situated at the main entrance.
- 6.2 In order to help Trust staff to minimise the risks of healthcare associated infections the guidance detailed below must be followed.
- 6.3 Anyone who is feeling unwell or has had any diarrhoea and/or vomiting within the previous 48 hours is asked to refrain from entering in-patient areas.
- 6.4 All visitors must clean their hands before settling with the patient they are visiting and on leaving. This can be done using soap and water at the hand washing basins or using the hand hygiene gel located at ward and bay entrances and by bed spaces. Where patients are being nursed using isolation measures (that is, to prevent the spread of infection to or from the patient) any additional requirements will be explained by the nursing staff.
- 6.5 Visitors must not sit on the patients' beds but use the chairs provided.
- 6.6 Visitors must not use the patients' toilets on the wards.
- 6.7 Where a ward has an infection outbreak the ward manager and Infection Prevention and Control Team will have the right to close the ward to all visitors in order to manage and contain the infection as quickly as possible. The ward manager will use their discretion where there are requests to visit patients during an outbreak situation.

## **7 DISSEMINATION OF DOCUMENT**

- 7.1 A copy of this policy can be accessed on the Trust's Website under policies and guidance and sub section Nursing and Midwifery policies.

## **8 EQUALITY IMPACT STATEMENT**

- 8.1 The contents of this policy have been reviewed and it has been found that there is no equality impact.

For Equality Impact assessment see appendix 1.

## **9 ARRANGEMENTS FOR MONITORING COMPLIANCE WITH THIS POLICY (see table below)**

<b>Key elements (Minimum Requirements)</b>	<b>Process for Monitoring (e.g. audit)</b>	<b>By Whom (Individual / group /committee)</b>	<b>Frequency of monitoring</b>
Ensure that visitors	Datix /Complaints reports	Sisters/Matrons	Monthly

adhere to ward/department visiting times.	Audit	Sisters/Matrons	Annually
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**APPENDIX 1**

**EQUALITY IMPACT ASSESSMENT**  
 Equality Impact Assessment Tool

Equality Impact Assessment Tool

**STAGE 1 - SCREENING**

<b>Name &amp; Job Title of Assessor:</b> Valerie Newton , Deputy Director of Nursing		<b>Date of Initial Screening:</b> March 2018	
<b>Policy or Function to be assessed:</b> Visiting Policy			
		Yes/No	Comments
<b>1.</b>	<b>Does the policy, function, service or project affect one group more or less favourably than another on the basis of:</b>		
	Race & Ethnic background	No	
	Gender including transgender	No	
	Disability:- This will include consideration in terms of impact to persons with learning disabilities, autism or on individuals who may have a cognitive impairment or lack capacity to make decisions about their care	No	
	Religion or belief	No	
	Sexual orientation	No	
	Age	No	
<b>2.</b>	<b>Does the public have a perception/concern regarding the potential for discrimination?</b>	No	

If the answer to any of the questions above is yes, please complete a full Stage 2 Equality Impact Assessment.

Signature of Assessor: Valerie Newton Date: March 2018

Signature of Line Manager: Emma Hardwick Date: March 2018