

# Visiting



## Actions after 19 July 2021

- Six nominated visitors per patient with a maximum of two visitors, visiting at the bedside at once (if social distancing from other patients and household and COVID secure precautions can be maintained).
- Outside visiting - Max 6 visitors in any visit providing COVID secure precautions.
- 'End of Life' visiting - Up to 4 visitors (including children) can visit an end of life patient (social distancing and IPC measures permitting). Visiting a COVID-19 patient is not usually recommended. If the visitor becomes symptomatic of COVID-19 they must self-isolate and take a PCR test and should let the service know the outcome of the PCR test.

For information on coronavirus restrictions outside of Southern Health, please visit [GOV.UK](https://www.gov.uk)

## Visitor Guidance

Before visiting visitors will need to contact the service to book an appointment and be informed of what to expect.

On the day of the visit before they see the patient, visitors will need to: answer some questions to check they have no symptoms and have not had contact with confirmed cases or have travelled to high risk countries in the last 14 days. Visitors with symptoms must not visit and must self-isolate for the next full 10 days.

Each visitor must leave their name and contact details with the service for Track and Trace purpose should an incident occur.

Social distancing rules must be respected at all times during the visit. If it is an end of life visit, the patients hand can be held.

Rooms must be well ventilated and frequently touched points (e.g. chair, door handles) must be wiped with Clinell wipes for at least 30 seconds after the visit.

All visitors must wear a face covering or mask when inside hospital premises. If they are visiting for 30 minutes or more, or if they are visiting a patient in isolation they should be provided

with a fluid repellent surgical mask. Routinely other PPE is not required.

Encourage visitors to bring minimal belongings and to clean their hands at the start and end of the visit.

If the visitor is vulnerable to infection or there is an increased incidence of COVID19 on the ward the staff member making the booking should advise the visitor of the risks. An individualised approach needs to be taken on a case by case basis to manage the balance between compassionate visiting and infection risk management.

Visits to symptomatic patients or those on the high risk pathway will only be allowed in exceptional circumstances following risk assessment.

These visiting principles can also be applied to outpatient (including in Mental Health), MAU and diagnostic service settings where the patient may be accompanied by one close family contact or somebody important to the patient to support the patient with complex/difficult decision.