



Meeting Date	01 September 2020	Agenda Item	2.3
Report Title	Physical Distancing Measures		
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Report Sponsor	Chris White, Deputy Chief Executive		
Presented by	Chris White, Deputy Chief Executive		
Freedom of Information	Open		
Purpose of the Report	To set out the Board's response to ensure the safety of staff and patients in response to comply with the Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020.		
Key Issues	<p>The Health Board has undertaken a range of work to comply with the Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020. Two pieces of guidance have also been received from a national Nosocomial Transmissions Group (NTG).</p> <p>The Physical Distancing Work Cell has been involved in a number of areas of work which is aimed at ensuring the HB are complying with the Regulations and guidance. Areas that the work cell have been focused on include Physical Distancing Risk Assessments and Risk Assessment reviews across the Health Board (HB), communication (public and staff) and equipment prioritisation to aide compliance with the guidance and regulations. For an overview of the Physical Distancing work streams, please see below;</p> <p>A risk assessment process initiated in June has now been finalised and visits have taken place to all main sites to check for consistency of application. A due diligence process has been put in place to seek assurance from landlords about staff who may be based in premises that are not owned by SBUHB. This is close to finalisation.</p> <p>Work is also being finalised following the release of guidance on physical bed spacing in July 2020. An overall</p>		

	<p>assessment of the impact of this guidance has been undertaken and a verbal update will be provided at the meeting.</p> <p>Effective communication is key to addressing the risks of non-adherence to the 2m physical distancing requirement. This is important to protect patients and also staff, particularly with the introduction of contact tracing. A communications plan has been created and implemented to ensure effective communications for staff and the public are provided Including proactive communication, development of a dedicated web page for both staff and patients.</p> <p>As a result of the risk assessment process, requests for physical measures (such as screens, floor markings etc) have been prioritised.</p>			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>The Health and Safety Committee are asked to:</p> <ul style="list-style-type: none"> • Note the Board’s response to Regulation 7A of The Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020 • Note progress in finalising risk assessments across the estate and in finalising the position in terms of bed spacing • Note the communications work that has taken place over recent weeks 			

Physical Distancing Measures in Swansea Bay University Health Board

1. INTRODUCTION

This report sets out the actions undertaken by the Health Board to comply with the Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020.

2. BACKGROUND

Regulation 7A of The Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020 requires that a person must have regard to guidance issued by the Welsh Ministers about reasonable measures to be taken to ensure that a distance of 2 metres is maintained between persons. This Regulation came into force on 7th April 2020. The regulations have been amended in recent weeks and 'The Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020, as amended' has now come into force.

The guidance establishes that this regulation applies to health and physical care settings. The duty under the Regulations falls on the person responsible for management control of the premises – in this case the Health Board.

The Guidance “requires people to take “all reasonable measures” to maintain a distance of two metres between those in the workplace. While that is an objective test that is intended to be applied consistently, it is not an absolute rule that has to be applied all of the time in all circumstances. In addition, it is not a measure that will apply in the same way in all circumstances.”

This requires managers and employees doing what they can in the workplace to change the way they work to maintain physical distancing where possible.

Since the Regulations were issued in April, further pieces of guidance have been issued by Welsh Government through the Nosocomial Transmission Group (NTG). The first set of guidance 'Operational Guide for the safe return of health care environments to routine arrangements following the initial COVID-19 response' was released in May 2020. 'COVID-19 Guidance For Bed-Spacing in Healthcare Settings' was issued on 26th June 2020', & the 'Operational guide for the safe return of General Medical Practice Premises to routine arrangements following the initial Covid-19 response' which was released in June 2020.

3. GOVERNANCE AND RISK ISSUES

A Physical Distancing cell was established in June 2020 chaired by the Deputy Chief Executive to bring together the components of work needed to ensure the ongoing safety of both staff, patients and visitors. The following actions have been undertaken:

- Local guidance was issued to all Delivery Units and Corporate Directorates in April following Gold Command meeting on April 9th 2020.
- As a result of the risks assessments reviewed corporately, and in light of the Operational guidance from Welsh Government, it was agreed that the Health Board needed to maintain a focus in this area. A Physical Distancing cell was therefore established with the purpose of:

- Ensuring that the guidance from Welsh Government, which was received on 3rd June, is implemented by all HB Units, as far as is reasonably practicable.
- Reviewing the risk assessments completed to date for consistency and any gaps in assurance
- Consideration of the operational guide and further work required to ensure full compliance and addressing any further guidance from the NTG
- A review of clinical areas and identifying potential reasonable steps that can be taken to reduce the risk of nosocomial transmission
- Coordination of further risk assessment work is required, including with partners in primary care and local authorities where HB staff are located in other premises
- Coordinating a communications approach with staff and public
- Working with the PPE cell to consider the implications of further guidance on PPE requirements
- Prioritising requests for investment in further physical distancing measures to ensure a consistent approach across the Health Board is met.
- Identifying cross Unit issues that require resolution
- Identify Good Practice and cascading this across the organisation.

A separate group is reviewing the development of the home working policy and dealing with accommodation issues that arise from that. It is therefore not included in the scope of the Physical Distancing Cell.

The group has now met on 5 occasions and has taken forward a range of work as follows:

- Communication has been proactive and regular and we have been encouraging all staff to understand their individual and collective responsibilities to ensure safe working practices.
- This is featured as a key topic at least weekly via the staff bulletin.
- To boost visibility within the HB, a Physical Distancing campaign was held in w/c 03-August where communications were published on a daily occurrence over the period of a week.
- The Physical Distancing Communications plan includes public facing and staff focused communication within the strategy and will be ongoing throughout 2020.
- A new web page has been developed internally, so that all guidance for staff on physical distancing measures is held in one place
- A new external facing web page has been developed to ensure that visitors have access to important information about their visit to our sites
- SBUHB are also part of the Distance Aware Initiative which was launched internally at SB the same day the Distance Aware campaign was launched. This initiative has been well received across the Health Board and around 15,000 distance aware shields are in the process of being disseminated

- Contact has been made with Behavioural Scientists at Swansea University who are helping to provide insights into our communications approach
- The Medical Director has participated in a video addressed to medical staff to highlight responsibilities for setting a good example – within and out of the workplace setting.
- Staff representatives are included on the work cell and are proactively engaged in the work programme. There are two staff representatives and a deputy staff representative in the core group for the Physical Distancing work cell. The staff representatives have been involved in the Risk Assessment audit across the health board and have actively raised concerns from staff to the cell, when required.

The Health Board has received communication from the Health and Safety Executive and a verbal update will be provided to the meeting.

The current work programme for the cell includes:

- A review of the physical bed-spacing requirements to understand the measures and impact of changes across the Health Board estate is underway. All units have completed an assessment of the bed spacing within the wards and the IPC & H&S teams are reviewing the measurements and will work with the unit leads to provide details of the mitigating measures that can be used within wards should they be unable to meet the recommended bed spacing guidelines.
- A physical and virtual review of risk assessments was conducted by a small team (including a staff representative) in July 2020. The aim of this review was to check for consistency of approach across sites. The review included all main hospital sites as well as a sample of other sites and was concluded 04-Aug-20. (Timetable attached in Appendix 2.1) The risk assessment reviews were extended slightly following requests for additional Risk Assessment reviews from HB Units.
 - The review included clinical areas, admin areas, outpatient areas and communal areas (Risk Assessment attached Appendix 2.2).
 - Overall, HB Units had implemented appropriate Physical Distancing measures and during the site-visits, guidance was provided on areas including; signage; spacing of seating equipment requirements and PPE.
 - A full report highlighting the findings and recommendations from the Risk Assessment reviews is due at the end of Aug-20.
- A due diligence letter for landlords where our staff are based in premises not in our estate (for example, primary care settings) has been issued to all landlords. The majority of landlords have responded and those that are still outstanding are currently being followed up.
- The PC&CS teams are implementing the WG 'Operational Guide for the safe return of General Medical Practice Premises to routine arrangements following the initial Covid-19 Response across the GP Practices'. Of the 49 GP Practices in the HB, the majority already comply with the guidance with the exception of 5 GP Practices. A plan is in place for each of the GP Practices that are not

currently compliant with the guidance and proactive support is being offered by the Health Board.

- Prioritisation of equipment and ICT requests to facilitate remote/home working has been established. The allocation of priority one ICT equipment is ongoing. While this was expected to be completed by 20th July, the priority 1 requests have kept increasing as services are restarted. Additional funding has been allocated for ICT equipment to ensure demand is met across the HB.
- A communications campaign with refreshed imagery and a targeted approach in response to behavioural messages that the organisation needs to convey is underway. Physical Distancing communications and resources are available for staff and the public.

It is also important to note, that through the Reset and Recovery arrangements, there is a continuous focus on how to ensure that footfall on sites is managed safely and appropriately.

There is further work to do to assess the impact of our actions and how we assess whether physical distancing guidance is being adhered to and this is under discussion with IPC and other colleagues.

Further guidance on hospital visiting has been issued from Welsh Government. 'Hospital visits during COVID outbreak guidance' (Appendix 3) and in response to this local guidance was developed and implemented and has been made available on the SBUHB Internet and Intranet pages.

As per the WG Guidance, all patients or visitors who come to one our hospitals or clinics will need to book an appointment before attending. Visitors are allocated a date and time to come to the hospital or clinic. Visitors will only be able to enter the building 5 minutes before their appointment time. Details of how to arrange a visit can be found by on SBUHB public facing website.

To support physical distancing and allow patients to have visitors, a new visitor booking system is being trialled. As of w/c 10-Aug-20, a trail of a visitor booking system is underway in 3 wards within the HB. If the trail is successful, the system will be rolled out across the HB and advertised publically.

4. FINANCIAL IMPLICATIONS

In response to the Regulations, the Board has incurred some expenditure to ensure that appropriate safeguards are in place to protect both staff and patients. Decisions on physical distancing measures have been coordinated via the Physical Distancing Cell to ensure that expenditure remains appropriate and proportionate.

The Swansea Bay University Health Board expenditure for Social Distancing is £80k to the end of Jul-20. Of the total expenditure, £47k was for Perspex screens, £20k was for ICT Equipment, VPN Tokens etc and the remaining £13k was for additional electronic points used to adapt rooms to aide with physical distancing. This work is ongoing and additional expenditure is expected as services continue to restart across the Health Board.

5. FACE COVERINGS IN HEALTH CARE SETTINGS

At the last Health and Safety Committee, a discussion took place around the potential for patients to be asked to wear face coverings in health care settings (for example, when visiting sites or attending appointments). A further discussion took place at the Board and in light of this, the Director of Public Health prepared a written report to be considered at the Quality and Safety Committee in August 2020.

6. RECOMMENDATION

The Health and Safety Committee are asked to:

- Note the Board's response to Regulation 7A of The Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020
- Note progress in finalising risk assessments across the estate and in finalising the position in terms of bed spacing
- Note the communications work that has taken place over recent weeks and in particular proactive communications campaign underway.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The Regulations place a duty on the Health Board to ensure the health and safety of staff, patients and visitors and to protect them from harm. The work undertaken through the Physical Distancing Cell will ensure that there is a structured approach to ensuring that risk is appropriately assessed and mitigated.		
Financial Implications		
The requirement to procure additional equipment (for example, screens, floor markings, way finding signs and ICT equipment to facilitate home working) has incurred additional financial expenditure. These are being captured against a COVID-19 cost code. An summary of costs to date incurred has been included in the paper.		
Legal Implications (including equality and diversity assessment)		
Failure to comply with the Regulations could result in litigation.		
Staffing Implications		
No specific staffing implications identified		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
No specific implications identified.		
Report History	Report to Health and Safety Committee in July 2020.	
Appendices	Appendix 1: Operational Guidance Appendix 2: Local Physical Distancing Audits	

	2.1 Physical Distancing Risk Assessment Review Timetable 2.2 Risk Assessment review checklist completed on site-visits Appendix 3: Hospital visits during covid outbreak guidance - 1 July - FINAL
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Operational guide for the safe return of healthcare environments to routine arrangements following the initial Covid19 response

The NHS in Wales is now moving towards the reintroduction of nonCOVID-19 patients back into healthcare facilities. Infection, prevention and control will be a hugely important component of this next phase where the avoidance of nosocomial transmission of the coronavirus disease will be key.

One important part of operational planning will be the adaptation and reconfiguration of healthcare buildings. Whilst the overriding principles to be followed will be relevant for all healthcare providers, local solutions will tend to be specific to the particular building.

This document is intended to provide practical guidance on how hospitals and healthcare facilities can be reconfigured to provide public confidence, and allow the NHS to return to a “new normal”. This information should be read in conjunction with the following document:

“COVID-19 infection prevention and control guidance.”

[updated 27th April 2020]

The above reference guidance was issued jointly by the Department of

Health and Social Care (DHSC), Public Health Wales (PHW), Public

Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS), Public Health Scotland, Public Health England and NHS England as official guidance.

This guidance can be found on the following Government web site which is regularly updated [Reducing the risk of transmission of COVID-19 in the hospital setting](#) and should be referred to for the most current information.

1.0 COMMUNICATION

Information should be clearly communicated to patients and visitors prior to arrival at the hospital or healthcare facility.

- Clear information to be provided on the Health Boards website regarding operational changes to address COVID-19
- Clear information to be provided on appointment letters to Patients attending for outpatient clinics or elective procedure regarding COVID-19 operational changes.
 - Social distancing requirements
 - Patient only attendance (with carer support)
 - Site Entry
 - Car parking arrangements
 - Building entry points
 - One way systems within the building
 - Facilities for beverages
 - Hospital staff will be wearing PPE
 - Any specific expectations of them due to the nature of the appointment
- Appointment times should be clearly stated, with the earliest arrival time clearly indicated. This is intended to maintain social distancing in waiting areas and avoid large numbers arriving at similar times.
- Consideration to be given for separate entry points for COVID-19 patients and staff.
- Consideration to be given to locating COVID-19 patients within clearly identifiable separate areas of the building.
- Staff should be dedicated to COVID-19 patients and should not mix with staff from other departments within the hospital.

2.0 SIGNAGE

Signage should be clear and obvious

- Signage regarding COVID-19 should be clear and obvious at the entry to the hospital / health facility site. This should be clear on all signage whether arriving by car, public transport or on foot. Clear signage should state the main COVID-19 procedures such as large pictorials indicating the 2 metre social distancing requirement, together with the importance of regular hand washing / hand sanitisation.
- Clear pictorial signage at the entry to the building indicating the location of the isolated COVID-19 areas, together with pictorial directions on how to navigate the building safely.
- Consideration should be given to the use of coloured directional arrows located on the floor or walls ensuring that it is clear and obvious how patients and visitors should navigate the building.
- All signage to be bi-lingual and follow the guidance within “WAYFINDING” effective wayfinding and signing systems – guidance for healthcare facilities. Available from the NWSSP-SES website.

3.0 SOCIAL DISTANCING

Social distancing of 2 metres must be maintained, including while arriving at and departing from hospitals and healthcare facilities including navigating between departments within the building

- Social distancing must be observed within hospitals and healthcare facilities. Patients, visitors and staff must observe the 2 metre distancing rule.
- Consideration should be given to providing 2 metre markers located on the floor indicating the 2 metre distance.
- Consideration should be given to introducing one way systems within car parks to ensure that visitors, patients and staff enter the building at designated entry points.
- Consideration should be given to physical separation within hospital corridors to ensure patients, visitors and staff travelling in opposite directions are kept separate. This could be provided by a clear screen material. This can only be considered in major hospitals where main hospital corridors are wide enough to all physical separation to be provided.
- Lifts should be used by single occupants, if possible. Otherwise clear demarcation areas should be located on the floor clearly indicating where patients or visitors should stand.
- Clear travelling protocol should be developed for the use of stairs. Patients and visitors should not cross on the stair itself but wait on landings allowing as much clear distance as possible for passing.
- Consideration to be given to deploy Volunteers, porters and security staff throughout circulation routes to re-inforce the social distancing message.

4.0 INFECTION CONTROL

Infection Control instructions should be clear and obvious

- Using signs and posters to build awareness of good handwashing technique, the need to increase handwashing frequency, avoid touching your face and to cough or sneeze into a tissue which is binned safely, or into your arm if a tissue is not available.
- Hand sanitation facilities should be provided prior to entry into the building, within entrance lobbies or immediately on entering the building.
- Hand sanitation facilities to be provided at regular points throughout corridors but especially at entry and exit from departments.
- Regular cleaning should be undertaken especially of frequently touched surfaces such as door handles, support rails etc.
- Frequent cleaning of work areas and equipment between uses, using your usual cleaning products.
- Frequent cleaning of objects and surfaces that are touched regularly, such as door handles and keyboards, and making sure there are adequate disposal arrangements.
- Clearing workspaces and removing waste and belongings from the work area at the end of a shift.
- Toilets should be accessed by one person at a time. This should be observed for toilets with more than one W.C. or urinal.
- Clear and obvious signage should be located at all wash hand basins regarding hand washing good practice.

5.0 GENERAL AREAS

Reception desks and Waiting Areas

- Install transparent screens at reception desks to protect reception staff.
- Introduce a strict appointment system with earliest allowable arrival times to enable the control of numbers within the waiting area.
- Movable seating to be re-arranged to ensure 2 metre social distancing is in place. Fixed seating to be taped off to prevent seats being used.
- Directional signage located on floors to be use to ensure circulation promotes social distancing.
- COVID-19 infection control messages should be clear and visible wherever seated.
- Hand sanitisers should be provided at regular intervals, especially outside toilets, baby feeding and baby changing facilities. This will allow door handles to be wiped on entry and exit.

6.0 STAFF AREAS

Staff areas / break out areas / rest areas / restaurant areas

- Staggering break times to reduce pressure on break rooms or places to eat.
- Using safe outdoor areas for breaks.
- Reconfiguring seating and tables to maintain spacing and reduce face-to-face interactions.
- Tables to be physically marked with yellow tape to indicate seating areas which are to be left vacant. Seating to be removed. Clear directional signage on the floor to direct safe movement.
- Encourage patients, visitors and staff to bring their own food. This does not apply to inpatients.
- Regulating use of locker rooms, changing areas and other facility areas to reduce concurrent usage.
- Encouraging storage of personal items and clothing in personal storage spaces, for example, lockers and during shifts.
- Provide appropriate signage in common areas to restrict access when social distancing is not possible / practical
- Where shower and changing facilities are required, setting clear use and cleaning guidance for showers, lockers and changing rooms to ensure they are kept clean and clear of personal items and that social distancing is achieved as much as possible.

7.0 OFFICE AREAS

Administration areas

- Review layouts and processes to allow people to work further apart from each other.
- Using floor tape or paint (subject to Health & Safety recommendations) to mark areas to help workers keep to a 2m distance.
- Only where it is not possible to move workstations further apart, arranging people to work side by side or facing a way from each other rather than face-to-face.
- Only where it is not possible to move workstations further apart, using screens to separate people from each other.
- Managing occupancy levels to enable social distancing.
- Avoiding use of hot desks and spaces and, where not possible, for example, call centres or training facilities, cleaning workstations between different occupants including shared equipment.
- Provide hand sanitisers at regular intervals within the office space.

8.0 FIRE PROTECTION

Fire Alarm and Fire Escape following physical changes to the environment in response to COVID-19

- Any physical changes to the environment must only be carried out following consultation with the Health Board fire officer, NWSSPSES Authorising Engineer – Fire and the Fire Authority.
- The fire alarm system and fire escape routes must maintain full integrity following any physical changes.

These guidelines are suitable for Outpatient and elective procedures however, it is understood that they may not be easily applied within Accident and Emergency areas. Within A&E's There will be a greater reliance upon PPE, However the general principles around social distancing, Hand Washing, Hand sanitisers, circulation control, physical separation, single point of entry etc. should be adopted wherever possible.

2.1 Physical Distancing Risk Assessment Review Timetable

Day	Time	Location	Areas to cover
Tuesday 7th July	9am – Midday	Cefn Coed Completed	Fendrod Ward Derwen Ward
Tuesday 7th July	1pm – 5pm	Morrison Completed	Ward A, C & D Outpatients medical records (check screening), circulation space (corridors, canteens, kitchen areas)
Tuesday 14th July	9am – Midday	Singleton Completed	SAU Outpatients Chemo Day Unit Library Pharmacy Ward 18 - Maternity
Tuesday 14th July	1pm – 5pm	NPT Completed	Atrium, Outpatients Communal Areas Ward F
Thursday 16th July	11.30am – 3.30pm	Morrison Sites Completed	Ty-Olwen Morrison Pharmacy
Tuesday 21st July	9am – 1pm	PC&CS Completed	Cwmavon Port Talbot Resource Centre
Thursday 23rd July	9am – 1pm	Morrison Sites Completed	Library (Morrison) Morrison Echo Cardiac outpatients dept Ward V
Tuesday 28th July	9am – Midday	MH / NPT Completed	Tonna Autism Day Centre Tonna Ward 2 Suite 2 Library NPT NPT Ward B
Thursday 30th July	9am – 1pm	PC&CS / Singleton Completed	Gorseinon Medical Records Singleton Singleton Septic suite Bay Studios
Monday 3rd August	9.30am – 11.30am	NPT Completed	NPT Pharmacy NPT Medical Records
Tuesday 4th August	2.00pm – 3.00pm	Cefn Coed Completed	Cefn Coed Pharmacy

2.2 Risk Assessment review checklist completed on site-visits

SWANSEA BAY HEALTH BOARD

Physical Distancing Audit Checklist

DATE OF INSPECTION:

PERSONS UNDERTAKING INSPECTION:

DEPARTMENT/AREA INSPECTED:

Person in charge:

QUESTION	YES	NO	PARTIAL	N/A	COMMENTS/ACTION REQUIRED
1. <u>Physical Distancing</u>					
1.1 Has a risk assessment been undertaken?					
1.2 Who was involved in the risk assessment process?					
1.3 Was the risk assessment shared/communicated to staff?					
1.4 Do staff know how to report incidents?					
1.5 Do staff have access to the daily COVID-19 updates posted by CEO & Covid Coordination Centre					

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Appendix 3 – Appendix 3 - Hospital visits during COVID-19 outbreak
guidance - 1 July



Llywodraeth Cymru
Welsh Government

Hospital visiting during the Coronavirus outbreak: guidance

Visiting with a purpose

This guidance will commence from 20 July 2020

This guidance supersedes NHS Wales
visiting guidance of 25 March and 20 April.

Hospital visiting during the Coronavirus outbreak: guidance - July 2020 Visiting with a purpose. To commence from 20 July

This guidance supersedes NHS Wales visiting guidance of 25 March and 20 April.

Summary

- To ensure the health and safety of patients/service users and staff our first priority is the prevention and control of infection in healthcare settings.
- In order to comply with the 2 metres social/physical distancing measure it is still necessary to restrict the number of visitors.
- Virtual visiting should be encouraged and supported where possible.
- Face-to-face visiting needs to be agreed in advance and outdoor visits may be offered if appropriate.
- Visiting should be with a clear purpose and agreement for visiting based on the best interests of the patient/service user or the well-being of the visitor. **Guidance**

The Welsh Government supports a person-centred, flexible approach to visiting. However, Wales is still in a phase of sustained community transmission of COVID-19 and our first priority is the prevention and control of infection in our healthcare settings. This is to ensure the health, safety and wellbeing of patients/service users, staff and visitors themselves.

[Welsh Government guidance](#) currently states that 2 metres social/physical distance needs to be maintained as one of the key measures to help prevent the transmission of COVID-19. Insofar as possible, this measure needs to be maintained in a healthcare setting. To adhere to the social distancing measure, it is still necessary to restrict the number of visitors in healthcare settings.

The importance of continuing to support the well-being both of patients/service users and their families and loved ones during this difficult time is fully appreciated. It is recognised health boards and trusts have been innovative in finding alternative ways to enable patients/services users to maintain contact with their relatives and friends through virtual visiting using mobile phones, tablets etc and this should continue where possible. There is immense value in cards, phone calls, e-mails, social media as well as video calls.

Therefore, this updated guidance aims to assist health boards and trusts to strike a

balance in terms of the visiting principles between allowing **visiting with a purpose** and the clear need to maintain robust infection prevention and control strategies at this stage in the pandemic, for the safety of patients, visitors and staff.

This guidance is being kept under review and will change as the pandemic status alters.

The guidance remains that health boards and trusts should not return to “business as usual” in relation to visiting.

Visiting, with agreement from the ward sister/charge nurse/nurse in charge, can be facilitated as follows; as long as visitors do not have any symptoms of COVID-19 or are recovered from COVID-19 and have not been knowingly exposed to someone with COVID-19 in the past 14 days:

Within non-COVID-19 areas and services

- One parent guardian, or carer at the bedside at a time for paediatric inpatients and neonates.
- Patients who are in the last **days** of their life - this can be up to two visitors at a time, for a specified amount of time, from the same household or part of an [extended household](#). If not from same household or not part of an extended household they should visit the bedside separately and maintain distance outside of the clinical area.
- A birthing partner for women in labour, preferably from the same household or part of an extended household.
- In general, one visitor at a time for a patient with mental health needs, learning disability or cognitive impairment, where lack of visiting would cause distress or it is required as a reasonable adjustment to support access to health assessment or intervention. However the number and frequency of visitors should be considered on an individual basis in light of the patient's/service user's needs, care plan and in consultation with their support staff or carer.
- Children and young people may visit a parent/guardian/carer or sibling in a healthcare setting and should be accompanied by one appropriate adult.
- People with long term conditions which necessitate increased length of stay in a healthcare setting or people with specific care and well-being needs that the visitor/carer actively contributes to, for example, feeding, supporting communication needs and supporting rehabilitation. The health and well-being of these patients may benefit from seeing appropriate visitors, as their length of stay is over many weeks. This should be documented in their care plan.

COVID-19 confirmed and possible infectious areas (assessment areas)

- Infection Prevention and Control (IP&C) procedures in these areas must be clear and any visitors must be made aware of the risks and advised of IP&C measures in place including the use of any PPE required during their visit.
- End of life COVID-19 patients may receive visitors during their last days of life, if permission is sought in advance from the ward sister/charge nurse/nurse in charge. This may be up to two visitors, one at the bedside at a time, for a specified amount of time, preferably from the same household or part of an [extended household](#).
- Visitors with underlying health conditions who are shielding should be advised of the risks to themselves.
- All permitted visitors must adhere to hand hygiene and infection control precautions on arriving and leaving the area.

Exceptionality

It is recognised that guidance cannot foresee all requests for visiting nor all patient circumstances. Therefore, health boards and trusts do have the discretion, when operating the guidance, to agree to visiting requests that are not outlined in any of the categories set out above where they are satisfied the benefits to the well-being of the patient or visitor in agreeing a visit outweigh the infection control risks and any other practical difficulties in facilitating access.

Agreeing visits

It is important that **all** visitors have agreement from the ward sister/charge nurse/nurse in charge before travelling for each visit. It may not be possible for visitors to see their loved ones every day and agreement for one visit should not be taken as agreement for further visits. This should be made clear to the visitor.

Staff should treat all requests from visitors with compassion and empathy whilst ensuring the patient's best interests are met. Face-to-face visiting should be with a purpose ie not just a social occasion. It is to improve the well-being and aid the recovery of a patient or benefit the well-being of a visitor e.g. a visit from a young person who is distressed at not being able to see their parent, guardian or carer.

Advice can be sought from the Infection Prevention and Control team if required. All visits need to be risk assessed and Annex 1 provides a checklist of questions to aid decision-making for visits.

Outdoor visits for patients not known to be infected with COVID-19

Scientific evidence suggests that the virus survives less well in sunlight. This means that the risk of transmission is thought to be greatly reduced when outdoors.

If health boards and trusts are in a position to support outdoor visits, for example in the grounds or gardens of the healthcare setting, such visits should be made in accordance with [Welsh Government guidance](#). Visitors should maintain the 2 metres distance from patients/service users, staff and other visitors at all times.

Health boards and trusts may offer outdoor visits if they feel in certain circumstances that such visiting arrangements would be appropriate and possible to arrange. Annex 1 provides a checklist to aid staff in considering visits.

Accompanying patients to scheduled healthcare appointments

It may be necessary for visitors to accompany patients/service users to scheduled appointments in a healthcare setting. This may be in the following situations, which are by no means exhaustive:

- Individuals with a mental health issue such as dementia, a learning disability or autism, where not being accompanied would cause the patient/service user to be distressed. Where possible, visits for such service users should be considered on an individual basis in light of

the patient's/service user's needs, care plan and in consultation with their support staff or carer.

- Individuals with cognitive impairment who may be unable to recall health advice provided.
- Where the treatment/procedure is likely to cause the patient distress and the visitor can provide support.

Appointment letters and websites should provide advice and contact details for visitors to request approval to accompany patients (where appropriate). The letters may include advice on:

- The need to adhere to social/physical distancing as well as hand hygiene and infection control precautions on arriving and leaving the appointment.
- Visitors who have received a shielding letter from the Chief Medical Officer for Wales should not accompany patients unless essential. They will need to wear a medical mask as set out in the 14 June [Chief Medical Officer's advice on face masks](#).
- Visitors who are not shielding may choose to wear a [face covering](#), particularly if they are in a vulnerable group.

All requests to accompany patients need to be risk assessed and Annex 1 provides a checklist of questions to aid decision-making for visits. Guidance on accompanying pregnant women to pre-planned antenatal appointments is provided at Annex 2.

Accompanying patients to unscheduled healthcare appointments

It may also be necessary for visitors to accompany patients/service users to unscheduled appointments, for example to Emergency Departments. If via ambulance this will need to be at the discretion of ambulance/emergency department staff and requests should consider the individual patient's/service user's needs and the support which can be provided by the visitor to help them understand their treatment and/or alleviate their distress.

Considerations for visiting in non-COVID-19 healthcare settings

Staff should treat all requests for face-to-face visits with patients compassionately and with empathy whilst ensuring the patient's best interests are met. Indoor visiting should always be by appointment for one visitor at a time for a limited time period unless the patient/service user is in the last days of their life.

Consideration should be given as to whether or not outdoor visiting is an option for the patients. If it is, an offer should be made for outdoor visiting in accordance with [Welsh Government guidance](#).

All requests and offers for visits need to be risk assessed and the following considerations will aid decision making:

- Does the patient/service user meet the exceptions to visiting for patients not infected with COVID-19?

If not:

- Is the request for visiting with a purpose? ie not a social occasion but to improve the well-being and aid the recovery of a patient or benefit the wellbeing of a visitor?
- Would the patient's/service user's health and well-being benefit from seeing an appropriate visitor?
- Is the patient/service user COVID-19 free and placed on a COVID-19 free ward?
- What is the COVID-19 situation in the healthcare setting? Visiting will need to be suspended if an outbreak or increased numbers of patients with symptoms of COVID-19 (or other infection) occurs in the healthcare setting.
- Has the patient/service user already received a face-to-face visit from another relative? Visits should preferably be with people from the same household or part of an [extended household](#) and ideally be limited to one household/extended household in any given week, however visiting arrangements should take into account individual circumstances - multiple adult children may each be living in separate households for example. The aim here is to limit the number of contacts as far as possible whilst ensuring compassionate arrangements for visiting.

Practicalities and location of visit

- Has provision been made to ensure all chairs and equipment are cleaned between visits?
- Can hand sanitiser be provided for the visitor at a fixed point?
- Can the visit be facilitated outdoors, such as a garden?
- Do staffing levels support outdoor visiting?
- If the visit cannot be facilitated outdoors, is there a separate side room in the healthcare setting which can be used?

- How will the visitor safely journey from the car park through the building to and from the patient's/service user's location?
- For outdoor visiting, consider how the visitor will safely journey from the car park to the outdoor location.
- Is there sufficient signage to the patient's/service user's indoor or outdoor location as well as social distancing reminders?
- Will the visitor need to be escorted to the patient's/service user's indoor or outdoor location?
- Have any other visits been arranged at the same time in the side room or outdoor location?
- Is there facility for a designated, well sign-posted "visitor toilet" near to the visiting location?
- How will visitors of different patients/service users be managed to prevent too many visitors at one time in a location.

Questions to discuss with the visitor

- Has the visitor considered other methods to maintain regular contact with their loved one? For example, phone calls, e-mails, social media and video calls.
- Is the visitor self-isolating? Do they have COVID-19 symptoms? People who have COVID-19 symptoms or are required to self-isolate, including as an identified contact of a positive case under Test, Trace and Protect Strategy must stay at home and are not permitted to visit.
- Does the visitor understand that if they arrive and are displaying any symptoms consistent with COVID-19 they will be asked to leave immediately?
- Does the visitor understand that visiting may have to be suspended if an outbreak or increased numbers of patients with symptoms of COVID-19 (or other infection) occurs in the healthcare setting?
- Does the visitor understand that agreement for this visit does not mean they may see their loved one every day? Agreement will need to be sought for subsequent visits.
- Is the visitor able to travel to the healthcare setting?
- Does the visitor understand the need to maintain the 2 metre social distance from patients/service users, staff and other visitors at all times in the healthcare setting or outdoor location?
- Does the visitor understand that they will need to listen and adhere to staff advice on hand hygiene and infection control precautions on arriving and leaving the area?
- Does the visitor intend to bring a young child or toddler? This should be discouraged due to the difficulty of maintaining social distancing.

- Has the visitor received a shielding letter from the Chief Medical Officer for Wales? Shielded visitors are not advised to visit unless they absolutely have to attend hospital to visit a loved one, for example if a relative is in the last days of their life.
- Does the visitor understand they will need to wear a [medical mask](#) if they have received a shielding letter from the Chief Medical Officer for Wales and the visit is essential? This is set out in the 14 June [Chief Medical Officer's advice on face masks](#). Visitors who are not shielding may choose to wear a [face covering](#), particularly if they are in a vulnerable group.
- Does the visitor understand that food and drink may not be shared and gifts/flowers are discouraged?
- Does the visitor to the outdoor location understand that they may not enter the healthcare setting unless they wish to use the designated "visitor toilet"?
- Does the visitor understand that outdoor visits are weather dependent and may be cancelled at relatively short notice if there is no alternative visiting area?

Annex 2

Principles for pregnant women attending pre-planned antenatal appointments in Wales To commence from 20 July

Previous guidance on visiting to maternity hospital settings during the COVID-19 pandemic has been that a woman could be accompanied by one birthing partner and only during active labour and at birth. However, evidence not only supports the presence of birth partners in labour and birth in improving outcomes for women and infants but also highlights that infant bonding and attachment with parents, increases in the periods around birth. Also, we are aware that lack of opportunities for partners to attend appointments such as ultrasound scans have caused distress for families at this time.

This paper outlines guidance for pregnant women attending hospital settings for specific pre-planned antenatal appointments.

The guidance outlines situations where the woman can be accompanied by her partner/nominated other. This guidance cannot foresee all requests for accompanying pregnant women and reference should be made to the exceptionality paragraph in the main guidance.

The revised guidance is applicable to women when attending the maternity hospital for the following reasons:

- 12-week pregnancy dating scan
- early pregnancy clinic
- anomaly scan
- attendance at Fetal Medicine Department;

Key policy principles

Women can be accompanied by their partner or nominated other, preferably from the same household or part of an [extended household](#), to any of the above except in outbreaks of the COVID-19 pandemic in a hospital setting. There may be occasions in individual health boards that visiting, for specific reasons, may be limited further than outlined in this guidance. This will most likely be to reduce the number of people in any one area to comply with social distancing rules. In this scenario, clear explanations will be given to women and their partner/nominated other.

Members of the public who are experiencing the symptoms associated with COVID-19 should not visit maternity hospitals. Pregnant women with symptoms of COVID19, or have tested positive or are self-isolating, should be advised to phone their maternity service to discuss the rescheduling of their appointment.

Appointment letters and health board websites should provide advice and contact details for visitors to request approval to accompany patients (where appropriate). The letters may include advice on:

- The need to adhere to social/physical distancing as well as hand hygiene and infection control precautions on arriving and leaving an appointment.
- Visitors who have received a shielding letter from the Chief Medical Officer for Wales should not accompany patients unless essential. They will need to wear a medical mask as set out in the 14 June [Chief Medical Officer's advice on face masks](#).
- Visitors who are not shielding may choose to wear a [face covering](#), particularly if they are in a vulnerable group.

Consideration should be given to the principles in the main guidance on accompanying patients to scheduled healthcare appointments. This may be in the following situations, which are by no means exhaustive:

- Women with a mental health issue such as a learning disability or autism, where not being accompanied would cause them to be distressed.
- Women with cognitive impairment who may be unable to recall health advice provided.
- Where the treatment/procedure is likely to cause the woman distress and the partner/nominated other can provide support.

All requests to accompany patients need to be risk assessed and Annex 1 provides a checklist of questions to aid decision-making for visits.