



Department of

**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

---

AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

---

MÁNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

# **Guiding Principles for the Production of Hospital Visiting Policies**

**DHSSPS**

**June 2008**

## **Foreword**

Visiting patients in hospital is an integral part of health care, and can help promote the patients wellbeing. All patients should be enabled to, maintain contact with friends and relatives for the duration of their stay in hospital.

This document, in recommending the guiding principles for the production of hospital visiting policies, takes account of the relevant statutory and legislation requirements. In exercising our duty of care to patients, visitors and staff, priority is given to those issues which promote health and safety and protect against healthcare associated infections.

The guidance is therefore designed to support staff to deliver care in a timely, safe and effective manner whilst promoting health and safety and safeguarding the patients privacy and dignity.

**MICHAEL McGIMPSEY**

Minister for Health, Social Services and Public Safety

# Contents

	<b>Page</b>
<b>Foreword</b>	
<b>1. Introduction</b>	<b>4</b>
<b>2. Aim of this Document</b>	<b>4</b>
<b>3. Statutory and Legal Framework</b>	<b>5</b>
<b>4. Objectives</b>	<b>5</b>
<b>5. Scope</b>	<b>5</b>
<b>6. Roles and Responsibilities</b>	<b>6</b>
<b>7. Underpinning Principles for a Visiting Policy</b>	<b>7</b>
<b>8. Timescale for Policy Implementation</b>	<b>8</b>
<b>9. Policy Monitoring Arrangements</b>	<b>8</b>
<b>Appendices</b>	
<b>1. Statutory and Policy Framework Reference list</b>	<b>9</b>
<b>2. Infection Prevention &amp; Control issues</b>	<b>10</b>

## **1. Introduction**

This document has been produced by the Department of Health Social Services and Public Safety (DHSSPS) to provide guiding principles for the production of hospital visiting policies.

Trusts are required to ensure that the principles specified in this document are incorporated within their own hospital visiting policies.

It is expected that all healthcare professionals must treat visitors with respect and politeness at all times. It is expected in return that visitors must treat staff and patients in the same way.

A zero tolerance policy will be operated in respect of violence or threat to safety. Visitors displaying threatening or abusive behavior including offensive language will be required to leave.

## **2. Aim of this document**

The aim of this document is to provide Guiding Principles for the production of HSC Trust visiting policies, which promote health and safety, wellbeing and infection control activities whilst maintaining the patient's privacy and dignity.

## **3. Statutory and Legal Framework**

This document incorporates the current statutory and legal requirements as detailed in Appendix 1.

However any subsequent or additional statutory requirements must be observed in the application of this policy.

## **4. Objectives**

- 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 wellbeing;
- To ensure the health and safety of patients, visitors and staff;
- To allow patients time 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; and,
- To promote good Infection Prevention and Control practices and help reduce the occurrence of HCAI's.

## 5. The Scope of the Document

Whilst the guiding principles in relation to the content of the Visiting Policy will apply to all HSC hospitals, the DHSSPS acknowledges that there may be exceptional circumstances where visiting outside of the advertised time is required.

Trusts should therefore have 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 grounds of disability, religious beliefs or other personal reasons, their requirements should be accommodated where it is reasonably possible, without compromising either health and safety or infection control issues.*

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

The following areas may therefore have special arrangements:-

- Critical care
- Neonatal
- Paediatric
- Mental Health
- Learning Disability

- 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.*

## **6. Roles and Responsibilities**

All HSC Trusts are required to ensure that they have a Visiting Policy which incorporates these Guiding Principles.

Trusts must provide information on visiting times and clear direction to patient and visitors.

Trusts must display visiting times on the entrance doors to all wards, in the Hospital Information Booklet and the Trust's website.

Patients and their visitors must be advised of visiting times or arrangements for their particular ward by the nurse in charge, ideally at the time of admission.

## **7. Underpinning Principles for a Visiting Policy**

***A visiting policy should incorporate the following guiding principles:***

1. The start of each visiting period should ideally be supervised by a member of the ward staff who could take the opportunity to remind visitors to wash their hands or use the hand sanitizers provided.
2. Visiting periods should be limited to 2 hours.
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 the patient.
5. Visitors may be asked to leave temporarily if a patient requires nursing care or if a clinical intervention is necessary. In the case of

children, parents 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.
7. Visiting times should be scheduled in a way which allows for optimum and timely care delivery.
8. Visiting times should be scheduled in a way which maintains the patient privacy and dignity of all patients.
9. Visiting time should be scheduled to provide protected mealtimes for patients. There may be exceptions to this in such cases as where visitors wish to assist with feeding or where a parent is staying with their child.
10. Visiting outside of the usual visiting times should only take place if there are particular individual or special circumstances.
11. The nurse in charge will discuss additional individual and special requirements for visiting with patients and their visitors and should accommodate these where possible.
12. Visiting times should be scheduled in a way which facilitates maximum access for the cleaning team.
13. Young children who are visiting hospital should be accompanied by an adult.
14. Trusts should incorporate guidance on infection prevention and control issues into their visiting policy. See appendix 2.

*Visitors should be advised that in the interest of promoting patient privacy that mobile phones, cameras and camcorders should not be used within the clinical area unless by prior arrangement with the nurse in charge.*

## **8. Timescale for Policy Implementation**

HSC Trusts must produce visiting policies which reflect the Guiding Principles contained in this document and implement them with immediate effect.

## **9. Monitoring Arrangements**

HSC Trusts are required to monitor compliance with their visiting policy and report to the DHSSPS on an annual basis

The document will be reviewed by the DHSSPS every 3 years or more frequently if required.

The Statutory & Policy framework

- Health & Safety at Work (Northern Ireland) Order 1978 & Health & Safety at Work (Amendment) (Northern Ireland) Regulations 2006.
- Section 75 of the Northern Ireland Act 1998.
- Disability Discrimination Act 1995.
- Human Rights Act 1988
- Race Relations (Northern Ireland) Order 1997
- 'Changing the Culture Action Plan for Prevention and Control of Healthcare Associated Infections in N.I' DHSSPS 2006/2009
- 'Cleanliness Matters' a regional strategy for improving the standards of environmental cleanliness within NHS of S Trust 2005/2008.
- 'Strategy for Prevention and Control Healthcare Associated Infections in N.I. 2005-2010 (June 2005)
- "Ward Sisters Charter" An Action Plan for Cleaner Hospitals in Northern Ireland DHSSPS (Oct 2006)

### 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 the hand sanitizer 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.