

**NURSING, MIDWIFERY & AHP  
DIRECTORATE**

**Protocol for Hospices and Health & Social Care  
Trusts implementing additional visiting  
restrictions to their respective healthcare  
settings during the COVID-19 crisis**

**July 2021**

**Protocol for Hospices and Health & Social Care Trusts implementing additional visiting restrictions to their respective healthcare settings**

**Version Amendment Log**

1	Version 1: Draft	19 July 2021
2	Version 2: Launched	30 July 2021
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**Protocol for Hospices and Health & Social Care Trusts implementing additional visiting restrictions to their respective healthcare settings during the COVID-19 crisis**

## **Background**

1. In response to the most recent data around COVID-19 transmissions across the country, the Department published visiting guidance for all healthcare settings, which took effect from 7 May 2021, which is available here: <https://www.health-ni.gov.uk/Covid-19-visiting-guidance>.

2. The guidance outlines the Minimum Visiting Requirements to apply to every patient in hospital or receiving hospice care in Northern Ireland; they will be able to benefit from a daily visit with at least one person, as follows:

*“One daily visit from one of two nominated individuals (from up to two households) can be permitted, where this can be accommodated within COVID secure environments.*

*Where the visitor requires assistance then no more than 1 person will be permitted to accompany them when this can be accommodated within social distancing guidance.*

*Duration of visits should be agreed with person in charge.*

*Alternatives, for example, outdoor visiting, virtual visits, should continue to be made available.*

3. While this represents the expected arrangements which should be facilitated in all cases, the guidance does, however, allow that in certain, prescribed circumstances, local decisions may be made to reinstate some restrictions for limited periods to protect patients, families and staff. This would include specific concerns regarding clinically extremely vulnerable patients or local incidents of infection outbreak in a hospice, hospital and/or evidence of rapidly increasing community transmission or outbreaks.

4. The guidance further states:

*“Since rates of transmission, other related factors and consequent risk levels may vary in a particular geographical area or facility, from time to time more locally focussed guidance relevant to the assessed risk may apply. It is important that where organisations are unable to facilitate visitors in line with this guidance, that they have a clear record of their decision-making and rationale. This will assure the public they have considered all reasonable adjustments.”*

5. In these instances the decision may be taken to introduce some additional restrictions in the affected local facilities.

6. Learning from the implementation of restrictions throughout the course of the pandemic has shown that whilst it is important that localised risk assessments inform Hospice/HSCT decisions around these temporary additional localised visiting restrictions, it is imperative that Hospices/HSCTs follow a standardised, regional risk assessment as part of the decision making process. Staff, patients, relatives and the wider public need to be able to understand the reasons for any variance from the regional guidance, and to communicate actions taken to mitigate impact to the public.

7. Prior to any additional visiting restrictions being implemented, it has been agreed that Hospices/HSCTs should communicate their intentions with Public Health Agency (PHA) and Department of Health (DoH). This will allow for:

- Hospices/HSCTs to provide assurance that a robust risk assessment has been used to inform their proposal, whilst providing an update on any prevailing and emerging evidence within their catchment area
- Coordinated and consistent communication to be published, which must be agreed and published between the Hospice/HSCT, the DoH and PHA in order to ensure public confidence in the decision making process
- Sufficient supporting evidence, along with a plan to address the issues leading to the proposed variance, should be available to allow the

Minister of Health and other Senior DoH Officials to be properly briefed in advance of implementation, as any change is likely to generate significant media attention, and will also likely lead to an increase in Ministerial correspondence.

8. This requirement excludes the application of additional restrictions to those units experiencing active outbreaks – existing guidance allows immediate application of additional restrictions in such cases without recourse to the Department / PHA.

### **Risk Assessment**

9. Any decision to implement additional specific localised visiting restrictions should be based on a robust risk assessment which provides assurances in relation to IPC procedures, use of PPE, levels of HCAI, levels of community transmission and any other factors which could contribute to disrupting the delivery of a safe and effective service.

10. As part of this risk assessment process, Hospices/HSCTs will have considered the issues impacting upon their ability to facilitate visiting in line with the [Guidelines](#), including (but not restricted to):

- Detailed knowledge and ratio of participation in the staff testing programme to inform early detection of staff cases and potential exposure of staff to COVID-19 in the community and workplace;
- Levels of staff absence due to COVID-19 or COVID-19 exposure;
- Assessment of the estate in which restrictions are to be implemented: this assessment should include the size / layout of the ward/facility(s) to accommodate patient and visitors within social distancing requirements
- potential for overcrowding, efficacy of ventilation (mechanical and natural) and the number of single rooms;
- Detailed knowledge of vaccination uptake rates in front line clinical staff/all new starts;
- Review of progress against outstanding recommendations from previous nosocomial cell site visits;

- Review of results of internal PPE audits and compliance with IPC practices and recommendations;
- Full use of the nosocomial dashboard to inform on potential rise in community prevalence and clusters of COVID-19, and to provide early alert to potential rise in hospital inpatient admission rates of COVID-19 across all Trusts;
- Detection of and rise in the number of outbreaks or clusters of COVID-19 in Trust facilities and in Care Homes and other community settings within each Trust area.
- The scope to consider stricter IPC procedures, including use of more stringent PPE, to allow those patients with specific needs (including end-of-life, etc.) to receive appropriate visits.
- Details of patient testing programme in place (nosocomial spread)
- Any other contributing factors, e.g., bed occupancy, workforce availability, ventilation requirements, staffing to support visiting

11. It is important that targeted risk assessments are completed. Blanket decisions regarding visiting restrictions across entire sites or indeed Trusts must not be applied.

### **Communication with PHA**

12. Where required, the PHA Health Protection Team should be liaised with regarding advice that may support risk assessment and decision making regarding visiting restrictions.

13. PHA should be made aware of the decision to implement further visiting restrictions via the Chief Executive's Office at:

- a. [aidan.dawson@hscni.net](mailto:aidan.dawson@hscni.net)
- b. [cathy.mcauley@hscni.net](mailto:cathy.mcauley@hscni.net)
- c. [robert.graham@hscni.net](mailto:robert.graham@hscni.net)
- d. [PHA.dutyroom@hscni.net](mailto:PHA.dutyroom@hscni.net)

## **Communication with DoH**

14. The DoH Chief Nursing Officer should be made aware of the intention to implement additional visiting restrictions. The decision and accompanying evidence base will be used to brief the Ministerial Office and support responses to correspondence received from the public and political representatives.
15. On reporting changes to the visiting guidance restrictions, HSCTs should indicate a timescale for review, and develop a plan outlining the steps to be taken to mitigate the identified risk to allow a swift return to the visiting approach set out in the regional guidelines and update to the DOH.
16. Each week, by close of business on Thursday, a report should be submitted to the Department summarising the additional restrictions in place or planned. This report, and any other related correspondence as referred to in Para 14/15 above, should be sent to [nursingandmidwifery@health-ni.gov.uk](mailto:nursingandmidwifery@health-ni.gov.uk) and copied to:
  - a. [linda.kelly@health-ni.gov.uk](mailto:linda.kelly@health-ni.gov.uk)
  - b. [tim.johnston@health-ni.gov.uk](mailto:tim.johnston@health-ni.gov.uk)
  - c. [PressOffice@health-ni.gov.uk](mailto:PressOffice@health-ni.gov.uk)

## **HSCT, PHA & DoH COMMs**

17. Where appropriate, the Trust Communication Department will liaise with the PHA & DoH Press Office Department to ensure that timely communication regarding the decision is published.
18. Communication should include information regarding the changes made to the localised visiting guidance and a brief explanation of the reason / rationale behind the decision, and include a time bound plan for how the setting may return to the regional approach to visiting to be published through the appropriate channels.

19. Relevant contact details for each organisation are attached at **Annex A**.

**Linda Kelly**  
**Deputy Chief Nursing Officer**  
**Nursing, Midwifery & AHP Directorate**  
**Department of Health**



## Contact Details

### Department of Health

- DoH COMMs, 9am – 5pm, Monday – Friday

Tel: 02890 520 567

Email: [pressoffice@health-ni.gov.uk](mailto:pressoffice@health-ni.gov.uk)

- DoH Out-of-hours, after 5pm and over weekends and bank / public holidays

Tel: 02890 520 567

Email: [pressoffice@health-ni.gov.uk](mailto:pressoffice@health-ni.gov.uk)

Tel: 02890 520 543

Email: [David.Gordon@health-ni.gov.uk](mailto:David.Gordon@health-ni.gov.uk)

Tel: 02890 520 575

Email: [Karina.Meredith@health-ni.gov.uk](mailto:Karina.Meredith@health-ni.gov.uk)

### Public Health Agency

- PHA COMMs, 9am – 5pm, Monday – Friday

Tel: 0300 555 0117

Email: [pha.cpa@hscni.net](mailto:pha.cpa@hscni.net)

- PHA Out-of-hours, after 5pm and over weekends and bank / public holidays

Tel: 0300 555 0118

Email: [pha.dutyroom@hscni.net](mailto:pha.dutyroom@hscni.net)

### Health and Social Care Board

- HSCB COMMs, 9am – 5pm, Monday – Friday

Tel: 028 9536 3020

Email: [HSCBCommunications@hscni.net](mailto:HSCBCommunications@hscni.net)

- HSCB Out-of-hours, after 5pm and over weekends and bank / public holidays

Tel: 0300 555 0203