

Document Type:	Protocol	
Reference Number : <b>1194</b>	Version Number: <b>2</b>	Next Review Date: <b>31 December 2019</b>
Title:	<b>Visitors Policy &amp; Charter</b>	
Document Author:	Experience and Engagement Lead	
Applicability:	All visitors	

## **Introduction**

This hospital recognises that visitors to patients play an important role and can help in the healing process. Visitors can inform staff about a patient's home circumstances and may provide a pleasant diversion from the patient's concerns about their illness or injury. This policy ensures the safest possible environment for staff to carry out their duties and to ensure visiting patients is a positive experience.

To enable us to meet these objectives some limitations are needed on when visitors can see patients on wards and how many may visit at one time. Visiting outside of these hours will be at the discretion of the ward manager/nurse in charge of that ward. When patients have an illness they require adequate rest and staff require time to undertake care and treatment. Staff also need to keep the ward environment clean to control the spread of infection and also have a consistent approach to visitors throughout the hospital. The wards should display the Visitors Charter ([see appendix](#)) and have this Visitors Policy available on request.

Staff will support and understand requests for information from visitors. It is essential that the guidance in this policy is understood and adhered to by all staff so that visitors receive a consistent message. This reduces confusion for visitors and the public.

## **Normal Visiting Hours**

**2.00 pm to 4.30 pm**

**6.30 pm to 8.00 pm**

Visiting outside these times may be allowed with prior arrangement with the nurse in charge on the ward. There may be exceptional circumstances such as seriously ill and dying patients. If visitors are prepared to help with the care of the patient they are visiting, such as feeding, this will be very welcome and visiting times should not apply.

## **Exceptions to normal visiting hours**

Visiting hours can be extended by the nurse in charge in exceptional circumstances only. The nurse in charge can restrict visiting for clinical or exceptional reasons.

The following departments have special visiting hours and policies on visiting:

- Critical care areas including Intensive Care /High Dependency Units
- Neonatal Intensive care
- Children's areas

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### **Only 2 visitors per patient at one time**

The numbers of visitors are restricted to 2 to prevent overcrowding in ward areas, to prevent patients from becoming overtired and to reduce the risk of spread of infection.

### **Children Visiting**

The aim of this policy is to reduce the likelihood of children either acquiring or bringing infections into the hospital environment. It is not advisable for babies to visit and the only exceptions should be if either parent is the patient. In all cases advice should be sought from the Ward Manager/Lead Nurse.

Children under 5 years will be limited to 30 minutes visiting.

Children aged over 5 years will be limited to a maximum of one hour.

### **Requesting visitors to leave**

During some treatments or certain periods visitors may be asked to leave the ward. Staff have the right to request a visitor to leave at anytime. This may be because the condition of the patient, or other patients in the ward require this, or if the behaviour of the visitor is causing concern to patients or staff.

### **Visitor, patient and staff safety**

- Visitors should not under any circumstances touch any medical equipment.
- Visitors should not attempt to visit their relatives/friends if they are not feeling well themselves or have knowingly been exposed to an infectious disease.
- Visitors must follow staff instructions to reduce infections, for example to use hand gel or hand washing facilities provided on wards when they arrive and leave. These facilities may differ according to the ward or area the patient is in.
- Visitors must only sit on chairs provided and never sit on beds as this may cause cross infection.

### **Visitor Information**

Information for visitors in support of the Trust's Visiting Policy should be available in all wards and public areas in the form of the Visitors Charter ([see appendix 1](#)). It will give the right of the nurses/midwives in charge to politely request that certain standards are adhered to.

Noise of any kind is disturbing to patients that are very ill. Visitors must respect this and avoid disturbing other patients with unnecessary noise. Mobile phones should not be used on wards and departments where restrictions apply.

The hospital is a smoke free building. Therefore smoking is prohibited in all areas. There are no areas where patients or visitors can smoke.

Visitors must not be allowed to touch or operate medical devices and other equipment. However, in some cases those caring for chronically ill patients have been educated in how

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to care for their relative/friend within the home environment and training of the use of a medical device is part of that care.

Visitors may bring in food and drink for the patient but are requested to check with the lead nurse before allowing the patient to consume them as this may affect their treatment. Visitors must not eat or drink in clinical areas. Visitors must use the public refreshment areas or the restaurant. Visitors must not approach staff during their breaks. They should wait until the staff return to their ward areas where staff will be happy to respond to queries and answer questions.

If visitors have been exposed to an infectious disease they must not put patients at risk from visiting. If in any doubt the visitor must ring to speak to the nurse in charge before visiting. Examples include coughs, colds, sore throats, diarrhoea, vomiting, infectious diseases such as chickenpox, measles, influenza etc.

Visitors must only use public toilets – these are clearly marked. They must not use patient or staff toilets.

If a fire alarm sounds during visiting hours, staff should inform visitors what is happening and visitors should remain within the area until given further instructions. Staff have a responsibility to inform visitors of the nearest fire exit and procedures for their area.

The Trust has a zero tolerance policy of abuse towards staff from the public. If visitors behave inappropriately the staff will request they leave the clinical area. If visitors continue to behave inappropriately, staff will contact security. Staff must not put themselves or others in a high-risk situation.

Visitors may be permitted to only take a photographic image of their relative. Verbal consent must be given by the patient and a member of staff before the photograph is taken.

### **Information to patients/relatives/carers/friends**

1. To avoid any confusion, it is important that the Trust has a consistent approach to providing information about patients to their families, relatives and next of kin.
2. The patient has the right to determine whether or not information about them and their condition is passed on to the next of kin, relatives or friends.
3. Patients must always be asked whether they wish information to be passed on and to whom. This should be clearly documented in the patient's health record and referred to when arranging meetings or having discussions between next of kin and relatives and health care staff.
4. Patients should be asked to limit the number of people they nominate to a maximum of two and it should be explained to them that this is to ensure confidentiality is maintained; to enable an effective relationship between them and health care professionals and to promote continuity of communication.

5. The nominated next of kin or relative should be asked to communicate with other family and friends if the patient agrees to this and also the reasons why information will not be given directly to the others.
6. Written information on this guidance should be given to patients and visitors as necessary.

Staff will follow the Trust's procedure in relation to incident reporting. If a visitor has any untoward incident whilst visiting their relative/friend an incident form must be completed by the staff within the clinical area.

Visitors should talk to the lead nurse on the ward about any concerns or comments they wish to make. Staff should deal with these in a positive manner and if unable to deal with them immediately bring them to the attention of appropriate colleagues in the Trust.

[Appendix 1 – Visitor's Charter](#)

Visitors' Charter

**How you can help**

Patients need rest so please restrict visits to no more than two people at any time. Please speak to a nurse before you plan to bring in young children

**Visiting hours are from**

**2.00pm to 4.30pm**

**6.30pm to 8.00pm**

**Our Commitment to you**

*Visiting times will be respected and may vary with some specialist areas having different times. In these cases, the nurse in charge will inform you of the times. As care of the patients is our priority, the Hospital does not have open visiting, particularly as most patients share with other people on the ward.*

*We know that this can be a stressful time. We ask you to be polite and courteous and not to behave in an abusive manner. Any visitors who behave inappropriately will be asked to leave*

**Courtesy**

Staff will be polite and courteous at all times.

*Please inform staff if your friends or relatives need attention whilst you are with them or has informed you of any worries or fears relevant to their treatment.*

**Interruptions to visits**

We will try to avoid interrupting your visit. If we do need to deliver care we will indicate a suitable place to wait and invite you back as soon as we can

Help keep our hospital clean and inform staff of any cleaning issues.

**Cleanliness**

We take cleanliness very seriously and are very proud of the standards we *achieve*

You should clean your hands on entering and leaving the ward. Please do not visit if you are unwell or if you have had any diarrhoea or vomiting in the last 2 days. If you become unwell whilst visiting, please inform a member of staff.

**Infection Control**

We have a commitment to protect our patients from infection and follow the "naked from the elbow down" in clinical areas.

If you wish or are able to assist your friend or relative at meal times please inform the ward staff

**Meal times**

We will try to ensure that mealtimes are not interrupted and welcome those who can help their friends or relative to eat at mealtimes.

Try and nominate one friend or relative to be

*We will be as open as we*

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given the information and share it between you. Appointments to talk to the consultants can be made and it is a good idea to write down any questions you may have prior to this and be *accompanied on the day by a relative or friend*.

**Keeping you informed**

*can with you about the patient's care. Please remember that we can only give out information with the patient's permission*

You may see or hear things of a private nature. Do not discuss these with anyone else.

**Confidentiality**

We will maintain confidentiality at all times

## Document Control Information

*This is a controlled document and should not be altered in any way without the express permission of the author or their representative.*

*Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.*

*If printed, this document is only valid for the day of printing.*

*This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.*

<b>Ref No:</b>	1194		
<b>Document title:</b>	Visitors Charter		
<b>Purpose of document:</b>			
<b>Date of issue:</b>	24 May 2019	<b>Next review date:</b>	31 December 2019
<b>Version:</b>	2	<b>Last review date:</b>	
<b>Author:</b>	Experience and Engagement Lead		
<b>Directorate:</b>	Organisation Wide		
<b>Equality Impact:</b>	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
<b>Committee(s) approving the document:</b>	Director of Nursing and Governance		
<b>Date approved:</b>	17 February 2012		
<b>Links or overlaps with other policies:</b>			

<b>Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.</b>	Yes <input type="checkbox"/>	
	Please select Yes                  No	
<b>Does this document have implications regarding the Care Act?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have training implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have financial implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is this document a direct replacement for another?</b> <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

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## Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
20 August 2009	1	New	Director of Nursing and Governance
23 February 2012	2	Revised	Director of Nursing and Governance
29 August 2014	2	Date change	Experience and Engagement Lead
24 May 2019	2	Review date extended	Deputy Director of Nursing
6 September 2019	2	Review date extended	Deputy Director of Nursing

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## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

**Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)**

<b>Policy Title (and number)</b>		<b>Version and Date</b>	
<b>Policy Author</b>			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
<b>Who may be affected by this document?</b>			
Patients/ Service Users <input type="checkbox"/> Staff <input type="checkbox"/> Other, please state... <input type="checkbox"/>			
<b>Could the policy treat people from protected groups less favourably than the general population?</b> <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>			
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language <sup>5</sup> used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible <sup>6</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>EXTERNAL FACTORS</b>			
<b>Is the policy a result of national legislation which cannot be modified in any way?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)			
<b>Who was consulted when drafting this policy?</b>			
Patients/ Service Users <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups)	<input type="checkbox"/>
Staff <input type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
<b>What were the recommendations/suggestions?</b>			
<b>Does this document require a service redesign or substantial amendments to an existing process?</b> <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts			
<b>Action</b>	<b>Person responsible</b>	<b>Completion date</b>	

**AUTHORISATION:**

By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

<b>Name of person completing the form</b>		<b>Signature</b>	
<b>Validated by (line manager)</b>		<b>Signature</b>	

**Please contact the Equalities team for guidance:**

For South Devon & Torbay CCG, please call 01803 652476 or email [marisa.cockfield@nhs.net](mailto:marisa.cockfield@nhs.net)  
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pfd.sdht@nhs.net](mailto:pfd.sdht@nhs.net)

**This form should be published with the policy and a signed copy sent to your relevant organisation.**

- <sup>1</sup> Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
- <sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
- <sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
- <sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated
- <sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives
- <sup>6</sup> Consider both physical access to services and how information/ communication is available in an accessible format
- <sup>7</sup> Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

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## Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes  No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net),
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.