



# **Guide for inpatients' relatives, families and carers in the COVID pandemic**

**Version 1 - April 2021**

# Welcome

We've produced this short guide to try and help relatives who have loved ones in our hospitals during the COVID-19 pandemic, as things are so different to usual.



This guide will be updated whenever there are changes to our policies or approach, or if we have new information to share with you.

Please make sure you're using the current version—you can get this from our website, available as Browse Aloud.

This guide relates to both our hospitals - Bedford Hospital and the Luton & Dunstable (L&D). Most of our policies and information are the same for both, but some details are different.

In this guide we touch on the situation as it currently stands around:

- Visitors, and in what circumstances, what our golden rules are. What our guiding principles are.
- Communication with loved ones in hospital—the best ways to stay in touch and how we are supporting you to get the right information.
- Other practical matters, such as getting property to your loved one and chaplaincy support.

The pandemic has been an enormous challenge for the NHS, but we know how difficult it is to have loved ones in hospital at this time.

Our staff are doing everything they can. We set high standards and want your experience to be the very best it can. If you have any concerns at any time, please speak to the Ward management.

**Liz Lees, Chief Nurse,  
Bedfordshire Hospitals NHS Foundation Trust**

# Visitors

We keep our position under constant review to assess whether we can do more to open up so that more patients may have visitors.

We would love to allow as many of our patients to have visitors as possible. It's better for them to have you around, it's easier for us to communicate with you - there are lots of positive reasons.

But, our most important priority is safety - your safety, your loved one's safety, and the safety of others - whether that's other patients or our staff.

**Therefore, our overall position at the current time, given the continued high prevalence of COVID in our communities, and the continued high risk, is that visitors are not allowed on site, unless there are exceptional circumstances.**

We say this understanding how incredibly difficult it is for you and your loved one at this time. This is not a position we are taking lightly.

## **What are “Exceptional Circumstances”?**

We want to do everything we can to make decisions on an individual basis, because every person and circumstance is different. However, there are a few exceptional circumstances where we will routinely allow visiting:

- **Patients in the last days of their life**
- **Paediatric (child) inpatients (including babies on our Neonatal Intensive Care Units)**
- **Patients with dementia and learning difficulties**
- **Maternity patients**

If you feel your loved one meets the criteria above, or if there are other significant circumstances, you should discuss these with the Ward Management.

## How we're managing the risks



Even within the above, however, every individual person's case must be managed and discussed with the clinicians and Ward Management team in charge. This is because every circumstance is different, and a key part of the decision we have to make is how we can manage and minimise the risks, every time.

For example, if your relative happens to be in a side room, that might reduce the risk of potential transmission, and make it easier to facilitate access.

The size of the ward might also be a factor, its layout, its ventilation, how many other patients there are in a given area, or the type of treatment being delivered, as well as how we respect the dignity and privacy of your loved one, and others too.

This might change from day to day.

To summarise, we are not taking a 'one size fits all approach'.

This guide does not set out the full details. In many cases, we may not have definitive 'rules' but are doing what we can, within this framework of principles.

## The Golden Rules

Having said this, there are a number of rules which are non-negotiable—as below:



**No visiting in groups.** We simply cannot allow visiting in groups in any context. It's dangerous and unfair, putting others at risk, and taking up valuable time of our clinicians who need to care for others.

**No relays of visitors coming in and out.** We're sorry, but we cannot accommodate a continuous stream of visitors in and out of clinical areas for prolonged periods - it has to remain sensible and reasonable.

**Wearing appropriate PPE.** All visitors must wear and comply with all requests for PPE made by staff at the time of visiting. If you refuse to wear the correct protective equipment, we may be unable to allow you to visit.

**Getting tested.** In some circumstances, we may ask you to take (and have a clear) test for COVID-19. If you're not prepared to take a test, you may not be allowed to visit.

## Our principles of visiting in exceptional circumstances



### **Patients in their last days of life**

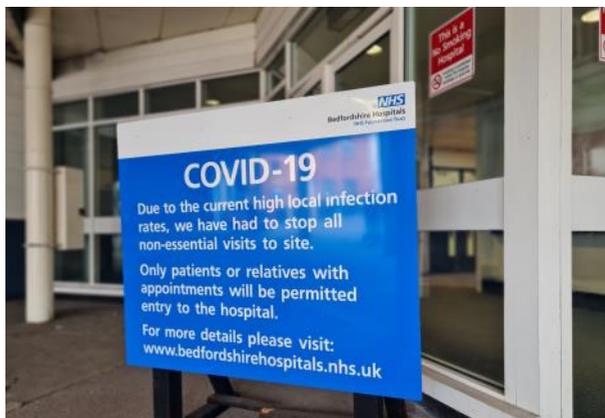
We want to do everything we can to provide compassionate visiting arrangements for those patients receiving care in the last few days of their lives.

We aim to minimise the risk of infection whilst also allowing close family members or friends to accompany and say goodbye to their loved ones at the end of their life, as well as allow visits from faith leaders (including chaplains) if desired.

It can often (and this has particularly been the case with patients with COVID) be very difficult to assess the condition of a patient with accuracy. We are committed to doing what we can to allow visits at a time close to death, but before the patient loses the ability to communicate. Sadly, during the pandemic, we have seen regularly how quickly patients can deteriorate, which does make this difficult.

### **Paediatric patients**

As a general rule of thumb, we will allow one parent at a time to visit paediatric patients at their bedside. On our Neonatal Intensive Care Units, we will try to allow both parents to visit where possible.



## **Patients with dementia and learning difficulties**

People with Dementia and those with learning difficulties may find it difficult to adapt to unfamiliar surroundings and faces, so we try, wherever possible, to offer the main carer the chance to have unrestricted visiting.

This enables the carer to be present at a time that is convenient, so you can offer support to the patient and give advice/guidance to staff, should they wish to.

If you need to know more about this then please ask the Ward Sister/ Charge Nurse to discuss the options available to enable communication, support and to discuss the restrictions on visiting in that particular department.

At the L&D Hospital, please contact the Dementia nurse specialist, Yvonne Weldon on 07816 366320 if you require additional support, which might include, for example, video calls to your loved one.

At Bedford Hospital contact Claire Day, on extension 6653 via switchboard—01234 355122.

## **Maternity**

We understand that support from a partner or family member at this time is invaluable, and we want to do everything possible to make sure that a birthing partner is able to support mothers during birth.



The situations, and places that partners can be allowed at the present time, are specific to each site. We continue to explore how we can open up more, to allow partners to be present.

As of Monday 12 April, we will be allowing one support partner will be allowed to accompany women at all antenatal and scan appointments as well as being allowed to visit for one hour per day on the postnatal wards.

Details are available from the respective maternity departments, or online at [www.bedfordshirehospitals.nhs.uk/our-services/maternity-obstetrics/](http://www.bedfordshirehospitals.nhs.uk/our-services/maternity-obstetrics/)

Wider visiting beyond a birthing partner i.e. for extended family, is sadly not allowed at the present time.

## Communicating with your loved one in hospital



As highlighted above, the current restrictions make communication with families much harder. We really need your help, co-operation and understanding.

We need your help to manage the number of calls being received by wards. At the moment when we are particularly challenged by staff absences, having to answer lots of calls can be quite disruptive and cause delays for patient care.

It can also be frustrating for you, because we might take a while to answer the phone.

With that in mind, wherever you can follow the below steps, this will help us to give you better updates and communication.

### **1. Use personal devices if you can**

Fortunately many people these days have access to mobile phones and smartphones, making it easier to stay in touch.

We have free WiFi in our hospitals, to help you stay in touch via text message, phone calls, or even video calls. We can help patients to set this up.

## **2. Have a single point of contact**

If you can, having one person (usually the registered Next of Kin) who deals with the hospital is the best option. It means you can be clear on what's been said, there is less chance of confusion, and we can avoid having to give multiple updates to different family members on your loved one's condition.



## **3. We'll call you**

As noted above, your support in keeping down the numbers of calls to our wards is hugely valued. We will do what we can to call you regularly, particularly if it's difficult for you to stay in touch with your loved one using personal devices.

## **4. Contacting the ward**

If you do need to contact the ward, please bear in mind that in most instances, we review patients' progress throughout the morning.

If you call during the morning, it's highly unlikely that we will have any new information for you, so if you have to call, do so between 1pm and 4pm.

You can find contact numbers for our wards on our website.

## Patient property

If you have items you wish to deliver to your family member or loved one, we can accept these **between the hours of 1pm and 4pm only**. We are unable to take receipt of items outside of these times.

At Bedford Hospital, on week days, items should be brought to the PALS office in the main corridor. At the weekends, in daytime only, essential items can be left with the site team—speak to the security team at the entrances to be directed to them.

At the L&D, items should be brought to the Main Reception desk at the main entrance of the hospital.

From there, we will arrange for property to be taken to the ward.

## Chaplaincy support

Our Chaplains (including those of both Christian and Muslim faith), offer confidential support to all patients, visitors and staff of any faith or no faith.

They are here to support people during their time in the hospital; helping people to find a way through their situation, and look to the future.

At this time of visiting restrictions the chaplains can support patients and may be contacted as shown below.

Bedford: 01234 355122 Ext. 5901 or  
[chaplaincy@bedfordhospital.nhs.uk](mailto:chaplaincy@bedfordhospital.nhs.uk)

L&D: 01582 497370 or [chaplaincy@ldh.nhs.uk](mailto:chaplaincy@ldh.nhs.uk)

If you wish to contact a Chaplain urgently or out of office hours please ask the staff to 'bleep' and in an emergency, they will ask the switchboard to contact the Duty Chaplain at any time.