



Guidance on patients' families and carers presence in Emergency Departments

The aim of the Emergency Medicine Programme (EMP) is improve safety, quality, access and value in Emergency Department patient care. The Programme also seeks to ensure that all patients receive the same standard of care in Emergency Departments (EDs) and Local Injury Units (LIUs) regardless of when and where in the country they present for treatment. This guidance document aims to provide a fair and standardised approach to policy with regard to families, carers and friends visiting patients while they are being treated in EDs and LIUs.

1. Purpose

The purpose of this guidance is to assist staff, patients, their families, carers and visitors to enhance their experiences of ED care through providing clear guidance on visiting. The guidance provided for EDs in this document applies equally to LIUs.

2. Background

Currently across the country, policies on the numbers of visitors and the times they may visit a patient in the ED varies from one hospital to the next. This can cause confusion and inconvenience for patients and the ED staff who care for them. This issue was raised by patient representatives through the HSE Patient Advocacy Unit and the EMP Emergency Nursing Interest Group (ENIG) undertook to define clear and comprehensive guidance on patient visiting in response to the patient representatives' concerns.

3. Objectives

The objectives of this guidance are to:

- Acknowledge and increase awareness of the potential benefits for both ED patients and staff, of patients' families and friends contributing to patient care in the ED;
- Ensure the safety, privacy and dignity of patients while they are in the ED;
- Recognise the individual needs of each patient;
- Support ED staff in delivering timely, efficient and quality care to ED patients;
- Provide clear and appropriate guidance to patients and their families and friends on visiting in the ED;
- Outline the ongoing staff training and development needs required to provide optimal patient, family and visitor experiences of ED care.

4. The Benefits of Patients' Families, Carers and Friends involvement in ED patient care

This guidance recognises the important contributions that patients' families and friends can make to patient care. Patients, their families and other partners in care are respected as essential members of the healthcare

team, helping to ensure quality and safety.¹ The benefit of patients' families and friends' involvement is well described in the context of acute and chronic illness presentations.² The importance of Family-Centred patient care for Paediatric Emergency Medicine in particular is outlined in the EMP Report 2012³

Key Considerations for ED Visiting

- The safety, privacy and confidentiality of patients' and the safety of staff are of prime importance.
- All Emergency Department staff should encourage families and friends to be involved and supportive of the patient according to the patient's preference.
- ED crowding may require fewer visitors than is ideal to be allowed in the ED for safety reasons.
- In cases where the patient has intellectual or physical disability or where patient is confused or distressed it is advisable to allow a visitor remain with them.

5. Training and Professional Development

It is essential that all staff are trained in application of visiting policy and that ongoing update training is available for the multidisciplinary team. Patient and family feedback on visiting should be sought as part of the ED's approach to quality improvement. The policy should be reviewed and amended as required. A record of any training undertaken should be kept at local level.

6. Template Information Sheet for Patients, Families and Carers

An example of the information that may be provided in the ED is outlined in Appendix 1. This information may be provided in written format and communicated through other media e.g. waiting room video displays. The need for translation of this information should be considered, as should how this information can be shared with patients who have literacy or communication difficulties.

¹ (Institute for Patient and Family Centred Care) – COMPLETE REFERENCE PLEASE

² (Bordeaux, Francis and Loyacno, 2002; Brambaugh and Sodomka, 2009; Tiller, 1997)

³ EMP Report 2012: <http://www.hse.ie/eng/about/clinicalprogrammes/emp/empreport3013.pdf>

Appendix 1: Patient Family and Friend Visiting Guidance

Introduction

The Emergency Department (ED) team appreciate and recognises your need to be with your family member or friend when they present to the ED. The number of patients we treat and the design of the building can make it difficult to accommodate all of a patient's family and friends who may wish to visit a patient while they are here. Our team work to provide safe, timely and efficient care while maintaining our patients' dignity and privacy. We need your assistance to help us in this and to ensure the best level of care for all patients while you are here.

In order to implement the above objectives we ask that you assist the Emergency Department staff by following the guidance given below.

When a patient arrives in the ED

1. You can expect ED staff to understand and respond to your wish to visit your family member or friend while they are in the ED.
2. A patient has a right to allow or refuse to have visitors in the ED.
3. Allow the Emergency Department staff approximately 20 minutes on the patient's arrival to undertake an assessment and make them comfortable. However, if you feel you can improve the patients care by being present e.g. where the patient is confused, vulnerable or distressed, please discuss this with the Nurse-in-Charge and we will accommodate you.

When Young People are Patients

If the patient is a young person or child (under 18 years) both parents will be invited to remain in the treatment room.

How You Can Help

- Family and friends are asked to comply with all hospital policies regarding hand hygiene.
- The staff recognises the individual needs of each patient and encourages you to speak with them regarding your family member or friend's specific needs.
- Emergency Department staff recognises that you, as a family member or friend, know the patient better than they do. We welcome and appreciate your input in the delivery of their care. It is vital that you discuss any specific care needs that your family member or friend has. Emergency staff will at all times aim to meet these needs and encourage your involvement.

- Do not supply patients with food and drinks without checking with the nurse or doctor caring for the patient. The patient may need to fast for an investigation or procedure.

You may be asked to leave the ED sometimes

1. Occasionally, circumstances may arise when it is inappropriate for any family or friends to be present with a patient during their treatment.
2. If an emergency occurs while you are with your family member or friend, you may be asked to go to the waiting room for a period of time. You will be kept informed of the situation by a member of staff and will be able to return as soon as is appropriate.
3. If more than one family member or friend has accompanied a patient to the Emergency Department, we will ask that just one person remains at the bedside. This is due to space constraints within the Emergency Department and to allow privacy for all patients.
4. If a patient does not wish to have family or friends present.
5. To protect a patient's privacy and confidentiality.
6. The presence of family or friends may be restricted for certain periods during the day to allow for personal care or meal times.
7. When doctors are examining a patient.
8. Please be aware that there may be times when the guidelines need to be adjusted to protect both the patient and their family and friends e.g. Flu season, Winter Vomiting bug, when there is crowding in the Department.

General Guidance

1. Family and friends are asked to comply with all hospital policies regarding hand hygiene and measures to prevent the spread of suspected infection.
2. The use of mobile phones may be restricted in the ED – please ask staff.
3. Do not leave valuables unattended in the ED.
4. Violence or aggression towards staff or patients will not be tolerated.
5. Please be aware that the ED is a treatment area and refrain from behaviour that would disturb patients or distract staff. Family and friends are requested to and comply with any requests made by Emergency Department staff.
6. Patients, families, nurses and other members of the healthcare team can ask to re-evaluate or modify the presence and participation of visitors. All such decisions will be documented in the patient notes.

Duration of visiting

The recommended visiting time is 20 minutes. This ensures the delivery of care to the patient is not disrupted. Emergency Department staff recognise that certain patients need a family member or friend to be

present at all times to assist with their care and communication needs. In these cases the Nurse-in-Charge will aim to ensure your presence at all times.

When not to visit

Family and friends are requested not to visit if they have sore throats, flu, vomiting and/or diarrhoea or any other infections in the previous two days. This is to protect the patients in the Emergency Department from infection. We strongly discourage bringing children who are not patients to the Emergency Department.

Communication

1. Check with a member of staff before you leave that the correct contact details have been recorded if you are the patient's next of kin or the person to be contacted if an emergency occurs. Check that you have the correct contact number for the ED or hospital in case you need further information but be aware that Emergency Department staff are unable to give confidential information over the phone.
2. Families are encouraged to designate a family spokesperson to facilitate effective communication among extended family members and hospital staff.

Appendix 2: References and Resources

Bordreaux, E.D., Francis,J.L, & Loyacono,T. (2002) Family presence during invasive procedures and resuscitations in the Emergency Department: A critical review and suggestions for future research. Annals of Emergency Medicine, 40(2), 193-205.

Brumbaugh, B., & Sodomka, P. (2009, August). Patient and family centred care- The impact on patient safety and satisfaction: A comparison study of intensive care units at an academic medical centre.

Titler, M.G (1997) Family visitation and partnership in the critical care unit. In M.Chulay & N.C. Molter (Eds), creating a healing environment series.

O'Donovan,E (2013). Policy on the Management and Control of Visitors to the Emergency Department, Mid Western Regional Hospital, Limerick.

St. James Hospital, Visiting Policy.

Appendix 3: Document Information and Acknowledgements

The Emergency Medicine Programme acknowledges the assistance of the Emergency Department staff in EDs nationally in the development of this guidance.

Document number	Clinical Guidance 2014 – 001
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Contact	emp@rcsi.ie
Applies to	All Emergency Departments and Local Injury Units
Audience	Acute hospital CEOs/General Managers/Operational Managers, Clinical Directors, Directors of Nursing, Consultants in Emergency Medicine and Emergency Department nursing, medical and administrative staff, patient advocacy groups; ED and LIU patients, their families and carers
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