**BACCN position statement on Visiting in Critical Care (2012)**

**Update working group**

|  |  |
| --- | --- |
| **Name**  |  |
| **BACCN membership number** |  |
| **Do you work in critical care** |  | Speciality: |
| **Why do you want to be involved in this project?**  |   |

**Completed form to be emailed to** **support@baccn.org** **by 29th October 2023**