

## SCDHB Patient Visitor Policy

### Purpose

- To support safe delivery of care, patient rest and recovery whilst in SCDHB facilities
- To protect staff and patients by supporting implementation of infection prevention and control procedure
- To ensure a safe environment for patients, visitors and staff at all times
- To ensure enactment of health and disability commission Code of Rights; Right to support.
- To protect the safety and comfort of 'other' patients

### Scope

All patients, their visitors, and staff at SCDHB

### Definitions

**Patient:** For the purpose of this policy, the term patient has been used to include the following terms: consumer, client, resident, customer, tangata whaiora or person receiving care from SCDHB

**Patient's Visitor:** Any person who visits SCDHB sites and has a close relationship with a patient.

**Support Person:** A person/s who is nominated by the patient to be present during discussions/procedures/treatment. Personal representation, see informed consent.

**High Risk Area:** Emergency Department (ED), Intensive Care / Coronary Care unit, Assessment Treatment and Rehabilitation Unit (AT&R), Maternity ward, Neonatal unit, Oncology services (including chemotherapy areas), Talbot Park Dementia unit, and other outpatient areas that have vulnerable patients.

### Staff Expectations

- Be aware of this policy and elicit outcomes across service
- Be respectful to all visitors to SCDHB
- Respect and support the client/patients right to maintain close relationships with family and friends.
- Support IT initiatives that connect client/patients with their support systems
- Assist in accommodating the patients wishes to have visitors/support person/s present.  
Communicate expectations
- Assist patients in facilitating the visit of support agencies such as returned services association visitors, religious affiliations and other appropriate agencies as requested by the patient.

### Visitor Expectations

- Respect staff requests to enact the SCDHB Visitors Policy
- Adhere to any SCDHB emergency procedures as guided by staff.
- Respect staff and patients by refraining from any disruptive offensive behaviour or verbal abuse
- Maintain infection control principles as instructed.
- Appropriately supervise any minors who accompany them
- Observe the SCDHB smoke-free policy
- Respect and protect SCDHB property
- Not bring illicit substances or alcohol onto any SCDHB sites
- Not to visit if they have been ill in the last 48hours with fever, diarrhoea, vomiting, cough, or flu-like illnesses.
- Respect the health and privacy needs of all patients, including the need to enable patient care to occur acknowledging this may disrupt their visit, or require them to leave temporarily.
- Consider the impact of their visit on the safety and comfort of other patients.

### Guiding Principles

There is an expectation that:

- all staff will maintain respectful communication with families/whanau, treating each person with respect and dignity

- All visitors will consider the patient care, inclusive of treatment, rest and recovery requirements
- partnership with families /whanau regarding this policy is required
- all staff will work to ensure cultural aspects of care are considered and actioned where appropriate
- Whanau liaison increases as the response level increases
- Alternative means of communication are encouraged and enabled (particularly digitally)

## Policy

The following applied to all patient visitations:

- **Do not visit if unwell.** No visitor or staff member should enter the hospital if they have fever, diarrhoea, vomiting, cough, or flu-like illnesses within the last 48 hours.
- Visitors are welcome **between the hours of 2pm – 8pm**. A maximum of two visitors at any one time may visit a patient (please refer to service specific advice below). Visitors will be reminded through a voiceover announcement that visiting hours will conclude at 8pm.
- Patients may have **1-2 key support persons** (patient nominated close family/whanau) who may visit between **8am – 8pm**. Overnight visiting for key support person/s will be considered under compassionate grounds only.
- All visitors are required to use hand hygiene prior and after visiting patients and hospital facilities
- All patients encouraged to bring their own mobile phone, laptop, and given the details for access to WIFI.
- **Parents/guardians** of children are not considered to be visitors and have access to their children at any time. Provision for them to be admitted as “boarders” with their children will be arranged as appropriate.
- **Large Family/Whanau Groups** by arrangement with ward management:  
Staff are to consider the following in care planning:
  - The patient’s wishes
  - Condition of the patient
  - potential for disruption to other patients in a shared room
  - Ability for staff to provide essential care to the patient and/or other patients
  - Ability to place the patient in a room that minimises the impact on others
  - Ensure the family/whanau are informed of available supports and resources, particularly the whanau room (see involving families/whanau policy)
- **After Hours visitors:** Appropriate after-hours access will be facilitated by the duty nurse manager in conjunction with front office, ward staff and orderly service as per security – General policy.
- **No Gang Insignia** will be tolerated under the Prohibition of Gang Insignia in government premises Act (2013)

Service Specific visiting includes:

### Jean Todd Maternity

- Two visitors (one partner and one birthing partner) can accompany patients into the birthing suite

### All Outpatients Appointment (including mental health, radiology, Medlab)

- ONE support person per visit

### Emergency Department

- ONE support person to support people presenting to ED

### Day Patient Services including Oncology and Medical Day Unit

- ONE named support person per patient

### Neo-Natal Unit

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- Parent visiting only. Children under 16 years by appointment only in consideration of patient risk. Family members/whanau after discussion between parents and staff.

## EXEMPTIONS:

Any exemption to the above visitor guidance will be made with compassionate consideration by the charge nurse/midwife manager, duty nurse manager (this may include collaboration with a SMO).

Reasons for exemption by compassionate consideration may include (but not limited to):

- The acuity of the patient (Palliative, critically ill or dying)
- A requirement for additional emotional or psychosocial support and care from family/whanau beyond what technology can provide
- Special care and support need due to a disability e.g. the patient has communication needs that cannot be supported through interpretation services
- The age and/or vulnerability of the patient e.g. children under 15, new mothers, disability support requirements, support for confusion, or reduction of distress
- Circumstances which may limit the ability family/whanau to visit during usual visiting times (e.g. because of work, family responsibilities, living out of town)
- Carers who need to attend for education to support discharge planning.

## Associated Documents

### References:

Ministry of Health [MOH]. (2020). All District Health Boards; Visitor Guidance. Released 24 March 2020.

Ministry of Health [MOH]. (2020). Health and Disability services at Alert Level 3. Released 20 April 2020

Code of Health and Disability Services Consumers' Rights; Health and Safety in Employment Act.