

SCDHB COVID 19 Visitor Policy

DHBs cannot eliminate the risk of introduction and spread of COVID-19 in hospital without removing and restricting all people from the hospital. This is not practical nor is it in the public interest. DHBs have introduced several controls which enable decisions of risk-based trade-offs to maintain patient, worker and visitor safety to mitigate the risk of Covid-19 spread by visitors to hospital facilities. The COVID-19 Hospital & Clinic Patient Visiting Policy is one of the ways that DHBs are mitigating the risk of COVID-19 to patients, staff and the wider community.

Purpose

- To provide direction on access by members of the community who are visiting patients, or providing support to patients while on all SCDHB facilities during the COVID-19 Pandemic
- To protect staff and patients during the COVID-19 pandemic
- 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 patients, family / whanau, staff, support people and the public through limiting visitors to all patient in our hospital.

Scope

Inclusion

- This policy refers to all SCDHB facilities where patients are cared for
- Public visiting patients within inpatient units
- Public accompanying people to community clinics
- Public accompanying people to any outpatient or ambulatory area/clinic
- Public accompanying people presenting at the Emergency Department
- Public accompanying people requiring maternity services
- Non-essential visitors
- All patients' contractors and staff at SCDHB facilities where patients are cared for.
- This policy is active for as long as an Epidemic Notice under the Epidemic Preparedness Act 2006 remains in force
- This policy references the Health and Safety at Work Act, 2015 by providing a framework to support the mitigation of risk to staff while visitors who meet criteria visit all work place facilities.

Exclusion

Exclusions are limited:

- Exclusions will be considered on compassionate grounds for end of life, or therapeutic care, based on a risk assessment, and ability to mitigate risks at the time. Exclusions will be considered by the Charge Nurse/Midwife Manager (or senior delegate). In such case, staff facilitation of PPE processes must be adhered to, and minimisation of any risk of avoidable transmission. Other methods of communicating with a patient with COVID-19 should be facilitated where possible, such as zoom or video conference
- Consideration to be given to those attending appointments for poor or pending prognosis e.g. Cancer
- This policy excludes patients
- This policy excludes duty staff, volunteers and contracted workers performing or providing an essential service.

Definitions

Visitor: Member of the public not receiving assessment, diagnostics or treatment

Patient: Member of the public receiving / seeking treatment, this includes mental health service users

Non-essential visitors: For example: company representatives, external people attending meetings, people not visiting family / whānau, off-duty staff.

Whānau spokesperson: the single point of contact for the whānau.

High risk area: Includes Emergency Department (ED), Intensive Care Unit/High Dependency Unit (ICU/HDU), Aged Care ward, Mental Health Inpatient Unit, Maternity ward, Delivery Suite and Neonatal Intensive Care Unit (NICU), Oncology (including chemotherapy areas), Renal Outpatient and Inpatient areas, Immunology, or other Outpatient areas who provide care to patients who have high vulnerability from potential exposure to COVID-19.

Staff Expectations

- Be aware of this policy and elicit outcomes across service
- Escalate visitor policy concerns to the IMT structure
- All staff will maintain respectful communication with families / whānau, treating each person with dignity and respect
- All staff will partner with families / whānau, carers and support people regarding this policy
- All staff will work with Māori and Pacific health teams to ensure cultural aspects of care are considered and actioned.

Visitor Expectations

- Respect staff requests to initiate and enforce the COVID-19 Visitors Policy
- Respect staff and patients by refraining from any disruptive offensive behaviour or verbal abuse
- Maintain infection control principles as instructed, inclusive of physical distancing requirements.

Guiding Principles

There is an expectation that:

- Whānau liaison increases as the response level increases
- Alternative means of communication between patients and whānau/ families are encouraged and enabled
- DHBs will minimise the number of access points into their facilities, and ensure visibility of the expectations on visitors within the SCDHB facilities
- DHBs will ensure the visitor policy is not taken in isolation - it is part of a much wider risk assessment associated with the risk of COVID-19 transmission in the organisation and community
- Progression through the visitor policy levels should take into consideration factors such as hospital alert level, community incidence, workforce levels or other significant incidents such as security threat which require restricted management of visitor access to the facilities or a change in visitor alert level
- Changes to this policy will occur as the environment and science identifies change needed. Any substantial change in direction will follow the usual national engagement process with sign off process via Health System Readiness and Responses Clinical Oversight Group.

Policy

It is important to note that the Government's COVID-19 Alert Levels and the National Hospital Response Framework Alert Levels serve different purposes.

The COVID-19 Alert Levels are determined by the Government and specify the public health and social measures to break the transmission of COVID-19 across New Zealand. These measures are informed by scientific knowledge about COVID-19 and information about the effectiveness of control measures.

Regardless of the country's Alert Level, all DHBs services aligned with the National Hospital Response Framework which enables us to swiftly deliver as much clinical care and surgery as possible and respond swiftly and appropriately to COVID-19. SCDHB will ensure the visitor policy levels is part of a much wider risk assessment associated with the risk of COVID-19 transmission in the organisation and our community incidence, or workforce levels e.g vaccination / testing / staffing or managing community isolation requirements.

At the initiation of this policy all visitors / patients / contractors will enter the facility through the identified facility **single point of entry** (or CAT entry for COVID suspected/probable/confirmed patients)

Waiting rooms are to be marked with seats at least 2 m apart and floor markings indicating a 2-metre boundary at reception / administration desks, with foot marks or equivalent for visitors to line up on if waiting, indicating appropriate physical distancing.

The following visitor scenarios apply to all stages of the visitor response framework:

- All visitors will be screened for symptoms of COVID-19 prior to entry to reduce potential risk of transmitting COVID-19. **Visitors meeting the current COVID-19 case definition, or who have been at a location of interest, or with a household contact to current COVID-19 case must not visit.** Staff must ask them to leave the facility, and inform them to seek advice from Healthline or their general practice
- **Visitors in - self isolation** (due to overseas travel; close contact; COVID suspected or COVID probable or positive): are not permitted to visit until their self-isolation period has concluded as advised by Community Public Health
- Visitors, at all alert levels, including those accompanying patients is limited to those residing in the patient's household (immediate bubble). However, consideration is made for those patients and whanau who either live alone and have limited access to alternative support networks, or where a child is whangai to a different household or in shared custody arrangements
- All visitors are required to comply with infection prevention and control requirements inclusive of;
 - hand hygiene prior and after visiting patients and hospital facilities
 - limit their movements within the facility to the service and/or person they are visiting.
 - wear a medical mask when accessing the healthcare facility
 - maintain physical distancing of 2 metres.

Visitors and Contractors Register: All visitors and contractors will be required to scan in or sign in **at the point of entrance to the facility** and provide their contact details, the geographical area they are coming from and whether they have visited any areas of interest, or reside with any recently diagnosed whanau with COVID-19. If they are using the government's COVID-19 Tracer App, please ensure the Bluetooth tracing is turned on. This information will be used for the sole purpose of contact tracing should a patient, staff or visitor develop COVID-19.

- Visiting under any alert level may not be enabled if the infection control requirements are not able to be maintained within the service, for example physical distancing requirements
- No pets
- Large family/Whanau groups may only occur via telephone or Video Conferencing
- All patients encouraged to bring their own mobile phone, laptop, and given the details for access to WIFI.

- Under any Alert Levels where visitor restrictions are in place, **an exception will be made for people with disabilities** who are in hospital or must attend an outpatient appointment where they need a support person to ensure equitable access to health services. For example, a sign language interpreter, support person for someone with a learning disability, or someone to assist with mobility is allowed in addition to that person's permitted visitor/s.
- **Visiting a person suspected of COVID-19:**
No visits will be allowed for suspected COVID-19 patients until diagnosis is made. If there is a high index of suspicion and test are negative, no visiting will still apply. Where there is a suspected case of COVID-19, there will be no visitors until the diagnosis is confirmed. If there is a high index of suspicion and tests are negative, the no visiting policy will still apply until a diagnosis is made.

Visiting patients who have been admitted with COVID-19 is only permitted at the discretion of the Charge Nurse/Midwife Manager or a senior clinician/manager designated within the DHB who is managing the patient. The reason for this is to ensure Personal Protection Equipment (PPE) processes are adhered to, and to minimise any risk of avoidable transmission.

Other methods of communicating with a patient with COVID-19 should be facilitated as appropriate, such as video conference, facetime Zoom, Skype etc.

A poster must be placed on the wall at entry points to instruct visitors to maintain good hygiene practices, including wearing masks, washing hands on entry and exit. The poster must explain the level of restriction at the time.

Before any visitor is allowed to enter an area where there are COVID-19 positive patients, they must be met by an appropriate staff member who will ensure personal hygiene requirements are met, and Personal Protection Equipment is appropriately worn and explanation of the policy.

- Patients Family / whānau carers and support person/people must designate a whānau spokesperson who will be the point of contact for the whānau regarding the visiting policy and any changes to it. This is in case response levels rise and further restrictions need to be applied.

National Alert Level 1	National Alert Level 2	National Alert Level 3	National Alert Level 4
Use local Triggers outlined in policy	Use Local Triggers outlined in policy	Default to Visitor Alert Orange	Default to Visitor Alert RED

NZ COVID-19 Alert Level: Note, the Government COVID-19 alert level may trump the local triggers. For example, if the nation is at alert level 4, we will be at RED alert of this visitor's policy.

There will be a balance of our local triggers, and the national levels to guide the alert level of this policy.

The visitor's policy alert level will be set through the COVID-19 IMT structure.

Readiness Phase (GREEN)

Trigger: No COVID-19 Positive Patients in your hospital; no cases in your community; managing service delivery as usual with only staffing and facility impact being training and readiness purposes

Protect our vulnerable people by limiting the number of people coming into facilities. The following actions occur:

- Limit visitor hours strictly to 1400 – 2000hrs
- **ONE visitor may visit at any one time. Each visitor may visit for ONE visit a day. A patient may have up to two visitors per day**
- **Prior approval by the charge manager or equivalent for two visitors whom are from the patient immediate household to visit at the same time may be enabled based on ability to maintain distancing requirements, and facility capacity**
- Chapel and whanau rooms remain open with signage and information on distancing requirements
- Café open to staff and public at management discretion within government requirements
- Children younger than 12 years must not visit except to visit by prior agreement with the charge manager or equivalent
- All visitors are to wear a medical mask, practice safe physical distancing and should remain 2 meters away from others as far as is practicable. In multibed rooms, this may mean the number of visitors is restricted due to the ability to maintain distancing
- For children, parents/caregivers can visit at any time, and both parents/caregivers at the same time.

Visitors to high-risk areas, and any ward with COVID -19 positive patients:

- A maximum of ONE visitor at a time will be allowed, for ONE visit per day.

ICU

- A maximum of ONE visitor at a time for ONE visit per day.

Jean Todd Maternity

Where there is no suspicion of COVID-19 contact or symptoms for either the patient or visitor/s

- ONE visitor may visit at any one time. Each visitor may visit for ONE visit a day. A patient may have up to two visitors per day, if it is two visitors, they may visit at the same time if they are from the same household bubble
- A support person may be present at any time during the inpatient stay and known as a boarder. Boarders must remain in the room and wear a medical mask, limit movement through the facility and comply with screening process.

Birth Suite:

Where there is no suspicion of COVID-19 contact or symptoms for either the patient or visitor/s

- One birthing partner and One support person may accompany women in the Birthing Suite
- Partners (or nominated support person) are welcome to support the induction process in its entirety as a boarder. Boarders must remain in the room and wear a medical mask, limit movement through the facility and comply with screening process
- The Partner is considered part of the mother/pepi unit and entitled to be present as parent of the child once birthed.

All Outpatients Appointment (including mental health, radiology, medlab)

- ONE support person if required
- Children who attend an outpatient appointment with the parent or sibling whose appointment it is, are permitted if there are no alternatives to childcare available
- Consideration to be given to those attending appointments for poor or pending prognosis e.g. Cancer.

Emergency Department

- ONE support person ONLY to support people presenting to ED if required.

OMU

- ONE named support person per patient enabled where physical distancing can be maintained. The facility accommodates limited capacity – please advise at earliest convenience if you wish to have a support person with you during treatment to allow for planning safe distances.

Paediatrics

- Parent/s or caregiver/s will be considered as 'one with the admitted patient'.

Neo-Natal Unit

- Parent visiting only.

Initial Impact “Keep it out” Phase (YELLOW)

Trigger: One or more COVID-19 positive patients in your hospital; cases quarantined in your community; isolation capacity and ICU capacity manageable; some staff absence and some staff redeployment to support response and manage key gaps.

Risk to our vulnerable people is rising. The following actions are to occur:

- Limit visitor hours strictly to 1400 – 2000hrs
- **ONE visitor may visit at any one time. Each visitor may visit for ONE visit a day. A patient may have up to two visitors per day**
- **Prior approval by the charge manager or equivalent for two visitors whom are from the patient immediate household to visit at the same time may be enabled based on ability to maintain distancing requirements, and facility capacity**
- Chapel and whanau rooms remain open with signage and information on distancing requirements
- Café open to staff and public at management discretion within government requirements
- Children younger than 12 years must not visit except to visit by prior agreement with the charge manager or equivalent
- All visitors are to wear a medical mask, practice safe physical distancing and should remain 2 meters away from others as far as is practicable. In multibed rooms, this may mean the number of visitors is restricted due to the ability to maintain distancing
- For children, parents/caregivers can visit at any time, and both parents/caregivers at the same time.

Visitors to high-risk areas, and any ward with COVID -19 positive patients:

- A maximum of ONE visitor at a time will be allowed, for ONE visit per day.

ICU

- A maximum of ONE visitor at a time for ONE visit per day.

Jean Todd Maternity

Where there is no suspicion of COVID-19 contact or symptoms for either the patient or visitor/s

- ONE visitor may visit at any one time. Each visitor may visit for ONE visit a day. A patient may have up to two visitors per day, if it is two visitors, they may visit at the same time if they are from the same household bubble
- A support person may be present at any time during the inpatient stay. Boarders must remain in the room and wear a medical mask, limit movement through the facility and comply with screening process.

Birth Suite:

Where there is no suspicion of COVID-19 contact or symptoms for either the patient or visitor/s

- One birthing partner and One support person may accompany women in the Birthing Suite
- Partners (or nominated support person) are welcome to support the induction process in its entirety as a boarder. Boarders must remain in the room and wear a medical mask, limit movement through the facility and comply with screening process

- The Partner is considered part of the mother/pepi unit and entitled to be present as parent of the child once birthed.

All Outpatients Appointment (including mental health, radiology, medlab)

- ONE support person if required
- Children who attend an outpatient appointment with the parent or sibling whose appointment it is, are permitted if there are no alternatives to childcare available
- Consideration to be given to those attending appointments for poor or pending prognosis e.g. Cancer.

Emergency Department

- ONE support person ONLY to support people presenting to ED if required.

OMU

- ONE named support person per patient enabled where physical distancing can be maintained. The facility accommodates limited capacity – please advise at earliest convenience if you wish to have a support person with you during treatment to allow for planning safe distances.

Paediatrics

- Parent/s or caregiver/s will be considered as ‘one with the admitted patient’.

Neo-Natal Unit

Parent visiting only.

“Stamp it out” Moderate Impact Phase (ORANGE)

Trigger: One or more COVID-19 positive patients in your hospital; community transmission/multiple clusters in your community; isolation capacity and ICU capacity impacted; significant staff absence, extensive staff redeployment, gaps not being covered, Alert level 3.

Risk to Vulnerable people is high. The following actions occur:

- **No visitors to be granted access unless approved by the Clinical Nurse Manager** or Senior Manager on shift. A maximum of ONE visitor (who has been screened) will be granted access if approved
- No non-essential visitors
- Limit visitor hours strictly to 1400 – 2000hrs
- Café and whanau rooms are closed to public
- No visitors under the age of 12 years unless prior approval by Charge nurse manager (or equivalent).

Additional Service Specific instructions include:

ICU

No visitors to be granted access unless approved by the Clinical Nurse Manager or Senior Manager on shift. A maximum of ONE visitor (who has been screened) will be granted access if approved for ONE visit a day.

Birthing Suite/ Maternity

- Where there is no suspicion of COVID-19 for either the patient or visitors, up to ONE visitor (one partner OR one birthing partner) can accompany patients into the birthing suite.
- All support people and visitors must wear a medical mask.
- Following birth, one (1) nominated support person may visit and only once daily and stay as long as the woman wants
- No overnight stays except during labour and first two hours post-partum
- Operating theatre attendance is on a case-by-case basis at the discretion of the senior medical team

All Outpatients Appointments (including mental health, radiology, medlab)

- ONE support person per visit

Emergency Department

- ONE support person ONLY to support people presenting to ED

OMU

- No support persons.

Paediatrics

- Parent or caregiver will be considered as 'one with the admitted patient'.

Neo-Natal Unit

- ONE parent or legal guardian and one support person may accompany the baby/s.

"Manage it" Severe Impact Phase (RED)

Trigger: One or more COVID-19 positive patients in your hospital; community transmission/widespread outbreaks in your community; isolation capacity, ICU capacity at capacity; all available staff redeployed to critical care. National Alert Level 4

Risk to vulnerable people is considered VERY high. Following actions occur:

- **No visitors in any area** unless approved by the Clinical Nurse Manager or Senior Manager on shift. A maximum of ONE visitor that has been screened will be granted access if approved for ONE visit a day.
- Café and whanau rooms are closed to public; staff access is contactless and take-away.

Paediatrics

- ONE named parent/legal guardian who has been screened support in paediatrics and neo-natal services, and cannot be swapped with another parent/guardian.

Birthing Suite/Maternity

- ONE support person can be with the labouring mother during birth and can stay postnatally until discharge - as long as they fulfil safety criteria. They need to stay in their bubble, in the room, as much as possible and wear a medical mask in public spaces/if there is a staff member in attendance.

Outpatient Services

- Women's Clinics: ONE support person may attend sensitive appointments or scans.
- Child health services: A maximum of one visitor or legal guardian that has been screened will be allowed to visit/accompany and cannot be swapped with another parent/guardian.

Neo-Natal Unit

- ONE parent or legal guardian at a time present with the baby/s.

References:

Ministry of Health [MOH]. (October, 2021). All District Health Boards; Visitor Guidance.