TARGET AUDIENCE
All Alfred Health staff and visitors.

PURPOSE
To help protect our patients particularly those who are vulnerable to infections, staff and visitors, we have restricted visitor access. Visitors are NOT permitted except under special considerations outlined below.

This guideline outlines visitor access principles and key responsibilities and should be read in conjunction with the Entry Point Screening Station for Staff and Visitors Guide.

GUIDELINE
If visitors meet any of the following criteria, access to the organisation will be denied:
- in isolation (quarantine) after travel overseas
- contact with a confirmed case within the last 14 days
- failing hospital entry point screening criteria
- refer to Table 1 below for special considerations

Visitors are permitted when required for care giving, and for compassionate reasons as outlined below:
- end of life/palliative care decision making or support
- provision of support for patient with a disability requiring additional support
- patient who is under 18 years
- refer to Table 1 below for special considerations
- One visitor at a time and the duration of their stay should be one hour except under exceptional circumstances outlined in the Special Consideration section of the guideline.

Visiting non-COVID/suspected inpatients
- All visitors must wear a mask on entry.
- All visitors to the organisation must be screened at an entry point screening station before entering the organisation – refer to the Entry Point Screening Station for Staff and Visitors guide
- Visitors will be given a VISITOR sticker that is dated and timed
- The time that the visitor arrived and left the ward/department must be logged as per the visitor log (Appendix 1)
- The presence of a patient’s primary carer or disability worker may be required to support a patient admitted with a complex disability to reduce patient distress, behaviours of concern and risk to staff. This may also help to increase patient compliance with quarantine requirements. Refer to Appendix 2 for more guidance
- Visitors with special needs e.g. frail elderly can be accompanied to the bedside but then the person accompanying the special needs visitor must leave once arrived at the ward/department
- Visitors under the age of 18 years of age are not permitted
- Visitors cannot wait in clinical areas such as family rooms/lounge areas. Staff to direct to outside spaces/park/ car
- No staying overnight unless there is a clinical risk to patient’s safety and this is agreed with the Nurse in Charge at the time
- Important to consider factors such as vulnerability, elderly, disabled, CALD factors and apply special consideration to ensure the individual needs of the patient are met
Visiting suspected/confirmed and inpatients isolated for COVID-19

- No visitors for suspected or confirmed patients.
- COVID wards are secured
- For patients who are in the terminal phase and/or the Care of the Dying Patient Plan has been initiated, please refer to Table 1 and Appendix 2 for further guidance

Special considerations – all inpatients

Visiting Critical, Palliative inpatients or those with complex disability

- Close family members or significant others only
- Maximum of one visitor at the bedside at one time.
- Access is at the discretion of the clinical team for visitors to ICU/Emergency Department.
- Special considerations for visiting patients is at the discretion of the Nurse Manager/clinical team. Further guidance for clinicians to assist with decision making is outlined in Table 1 below, and also Appendix 2: Frequently Asked Questions
- Patients nearing end of life (death imminent within hours) are allowed two visitors at a time, at any time of day
- Visitors cannot wait in clinical areas such as family rooms/lounge areas. Staff to direct to outside spaces/park/car
- Please complete Appendix 3 letter of permission for close family members and significant others visiting patients with special considerations

Table 1 Visitor Access-special considerations

<table>
<thead>
<tr>
<th>Visitor status</th>
<th>Patient status</th>
<th>Personal Protective Equipment Requirement</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Patient not suspected/isolated for COVID</td>
<td>Patient not suspected/isolated for COVID</td>
</tr>
<tr>
<td>Well and does not have COVID risk factors</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Has COVID risk factors*</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>COVID positive/suspected or experiencing symptoms</td>
<td>✗</td>
<td>✗</td>
</tr>
</tbody>
</table>

✔ denotes can visit  ✗ denotes no visiting
* Asymptomatic visitors who are isolated after travel overseas or following contact with a confirmed case in the last 14 days must not be allowed entry in the hospital as per DHHS requirements. Permission may be granted for visitation in very exceptional circumstances.

Appointments

- The presence of a carer/support person is permitted when the patient requires assistance with communication, wayfinding, mobility, personal care or behaviour management.
- The carer/support person will be required to wear a surgical mask and be screened on entry to the hospital.
- Physical distancing guidelines must be adhered to in all waiting rooms.
If the appointment is delayed or there is a long wait, staff to direct visitors to outside spaces/park/car.
Visitors and escorts with day treatment patients cannot wait in clinical or lounge areas and will be directed to outside spaces. Where clinically indicated, a visitor can stay with the patient for duration of treatment and must adhere to social distancing.
Carer/support person must be logged in at department/area visitor log.

Other visitors

This does not include workers providing essential hospital services (defined by DHHS)

- No company representatives or other external visitors to any area in the hospital.
- No visitors to retail precinct- HealthSmart patients who use the pharmacy for prescriptions can access the pharmacy only.
- Other visitors are required to be screened on entry and wear a mask.
- Refer to FAQ’s for further details.

Key roles and responsibilities

- Table 2 below outlines the staff roles and key functions required to support the operationalisation of this guideline during COVID-19 pandemic.
- Security staff are responsible for site entrance, crowd control and initial screening for escalation to clinical team for visitor access under special considerations (outlined in Table 2).
- Reception staff are responsible for enquiries and wayfinding directions and to escalate to ward/department/clinical team if no permission letter.
- Screening staff are responsible for screening visitors on arrival.

<table>
<thead>
<tr>
<th>Role</th>
<th>Function</th>
<th>Special consideration access approval</th>
<th>Special consideration access approval</th>
<th>Screening at entry points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security staff</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Reception staff</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Screening staff</td>
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<td>x</td>
<td>x</td>
<td>✓</td>
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<tr>
<td>Clinical team</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>x</td>
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</tbody>
</table>

Informing patients and families

To support implementation and adherence to visitor restrictions the following is available:

- A new visitors’ pamphlet explains the changes to patients and patient families on Alfred Health Connect/COVID/Visitor Information.
- Digital screens on all wards and communal areas will display the high-level changes.
- Visitor information on Alfred Health web has been updated to reflect these changes.
- Escalation process to support distressed families/significant others (see Appendix 4).
- The changes will be communicated to the community through social media and the Alfred Health website.
- A document containing Frequently Asked Questions and practical advice for different scenarios and clinical situations is attached as Appendix 2.
- [Entry Point Screening Station for Staff and Visitors guide](#)
Title: COVID-19 VISITORS

APPENDICES
Appendix 1: Alfred Health Visitors Log
Appendix 2: Frequently Asked Questions
Appendix 3: Special considerations visitors access permission letter
Appendix 4: Visitor- Distress Escalation process

KEY RELATED DOCUMENTS
- Key aligned policy
  - Alfred Health Patients Come First Policy
- Key legislation, acts & standards:
  - Charter of Human Rights and Responsibilities Act 2006 (Vic)¹
- Other relevant documents:
  - Entry Point Screening Station for Staff and Visitors Guide

REFERENCES
DHHS Directions – Hospital Visitors Directions (No 7)

KEYWORDS
COVID

AUTHOR / CONTRIBUTORS
* denotes key contact

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Service / Program</th>
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<tbody>
<tr>
<td>* Janet Weir-Phyland</td>
<td>Chief Nursing Officer</td>
<td>Nursing Services</td>
</tr>
<tr>
<td>Kethly Fallon</td>
<td>Deputy Chief Nursing Officer</td>
<td>Nursing Services</td>
</tr>
<tr>
<td>* Katrina Lewis</td>
<td>Lead Patient Experience and Community Participation</td>
<td>Nursing Services</td>
</tr>
<tr>
<td>Bridget Wall</td>
<td>Manager Patient and Family Services</td>
<td>Allied Health</td>
</tr>
<tr>
<td>Simone Alexander</td>
<td>Chief Operating Officer</td>
<td>Operations</td>
</tr>
<tr>
<td>Kelly Decker</td>
<td>Quality &amp; Risk Manager</td>
<td>Nursing Services</td>
</tr>
</tbody>
</table>

Endorsed by: COVID Operations Committee Date: 23 March 2020; minor updates approved 7, 8 and 16 July 2020
Approved by: Alfred Health Operations Comprehensive Care Committee Date: 30 March 2020
Minor changes approved; Janet Weir-Phyland, Chief Nursing Officer Date: 3 April 2020; 7 July 2020; 9 July 2020; 23 July 2020; 17 August 2020
Minor changes approved by: Kethly Fallon, Deputy Chief Nursing Officer Date: 24 April 2020

Disclaimer: This guideline has been developed within the context of Alfred Health service delivery. Alfred Health shall not be responsible for the use of any information contained in this document by another organisation outside of Alfred Health.

¹ REMINDER: Charter of Human Rights and Responsibilities Act 2006 – All those involved in decisions based on this guideline have an obligation to ensure that all decisions and actions are compatible with relevant human rights.
Appendix 1: Visitor Log

<table>
<thead>
<tr>
<th>Ward:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Time arrived</td>
<td>Time Departed</td>
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</tbody>
</table>
Appendix 2: Frequently asked questions related to COVID-19 Visitors Restrictions

The purpose of this document is a practical guide outlining considerations and special circumstances to ensure that staff, families and patient feel supported by the organisation whilst adhering to the principles outlined in the COVID-19 Visitors Guideline.

Complex Disability Considerations
Special consideration is necessary when due, to their disability, patients have specific care requirements including but not limited to;
- Significant communication difficulties (receptive and/or expressive communication, deaf-blind, deaf or hard of hearing)
- Difficulty understanding care and requirements (intellectual disability, other cognitive disability, autism)
- Behaviours of concern (potential for clinical aggression)
- Preferences, routines and sensory needs known only by carer and likely to cause patient distress if not followed.
- Specialist physical support needs which require expert carer to provide staff education in order to meet significant physical care requirements (cerebral palsy)

Special consideration may also be required when a patient with a disability is preparing for discharge. This is to facilitate training of family, friends or external support providers in the patient’s care requirements.

I am caring for a person with an intellectual disability that is confirmed/suspected COVID-19. He is distressed by the separation from his carer, doesn’t understand the isolation requirements and frequently tries to leave his room behaving aggressively toward staff.
A patient’s primary carer or disability worker is permitted to visit if this reduces clinical aggression and increases patient compliance quarantining requirements. Maximum of one visitor at the bedside at one time.

I am caring for a patient that is non COVID-19 suspected/confirmed who due to her disability (including behaviour, communication, specific needs, distress) requires the support of her carer at the bedside more than 1 hour per day.
The presence of a patient’s primary carer or disability worker is permitted at any time when this reduces patient distress, behaviours of concern and risk to staff. Maximum of one visitor at the bedside at one time.

Dying patient considerations
Limiting or denying access to a dying loved one may lead to significant psychological distress and complicated bereavement, as well as distress for the dying patient and for staff providing care. Visiting is at the discretion of the staff member in charge and the clinical team. Please complete the Visitor Letter (Appendix 3) in COVID-19 Visitors Guideline granting permission for visiting.

I am caring for a person that is confirmed/suspected COVID-19 in the terminal phase and his family want to visit him to say goodbye, is this permitted.
Visitors are permitted at all times if the patient is likely to deteriorate and/or die quickly. Close family members or significant others only with a maximum of two visitors at the bedside at one time. Children < 18 years of age can visit their dying parent and should be accompanied by an adult.
I am caring for a patient that is non COVID-19 suspected/confirmed who has deteriorated suddenly, and the end of life care plan has been initiated, do the same visitor’s restrictions apply? Close family members or significant others only are allowed to visit with a maximum of two visitors at the bedside at one time. Children < 18 years of age can visit their dying parent and should be accompanied by an adult. There is no limit to duration or timing of visits during the day.

Can visitors deliver personal hygiene items for suspected/confirmed COVID-19 general patients? Visitors can deliver patient personal hygiene items between the hours of 1000 – 1700 to main reception for delivery to patients. Food and flowers cannot be delivered to COVID-19 patients or COVID-19 wards.

I am the carer for my mother she doesn’t speak English and I am doing her washing. Can I visit? This does not fit the complex disability criteria. Visiting would only be permitted if the carer was required to reduce patient distress, behaviours of concern and risk to staff and support compliance with quarantine requirements. If a family member is providing 24/24 care at home, and they are required to assist the patient then their needs can be considered for visitation.

Can visitors go to the ward to collect patients who are being discharged? Patients discharged from a non-COVID ward: Visitors who are picking up a patient from a non-COVID ward are permitted access to the ward if the patient requires support/assistance. The same screening process applies and the visitor’s details are logged at ward reception.

Patients discharged from a COVID ward: Visitors collecting the patient are to remain at main reception until confirmation from ward that the patient is ready for discharge and whether the visitor needs to present to the ward, or if the patient can walk independently to main reception.

Direct patient care staff are not to leave the ward to escort discharged patients to reception.

A patient wants to order Uber eats. Is delivery of food allowed? No food deliveries for patients from families or external agencies e.g. Uber eats will not be accepted at any time of the day. Small amounts of food items are able to be left at reception if they are non-perishable items in unopened packaging, this may include dry or sweet biscuits, muesli bars, small tins of tuna, boxed chocolates. It does not include anything that requires refrigeration or is not sealed.

Other visitors NB There are currently no external company deliveries to be permitted access to the organisation. All Alfred Health deliveries to be received directly through supply except for pharmacy, theatre and radiology supplies.

We need urgent repair of medical equipment, what is the pathway to get vendors onsite to do this? This would be considered workers providing essential hospital services. They must go through screening on entry to the hospital and be provided and wear a face mask. All workers, contractors, vendors providing essential hospital services, need to sign in with engineering reception on the Lower Ground Old Monash. They then go off to where the work required. Once completed workers need to return to engineering and sign out.
Appendix 3: Special considerations visitors access permission letter

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Melbourne, VIC 3004  F +61 3 9076 2222
ABN 27 318 956 319  alfredhealth.org.au

18 August 2020

Supporting documentation for visiting patients who are granted special consideration

To whom it may concern

This letter allows the bearer to visit:

Patient name: __________________________________________________________________________________________________

Ward: __________________________________________________________________________________________________________

Visitor name/s: __________________________________________________________________

Contact No: __________________________________________________________________

Date: ______________

Treating Doctor/Nurse Manager signature: ____________________________

Date: ______________

Yours sincerely

Name

Title
Appendix 4

Distressed Family Escalation Process – Work Instruction

PURPOSE
To help protect our patients particularly those who are vulnerable to infections, staff and visitors, we have restricted visitor access.
- During this period visitors are only permitted when required for care giving and for compassionate reasons as outlined in the COVID-19 Visitors Guideline

As a result of the visitor restrictions it is anticipated that carers, family and friends may experience high levels of distress if they do not meet the criteria outlined in the guideline.

Escalation Process

When family/friends are exhibiting high levels of distress due to inability to visit, staff are encouraged to contact The Vulnerable Persons Dial Assist Hotline.
A Senior Social Worker or other Allied Health Professional are available to provide support to distressed family members via the telephone.
The Vulnerable Persons Dial Assist will complete an assessment with the family, friend or carer to determine whether a virtual response (telehealth) is required to connect them with the patient, in an attempt to alleviate anxiety and reduce distress.
The Vulnerable Persons Dial Assist will then determine and liaise and coordinate an appropriate response whether this be virtual or via telephone contact.

Service Description

WHEN  VP Dial Assist available from 0830 – 1700 HRs, 7 days per week.
WHO  Dial assist is staffed by a Senior Social Worker, supported by key specialist consultants with knowledge in specific areas of vulnerability.
PHONE  0427 187 162 (This number is only for staff use and not to be provided to families)