



## **NZACA AGED RESIDENTIAL CARE VISITOR GUIDANCE AT LEVEL 2 FOR FACILITIES WITH NO KNOWN CASES OF COVID-19**

At level 2 it is anticipated that there will be high initial demand for visits. Not everyone is going to be able to visit immediately.

The following recommendations are to manage visiting to minimise the risk of COVID-19 transmission to residents and staff.

### **1. Specified facility visiting hours**

- All visits to be by agreement with the clinical or facility manager.
- Consider regular visiting hours for each individual site / unit when staff are available to ensure adherence to additional health and safety / infection control requirements.
- Visits to be one person to each resident unless otherwise agreed by the clinical or facility manager.
- A roster of visiting times where visitors pick a regular time to visit each week may be helpful.

### **2. Maximum number of designated whanau or friends who are the resident's sole visitors**

- To facilitate a smooth transition and meet resident / visitor expectations identification of visitors and communication of the process should occur before level 2 commences if possible.
- Clinical or facility managers may limit to no more than two designated visitors per resident to manage the volumes of visits unless the facility has the additional resources to manage a higher number of visitors.
- Maintain a log of all visitors including their contact details and who they have contact with during their visit (i.e. staff and resident visited).
- Children under 12 years only with the prior approval of the clinical or facility manager.
- Staff supporting visitors are familiar with the correct process and the register is readily available.

### **3. Length of visits**

- Length of visits to be at the discretion of the clinical manager taking into consideration:
  - resident preferences
  - how many visitors can safely be supported at any time by staff
  - the needs of all residents
  - extenuating situations (e.g. visitors travelling long distances and end of life visits).
- Visitors should be aware of the anticipated length of the visit prior to visiting.
- Clinical or facility managers may limit most visits to half an hour to manage the risks and the demand for visits.

#### **4. Infection prevention and control (IPC)**

- All visitors sign a declaration form which includes screening questions, including verifying visitors have no signs and symptoms of potentially infectious illness.
- Staff need to explain the IPC visitors are expected to follow.
- Hand hygiene is required for all visitors on entry and when requested by staff for IPC.
- Physical distancing of 2 metres is required during all visits, but limited physical contact can be allowed on compassionate grounds with the prior approval of the clinical or facility manager.
- Masks can be recommended to prevent the spread of droplets from carriers of COVID-19.
- Visitors to residents at the end of life may have the use of masks waived whilst in the resident's room at the discretion of the facility manager.
- The use (putting on and taking off) of any additional PPE must be overseen by staff following instruction.
- Goods bought into the facility by the visitor must meet IPC guidelines (e.g. be wiped down) and is at the discretion of the clinical or facility manager.

#### **5. Designated areas**

- Visitors should be advised where they can go during the visit.
- In most cases visits would be limited to the resident's room.
- The visitor may be escorted by a designated staff member to and from the resident.