

## COVID-19 Hospital & Clinic Patient Visitors Policy

<b>Title: COVID-19 Hospital &amp; Clinic Patient Visitors Policy</b>	
<b>Type:</b> Policy	<b>HDSS Certification Standard</b>
<b>Issued by:</b> Hutt and Capital & Coast DHB Incident Management Team	<b>Version:</b> 3.15
<b>Applicable to:</b> 2DHB HVDHB/CCDHB Organisation wide	<b>Contact person:</b> Jenny Keene HVDHB Kaye Hudson CCDHB

### **Purpose**

The purpose of this policy guidance is to provide advice on access by members of the family/whānau, carers and support person/people who are visiting patients, or providing support to patients, on all DHB hospital campuses during the COVID-19 pandemic response.

The purpose of whānau as partners in care is to ensure that whānau journeys through hospital sare well guided, safe, respectful and mana enhancing.

We recognise whānau are essential to patient’s lives and an important part of a patient’s care, treatment and recovery. They provide support, care and help in decision-making.

We also recognise that our staff have the right to a safe workplace and all practicable steps must be undertaken to eliminate risks, and where not practicable to do so, minimise these.

As we manage COVID-19 in our community we are committed to enabling access to whānau for patients in our care and to support outpatients, whilst balancing risk of COVID-19 to our people and the risk of harm of not having whānau visit.

This kaupapa will help us to provide an enduring strategy to promote whānau as partners in care that can respond to the changing risk levels of COVID-19 that meets the needs of our patients and staff whilst balancing the safety and wellbeing risks of us all.

### **Policy Statement**

In response to the COVID-19 pandemic, visiting will be restricted at Capital & Coast DHB and Hutt Valley DHB facilities. We remain committed to enabling access to whānau for patients in our care and to support outpatients, whilst balancing risk of COVID-19 and the risk of harm of not having whānau visit.

This is to ensure the safety of patients and staff by minimising avoidable contact and the potential for spread of the virus.

### **Scope**

It is important to note that the Government’s COVID-19 Protection Framework serves a different purpose which enables as much care as possible to be delivered safely under all traffic light colours.

This guidance applies to all DHB facilities.

This guidance is active for as long as an Epidemic Notice under the Epidemic Preparedness Act

<b>Document author:</b> Incident Management Team		
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<b>Issue date:</b> 19May 2022	<b>Review date:</b> 29 April 2023	<b>Date first issued:</b> 20 March 2020
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2006 remains in force.

This guidance does not extend to visitors to DHB hospital campuses who are on site to provide essential services e.g. interpreters for patients with no or limited English, or Partners in care. Please refer to separate advice on essential services.

This guidance references the Health and Safety at Work Act 2015 by providing guidance to support the mitigation of any risk to staff while visitors who meet the criteria visit all workplace facilities.

This guidance references the COVID-19 Infection Prevention and Control – Interim Guidance for DHB Acute Care Hospitals

### **Includes:**

- 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

### **Excludes:**

- Non-essential visitors.

With safety and wellbeing at the forefront of our sector, it is important we limit non-essential visits to our sites to reduce risk to our staff and patients, and the individuals we engage with. Non-essential visitors are defined as company representative, external people attending meetings, people not visiting patients and off-duty staff – and in other words is anyone who is not a patient, or person visiting a patient or a staff member.

Charge Nurse/Midwife Managers (or a senior clinician/manager as designated) can assess requests on a case by case basis. For example, exceptions will be considered on compassionate grounds for end of life or therapeutic care.

- This policy does not apply to patients.
- This policy excludes on duty staff, volunteers and contracted workers performing or providing essential services.
- Kaitiaki/Partners in care are not visitors and are able to visit as required. [Please see attached Guidelines](#). Kaitiaki /partners in care are required to provide evidence of current vaccination status—if Kaitiaki/Partners in care are not vaccinated, they will be required to follow the mask requirements of the area they are in.

**Exceptions** to this will be managed on a case-by-case basis and are agreed by the Senior Medical Officer managing the patient in partnership with the Clinical Nurse /Midwife Manager / Delegate on shift can assess requests on a case by case basis. For example, exceptions will be considered on compassionate grounds for end of life care.

- The management plan will include the name of the SMO and Clinical Nurse /Midwife Manager / Delegate who approved the exception, numbers of visitors permitted, name and contact details of key whānau liaison, how physical distancing will be maintained and plan on where visitors will wait. Ward family rooms and meeting rooms can be used, at the discretion of the CNM/CMM. The atrium / foyer is not suitable for grieving families, so please use other spaces first.
- Visitors need to be managed within their own bubbles, if possible.

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Whānau Care services can help with large groups and other support. CCDHB they can be contacted on ext. 04 3855999 x 80948 or by emailing wcs@ccdhb.org.nz HVDHB  
 MaoriHealthReferralsHVDHB@huttvalleydhb.org.nz

### Definitions

**High risk area** – May include but not limited to Emergency Departments (ED), Intensive Care Units (ICU), High Dependency Units (HDU), Health of the Older Persons, Kenepuru Hospital, Maternity wards, Birthing Suites, Neonatal Intensive Care Unit (NICU), Special Care Baby Unit (SCBU), Mental Health Inpatient units, Coronary Care Unit (CCU), Wellington Blood and Cancer Centre (WBCC) and Ward 5 North, Renal Outpatient and Inpatient areas, Immunology, or other Outpatient areas redesignated or identified by the DHB for the purpose of providing care to patients who have high vulnerability from potential exposure to COVID-19.

**Kaumātua** - For the purposes of this policy Kaumātua refers to an elder (either male or female) from any ethnicity who holds a revered position in a family or community.

**Non-essential visitors** - e.g. company representatives, external people attending meetings, people not visiting family / whānau, off-duty staff.

**Patient** - Member of the public receiving / seeking treatment, this includes mental health service users. This includes inpatients and outpatients.

**Support person(s) for Disabled People** - People who provide services that should they be interrupted are liable to endanger the life, health, wellbeing or security of people using services in any community we support.

**Support person(s)** - Required for the purposes of the clinic or hospital visit i.e. Dependent ~~person~~ people with disabilities, needing to deliver bad news. An interpreter is not a support person.

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

**Whānau spokesperson** - The single point of contact for Whānau

**Kaitiaki/Partner in care** can visit at any time, but this must be in liaison and agreement with clinical Teams **before** visiting.

Kaitiaki/Partners in care are nominated and agreed between the clinical care team and whānau and provide **essential care** for those who are longer-term patients, or patients who require hospital services frequently. They are more involved in the care plan and actively contribute to outcomes.

If you have patients who would meet the above criteria, please discuss with your clinical teams and the patients' whānau. Once agreed, please issue a Kaitiaki /Partner in care card for the person to use during screening at our main entrances. [More guidance can be found here.](#)

### Guidelines

There is an expectation that Staff will adhere to the vision and values of their respective organisations. This will include:

- Consideration of respect, partnership, cultural sensitivity and equity, and effective communication.
- All staff will maintain respectful communication with family/whānau, carers and support person/people, treating each person with dignity and respect.
- That staff will be treated with respect and that abuse and aggression toward staff will not be tolerated.
- All staff will partner with family/whānau, carers and support person/people regarding this guidance.
- All staff will work with Māori and Pacific health teams/leaders to ensure cultural supports and

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- aspects of care are considered and actioned.
- Whānau liaison increases as the response level increases.
- Alternative means of communication between patients and whānau/ families are encouraged and enabled.
- DHBs will ensure visibility of the expectations on visitors within the facility including:
  - visibility of screening questions and processes
  - limitations such as medical mask wearing at all times
  - restricting movement within the hospital to the place the patient resides with access to and from that place.
- DHBs will ensure the visitor guidance 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
- This guidance provides advice for visitor policies to be implemented at DHBs in accordance with their established and agreed incident management team framework and union or health and safety representative engagement forums.
- Changes to this guidance 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

### Guideline Content

The COVID-19 Protection Framework is determined by the Government and introduces a new flexible 3 level approach to managing COVID-19 in the community. The framework specifies 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.

It is appropriate that DHBs continue to operate services as per national guidance e.g. planned care, community framework etc. This enables DHBs to continue to deliver as much ~~of~~ care and surgery as possible whilst responding quickly and appropriately to COVID 19.

DHBs will ensure the visitor guidance is not taken in isolation - it is part of a much wider risk assessment e.g. Vaccination/ testing/ staffing MIQFs/workforce levels.

DHBs will set visiting hours and the appropriate number of visitors allowed per patient at any one time. These may differ from DHB to DHB to reflect the community and hospital needs and ensure appropriate security and support for staff is available.

DHBs will work towards separate entrances for visitors and those attending clinic, outpatients or treatment, where it is practicable to do so with existing facility design.

### Risk assessment

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 or patient interest. DHBs have introduced several controls e.g. security measures, restricted access to areas, 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 Guidance is one of the ways that DHBs are minimising the risk of COVID-19 to patients, staff and the wider community.

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**Visitors with symptoms**

Visitors with acute respiratory symptoms (e.g. cough, sore throat, flu like symptoms) or abdominal pain and diarrhoea, or those who have been at a local area of interest or with a household contact to current COVID-19 case must not attend unless prior arrangements are made.

Public information including signage should be in place at all entrances to reflect this. A process should be in place to manage unwell visitors.

While visiting any DHB facility, visitors will:

- Maintain the appropriate and effective wearing of masks in all public and patient areas
- Maintain physical distancing

**Hospital Response level Stage Two and Three**

**Visitors to inpatient areas with mask exemptions: (Outpatient information in progress)**

- Visitors who are not able to wear a mask on site will have some restrictions placed on visiting in order to protect staff, themselves and our patients.
- Visits by visitors with mask exemptions may occur if:
  - patient being visited agrees and the patient is prepared to wear a medical mask themselves during the visit
  - Or the visit can occur in a single room
  - And the visit lasts no more than 30 minutes
- If a single room for the visit is not possible, then the visitor must agree to have a RAT test prior to entry to hospital (or can produce evidence of negative RAT within preceding 24 hours or negative PCR within preceding 48 hours) prior to visit being granted.
- For end of life care or emergency situations, the wards will try to accommodate the needs of patient and their whānau as much as possible, but due to the pandemic, will not compromise the safety of other patients or staff.
- Note: Visits by people with mask exemptions will require coordination with the ward, and as such, must be arranged in advance.

**General Guidance for COVID-19 testing of support people/ Kaitiaki**

Kaitiaki/Partners in care must be asymptomatic, not be household contacts and able to wear a mask.

At phases 2 and 3, if a Kaitiaki/Partner in care is staying overnight, a RAT test may be performed on the ward in a suitable space. Self-testing with RAT may be delegated to Kaitiaki Partner in care who is competent with this.

**DHB or DHB affiliated facilities offering overnight stay to whānau members of patients in hospital:**

During phase 2 and 3 of hospital pandemic phases the DHB recommend:

- PCR for family members prior to stay.
- Ensuring family members wear masks while outside of their rooms.
- Ensuring different family groups do not eat or drink together

If whānau members develop symptoms they should test themselves with RAT test provided by the DHB.

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If whānau members are positive for COVID they should

- Ring the manager of the facility to inform the manager.
- Make arrangements to leave the facility and return home.
- The manager will contact the Infection, Prevention and Control team for advice.
- In special circumstances positive family members may need to self-isolate in the facility. This will affect the facilities ability to provide care to others and will need to be discussed with manager and IPC team.

**Patients admitted with COVID-19**

Visiting patients who have been admitted with COVID-19 during the active (infective) period of their infection will be more restrictive and managed on a case by case basis. The reason for this is to ensure that 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.

It is recommended that 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 and any changes to it. Before any visitor can 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 guidance.

**Visitors in self-isolation**

Anyone that is under self-isolation (due to being a case or a household contact within preceding 10 days) will not be able to visit in the usual way and will require specific visiting arrangements to be negotiated.

**Vaccination status**

Visitors to DHB facilities will not have to demonstrate vaccination status nor provide evidence of a negative swab or undertake a swab to enter.

**High-Risk Areas**

If existing visiting policies within high-risk areas are more rigorous than stated in these guidelines, they should be followed.

**People with a Disability**

Under any Alert Levels where visitor restrictions are in place, an exception will be made for people who are in hospital or must attend an outpatient appointment where they need a support person.

For example, a sign language interpreter, support person for someone with a learning disability, visitors interpreting for elderly whānau/family members with no/limited English or someone to assist with mobility is allowed in addition to that person’s permitted visitor/s. Consideration to be given to those attending appointments for poor or pending prognosis e.g. Cancer.

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### Outpatients

#### Support People at Outpatients

**Support person(s) for people with a disability** - People who provide services that should they be interrupted are liable to endanger the life, health, wellbeing or security of people using services in any community we support.

**Support person(s)** - Required for the purposes of the clinic or hospital visit i.e. Dependent people with disabilities, and or to provide psychological support such as in the case of returning to clinic for outcome of cancer testing.

The guidance around support people for patients attending outpatient appointments varies at different response stages. Please refer to the guidance at each stage at the back of this document.

#### Accommodating support people and interpreters at appointments

Deaf people coming to an outpatient appointment are entitled to have a support person if required and an interpreter with them – support people and interpreters play very different roles

This also applies to other disabled people who may bring a support person, or personal assistant who is paid to be their support person. This too is separate to having a support person with them.

**Interpreters** are not a support person and is always able to attend.

If you have questions, contact [disability@ccdhb.org.nz](mailto:disability@ccdhb.org.nz) or call 0800 DISABILITY.

#### Children at Outpatients

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.

A child is able at all stages to have an adult or caregiver accompany them.

**Kaitiaki/Partners in care** can visit at any time, but this must be in liaison and agreement with clinical teams before visiting.

**Kaitiaki/Partners in care** are nominated and agreed between the clinical care team and whānau and provide essential care for those who are longer-term patients, or patients who require hospital services frequently. They are more involved in the care plan and actively contribute to outcomes.

If you have patients who would meet the above criteria, please discuss with your clinical teams and the patients' whānau. Once agreed, please issue a Kaitiaki /Partners in care card for the person to use during screening at our main entrances. [More guidance can be found here.](#)

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**2DHB Hospital Response Framework, Bed Escalation Plan Adult inpatients**

**Use hyperlink for latest version**

**[2DHB Hospital Response Framework Bed Escalation Plan Adult inpatients...](#)**

capitalDocs ID 1.105618

The Hospital Response Level may not always align with the National COVID-19 Protection Framework (Traffic Light system). The decision to change the 2DHB Hospital Response Level will be based on consideration of all the factors within the above framework.

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## 2DHB Hospital and Clinic Patients Visitors Policy

The Hospital Response Level may not always align with the National COVID-19 Protection Framework

<p><b>COVID Readiness</b></p> <ul style="list-style-type: none"> <li>No local COVID patients hospitalised and any cases and contacts in the community are isolated and well contained</li> <li>Staffing and facilities only impacted by training and readiness preparations, or regional or national deployments</li> <li>Planned care unaffected</li> </ul>	<p><b>Visitors to the high-risk</b></p> <p><b>CCDHB visiting hours 10:00–13:00 and 15:00–20:00</b></p> <p><b>HVDHB visiting hours 08:00–20:00</b></p>	<p><b>High Risk Areas</b></p> <p>All visitors are to be wearing a medical mask and practice good hand hygiene.</p> <p>Visitors with known COVID-19 contact or symptoms will not be granted access and will be directed to Community Based Assessment Centre (CBAC) or to contact Healthline or GP.</p> <p>No visitors under 12 years without prior approval from the CNM/CMM</p> <p><b>Birthing Suite and Maternity Wards (CCDHB includes 4 North Gynae)</b>  <i>For maternity services:</i> where there is no suspicion of COVID-19 contact or symptoms for either the patient or visitors, two people (birthing partner and one other support person) can accompany patients into the birthing suite. All admitted woman will undergo POC PCR. All birthing partners will undergo a RAT</p> <ul style="list-style-type: none"> <li>Once the baby is born, two people at a time can visit. The birthing partner is counted as a visitor so if present it is the birthing partner plus one visitor. The birth partner can stay overnight with agreement of the CMM.</li> </ul> <p><b>COVID positive woman/person and birth partner:</b>          Birthing partners accompanying COVID positive woman will be assumed to be positive. The support person is to remain room by being provided meals. Generally they will not be able to accompany the COVID positive pregnant woman or person for tests and procedures. When they leave the room they must wear a mask, use hand sanitiser and directly exit the hospital. COVID positive birthing partners are not to go to access any of the hospital Cafes.</p> <p><b>Maternity Guidance for testing support people is found here:</b>  <a href="#">2DHB COVID 19 Management of Support People in Maternity ID 1.105693</a></p> <p><b>NICU/SCBU</b></p> <ul style="list-style-type: none"> <li>Both parents and OR legal guardians may visit. No siblings or other whānau are permitted without prior approval.</li> </ul> <p><b>Oncology (Cancer) 5 North</b></p>
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		<ul style="list-style-type: none"><li>• Visiting is only allowed during visiting hours and is limited to 1 adult at a time</li><li>• All out of region visitors need to be discussed with and agreed by the patients SMO and ID SMO</li></ul> <p><b>Dialysis</b></p> <ul style="list-style-type: none"><li>• Due to space constraints no visiting or support people</li></ul> <p><b>Emergency Department and Kenepuru Accident and Medical</b></p> <ul style="list-style-type: none"><li>• One visitor (and one support person if required – see page 5 for definition People with Disabilities) – not interchangeable – unless approval from CNM/SMO</li><li>• If unable to maintain social distancing in waiting room and in department, will ask support people to leave</li><li>• Minimised movement around department</li><li>• Parents/support people accompanying children should be well. If unable to provide a well parent, then must follow droplet precautions for both parent and child</li></ul> <p><b>Intensive Care</b></p> <ul style="list-style-type: none"><li>• ICU will be allowing in a total of 2 into the ICU per patient at a time.</li></ul> <p><b>COVID Inpatient wards</b> Visiting only as agreed by CNM/CMM and SMO</p> <p><b>Health of The Older Person’s including Kenepuru Hospital</b></p> <ul style="list-style-type: none"><li>• Two visitors at a time.</li></ul>
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	<p><b>Visitors to all other areas</b></p>	<p>Visitors with no suspicion of COVID-19 will be able to enter. A maximum of two visitors at any one time may visit a patient at the hospital or clinic.</p> <p>When more visitors need to be approved this will be at the discretion of the CNM/CMM and SMO. Whānau will nominate a key contact person as liaison.</p> <p>Children under 12 years old may visit and are counted as one of the two visitors (children under 12 months of age not counted in the numbers).</p> <p>All visitors are to be wearing a medical mask and practice good hand hygiene.</p> <p>All visitors to practice safe social distancing and should remain two metres away from others as far as is practicable. Should this not be practical due to multi-bed rooms, the numbers of visitors in each multi-bed room should be limited at each time to maintain distancing.</p> <p>Visitors with known COVID-19 contact or symptoms will not be granted access and will be directed to Community Based Assessment Centre (CBAC) or to contact Healthline or GP.</p> <p>Usual visiting hours are adhered to, unless by prior arrangement with the Charge Nurse/Midwife Manager or senior clinician/manager on shift. Whānau will nominate a key contact person.</p> <p>For children, parents/caregivers can visit at any time and both parents/caregivers can visit at the same time</p>
	<p><b>Outpatient clinics</b></p>	<p>Patients are encouraged to come alone to their appointment if able.</p> <p>A maximum of two support people to accompany a patient if required. Kaitiaki /partners in care are included in these numbers may support/accompany at any time.</p> <p>Interpreters are not counted as visitors.</p>

<p style="text-align: center;"><b>Stage 1</b></p>	<p><b>Visitors to the high-risk areas</b></p>	<p><b>High Risk Areas</b></p> <p>Visitors with known COVID-19 contact or symptoms will not be granted access and will be directed to Community Based Assessment Centre (CBAC) or to contact Healthline or GP.</p>
<ul style="list-style-type: none"> <li>• COVID patients in hospital and cases in the community are monitored, managed and under control</li> <li>• Isolation capacity manageable and ICU capacity manageable</li> <li>• Staffing and facilities minimally impacted</li> <li>• Planned care continues with minimal impacts</li> </ul>		<p>No visitors under 12 years without prior approval from the CNM/CMM</p> <p><b>Birth Suite and Maternity Wards (CCDHB includes 4 North Gynae)</b>  <i>For maternity services:</i> where there is no suspicion of COVID-19 contact or symptoms for either the patient or visitors, two people (birthing partner and one other support person) can accompany patients into the birthing suite. All admitted woman will undergo POC PCR. All birthing partners will undergo a RAT</p> <ul style="list-style-type: none"> <li>• Once the baby is born, two people at a time can visit. The birthing partner is counted as a visitor so if present it is the birthing partner plus one visitor. The birth partner can stay overnight with agreement of the CMM.</li> </ul> <p><b>COVID positive woman/person and birth partner:</b>          Birthing partners accompanying COVID positive woman will be assumed to be positive. The support person will remain in the room and will be provided meals. Generally they will not be able to accompany the COVID positive pregnant woman or person for tests and procedures. When they leave the room they must wear a mask, use hand sanitiser and directly exit the hospital. COVID positive birthing partners are not to go to access any of the Cafes.</p> <p><b>Maternity Guidance for testing support people is found here:</b>          2DHB COVID 19 Management of Support People in Maternity</p> <p><b>NICU/SCBU</b></p> <ul style="list-style-type: none"> <li>• Both parents and/or legal guardians may visit. No siblings or other whānau are permitted without prior approval.</li> </ul>
		<p><b>Oncology (Cancer) 5 North</b></p> <ul style="list-style-type: none"> <li>• Visiting is only allowed during visiting hours and is limited to 1 adult at a time</li> </ul> <p><b>Dialysis</b></p> <ul style="list-style-type: none"> <li>• Due to space constraints no visiting or support people</li> </ul> <p><b>Emergency Department and Kenepuru Accident and Medical</b></p> <ul style="list-style-type: none"> <li>• One visitor (and one support person if required – see page 5 for definition People with Disabilities) – not interchangeable – unless approval from CNM/SMO</li> <li>• If unable to maintain social distancing in waiting room and in department, will ask support</li> </ul>

people to leave

- Minimised movement around department
- Parents/support people accompanying children should be well. If unable to provide a well parent, then must follow droplet precautions for both parent and child

**COVID In patient wards**

Visiting as agreed by CNM/CMM and SMO

**Intensive Care**

- ICU will be allowing 2 visitors, per patient per day (HVDHB within visiting hours unless agreed otherwise)
- 5 visitors allowed at the end of life

**2DHB Health of The Older Person's wards including Kenepuru Hospital**

- One visitors at a time; and only during visiting hours
- Kaitiaki if granted an exemption can remain outside of visiting hours; and if staying overnight they will need to undergo a PCR (IDNow or lab based)

<p><b>Visitors to all other areas</b></p>	<p><b>Visitors to other areas</b></p> <p>Visitors with no suspicion of COVID-19 will be able to enter. A maximum of two visitors at any one time may visit a patient at the hospital or clinic.</p> <p>Kaitiaki/Partners are agreed by the clinical area and nominated by Whānau are able to visit at any time but are included in the number of visitors.</p> <p>Children under 12 years old may visit and are counted as one of the two visitors (children under 12 months not counted in the numbers)</p> <p>When more visitors need to be approved this will be at the discretion of the CNM/CMM and SMO. Whānau will nominate a key contact person.</p> <p>All visitors are to be wearing a medical mask and practice good hand hygiene.</p> <p>All visitors to practice safe social distancing and should remain two metres away from others as far as is practicable. Should this not be practical due to multi-bed rooms, the numbers of visitors in each multi-bedroom should be limited at each time to maintain distancing.</p>
<p><b>Outpatient clinics</b></p>	<p>Patients are encouraged to come alone to their appointment if able.</p> <p>A maximum of two support people to accompany a patient if required. Kaitiaki /partners in care are included in these numbers may support/accompany at any time</p> <p>Interpreters are not counted as visitors.</p>

<p style="text-align: center;"><b>Stage 2</b></p> <ul style="list-style-type: none"> <li>• COVID patients in hospital and community transmission is increasing rapidly</li> <li>• Isolation capacity impacted or ICU capacity impacted</li> <li>• Significant staff absence, gaps not being covered (nursing absence 10 – 15%)</li> <li>• Planned care reduced due to staffing absence/redeployment or high hospital occupancy</li> </ul>	<p><b>Visitors to the high-risk areas identified</b></p>	<p>No visitors to be granted access unless approved by the Clinical Nurse/Midwife Manager or senior manager on shift and SMO.</p> <p>A maximum of one visitor or legal guardian that has been screened will be granted access if approved.</p> <p>All visitors to wear a medical mask and practice good hand hygiene. All visitors to wear PPE as required. Visitors with known COVID-19 contact or symptoms will not be granted access and will be directed to CBAC or to contact Health line or GP.</p> <p><b>Emergency Department and Kenepuru Accident and Medical:</b> No visitors permitted. 1 parent/caregiver to attend with a child under 16. A support person may accompany a patient with disabilities or communication difficulty, or in the context of critical illness. Approval for any other support persons may be considered on a case by case basis by the Nurse in Charge or SMO.</p> <p><b>Older Persons Services:</b> No visitors permitted. A support person may accompany a patient with disabilities or communication difficulty, or in the context of critical illness. Approval for any other support persons may be considered on a case by case basis by the Nurse in Charge or SMO.</p> <p><b><u>Maternity services:</u></b></p> <ul style="list-style-type: none"> <li>• 1 support person can be with the labouring person and can stay postnatally until discharge – as long as they fulfil safety criteria</li> <li>• They need to stay in the room, and wear a medical mask in public spaces/if there is a staff member in attendance</li> <li>• Operating theatre attendance is on a case-by-case basis at the discretion of the senior medical team</li> <li>• Following birth, one (1) nominated support person (for the duration of the stay) may visit and only once.</li> </ul> <p><b>COVID positive woman/person and birth partner:</b> Asymptomatic support people are not tested for COVID, however are assumed to be positive if in household of positive labouring woman/ or are household contacts.</p> <p>In this circumstance, the support person will wear a mask while in hospital, and will be assigned a single room with the COVID positive woman or person. The support person will be supported to remain in that room by being provided meals. Generally they will not be able to accompany the COVID positive pregnant woman or person for tests and procedures.</p>
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	<p><b>Visiting all other areas</b></p>	<p><b>Inpatients</b></p> <p>Unless a Kaitiaki /partner in care no inpatient visitors to be granted access unless approved by the Clinical Nurse/Midwife Manager and SMO or senior manager on shift. A maximum of one visitor or legal guardian that has been screened will be granted access if approved.</p> <p>Kaitiaki/Partner in care agreed by the clinical area and nominated by whānau.</p> <p>When more visitors need to be approved this will be at the discretion of the CNM/CMM and SMO.</p> <p>Normal visiting hours are adhered to, unless by prior arrangement with the ward. No non-essential visitors.</p> <p><b>Child Health Services and NICU:</b></p> <p>A maximum of one visitor or legal guardian that has been screened will be allowed to visit/accompany and can be swapped with another parent/guardian. Testing requirements for parent/guardian staying overnight same as in adult wards see page 5 of this policy</p>

	<b>Outpatient Clinic</b>	<p>Patients to come alone to their appointment if able.</p> <p>Only 1 support person is allowed and should be agreed beforehand with the clinic. If there is any question please contact the clinic. A Kaitiaki /Partner in care is able to attend as the support person</p> <p>Interpreters are not visitors.</p> <p><b>Maternity Services:</b> 1 support person may attend sensitive appointments or scans.</p> <p><b>Child Health Services:</b> A maximum of one support person, parent or legal guardian that has been screened will be allowed to accompany the patient.</p>
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<p><b>Stage 3</b></p> <ul style="list-style-type: none"><li>COVID patients in hospital and community transmission is widespread and uncontrolled</li></ul>		<p>Generally no visitors to be granted access in most wards unless approved by the Clinical Nurse/Midwife Manager and SMO or senior manager on shift.</p> <p>A maximum of one visitor or legal guardian that has been screened will be granted access if approved</p> <p><b>Maternity Services:</b> 1 support person can be with the labouring person and can stay postnatally until discharge - as long as they fulfil safety criteria. Operating theatre attendance is on a case-by-case basis at the discretion of the senior medical team</p> <p>They need to stay in in the room, as much as possible and wear a medical mask in public spaces/if there is a staff member in attendance.</p> <p><b>COVID positive woman/person and birth partner:</b> Asymptomatic support people are not tested for COVID, however are assumed to be positive if in household of positive labouring woman/ or are household contacts.</p> <p>In this circumstance, the support person will wear a mask while in hospital, and will be assigned a single room with the COVID positive woman or person. The support person will be supported to remain in that room by being provided meals. Generally they will not be able to accompany the COVID positive pregnant woman or person for tests and procedures. When they leave the room they must wear a mask, use hand sanitiser and directly exit the hospital.</p> <p>Symptomatic partners, when the labouring woman or person is COVID negative, undergo rapid COVID test with Point of Care PCR or RAT.</p> <p><b>Maternity Guidance for testing support people is found here:</b> <a href="#">2DHB COVID 19 Management of Support People in Maternity ID 1.105693</a></p>
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<ul style="list-style-type: none"> <li>• Isolation at or near capacity or ICU at or near capacity</li> <li>• Significant staff absence/ redeployment (&gt;15%). All available staff redeployed to support ICU/acute care</li> <li>• Planned care severely limited due to staffing absence/redeployment and high hospital occupancy</li> </ul>		<p><b>Child Health Services:</b> 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. Testing requirements for parent/guardian staying overnight same as in adult wards see page 5 of this policy</p> <p><b>Neonatal Intensive Care Unit and any special care units:</b> Visitor numbers will be restricted to one at a time and must be a parent or legal guardian.</p>
	<p><b>Outpatient clinics</b></p>	<p>Patient to come alone if possible to their appointment.</p> <p>Only 1 support person is allowed and should be agreed beforehand with the clinic. If there is any question please contact the clinic. A Kaitiaki /Partner in care is able to attend as the support person</p> <p>Interpreters are not counted as visitors.</p> <p><b>Maternity Services:</b> 1 support person may attend sensitive appointments or scans.</p> <p><b>Child Health Services:</b> A maximum of one support person, parent or legal guardian that has been screened will be allowed to accompany the patient</p>

## MHAIDS COVID Readiness and Stage One

- Visiting policies across Mental Health Addictions and Intellectual Disability Services.

**NB: Restrictions in phases two and three vary by ward. Please contact the ward or service directly about restrictions on visits.**

Unit	Visiting Hours	Max # visitors per client	Age restriction?
<b>Te Whare o Matairangi</b>	10:00hrs-12:00hrs 14:00hrs-16:00hrs	No maximum	No persons under 16 years of age permitted on the unit – but visits can be facilitated outside the main unit negotiated via the Team Leader
<b>Te Whare Ahuru</b>	14:00hrs-20:30hrs	2	No persons under 16 years of age permitted on the unit – but visits can be facilitated outside the main unit negotiated via the Team Leader
<b>Te Whare Ra Uta</b>	No set visiting times – the unit is flexible depending on clinical situation.	No maximum	No restrictions on age
<b>Purehurehu</b>	Monday-Friday 15:00hrs-16:30hrs  Saturday-Sunday flexible	2	No children under the age of 14 years – but this can be negotiated via the Team Leader
<b>Rangipapa</b>	Monday-Friday 14:30hrs-16:30hrs - 30 minute visits if whānau are local. Whānau outside the region have up to 1 hour per visit. Allowances can be made dependent on circumstances/rationale for visits.  Saturday-Sunday	4	No children under the age of 14 years. – but this can be negotiated via the Team Leader

<b>Unit</b>	<b>Visiting Hours</b>	<b>Max # visitors per client</b>	<b>Age restriction?</b>
	10:00hrs-16:30hrs		
<b>Tane Mahuta</b>	15:00hrs-19:00hrs or by arrangement	By Arrangement	No restrictions on age
<b>Tawhirimatea</b>	15:00hrs-19:00hrs or by arrangement	By Arrangement	No restrictions on age
<b>Haumietiketike</b>	All visits by arrangement	Up to 6 (dependent on individual clients)	No restrictions on age
<b>Hikitia Te Wairua</b>	All visits by arrangement	Up to 6 (dependent on individual clients)	No restrictions on age
<b>Rangatahi Unit</b>	Monday-Friday 16:30hrs-20:00hrs.  Saturday-Sunday 10:00hrs-20:00hrs	2	No restrictions on age – but visitors under the age of 8 need to be supervised at all times.
<b>Nga Taiohi</b>	Negotiable	2	No persons under 16 years of age permitted on the unit

# Hutt Valley and Capital & Coast DHBs

**Type:** Guidance

**Name:** Kaitiaki; our COVID-19 Partners in Care guidance

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## Purpose

The purpose of this guidance is to provide advice on Kaitiaki, which translates as guardian in Te Reo Maori and used to describe Partner in Care. This provides guidance for access by members of the family/whānau, carers and support person/people who are providing support to patients during the COVID-19 pandemic response.

The purpose of whānau as partners in care is to ensure that whānau journeys through haoura are well guided, safe, respectful and mana enhancing.

We recognise whānau are essential to patient's lives and an important part of a patient's care, treatment and recovery. They provide support, care and help in decision-making.

We also recognise that all staff have the right to a safe workplace and all practicable steps must be undertaken to eliminate risks, and where not practicable to do so, minimise these. To this end, in some circumstances 2 designated Kaitiaki/whānau support may be able to assist in provision of some aspects of care, in consultation with the health care team

This kāupapa will help us to provide an enduring strategy to promote whānau as partners in care that can respond to the changing risk levels of COVID-19 that meet the needs of our patients whilst balancing the safety and wellbeing risks of us all.

## Scope

It is important to note that the Government's COVID-19 Protection Framework serves a different purpose which enables as much care as possible to be delivered safely under all traffic light colours.

This guidance applies to all Healthcare facilities and an expectation that guidelines/policy are in place that supports Partners in Care.

This guidance is active for as long as an Epidemic Notice under the Epidemic Preparedness Act 2006 remains in force.

This guidance references the Health and Safety at Work Act 2015 by providing guidance to support the mitigation of any risk to staff while Partners in Care provides support to whānau.

This guidance references the COVID-19 Infection Prevention and Control - Interim Guidance for DHB Acute Care Hospitals.

This guidance should be referenced against the National Visitors Guidelines and expectations regarding the use of PPE, scanning and wearing of masks.

Regional variance, or specific rohe may use different terms relevant to them while maintaining the nako or mauri of this mahi.

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## Definitions

- Patient/consumer– Member of the public receiving/seeking treatment, this includes mental health service users
- Kaitiaki / Partner in care - Anyone who provides essential care needs or essential support to a patient as part of their health experience. The term in its literal sense means guardian but, in this context, it is the Te Reo term describing Partner in Care and inclusive of support person, key contact, carer, parent/ child or other whānau with an essential support role. A trusted person designated by a patient to provide assistance, reassurance and advocacy.
- Whānau spokesperson – the single point of contact for the whānau.

## Guidelines

### *Kaitiaki/Partners in care*

Is considered a trusted person designated by a patient to provide assistance, reassurance, advocacy and other support as needed during their health care stay/experience. They are usually a family member, partner, carer or other whānau who facilitate a range of tasks contributing to an enhanced health care experience.

Kaitiaki/Partners in care can visit at any time, but this must be in liaison and agreement with clinical teams **before** visiting.

Kaitiaki/ Partners in care are not general visitors

Kaitiaki/Partners in care are nominated and agreed between the clinical care team and whānau and provide **essential care** for those who are longer-term patients, or patients who require hospital services frequently. They are more involved in the care plan and actively contribute to outcomes.

If you have patients who would meet the above criteria, please discuss with your clinical teams and the patients' whānau. Once agreed, please issue a Kaitiaki/Partners in care card for the person to use during screening at our main entrances.

All Kaitiaki /Partners in care must access health service facilities through the designated access points and be screened and registered to enable contact tracing on site. Patients can nominate two registered whānau as their Kaitiaki /Partners in care. It is recommended that during the day between 8 am and 8 pm one Kaitiaki / Partners in care may provide support. After hours (i.e. between 8pm and 8 am) one Kaitiaki/ Partners in care may provide care upon arranging with the Ward or Unit Manager or nominated manager. This arrangement may be modified in compassionate circumstances.

There is an expectation that staff will adhere to the vision and values of their respective organisations.

This will include:

- Consideration of respect, partnership, cultural sensitivity and equity, and effective communication.
- All staff will maintain respectful communication with family/whānau, carers and support person/people, treating each person with dignity and respect

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- That staff will be treated with respect and that abuse and aggression toward staff will not be tolerated
  - All staff will partner with family/whānau, carers and support person/people regarding this guidance
  - All staff will work with Māori and Pacific health teams/leaders to ensure cultural supports and aspects of care are considered and actioned
  - Whānau liaison increases as the response level increases
  - Alternative means of communication between patients and whānau/ families are encouraged and enabled.
  - Changes to this guidance 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.

### **Vaccination status**

- All designated Kaitiaki/Partner in care must provide evidence of current vaccination status.
- Unvaccinated Kaitiaki /Partner in care will always be required to follow the mask requirements of the area they are in.
  - Kaitiaki /Partner in care must always wear mask in shared spaces including multibed wards.
  - If providing care in a single room in compassionate circumstances, the mask rule may be relaxed in consultation with the designated senior nursing staff member.

### **High-Risk Areas**

If existing guidelines or policy within high-risk areas are more rigorous than stated in these guidelines, they should be followed as the patients in these areas have a high vulnerability from potential exposure to COVID-19.

High-risk area – May include but not limited to Emergency Departments (ED), Intensive Care Units/High Dependency Units (ICU/HDU), Aged Care wards, Mental Health In-patient units, Maternity wards, Delivery Suite and Neonatal Intensive Care Unit (NICU), Special Care Baby Unit (SCBU), Paediatrics Coronary Care Unit (CCU) Oncology (including chemotherapy areas), Renal Outpatient and Inpatient areas, Immunology, or other Outpatient areas redesignated or identified by the DHB