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| Guidance – visitors to care facilities and hospitals |
| COVID-19 update – 8 November 2022 |
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# Who should read this?

This guidance provides advice to care facilities and hospitals about visitor arrangements.

For specific guidance for residential aged care facilities please refer to the [Visitors to Residential Aged Care Facilities (RACFs) Guidance.](https://www.health.vic.gov.au/supporting-safe-visits-to-residential-aged-care-facilities-racf-covid-19-guidance-doc)

# What is this guidance about?

This guidance applies to visitation of patients/residents/clients in Victorian care facilities and hospitals, including patients/residents/clients that have or are being treated for COVID-19.

Hospitals and care facilities are committed to balancing the need to facilitate patient/resident/client contact with their families and friends with compassion and empathy and providing services in a safe and effective manner for patients/residents/clients, staff and visitors.

As of 11:59pm on 12 October 2022, the pandemic declaration lapsed, and visitor orders are no longer mandated for care facilities (including care facilities managed by health services). However, visitor restrictions remain recommended.

For the purposes of guidance, hospitals include all public and private hospital services, except the sections defined as care facilities. Care facilities include alcohol and drug treatment facilities, homelessness residential services, residential aged care facilities, disability residential service facilities, supported residential service facilities, eligible special disability accommodation, secure welfare service facilities, and the Thomas Embling Hospital. [https://www.health.vic.gov.au/covid-19/](https://www.health.vic.gov.au/covid-19/hospitals-and-care-facilities-order)

In addition to the visiting arrangements outlined in this guidance, hospitals and care facilities may provide equipment (phones, tablets, computers) to assist patients/residents/clients to stay connected with their family as we incorporate the management of COVID-19 into business-as-usual activity.

# What are the principles for visitor arrangements?

The principles for visitor arrangements for hospitals and care facilities are:

* **Visitors are an essential part of the provision of care** - providing patients/residents/clients with support from their family and loved ones to improve health and wellbeing outcomes and minimise isolation and its impacts
* **Visitors support the emotional, physical and mental wellbeing of patients/residents/clients** - maximising effective communication between clinical teams, patients/residents/clients, and their families
* **Safety is important for patients, residents, staff and visitors** - providing measures to optimise safety and minimise infection transmission risk for all patients/residents/clients, staff and visitors, including protecting vulnerable patients/residents/clients from potential exposure to COVID-19
* **Authorisation of exceptions from local entry requirements may be granted** in accordance with local governance arrangements at the care facility/hospital

# Local-level visitor arrangements

Visitor guidance strengthens the focus on supporting local-level visitation arrangements underpinned by a comprehensive risk assessment by hospitals and care facilities. Local risk assessment may include consideration of clinical vulnerability of patients/residents/clients, and environmental factors (ventilation, ward/room layout, size and other features), to guide decision making for local visitor arrangements.

Local entry requirements and limits on the number of visitors and the duration of the visit may be in place at hospitals and care facilities.

Local visitor arrangements will be informed by engagement advice from consumers.

Hospitals and care facilities may put additional restrictions in place to protect vulnerable patients and residents and reduce the risk of COVID-19 transmission in their facility. These local arrangements may also be amended if the community risk of COVID-19 transmission increases, such as during future waves.

Consistent with the visitor arrangement principles, it is recommended that care facilities/hospitals enable care and support visits, noting that general visitor arrangements may be restricted when the community risk of COVID-19 transmission increases.

Hospitals and care facilities should ensure that visiting arrangements are easily accessible through multiple media channels, including on websites and social media.

# What are care and support visits?

Subject to meeting the recommended visitor arrangements, a partner/support person can attend a hospital or care facility to provide essential care and support necessary for the patient’s/resident’s/client’s emotional or physical wellbeing (including mental health support and support for people living with dementia).

A carer refers to any person including a family member and a person under 18 years of age who provides support, assistance or personal care to a person with healthcare needs or a mental illness, or a disability resulting from a mental illness.

The *Mental Health Act 2014* recognises and supports the active engagement of both consumers and carers in the assessment, treatment and recovery of people with a mental illness. See [Working with consumers and carers](https://www.health.vic.gov.au/mental-health/working-with-consumers-and-carers) <https://www.health.vic.gov.au/mental-health/working-with-consumers-and-carers>.

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| **Partner** | **Support Person** | **Visitor** |
| The patient’s/resident’s/client’s spouse (husband or wife), defacto, or significant other | The patient’s/resident’s/client’s support while they are in the hospital or care facility deemed essential by the hospital or care facility in the delivery of care, planning of care or discharge planning, including; family member, close friend, doula or carer, Independent Mental Health Legal Advocacy worker, National Disability Insurance Services worker, housing worker | Other people, such as the patient’s/ resident’s/client’s children, siblings, parents, other extended family, and friends |

# Recommendations for visitor arrangements

Based on the visitor arrangements principles, recommendations now apply for people visiting **hospitals and care** facilities:

\*Please refer to the [Case, Contact, and Outbreak Management Policy](https://www.health.vic.gov.au/covid-19/case-contact-and-outbreak-management-policy) for Victoria’s approach to COVID-19 case, contact and outbreak management and for managing staff.

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| **Category** |  | **Recommendation** |
| Hospitals | Visitors | * individuals who have tested positive in the last 7 days should **not** visit hospitals * individuals who have had close contact with positive cases in the last 7 days should **not** visit hospitals * individuals who have been tested for COVID-19 and have not yet received their result, should **not** visit care facilities * visitors should wear a face mask * visitors may consider doing a rapid antigen test on the day of the visit (or as required by local arrangements for hospitals and care facilities) |
| Service provider | Hospitals may also consider asking that visitors declare that they:   * are free of COVID-19 symptoms other than symptoms caused by an underlying health condition or medication * have had a negative rapid antigen test on the day of the visit * are not a close contact of a person who has COVID-19. |
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| Care Facilities  (including care facilities as part of a hospital) | Visitors | * individuals who have tested positive in the last 7 days should **not** visit care facilities * individuals who have had close contact with positive cases in the last 7 days should **not** visit care facilities * individuals who have been tested for COVID-19 and have not yet received their result, should **not** visit care facilities * visitors should wear a face covering * visitors should have received a negative result from a rapid antigen test taken on the day of the visit |
| Service provider | * Care facilities should ensure all visitors have received a negative result from a COVID-19 rapid antigen test on the same day that they visit, before entry   Care facilities may also consider asking that visitors declare that they:   * are free of COVID-19 symptoms other than symptoms caused by an underlying health condition or medication * are not a close contact of a person who has COVID-19 |

# Additional considerations for visitor arrangements include:

* Individuals are recommended to not visit anyone in a care facility or hospital if they have a temperature higher than 37.5 degrees or symptoms of acute respiratory infection such as:
  + breathing difficulties such as breathlessness
  + cough
  + sore throat
  + runny nose.
* Visitors should stay in the patient/resident’s/client’s room and limit movement around the building, apart from quick trips to the bathroom or to purchase food.
* If the patient is suspected or confirmed to have COVID-19, appropriate personal protective equipment (PPE) should be used by visitors: see [Infection prevention and control resources](https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19) <https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19>.
* Staff should ensure visitors put on (‘don’) and take off (‘doff’) PPE properly.
* Each hospital or care facility may have different local operating procedures; visitors must also adhere to these directions.

# Exceptions to recommended visitor arrangements

There may be circumstances where a person listed above who is recommended to not enter a hospital or care facility may need to do so.

Operational management of the hospital or care facility should undertake risk assessments and formulate a safe way to proceed with the visit to determine if a person should be excepted from the recommendations. These recommended visitor guidelines are required to meet COVID-19 infection prevention and control guidelines.

Hospitals and care facilities may consider applying an exception to the recommendations in the following visits:

* to visit a person receiving end-of-life care
* to provide urgent support for a resident's immediate physical, cognitive or emotional wellbeing, where it is not practicable for the person to take a COVID-19 rapid antigen test prior to entering the care facility
* a person providing professional patient care, including but not limited to emergency workers in the event of an emergency, ambulance workers and visiting healthcare professionals
* (in relation to a care facility) a person that has illnesses or conditions which deem rapid antigen testing unsuitable.

Links below to Minimising the risk of infectious respiratory disease transmission in the context of COVID-19 and COVID-19 Infection prevention and control guidelines:

* Australian Government Department of Health – [Minimising the risk of infectious respiratory disease transmission in the context of COVID-19: the hierarchy of controls](https://www.health.gov.au/resources/publications/minimising-the-risk-of-infectious-respiratory-disease-transmission-in-the-context-of-covid-19-the-hierarchy-of-controls) <https://www.health.gov.au/resources/publications/minimising-the-risk-of-infectious-respiratory-disease-transmission-in-the-context-of-covid-19-the-hierarchy-of-controls>.
* Victorian Government Department of Health – [Infection prevention control resources - COVID-19](https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19) <https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19>.

# Do restrictions apply to hospital and care facility workers?

Hospital/care facility workers are permitted to remain in hospitals for the purposes of their work. Hospital workers include:

* an employee or contractor of the hospital
* a student of the hospital under the supervision of a worker of the hospital
* a volunteer with specific health service approval to provide goods or services to a patient in hospital
* a person who provides health, medical, social or spiritual care, or pharmaceutical goods or services to a patient of the hospital, whether on a paid or voluntary basis
* a disability worker who is present at the hospital to provide a disability service to a patient
* a person who provides good or services to keep the hospital in operation, whether on a paid or voluntary basis (this includes union and employer representatives)
* a person required for emergency management or law enforcement in the hospital.

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