COVID-19 Visitor Guidelines for WA Public Hospital and Health services

These guidelines apply during the COVID-19 response, from 12:01am Thursday 3 March 2022, until advised otherwise by the Government of Western Australia.

Due to the increasing case numbers of COVID-19 in the community, only essential visitors, as defined by this guideline and individual Health Service Providers, are permitted to visit.

Purpose

The COVID-19 Visitor Guideline for WA Public hospital and health services (the Guideline) provides recommendations for health care services in hospital, outpatient and community-based services access and restrictions, minimum Personal Protective Equipment (PPE) requirements, testing and vaccination status, for patient facing visitors, when entering a Western Australian public hospital or health service. These guidelines are in accordance with advice, measures and restrictions in place to prevent the spread of COVID-19 at a given time. It covers a number of visitor and essential visitor/carer/support person categories.

These guidelines are set out to protect the most vulnerable members in the community, patients in hospital, and preserve the healthcare workforce, whilst allowing people to support their loved ones during a difficult time. The principles followed are to reduce the number of people attending hospital wherever and whenever clinically safe to do so; the risk of an outbreak in a hospital is minimised as far as practical.

The Guideline will continue to be reviewed regularly and updated as additional information becomes available, COVID-19 measures and restrictions change to protect the population from the spread of COVID-19, and as WA adapts to a living with COVID-19 context and managing new variants of concern. Whilst the guidance provides a minimum set for public hospital and community services, non-public hospital and community-based services may also wish to apply the guidance.

The Guidelines align with the WA Health COVID-19 Framework for System Alert and Response (SAR), which outlines the alert levels and recommended responses for WA Health at various levels of COVID-19 transmission and system response capacity levels. It is also intended to be read in conjunction with:

- Local Health Service Provider and service specific operational procedures
- Testing guidance set out in the SAR, which outlines testing prioritisation and guidance for the use of PCR and Rapid Antigen Testing
- Proof of Vaccination Directions
- Health Worker (Restrictions on Access) Directions
- Identification and use of Personal Protective Equipment (PPE) in the clinical setting

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during the Coronavirus (COVID-19) pandemic policy and the COVID-19 Infection Prevention and Control (IPC) in Western Australian Healthcare facilities

- Public health and safety measures, including wearing of masks, where they apply to hospital settings

Definitions

For the purpose of the Guidelines a **visitor** includes the following standard visitor categories:

- **Family member or friend of a patient**
- **Ad hoc visitor** including an ad hoc volunteer, ad hoc tradesperson or delivery driver that provides services or goods on an ad hoc basis (no more than once per week)
- **In-reach service providers or contractors** not employed or otherwise engaged by the care facility (e.g. pastoral care worker, a patient's personal clergy person or solicitor). Note contractors such as maintenance, infrastructure or other suppliers employed or otherwise contracted by the care facility are not included in this category

**Essential visitor/patient support person/significant other/carer** (defined as Essential Visitor (EV) from this point forward) are permitted to visit some patients when other standard visitors are not because it is recognised that their presence has a positive impact on the clinical care and outcomes for that individual patient. In addition to carers*, this includes the following:

- Nominated labour support person
- Nominated parent/guardian of an admitted child (including a neonate/start of life)
- Nominated guardian/carer for a patient living with a disability
- An end-of-life support person
- One accompanying visitor into the Emergency Department
- Up to two visitors per patient in an emergency circumstance (not all emergency department presentations)
- Designated guardian** attending an outpatient, home or community-based appointment

*The Western Australian Carers Recognition Act 2004 defines a carer as a person who provides ongoing care, support and assistance to a person with disability, a chronic illness (which includes mental illness) or who is frail, without receiving a salary or wage for the care they provide.

**Note that designated guardians must be the same person each day. In circumstances where the designated person is unable to attend, an alternative person can be designated in agreement with staff.

Statutory personnel are also out of scope for this visitor guideline however such personnel must adhere to screening and risk assessment requirements to enter the hospital and in some instances may be required to wear additional PPE.

- **Mental Health Advocates** are not considered visitors and have a statutory right to access mental health units under the Mental Health Act 2014. Under the Mental Health Act, Advocates have a right to enter to support anyone being held under the
Act. Such personnel must adhere to screening and risk assessment requirements on entry to the hospital. This should include appropriate cultural considerations.

- **Other Statutory Personnel** may also be required to attend to patients to undertake legal, safety, industrial relation and emergency functions and are not in scope of these visitor guidelines. This includes public advocates who either advocate in regard to the need for a guardianship order at the State Administrative Tribunal (Investigator Advocates) or make decisions about treatment or where a person will live (Guardians). The appointment of a guardian and/or administrator represents the removal of the person’s right to make their own decisions – and it is important that wherever possible the views and wishes of the person are sought prior to a Tribunal hearing, and prior to the making of a significant decision.

For the purpose of the Guidelines, other Health Care Worker and Health Support Workers are also out of scope. Refer to additional definitions set out in Appendix Four.

Where possible, **children are discouraged from visiting patients**.

**Visiting Hours and numbers for visitors**

In instances where visitors are permitted for inpatient settings, standard visiting times and durations are consistent across all Public Hospitals. Where possible, visitor numbers should be limited to the same two visitors per patient/day, with a maximum of two visitors, inclusive of any EV, at a given time. It is recommended these visitor names are nominated during the local admission process, where possible.

The standard visiting times are:
- 1000 – 1200*
- 1700 – 1900
- **Seven** days per week

These standard visiting hours do not apply to some EVs, or any mental health advocates or other statutory personnel. Numbers of EVs per patient for different contexts are outlined below in the ‘Visitation arrangements for essential visitors’ section, and appendix three.

**Appendix Three** includes arrangements for visitor hours in other settings such as emergency departments, outpatient, maternity, and other non-inpatient settings.

*In some essential situations, clinical judgement may allow a visitor to stay on in an EV capacity (i.e. as patient support) if they are helping feed a patient over lunch time.

**Visitors’ responsibilities when entering a public hospital**

- All visitors and EVs are required to show proof of vaccination
- All visitors and EVs are expected to undertake screening and risk assessment prior to entry to a hospital and provide current, truthful answers (refer to example in Appendix One)
• Visitors, including EVs reminded of the serious risks to patients, vulnerable people and workforce of not disclosing any symptoms or risk factors they have experienced in the past 14 days
• Based on responses to these questions, visitors may or may not enter the hospital. However, an exemptions process is in place and should be considered, especially for EVs as per EV definition
• Recommendations for access, testing, vaccination status and PPE are set out in Appendix Two. Any visitor that does not comply with screening may be required to leave the hospital immediately
• All visitors, including EVs are expected to register their visit via the ServiceWA or SafeWA app/QR code or manual registers
• All visitors and EVs must follow local hospital guidance and direction, including compliance with any site or service-specific limitations in place for visitor hours and numbers of visitors to each patient
• All visitors, including EVs are expected to keep patients safe by maintaining good personal hygiene and physical distancing where possible including:
  o Washing hands often with soap and water or using an alcohol-based hand rub
  o Covering coughs and sneezes with a tissue or coughing into an inner elbow
  o Using safe physical distancing between each other
  o Follow site-specific guidance on the number of visitors and visiting hours provided by individual hospitals
• Visitors and EVs should follow local hospital guidance in relation to any testing requirements before visiting a patient
• In line with aggression and violence policies, aggressive and abusive behaviour is neither warranted nor tolerated and may also preclude entry

Visitation arrangements for essential visitors
It is recognised that the presence of some EVs has a significant impact on clinical care and outcomes for a patient. To protect the population, including hospital staff, from the spread of COVID-19, the following guidance applies for EVs, in addition to the responsibilities stepped out above.

A case-by-case risk assessment and visitor approval process will be undertaken for these situations, and includes:
• Adherence to screening and risk assessment requirements on entry to the hospital/service, including clinical and epidemiological risk factor screening (Appendix One)
• All EVs are to be managed in conjunction with the treating medical and IPC teams
• Adherence to local hospital and service guidance and direction
• Pre-nomination during admissions/pre-admissions processes, where possible.

Specific examples of exemptions for essential visitation include:
• Maternity patients may have one support person present during and immediately following birth, and/or for critical decisions regarding care
• Neonatal/start of life patients may have one EV present 24/7 and then during visiting hours, may have visits from a maximum of two designated guardians, including their
EV
- **Children** may have one EV present 24/7 and then during visiting hours, may have visits from a maximum of two designated guardians, including their EV
- **Patients with a disability** may have one EV present 24/7 and then during visiting hours, may have visits from a maximum of two designated guardians, including their EV
- One accompanying visitor into the Emergency Department
- A maximum of two visitors per patient may be allowed to visit in an emergency situation as agreed by staff based on the individual’s clinical situation (noting not all emergency department presentations are emergency situations)
- Visitors may be allowed on compassionate grounds to visit the dying patient as agreed by staff on a case-by-case basis.

**Exceptional circumstances to visitor restrictions**
There may be exceptional circumstances in which the application of these visitor guidelines should be considered.

**Unvaccinated, essential visitor exemption**
This may include unvaccinated or partially vaccinated EVs undertaking short, controlled, ushered visits in emergency/end of life situations, and/or for appropriate maternity or parent/guardian access. Unvaccinated and exempt EVs must:

- Be met at the hospital entrance and escorted to the patient room. Local Health Service Provider and service specific operational procedures will provide direction for patients in shared or open wards
- Not visit other patients or common areas within the hospital such as cafeterias and are to be escorted off the premises at the end of their visit
- Are to be instructed on donning PPE that may include a gown, surgical mask, protective eyewear and gloves
- Recommend visitor undertakes a supervised RAT test every visit, unless person has proof of negative PCR within last 24 hours

Note that the above apply for unvaccinated visitors with and without valid vaccination exemptions because they relate to a public health response aimed at minimising the risk of spread of COVID-19 and protecting the vulnerable, patients and healthcare workforce.

**Mask exemptions and unvaccinated visitors with mask exemptions**
The following steps should be undertaken for scenarios where there is a visitor with a mask exemption, especially if they are also unvaccinated:

- Check the mask exemption validity. The exemption needs to come from their regular GP/specialist and online interstate approvals will generally not be accepted
- Offer and give a shield/visor for person to wear if possible
- Assume all other standard measures in place as per any unvaccinated EV – i.e. passes entry questionnaire for clinical and epidemiological risk factors, hand hygiene before entry, escort to and from room, no others in lift, patient to be moved to single room, if not already with door closed if possible
• If available, could also consider an air purifier with HEPA filter in that room
• EV to physically distance from staff as much as possible, EV not to leave room apart from bathroom stops, not to visit catering facilities and communal areas for meals
• Where possible, pre-arrange visiting times
• Time limitations to be considered on a case-by-case basis and at discretion of the hospital
• Recommend visitor undertakes a supervised RAT test every visit, unless person has proof of negative PCR within last 24 hours

Unvaccinated visitors residing in hospital accommodation
For unvaccinated EVs residing in hospital accommodation, it is recommended undergoing a RAT test every second day in addition to regular screening for clinical and epidemiological risk factors.

COVID-19 positive or probable COVID-19 visitor exemption for end of life patient
On extreme, exceptional circumstances, permission may be sought from the Health Service CE (or rostered on delegate) to approve a short, ushered visit on compassionate grounds for a confirmed or probable COVID-19 case to visit a person at end of life. This will be subject to risk assessments to the health service site, workforce and individual circumstances.

Visitation to a confirmed or probable COVID-19 case
To protect the population, including hospital staff, from the spread of COVID-19, the following guidance applies to visiting inpatients with confirmed or probable COVID-19 diagnosis, and is subject to a case-by-case risk assessment and visitor approval process:
• Visitors are to be managed on a case-by-case basis in conjunction with the treating medical and Infection Prevention and Control (IPC) teams
• The decision to allow visitors should be based on a risk assessment of patient condition and visitor risk
• All EVs are to be instructed on donning and doffing PPE that may include a gown, surgical mask, protective eyewear and gloves, if required

Refer to the definitions for EVs for specific examples where these arrangements may be agreed.

Staying socially connected in hospital
Where possible, staff should discuss and support alternative means of communication for people who would otherwise visit patients, such as virtual communications including phone and video communication.
APPENDIX ONE: COVID-19 Clinical and Epidemiological Screening Tool

The below set of questions should form the basis of a clinical and epidemiological screening tool

Questions may include if you have:

✓ a current diagnosis of COVID-19 or probable COVID-19 (non-negative Rapid Antigen Test result)
✓ a fever or a cold or flu-like illness, including symptoms such as sore throat, cough, fatigue, runny nose, loss of taste and smell and/or difficulty breathing
✓ have recently experienced, or are currently experiencing any new gastroenteritis like symptoms (vomiting and/or diarrhoea)
✓ returned to WA and are required to self-quarantine
✓ been in contact with a confirmed or probable case of COVID-19
✓ Currently required to self-isolate due to being identified as a close contact of a confirmed COVID-19 case
✓ been tested for COVID-19 and are awaiting results
✓ been to an identified exposure site in WA (see Locations visited by confirmed COVID-19 cases (external site)
✓ been Vaccinated against COVID-19
✓ have met any testing requirements as recommended by current testing guidance and the local site for visitors
## APPENDIX TWO: Guidance for Public Hospital Visitor Responses, updated as at 28 February 2022

<table>
<thead>
<tr>
<th>SAR ALERT LEVEL</th>
<th>Guidance</th>
</tr>
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<tbody>
<tr>
<td><strong>Green: COVID-19 READY</strong></td>
<td>Nil to very limited and stable case numbers in community. Satisfactory vaccination rates and testing capacity.</td>
</tr>
<tr>
<td><strong>Amber: COVID-19 ALERT</strong></td>
<td>Disease in community with growing spread and risk. Concerns over vaccination rates and/or testing capacity.</td>
</tr>
<tr>
<td><strong>Red: WIDESPREAD TRANSMISSION</strong></td>
<td>Increasing and high rates of community transmission of COVID-19.</td>
</tr>
<tr>
<td><strong>Black: SYSTEM AT CAPACITY</strong></td>
<td>Service demand exceeds COVID-19 service response capacity.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SAR RESPONSE</th>
<th>HSPs/services ensuring preparedness to respond. Usual baseline public health precautions. HSPs/services enacting early precautions.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HSPs/services enacting early precautions and on standby to respond to growing service risks.</td>
</tr>
<tr>
<td></td>
<td>HSPs/services acting to reduce impacts as much as possible and maintain resilience of services.</td>
</tr>
<tr>
<td></td>
<td>HSPs/services working together as one system to prioritise most critical care and create capacity.</td>
</tr>
</tbody>
</table>

### Visitors (general) – i.e. Family and Friends (not including essential visitors/carers or approved exemptions)

| Access restrictions | • All visitors who are deemed to be low risk through pre-attendance screening and risk assessment may enter the hospital.  
• Must register attendance via Service WA or Safe WA app, or manual register. |
|                     | • All visitors who are deemed to be low risk through pre-attendance screening and risk assessment may enter the hospital.  
• Limitations on visitor hours and numbers of visitors to each patient.  
• Must register attendance via Service WA or Safe WA app, or manual register. |
|                     | No visitors – only approved essential visitors/exemptions (refer to Essential Visitor section). |
|                     | No visitors – only approved essential visitors/exemptions (refer to Essential Visitor section). |

| Vaccination requirements | • Proof of vaccination required.  
• No access for unvaccinated visitors (some case by case EV exemptions). |
|                          | • Proof of vaccination required.  
• No access for unvaccinated visitors (some case by case EV exemptions). |
|                          | N/A | N/A |

| PPE requirements | • Surgical mask.  
• Hand hygiene at entry to hospital and patient room and at regular intervals.  
• Additional PPE if approved to visit COVID-19 positive patient. |
|                 | • Surgical mask.  
• Hand hygiene at entry to hospital and patient room and at regular intervals.  
• Additional PPE if approved to visit COVID-19 positive patient. |
|                 | N/A | N/A |

| Testing requirements | • No testing required. |
|                     | • Refer to current testing guidance in SAR for advice. |
|                     | N/A | N/A |
### Essential Visitors (allowed at all levels)

| Access restrictions/exemptions | All EVs allowed to visit, which are listed below:  
|--------------------------------|------------------------------------------------|
|                               | • Maternity support person  
|                               | • Parent or designated guardian  
|                               | • Emergency Department presentation and/or emergency situation  
|                               | • Compassionate grounds for end of life  
|                               | • Approved visitors under a modified quarantine direction or other approved exemption |
| Vaccination requirements       | Proof of vaccination required. Case by case exemption considered |
| Essential visitors under the age of 16 years | Not required to provide proof of vaccination |
| Unvaccinated Essential Visitors over the age of 16 years | Vaccination status checked  
| Access to be supported          | Surgical mask provided  
| PLEASE NOTE: Exemption from vaccination does not automatically qualify an individual as part of this category | IPC team informed  
| Vaccination is defined as full course of the vaccine | EV accompanied / escorted to patient  
|                                                   | EV to solely visit patient and no other hospital area  
|                                                   | EV to maintain social distancing and IPC measures  
|                                                   | If possible, patient to be in single room  
|                                                   | EV to be accompanied / escorted off site  
|                                                   | If visit protracted the food and drink to be provisioned locally (i.e. proximal to patient)  
|                                                   | Local escalation to the IPC team is recommended when there is concern |
| PPE requirements                | Surgical mask as a minimum. Additional PPE on case-by-case basis |
| Testing requirements            | Refer to current testing guidance and site/service specific requirements |
| Failed COVID-19 screening assessment and/or Mask Exemption and/or known COVID-19 positive visitor | Isolate from screening process  
|                                               | Provide surgical mask (unless visitor has a proven mask exemption, then consider a face shield)  
|                                               | If visit NOT critical inform IPC  
|                                               | If Symptomatic or EPI risk direct to COVID clinic for testing with surgical mask  
|                                               | If visit critical without testing  
|                                               | inform IPC for full mitigation plan  
| IPC risk mitigation plan           | Patient must be in a single room  
|                                               | Surgical Mask  
|                                               | Immediate escort to room |
## Known COVID 'positive' patient
Planned visit only after discussion and approval with an IPC plan

## Other Visitor groups (e.g. in reach service providers, ad hoc volunteers service contractors)

<table>
<thead>
<tr>
<th>Access restrictions</th>
<th>The following may visit:</th>
<th>The following may visit no more than once per week:</th>
<th>No other visitors</th>
<th>No other visitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>In reach service provider</td>
<td>Ad hoc volunteer</td>
<td>Ad hoc goods &amp; service provider</td>
<td>In reach service provider</td>
<td>Ad hoc volunteer</td>
</tr>
<tr>
<td>Proof of vaccination required</td>
<td>Proof of vaccination required</td>
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</tr>
<tr>
<td>Minimum of surgical mask. Additional PPE on case-by-case basis</td>
<td>Minimum of surgical mask. Additional PPE on case-by-case basis</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Refer to current testing guidance in SAR and service/site specific requirements</td>
<td>Refer to current testing guidance in SAR and service/site specific requirements</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

## High risk areas
Health Service Providers to RAT test permitted visitors (prior to allowing admission into site) in areas defined as being high risk, and where isolation and single rooms cannot be accommodated (refer to testing guidance in SAR for latest testing advice). Consider for:
- Critical Care Units (NICU, PICU and ICU)
- Haematology
- Radiotherapy
- Mental Health inpatient unit (no isolation rooms, group therapy frequent AGBs, specialised workforce)
- Oncology
- Dialysis
- Burns
- Transplant units including Bone Marrow and solid organ
## APPENDIX THREE: Visitor arrangements for other, non-inpatient settings

<table>
<thead>
<tr>
<th>Setting</th>
<th>Requirements</th>
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</table>
| Labour and Birth Suite          | • One essential visitor / support person can be with a woman during induction and/or labour, and then for a maximum of four hours post birth  
• That essential visitor must then only return during standard visiting hours  
• In the event of complications at birth the clinical team will review the agreed length of visit  
• The maternity unit should provide contact information to enable them to phone ahead  
  
| Neonatal Intensive Care Unit    | • During visiting hours, neonatal patients may have visits from a maximum of two designated guardians, including their essential visitor who can attend 24/7  
  
| Emergency Department (ED)       | • When attending the ED only one essential visitor / support person should attend with patient to avoid overcrowding  
• You will be asked to nominate that person upon arrival and they can stay with you for the duration of your time in the ED  
• In emergency circumstances up to two visitors may be permitted per patient, noting not all ED presentations are emergency situations  
• If a patient is transferred to the wards the essential visitor may stay for a maximum of four hours, or period determined clinically appropriate. After that the essential visitor may only return during standard visiting hours  
  
| Day Surgery                     | • Only an essential visitor may attend with a patient in day surgery  
• If the patient is transferred to the wards, the essential visitor may stay for a maximum of four hours, or period determined clinically appropriate. After that the essential visitor may only return during standard visiting hours  
  
| Theatre                         | • Only an essential visitor may attend with a patient scheduled for theatre, including for supervision and consent processes as necessary  
• When the patient is transferred to the wards, the essential visitor may stay for a maximum of four hours. After that the essential visitor may only return during standard visiting hours  
  
| Outpatient Clinics and imaging / diagnostic appointments | • Patients should attend alone, unless a parent/guardian is required  
• EV/ support person can be on speaker phone or video call during the appointment, especially for critical clinical decisions  
• For pediatrics, parents/guardians are encouraged to attend without other children/ siblings accompanying them and the patient  
  
| Inpatients on wards              | • A maximum of two visitors (including your essential visitor) can visit during specified visiting hours  

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APPENDIX FOUR: Additional definitions

**Ad hoc basis** – as per Health Worker (Restrictions on Access) Directions

**Ad hoc volunteer** – as per Health Worker (Restrictions on Access) Directions

**Designated Guardian** – this must be the same person each day. In circumstances where the designated person is unable to attend, an alternative person can be designated in agreement with staff.

**Exempt person** – as per Health Worker (Restrictions on Access) Directions

**Health Care Worker** – as per Health Worker (Restrictions on Access) Directions

**Health Support Worker** - as per Health Worker (Restrictions on Access) Directions

**Hospital** – as per Health Services Act 2016

**Transmission based precautions** – are implemented for patients known or suspected to be infected or colonised with an infectious agent, where transmission is not completely interrupted using standard precautions alone. The three categories of transmission-based precautions are contact, droplet and airborne precautions and are implemented based on the route of transmission of the infectious agent.

**Vaccination Status** – as per Proof of Vaccination Directions
Authority
Department of Health Western Australia.
These guidelines are for staff working in public hospitals in Western Australia. They are based on information available at the time of writing and may change as more information becomes available. These guidelines are a guide only and patients should be managed on a case-by-case basis.
This document can be made available in alternative formats on request for a person with disability.