



Government of **Western Australia**
Department of **Health**

COVID-19

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

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This Guideline applies during the COVID-19 response, from 12:01am Friday 29 April 2022, until advised otherwise by the Government of Western Australia.

Due to the high case numbers of COVID-19 in the community, a total of two standard or essential visitors, as defined by this Guideline and individual Health Service Providers, is permitted to visit at the same time.

Purpose

The COVID-19 Visitor Guideline for WA Public Hospital and Health services (the Guideline) provides recommendations for hospital, outpatient and community-based health care services on visitor access and restrictions, minimum Personal Protective Equipment (PPE) requirements testing and vaccination status for patient facing visitors at a Western Australian public hospital or health service. This Guideline is updated 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.

The Guideline is 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; and to minimise the risk of an outbreak in a hospital 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 continues to manage new variants of concern. Whilst the Guideline provides a minimum set of guidance for public hospital, health and community services, non-public hospital and community-based services may also wish to apply the guidance.

The Guideline is intended to be read in conjunction with:

- Local Health Service Provider and service specific operational procedures
- Testing guidance set out in the [WA Health COVID-19 Framework for System Alert and Response](#) (SAR), which outlines testing prioritisation and guidance for the use of PCR and Rapid Antigen Testing (RAT)
- [COVID-19 Transition Directions and current PHSMs](#)
- [Chief Health Officer Approved Form of Evidence of Covid-19 Vaccination Under Each of the Restrictions on Access Directions Given Under The Public Health Act 2016 \(WA\) in Respect of COVID-19](#)
- [Visitors to Hospitals and Disability Support Accommodation Facilities Directions](#)
- [Identification and use of Personal Protective Equipment \(PPE\) in the clinical setting during the Coronavirus \(COVID-19\) pandemic policy](#)
- [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.

All visitors attending a public hospital or health care service must be assessed for their risk
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of transmission of COVID-19 before entering. This risk assessment can be done by screening visitors with a set of clinical questions. A minimum set of questions for clinical screening is provided at [Appendix 1](#).

Guidance for public hospitals and health services responses at various system alert levels as set out in the SAR, are provided at [Appendix 2](#).

Visitor arrangements for specific patient settings are set out in [Appendix 3](#).

Additional definitions are provided at [Appendix 4](#).

Definitions

For the purpose of the Guideline the following definitions apply.

Visitor includes the following:

- **Family member or friend of a patient.** Referred to as a 'standard' Visitor in [Appendix 2](#)
- **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). Referred to as 'Other Visitor' in [Appendix 2](#)

In-reach service providers or contractors not employed or otherwise engaged by the care facility (e.g., pastoral care worker or a patient's personal clergy person). Note contractors such as maintenance, infrastructure or other suppliers employed or otherwise contracted by the care facility are not included in this category Referred to as 'Other Visitor' in [Appendix 2](#)

Essential visitor/carer*. Defined as Essential Visitor (EV) from this point forward. EVs are permitted to visit some patients when other 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*, an EV includes the following:

- Nominated birth support person
- Nominated parent/guardian/**carer*** of an admitted child (including a neonate/start of life)
- Nominated guardian/**carer*** for a patient living with a disability
- Support person who is visiting due to critical illness or end-of-life care (includes spouses, partners and other significant others)
- One accompanying visitor into the Emergency Department
- Up to two visitors per patient in an emergency circumstance (not all Emergency Department presentations)
- Nominated guardian** attending an outpatient, home or community-based appointment

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

Other Statutory Personnel and other Approved 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 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** are not considered visitors and include for example:
 - Office of the Public Advocate representatives who either advocate in regard to the need for a guardianship order at the State Administrative Tribunal (Investigators) 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; or
 - Australian Electoral Commission staff performing functions under the State or Federal electoral commission legislation.
- **Other Approved Personnel** (who do not have a statutory function) may also be required to attend to patients to undertake special, time critical activities and functions such as legal, safety, industrial relations and emergency functions. Approved personnel must be approved by the 'owner, operator or person otherwise apparently in charge of the health service' (usually the Chief Executive or their delegate).

For the purpose of the Guideline, other Health Care Worker and Health Support Workers are also out of scope. Refer to additional definitions set out in [Appendix 4](#).

Visiting Hours and numbers of visitors

All patients are allowed up to two visitors at any one time during visiting hours. The two visitors can be standard or EVs

Where possible, children are discouraged from visiting patients

Standard visiting times and durations are consistent across all Public Hospitals. The standard visiting times are:

- 1000 – 1200*
- 1700 – 1900
- **Seven** days per week.

EVs can remain with the patient outside of standard visiting hours.

The 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 3**.

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

[Appendix 3](#) includes arrangements for visitor hours in other settings such as emergency departments, outpatient, maternity, and other non-inpatient settings.

Visitors' responsibilities when entering a public hospital and health service

All visitors (including EVs) are required to:

- Show proof of vaccination
- Comply with screening and risk assessment prior to entering a hospital and provide current, truthful answers (refer to example in [Appendix 1](#))
- Disclose any symptoms or risk factors they have experienced in the past 14 days noting the serious risks to patients, vulnerable people and workforce of not disclosing this
 - Based on responses to these questions, visitors may be required to leave immediately. However, an exemption process is in place and if appropriate, should be considered
- Register their visit via the ServiceWA or SafeWA app/QR code or manual registers
- Follow local hospital guidance and direction, including compliance with any site or service-specific restrictions and guidance in place for visitor hours and numbers of visitors for each patient
- Expected to keep patients safe by maintaining good personal hygiene and physical distancing where possible, including:
 - Washing hands often with soap and water or using an alcohol-based hand rub
 - Covering coughs and sneezes with a tissue or coughing into an inner elbow
 - Using safe physical distancing between each other
- Follow local hospital guidance in relation to any testing requirements before visiting a patient
- Conduct themselves in line with local violent and aggressive behaviour policies. Aggressive and abusive behaviour may preclude entry.

Visitation arrangements for essential visitors

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

A case-by-case risk assessment and visitor approval process is to be undertaken for these situations, and includes:

- Adherence to screening and clinical risk assessment requirements on entry to the hospital/health service ([Appendix 1](#))
- Requirements of the treating medical and IPC teams
- Adherence to local hospital and service guidance and direction
- Pre-nomination during the admissions/pre-admissions processes, where possible.

Specific examples of exemptions for visitation by an essential visitor outside of standard visiting hours include:

- Maternity patients may have one support person present during and immediately following birth up to four hours, and/or for critical decisions regarding care. During standard visiting hours, may have visits from a maximum of two other visitors, but no more than one at the same time as the EV
- Neonatal/start of life patients, may have one EV present 24/7. During standard visiting hours, may have visits from a maximum of two other visitors, but no more than one at the same time as the EV
- Children may have one EV present 24/7. During standard visiting hours, may have visits from a maximum of two other visitors, but no more than one at the same time as the EV
- Patients with a disability may have one EV present 24/7. During standard visiting hours, may have visits from a maximum of two other visitors, but no more than one at the same time as the EV
- Emergency Department patient/attendee may have one accompanying visitor
- Patients in an emergency situation, may have a maximum of two visitors per patient as agreed by staff based on the individual's clinical situation (noting not all Emergency Department presentations are emergency situations)
- Critically ill/end of life patients may have one support person present 24/7 as agreed by staff on a case by case basis. During standard visiting hours, may have visits from a maximum of two other visitors. On compassionate grounds and on a case by case basis the EV and other visitors may be approved to visit at the same time.

[Appendix 3](#) provides further guidance for Essential Visitors in specific clinical settings.

Exceptional circumstances to visitor restrictions

There may be exceptional circumstances in which the application of this Visitor Guideline should be considered.

Unvaccinated visitor exemption

This may include unvaccinated or partially vaccinated visitors undertaking short, controlled, ushered visits in emergency/end of life situations, and/or for appropriate maternity or parent/guardian access. The following applies to the unvaccinated exempt visitors. The visitor is to:

- Be encouraged to undertake a supervised RAT test every visit, unless the person has proof of negative PCR within last 24 hours* or proof of recent COVID-19

infection and release from isolation within the previous 4 weeks*

- Be instructed on donning and doffing a surgical mask
- Be met at the hospital entrance and escorted to the patient room at the discretion of the local Health Service Provider and health care service specific operational procedures. Site specific procedures will provide direction, particularly for visiting patients in shared or open wards
- Not visit other patients or common areas within the hospital such as cafeterias.

The above applies for unvaccinated visitors with and without valid vaccination exemptions. The above public health measures are aimed at minimising the transmission of COVID-19 and protecting the vulnerable, patients and healthcare workforce.

*If a person refuses a RAT but has proof of recent COVID-19 infection, follow the guidance below for recent COVID-19 infections.

Mask exemptions and unvaccinated visitors with mask exemptions

For visitors with mask exemptions, especially those who are unvaccinated, the following steps should be followed:

- Check the mask exemption validity. The exemption needs to come from the visitor's regular GP/specialist. Online interstate approvals will generally not be accepted
- Offer and give a shield/visor for the person to wear, if possible
- Recommend visitor undertakes a supervised RAT test every visit, unless person has proof of negative PCR within last 24 hours or proof of recent COVID-19 infection and release from isolation within previous 4 weeks
- Ensure all other standard measures are in place as for any unvaccinated visitor – i.e. passes entry screening for clinical risk factors, hand hygiene before entry, escort to and from room, no others in lift, patient in a single room, if not already with door closed
- If available, use an air purifier with HEPA filter in the patient's room
- Visitor to physically distance from staff as much as possible, visitor not to leave the patient's room except for 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.

*If a person refuses a RAT but has proof of recent COVID-19 infection, follow the guidance below for recent COVID-19 infections.

Unvaccinated visitors residing in hospital accommodation

For unvaccinated visitors residing in hospital accommodation, it is recommended that they undergo a RAT test every second day in addition to regular screening for clinical risk factors.

Visitation for recent cases

- Continue current testing regimens as per the SAR
- Only screen those visitors for past COVID-19 infection, who don't pass existing

screening questions because they are unvaccinated, have a mask exemption or are refusing a RAT. For these visitors the following applies:

- Unvaccinated visitors who have a negative RAT result, are able to show evidence of being released from isolation within 4 weeks, may visit the patient unsupervised, with normal mask precautions.
- Visitors who are mask exempt (vaccinated or unvaccinated) but are able to show evidence of being released from isolation within 4 weeks, may have restricted visits.
- Visitors who refuse a RAT (including vaccinated, unvaccinated and mask exempt) but are able to show evidence of being released from isolation within 4 weeks, may have restricted visits.
- Unvaccinated and mask exempt visitors can provide a date stamped photograph of a positive RAT test or SMS (proof of positive PCR) on presentation to hospital to show they have previously had COVID-19 in the past 4 weeks

COVID-19 positive visitor exemption for end of life patient or on compassionate grounds

For 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 or for end of life reasons for a COVID-19 positive case to visit a patient. This will be subject to risk assessments to the health service site, workforce and individual circumstances.

Positive visitors will not be approved for visits for any other reason, including as birth support partners.

COVID-19 close contacts or symptomatic visitors

Approval for visitation is to be based on a case-by-case risk assessment of the visitor's risk and the patient's condition. If approved, visitors are to be:

- managed on a case-by-case basis in conjunction with the treating medical and IPC teams
- instructed on donning and doffing PPE that should include a surgical mask, protective eyewear and gloves, if required.

Visitation to a COVID-19 positive or symptomatic patient

To protect the population, including other patients, visitors and hospital staff, from the spread of COVID-19, the following guidance applies to visitors who are visiting a patient who is COVID-19 positive or symptomatic.

Approval for visitation is to be based on a case-by-case risk assessment of the visitor's risk and the patient's condition. If approved, visitors are to be:

- managed on a case-by-case basis in conjunction with the treating medical and IPC teams
- instructed on donning and doffing PPE that should include a surgical mask, protective eyewear and gloves, if required.

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 use of virtual communications including phone and video devices.



Appendix 1: COVID-19 Clinical screening tool

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

Questions may include:

- ✓ Do you have a current diagnosis of COVID-19 based on a Rapid Antigen Test or PCR result?
- ✓ Do you have 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 you recently experienced, or are currently experiencing any new gastroenteritis like symptoms (vomiting and/or diarrhoea)?
- ✓ Have you been in contact with a positive case of COVID-19?
- ✓ Are you a close contact of a positive COVID-19 case?
- ✓ Have you been tested for COVID-19 and are awaiting results?
- ✓ Have you been vaccinated against COVID-19?
- ✓ Have you met testing requirements as recommended by current testing guidance and the local site for visitors?
- ✓ If you are unvaccinated, have a mask exemption or are refusing a RAT, have you recently recovered from COVID-19 and been released from isolation within the previous 4 weeks?



Appendix 2: Guidance for public hospital and health services visitor responses

(updated 24 June 2022)

SAR ALERT LEVEL	GREEN: COVID-19 READY Nil to very limited and stable case numbers in community Satisfactory vaccination rates and testing capacity	AMBER: COVID-19 ALERT Disease in community with growing spread and risk Concerns over vaccination rates and/or testing capacity	RED: WIDESPREAD TRANSMISSION Increasing and high rates of community transmission of COVID-19	BLACK: SYSTEM AT CAPACITY Service demand exceeds COVID-19 service response capacity
SAR RESPONSE	HSPs/services ensuring preparedness to respond. Usual baseline public health precautions. HSPs/ services enacting early precautions	HSPs/services enacting early precautions and on standby to respond to growing service risks	HSPs/services acting to reduce impacts as much as possible and maintain resilience of services	HSPs/services working together as one system to prioritise most critical care and create capacity
Visitors (standard) – i.e. Family and friends (not including essential visitors/carers or approved exemptions)				
Access restrictions	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 Close contacts and people who have COVID-19 like symptoms and a negative RAT can visit with approvals and an IPC plan in place No COVID-19 positive visitors unless approved for end of life or compassionate reasons 	<ul style="list-style-type: none"> 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 Close contacts and people who have COVID-19 like symptoms and a negative RAT can visit with approvals and an IPC plan in place No COVID-19 positive visitors unless approved for end of life or compassionate reasons

Vaccination requirements	<ul style="list-style-type: none"> • Proof of vaccination required • No access for unvaccinated visitors (some case by case EV exemptions) 	<ul style="list-style-type: none"> • Proof of vaccination required • No access for unvaccinated visitors (some case by case EV exemptions) 	<ul style="list-style-type: none"> • Proof of vaccination required • Unvaccinated visitors to undertake a supervised RAT test every visit, unless person has proof of negative PCR within last 24 hours 	<ul style="list-style-type: none"> • Proof of vaccination required • Unvaccinated visitors to undertake a supervised RAT test every visit, unless person has proof of negative PCR within last 24 hours
PPE requirements	<ul style="list-style-type: none"> • Surgical mask • Hand hygiene at entry to hospital and patient room and at regular intervals • Additional PPE if approved to visit COVID-19 positive, symptomatic or close contact patient 	<ul style="list-style-type: none"> • Surgical mask • Hand hygiene at entry to hospital and patient room and at regular intervals • Additional PPE if approved to visit COVID-19 positive, symptomatic or close contact patient 	<ul style="list-style-type: none"> • Surgical mask • Hand hygiene at entry to hospital and patient room and at regular intervals • Additional PPE if approved to visit COVID-19 positive, symptomatic or close contact patient 	<ul style="list-style-type: none"> • Surgical mask • Hand hygiene at entry to hospital and patient room and at regular intervals • Additional PPE if approved to visit COVID-19 positive, symptomatic or close contact patient
Testing requirements	<ul style="list-style-type: none"> • No testing required 	<ul style="list-style-type: none"> • Refer to current testing guidance in SAR for advice 	<ul style="list-style-type: none"> • Refer to current testing guidance in SAR for advice 	<ul style="list-style-type: none"> • Refer to current testing guidance in SAR for advice

Essential Visitors (allowed at all alert response levels)

Access restrictions/ exemptions	<p>All EVs allowed to visit, this includes those listed below:</p> <ul style="list-style-type: none"> • Maternity support person • Parent or designated guardian • Emergency Department presentation and/or in an emergency situation • Compassionate grounds • End of life/critical illness • Approved visitors under a modified quarantine direction or other approved exemption
Vaccination requirements	<p>Proof of vaccination required. Case by case exemption considered. Unvaccinated visitors to undertake a supervised RAT test every visit, unless person has proof of negative PCR within last 24 hours. Refer to guidance for Recent COVID-19 infection if person is within 4 weeks of release from isolation, after having a positive RAT/PCR.</p>
Essential visitors under the age of 16 years	<p>Not required to provide proof of vaccination</p>
Unvaccinated over the age of 16 years NOTE: Exemption from vaccination does not automatically qualify an individual as part of this category	<p>Visitation by unvaccinated EVs over the age of 16 years old is to be supported with the following mitigations in place:</p> <ul style="list-style-type: none"> • Vaccination status checked • Surgical mask provided • IPC team informed • 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 • Local site decision for EV to be accompanied / escorted to patient and off site

Vaccination is defined as full course of the vaccine	<ul style="list-style-type: none"> If visit protracted the food and drink to be provisioned locally (i.e. proximal to patient) <p>Local escalation to the IPC team is recommended when there is concern</p>			
PPE requirements	Surgical mask as a minimum (for 12 years and older). Additional PPE on case-by-case basis			
Testing requirements	Refer to current testing guidance and site/ service specific requirements			
Unsuccessful COVID-19 screening assessment and/or refusing a RAT and/or Mask Exemption and/or COVID-19 positive approved visitor	<p>EVs who are deemed high-risk of COVID-19 transmission because they have not passed clinical screening questions, are refusing a RAT, have a mask exemption, or are an approved COVID-19 positive visitor for end of life or compassionate reasons (not birth support person) must have the following mitigations in place:</p> <ul style="list-style-type: none"> 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 direct to COVID clinic for testing with surgical mask If visit critical without testing inform IPC for full mitigation plan <p>IPC risk mitigation plan</p> <ul style="list-style-type: none"> Patient must be in a single room EV and patient to use surgical mask Immediate escort to room EV accompanied / escorted to patient EV to solely visit patient and no other hospital area EV to maintain social distancing and IPC measures EV to be accompanied / escorted off site Staff to wear full PPE If visit protracted the food and drink to be provisioned locally (i.e., proximal to patient) 			
Visiting a patient who is COVID-19 positive, Symptomatic, or a close contact	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)				
Access restrictions	The following may visit: <ul style="list-style-type: none"> In reach service provider Ad hoc volunteer Ad hoc goods & service provider 	The following may visit no more than once per week: <ul style="list-style-type: none"> In reach service provider Ad hoc volunteer Ad hoc goods & service provider 	<ul style="list-style-type: none"> Limitations on visitor hours and numbers of visitors to each patient apply Must undertake pre-attendance screening and risk assessment to enter the hospital Must register attendance via Service WA or Safe WA app, or manual register 	<ul style="list-style-type: none"> Limitations on visitor hours and numbers of visitors to each patient apply Must undertake pre-attendance screening and risk assessment to enter the hospital Must register attendance via Service WA or Safe WA app, or manual register

Vaccination requirements	<ul style="list-style-type: none"> • Proof of vaccination required 	<ul style="list-style-type: none"> • Proof of vaccination required 	<ul style="list-style-type: none"> • Proof of vaccination required 	<ul style="list-style-type: none"> • Proof of vaccination required
PPE requirements	<ul style="list-style-type: none"> • Minimum of surgical mask. Additional PPE on case-by-case basis 	<ul style="list-style-type: none"> • Minimum of surgical mask. Additional PPE on case-by-case basis 	<ul style="list-style-type: none"> • Minimum of surgical mask. Additional PPE on case-by-case basis 	<ul style="list-style-type: none"> • Minimum of surgical mask. Additional PPE on case-by-case basis
Testing requirements	<ul style="list-style-type: none"> • Refer to current testing guidance in SAR and service/site specific requirements 	<ul style="list-style-type: none"> • Refer to current testing guidance in SAR and service/site specific requirements 	<ul style="list-style-type: none"> • Refer to current testing guidance in SAR and service/site specific requirements 	<ul style="list-style-type: none"> • Refer to current testing guidance in SAR and service/site specific requirements

High risk areas	<p>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). <u>Consider for:</u></p> <ul style="list-style-type: none"> • Critical Care Units (NICU, PICU and ICU) • Haematology • Radiotherapy • Mental Health inpatient unit (no isolation rooms, group therapy frequent AGBs, specialised workforce) • Oncology • Renal Dialysis • Burns • Transplant units including Bone Marrow and solid organ • Labour & birth suite, maternal foetal medicine units & post-natal wards
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Appendix 3: Visitor guidance for Essential Visitors in specific settings

Setting	Requirements
Labour and Birth Suite	<ul style="list-style-type: none"> One EV / support person can be with a woman during induction and/or labour, and then for a maximum of four hours post birth That EV 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 the EV to phone ahead During standard visiting hours, may have visits from a maximum of two other visitors, but no more than one at the same time as the EV
Neonatal Intensive Care Unit	<ul style="list-style-type: none"> One EV present 24/7 During standard visiting hours, may have visits from a maximum of two other visitors, but no more than one at the same time as the EV In emergency circumstances up to two visitors may be permitted per patient
Emergency Department (ED)	<ul style="list-style-type: none"> When attending the ED only one EV / 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 EV may stay for a maximum of four hours, or period determined clinically appropriate. After that the EV may only return during standard visiting hours During standard visiting hours, may have visits from a maximum of two other visitors, but no more than one at the same time as the EV
Day Surgery	<ul style="list-style-type: none"> Only one EV may attend with a patient in day surgery If the patient is transferred to the wards, the EV may stay for a maximum of four hours, or period determined clinically appropriate. After that the EV may only return during standard visiting hours During standard visiting hours, may have visits from a maximum of two other visitors, but not at the same time as the EV
Theatre	<ul style="list-style-type: none"> Only one EV 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 EV may stay for a maximum of four hours. After that the EV may only return during standard visiting hours During standard visiting hours, may have visits from a maximum of two other visitor, but no more than one at the same time as the EV
Outpatient Clinics and imaging / diagnostic appointments	<ul style="list-style-type: none"> Patients should attend alone, unless one parent/guardian is required EV/ support person can be on speaker phone or video call during the appointment, especially for critical clinical decisions For paediatrics, parents/guardians are encouraged to attend without other children/ siblings accompanying them and the patient



Appendix 4: Additional definitions

Ad hoc basis – as per [Health Worker \(Restrictions on Access\) Directions](#)

Ad hoc volunteer – as per [Health Worker \(Restrictions on Access\) Directions](#)

Nominated Guardian – this must be the same person each day. In circumstances where the nominated person is unable to attend, an alternative person can be nominated 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](#)



Version Control

Version:	Last reviewed:	Changes:
5.0	12 July 2021	Visitor restrictions amended as per Government of Western Australia guidance.
6.0	21 January 2022	Guideline aligned to WA Health COVID-19 Framework for System Alert and Response v2.2 and the WA COVID-19 Testing Guideline v3.0
7.0	29 January 2022	Visitor restrictions amended and aligned to Proof of Vaccination Directions. Approved by Chief Health Officer
7.1	31 January 2022	Links updated to latest releases of Proof of Vaccination Directions (No 2) and Health Worker (Restriction on Access) Directions (No 4)
7.2	10 February 2022	Updated to address HSP feedback and further clarity to essential visitor and exemption guidance
8.0	16 February 2022	Approved by Chief Health Officer and updated with Proof of Vaccinations Directions (No 3)
8.1-8.3	1 March 2022	Updated to remove reference to Testing Guideline and further alignment to WA Health COVID-19 Framework for System Alert and Response v5.0 following review of red guidance.
9.0	3 March 2022	Updated Guideline to only be applicable to red alert level and reflect that only essential visitors are permitted, as per COVID Transition (level 2 PHSM) Directions
9.1	4 March 2022	Approved by CHO with clarification as to one essential visitor unless for compassionate reasons.
10.0-10.2	11 March 2022	Updated to include one visitor during standard visiting hours or the essential visitor who can visit outside the designated visiting hours. Only one visitor/patient at any one time. Inclusion of supervised RAT testing for unvaccinated visitors
10.3	12 April	Minor updates relate to clarification of arrangements for other statutory or approved personnel
10.4	19 April 2022	Updates include alignment to CDNA guidance and simplified wording around recent cases.
11	27 April 2022	Updated to reflect a total of two visitors are allowed during standard visiting hours.
11.1	24 June 2022	Advice updated for recent cases, positive birthing partners and compassionate grounds, links updated, formatting updates, advice for symptomatic and close contact visitors
11.2	19 July 2022	Updated definition of 'recent case' from 12 weeks to 4 weeks since diagnosis in accordance with COVID Transition (Testing and Isolation) Directions (No 16)

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.

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