

Visitor and Support Person Policy (District)

This document sets out our policy on visitors and support people.

Policy applies to: all staff, patients, support people for patients, and visitors.

The purpose of our Visitor and Support Person Policy

The purpose of our Visitor and Support Person Policy is to enable patients to be supported by friends, family, and whānau to the maximum extent that it is safe to do so.

We recognise and acknowledge the important role of visitors and whānau / family in contributing to the wellbeing of patients.

Restrictions on visitors are solely to keep our patients and staff members safe. We aim to use the fewest restrictions possible to achieve this.

If the patient wants us to, we endeavour to include whānau / family in the patient's care.

Acknowledging the importance of whānau

Whānau (kuia, koroua, pakeke, rangatahi, and tamariki) is recognised as the foundation of Māori society. As a principal source of strength, support, security and identity.

Whānau plays a central role in the wellbeing of Māori individually and collectively. It is recognised that the role of whānau contributes to the holistic wellbeing of patients and enhances health outcomes. We recognise and acknowledge this.

External people visiting our hospitals for work

This policy only applies to people who are **solely** visiting a patient in a personal capacity. If an external person is visiting for work (either for Te Whatu Ora Southern and/or another employer), they fall under the same requirements as Te Whatu Ora Southern staff members.

Visitor policy

Entrances

- Signage is in place at all entrances explaining any visitor restrictions at the time.
- Infection Prevention and Control restrictions are in the [IPC Patient Screening Tool](#).
- Posters are in place at all entrances instructing visitors to
 - maintain good hygiene practices;
 - wear PPE, if needed; and
 - sanitise hands.
- Posters and signage should be regularly reviewed.

Visitor responsibilities

- All visitors need to:
 - Follow screening instructions and not visit if sick.
 - Practice good hand hygiene.
 - Wear PPE, such as a mask, where required, see [the Mask/respirator Use Procedure](#).
 - Follow any public health and/or facility-specific restrictions.
 - Follow any appropriate and lawful instructions from staff members.
 - Respect the rights of patients, staff, and other visitors.
 - Show consideration and respect for the dignity and privacy of other patients.
 - Adhere to visiting hours unless an exception has been granted.
- Visitors eating or drinking at the bedside is at the discretion of the charge nurse manager.
 - Visitors should not eat or drink in multibed rooms because of the increased risk when multiple people remove their masks in the same space.

Visitors to wards

- Patients should have one or two visitors at any one time during visiting hours **(does not apply to maternity services, see section below)**.
- Charge nurse managers/senior midwives in charge/midwife managers /unit managers can make exceptions. Reasons for exceptions could include:
 - Allowing visitors during a time-sensitive palliative care situation.
 - Providing access for key support people (e.g. Kaitiaki – partners in care and parents of children) outside visiting hours.
 - Ensuring people can access interpreters and/or key cultural/equity-related support.
 - Additional visitors can be managed safely.
- Charge nurse managers/senior midwives in charge/midwife managers/unit managers/Infection Prevention and Control can propose additional visitor restrictions.
 - These restrictions need to be signed off by the District and Regional Directors. Use the [Risk Assessment Form](#) (200090).
 - The restrictions need to be clearly communicated with visitors and patients.
- Charge nurse managers/senior midwives in charge/midwife managers/unit managers are responsible for ensuring restrictions are followed in their area and that exceptions are justified and effectively managed.

Visitors to outpatient appointments and emergency departments

- Only one person should accompany a patient coming in for an appointment or ambulatory care (e.g., walk-ins to the Emergency Department).
- Charge nurse managers/unit managers/Infection Prevention and Control can propose additional restrictions.
 - These restrictions need to be signed off by the district and regional directors. Use the [Risk Assessment Form](#) (200090).
 - The restrictions need to be clearly communicated with visitors and patients.

Maternity services

- There are no strict restrictions on visitor numbers in our maternity services (including primary, secondary, and tertiary services).
- Children can visit if supervised by an adult.
- One key support person is allowed in the inpatient room overnight if:
 - the patient is in a single room; or
 - approved by the senior midwife in charge/midwife manager for multi-bedrooms.
- If the pregnant person is attending a maternity outpatient assessment or appointment, they can bring multiple support people. This includes children supervised by an adult.

Neonatal NICU (Otago only)

- Parents only in NICU.
- If only one parent can visit (e.g., because the whānau is from out of town or a parent who is parenting alone), a single designated support person can also visit. The support person must remain the same person (cannot swap between multiple people)
- The charge nurse manager or associate clinical nurse manager can make exceptions to the two rules above. Reasons for exceptions could include:
 - A time-sensitive palliative care situation.
 - Parental wellbeing.
 - Ensuring people can access interpreters and/or key cultural/equity-related support.

Visiting hours

- The current visiting hours must be published on our website.
- The standard visiting hours in our facilities are 2:00pm to 8:00pm.

Increasing visitor restrictions

Additional restrictions can be used at the ward, site (e.g. Hospital), and district level. In all cases, visitor restrictions need to be signed off by the district and regional directors. Use the [Risk Assessment Form](#) (200090).

There must be a clear justification for any increase in visitor restrictions in terms of risks to patients, visitors, and staff. We must also consider:

1. Disabled people's rights under the Human Rights Act (in terms of those with formal mask exemptions).
2. The patient's right to a support person under the Code of Health and Disability Services Consumers' Rights.

Both these obligations must be balanced against the level of risk to patients, visitors, and staff.

Below are two options for increasing visitor restrictions. Other options can be used, these are just potential options.

Middle-restriction option

For Wards

- Two registered visitors per patient per stay.
- Only one of the two registered visitors can visit per day.

For outpatient appointments and Emergency Departments:

- No change.

High-restriction option

For wards:

- No visitors except at the discretion of the charge nurse manager/midwife manager/unit managers. If visitors are allowed, a maximum of one visitor per day who has been screened.
- Note exceptions will be needed for disabled people who need a support person and exceptions may be needed for anyone who requires a support person to interpret for them and/or for cultural reasons.

For outpatient appointments and Emergency Departments:

- No support person except at the discretion of the charge nurse manager/midwife manager.
- If a support person is allowed, a maximum of one screened support person.
- Note exceptions will be needed for disabled people who need a support person and exceptions may be needed for anyone who requires a support person to interpret for them and/or for cultural reasons.

Associated documents

- 103349 [Mask/respirator Use Procedure](#).

General Notes

Scope of Practice: Ensure you are fully qualified to perform the role specified in any document.

Deviations: If you need to deviate from any procedure, policy, or guideline, make notes and follow up.

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