

8 February 2022

§ 9(2)(a)

By email: § 9(2)(a)  
Ref: H202117544

Tēnā koe § 9(2)(a)

### Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 9 December 2021 for:

*“all archived MoH advice to DHBs on visiting policies, infection prevention and control and any other documents related to Covid-19 and maternity.*

*I do not require the advice for community-based midwives and maternity care providers as this was available on the Ministry of Health website and I saved copies at the time.”*

On 20 December 2021, the Ministry contacted you to clarify your request. You clarified as follows:

*“... any Ministry of Health documents on hospital policy that maternity services would have used to determine their Covid policies. I am specifically interested in how Covid-19 risk mitigation recommendations and policies affected health service users' experiences of hospital and health facility services, including:*

- *Ministry of Health recommendations or policies on patient visiting in hospital and health facilities during 2020 to reduce the risk of Covid-19 transmission*
- *Ministry of Health recommendations or policies that had implications for support people accompanying labouring/birthing women and people in 2020*
- *Ministry of Health recommendations or policies on hospital or health facility infection prevention and control to reduce the risk of Covid-19 transmission in 2020 that had implications for service users (as opposed to staff).”*

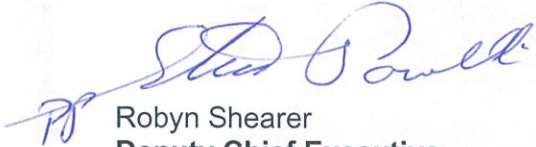
The Ministry did not provide a district health board (DHB) visitor policy. Rather, the Ministry led the development of the DHB Hospital Response Framework, which provided DHBs with guidance on how to safely operate their hospitals at various levels of COVID-19 response.

Copies of the National Hospital Response Framework is attached as Appendix 1. Together, the DHBs used this guidance to develop a national visiting policy that allowed them to respond to hospital response levels. These are attached as Appendix 2. These were then modified by each DHB at a local level based on locally agreed conditions.

I trust this information fulfils your request. Under section 28(3) of the Act you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: [info@ombudsman.parliament.nz](mailto:info@ombudsman.parliament.nz) or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: [www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests](http://www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests).

Nāku noa, nā



**Robyn Shearer**  
**Deputy Chief Executive**  
**Sector Support and Infrastructure**

## Appendix 1: National Hospital Response Frameworks

#	Date	Title	Decision on release
1	22 March 2020	COVID-19 National Hospital Response Framework – The Process	Released in full.
2	18 August 2021	National Hospital COVID-19 Escalation Framework – The Process	

## Appendix 2: District Health Board National Visiting Policies

#	Date	Title	Decision on release
1	24 March 2020	COVID-19 Hospital & Clinic Patient Visiting Policy	Released in full.
2	September 2021	COVID-19 Hospital & Clinic Patient Visiting Policy	

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## All District Health Boards

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### COVID 19 National Hospital Response Framework – The Process

- This Hospital Response Framework is designed to provide escalation levels to support a nationally consistent and managed approach to clinical service delivery in hospitals.
- These hospital escalation levels are specifically for hospitals and are different to the Pandemic Plan Levels and the National Alert Levels (announced by the Prime Minister on 21 March 2020) but are aligned.
- DHBs are expected to be significantly compliant with the current Alert levels and working on planning for the next Alert level
- At whatever level a hospital is at, a consistent approach will be taken by following the Framework.
- The Framework aims to ensure that patients remain at the centre of care by making proportionate responses to escalations in the COVID-19 pandemic.
- This document provides high level, nationally consistent guidance to support your DHBs' own emergency response procedures that will need to be deployed at each level.
- It is expected that alert levels may change rapidly and decisions are made locally at a DHB to move status up or down.
- Daily EEC meetings should be the mechanism whereby alert levels are confirmed and actions initiated in daily reporting.
- The DHB escalation level should be reported each day to the National Health Coordination Centre (NHCC) so that a national view of escalation can be compiled. This will be via the NHCC DHB SitRep.
- A DHB should determine its escalation level and readiness and reconfirm daily with senior clinicians, senior managers and other relevant senior personnel as part of your local response plan. This decision should be clearly documented and evidenced.
- We know these criteria may evolve over time and be revised by the National Hospital Response Group and reissued as appropriate.

# All District Health Boards

## COVID-19 National Hospital Response Framework

### COVID-19 Hospital Readiness

#### GREEN ALERT

#### Alert level 1

*Trigger Status: No COVID-19 positive patients in your hospital; no cases in your community; managing service delivery as usual with only staffing and facility impact being for training & readiness purposes*

- Screen for COVID-19 symptoms & travel history for any new Emergency Department attendances, pre-op sessions, planned admission, or clinic attendance
- Plan for triage physically outside the Emergency Department (or outside the hospital building)
- Plan to have a separated stream for COVID-19 suspected cases and non COVID-19 cases in Emergency Department
- Undertake training and practice runs for management of a COVID-19 suspected case in the Emergency Department, Wards, Theatres, ICU/HDU
- Practice PPE use for COVID-19 care in the Emergency Department, wards, theatres, ICU/HDU, outpatients, other relevant settings
- Plan for isolation of a single case & multiple case/ cohorting
- Plan for Early Supported Discharge, aggressive discharge and step down arrangements, including with other partners as appropriate (e.g. private, aged residential care, community providers)
- Plan for separate streams for staffing, cleaning, supplies management and catering
- Plan for management of referrals, and increased workload on booking and Call Centre teams
- Plan to have a COVID-19 capable theatre for acute surgery for a known or suspected positive patient
- Plan and prepare a dedicated COVID-19 ward
- Engage with alternative providers (such as private) to confirm arrangements for their assistance during higher escalation levels, and to fast-track urgent, lower complexity care procedures such as cataracts, endoscopy etc.
- Arrange for outpatient activity to move to telehealth and phone screening for virtual assessment, and MDTs to videoconference wherever possible
- Planned Care surgery, acute surgery, urgent elective and non-deferrable surgery to operate as usual
- Review patients on waiting list (surgery, day case, other interventions) and group patients by urgency

### COVID-19 Hospital Initial Impact

#### YELLOW ALERT

#### Alert level 2

*Trigger Status: One or more COVID-19 positive patients in your hospital; cases quarantined in your community; isolation capacity and ICU capacity manageable; some staff absence and some staff redeployment to support response and manage key gaps*

- Continue screening for COVID-19 symptoms and travel history as per Green Alert
- Activate plans as described in Hospital Green Alert, as appropriate
- Activate Emergency Department triaging in a physically separate setting
- Activate streaming of suspected COVID-19 or COVID-19 positive and non-positive patients as planned across Emergency Department, Wards, Theatres, ICU/HDU, and have dedicated COVID-19 capable theatre available
- Activate Early Supported Discharge, aggressive discharge and step down arrangements, including with other partners as appropriate (e.g. private, aged residential care, community providers)
- DHBs to ensure appropriately discharged out of area patients back to domicile hospital or other setting (to be considered in conjunction with current Hospital Alert Level at other DHBs)
- Acute surgery, urgent elective, and non-deferrable surgery to operate as usual, with consideration given to repatriation processes if patient is non-domicile
- Start to move pre-op assessments and outpatient appointments to be undertaken virtually, or in an off-site setting as necessary
- Defer non-urgent pre-assessments and non-urgent clinic patients unless can continue to be managed
- Activate any outsourcing arrangements reached, and engage on options for supporting 'cold trauma' cases and less-complex urgent cancer surgery
- Planned Care surgery and other interventions to be prioritised based on urgency, and where ICU/HDU is not required, delivery should continue as much as possible
- Redeployment of staff as needed/ available to ensure perioperative workforces are in place to run theatre including anaesthesia, anaesthetic technicians, nursing. Scale deliverable of non-urgent planned care as needed

### COVID-19 Hospital Moderate Impact

#### ORANGE ALERT

#### Alert level 3

*Trigger Status: One or more COVID-19 positive patients in your hospital; community transmission/multiple clusters in your community; isolation capacity and ICU capacity impacted; significant staff absence, extensive staff redeployment, gaps not being covered*

- Continue screening for COVID-19 symptoms and travel history as per Green Alert
- Activate plans as described in Hospital Green and Yellow Alert levels
- Divert end of life patients to alternative providers
- Provide Emergency Department services with prioritisation on high acuity medical and trauma care. Provide advice in non-contact settings where possible
- Fully activate any agreements reached with private (or other) providers
- Acute surgery to operate as usual, with priority on trauma cases, as staffing and facilities allow
- Prioritise urgent non-deferrable Planned Care cases not requiring ICU/HDU care
- Postpone all non-urgent high risk Planned Care surgery requiring HDU/ICU, adjusting the prioritisation threshold for surgery with Senior Clinician for non-deferrable cases
- Increase ICU/HDU capacity as needed, retaining cohorting of suspected COVID-19 and COVID-19 positive and non-positive patients, including moving non-COVID-19 ICU/HDU to theatre complex or other location that is manageable
- Postpone all outpatient activity and pre-op assessments, and implement acute ambulatory assessments or virtual/telehealth assessments for urgent, non-deferrable cases only, as staffing allows
- Only accept urgent outpatient referrals

### COVID-19 Hospital Severe Impact

#### RED ALERT

#### Alert level 4

*Trigger Status: One or more COVID-19 positive patients in your hospital; community transmission/widespread outbreaks in your community; isolation capacity, ICU capacity at capacity; all available staff redeployed to critical care*

- Emergency Department services limited to high acuity medical and trauma care
- Activate plans as described in Hospital Green, Yellow and Orange Alert levels
- Continue to divert end of life patients to alternative providers
- Continue acute surgery as staffing and capacity allows, prioritising non-deferrable, life-saving surgery
- Cancel all non-acute surgery
- Activate additional streaming, including non-COVID-19 ICU/HDU to theatre complex, or private provider if agreement reached
- As a last resort, move ventilated COVID-19 patients to repurposed ICU/HDU theatre complex or other location that is manageable for overflow; aim is to not impact on ability to meet non-deferrable, life-saving acute surgery
- Continue with acute ambulatory assessments or virtual/telehealth assessments for urgent, non-deferrable cases only, as staffing allows
- Only accept urgent outpatient referrals

## National Hospital COVID-19 Escalation Framework – The Process

### Purpose

- This Hospital Response Framework provides high level, nationally consistent guidance to support facilities and hospitals to appropriately and safely operate, while maintaining as much planned care and other service delivery as safely possible, during any COVID-19 resurgence.
- The Alert Levels in this Framework are different from (though may be informed by) the Government's National COVID-19 Alert Levels and relate to COVID-19 activity within the local community and the risk present locally, as assessed by DHBs. They do not include activity related to Managed Isolation or Quarantine Facilities, except where a DHB assesses significantly heightened risk within their region that must be managed.
- The Framework aims to ensure that patients remain at the centre of care by making proportionate responses to escalations and de-escalations in the COVID-19 pandemic, to minimise disruption to planned and unplanned care delivery while maintaining quality and safety.
- It is possible for different hospital facilities and/or departments within a DHB to be at different Alert Levels at any given time.
- The overall DHB Alert Level should be reported each day to the Ministry of Health so that a national view of escalation can be compiled. This will be via the DHB SitRep.

### Planning

- Hospitals are expected to operate in line with their current Alert Levels and have systems and processes proactively in place to identify and respond to any changes in levels (up or down) so that changes are made in a well-managed and planned manner with staff and resources prepared and trained beforehand.
- DHBs should ensure their ongoing capability to safely operate within this framework by periodic reassessment against the COVID-19 Resurgence Checklist.
- Each region should agree the means by which DHBs will keep each other informed of changes in Alert Levels and triggers for enacting agreed regional management plans.
- DHBs must develop their plans and decision-making processes in partnership with their DHB GM Māori Health and their DHB Iwi/Māori Relationship Board. This plan should identify Māori and other vulnerable populations and ensure health disparities do not increase as a result of the response to the COVID-19 pandemic. DHBs must maintain rigorous oversight of waiting lists, including a comprehensive plan setting out how the risk of patients deteriorating while waiting for assessment and treatment will be identified and managed.
- Te Tiriti o Waitangi and Equity are at the centre of each level of the Framework. Critically, DHB escalation and de-escalation will be managed in a way that actively protects the health and wellbeing of Māori and other vulnerable population groups. This includes active surveillance and monitoring of health outcomes, for Māori and other vulnerable groups, to ensure a proportionate and coordinated response to health need for COVID-19 and non-COVID patients.
- DHBs' plans for management of Alert Levels must include a regional context and be discussed with primary care and other providers.
- When relevant (during any local resurgence) daily EEC meetings should be the mechanism whereby Alert Levels are changed or confirmed, and actions initiated in daily reporting. This decision should be clearly documented and evidenced, and communicated with senior clinicians, managers and other relevant senior personnel as part of the local response plan.
- This Framework may evolve over time and be revised and reissued as appropriate.

## National Hospital COVID-19 Escalation Framework

### COVID-19 Hospital Readiness GREEN ALERT

*Trigger Status: No COVID-19 positive patients in your facility; any cases in your community are managed and under control; managing service delivery as usual with only staffing and facility impact being for training & readiness purposes*

- Screen patients for COVID-19 symptoms & epidemiological criteria for any Emergency Department attendances, pre-op sessions, planned admission, or clinic attendance
- Maintain ability to return, if necessary, to triage physically outside the Emergency Department (or outside the hospital building)
- Maintain a separate stream for COVID-19 suspected cases in the Emergency Department
- Undertake regular training and exercises for management of a COVID-19 suspected case in the Emergency Department, Wards, Theatres, ICU/HDU
- Maintain PPE training for COVID-19 care in the Emergency Department, wards, theatres, ICU/HDU, outpatients, other relevant settings
- Maintain plan for isolation of a single case & multiple cases/ cohorting
- Maintain capability for instigation, if necessary, of Early Supported Discharge, aggressive discharge and step-down arrangements, including with other partners as appropriate (e.g. private, aged residential care, community providers)
- Maintain ability to instigate, if necessary, separate streams for staffing, cleaning, supplies management and catering
- Plan for management of referrals, and increased workload on booking and call centre teams
- Plan to have a COVID-19 capable theatre for acute surgery for a known or suspected positive patient
- Maintain ability to instigate, if necessary, a dedicated COVID-19 ward
- Maintain engagement with alternative providers (such as private) regarding assistance during higher escalation levels, and to fast-track urgent, lower complexity care procedures
- Maintain and further develop the provision of outpatient activity via telehealth and phone screening for virtual assessment, and MDTs to videoconference wherever clinically appropriate and acceptable for patients
- Planned Care surgery, acute surgery, urgent elective and non-deferrable surgery to operate as usual, National Services to operate as usual, NTA to operate as usual
- Review patients on the waiting list (surgery, day case, other interventions) and group patients by urgency level
- Prioritise Planned Care surgery and other interventions by focusing on those with the most urgent need, and where ICU/HDU is required

### COVID-19 Hospital Initial Impact YELLOW ALERT

*Trigger Status (individual or cumulative): One or more COVID-19 positive patients in your facility; any cases in your community are being managed; isolation capacity & ICU capacity manageable; some staff absence and some staff redeployment to support response and manage key gaps*

- Continue screening for COVID-19 symptoms and epidemiological criteria as per Green Alert
- Activate plans as described in Hospital Green Alert, as appropriate
- Activate Emergency Department triaging in a physically separate setting
- Activate streaming of known or suspected COVID-19 positive and non-positive patients as planned across Emergency Department, Wards, Theatres, ICU/HDU, and have dedicated COVID-19 capable theatre available
- Activate Early Supported Discharge, aggressive discharge and step-down arrangements, including with other partners as appropriate (e.g. private, aged residential care, community providers)
- Engage across other DHBs to appropriately discharge out of area patients back to domicile hospital or other setting (to be considered in conjunction with current Hospital Alert Level at other DHBs)
- Acute surgery, urgent elective, and non-deferrable surgery to operate as usual, with consideration given to repatriation processes if patient is non-domicile
- Maximise the provision of pre-op assessments and outpatient appointments to be undertaken virtually, or in an off-site setting as necessary
- Plan to defer non-urgent pre-assessments and non-urgent clinic patients if necessary, ensuring clinical and equity risk is managed
- Activate any outsourcing arrangements, and engage on options for supporting 'cold trauma' cases and less-complex urgent cancer surgery
- Planned Care surgery and other interventions to be prioritised based on urgency, and where ICU/HDU is not required, delivery should continue as much as possible, in accordance with agreed regional plan
- Redeployment of staff as needed/available to ensure perioperative workforces are in place to run theatre, including anaesthesia, anaesthetic technicians, nursing. Scale back delivery of non-urgent Planned Care only as essential

### COVID-19 Hospital Moderate Impact ORANGE ALERT

*Trigger Status (individual or cumulative): Multiple COVID-19 positive patients in your facility; community transmission is not well controlled; isolation capacity and ICU capacity impacted; significant staff absence, extensive staff redeployment, gaps not being covered*

- Continue screening for COVID-19 symptoms and epidemiological criteria as per Green Alert
- Activate plans as described in Hospital Green and Yellow Alert levels
- Work with palliative care and other providers to agree alternative end of life services for non-COVID patients
- Provide Emergency Department services with prioritisation on high acuity medical and trauma care. Provide advice in non-contact settings where possible
- Fully activate any agreements with other hospitals or providers, including private
- Acute surgery to operate as staffing and facilities allow, with priority on trauma cases
- Prioritise urgent non-deferrable Planned Care cases not requiring ICU/HDU care
- Review and manage all non-urgent, high risk Planned Care surgery requiring HDU/ICU, adjusting the prioritisation threshold for surgery with Senior Clinicians for non-deferrable cases
- Increase ICU/HDU capacity as needed, retaining cohorting of known or suspected COVID-19 and non-positive patients, including moving non-COVID-19 ICU/HDU to theatre complex
- Implement acute ambulatory assessments or virtual/telehealth assessments for urgent, non-deferrable cases as staffing allows
- Manage outpatient referrals to ensure clinical and equity risk is understood and managed
- Activate regional management arrangements to support service delivery and minimise risk of patients waiting for services

### COVID-19 Hospital Severe Impact RED ALERT

*Trigger Status (individual or cumulative): Multiple COVID-19 positive patients in your facility; community transmission uncontrolled; isolation and ICU at capacity; all available staff redeployed to critical care*

- Emergency Department services limited to high acuity medical and trauma care
- Activate plans as described in Hospital Green, Yellow and Orange Alert Levels
- Work with palliative care and other providers to agree alternative end of life services for non-COVID-19 patients
- Continue acute surgery as staffing and capacity allows, prioritising non-deferrable, life-saving surgery
- Cancel non-acute surgery to reduce transmission risk, and reprioritise capacity
- Activate additional streaming, including non-COVID-19 ICU/HDU to theatre complex, or private provider if agreement reached
- As a last resort, move ventilated COVID-19 patients to repurposed ICU/HDU theatre complex for overflow; aim is to not impact on ability to meet non-deferrable, life-saving acutesurgery
- Continue with acute ambulatory assessments or virtual/telehealth assessments for urgent, non-deferrable cases only, as staffing allows
- Only accept urgent outpatient referrals, but ensure clinical risk is understood and managed
- If other hospitals in the region are at the same Alert Level, activate out of region management arrangements

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# All District Health Boards

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**Type:** National Policy

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**Name:** COVID-19 Hospital & Clinic Patient Visiting Policy

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## Purpose

The purpose of this policy is to provide direction on access by members of the public who are visiting patients, or providing support to patients, on all DHB hospital campuses during the COVID-19 pandemic response.

This policy serves to protect patients / whānau, staff, and the public through limiting visitors to all patients in our hospitals.

## Scope

This policy refers to all DHB facilities where patients are cared for.

This policy is active until the Ministry of Health declares the pandemic is over.

This policy does not cover visitors to DHB hospital campuses who are on site to provide essential services. Please refer to separate advice on essential services.

## 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
- Non-essential visitors.

## Excludes:

Exclusions will be limited. Clinical Nurse Managers can assess requests on a case by case basis. For example, exceptions will be considered on compassionate grounds for end of life care.

- This policy excludes patients.
- This policy excludes on duty staff, volunteers and contracted workers performing or providing essential services.

## Definitions

- Visitor – Member of the public not receiving assessment, diagnostics or treatment
- Patient – Member of the public receiving / seeking treatment, this includes mental health service users
- Non-essential visitors – e.g. company representatives, external people attending meetings, people not visiting family / whānau, off-duty staff.
- Whānau spokesperson – the single point of contact for the whānau.



## All District Health Boards

- High risk area – Emergency Departments (ED), Intensive Care Units/High Dependency Units (ICU/HDU), Aged Care wards, Maternity wards, Delivery Suite and Neonatal Intensive Care Unit (NICU), Special Care Baby Unit (SCBU), Oncology (including chemotherapy areas), Renal Outpatient and Inpatient areas, Immunology, or other Outpatient areas that have at risk patients.

### Guiding Principles

There is an expectation that:

- All staff will maintain respectful communication with families / whānau, treating each person with dignity and respect
- All staff will partner with families / whānau regarding this policy
- All staff will work with Māori and Pacific health teams to ensure cultural aspects of care are actioned
- Whānau liaison increases as the response level increases
- Alternative means of communication between patients and whānau/ families are encouraged and enabled.
- DHBs will minimise the number of access points into their facilities.

### Policy content and guidelines

It is important to note that the Government's COVID-19 Alert Levels and the Hospital Readiness Framework Alert Levels serve different purposes.

The Government's COVID-19 Alert Levels are being implemented as a response to help break the chain of transmission across all New Zealanders.

It is appropriate that DHBs continue to operate services as per the National Hospital Response Framework. This should enable DHBs to continue to deliver as much clinical care and surgery as possible, whilst preparing for the next level of readiness.

This visitor policy should align with your DHB's current status against the National Hospital Response Framework. Ideally visitors, including those accompanying patients should be limited to those residing in the patient's household. However, DHBs will need to be pragmatic and make exceptions for those patients who live alone and have limited access to alternative support networks.

### Visitors with symptoms of respiratory tract infection

Visitors with acute respiratory symptoms (e.g. cough, sore throat) or fever must not visit. Signage should be in place at all entrances to reflect this. If a visitor appears unwell, i.e. presenting with flu-like symptoms, staff should kindly ask them to leave the hospital grounds and advise them to ring Healthline or a General Practitioner (GP) for advice.

### Patients admitted with COVID-19

Where there is a suspected case of COVID-19, there will be no visitors until the diagnosis is confirmed. If there is a high index of suspicion and tests are negative, the no visiting policy will still apply until a diagnosis is made.

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## All District Health Boards

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Visiting patients who have been admitted with COVID-19 is only permitted at the discretion of the Clinical Nurse Manager or senior clinician who is managing the patient and under the supervision of nursing staff. The reason for this is to ensure Personal Protection Equipment 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, Zoom, Skype etc.

Patients / whānau must designate a whānau spokesperson who will be the point of contact for the whānau regarding the visiting policy and any changes to it. This is in case response levels rise and further restrictions need to be applied.

A poster must be placed on the wall at entry points to instruct visitors to maintain good hygiene, including washing hands on entry and exit. The poster should also explain the level of restriction at the time.

Before any visitor is allowed to 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.

### **Visitors in self-isolation**

Anyone that is under self-isolation (due to close contact with a confirmed case or due to recent overseas travel) will not be permitted to visit.

### **Visitors register**

Names and contact details of visitors will be recorded in a sign in book at the points of entry.

### **Specialty units**

If existing visiting policies within specialty units is more rigorous than stated in this policy, they should be followed.

## All District Health Boards

<b>COVID-19 Hospital Readiness GREEN ALERT  LEVEL ONE</b>	<b>Visitors to high risk areas: (ED/Intensive Care Unit (ICU)/NICU/SCBU/ Maternity/Aged Care or any ward with COVID-19 positive patients</b>	<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>Visitors with no suspicion of COVID-19 will be able to enter. A maximum of one visitor at a time will be allowed, for one visit per day.</p> <p><i>For maternity services:</i> where there is no suspicion of COVID-19 for either the patient or visitors, up to two visitors (one partner and one birthing partner) can accompany patients into the birthing suite.</p>
	<b>Visitors to all other areas</b>	<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>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>Usual visiting hours are adhered to, unless by prior arrangement with the ward.</p> <p>Children under 16 must not visit except by prior arrangement.</p>
<b>COVID-19 Hospital Initial Impact YELLOW ALERT  LEVEL TWO</b>	<b>As per Green Alert</b>	<b>As per Green Alert</b>
<b>COVID-19 Hospital Moderate Impact ORANGE ALERT  LEVEL THREE</b>	<b>Visitors to high risk areas: (ED/ICU/NICU/SCBU/Maternity/ Aged Care or any ward with COVID-19 positive patients</b>	<p>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>Visitors with no suspicion of COVID-19 will be able to enter. A maximum of one visitor at a time will be allowed, for one visit per day.</p> <p><i>For maternity services:</i> where there is no suspicion of COVID-19 for either the patient or visitors, up to two visitors (one partner and one birthing partner) can accompany patients into the birthing suite.</p>
	<b>Visitors to all other areas</b>	<p>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>Visitors with no suspicion of COVID-19 will be able to enter. A maximum of one visitor at any one time may visit a patient at the hospital or clinic.</p> <p>Formal visiting hours are adhered to, unless by prior arrangement with the ward.</p> <p>No non-essential visitors.</p>
<b>COVID-19 Hospital Severe Impact RED ALERT  LEVEL FOUR</b>	<b>All areas</b>	<p>No visitors to be granted access unless approved by the Clinical Nurse Manager or senior manager on shift. A maximum of one visitor or legal guardian that has been screened will be granted access if approved.</p>

## All District Health Boards

**Type:** National Policy

**Name:** COVID-19 Hospital & Clinic Patient Visiting Policy

### Purpose

The purpose of this policy is to provide direction 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.

This policy serves to protect family/whānau, carers and support person/people, staff, and the public through limiting visitors to all patients in our hospitals.

### Scope

This policy refers to all DHB facilities where patients are cared for.

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

This policy does not cover visitors to DHB hospital campuses who are on site to provide essential services e.g. interpreters for patients with no or limited English. Please refer to separate advice on essential services.

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

This Policy 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
- Non-essential visitors.

### Excludes:

Exclusions will be limited. 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 excludes patients.
- This policy excludes on duty staff, volunteers and contracted workers performing or providing essential services.

### Definitions

- Visitor – Member of the public not receiving assessment, diagnostics or treatment
- Patient – Member of the public receiving / seeking treatment, this includes mental health service users

## All District Health Boards

- Non-essential visitors – e.g. company representatives, external people attending meetings, people not visiting family / whānau, off-duty staff.
- Whānau spokesperson – the single point of contact for the whānau.
- 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), Coronary Care Unit (CCU) Oncology (including chemotherapy areas), 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.

### Guiding Principles

There is an expectation that:

- 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 policy
- 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.
- DHBs will minimise the number of access points into their facilities and ensure visibility of the expectations on visitors within the facility.
- DHBs will ensure the visitor policy 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.
- Progression through the visitor policy levels should take into consideration factors such as hospital alert level, community incidence, workforce levels or other significant incidents such as security threat which require restricted management of visitor access to the facilities or a change in visitor alert level.
- This policy provides the framework 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 policy 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 via Health System Readiness and Responses Clinical Oversight Group.

### Policy content and guidelines

It is important to note that the Government's COVID-19 Alert Levels and the National Hospital Response Framework Alert Levels serve different purposes.

The COVID-19 Alert Levels are determined by the Government and specify the public health and social measures to break the transmission of COVID-19 across New

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Zealand. These measures are informed by scientific knowledge about COVID-19 and information about the effectiveness of control measures.

Regardless of the country's Alert Level, DHBs operate services aligned with the National Hospital Response Framework which enables them to swiftly deliver as much clinical care and surgery as possible and respond swiftly and appropriately to COVID-19.

It is appropriate that DHBs continue to operate services as per the National Hospital Response Framework. This should enable DHBs to continue to deliver clinical care and surgery where possible, whilst preparing for the next level of readiness.

This visitor policy should align with your DHB's status against the National Hospital Response Framework. However, DHBs will ensure the visitor policy 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 incidence of COVID-19 or workforce levels e.g. Vaccination/ testing/ staffing MIQFs

Visitors, including those accompanying patients should be limited to those residing in the patient's household (immediate bubble). However, DHBs will need to be pragmatic and make exceptions for those patients and whānau who either live alone and have limited access to alternative support networks, or where a child is whangai to a different household or in shared custody arrangements. DHBs will set visiting hours and these may differ from DHB to DHB to reflect the community and hospital needs.

### **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 interest. DHBs have introduced several controls 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 Policy is one of the ways that DHBs are mitigating the risk of COVID-19 to patients, staff and the wider community.

### **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 cases must not attend.

Signage should be in place at all entrances to reflect this. If a visitor appears unwell, i.e. presenting with flu-like symptoms and is not requiring urgent clinical care, staff should redirect to their GP or a community-based testing centre to get tested for COVID-19 and be required to self-isolate at home whilst awaiting the test result.).

While visiting any DHB facility, visitors will observe the policy requirements detail and made visible. These are to include (but limited to):

- Respectful of staff at all times and directions given
- Maintain the appropriate and effective wearing of masks in all public and patient areas
- Maintain physical distancing of 2m
- Minimise their movement within the facility to that of visiting the patient

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### Patients admitted with COVID-19

Where there is a suspected case of COVID-19, there will be no visitors until the diagnosis is confirmed. If there is a high index of suspicion and tests are negative, the no visiting policy will still apply until a diagnosis is made.

Visiting patients who have been admitted with COVID-19 is only permitted at the discretion of the Charge Nurse/Midwife Manager or a senior clinician/manager designated within the DHB who is managing the patient. The reason for this is to ensure 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.

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 policy and any changes to it. This is in case response levels rise and further restrictions need to be applied.

A poster must be placed on the wall at entry points to instruct visitors to maintain good hygiene practices, including wearing masks, washing hands on entry and exit. The poster should also explain the level of restriction at the time.

Before any visitor is allowed to 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 policy.

### Visitors in self-isolation

Anyone that is under self-isolation (due to close contact with a confirmed case or due to recent overseas travel) will not be permitted to visit.

### Visitors register

All visitors need to scan in or sign in on arrival and provide their contact details, the geographic area they are coming from, and whether they have visited any areas of interested or reside with any recently diagnosed Covid-19 whānau. If they are using the government's COVID-19 Tracer App, please encourage that Bluetooth tracing is turned on.

### High – Risk Areas

If existing visiting policies within high-risk areas is more rigorous than stated in this policy, they should be followed.

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<b>COVID-19 Hospital Readiness GREEN ALERT</b>	<b>Visitors to the high-risk areas identified and any ward with COVID-19 positive patients</b>	<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>Visitors with no suspicion of COVID-19 will be able to enter. A maximum of one visitor at a time will be allowed, for one visit per day. All visitors must wear a medical mask and All visitors are expected to practice safe physical distancing, wear a mask and limit movement within the facility to the area of the patient they are visiting.</p> <p><i>For maternity services:</i> where there is no suspicion of COVID-19 contact or symptoms for either the patient or visitors, two people (one partner and one birthing partner) can accompany patients into the birthing suite.</p>
	<b>Visitors to all other areas</b>	<p>A maximum of two visitors may visit. If it is two visitors, they must be from the patient's household (immediate bubble) otherwise they must visit separately.</p> <p>All visitors to scan in or sign in and provide contact details. If you're using the government's COVID-19 Tracer App, please encourage that Bluetooth tracing is turned on.</p> <p>All visitors to wear a medical mask and practice good hand hygiene.</p> <p>Visitors who are unwell should not enter hospital facilities.</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 number 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>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>Usual visiting hours are adhered to, unless by prior arrangement with the Charge Nurse/Midwife Manager or senior clinician/manager on shift.</p> <p>Children under 12 years old must not visit except by prior arrangement with the Charge Nurse/Midwife Manager or senior clinician/manager on shift. If approved they must be visiting an adult from the same bubble.</p> <p>For children, parents/caregivers can visit at any time, and both parents/caregivers can visit at the same time.</p>
	<b>People with disabilities</b>	<p>Under any Alert Levels where visitor restrictions are in place, an exception will be made for people with disabilities who are in hospital or must attend an outpatient appointment where they need a support person to ensure equitable access to health services. 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.</p> <p>Consideration to be given to those attending appointments for poor or pending prognosis e.g. Cancer. All visitors must comply with wearing of medical masks and observe social distancing.</p>
	<b>Outpatients</b>	<p>Only one person to accompany a patient coming in for an outpatient appointment or ambulatory care.</p> <p>Children who attend an outpatient appointment with the parent or sibling</p>



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		whose appointment it is, are permitted if there are no alternatives to childcare available.
<b>COVID-19 Hospital Initial Impact YELLOW ALERT</b>	<b>As per Green Alert</b>	As per Green Alert
<b>COVID-19 Hospital Moderate Impact ORANGE ALERT</b>	<b>Visitors to the high-risk areas identified and any ward with COVID-19 positive patients</b>	<p>No visitors to be granted access unless approved by the Charge Nurse/ Midwife Manager or senior clinician/manager on shift. 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.</p> <p>All visitors to wear PPE as required.</p> <p>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>Visitors with no suspicion of COVID-19 contact or symptoms will be able to enter. A maximum of one visitor at a time will be allowed, for one visit per day.</p> <p><i>For maternity services:</i> where there is no suspicion of COVID-19 contact or symptoms for either the patient or visitors, one visitor (one partner or one birthing partner) can accompany patients into the birthing suite.</p> <ul style="list-style-type: none"> <li>• Following birth, one (1) nominated support person at a time may visit and only once daily and stay as long as the woman wants</li> <li>• No overnight stays except during labour and first 2 hours post-partum</li> <li>• Operating theatre attendance is on a case-by-case basis at the discretion of the senior medical team</li> <li>• Mothers and one support person to accompany any baby in Special care units.</li> </ul>
	<b>Visitors to all other areas</b>	<p>No visitors to be granted access unless approved by the Charge Nurse/Midwife Manager or senior clinician/manager on shift. A maximum of one visitor or legal guardian that has been screened will be granted access if approved</p> <p>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>Visitors with no suspicion of COVID-19 contact or symptoms will be able to enter. A maximum of one visitor at any one time may visit a patient at the hospital or clinic.</p> <p>Formal visiting hours are adhered to, unless by prior arrangement with the ward.</p> <p>No non-essential visitors.</p>
<b>COVID-19 Hospital Severe Impact RED ALERT</b>	<b>All areas</b>	<p>No visitors to be granted access unless approved by the Charge Nurse/ Midwife Manager or senior clinician/manager on shift. A maximum of one visitor or legal guardian that has been screened will be granted access if approved.</p> <p><b><i>Birthing Suite:</i></b> One support person can be with the labouring mother during birth and can stay postnatally until discharge - as long as they fulfil safety criteria.</p> <p>They need to stay in their bubble, in the room, as much as possible and wear a medical mask in public spaces/if there is a staff member in attendance.</p>

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**Women's Clinics:** 1 support person may attend sensitive appointments or scans.

**Child health services including inpatients, outpatients and NICU:** 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.

**Neonatal Intensive Care Unit and any special care units:** Visitor numbers will be restricted to one at a time and must be a parent or legal guardian.

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