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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.

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.

Visitors to public residential aged care facilities or aged care residents of multi-purpose service sites are not covered by the Guideline and must follow the Visitors to Residential Aged Care Facilities Directions.

The 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 practicable.

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:

- Health Service Provider and service specific operational procedures
- WA Health COVID-19 Framework for System Alert and Response
- COVID Transition (Testing & Isolation) Directions
- COVID Transition (Face Covering) Direction
- Proof of Vaccination Directions
- 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

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

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Arrangements for Essential Visitors in specific health care settings are set out in Appendix 2.

Definitions of terms used in this guideline are provided at Appendix 3.

**Visitor categories**

For the purpose of the Guideline the following categories of visitors apply.

<table>
<thead>
<tr>
<th>Visitor</th>
<th>Includes the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Family member or friend of a patient</td>
</tr>
<tr>
<td></td>
<td>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).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Essential visitor/carer*</th>
<th>Referred to as Essential Visitor (EV) from this point forward. EVs are nominated persons who are permitted to visit some patients on compassionate or legal grounds, 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:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- birth support person</td>
</tr>
<tr>
<td></td>
<td>- parent/guardian/carer* of an admitted child (including a neonate/start of life)</td>
</tr>
<tr>
<td></td>
<td>- guardian/carer* for a patient living with a disability or who has complex needs</td>
</tr>
<tr>
<td></td>
<td>- Support person who is visiting due to critical illness or end-of-life care (includes spouses, partners and other significant others)</td>
</tr>
<tr>
<td></td>
<td>- Support person who is visiting in the Emergency Department</td>
</tr>
<tr>
<td></td>
<td>- Support person who is visiting due to an emergency circumstance</td>
</tr>
<tr>
<td></td>
<td>- Other visitors as deemed necessary by the Health Service Chief Executive (or their authorised delegate)</td>
</tr>
</tbody>
</table>

| *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. |
| **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. **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  
- **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. **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. These 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 out of scope. Refer to additional definitions set out in Appendix 3. |
| **In-reach service providers or contractors** | 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. |
Visiting Hours and numbers of visitors

- Visiting hours will be determined by individual Health Service Providers/hospitals and may consist of some restrictions.
- All patients are allowed up to two visitors at a time during visiting hours unless additional visitors have been approved in accordance with local guidelines. During visiting hours, the two visitors are in addition to the EVs.
- At all times there should not be more than two (2) visitors with a patient at a time (excluding EVs).
- When more than two (2) visitors are requested, approval is required from the person in charge of a hospital or their authorised delegate as per the Visitors to Hospital and Disability Support Accommodation Facilities Direction.
- Approval to allow more than 2 visitors should be based on an individual risk assessment of the patient and clinical area.
- Where possible, children are discouraged from visiting patients.
- Visiting hours do not apply to mental health advocates, statutory personnel or EVs that meet the exemption criteria outlined in Arrangements for essential visitors.
- The number of EVs allowed at any one time and the length of the visit that applies in different contexts is outlined in Appendix 2.

Visitors’ responsibilities when entering a public hospital/health service

All visitors (including EVs) are required to:

Proof of vaccination

- If over 16 years old, bring proof of vaccination or evidence of an approved proof exception for sighting on request by a relevant officer or member of staff

Screening

- Comply with screening and risk assessment prior to entering a hospital (refer to example in Appendix 1)
- Truthfully disclose if they are experiencing COVID-19-like symptoms, have experience COVID-19-like symptoms in the past 7 days or are a close contact noting the serious risks to patients, vulnerable people and workforce of not disclosing this

PPE and hygiene

- Wear a surgical mask if over 12 years old when entering a hospital as per the COVID Transition (Face Covering) Directions or may choose to wear their own particulate filter respirator (PFR) that is fit-tested at their own discretion
- 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

**COVID-19 Testing**

- Undertake a RAT, either at home or on arrival, and provide a negative result at presentation to the hospital/health service if visiting a vulnerable patients/cohorts
- Follow local hospital guidance in relation to any testing requirements before visiting a patient

**Other**

- Follow local site or service-specific restrictions in place for numbers of visitors for each patient
- Conduct themselves in accordance with local violent and aggressive behaviour policies. Noting aggressive and abusive behaviour may preclude entry.

If visitors are unable to adhere to these requirements, they must leave the hospital/health service. Consideration should be given to whether a visitor exemption applies.

**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 and should continue to visit on compassionate grounds.

To protect the population, including patients, other visitors and hospital staff from the spread of COVID-19, EVs must adhere to the following guidance in addition to the responsibilities set out above.

A case-by-case risk assessment and visitor approval process is to be undertaken for each EV. This should include adherence to:

- screening and clinical risk assessment on entry to the hospital/health service *(Appendix 1)*
- any specific requirements of the treating medical and IPC teams
- local hospital and health service provider guidance and direction
- a pre-nomination process undertaken during the admissions/pre-admissions process, where possible.

Exemption criteria and numbers of EVs permitted per patient is outlined in *Appendix 2*.

**Visitor exemptions**

A visitor exemption to visit a patient outside of these guidelines may only be approved where the following exceptional circumstances apply:
Mask exceptions
Visitors with a mask exception as defined in the COVID-Transition-(Face-Covering)-Directions, may visit. The following steps should be followed:

- Check the mask exception validity. The exception needs to come from the visitor’s regular GP/specialist currently registered by the Australian health practitioner regulation agency. Online interstate approvals will generally not be accepted
- An individual risk assessment and IPC plan should be put in place to inform adequate use of PPE, physical distancing and time limits. If appropriate give a shield/visor for the person to wear
- The visitor with a mask exception should not visit other patients or common areas within the hospital
- Ensure all other standard measures are in place – i.e. passes entry screening for clinical risk factors, hand hygiene before entry
- If available, use an air purifier with HEPA filter in the patient’s room.

Unvaccinated and partially vaccinated visitors

- Unvaccinated visitors who have an approved proof exception may visit a patient in accordance with these guidelines
- Unvaccinated and partially vaccinated visitors without a proof exception may only visit if they are attending for a reasonable law enforcement function or for a medical or emergency response
- Unvaccinated visitors may reside in hospital accommodation. It is recommended that they undergo regular screening for clinical risk factors and a voluntary RAT every 72 hours
- As per the Proof of Vaccination Directions (No 7) unvaccinated or partially vaccinated visitors who do not have a proof exception may only visit if they are a parent/guardian/carer of a child under 16 years or a support person for a patient who cannot be reasonably accompanied by another person who is fully vaccinated or an exempt person
- An individual risk assessment and IPC plan should be put in place to inform adequate use of PPE, physical distancing and time limits
- The unvaccinated or partially vaccinated visitor should not visit other patients or common areas within the hospital.

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

For extreme, exceptional circumstances, approval may be sought from the Health Service Chief Executive (or their authorised delegate) to approve a short, ushered visit on compassionate grounds or for end of life reasons for a visitor who is COVID-19 positive or a close contact. Approval will be subject to an individual risk assessment to the health service site, workforce, visitor, patient and individual circumstances.

If a visit is approved, an IPC risk mitigation plan must be in place that includes:

- surgical mask (unless visitor has an approved mask exception, then consider a face
• Patient placed in a single room
• Patient to use a surgical mask, if clinically able to do so
• Immediate escort to patient room and offsite when visit has ended
• Visit to be solely with the patient in their room and to no other hospital area
• maintain social distancing and IPC measures
• Staff to wear full PPE
• If visit is protracted, food and drink to be provisioned locally (i.e. proximal to patient).

If approved and time permitting, close contacts are to undertake a RAT on presentation or show evidence of being released from isolation within 4 weeks.

A date stamped photograph of a positive RAT test or SMS (proof of positive PCR) can be provided on presentation to hospital as evidence the visitor has had COVID-19 in the past 4 weeks.

COVID-19 positive visitors or close contacts will not be approved for visits for any other reason, including as birth support partners.

**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, visits to COVID-19 positive or symptomatic patients is restricted.

Approval for visitation is to be based on a case-by-case risk assessment of the risk to the visitor, the patient’s condition, use of PPE and ability to safely physically distance. 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.

**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 (RAT) or PCR result?

✔ Do you have a fever, 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 or have experienced these symptoms in the past 7 days?

✔ Have you recently experienced, or are currently experiencing any new gastroenteritis like symptoms (vomiting and/or diarrhoea) or have experienced these symptoms in the past 7 days?

✔ Are you a close contact of a positive COVID-19 case?

✔ Have you been tested for COVID-19 and are awaiting results?

✔ If you are a close contact who is approved to visit and are refusing a RAT have you recently recovered from COVID-19 and been released from isolation within the previous 4 weeks?
# Appendix 2: Exemption criteria for essential visitors

<table>
<thead>
<tr>
<th>Setting</th>
<th>Requirements</th>
</tr>
</thead>
</table>
| Maternity patients (including Labour and Birth Suite) | - One EV (birthing partner) can be with a woman for support during induction and/or labour, and then for a maximum of four hours post birth and/or for critical decisions regarding care  
- 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 |
| Neonates/start of life patients (Including NICU)      | - One EV may be present 24/7  
- In emergency circumstances up to two visitors may be permitted per patient                                                                                                                                 |
| Paediatric patients                                  | - One EV present 24/7                                                                                                                                                                                       |
| Patients with disability or complex needs            | - One EV present 24/7                                                                                                                                                                                       |
| Emergency situations (including Emergency Department) | - In emergency circumstances (noting not just in the ED) up to two EVs can be with a patient outside of standard visiting hours as agreed by staff based on the patient's clinical situation  
- When attending the ED only one EV should attend with the patient to avoid overcrowding  
- The EV must be nominated upon arrival and can stay with the patient for the duration of the stay in the ED  
- If a patient is transferred from ED to a ward 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 |
| Day cases                                            | - 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 |
| Theatre patients                                     | - 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 |
| Outpatient Clinics and imaging/diagnostic appointments | - 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 |
| End of life/critically ill patients                  | - One support person present 24/7 as agreed by staff on a case by case basis.  
- 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: 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

Higher risk hospital area – may include areas where:
- There is a higher proportion of patients who may have undiagnosed COVID-19
- There occurs a higher risk of aerosol generating behaviours such as yelling, shouting
- It may be more difficult to maintain physical distancing or PPE use

Hospital – as per Health Services Act 2016

Transmission based precautions – are extra work practices required in situations where standard precautions alone may be insufficient to prevent infection. They include droplet, contact and airborne precautions based on the route of transmission of the infectious agent e.g. use of a negative pressure isolation room (NPIR), allocation of single rooms, cohorting of patients, appropriate air handling, and enhanced cleaning and disinfection

Transmission-based precautions must be used for COVID-19 positive patients, close contacts, patients who are symptomatic, and patients awaiting COVID-19 test results. At a minimum this should include wearing fit-checked PFR, gowns, gloves and protective eyewear for direct care.

Risk assessment for transmission of COVID-19 - Risk assessment should include assessment of:
- adequate infrastructure, airflow, ventilation, space for isolation and physical distancing in the patients’ room, cubicle, bathroom or other areas where care is provided to that patient
- Patient population group i.e. vulnerable patients/cohorts
- COVID-19 status of patient (i.e. patients awaiting COVID-19 test results, known positive cases)
- Urgency of the treatment that is required

Vulnerable patients/cohorts - Individuals or groups of individuals who are assessed by the local site to be significantly immunocompromised
## Version control

<table>
<thead>
<tr>
<th>Version:</th>
<th>Last reviewed:</th>
<th>Changes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.0</td>
<td>12 July 2021</td>
<td>Visitor restrictions amended as per Government of Western Australia guidance.</td>
</tr>
<tr>
<td>7.0</td>
<td>29 January 2022</td>
<td>Visitor restrictions amended and aligned to Proof of Vaccination Directions. Approved by Chief Health Officer</td>
</tr>
<tr>
<td>7.1</td>
<td>31 January 2022</td>
<td>Links updated to latest releases of Proof of Vaccination Directions (No 2) and Health Worker (Restriction on Access) Directions (No 4)</td>
</tr>
<tr>
<td>7.2</td>
<td>10 February 2022</td>
<td>Updated to address HSP feedback and further clarity to essential visitor and exemption guidance</td>
</tr>
<tr>
<td>8.0</td>
<td>16 February 2022</td>
<td>Approved by Chief Health Officer and updated with Proof of Vaccinations Directions (No 3)</td>
</tr>
<tr>
<td>8.1-8.3</td>
<td>1 March 2022</td>
<td>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</td>
</tr>
<tr>
<td>9.0</td>
<td>3 March 2022</td>
<td>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</td>
</tr>
<tr>
<td>9.1</td>
<td>4 March 2022</td>
<td>Approved by CHO with clarification as to one essential visitor unless for compassionate reasons.</td>
</tr>
<tr>
<td>10.0-10.2</td>
<td>11 March 2022</td>
<td>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</td>
</tr>
<tr>
<td>10.3</td>
<td>12 April</td>
<td>Minor updates relate to clarification of arrangements for other statutory or approved personnel</td>
</tr>
<tr>
<td>10.4</td>
<td>19 April 2022</td>
<td>Updates include alignment to CDNA guidance and simplified wording around recent cases.</td>
</tr>
<tr>
<td>11</td>
<td>27 April 2022</td>
<td>Updated to reflect a total of two visitors are allowed during standard visiting hours.</td>
</tr>
<tr>
<td>11.1</td>
<td>24 June 2022</td>
<td>Advice updated for recent cases, positive birthing partners and compassionate grounds, links updated, formatting updates, advice for symptomatic and close contact visitors</td>
</tr>
<tr>
<td>11.2</td>
<td>19 July 2022</td>
<td>Updated definition of ‘recent case’ from 12 weeks to 4 weeks since diagnosis in accordance with COVID Transition (Testing and Isolation) Directions (No 16)</td>
</tr>
<tr>
<td>12.0</td>
<td>15 August 2022</td>
<td>Updated in accordance with SAR Blue, Visitors to Hospitals and Disability Support Accommodation Facilities Directions (No 2) and Proof of Vaccinations Directions (No 7)</td>
</tr>
</tbody>
</table>
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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