

THEME 18: PATIENT EXPERIENCE/ VISITING HOURS

RESPONSIBLE: KEVIN SEAMAN

Requests from IAR survey participants	<ul style="list-style-type: none"> Window visits Considering relaxing the strict visitation rules and trust hospital to manage this. Hospitals understand the transmission risks and knows how to manage this.
Recommendation	<ul style="list-style-type: none"> Approved Policy below

COVID Visitation Policy

Principles:

- Wherever possible visitation should be facilitated for the wellbeing of patients & families and to make admission for Elective Surgery less daunting for patients
- Visitors will not routinely be permitted to visit COVID patients, however, this should be considered where it will not pose heightened exposure risk to the visitor or other patients.
- The policy must be maintained uniformly across all hospitals
- Every effort must be made to facilitate visitation of terminal and/or long stay patients as well as vulnerable/special needs patients – this is irrespective of COVID status of the patient. This should be facilitated after an appropriate risk assessment and the necessary PPE should be worn.
- At all levels of visitation partners of obstetric patients must be allowed; as well as in the case of a paediatric patient, the parent and child regarded as a unit. Both parents will be allowed in the NNICU (if they are COVID negative). In all these cases irrespective of the COVID status of the patient.
- All visitation is subject to Access Control screening
- Where visitation is not allowed - Window visits must be facilitated where possible with patient rooms being accessible on the ground floor
- Where visits are not possible for COVID or non COVID patients a minimum of one virtual visit should be facilitated per day.
- Should virtual visitation not be possible or by choice of the family – **at least one** update should be given to the family daily
- One person should be allowed to accompany a patient into the EC

With the above in mind the visitation guidelines are as follows:

Option 1	No visitation with the exception of those mentioned above. Recommended when the COVID occupancy of the hospital is greater than 30% of occupied beds
Option surge	Visitation for non-COVID patients in all wards - restricted to <u>1 visitor per day</u> between 15h00 and 16h00. COVID patients may be accommodated according to the principles above. Recommended for hospital in the midst of a COVID surge.
Option 2	Visitation for non-COVID patients in all “mixed” wards (where there are both COVID and Non COVID Patients) - restricted to <u>1 visitor per day</u>

	<u>(multiple entries allowed)</u> between 10h00 and 20h00. COVID patients may be accommodated according to the principles above. Recommended for occupancies of less than 30% of occupied beds.
Option 3	Visitation for non-COVID patients in all wards where there are no COVID patients - restricted to <u>1 visitor at a time</u> between 10h00 and 20h00. Recommended for occupancies of less than 30% of occupied beds
Option 4	Original Flexible Visiting Hours policy. Recommended “back to normal”

In all cases the above will be the official stance of the hospital - the appropriate documentation will be available from the Patient Experience Managers for speedy changeover and updating of the website information accordingly.

If the hospital can safely facilitate more generous visitation where possible – that would always be encouraged.

Hospitals must update Corporate Office every time there is a change.