

**PARLIAMENT OF VICTORIA**

Pandemic Declaration Accountability  
and Oversight Committee



# Restrictions on hospital visitation under Pandemic Orders

## Questionnaire

## **Purpose of questionnaire**

The Pandemic Declaration Accountability and Oversight Committee, as part of its functions issued under the *Public Health and Wellbeing Act 2008*, is conducting a review of the Pandemic (Visitors to Hospitals and Care Facilities) Orders (Nos. 1 to 5) and the Pandemic (Public Safety) Order.

The Committee has issued this questionnaire to all Victorian hospitals to understand how the Orders has been implemented and to identify any issues hospitals have experienced related to the Orders.

The Committee notes that as of 11.59 pm 22 April 2022, restrictions on hospital visitation (except for the requirement to wear masks) were revoked. However, the Committee still wishes to understand the experience your organisation has had with the Orders, including the implementation of previous orders. In particular, challenges faced in enforcing the Orders and managing exemption requests.

Please note, this information may be used and published by the Committee as part its reporting.

## **Response**

Please provide a response to the questionnaire by **9 May 2022**.

The completed questionnaire should be sent to: [pdaoc@parliament.vic.gov.au](mailto:pdaoc@parliament.vic.gov.au).

## Questions

- Has your organisation implemented visitor restrictions that are in excess of the restrictions detailed in the orders? If so, when did this occur and in what circumstances?

*As an organisation we did restrict permitted visitors below the number recommended by the Department of Health although these restrictions were in alignment with pandemic orders. This was due to high COVID-19 community cases in our local catchment area during the peak.*

*Local infrastructure also provided challenges in maintaining social distancing and room density limits. In situations where there was limited space; for example outpatient consulting spaces, permitted visitors were only allowed in extenuating circumstances.*

- Has your organisation received any complaints about visitor restrictions? If so, what were the outcomes of these?

*Formal complaints were received primarily from maternity patients.*

*In summary there was concern about not having access to:*

- *additional support people during labor (a primary support person was always able to attend)*
- *partners attending antenatal appointments and scans*
- *extended visiting or overnight stays for partners or support persons in postnatal wards.*

- Have there been instances where your organisation has misinterpreted the restrictions under the orders (e.g., when orders have changed or through confusing language in the content of the orders)?

*Orders have been interpreted differently at each Victorian public health service which has created inconsistency across the sector. As a consequence members of the public reported frustration when rules were different at other hospital sites.*

*For example when babies were transferred between Special Care Nurseries and different visiting practices were in place at the new facility.*

- How many applications for visiting exemptions has your organisation received and how many been approved?

*Exact numbers of formal requests have not been kept although it is estimated that this would be in excess of 200 over the pandemic period within the maternity program. Less for other programs.*

*Exemptions were also granted for:*

- *General inpatient requests including end of life, for extended visiting times or increased numbers of visitors, these were assessed on an individual basis.*
- *Formal requests received prior to women giving birth were assessed at a program lead level and exemptions granted based on mental health concerns or extenuating circumstances.*
- *Children of long stay antenatal patients.*

- What staff member of your organisation has assessed applications for exemptions?

*Initially all exemptions were escalated to Program Directors. Recently this was changed to ward managers during business hours, out of hours requests escalated to hospital coordinators. Hospital coordinators would initially seek approval from on call executives however they now make exemption decisions.*

*At one maternity facility an online exemption list was kept allowing visualization of women with pre-approved exemptions and current inpatient approvals.*

- What steps were taken to inform all visitors and their relatives of visiting rules and capacity to apply for an exemption?
  - *The organisation's website was kept up to date with current visiting information.*
  - *At admission inpatients were given information on current restrictions.*
  - *If visitation changed to become more restrictive all inpatients were informed by ward staff of the change.*
  - *Special Care Nursery and Neonatal Intensive Care parents were given written notification of any tightening of restrictions in addition to verbal notification.*
  - *Posters were placed at all hospital entry points.*
  - *Screening staff at entry points gave verbal visiting information when people arrived.*
  - *Current visiting restrictions were communicated to maternity patients when attending antenatal appointments.*
  - *All communications sent to patients with a planned admission included links and reminders to check the website for up to date visiting information.*
  
- What steps were taken to advise staff of the availability of the exemption process when dealing with the public and visitors to patients?
  - *Regular (at least weekly) communications were sent to staff, any changes to visiting arrangements, including exemption information were included in this communication update.*
  - *Regular COVID-19 huddles were held with ward managers. This communication platform provided an avenue to communicate and discuss visiting and exemption processes.*
  
- What was your overall impression of the system, and could it have been improved?

*Changing hospital visiting is complex and multi-faceted. In addition to communication with current and prospective patients change requires good communication to all staff, updating of websites and hard copy information posters. Trying to enact all these changes after announcements were made late in the day or on a Friday afternoon was very difficult for a large health service.*

*Prior notification of intention to change including the nature of the change would have been very useful to assist in service planning and being ready to implement the requested changes when announcement were made or pandemic orders changed. Not making announcements late in the day or on a Friday afternoon would also have made for a much smoother transition and communication to patients and staff within the service.*