

1) Our organisation continues to only let our birthing patients have x 1 support person with them unless exceptional circumstances. This is due to a small post-natal ward and that we care for COVID-19 women/partners. No others visitors were excepted.

2) Yes our organisation has received complaints about the visiting restrictions. All complaints were actioned by our Quality and Safety team. Responses were made either by phone call or via email. If a complaint is made to our organisation, there is an option for the complaint to be followed up with a phone call. In many cases with the complaint a request was made for no follow up. The complaints were of visitors frustrations in not being allowed into the hospital but also directed to who may have denied the visitor access to the hospital. We found that sometimes it was the staff member and the way they may have delivered the information to this person. Staff at times had not communicated to other staff that a certain patient may have approval for a visitor and they were not aware and therefore refused the visitor causing conflict.

3) No not at this stage. We are a smaller country hospital. We have a Pandemic Committee that meet fortnightly. During these meetings we would take this information provided regarding visitors, we would then discuss if this was right for our organisation at the time. Often advice from nearby hospitals were considered and we too would look to implement and follow their guidance. Our restriction changes could take 1-2 weeks to implement.

4) There hasn't ever actually been a formal way for visitors to lodge an application for exemptions when visiting is concerned. Being a smaller organisation compared to more Tertiary Hospitals we have asked our ANUM's (Associate Nursing Unit Managers) that if there was a circumstance that a visitor had requested to see a patient on the wards then this would be directed to the HCO (Hospital Coordinator) to give the approval. This would usually require a quick discussion. In most cases the approval would likely be granted, however there were also many circumstances where this could not happen, and therefore in some cases a complaint was lodged.

5) The Hospital Coordinator would always be the first person to give permission for the exemption. In other cases where the patient may be coming in for a surgical procedure, there often was a request made during the pre-admission time where a support person may be require for mental health reasons. It may have only been that a patient requested someone to be accompany them directly to the ward and then leave or perhaps right through into a theatre. These circumstances would get approval from executive staff via the pre-admission clinic. An email would then be sent through to the ward and HCO to be aware.

6) Visitors and relatives were made aware of rules to visiting either during their presentation through Emergency or through Pre-Admissions. The organisations visiting rules were updated regularly through social media, even though often there may have been no changes. After the restrictions eased and changed on April 22nd, the organisations website was updated immediately.

7) Staff were kept up to date regarding visiting/exemptions via the COVID newsletter which was distributed via email and with hard copies provided that were easily available for staff. Staff were made aware through daily DOS meetings, these were attended by managers who then fed this back to their staff. These exemptions were often discussed during bed meetings held twice a day. Front reception and screening staff were in daily contact with the COVID Coordinator.

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