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.

Questions

1. 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?

Yes, our organisation had a few occasions where visitor restrictions were in excess of the restrictions. These instances have usually been as a result of local outbreaks within the service or high transmission rates in local government areas. In some instances visitor restriction were in an abundance of caution whilst we awaited new guidance or confirmation/clarity of guidance from the Department of Health (e.g. NSW outbreak most health services acted on Visitor restrictions before formal guidance). The guidance did then align with what was implemented.

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

Yes, complaints surrounding visitors have been and continue to be regular occurrences throughout the service. Many of these are via social media channels, face to face at our entrances or via phone calls/emails to wards and the customer service team. Majority of these are managed locally with family/visitors upset with the pandemic orders and not being able to see loved ones. These are usually resolved by local areas. Through formal systems, we have received 32 complaints.

3. 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)?

Yes, the pandemic orders were often ambiguous and confusing frequently referring to clauses and sub-clauses within the document that had been removed in previous iterations and/or contradicted each other. Local health services developed processes to meet and go through guidelines to ensure everyone interpreted them the same. Although not in the pandemic orders a good example of similar ambiguous statements is in the current Visitor guidance (23 April) from the Department of Health which states;

'Visitors over 18 need to be fully vaccinated or provide a negative rapid antigen test on the day of visitation and wear an N95'

This can be interpreted two ways, either

- Visitors must be fully vaccinated and if not they must provide a negative rapid antigen test and wear an N95
 Or
- Visitors must be vaccinated and if not they must provide a negative rapid antigen test. On top of this ALL visitors must wear an N95 regardless of vaccination status

Health services are still unclear on the requirement with this and different practices remain at different health services.

Since 2020, our organisation has had 27 updates to its COVID-19 visitor policy

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

We approve visitor exemption on a regular basis upon the visitor meeting the requirements of the pandemic orders and local guidelines. This would happen a dozen or more times per week. All applications for visiting exemptions go through a member of the executive or executive on call team.

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

All exemption are approved through the executive team or delegate after hours. Infection prevention are consulted on these decisions if required.

6. What steps were taken to inform all visitors and their relatives of visiting rules and capacity to apply for an exemption?

If we have an outbreak on a specific ward and are stopping visitors as a result, all next of kin are contacted in person and notified. We also place information sheets on meal trays the following day. For overarching visitor guideline changes, we update our external website as well as post on social media channels (facebook, twitter). Since 2020, we have had 137 updates to our visitor guidelines page and made approximately 30 social media posts. Exemption processes are outlined on our website.

7. What steps were taken to advise staff of the availability of the exemption process when dealing with the public and visitors to patients?

Any changes to visitor processes including exemption processes are updated in our COVID news bulletin. Throughout the pandemic, this bulletin has been regularly sent, at times it was a daily update and is currently three times per week. These updates are also available on the staff news feed on the intranet.

8. What was your overall impression of the system, and could it have been improved?

Visitor restrictions are difficult to operationalise and the environmental factors of different health services makes standardising rules challenging i.e. some health services are new and spacious with lots of room for social distancing whilst others are decades old with no room to allow visitors to socially distance. Overall principles through pandemic orders were ok, however, the ambiguity of guidelines meant certain health services interpreted rules differently and lead the community to compare different health services to each other resulting in complaints. There was also lag between different information sources lining up. I.e. press conference would announce one thing, pandemic orders would take 1-2 days to be on the website, 3-5 days a Department of Health news update would be released and then the following week the coronavirus website would be updated. Sometimes the coronavirus website or media releases were out before Hospitals were made aware This lead to confusion as to which guidelines to follow. Improvements could be made in the sequence of information being released and notifying hospitals earlier of proposed changes so there is time to prepare.