

**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

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? While updating processes after DHHS release

SVHM introduced visitor restrictions that were generally in line with those detailed in the Pandemic Orders.

At the start of wave 2 in July 2020 visitor restrictions across our Acute and Sub-Acute services were aligned with restrictions established for Residential Aged Care Services, which had a higher level of restriction imposed at the time.

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

Feedback was received regarding visitor restrictions. In terms of formal complaints there were 11 in total (two in 2020, three in 2021, and six in 2022).

Most feedback was informal and dealt with by face to face or phone conversations. The outcomes were varied. Families were encouraged to discuss their concerns with the Nurse in Charge and the medical team. Where possible conversations worked through issues on a case by case basis in order for visits to be granted where it was possible within the Pandemic Orders.

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)?

SVHM had no difficulty interpreting the orders.

What constituted an exemption for a permitted visit was sometimes interpreted differently.

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

A large number of requests for visiting exemptions have been received, reviewed and approved in alignment with the guidelines that were current at that time.

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

The Nurse in Charge, the site Assistant Directors of Nursing, the clinical General Managers and the Executive on-call were involved in assessing these applications.

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

In order to inform all visitors and their relatives of the rules the following channels were used:

- Publication across our digital channels including the SVHM website and social media
- Extensive posters within the hospital
- Briefings and communications for our staff including ward staff, staff supervising attestations and temperature testing at facility entry points and our Patient Liaison Officers so they could have direct conversations with patients and their families

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

The pandemic response communication system was used to inform staff of visitor requirements and exemptions which included:

- All staff online forums and Manager briefings
- All staff bulletins and emails
- Extensive posters within the hospital
- Flyers
- The Visitor Reference Group

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

We were grateful for the support of the Government and Department in introducing visitor restrictions in order to help keep our patients, staff and the community safe.

In terms of possible improvements for the future, there was sometimes a lag in the Pandemic Orders being uploaded to the Government website despite guidance documents already being published on new orders. It would be more efficient if both the orders and guidance documents were made available simultaneously..

It was also noted that sometimes patient's families had spoken to the Department of Health (DH) and had been told they could visit, when in fact the DH guidelines indicated that Health Services were able to set their own rules, which created some confusion.

As much advance warning from DH that a change is imminent will be beneficial so health services can work with teams to implement changes quickly.

It would be worth developing guidelines for health services to draw upon to accommodate visitors who are COVID positive, wanting to visit on compassionate grounds for end of life purposes. At the beginning of the pandemic St Vincent's Hospital Melbourne was one of the first hospitals to seek approval from the CHO for such a visit and as part of seeking approval developed a safe protocol that has been successfully used on a number of occasions, with zero transmission.

Whilst the more recent changes to Orders and Guidelines enable flexibility at the Health Service level to determine local rules based on local risk assessment, more effective communication to the public would be helpful, so that people understand why visitor

arrangements may differ at different health services.

Visitor restrictions, whilst important and helpful in reducing hospital transmission and hospital acquired infections, caused much angst among families, and staff were exposed to significant occupational violence and aggression. More should be done moving forward to prioritise supporting and preparing health services to mitigate this risk.

The benefits that families and carers bring to patient care and wellbeing have been highlighted through the pandemic and there is an opportunity, through research, to formally integrate the role of family and carers into person-centred, holistic models of care.

Furthermore the importance of family and community for Aboriginal and Torres Strait Islander peoples in hospital is not well understood and as we explore the integration of family and carers into models of care, special consideration of the needs and sensitivities of our first nations people will help support cultural awareness and education.