22nd November 2021

s9(2)(a)

Dear s9(2)(a)

Official Information Act Request for – ICU Information

I write in response to your Official Information Act request received by us 24th September 2021, you requested the following information:

Under section 12 of the Official Information Act 1982 I request all original communications including briefings, reports, memos, aides memoirs, cabinet papers and texts regarding the following information:

1. **How many ICU nurses (head count) were on payroll at 13 May 2020, 1 April 2021 and 16 August 2021?**
2. **How many ICU nurses (head count) left and joined the DHB between May 5 and Aug 16 2021?**
3. **How many ICU nurses (head count), ICU beds and ICU patients, ventilated and coronavirus positive were there when the request was made for more ICU nurses at or around Sept 1st?**
4. **What was the utilization rate of ICU beds from Aug 16 2021 to Aug 24 2021 inclusive listed by day?**
5. **What was the ICU/HDU nurse ratio of nurses to patients daily from 1 August 2021 to 15 Sept 2021 listed by day?**
6. **Copies of any communications to and from the DHB with government officials or other DHBs with concerns or requests around ICU nurses**
7. **How many negative pressure isolation rooms were there at 13 May 2020, 1 April 2021 and 16 August 2021?**
8. **What was the utilization rate of negative pressure isolation rooms from August 16 2021 to the 15 Sept 2021 listed by day?**
9. **Copies of any communications to and from the DHB with government officials or other DHBs with concerns or requests around negative pressure isolation rooms including the addition of any further rooms during the recent outbreak**
10. **Copies of patient visitor policies from Aug 15 to Sept 15 2021, specifically and changes to policy during the recent outbreak**

On 29th and 30th September 2021, Auckland DHB sought clarification on behalf of the metro Auckland DHBs as to whether you were only requesting briefings, reports, reports, memos, aide's memoirs, cabinet papers and texts or the data in the bullet points. They followed up with you again on 4th October 2021. That same day, you advised the following:

"Briefings and reports usually contain and or summarise data and should be taken as synonymous however for clarity may I please have the data associated with this request."

On 6th October 2021, Waitemata DHB contacted you with the following query and advised that they would notify the other metro Auckland DHBs:

"To make the request manageable for the service, we are seeking further clarification. We have numbered the questions, below, to make it clear which questions we are referring to. We will provide data only for questions 1 to 5, 7 & 8 (highlighted below). For the remaining questions, we are seeking clarification on the timeframes as follows:

6. Copies of any communications to and from the DHB with government officials or other DHBs with concerns or requests around ICU nurses. *[We suggested the timeframe from 1 May 2020 to current (date request received)].*
9. Copies of any communications to and from the DHB with government officials or other DHBs with concerns or requests around negative pressure isolation rooms including the addition of any further rooms during the recent outbreak. *[We suggested the timeframe above.]*
10. Copies of patient visitor policies from Aug 15 to Sept 15 2021, specifically and changes to policy during the recent outbreak. *[No clarification needed.]"*

Waitemata DHB did not receive confirmation, however contacted you again on 12th October 2021 to advise that a response to your request would be provided in line with the clarification above. That same day, the email was acknowledged and passed onto CM Health.

Counties Manukau Health Response:
For context Counties Manukau Health (CM Health) employs over 8,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 601,490 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

Our services are delivered via hospital, outpatient, ambulatory and community-based models of care. We provide regional and supra-regional specialist services i.e. for orthopaedics, plastics, burns and spinal services. There are also several specialist services provided including tertiary surgical services, medical services, mental health and addiction services.

1. **How many ICU nurses (head count) were on payroll at 13 May 2020, 1 April 2021 and 16 August 2021?**
   The Critical Care Complex staffing levels are set to ensure that we maintain 1:1 nursing care for patients in the Intensive Care Unit and 1:2 nursing care for patients in the High Dependency Unit. Over the time period you have requested, we have had around 30 registered nurses (headcount) per 24-hour shift, however this is reflected differently in the payroll system as staff are employed between .20 to 1 FTE (i.e part time to full time).

CM Health ICU Employed Nurses			
Payroll Data - ICU Nurses (excluding casuals and staff on long-term leave)	**13/05/2020**	**01/04/2021**	**16/08/2021**
	75.2	87	86

2. **How many ICU nurses (head count) left and joined the DHB between May 5 and Aug 16 2021?**
   Eleven Registered Nurses (RN's) were recruited during this time and twelve RN's exited the organisation during this time.

3. **How many ICU nurses (head count), ICU beds and ICU patients, ventilated and coronavirus positive were there when the request was made for more ICU nurses at or around Sept 1st?**
   The below table provides information of the nursing staff numbers, patient numbers, covid positive and ventilated patients for the 1st September 2021 and the days surrounding.

Date	Shift	Staff Numbers	Patient Numbers	Covid Patients	Ventilated Patients

31/08/2021	Day	14	9	5	5
	Evening		9	5	6
	Night	14	9	5	4
01/09/2021	Day	17	9	4	6
	Evening		7	3	2
	Night	17	7	3	2
02/09/2021	Day	13	9	4	2
	Evening		12	6	3
	Night	16	10	5	2

4. **What was the utilization rate of ICU beds from Aug 16 2021 to Aug 24 2021 inclusive listed by day?**

Date	% Bed Utilisation
16/08/2021	80%
17/08/2021	82%
18/08/2021	67%
19/08/2021	59%
20/08/2021	57%
21/08/2021	56%
22/08/2021	46%
23/08/2021	52%
24/08/2021	57%
25/08/2021	52%
26/08/2021	43%

5. **What was the ICU/HDU nurse ratio of nurses to patients daily from 1 August 2021 to 15 Sept 2021 listed by day?**

   CM Health does not record ratios as staffing support is dependent on clinical need. In Critical Care we start with a patient allocation at 1:1 and depending on the patient diagnosis and the degree of injury, Care Capacity and Demand Management/TrendCare allocates the nursing hours required for patient care (e.g. provides tasks) versus the hours available.

6. **Copies of any communications to and from the DHB with government officials or other DHBs with concerns or requests around ICU nurses**

   Attachment 1 reflects emails to DHBs from the Ministry of Health regarding ICU Workforce Capacity. There has been no direct communication between CM Health and the Ministry of Health regarding concerns or requests ICU nurses. Requests for additional ICU nursing support were coordinated through Technical Advisory Services (TAS).

   Regarding your request for copies of any communications to and from the DHB with other DHBs with concerns or requests around ICU nurses, we are refusing this aspect of your request under section 18(f) of the Official Information Act due to substantial collation and research. As part of our ongoing management of the Covid-19 pandemic, dozens of our staff in clinical and management roles, are in contact with the other metro Auckland DHBs (Auckland and Waitemata) multiple times a day to monitor ICU capacity and nursing levels.

   To provide the information you are seeking would take frontline staff away from their work and prejudice our ability to provide core services, at a time when staff are concentrated on measures to manage the current Covid-19 Delta outbreak in the region.

   We have considered whether charging, employing a contractor or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have

concluded it would not. We have, therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

7. **How many negative pressure isolation rooms were there at 13 May 2020, 1 April 2021 and 16 August 2021?**
In ICU for the following dates we had the following negative pressure isolation rooms.

Date	ICU Negative Pressure Isolation Rooms
13/05/2020	1 (with the ability to flex to 8)
01/04/2021	4 (with the ability to flex to 8)
16/08/2021	4 (with the ability to flex to 8)

8. **What was the utilization rate of negative pressure isolation rooms from August 16 2021 to the 15 Sept 2021 listed by day?**
The table below reflects occupancy from 16th August 2021 to the 15th September 2021 at 0700 hours. Negative pressure rooms in the Critical Care Complex are only used for Covid-19 patients when they are infectious, Covid-19 patients may remain in the Critical Care Complex for a longer period of time but not necessarily in negative pressure rooms.

Date	ICU Negative Pressure Occupancy at 0700 hours
15/08/2021-27/08/2021	0.0%
28/08/2021	33.3%
29/08/2021	33.3%
30/08/2021	33.3%
31/08/2021	33.3%
1/09/2021	33.3%
2/09/2021	0.0%
3/09/2021	66.7%
4/09/2021	33.3%
5/09/2021	33.3%
6/09/2021	33.3%
7/09/2021	33.3%
8/09/2021	33.3%
9/09/2021	33.3%
10/09/2021	33.3%
11/09/2021	66.7%
12/09/2021	66.7%
13/09/2021	66.7%
14/09/2021	66.7%
15/09/2021	66.7%
16/09/2021	66.7%

9. **Copies of any communications to and from the DHB with government officials or other DHBs with concerns or requests around negative pressure isolation rooms including the addition of any further rooms during the recent outbreak**
CM Health has been working with the Ministry of Health around covid-19 capacity and negative pressure rooms since the initial covid-19 lockdown in 2020 which is a project we are still working on. The only new discussions during the recent outbreak, from 17th August 2021 we have had

regarding increasing negative pressure are reflected in attachment 2. We have withheld some information to protect advice under consideration under section 9(2)(f)(iv) of the Official Information Act 1982.

Regarding your request for copies of any communications to and from the DHB with other DHBs with concerns or requests around negative pressure rooms, we are refusing this aspect of your request under section 18(f) of the Official Information Act due to substantial collation and research. As part of our ongoing management of the Covid-19 pandemic, dozens of our staff in clinical and management roles, are in contact with the other metro Auckland DHBs (Auckland and Waitemata) multiple times a day to monitor Covid-19 capacity.

To provide the information you are seeking would take frontline staff away from their work and prejudice our ability to provide core services, at a time when staff are concentrated on measures to manage the current Covid-19 Delta outbreak in the region.

We have considered whether charging, employing a contractor or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

10. **Copies of patient visitor policies from Aug 15 to Sept 15 2021, specifically and changes to policy during the recent outbreak**
    Attachment 3 reflects visitor policies for levels 1, 2, 3 and 4. These are living documents, regularly reviewed and subject to ongoing updates as required.

Direct contact information such as phone numbers and email addresses for staff has been redacted under section 9(2)(a) to protect the privacy of the natural persons.

I trust this information answers your request. You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely

Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health

Attachment 1

From: Ferila.Betham[redacted] on behalf of Anna.Clark[redacted]
Sent: Friday, 07 August 2020 11:26
To: John Beca (ADHB)[redacted]; Mark Shepherd (WDHB); [redacted] Major Disasters Only - Intelligence Manager (CMDHB);[redacted] Sarah Pickery (NDHB);[redacted]
Subject: RE: Summary of key themes from DHB discussions on surging the ICU workforce
Attachments: Memo on key themes from DHB ICU surge workforce meetings.pdf

Kia ora koutou

Thank you all for taking the time to speak with us in May to help understand the opportunities and the challenges in relation to surging your ICU workforce, and what role the Ministry could play in supporting DHBs in this. Attached is a summary of key themes that came out of those meetings, and the next steps for the Ministry - including the funding available to enable ICU training, which you received information on last week.

Ngā mihi, Anna

Anna Clark
Deputy Director-General | Health Workforce | Ministry of Health
E:[redacted]
http://www.health.govt.nz

Memorandum

DHB and Ministry of Health meetings on ICU surge workforce capacity: Summary of key themes, insights and challenges

To:	DHBs CEOs and ICU Management
Copy to:	Margareth Broodkoorn and Andrew Simpson
From:	Anna Clark, Deputy Director General, Health Workforce
Date:	6 August 2020
For your:	Information

Purpose of report

1. The Ministry of Health met with ICU clinical staff across the 20 DHBs to discuss their plans for surging the ICU workforce in response to the COVID-19 pandemic. This followed on from requests for information on bed and surge capacity.
2. The Ministry was interested in understanding:
   - Models of care
   - Workforce capacity and capability
   - Training undertaken and training planned
   - How the Ministry could provide support.
3. This Memorandum provides you with a summary of the key themes, insights and challenges that were raised during these meetings. It also sets out the support the Ministry will provide to DHBs in response to the challenges identified.

DHB ICU pandemic plans

4. DHBs have all undertaken planning on how to manage ICU workforce capacity in a pandemic situation. All DHBs have ICU pandemic plans in place or under development that include phased escalation of the ICU and its workforce.
5. These plans have been approached differently, taking into account the different operating context for each DHB, including:
   - the overall demand for hospital services (some hospitals, such as Middlemore, needed to continue to provide national services such as the National Burns Unit during Alert Level 4)

- available space and opportunities to put more beds into existing ICU spaces or to extend the ICU into other areas of the hospital such as the HDU, PACU or theatre areas and the impact this has on staffing
- the ability to use staff with previous ICU experience or to train up staff to provide support in the ICU
- the availability of equipment and the ability to adapt equipment for use in the ICU, for example, anaesthetic machines.

6. DHBs have various options for expanding ICU capacity and managing infection risk including:
    - creating separate red and green zones within the ICU (this creates challenges in terms of rostering staff)
    - fitting more beds into existing ICU spaces rather than splitting across geographical areas if possible
    - moving to PACU, ED and/or theatre spaces
    - modifying anaesthetist machines as a temporary solution (no consistency in type of ICU or anaesthetist machines used).
7. Some DHBs had an ICU hot desk coordinator role to coordinate patients across the hospital and to organise flights.

ICU surge workforce capacity

8. DHBs are looking at how to surge their ICU workforce capacity as part of their pandemic planning.
9. All DHBs planned to increase the number of hours worked by having part-time staff move to fulltime hours or move to 12-hour shifts, though this would only be sustainable for a short period of time (about two weeks).

ICU nursing capacity

10. DHBs have taken several steps to boost their ICU nursing capacity. They have identified current and previous staff with ICU experience for refresher training and targeted non-ICU staff for training in basic ICU care, and have had a focus on supporting nurses to feel confident in the ICU.
11. This has included PACU nurses, theatre nurses, emergency department nurses, and medical and surgical ward nurses. Anaesthetic technicians were also a key resource for providing back-up support in the ICU. Five DHBs brought in nurses from private hospitals.
12. Small DHBs need a flexible nursing workforce with nurses being able to apply their skills in multiple ways and work across various settings.

ICU medical capacity

13. Medical support in the ICU has mainly come from Anaesthesia but also Emergency Medicine, General Medicine and outside of the DHBs, for example, General Practitioners.

14. All DHBs indicated a reliance on anaesthetists. Anaesthetists were the primary source of additional medical staff after existing ICU SMOs and ICU experienced RMOs.

15. Anaesthetists were generally only available because elective surgery stopped during the lockdown. ED doctors were also called upon if required across many of the DHBs, along with orthopaedics, surgeons and general practitioners.

16. There was a mostly positive response from Anaesthetists to involvement in pandemic planning and working in and providing back up in ICU.

Other staff brought in to support ICU workforce capacity

17. Some DHBs also looked at using allied health professionals for other cares such as proning and turning. In some DHBs ICU pharmacists and social workers were brought in to assist where possible.

18. Some DHBs looked at using physios to do proning and to provide ICU ventilation support. It was noted that physios have excellent clinical insight into the use of ventilators and some DHBs saw an opportunity to target the professional development of this cohort.

19. Physio have set up Prone turning teams, with allied health staff and other hospital staff doing proning and routine turns assistance.

Models of care

20. If current ICU capacity was exceeded, DHBs would move to a team-based model of care with one ICU nurse overseeing a pod of non-ICU nurses and allied health professionals. The intention is to free up ICU trained staff to oversee and support non-ICU staff at the bedside.

21. Staffing ratios would change depending on several factors, such as sickness, demand for ICU and demand in other parts of the hospital, and staff capability. Most DHBs would move to a ratio of one ICU nurse to three non-ICU nurses, with a smaller number prepared to move to a ratio of 1:4 or 1:5.

22. Some DHBs are also planning ways to minimise the impact of a COVID-positive staff member on the rest of the workforce, including by cohorting staff working with COVID-19 and non-COVID patients.

Training completed

23. Level 4 lockdown meant hospitals were quieter and they were able to undertake training and education sessions

24. Anaesthetists needed orientation training, mainly in the use of equipment. Training for nurses included a mixture of:

    - In-house courses run by their own educators
    - Online modified BASICS course provided by Hawke's Bay DHB
    - Massey University online course
    - Practical simulations

- Orientation shifts and buddy training.

25. Smaller DHBs have limited capacity to rotate staff and there is a challenge to upskill as patients are not generally in ICU for long periods. Some provincial DHBs sent staff to tertiary DHBs for training and to build relationships in preparation for using telehealth.

26. The aim of most DHBs was to provide enough familiarity with the equipment and enough supervision on a continuous basis, and ensure they can maintain standards within an environment requiring higher levels of intensity.

Training planned

27. All DHBs highlighted the challenges of releasing staff for initial induction/rapid orientation and ongoing upskilling, including because hospitals are now operating at full capacity. This means significant further training would likely be triggered by an increase in COVID-19 patients.

28. Most DHBs agreed that, time permitting, continual practical experience is needed along with theoretical training. Some are aiming for two to three monthly refreshers, others six months, while some had no plans for further training unless required.

29. Some DHBs are trying to incorporate ICU training as part of a nurse's usual education hours, and in some there is ongoing liaison between education teams in the ICU and non-ICU areas to identify gaps and to provide training to bridge the gaps.

30. For the smaller DHBs, there is a challenge in providing sufficient exposure to ventilated patients when they do not have an ICU or rarely have ventilated patients.

31. Keeping private hospital staff personnel up-to-date is also a challenge for some DHBs.

Regional networks

32. All DHBS work within a regional network and some had a plan in place about how they would work together to manage a surge.

33. Generally, a centralised approach was taken with provincial or rural hospitals planning to send patients to tertiary hospitals as quickly as possible. Some of these networks had been tested through previous critical events, such as SARS, Canterbury Earthquake and the White Island eruption. Some noted they would like to better understand regional capacity.

34. Some DHBs formed Memorandums of Understanding with the private hospitals in their area.

35. A few DHBs, such as Northland and the West Coast, made good use of telehealth, with regular calls between rural DHBs and the tertiary DHB. Staffing is very tight for a small rural hospital, but they felt more comfortable because they had telehealth support.

Ministry of Health support

36. A range of areas were identified where the Ministry could provide support to surge ICU workforce capacity. The most common areas identified were:

- working with DHBs to develop a multi-disciplinary network of ICU practitioners - this would be led by DHBs and focus on setting priorities, regional contingency planning and movement of ICU staff as required
- providing a national database with up-to-date information on ICU capacity
- providing national direction around the need for refresher training and regularly releasing staff for training
- supporting and facilitate development of minimum standards for training
- funding to support the release of staff for training and for telehealth equipment
- facilitating or helping administer ICU training courses, such as the BASICS course
- addressing issues around the sustainability of student placements
- developing a strategy for increasing the number of nurses
- assisting with supporting / promoting anaesthetists to work in the ICU.

Next steps

37. The Ministry is taking a number of steps to support DHBs in response to the challenges identified.

38. The Ministry has set aside $2 million from the Covid-19 workforce funding to reimburse DHBs for the costs of releasing staff for training, including costs incurred by regional DHBs in sending non-ICU staff to tertiary DHBs for refresher training in larger and busier ICUs. This funding has been communicated to DHBs and is available while we are in the COVID-19 Alert Levels.

39. The Ministry is undertaking work to scope a multi-disciplinary network of ICU practitioners. This could be led by DHBs and help with setting priorities, regional contingency planning and movement of ICU staff if required in a localised outbreak, however further work is needed to determine the role for such a network and how it would operate (e.g. who it would be accountable to). Over the medium to long term, the Ministry will work with Directors of Nursing, Critical Care nurses within DHBs, and with the College of Critical Care Nurses, to develop a consistent ICU training framework, including a minimum standard for a nurse to work in an ICU. The Ministry will also work with the College of Anaesthetists to discuss options for ensuring that anaesthetists undertake sufficient training in the ICU so that they are more able to step in to support future pandemics or times of high need.

From: Ferila Betham [redacted] on behalf of Anna Clark [redacted]

Sent: Friday, 13 November 2020 08:45

To: John Beca (ADHB); [redacted] Mark Shepherd (WDHB); [redacted]; Major Disasters Only - Intelligence Manager (CMDHB) [redacted] Sarah Pickery (NDHB) [redacted] Dale Bramley (WDHB); [redacted] Nigel Trainor (SCDHB); [redacted] Margie Apa (CMDHB); Nick Chamberlain (NDHB); Ailsa Claire (ADHB) [redacted]

Subject: ICU Funding - Amendment

Attachments: 20201112 Letter ICU Funding Amendment.pdf; 20201112 Updated Guidance document outlines.pdf

Kia ora koutou,

We previously communicated to you details on the funding support available for training towards surging your ICU workforce. Based on recent conversations with DHBs, we have expanded the criteria for the funding, which now includes the ability to include costs of nurse educator time.

The attached letter and updated guidance document outlines these changes.

Ngā mihi

Anna Clark
Deputy Director-General | Health Workforce | Ministry of Health
E: [redacted]
http://www.health.govt.nz

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

12 November 2020

Tēnā koe

Expansion of the criteria for the funding to support DHBs to surge ICU workforce capacity

You will be aware that to support DHBs in their COVID-19 preparations, the Ministry had previously set aside $2 million from the COVID-19 workforce funding to reimburse DHBs for the costs of releasing staff for training to boost their ICU nursing capacity.

At the current time this funding is available to cover the following costs:

- costs of accommodation for staff required to travel to receive training;
- a daily allowance for food, if required, for travelling staff;
- travel costs;
- Travel Management Company (TMC) transaction charges, where applicable;
- wage costs for staff backfill.

Based on recent conversations with DHBs, accessing Nurse Educator time in a BAU environment would seem to be one of the biggest limiting factors to DHBs in undertaking the necessary training. As a result, we are expanding the costs which can be funded to include nurse educator time.

Funding will continue to be used to meet qualifying costs while New Zealand is in the COVID-19 Alert Levels. Retrospective costs for training undertaken prior to the initial communications of this scheme will not be eligible.

The process for applications for approval and cost recovery will remain largely unchanged from the status quo. Detail on the eligibility and process for claiming this funding is attached to this email. This information is also being provided to those in your DHB.

Any questions about this funding can be sent through to info@healthworkforce.govt.nz.

Ngā mihi

Anna Clark
Deputy Director-General
Health Workforce

Guidance for DHBs – Updated 10 November 2020

Funding to support surging ICU workforce capacity for the Covid-19 response

Eligibility and process for claiming funding

About this funding

During May 2020, the Ministry held discussions with all 20 DHBs focusing on plans to surge their ICU workforce, ICU models of care, training undertaken and planned for the future, and areas where the Ministry could support DHBs to surge its ICU workforce capacity.

All DHBs raised the ability to release staff to undertake ICU training (including refresher training) as a key challenge to building and maintain workforce capacity.

To support DHBs to do this, the Ministry has set aside $2 million to reimburse DHBs for the costs of releasing staff for training, including costs incurred by smaller DHBs in sending non-ICU staff to larger DHBs for practical refresher training.

DHBs may claim funding to cover travel, accommodation and backfilling costs for staff attending ICU training (including refresher training and in-house training), and nurse educator time to deliver the training while COVID-19 Alert Levels are in place.

This scheme will provide support for up to two days' training per staff member every six months.

Eligibility

The scheme covers:

- travel and accommodation costs incurred for DHB staff who need to travel to undertake ICU training (including refresher training);
- wage costs incurred by DHBs to backfill staff undertaking this training (either using DHB or agency staff); and
- nurse educator time to deliver the training.

Specific costs that can be covered by the scheme include:

- For staff required to travel to receive initial or refresher training:
    - the total cost of accommodation for the eligible period;
    - a daily allowance for food, if required, which will be based on the DHB's current policies relating to meal allowances for travelling staff;
    - travel costs - this may include reimbursement of air travel, rental cars, taxis or other public transport (trains, buses)
    - Travel Management Company (TMC) transaction charges, where applicable.
- For backfilling staff who have been released for initial or refresher training:
    - wage costs for additional staff.
- For Nurse Educator time to deliver the training:
    - wage costs

Please note:

- Retrospective costs for training undertaken prior to this date are not eligible for this scheme.

The process for submitting a claim

Prior to the reimbursement process, we request that an indicative 'proposal for funding' be submitted which will outline the current ICU state at the DHB, the activity to be undertaken, and the expected future state as a result of undertaking the training. A template is attached as Appendix I to help guide this proposal.

The Ministry will assess this proposal and confirm the amount we are prepared to fund. Any variances to the requested funding amount made by the Ministry will be explained to the DHB.[1]

Upon completion of the training, the DHB will submit a report identifying the increase in numbers trained as a result of this scheme, accompanied by a GST tax invoice and receipts for the reimbursement of actual costs. A list of the staff who attended the training and those who provided backfill cover will also be provided. A template for this is attached as Appendix II.

Claims should be emailed to info@healthworkforce.govt.nz with the email subject: *Costs for Surging ICU Workforce Training.*

Note: the invoice must be a tax invoice:

For all claims:

- DHB details
- GST information
- Invoice number (if required)

For staff required to travel to receive initial or refresher training:

- Staff details (name, role)
- Description of accommodation provided (including number of nights of stay and accommodation provider).
- Copy of the accommodation and travel costs paid (receipt or other) attached. This may be costs paid directly to accommodation and travel providers, or through a Travel Management Company (TMC).
- In line with the coverage of this scheme, costs may include:
    - room costs, including internet – up to three nights to allow for arrival, one night between training days, and one night on completion of training if same day departure not feasible.
    - meals (receipts must be provided).
    - travel costs
    - TMC transaction charges.

For backfilling staff who have been released for initial or refresher training:

- Staff details (name, role and who they provided cover for)

[1] Note that funding applications will likely only be declined if the claim is for expenses not related to the ICU surge workforce training or within the eligible timeframe; or if ineligible costs are claimed.

- Evidence of wage costs

Approving and processing claims

The Ministry of Health will review the application and check that all the necessary information is included. If there are any omissions, the applicant will be contacted with a request to provide the outstanding detail.

Applications for cost recovery will be approved by the Deputy Director-General Health Workforce (or their delegate).

Payment

Payments will be processed on the 20th of the month following receipt and action of the expense claims, unless otherwise identified on the DHB invoice.

Appendix I

PROPOSAL FOR FUNDING TO SUPPORT SURGING ICU WORKFORCE CAPACITY FOR THE COVID-19 RESPONSE

CONTACT DETAILS:

DHB:

Name: **Role:**

Email: **Telephone:**

PROPOSAL SUMMARY:

Current State (what are the gaps in ICU COVID-19 surge Workforce capacity). *We recommend you consider including the number of ICU beds available and current numbers of trained staff.*

Activity to be undertaken (what training plan / modules / duration). *We recommend you consider including the numbers and roles of staff intending to participate in the training.*

Expected Future State (benefits and impacts of the training). *We recommend you consider outlining how many trained staff you would have available once the training is complete.*

COSTINGS

STAFFING – Maximum 3 days can be claimed

Role/s	Number	Hours required	Rate per hour	Total Cost	Purpose
(ie) RN	*5*	*16 per role*	*$30.00*	*$2,400.00*	*Backfill*
(ie) Nurse Educator	*2*	*8 per role*	*$45.00*	*$720.00*	*Deliver training*

TRAVEL / ACCOMMODATION - Maximum 2 nights / 3 days can be claimed

ACTIVITY	DETAILS	COSTS	TOTALS
TRAVEL			
ACCOMMODATION			
MEALS			
OTHER			

TOTAL COSTS REQUESTED: $

DATE:

MINISTRY OF HEALTH

TOTAL COSTS APPROVED: $

VARIENCE EXPLANATION:

AUTHORISED BY: Name: Role:

DATE:

DHB ADVISED: Date:

Appendix II

POST TRAINING CLAIM FORM

Date:	

ORGANISATION DETAILS

DHB:	
Address:	
Invoice No:	
Submitted by:	
Role:	
Contact Details:	

DATES TRAINING DELIVERED

From (date):	To (date):

CLAIM DETAILS

Staff Name (training attendee)	Role	Travel/Accommodation Costs (actuals)	Backfilling Costs (actuals)	Other (actuals)

❒ Invoice attached ❒ Receipts attached

Claims should be emailed to **info@healthworkforce.govt.nz** with the **email subject:** ***Costs for Surging ICU Workforce Training.***

Attachment 2

From: Raj Bali (CMDHB)
Sent: Friday, 03 September 2021 8:19 AM
To: 'Nigel Ellis' s9(2)(a)
Subject: RE: PLACEHOLDER: CMH - Oxygen Project - Align understanding on current status and further support requirements.

Hi Nigel,

Are you ok for this meeting with Alan and Anton at 12.30pm today?

Regards
Raj

-----Original Appointment-----
From: Raj Bali (CMDHB)
Sent: Thursday, 02 September 2021 2:24 p.m.
To: Raj Bali (CMDHB); 'Nigel Ellis'; Alan Greenslade (CMDHB); Anton Venter (CMDHB); Jonathan Graham (CMDHB); Greg Cahill (CMDHB)
Subject: PLACEHOLDER: CMH - Oxygen Project - Align understanding on current status and further support requirements.
When: Friday, 03 September 2021 12:30-13:00 (UTC+12:00) Auckland, Wellington.
Where: https://cmhealth.zoom.us/j/98473769024

zoom

Hi there,

Raj Bali is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting

One tap mobile: s9(2)(a)
Meeting URL: https://cmhealth.zoom.us/j/ s9(2)(a)
Meeting ID: s9(2)(a)

Join by Telephone

For higher quality, dial a number based on your current location.

Dial: [redacted]

Meeting ID: [redacted]

International numbers

From: Raj Bali (CMDHB)
Sent: Thursday, 16 September 2021 12:09 PM
To: Nigel Ellis [redacted]
Cc: [redacted]
Subject: RE: Holding booking - CMDHB Ward 7 Air management

Thanks Nigel.

Let's go ahead with the meeting. Please note I will have to be away by 1.40pm.

Regards Raj

From: Nigel Ellis [redacted]
Sent: Thursday, 16 September 2021 11:37 a.m.
To: Raj Bali (CMDHB)
Cc: [redacted]
Subject: RE: Holding booking - CMDHB Ward 7 Air management

The hand marked up sketch will be fine

Attendees are

- Greg Cahill
- Terry Rings
- Jonathan Graham
- Stuart Jones
- Stephen McBride
- Nathan Linton
- Rebecca Findlay
- Elizabeth Bryce
- Chris Hood

From: Raj Bali (CMDHB) [redacted]
Sent: Thursday, 16 September 2021 11:24 am
To: Nigel Ellis [redacted]
Cc: [redacted]
Subject: RE: Holding booking - CMDHB Ward 7 Air management

Hi Nigel,

I am still waiting on the drawings to be marked up properly so we can discuss agenda points a & b. I have attached hand sketch as reference for now.

Can you please confirm the names of people who have accepted your invite already.

Otherwise happy with the agenda.

Regards
Raj

From: Nigel Ellis [redacted s9(2)(a)]
Sent: Thursday, 16 September 2021 11:19 a.m.
To: Raj Bali (CMDHB)
Cc: [redacted s9(2)(a)]
Subject: Holding booking - CMDHB Ward 7 Air management

Hi Raj

Confirming for today – can you please confirm timing is 12.30 and provide feedback on the agenda below.

The suggested agenda is:

a. CMDHB present plans for decanting and ward availability
b. CMDHB works to add portals to 3x rooms to increase iso room capacity
c. General discussion to confirm works scope and request for air management upgrade works
d. Agree next steps and timing

Many thanks

Nigel.

Nigel Ellis
Technical Advisor
COVID-19 Health Response
Ministry of Health
[redacted s9(2)(a)]

immediately and delete this message.
****
*

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From: Scott MacKenzie [redacted]
Sent: Wednesday, 29 September 2021 11:17 a.m.
To: Chad Preece; Stuart Powell
Cc: Alan Greenslade (CMDHB); Kate Pierson
Subject: RE: Urgent information request from the Minister's Office

Thanks Alan – Chad/Stuart, can you please connect the below (if not already) to Stuart the work we did yesterday re media questions?

This again is a challenge of referring to negative pressure rooms vs isolation rooms vs AIIRs vs other improvements to wards/spaces appropriate for the management of COVID patients. There is potential discrepancy between what we said to media and below as to the extent of work to increase isolation rooms.

Scott

From: Alan Greenslade (CMDHB) [redacted]
Sent: Wednesday, 29 September 2021 10:04 am
To: Scott MacKenzie [redacted]
Subject: Fwd: Urgent information request from the Minister's Office

As discussed Scott.
Ngaa mihi
Alan

Sent from my iPad

Begin forwarded message:

From: "Alan Greenslade (CMDHB)" [redacted]
Date: September 28, 2021 at 5:02:00 PM GMT+13
To: Chad Preece [redacted]
Cc: "HIU (Health Infrastructure Unit)" [redacted] "Anton Venter (CMDHB)" [redacted]
Subject: RE: Urgent information request from the Minister's Office

Hi Chad. Good to talk just now.

CM Health is currently undertaking COVID resilience planning for when the boarders open. This includes an assessment of our isolation and negative pressure rooms and wards across MMH and Manukau Health Park.

Earlier this year, we were working with the MoH on Oxygen supply upgrades to the wards and associated Heating Ventilating and Air Conditioning (HVAC) modifications to achieve the recommended oxygen scavenging levels. This work has focused on the Scott Building (mainly medical wards).

The MoH's contractors completed the Oxygen supply capacity upgrade to MMH wards in July but we did not proceed with the HVAC modification in the Scott building due to timing and our pending winter demand peak. We are now circling back to complete this work, with the MoH contractors, now that we are passed winter. MoH has commissioned Beca engineers to do HVAC redesign options and these are being costed. We have also increased Paediatric Neonatal isolation rooms – which could be used for adults if required.

In parallel with the Scott Building modifications, we are also scoping the upgrading of our ICU, Edmond Hillary Ward Block and Women's Health facilities to achieve full 100% fresh air HVAC systems, additional isolation rooms and (where possible) negative pressure wards. This is part of a suite of options we are submitting to the Regional CEO's Forum to improve COVID resilience across the region. The MoH is also supporting this process.

These HVAC modifications, and additional isolation rooms, will greatly enhance our COVID capability and capacity.

In response to your other questions:

- Why the build was paused. Due to pending winter patient demand workload, and need to maximise beds while the Neonatal Unit and Cardiac Catheter Lab were under fit-out, we decided to pause the upgrading of Scott Building HVAC modifications until after winter.
- What were the building consent issues and how have these been resolved. We did have unrelated consent delays in the NNU and CathLab works but these have been resolved and work has restarted. This was not a COVID issue.

Chad – Anton can provide additional details if required.

Regards
Alan

Alan Greenslade
Director – Infrastructure
s9(2)(a)
[redacted]
Counties Manukau Health I 100 Hospital Road, Papatoetoe
Private Bag 94052 Manukau 2241,
countiesmanukau.health.nz I COUNTIES MANUKAU DISTRICT HEALTH BOARD

From: Chad Preece s9(2)(a) [redacted]
Sent: Tuesday, 28 September 2021 4:01 p.m.
To: Alan Greenslade (CMDHB)
Cc: HIU (Health Infrastructure Unit)
Subject: Urgent information request from the Minister's Office
Importance: High

Alan – I tried calling you, but below is the email regarding the information that the Minister's Office has asked us for. Are you able to give me a few lines on this?

"The Office has received queries relating to the building of negative pressure rooms at Middlemore Hospital from Hon James Shaw. Can we please have a one-page on the background of the situation, including:

- Current status
- Why the build was paused.
- What were the building consent issues and how have these been resolved.

Due COP today please."

Chad.

Chad Preece
Operations Manager – Health Infrastructure Unit
DHB Performance, Support & Infrastructure
[redacted] s9(2)(a)

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From: Nigel [redacted]
Sent: Friday, 12 November 2021 2:11 PM
To: Anton Venter (CMDHB) [redacted]
Cc: Ganesh Sankar (CMDHB) [redacted] Alan Greenslade (CMDHB) [redacted] nz>; Nicola Caldwell (CMDHB) [redacted]
Subject: RE: CMH Covid Programme Management list (Prioritised).xlsx

Thanks Also Anton – this is very useful stuff!

From: Anton Venter (CMDHB) [redacted]
Sent: Friday, 12 November 2021 10:17 am
To: Nigel Ellis [redacted]
Cc: Ganesh Sankar (CMDHB) [redacted]; Alan Greenslade (CMDHB) [redacted] Nicola Caldwell (CMDHB) [redacted]
Subject: CMH Covid Programme Management list (Prioritised).xlsx
Importance: High

Hi Nigel,

As discussed previously CM Health have a program of work currently underway to increase and improve pandemic management capacity.
Attached is the current work plan. Items will be added further over the next few months. The plan also indicates some timelines and very rough estimates for consultations and design phases, delivery costs not indicated for projects still needing design.

We have started discussions with the hospital teams on ICU capacity and we will discuss this with you further, Apart from that below are the opportunities that will progress in the very near future that we could use MoH assistance with;

Opportunities for MoH to support

- [redacted]

Ganesh is our programme manager, I will follow up on this email with the program overview document and we will set up a meeting for us to start some discussions

Kind Regards

Anton Venter
General Manager – Facilities, Engineering and Asset Management

[redacted]
Building 26, Projects Office I Middlemore Hospital I 100 Hospital Road, Otahuhu I Private Bag 93311 Otahuhu, Auckland 1640
countiesmanukau.health.nz I COUNTIES MANUKAU DISTRICT HEALTH BOARD

Kind Manaakitanga | Excellent Rangatiratanga | Valuing everyone Whakawhanaungatanga | Together Kotahitanga

From: Nigel Ellis [redacted]
Sent: Friday, 12 November 2021 2:09 PM
To: Anton Venter (CMDHB) [redacted]
Cc: Ganesh Sankar (CMDHB) [redacted]; Alan Greenslade (CMDHB) [redacted] Nicola Caldwell (CMDHB) [redacted]
Subject: RE: CMH Covid Programme Management list (Prioritised).xlsx

Thanks Anton – much appreciated

From: Anton Venter (CMDHB) [redacted]
Sent: Friday, 12 November 2021 1:42 pm
To: Nigel Ellis [redacted]
Cc: Ganesh Sankar (CMDHB) [redacted]; Alan Greenslade (CMDHB) [redacted] nz>; Nicola Caldwell (CMDHB) [redacted]
Subject: RE: CMH Covid Programme Management list (Prioritised).xlsx

Hi Nigel

Further to my previous email attached is our program overview and our room classification (CMH standard we have developed)

Regards
Anton

From: Anton Venter (CMDHB)
Sent: Friday, 12 November 2021 10:17 a.m.
To: [redacted]
Cc: Ganesh Sankar (CMDHB); Alan Greenslade (CMDHB); Nicola Caldwell (CMDHB)
Subject: CMH Covid Programme Management list (Prioritised).xlsx
Importance: High

Hi Nigel,

As discussed previously CM Health have a program of work currently underway to increase and improve pandemic management capacity.
Attached is the current work plan. Items will be added further over the next few months. The plan also indicates some timelines and very rough estimates for consultations and design phases, delivery costs not indicated for projects still needing design.

We have started discussions with the hospital teams on ICU capacity and we will discuss this with you further, Apart from that below are the opportunities that will progress in the very near future that we could use MoH assistance with;

Opportunities for MoH to support

- s9(2)(f)(iv) [redacted]

Ganesh is our programme manager, I will follow up on this email with the program overview document and we will set up a meeting for us to start some discussions

Kind Regards

Anton Venter
General Manager – Facilities, Engineering and Asset Management

s9(2)(a) [redacted]

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Attachment 3

Policy and Procedure: Level 1 Visiting and Supporting Inpatients

Contents

Policy: Level 1 Visiting and Supporting Inpatients

Background

The involvement of family/Whaanau and other visitors are known to have a beneficial effect on patients' comfort and recovery. This is confirmed in literature as well as by the positive comments made by patients in our feedback systems. We are also mindful of our obligations under the Treaty of Waitangi to provide an environment in which Maaori thrive and achieve equity and for that the involvement of their Whaanau is essential. The whakatauaki below talks of the importance of weaving together the best outcomes for our community, in the context of the needs of their Whaanau and hospital services. It is our hope that this policy will set the foundation for better and more inclusive pathway of oranga/health.

"He raranga whaariki
He raranga tangata"

The weaving together of the foundation mat
Means the weaving together of people

CM Health values the important role family/whaanau and visitors have in supporting patients' recovery. In addition to the social and emotional support they provide through visiting, some family/whaanau want to participate more directly by providing physical care. CM Health supports family/whaanau direct participation in care and their involvement is valued as an important adjunct to patients' care and comfort.

The Health and Disability Commissioners Code of Rights (Right 8) confirms the right of patients to have a support person present however. This needs to be balanced to ensure a safe and therapeutic environment for all patients. Right 8 states "Every consumer has the right to have one or more support persons of his or her choice present except where safety may be compromised or another consumer's rights may be unreasonably infringed".

CM Health supports flexible visiting and family/whaanau participation in care within the context of providing a safe therapeutic environment (See Figure 1 adapted from Planetree (2017)). This policy is aligned with our Counties Tikanga: *"Haumara te taonga - Keeping our treasures safe".*

Family/whaanau and visitors support and involvement are underpinned by the following principles:

CM Health Values	Underpinning principle and approach
Whakawhanaungatanga *Valuing everyone*	• Patient centred care • A genuine concern and sensitivity for our patients needs particularly wairua, whanau and whenua • Smiling, welcoming and approachable taking time to connect authentically • Cultural capability and sensitivity
Manaakitanga *Kind*	• Mana enhancing • Mutual respect • Our obligation to ensure safe, quality and patient centred care with the comfort, dignity and privacy of the inpatient paramount.
Kotahitanga *Together*	• Working in partnership • Effective communication including (i) assessing current understanding, (ii) build on understanding and (iii) check understanding (health literacy) • Working as a team balancing the patient and whaanau's needs and ensuring a safe environment for all
Rangatiratanga Excellent	• Critical thinking • Professional, inspiring confidence through safe practice

Purpose

This policy outlines how CM Health's facilitates visiting and supports family/whaanau participation in care. It describes visiting hours, the number of visitors, out of hour's visitors, the role of family/whaanau in providing care - within the context of a safe and therapeutic environment. It also describes the screening and registration process to support contact tracing for visitors to our sites including outpatients, support people and business visitors, due to COVID – 19 requirements.

Scope of Use

This policy and procedure is applicable to all inpatient areas and is applicable to all CM Health employees, (full-time, part time and casual (temporary) including contractors, visiting health professionals and students working in any CM Health facility and staff who are visiting patients (as Whaanau/family/friends) in another area to that which they usually work. This policy applies to all visitors across the District Health Board, where outpatient and inpatient services are being provided.

Visitor screening & registration

Due to winter capacity, bed space limitations, and that some clinical areas currently sit in the 'high risk' area of the Hospital Response Framework, public health measures are still required. Therefore all visitors, including repeat visitors, outpatients and their support person, and business visitors, must be screened and registered to enable contact tracing prior to entering the site using questions based on current COVID-19 case definition.

NOTE: Visitors that answer 'YES' to any one of the screening questions (a positive result), will only be permitted to enter the premises **by exception** following discussion and agreement of the Infectious Diseases Consultant.

Visiting hours – inpatient units

CM Health takes a flexible approach to visiting, however a careful balance must be maintained between patients' wishes to have the support of family/whaanau and visitors and the need to maintain a safe therapeutic environment that facilitates rest and recovery of all inpatients.

- Patients are welcome to have a "Key Support Person" that they nominate to be with the patient **at all times** by arrangement for compassionate reasons[1]. They must be provided with 'Key Support Person' identification that distinguishes them from other visitors.
- The Key Support Person is welcome to visit between **8am and 8pm** when there is no compassionate reason.
- Family/whaanau is welcome between **2pm – 8pm**. Visits outside of these times can be arranged with the Nurse in Charge by exception. They must be provided with 'visitor' identification.
- Children may visit under the age of 16 between **2pm and 8pm** by arrangement for compassionate reasons if supervised and under the control of family/whaanau at all times.
- Some wards will have rest periods where the ward is closed to all except the Key Support Person for up to two hours a day due to patient acuity so patients can rest. This must be clearly signposted and communicated and have the agreement of the Division's Clinical Nurse Director and Clinical Director.

There may be occasions where for safety, infection prevention and control, patient acuity or privacy that visiting may have to be limited. It is important to explain the reasons and for how long the expected restrictions may last.

Number of visitors

No more than 2 family/whaanau are permitted at the patient's bedside (2pm-8pm) in addition to the Key Support Person at any time. When more than 2 people want to visit, these must be rotated to minimise the impact of crowding and noise on other patients. If this is for compassionate reasons, staff should consider transferring the patient to a single/side room and advise family of areas where they can congregate and wait their turn.

Note: Carers attending for family meetings or education do not 'count' towards the number as they are not visiting.

Overnight stays

The Key Support Person that they nominate to stay overnight with them must:

- Be there to support the patient and not with the intention to sleep as opposed to dozing off which is acceptable. An exception is paediatric areas.
- Be 16 years and over.
- Sign an Overnight Visitor Register (for Health and Safety reasons)
- Obtain Key Support Person Identification from Security (if they arrive after hours).

Note: If the gender of the key support person is being considered to preclude them from staying overnight, this situation should be discussed with the Chief Midwife or Clinical Nurse Director. It is expected that arrangements should be possible to support the support needs e.g.: moving the patient to a side room.

Outpatient areas

Outpatients are permitted to bring one support person with them who must be screened. They must have the prior agreement of the outpatient service if attending with children under 16 (who are not

[1] Given the clinical judgement: patient status, situation, consistency, and clinical environment situation, as all these aspects need to be taken into account. If unsure discuss with the Clinical Nurse Director in hours or Duty Nurse Manager out of hours. Inform the MDT of the decision and document in the health record

the patient). Paediatric outpatient service is an exception where both parents or caregivers are welcome to attend; other dependents may be bought if no childcare is available.

Discretion to vary this policy

At times because of the circumstances of the patient or family/Whaanau it may be necessary and compassionate to vary aspects of this policy.

Examples of compassionate considerations are:

- The acuity of the patient (non-acute, acute but stable, acute – unstable, palliative) critically ill or dying or
- Being on the AMBER Care or Manawanui pathway or
- An admission (or combination of admissions) has been for a prolonged period e.g.: more than 7 days or
- a requirement for additional emotional or psychosocial support and care from family/whaanau beyond what technology can provide or technology is not available or appropriate or
- special care and support needs due to a disability
- The age and/or vulnerability of the patient e.g. children under 15, new mothers, the disabled, the confused, level of distress.
- The patient has communication needs to facilitate day to day care (not to be confused with interpreting).
- The impact on the safety and comfort of other patients.
- Circumstances which may limit the ability family/whaanau to visit during usual visiting times because of work/family responsibilities, living out of town etc.
- Carers who need to attend for education to support discharge planning and process

Variations to the policy may be required due to:

- Situations when infection prevention control measures have to be put in place to limit visiting.
- Safety and security on the ward.

There are specialty inpatient areas that may need to vary the visiting policy for safety and clinical reasons. Such variations to organisational policy must be signed off by the Clinical Nurse Director and Clinical Director, clearly sign posted and conveyed to visitors. Level 1 service exceptions are below.

Service Exceptions

Neonatal Unit	
For the Neonatal Unit the overriding principle is that mother and baby are considered as one, i.e. not a baby and a visitor.	• Both parents or designated caregivers can visit the baby without restrictions. • One additional visitor (family/Whaanau) per day is allowed to visit between 2pm-4pm. • Siblings over the age of 5 years are permitted to visit between 2pm-4pm but must be under the supervision of an adult and must be arranged in advance.
	• *Please note hospital rules related to bringing in food which follow the MOH National Healthy Food and Drink policy and therefore discourage takeaway foods*.
Paediatric Inpatients	
For all children under 15 years of age, **both** parents are considered primary caregivers. In some	• Both parents are considered primary caregivers and remain with the child during the inpatient stay. One Parent/Primary caregiver can stay overnight. • Family and Whaanau are welcome to visit during visiting times of

instances a primary caregiver may not be the parent (i.e. grandparent, aunty, adult sibling or other appointed caregiver).	2pm- 8pm only two visitors at a time per patient. This includes siblings under the age of 16 and must be under supervision of an adult.
	• In a case where there is a sibling of a child with a primary caregiver without any other adult support, the sibling can stay in the room with the patient and caregiver for the duration of the inpatient stay.
Emergency Department	
	• Two key support persons are allowed per patient at any time. • Children under 16 allowed under compassionate reasons by agreement of the CNM.
Maternity	
	Assessment area • We welcome one Key Support Person (KSP) and up to 2 children of the patient may attend, if supervised by the KSP. *Labour and Birthing:* We welcome one KSP and up to 2 other visitors across 24 hours. *For Antenatal/Postnatal ward areas* • 1 KSP is welcome between 8am-8pm and needs to be arranged in advance. • Family and Whaanau are welcome to visit during visiting times 2pm-8pm two visitors per patient only and must be arrange din advance (this can include children supervised by an adult). • Additional visitors only for compassionate reasons needs approval in advance by the Midwifery Manager or shift coordinator on duty

Safety

Often challenging situations can be avoided or managed through the early communication of policy. Staff must be proactive about this, and trained to deescalate such situations wherever possible. Any behaviour or actions that impact on patient and staff safety and wellbeing are taken seriously. **CM Health has Zero tolerance for violence and abuse.** Security will remove individual/s causing safety concerns.

Family/Whaanau participation in patient care

Family/whaanau should be confident in the care we provide, and their participation in care is always voluntary. Family/whaanau may have knowledge about how to manage and best support the patient.

- Key Support Person participation in care requires the agreement of the Charge Nurse/Midwife Manager and oversight of the care provided by the responsible Registered Nurse/Midwife.

- Family/whaanau wishing to participate in patient care must be named as the nominated key support person
- The Registered Nurse/Midwife must work in partnership with the patient and key support person to ensure clarity and understanding of the goals of care and that evidence based care is provided.
- The Registered Nurse/Midwife remains professionally responsible for the care provided and must check the care being provided by family/whaanau and document what care was provided and an evaluation of the impact of the care intervention in the patients record any care.

In addition to providing companionship and emotional support family/whaanau can be involved in the following activities:

- Supporting the patient's day to day communication with staff.
- Supporting the patient with mobilising e.g. to the toilet, daily walks, wheelchair.
- Supporting with eating, mouth cares, washing in bed and turning.
- 'Watching' the patient. The Registered Nurse/Midwife must provide clear instructions about the behaviours of concern e.g. falls and what they can do to assist or if they need help.
- Administering prescribed medication (must have direct oversight of the Registered Nurse/Midwife).
- To support discharge where family/whaanau may be trained to use equipment e.g. hoists under the direct supervision of the Registered Nurse.

The Registered Nurse/Midwife must ensure family/Whaanau have the necessary skills to undertake care safety, check the care being provided and document in the clinical record.

Family Hired Carers

- If family/whaanau want to hire their own caregivers they must obtain the written agreement of the Charge Nurse/Midwife Manager. The agreement must be kept in the patient's record, with clear descriptors of the type of care that can and cannot be provided, as well as a clear rationale for the use of a family hired carer, for example if the patient has a disability requiring specialised carer expertise and there is already a carer engaged to provide this on an on-going basis.
- The family hired carer is not able to practice as a registered health professional in terms of assessment, interventions or directing of care of others in the team. They must work in a partnership with the CM Health staff that are accountable for the care provided.
- The CM Health Registered Nurse/Midwife retains oversight and responsibility for the care, escalating concerns as needed and documenting care in the patient's record.

If at any stage the Charge Nurse/Midwife Manager is concerned with the actions, manner or conduct of the carer they may ask the carer to leave the premises. They must communicate this to the Service Manager and Chief Nurse/Director of Midwifery, family/Whaanau and document this decision in the patient's record.

Escalating concerns

Family/Whaanau are often the first to notice a change or deterioration in their loved one. Concerns must be escalated in the first instance to the Registered Nurse/Midwife professionally responsible for the care. If they feel their concerns are not being heard, they should escalate their concerns to the Charge Nurse Manager or Call for Concern if they remain unhappy.

Family/Whaanau wellbeing

Supporting inpatients can be very stressful experience for family/Whaanau and visitors. They are invariably stressed when they arrive and it is important that they are greeted warmly and given information that helps them to appropriately support their loved ones. In particular it is important that family/Whaanau are encouraged to take breaks and swap the Key Support Person role as needed.

Compassionate Parking Discount
Compassionate Parking discounts are available for family/Whaanau that are intensively supporting their loved ones and experiencing financial hardship. Approval is at the Charge Nurse Managers discretion.

Key Support Person Meals
A limited number of meals are available to family and Whaanau on compassionate grounds at Charge Nurse Manager discretion. This is only available for one family/Whaanau member in situations where they are intensively supporting their loved one.

Emergency accommodation
There is no emergency or short term accommodation available at the Middlemore site available for family/Whaanau. Family/Whaanau can be guided to seek local motel accommodation by the relevant ward social worker.

Food
Key Support People and family/Whaanau may wish to bring food for the patient or themselves to consume. Home cooked meals, small snacks and non - alcoholic drinks are permitted. No takeaways are permitted in accordance with the National Healthy Food and Drink Policy[2]. Food must be taken to the ward by the visitor – no drop offs at Entrances are permitted.

Complaints about this policy or patient care
Staff must facilitate and support the complaint and feedback process for family/Whaanau and visitors and use this as an opportunity to reflect and improve.

Evaluation of this policy
This policy provides the foundation for our interactions with patients and family and Whaanau. We will evaluate this policy and recalibrate as needed annually to ensure it continues to meaningfully contribute to the wellbeing of all.

[2] Ministry of Health, (2019). *National Healthy Food and Drink Policy (2nd ed)*. National District Health Board Food and Drink Environments Network. Wellington.

Procedure: Level 1 Visiting and Supporting Inpatients

Purpose

The purpose of this procedure is to operationalise CM Health's "**Visiting and Supporting Inpatients"** Policy.

Note: This procedure must be read in conjunction with Level 1 Visiting and Supporting Inpatients Policy

Objectives

To provide guidance to staff so they can safely, compassionately and effectively assess and support the visiting and support needs of inpatients. It describes:

1. The management of visitor screening and registration during Level 1 due to COVID-19
2. The roles and responsibilities of staff.
3. The need to engage with patients, family/whaanau and visitors to develop a visiting and support plan that reflects the patient's wishes and supports appropriate family/whaanau participation.
4. Maintaining a safe and therapeutic environment for all.

Roles and Responsibilities

All staff

- All staff are responsible for creating a welcoming environment for family/whaanau and visitors and for facilitating the appropriate application of this policy.

Charge Nurse/Midwife Manager

- Make compassionate visiting decisions for key support person and family/whaanau visits using MS Teams.
- Ensure the Visiting list is contemporaneous.
- Identify carers to attend for education to support discharge planning and process
- Ensures the fair and consistent application of this policy including the appropriate use of discretion when it is indicated.
- Authorise compassionate parking discounts and meals for the Key Support Person when appropriate.
- Authorise the use of Family Hired Caregivers.
- Ensure there is clear signage and information about visiting.
- Ensure staff are adequately trained and supported to manage challenging situations.
- Ensure there is a process for documenting overnight stays (a Health and Safety requirement).

Shift Co-ordinator/Nurse/Midwife in Charge

- Exercise appropriate discretion to vary the visiting policy when required to accommodate patient and family/whaanau needs.
- Proactively monitor, manage and minimise the impact that family/whaanau and visitors may have on other patients.
- Advise Security of planned 'out of hours' visitors to ensure they receive a security pass and 'welcoming' reception.

Registered Nurse/Midwife

- Identify and documents the patients' wishes for visiting and family/whaanau involvement in care provision so there can be proactive engagement and management.
- Agree to, oversee and document any care provided by family/whaanau in the patient's record.
- Communicate the nature of the care being provided by family/whaanau across shifts.
- Retain responsibility and accountability for any care being provided by family/whaanau by checking and documenting cares provided.

- Identify family/whaanau that would benefit from access to compassionate parking discount and Key Support Person meals.
- Respond to, and escalating as necessary, patients concerns about the impact of visitors.

Ward Clerks
- The Ward Clerk is often the first person the family/whaanau and visitor encounter on the ward and it is important that they take every opportunity to welcome them and provide verbal and written information about visiting.
- Ensure copies of the 'Whaanau Information Sheet' are readily available on the wards.

Security staff
Support the appropriate application of the Visiting and Supporting Inpatients policy and procedure by:
- Ensuring 'out of hours' visitors and large groups do not arrive on the ward unexpectedly. Permission must always be sought in advance from the ward or the Duty Manager.
- Providing identification for 'out of hours' visitors and the Key Support Person as agreed with the ward.
- Undertaking 'rounds' on wards to encourage the timely end of evening visiting.

Duty Managers
- Ensure the appropriate and consistent application of the Visiting and Supporting Inpatients policy and procedure out of usual business hours. They can guide and advise staff in the compassionate and safe variation of policy as needed.

Visiting Entrance Coordinator (Level 1)
Manage the briefing and induction process for screeners for each shift
- Enforce the policy and manage exceptions
- Liaise with wards and Duty Managers and Security to manage exceptions and changes in policy
- Ensure rapid processing of visitors for the quickly deteriorating patient/dying patient
- Identify, manage and escalate emerging risks as required
- Allocate screeners to areas according to meet the changing needs
- Review the shift with screeners for identification of improvement
- Ensure the phone is turned on and volume is at a level to alert incoming calls or text messages.

Entrance screeners (Level 1)
- Ask all visitors and patients the screening questions as written on the Screening Form.
- If NO to all questions provide dated visitor sticker and approve for entry.
- Visitors that answer YES to any screening questions are not allowed entry. Provide visitor with a leaflet and suggest they return home, contact Healthline 0800 358 5453 or their GP.
- Encourage virtual means of contact with patient as an alternative.
- Register visitor contact details to enable contact tracing.

Procedure

Identifying visiting and support needs
It is essential that there is a process of engaging with patients and family/Whaanau so that we can understand the patient's wishes about visiting, identify their Key Support Person, and develops an appropriate visiting and support plan. The patient is the starting point for the discussion about their wishes to have visitors and support during their inpatient stay. This conversation **starts at admission**. In situations where the patient cannot speak for himself/herself, or is otherwise incapacitated and cannot clearly communicate their preferences, inpatient staff will work with family/Whaanau to make the most appropriate decisions possible under the circumstances.

The names of Key Support People, Carers and other approved visitors must be entered into MS Teams so a Visitor list can be generated that is contemporaneous.

Visitor screening and registration

All visitors, including repeat visitors, outpatients and support people must be screened and registered to enable contact tracing prior to entering the site using questions based on current case definition. Visitors that answer 'YES' to any one of these questions (a positive result), will not be permitted to enter the premises. Refer to Screening and Registration Detailed Process (page 13).

Visiting COVID-19 suspected or confirmed patients in Level 1

The Charge Nurse/Midwife Manager must consult with the Clinical Nurse Director (in hours) or Duty Manager (out of hours) before making compassionate visiting decisions:

- Visiting patients who have been admitted with COVID-19 is only permitted **on a case by case basis at the discretion of the Clinical Nurse/Midwife Manager and senior clinician who is managing the patient** and under the supervision of nursing staff. The reason for this is to ensure Personal Protection Equipment processes are adhered to, and to minimise any risk of avoidable transmission.
- Minimise visitors
- If visiting essential/compassionate, help them to use same PPE protocol.
- Other methods of communicating with a patient with COVID-19 should be facilitated as appropriate, such as video conference, Zoom, Skype etc.
- One visitor will be allowed on compassionate grounds provided they are supported in the donning, doffing, and correct use of appropriate PPE. To minimise risks to the visitor they will be shadowed at all times by a nurse to supervise and validate the appropriate use of PPE.

Providing information

Patients and family/Whaanau must be provided with information about visiting and supporting inpatients that assists them to participate appropriately. As well as providing written information (Whaanau Information Sheet) there needs to be conversations at the earliest opportunity including the following:

- Visiting hours, maximum numbers and noise.
- Visitor bathroom and tea making facilities.
- The need to supervise and control children.
- How to organise out of hour visits, overnight stays and visitor identification.
- Ways in which family/whaanau can help support patient care.
- Hand hygiene.
- How family/whaanau can access compassionate parking assistance/Key Support Person meals.
- How family/whaanau can escalate concerns about care and give feedback.
- How family/whaanau can access 'Call for Concern.'

The Registered Nurse/Midwife must document the discussions and plan for visiting and participation in the clinical record and include this in their handovers. The visiting and support plan should be reviewed each shift to ensure it continues to meet the patient's and family/Whaanau needs.

If the patient is deteriorating or requires palliative care a compassionate approach to visiting is required. Not only is this important to the patient it is important for family/Whaanau wellbeing. Wherever possible a side/single room should be offered.

Safe and therapeutic environment

Occasionally the behaviour of family/Whaanau and visitors can be challenging for staff to manage. Taking a patient centred approach, orientating family/Whaanau and visitors to the policy at the earliest opportunity and being compassionate and consistent in its application is important. It can be helpful to identify a key spokesperson in the family/Whaanau to support effective communication. Proactively seeking cultural support early is recommended.

If family/Whaanau and visitor behaviour is impacting on patient comfort, safety or privacy, or the safety of staff advice should be sought from senior nursing staff in the first instance. 'Out of hours' support can also be obtained via the Duty Manager. Security staff can be accessed if it is not possible to achieve a resolution. The following situations require immediate intervention by staff and prompt escalation if resolution is not achieved.

- Concerns raised by patients relating to their comfort, safety and privacy.
- Visiting hours and numbers not being observed and causing concern.
- Excessive family/whaanau and visitor noise.
- Family/whaanau and visitors using patients' bathroom facilities.
- Inadequate supervision and control of children.
- Violence, smoking, drug and alcohol use.
- Sharing the patient's bed and/or engaging in sexual activity.

Screening and registration (detailed process)

Person	Nature of visit	Action
Out Patients with appointments	GP referred Radiology patients for chest X-Ray	• Screen at front door – if patient is not symptomatic in terms of respiratory tract infections – offer a mask to the patient and direct them to the main radiology dept. Galbraith Building. • Call radiology on 58610 and give patient information to reception. • Radiology will alert the x-ray team that the patient is in the waiting room. If the patient is symptomatic and clearly unwell, refer them to ED.
	Patients attending the Galbraith Infusion Centre or haematology day ward	A support person must be approved by the Clinical Nurse Manager due to limited space in the unit. This approval may be given if a support person is required in the following circumstances: • Assistance required to assist with self-cares or communication • Compassionate consideration will be given to patients attending outpatient clinics where diagnosis and treatment conversations may take place. • Some outpatient procedures – bone marrow biopsies etc.
	Other patients attending appointments (have appointment letter or text message)	• Screen • If they answer YES to any screening questions, decline and advise the department. • If answer NO to all questions provide dated sticker and send through

Person	Nature of visit	Action
	Patients who have been phoned and asked to attend appointment (no letter or text)	• Screen • If answer NO to all questions provide dated visitor sticker and send through
	Patient attends with support people	• Outpatients may bring ONE support person who must be screened. If YES to any questions, decline. If NO to all questions provide both with dated sticker and send through. • Support people/family cannot interpret. Contact the department who should arrange for interpreter or make alternative arrangements e.g.: use telephones or virtual means

[2] Taken as part of usual assessment process

Person	Nature of visit	Action
	Patient attends with children under 16	• Check with Service that they have given approval for children to come. If approved they must be screened. If YES to any question decline and if NO to all questions provide dated visitor sticker.
Visitors including repeat visitors	Visiting patients	• Screen (even if repeat visitor) If answer NO to screening questions and they are on the Visiting List provide dated sticker and send through. • If YES to any screening questions send them home and explain not allowed to visit. Children under 16 are not permitted unless they are on the Visiting List.
Visitor	Visitor is bringing in food	• Visitor may bring one home cooked meal a day up to the ward for the patient and food for their own consumption during their visit. Takeaways are not permitted. Food is not to be dropped off to the Entrances for the patient for health and safety and reasons.
Visitor	Visitor dropping off essential items	• Permitted – personal items which fit the plastic bag e.g.: bible, hearing aids, dentures, spectacles, phones, chargers, I Pad, Lap Top, E Readers, toiletries (100ml size), personal hygiene products, a change of clothes, expressed breast milk and/or specialised formula (NICU/Paediatric service). • Screener will provide labelled plastic bags for visitors to place permitted items in and logs. • No food to be dropped off
Visitor	Attending for cancer education, or transport of discharged patient, or family meeting	• Screen – if NO to all questions provide with dated sticker and send through. • If YES to any questions decline entry and contact the Charge Nurse Manager immediately given the potential impact on discharge
Visitor	On business or delivery of medical supplies	• Screen – if negative screen provide with dated sticker and send through. • If YES to any question do not permit through but organise immediate delivery of the supplies (contact Orderly Service via Smart Page).

Person	Nature of visit	Action
Visitor in quarantine	Compassionate	Exemption approval 1. The patient must be in a single room and assessed by the clinical team as suitable for a visit which breaks quarantine i.e.: there are time constraints for this compassionate visit. 2. The visit must be approved by the clinical team. 3. The visit must then be approved by the MOH exemption team and a letter provided to the Duty Managers – the Duty Manager will communicate this approval out to the appropriate staff. 4. An official shuttle is recommended. 5. If the MOH had prearranged transport with the family a mask must be worn by the driver and have a cleaning process in place for their vehicle. 6. The Duty Manager provides the letter to the Charge Nurse Manager and Middlemore Visitor Screening Co-ordinator and completes the visitor screening authorization on MS Teams (DM completes this step after hours). 7. If in quarantine at a hotel: • If the visitor is allowed to leave the hotel for MMH every day they are considered asymptomatic as assessed every morning by the hotel RN. Therefore screening at the entrance can be-expedited on arrival and visitor can be escorted directly to the ward. Co-coordinating the visit 1. The Duty Manager will contact the ward Co-ordinator, the Middlemore Visitor Screening Co-ordinator and the visitor to explain the process as below. 2. The visitor will telephone the Middlemore Visitor Screening Co-ordinator on 021948996 when they arrive at the hospital and will wait in the car until they are met as per above. After hours the Duty Manager will complete this (021 463 392). 3. The Middlemore Visitor Screening Co-ordinator or Duty Manager (after hours) will contact the ward Co-ordinator and advise them of the arrival.

Person	Nature of visit	Action
Flight crew	Compassionate	1. The Ministry of Health requirements around overseas travel and self-isolation do not apply to Air New Zealand pilots and cabin crew[3]. 2. The family and close contacts are not at any significant risk of illness and are not a risk to other people in our community. They are not required to self-isolate. 3. Should an Air NZ flight crew member need to visit in compassionate circumstances they are to complete screening and follow Infection, Prevention & Control PPE guidelines.

Approved CTAG 10/06/20.

[3] https://www.health.govt.nz/system/files/documents/pages/advice-airline-crew-precautions-reduce-risk-covid-19-infection-17march2020.pdf however this link is not working.

Definitions/Description

Terms and abbreviations used in this document are described below:

Term/Abbreviation	Description
Family/Whaanau	As determined by the patient.
Key Support Person	The key support person/s (as determined by the patient) is welcome to be with the patient at all times throughout their inpatient stay. This role does not have to be held by the same person continuously.
Key Spokesperson	A key spokesperson is identified to coordinate effective communication. This is particularly helpful in large families.
Carer	The person who will be most involved in supporting the patient at home.
Visitor	General visitors who are friends, work colleagues or other community contacts known to the patient and not meeting any other definition above.
Repeat visitors	Repeat visitors are people who visit the site multiple times
Business visitors	Visitors attending for business purposes e.g. meetings, courier drop offs, education, caterers, Haataka staff (examples only, not an exhaustive list)
Family Hired Caregivers	Person/s contracted by family/Whaanau to provide nursing care to an inpatient
Whaanau Information Sheet	Information for family/Whaanau and visitors to inpatient areas providing information on visiting, supporting and providing care for loved ones and how to escalate concerns.

Associated Documents

Other documents relevant to this policy are listed below:

NZ Legislation /Standards	Code of Health and Disability Consumer's Rights Te Tiriti o Waitangi Health and Disability Sector Standards (2008) Ministry of Health, (2019). *National Healthy Food and Drink Policy (2nd ed)*. National District Health Board Food and Drink Environments Network. Wellington.

CM Health Documents	Policy: Visiting and Supporting Inpatients Whaanau Information Sheet Policy: Key Support Person Meals Compassionate Parking Form Policy: Security Policy: CMH Health and Safety Policy: Privacy – Protecting and respecting personal information Guideline: Tikanga Best Practice Policy: Hand Hygiene Policy: Infection Prevention and Control Policy: Consumer Related Complaint and Feedback Procedure: Complaint Resolution and Management Patient and Feedback Policy: CM Health Incident Reporting and Investigation Procedure: CM Health Incident Reporting and Investigation Procedure: Management "Care Partner" for at risk patients within CM Health clinical areas
Other related documents	Planetree Patient Directed Visiting (2017)
Appendix 1	Process for service exemptions
Appendix 2	Whaanau Information Sheet

Appendix 1 – Whaanau Information Sheet

Level 2 Restricted Visiting Policy – COVID-19

Purpose

The purpose of this policy is to communicate the actions which need to be taken by all staff to prevent the transmission of COVID-19 whilst NZ is in Level-2 COVID response where arrangements for physical distancing, limitations on gatherings and contact tracing are still required. It explains the circumstances in which current inpatients can receive visitors and be supported to safely return home. It also describes the process for managing people who are attending outpatient appointments, and people attending on approved DHB business.

Contents

Scope

This policy applies to all visitors across the District Health Board, where outpatient and inpatient services are being provided except Acute Mental Health. This policy has been agreed to by our regional partners and is aligned with our Counties Tikanga: "Haumara te taonga - Keeping our treasures safe". **Virtual options are to be encouraged.**

This policy includes principles, staff responsibilities, no-visitor exceptions, service exceptions and procedures.

Definitions

Patient	An inpatient or attending outpatient appointment for assessment, treatment or procedure
Visitors	A person who needs to attend hospital (who is not a patient) for a variety of reasons. This may include: • Birth partner

	• Carer/Key support person • Parents of children • Collecting discharged patients, medication, scripts, equipment • Visiting patients on compassionate grounds • Business Visitors e.g. couriers
Key support person	Must be from the same 'bubble' as the patient such as birth partner, parent of a child in hospital or providing care to a patient and who is not a child under 15
Carer	The person who will be most involved in supporting the patient at home. They must be from the same 'bubble' as the inpatient and not a child under 15

Policy principles

1. **<u>All visitors,</u> including repeat visitors, must be screened and registered to enable contact tracing prior to entering the site using questions based on current case definition. Patients that answer 'YES' to any one of these questions will not be permitted to enter the premises, except in exceptional circumstances (see note).**

   NOTE: If the person intending to visit answers yes to any screening questions, and the patient being visited is imminently deteriorating this should be escalated to the Charge Nurse Manager to discuss with the Clinical lead to be considered as an exception.

2. **Use clinical judgment including an assessment of patient status, situation, consistency, and clinical environment situation for all decisions. If unsure discuss with the clinical team and escalate to the Clinical Nurse Director in hours or Duty Nurse Manager out of hours.**

3. **Inform the MDT of the decision and document in the health record.**

4. **All visitors should be encouraged to practice hand hygiene and cough etiquette.**

Staff Responsibilities

Charge Nurse/Midwife, Managers & Shift Co-ordinators

- Ensure the fair and consistent application of this policy including the appropriate use of discretion when it is indicated.
- Speak to your patients; inform them of the visitor restrictions in place and help them find alternative means of keeping in touch via phone or zoom etc.
- Make **compassionate visiting decisions** given the clinical judgement: patient status, situation, consistency, and clinical environment situation, as all these aspects need to be taken into account. If unsure discuss with the Clinical Nurse Director in hours or Duty Nurse Manager out of hours. Inform the MDT of the decision and document in the health record.
- **Ensure the Visiting List is contemporaneous via MS Teams.** Alert Security of prearranged afterhours visits (8pm – 8 am).
- Identify carers needing education to support discharge planning and process.
- Authorise compassionate parking discounts and meals for the Key Support Person when appropriate.

<u>NOTE: Dropping off food is not permitted – Key support person may bring in food when visiting.</u>

COVID-19 suspected or confirmed patients	**The Charge Nurse / Midwife Manager must consult with the Duty Manager before making compassionate visiting decisions** *Visiting patients who have been admitted with COVID-19 is only permitted* ***on a case by case basis at the discretion of the Clinical Nurse/Midwife Manager and senior clinician who is managing the patient and under the supervision of nursing staff****. The reason for this is to ensure Personal Protection Equipment processes are adhered to, and to minimise any risk of avoidable transmission. Other methods of communicating with a patient with COVID-19 should be facilitated as appropriate, such as video conference, Zoom, Skype etc.*[1] • One visitor will be allowed on compassionate grounds provided they are supported in the donning, doffing, and correct use of appropriate PPE. To minimise risks to the visitor they will be shadowed at all times by a nurse to supervise and validate the appropriate use of PPE. • Undertake a risk assessment and advise the visitor of the risks before the visit takes place. • Inform the visitor that they will be considered a casual contact. Following the visit Auckland Regional Public Health Service (ARPHS) will follow up with the visitor relating to the management of casual contacts. • Provide the relevant information to ARPHS Emergency Operations (ADHB) arphsops@adhb.govt.nz particularly if there are any PPE breaches which would change the categorisation/risk profile of the visitor.

Duty Nurse Managers

1. Provide after-hours support to ward staff as required to make compassionate visiting decisions given the clinical judgment: patient status, situation, consistency, and clinical environment situation, as all these aspects need to be taken into account.

Security

- Check that people attending entrances have a valid reason – see table below
- Provide security support to the Visitor Entrance Coordinator to manage visitors
- Manage queuing ensuring social distancing of 2 meters and manage gathering crowds

Visitor Entrance Coordinator

- Manage the briefing and induction process for screeners for each shift
- Enforce the policy and manage exceptions
- Liaise with wards and Duty Managers and Security to manage exceptions and changes in policy
- Ensure rapid processing of visitors for the quickly deteriorating patient / dying patient
- Identify and manage emerging risks
- Allocate screeners to areas according to meet the changing needs
- Review the shift with screeners for identification of improvement

Entrance screeners

- Ask all visitors and patients the screening questions as written on the Screening Form.
- If NO to all questions provide dated visitor sticker and approve for entry.
- Visitors that answer YES to any screening questions are not allowed entry. Provide visitor with a

leaflet and suggest they return home, contact Health line 0800 358 5453 or their GP.

- Encourage virtual means of contact with patient as an alternative.
- Register visitor contact details to enable contact tracing

Approved visiting in Level 2

Under Level 2 it is important for patient and staff safety that we continue to maintain safe physical distancing particularly on wards. Therefore all visits should be by prior arrangement with the Charge Nurse / Midwife Manager (Duty manager after hours). Virtual means of contact should still be encouraged. Below are the circumstances in which visiting can occur.

1. Key Support Persons.

Key Support People are welcome to visit between 8am and 8pm by arrangement for compassionate reasons. A maximum of one Key Support Person at a time is permitted. **No children under 15.** The Key Support Person must have answered no to all screening questions and have pre-arranged their visit with the Charge Nurse / Midwife Manager.

2. Compassionate visiting

There are times where the number of visitors, or the visiting hours will need to be varied for compassionate reasons. For example, if the patient:

- Is critically ill or dying or
- On the AMBER Care or Manawanui pathway*
- Confused / distressed
- Communication needs
- The impact on the safety and comfort of other patients
- Prolonged admission
- Additional emotional or psychosocial support beyond what technology can provide or technology is not available
- Has special care and support needs due to a disability
- Women in labour / birthing (see additional service exceptions page 5)

***For patients on the AMBER care or Manawanui pathway, the maximum number of visitors can be increased to three people at the bedside at a time.**

3. Carer education and family meetings

The purpose to enable access is to ensure safe and timely discharge *and when virtual teaching is not suitable.*

For example:

- Using equipment safely e.g. hoists, syringes, mobility equipment etc.
- Other activities that support the Carer/ whaanau / family's safe management of a disability or condition out of hospital
- Dressings, learning intravenous administration
- Collecting patients from the discharge lounge
- Family meetings that support clinical and discharge management and/or conveying of major diagnosis. Virtual means of contact should still be encouraged and supported for involving more than one whanau.

The Carer is the person who will be most involved in supporting the patient at home. **No children under 15.** The Carer must have answered no to all screening questions.
Note: *Carers attending for education, family meetings or to support discharge planning are not 'counted' as visitors.*

4. Outpatient clinics or procedures

- People attending outpatient clinics and procedures must be screened and the service advised if they answered yes to any screening questions.
- Outpatients who are elderly, or frail, requiring emotional support, or communication assistance (not translation) may have one support person attend with them, if permitted by the service (can meet the social distance requirement). The support person must have answered no to all screening questions. **No children under 15.**
- Paediatric outpatients may have a support person with them.

5. Visitors supporting service delivery e.g. couriers, medical suppliers

All business visitors to sites must be screened and those with answer yes to any screening questions will not be permitted entry. Any deliveries or goods impacted by this decision must still be delivered to their destination without delay (contact Orderly Service using SmartPage).

Service exceptions

Area	Policy
CCC	One named person on a case-by-case basis and with prior approval of Charge Nurse/Midwife Manager None - when they have a COVID patient
NICU	• 2 parents/primary care givers 24/7 NO VISITORS
Kidz First	• 2 Parents/primary care givers 24/7 (1 person overnight only) NO VISITORS
Womens Health	Labour and Birthing Woman presenting for labour and birthing at Middlemore hospital or a primary birthing unit are able to have up to 3 visitors in compassionate circumstances (labor, still birth, extreme distress). Ideally the same people to minimise risk. • **Postnatal Hospital/Unit Care** Women admitted for postnatal care at Middlemore Hospital or at a primary birthing unit will be able to have one key support person with them during the hours of 0800 – 2000hrs
ED	Patients may be allowed one support person in the department to assist with diagnosis and treatment. Once disposition in ED has been decided no visitor policy applies including ward and short stay areas.
All other areas	Must meet the criteria above for compassionate visiting (eg: discharge lounge, dialysis etc).
COVID-19 suspected or confirmed patients	**The Charge Nurse / Midwife Manager must consult with the Duty Manager before making compassionate visiting decisions** *Visiting patients who have been admitted with COVID-19 is only permitted* ***on a case by case basis at the discretion of the Clinical Nurse/Midwife Manager and senior clinician who is managing the patient and under the supervision of nursing staff****. The reason for this is to ensure Personal Protection Equipment processes are adhered to, and to minimise any risk of avoidable transmission. Other methods of communicating with a patient with COVID-19 should be facilitated as appropriate, such as video conference, Zoom, Skype etc*[1]*.* • One visitor will be allowed on compassionate grounds provided they are supported in the donning, doffing, and correct use of appropriate PPE. To minimise risks to the visitor they will be shadowed at all times by a nurse to supervise and validate the appropriate use of PPE.

Procedure

Person	Nature of visit	Action
Outpatients with appointments	GP referred Radiology patients for chest X-Ray	• Screen at front door – if patient is asymptomatic in terms of respiratory tract infections – place a mask on the patient and direct them to the main radiology dept - Galbraith Building. • Call radiology on 58610 and give patient information to reception. • Radiology will alert the x-ray team that the patient is in the waiting room. If the patient is symptomatic and clearly unwell, refer them to ED.
	Patients attending the Galbraith Infusion Centre or Haematology day ward	• No support people unless approved by the Charge Nurse Manager due to small spaces in the unit. Approval may be given if a support person is required to assist the patient with communication or to assist with self-cares • On arrival at the entrance screeners are to contact the relevant area and a nurse will attend to screen and assess the patient. If they answer YES to question, and / or have a raised temperature[2] they will be sent home and advised to contact GP, or sent to ED if acute management is required • If they answer NO to the questions & the temperature is normal they may pass through with a dated Visitor sticker
	Other patients attending appointments (have appointment letter or text message)	• Screen • If they answer YES to any screening questions, decline and advise the department. • If answer NO to all questions provide dated sticker and send through
	Patients who have been phoned and asked to attend appointment	• Screen • Contact department to check appointment and advise result of screen. • If appointment confirmed and answer is NO to all questions provide dated sticker and send through
	Patient attends with support people	• If patients are accompanied by a Support Person because they need assistance (eg: elderly / frail, needing emotional support, assistance with communication / language but not interpreting) and the ONE support person also passes the screening, provide both with dated sticker and send through. • Support people / family cannot interpret. Contact

[2] Taken as part of usual assessment process

Person	Nature of visit	Action
		the Department who should arrange interpreter or make alternative arrangements eg: use telephones or virtual means
	Patient attends with children under 15	• Send home or ensure arrangements are made to collect the child
Visitors including repeat visitors	Visiting patients	• Screen (even if repeat visitor) • If answer NO to screening questions and they are a MS Team Visiting List provide dated sticker and send through. • If YES to any screening questions decline entry and provide Health line details. Children under 15 are not permitted. They should be sent home or arrangements made to collect the child.
Visitor	Visitor wants to drop off essential items to patients	• **Food is not permitted to be dropped off.** • Permitted – personal items which fit the plastic bag eg: bible, hearing aids, dentures, spectacles, phones, chargers, I Pad, Laptop, E Readers, toiletries (100ml size), personal hygiene products, a change of clothes, expressed breast milk and/or specialised formula (NICU / Pediatric service).
Visitor	Attending for carer education, or transport of discharged patient or family meeting	• Screen – if NO to all questions provide with dated sticker and send through. • If YES to any questions decline entry and contact the Charge Nurse Manager immediately given the potential impact on
Visitor	On business or delivery of medical supplies	• Screen – if NO to all questions provide with dated sticker and send through. • If YES to any questions do not permit through but organise immediate delivery of the supplies (contact Orderly Service via Smart Page)
Visitor in quarantine	Compassionate	Exemption approval 1. The patient must be in a single room and assessed by the clinical team as suitable for a visit which breaks quarantine ie: there are time constraints for this compassionate visit. 2.The visit must be approved by the clinical team 3. The visit must then be approved by the MOH exemption team and a letter provided to the Duty Managers – the Duty Manager will communicate this approval out to the appropriate staff. 4. An official shuttle is be recommended 5. If the MOH had prearranged transport with the family a mask must be worn by the driver and have a cleaning process in place for their vehicle. 6. The Duty Manager provides the letter to the Charge Nurse Manager and Middlemore Visitor Screening Co-ordinator and completes the visitor screening authorization on MS Teams (Duty Manager completes this

		step after hours). 7. If in quarantine at a hotel: • If the visitor is allowed to leave the hotel for MMH every day they are considered asymptomatic as assessed every morning by the hotel RN. Therefore screening at the entrance can be-expedited on arrival and visitor can be escorted directly to the ward. *Co-coordinating the visit* 1. The Duty Manager will contact the ward coordinator, the Middlemore Visitor Screening Coordinator and the visitor to explain the process as below. 2. The visitor will telephone the Middlemore Visitor Screening Co-ordinator on 021948996 when they arrive at the hospital and will wait in the car until they are met as per above. After hours the Duty Manager will complete this (021 463 392). 3. The Middlemore Visitor Screening Co-ordinator or Duty Manager (after hours) will contact the ward coordinator and advise them of the arrival.
Flight crew	Compassionate	1.The Ministry of Health requirements around overseas travel and self isolation do not apply to Air New Zealand pilots and cabin crew[3]. 2. The family and close contacts are not at any significant risk of illness and are not a risk to other people in our community. They are not required to self isolate. 3. Should an Air NZ flight crew member need to visit in compassionate circumstances they are to complete screening and follow Infection, Prevention & Control PPE guidelines

Policy: Level 3 Visiting Policy – COVID 19

Purpose

The purpose of this policy is to communicate the actions which need to be taken by all staff to prevent the transmission of COVID-19 whilst NZ is in Level-3 COVID response where only essential work and travel is permitted and social distancing is required. It explains the exceptional circumstances (on compassionate grounds) that current inpatients can receive visitors, be supported to safely return home and the process for managing people who are attending outpatient appointments, or people attending on approved DHB business. While this policy is informed by the Ministry of Health's National Framework (September 2021) CM Health needs to remain responsive to its local context, taking into account the vulnerability of our population, the need for social distancing and the safety of our workforce.

Scope of Use

This policy applies to all Visitors across the District Health Board, where outpatient and inpatient services are being provided except Acute Mental Health. This policy has been agreed to by our regional partners and is aligned with our Counties Tikanga: "Haumara te taonga - Keeping our treasures safe". **Virtual options are to be encouraged.**

This policy includes principles, staff responsibilities, visitor exceptions, service exceptions and procedures.

Definitions

Patient	An inpatient or attending outpatient appointment for assessment; treatment or procedure
Visitors	A person who needs to attend hospital (who is not a patient) for a variety of reasons. This may include: • Birth partner • Carer / Key support person • Parents of children • Collecting discharged patients, medication, scripts, equipment • Visiting patients on compassionate grounds • Business Visitors e.g. couriers • No children under 15
Key support person	Must be from the same 'bubble' as the patient such as birth partner, parent of a child in hospital or providing care to a patient and who is not a child under 15
Carer	The person who will be most involved in supporting the patient at home. They must be from the same 'bubble' as the inpatient and not a child under 15

Policy

1. All visitors, including repeat visitors, must be screened prior to entering the site using questions based on current case definition. Patients that answer 'YES' to any one of these questions will not be permitted to enter the premises.

> **NOTE: If the person intending to visit has answered yes to any screening questions and the patient being visited is imminently deteriorating. This should be escalated to the Charge Nurse Manager to discuss with the Clinical lead to be considered as an exception.**

2. Where possible visitors should be from the same 'bubble' as the patient

3. Use clinical judgement including an assessment of patient status, situation, consistency, and clinical environment situation for all decisions. If unsure discuss with the clinical team and escalate to the Clinical Nurse Director in hours or Duty Nurse Manager out of hours.

4. Inform the MDT of the decision and document in the health record.

5. Face masks must be worn by all visitors and outpatients.

Staff Responsibilities

Charge Nurse/Midwife, Managers & Shift Co-ordinator

- Ensure the fair and consistent application of this policy including the appropriate use of discretion when it is indicated.
- Speak to your patients; inform them of the **restricted visiting** rule and help them find alternative means of keeping in touch via phone or zoom etc.
- Make **compassionate visiting decisions** given the clinical judgment: patient status, situation, consistency, and clinical environment situation, as all these aspects need to be taken into account. If unsure discuss with the Clinical Nurse Director in hours or Duty Nurse Manager out of hours. Inform the MDT of the decision and document in the health record.
- **Ensure the Visiting List is contemporaneous via MS Teams.** Alert Security of prearranged afterhours visits (8pm – 8 am).
- Identify carers required to attend for education to support discharge planning and process.
- Authorise compassionate parking discounts and meals for the Key Support Person when appropriate.

NOTE: Dropping off food is still not permitted – Key support person may bring in food when visiting on compassionate grounds.

COVID-19 suspected or confirmed patients	**The Charge Nurse / Midwife Manager must consult with the Infectious Diseases consultant on call and the COVID Response Manager before making compassionate visiting decisions** Minimise visitors and if they are essential/compassionate, help them to use same PPE protocol. Ensure a whaanau spokesperson is identified for the patient so they can be updated on critical information and visiting level changes. *Visiting patients who have been admitted with COVID-19 is only permitted* ***on a case by case basis at the discretion of the Clinical Nurse/Midwife Manager and senior clinician after liaison with ID and the COVID response manager and under the supervision of nursing staff****. The reason for this is to ensure Personal Protection Equipment processes are adhered to, and to minimise any risk of avoidable transmission. Other methods of communicating with a patient with COVID-19 should be facilitated as appropriate, such as video conference, Zoom, Skype etc.*[1] • One visitor will be allowed on compassionate grounds provided they are supported in the donning, doffing, and correct use of appropriate PPE. To minimise risks to the visitor they will be shadowed at all times by a nurse to supervise and validate the appropriate use of PPE. • The visitor needs to be screened prior to arrival in regards to if they have visited a location of interest, are asymptomatic and have not been in contact with any other COVID cases. Community cases who are at Jet Park will need an exemption to leave the facility – to be discussed with the COVID response manager. Provide the relevant information to ARPHS Emergency Operations (ADHB) arphsops@adhb.govt.nz particularly if there are any PPE breaches which would change the

Duty Nurse Managers

- Provide after-hours support to ward staff as required to make compassionate visiting decisions given the clinical judgement: patient status, situation, consistency, and clinical environment situation, as all these aspects need to be taken into account.
- Reiterate to the ward teams on each interaction to manage the visitor as the numbers for compassionate or visits cannot be managed by the front screening team.
- Escalate concerns to the COVID Response Manager on M: 021 348 252

Security

- Check that people attending entrances have a valid reason – see table below
- Provide security support to the Visitor Entrance Coordinator to manage visitors
- Manage queuing ensuring social distancing of 2 meters and manage gathering crowds

Visitor Entrance Coordinator

- Manage the briefing and induction process for screeners for each shift
- Enforce the policy and manage exceptions
- Liaise with wards and Duty Managers and Security to manage exceptions and changes in policy
- Ensure rapid processing of visitors for the quickly deteriorating patient / dying patient
- Identify and manage emerging risks
- Allocate screeners to areas according to meet the changing needs
- Review the shift with screeners for identification of improvement

Entrance screeners

- Ask all visitors and patients the screening questions as written on the Screening Form.
- If NO to all questions provide dated visitor sticker and approve for entry.
- Visitors that answer YES to any screening questions are not allowed entry. Provide visitor with a leaflet and suggest they return home, contact Healthline 0800 358 5453 or their GP
- Encourage virtual means of contact with patient

No-visitor exceptions

All exceptions should be by prior arrangement with the Charge Nurse/Midwife Manager (Duty Manager if out of hours), and discussed with the clinician responsible for the patient (if appropriate)

Exceptions are permitted in the following limited circumstances.

1. Compassionate circumstances

Examples of compassionate circumstances are below. The patient:

- Is critically ill or dying or
- On the AMBER Care or Manawanui pathway or
- Confused / distressed or
- Has been in hospital for a prolonged period e.g.: more than 7 days or
- Requires additional emotional or psychosocial support and care from family/whaanau beyond what technology can provide or technology is not available or appropriate or
- Has special care and support needs due to a disability
- Women in labour / birthing (see additional service exceptions eg page 5)

Maximum of one Key Support person at a time is permitted who must be from the same 'bubble' as the inpatient. **No children under 15.** The visitor must have a negative result at screening. If the patient is on the amber care or manawanui pathway the maximum number can be increased to three people (preferably from the same bubble).

2. Carer education

The purpose to enable access is to ensure safe and timely discharge *and when virtual teaching is not suitable.*

For example:

- Using equipment safely e.g. hoists, syringes, mobility equipment etc.
- Other activities that support the Carer/ whaanau / family's safe management of a disability or condition out of hospital
- Dressings, learning intravenous administration
- Collecting patients from the discharge lounge

The Carer is the person who will be most involved in supporting the patient at home. They must be from the same 'bubble' as the inpatient. **No children under 15.** The Carer must have a negative result at screening.
Note: Carers attending for education or to support discharge planning are not considered visitors.

3. Outpatient clinics or procedures

- People attending outpatient clinics and procedures must be screened and the service advised of a positive result.
- Outpatients who are elderly, or frail, requiring emotional support or communication assistance (not translation) may have one support person attend with them, if permitted by the service (can meet the social distance requirement). The support person must have a negative result at screening. **No children under 15.**
- Paediatric outpatients may have a support person with them

4. Visitors supporting service delivery e.g. couriers, medical suppliers

All business visitors to sites must be screened and those with a positive screen will not be permitted entry. Any deliveries or goods impacted by this decision must still be delivered to their destination without delay (contact Orderly Service using SmartPage).

Service exceptions

Area	Policy
CCC	One named person on a case-by-case basis and with prior approval of Charge Nurse/Midwife Manager. None - when they have a COVID patient
NICU	Mother only For those babies expected to stay over 48 hours the Father / one nominated support person for the mother can visit.
Kidz First	1 Primary caregiver. 1 additional caregiver if seriously unwell child / palliative/dying child Expected length of stay is >14 days. Ideally the same person to minimize risk.

Women's Health	• **Labour and Birthing** Woman presenting for labour and birthing at Middlemore hospital or a primary birthing unit are able to have one key support person with them during the time of their labour and birth. • **Postnatal Hospital/Unit Care** Women admitted for postnatal care at Middlemore Hospital or at a primary birthing unit will be able to have one key support person with them during the hours of 0800 – 2000hrs.
ED	Patients may be allowed one support person in the department to assist with diagnosis and treatment. Once disposition in ED has been decided no visitor policy applies including ward and short stay areas.
All other areas	Must meet the criteria above for compassionate visiting (e.g.: discharge lounge, dialysis etc.).

[1] National visiting policy (Version 3; Released September 2021)

Procedures

Person	Nature of visit	Action
Out Patients	GP referred Radiology patients for chest X-Ray	• Screen • If they answer YES to any screening questions, contact the department for their advice, extension number 52368 and 53629. • If answer NO to all questions provide a mask, a dated Visitor sticker and send through
	Patients attending the Galbraith Infusion Centre or Haematology day ward	• No support people unless approved by the Charge Nurse Manager due to small space in the unit. Approval may be given if a support person is required to assist the patient with communication or to assist with self-cares • Screeners to contact the service and a nurse will attend to screen and assess the patient. If YES to any screening questions and / or have a raised temperature they will be sent home and advised to contact GP, or sent to ED if acute management is required • If answer NO to all screening questions & the temperature is normal provide a mask, a dated Visitor sticker and send through
	Other patients attending appointments (have appointment letter or text message)	• Screen • If answer YES to any screening questions, decline and advise the department. • If answer NO to all questions provide a mask, a dated visitor sticker and send through

	Patients who have been phoned and asked to attend appointment	• Screen • Contact department to check appointment and advise result of screen. • If appointment confirmed and answer NO to all questions provide a mask, a dated Visitor sticker and send through
	Patient attends with support people	• If patients are accompanied by a Support Person because they need assistance (e.g. elderly / frail, needing emotional support, assistance with communication / language but not interpreting) and the ONE support person also passes the screening, provide both with a mask, a dated Visitor sticker and send through.

[2] Taken as part of usual assessment process

Person	Nature of visit	Action
		Support people / family cannot interpret. The Department should arrange interpreter or make alternative arrangements eg : use telephones or virtual means
	Patients attends with children under 15 years	• Send home or ensure arrangements are made to collect the child
Visitors including repeat visitors	Visiting patients	• Screen (even if repeat visitor) • If answer NO to screening questions and they are on the Visiting List provide a mask, a dated sticker and send through. • If YES to any screening questions decline entry and provide Health line details. Children under 15 are not permitted. They should be sent home or arrangements made to collect the child.
	Visitor wants to bring in essential items to patients	• **Food is not permitted to be dropped off** Permitted – personal items which fit the plastic bag e.g.: bible, hearing aids, dentures, spectacles, phones, chargers, I Pad, Lap Top, E Readers, toiletries (100ml size), personal hygiene products, a change of clothes, expressed breast milk and/or specialised formula (NICU / Paediatric service).

Person	Nature of visit	Action
	Attending for carer education or transport of discharged patient	• Screen – if NO to all screening questions provide with a mask, a dated sticker and send through. • If YES to any screening questions decline entry and contact the Charge Nurse Manager immediately given the potential impact on discharge
	On business or delivery of medical supplies	• Screen – if NO to all screening questions provide with a mask, a dated sticker and send through. • If YES to any screening do not permit through but organise immediate delivery of the supplies (contact Orderly Service)
Visitor in quarantine	Compassionate	*Exemption approval* 1. The patient must be in a single room and assessed by the clinical team as suitable for a visit which breaks quarantine ie: there are time constraints for this compassionate visit. 2. The visit must be approved by the clinical team 3. The visit must then be approved by the MBIE exemption team and the visit coordinated by the CM Health COVID Manager. The CM Heath COVID Manager will liaise with the appropriate staff.

COUNTIES MANUKAU HEALTH

Policy: Level 4 Visiting Policy - COVID 19

Purpose

The purpose of this policy is to communicate the actions which need to be taken by all staff to prevent the transmission of COVID-19 whilst NZ is in Level-4 COVID response where only essential work and travel is permitted and social distancing is required. It explains the exceptional circumstances (on compassionate grounds) that patients can receive visitors and the process for managing visitors who are attending outpatient appointments.

Scope of Use

This policy applies to all staff across the District Health Board, where there are inpatient services except Acute Mental Health.

Policy

- **No Visiting is permitted except in essential and compassionate circumstances and with prior arrangement with the Charge Nurse/Midwife Manager (Duty Manager if out of hours). No children under 15.** This approach has been agreed to by our regional partners and is aligned with our Counties Tikanga: "Haumara te taonga - Keeping our treasures safe".
- An example of essential and compassionate circumstances is **the critically ill or dying patient, Amber Care or Manawanui pathway.** Other agreed exceptions to the policy are below.
- Masks must be worn by all visitors and out patients

Agreed exceptions

Area	Policy
CCC	One named person on a case by case basis and with prior approval of Charge Nurse/Midwife Manager None - when they have a COVID patient
NICU	Mother only For those babies expected to stay over 48 hours the Father / one nominated support person for the mother can visit.
Kidz First	1 Primary caregiver 1 additional caregiver if seriously unwell child / Palliative/dying child Expected length of stay is >14 days. Ideally the same person to minimise risk.
Maternity	None unless approved by the Charge Midwife except for birthing (one person) and compassionate circumstances (still birth, extreme distress). Ideally the same person to minimise risk.

Document ID:	A1510965	**CMH Revision No:**	1.0
Service :	Nursing Clinical	**Last Review Date :**	19/08/2021
Document Owner:	Patient Experience Lead	**Next Review Date:**	19/08/2022
Approved by:	Chief Nurse and Director of Patient/Whanau Experience	**Date First Issued:**	19/08/2021

ED	Patients <u>may</u> be allowed one support person in the department to assist with diagnosis and treatment. Once disposition in ED has been decided no visitor policy applies including ward and short stay areas.
All other areas	Must meet the criteria above for compassionate visiting (e.g.: discharge lounge, dialysis etc.).
Area	**Policy**
COVID-19 suspected or confirmed patients	**The Charge Nurse / Midwife Manager must consult with the Duty Manager before making compassionate visiting decisions** Minimise visitors and if they are essential/compassionate, help them to use same PPE protocol. *Visiting patients who have been admitted with COVID-19 is only permitted **at the discretion of the Clinical Nurse/Midwife Manager or senior clinician who is managing the patient and under the supervision of nursing staff**. The reason for this is to ensure Personal Protection Equipment processes are adhered to, and to minimise any risk of avoidable transmission. Other methods of communicating with a patient with COVID-19 should be facilitated as appropriate, such as video conference, Zoom, Skype etc.*[1].

Responsibilities

<u>Charge Nurse/Midwife, Managers & Shift Co-ordinators</u>

- Make **compassionate visiting decisions** given the clinical judgement: patient status, situation, consistency, and clinical environment situation, as all these aspects need to be taken into account.
- If unsure discuss with the Clinical Nurse Director in hours or Duty Nurse Manager out of hours.
- Speak to your patients; inform them of the **no visiting** rule and help them find alternative meansof keeping in touch via phone or zoom etc.
- Review your patients at the beginning of the shift for those that you think meet the criteria for compassionate visiting
- Complete the MS Teams form by 08:00 to create the list of visitors approved for coming on site including those attending for family meetings and carer education.
- Advise Security and the Visitor Entrance Coordinator immediately of patients who are **rapidly deteriorating** and where family have been asked to come in and update the MS Teams form contemporaneously.
- <u>Note we are not allowing people to bring or drop off food or clothes – so please do not raise expectations with patients.</u>
- Double check that patient has family/whanau contact via virtual means following the no-visitor decision

For visitors to COVID positive patients:

- Undertake a risk assessment and advise the visitor of the risks before the visit takes place.
- Inform the visitor that they will be considered a casual contact. Following the visit Auckland
- Regional Public Health Service (ARPHS) will follow up with the visitor relating to the management of casual contacts. Provide the relevant information to ARPHS Emergency Operations (ADHB) arphsops@adhb.govt.nz particularly if there are any PPE breaches which would change the categorisation/risk profile of the visitor

Duty Nurse Managers

- Provide after-hours support to ward staff to make the compassionate visiting decision given the clinical judgement: patient status, situation, consistency, and clinical environment situation, as all these aspects need to be taken into account.
- Reiterate to the ward teams on each interaction to manage the visitor as the numbers for compassionate or visits cannot be managed by the front screening team.
- Escalate concerns to the COVID Response Manager on M: 021 348 2[illegible]

Security

- Check that people attending entrances have a valid reason – see table below
- Provide security support to the Visitor Entrance Coordinator to manage visitors
- Manage queuing ensuring social distancing of 2 meters and manage gathering crowds

Visitor Entrance Coordinator

- Manage the briefing and induction process for screeners for each shift
- Enforce the policy and manage exceptions
- Liaise with wards and Duty Managers and Security to manage exceptions and changes in policy
- Ensure rapid processing of visitors for the quickly deteriorating patient / dying patient
- Identify and manage emerging risks
- Ensure continuity of screening staff and manage the roster
- Allocate screeners to areas according to meet the changing needs
- Review the shift with screeners for identification of improvement
- Develop and manage processes to support the effective and compassionate application of this policy

Entrance screeners

- Ask all visitors and patients the visitor screening questions using the Visitor App found on Paanui.
- If NO to all questions provide dated visitor sticker and approve for entry.
- Visitors that answer YES to any screening questions are not allowed entry.
- Provide visitor with a leaflet and suggest they return home, contact Healthline 0800 358 5453 or their GP.
- Encourage virtual means of contact with patient

Procedure

Person	Nature of visit	Action
Outpatients	GP referred Radiology patients for chest X-ray	• Screen • If they answer YES to any screening questions, contact the department for their advice, extension number 52368 and 58629. • If answer NO to all questions provide dated sticker, a mask and send through.
	Patients attending the Galbraith Infusion Centre or haematology day ward	• No support people unless approved by the Charge Nurse Manager due to small space in the unit. Approval may be given if a support person is required to assist the patient with communication or to assist with self-cares • On arrival at the entrance screeners are to contact the relevant area and a nurse will attend to screen the patient. If they answer YES to questions and / or have a raised temperature they will be sent home and advised to contact GP, or sent to ED if acute management is required • If they answer NO to the questions & the temperature is normal provide a mask, dated sticker and send through
	Other patients attending appointments (have appointment letter or text message)	• Screen • If they answer YES to any screening questions, advise the department for their advice. • If answer NO to all questions provide dated sticker, a mask and send through
	Patients who have been phoned and asked to attend appointment	• Screen • Contact department to check appointment and advise result of screen. • If appointment confirmed and screen is negative provide dated sticker, a mask and send through

	Patients with support people	• If patients are accompanied by a Support Person because they need assistance (e.g.: elderly / frail, needing assistance with communication / language but not interpreting) and the ONE support person also passes the screening tests, provide both with a mask, a dated sticker and send through. • Support people / family cannot interpret. Contact the Department who should arrange interpreter or make alternative arrangements e.g.: use telephones or virtual means
	Patients with children under 15	• Send home or ensure arrangements are made to collect the child
Visitors including repeat visitors	Visiting patients	• Screen (even if repeat visitor) • If answer NO to screening questions and they area approved compassionate visitor provide a mask, a dated sticker and send through. • If they answer YES to any screening questions decline entry, and suggest they contact HealthLine for advice. Advise the ward. • Children under 15 are not permitted. They should be sent home or arrangements made to collect the child.
	Visitor wants to drop off essential items to patients	• **Not permitted - Food** • Permitted – hearing aids, dentures, spectacles, phones, chargers, I Pad, Lap Top, E Readers, toiletries (100ml size), personal hygiene products, a change of clothes, expressed breast milk and/or specialised formula (NICU / Paediatric service). • Screener will provide labelled plastic bags for visitors to place permitted items in and logs. • Note baby car seats do not go up to the ward – staff
Business Visitor	On business or delivery of medical supplies	• Screen – if negative screen provide with dated sticker and send through. • If positive screen do not permit through but organise immediate delivery of the supplies (contact Orderly Service via Smart Page)

Approved by the IMT 31st March 2020 (updated essential items 17 April 2020).

This version 20 August 2021