

TO: ALL HEADS OF DIVISIONS / DIRECTORATES / CHIEF DIRECTORATES / HEADS OF INSTITUTIONS / REGIONS / DISTRICTS
AND SUB-STRUCTURES

CIRCULAR NO. H 206/2021

POLICY ON VISITORS/ESCORTS AT HEALTH FACILITIES DURING AN UPSURGE IN COVID-19 INFECTIONS

Purpose

To restrict visitors to inpatients and restrict escorts at emergency units and outpatient clinics at health facilities, due to the rapid increase in COVID-19 infections, which is currently being experienced. This policy replaces policies H134 of 2020, H38 of 2021, H82 of 2021 and H164 of 2021.

Background

Allowing patients to be visited by their loved ones during their stay in hospital is an essential part of their recovery and wellness. Having an escort present during a visit to an emergency unit and an outpatient clinic, is reassuring for many patients and essential for other patients such as young children. Similarly, the pain and anxiety of labour can be eased by having a partner present. Despite the benefits of having visitors and escorts, the increased risk of spreading COVID-19 infection during a rapid surge in infections, outweighs the benefits of having loved one's present, and hence visitors and escorts have to be severely restricted.

To mitigate the restriction on escorts, emergency unit staff should, where possible, inform escorts in-person via telephone or via electronic messaging on the status of patients and their treatment plan, and whether the patients will be admitted or transferred to another facility. To mitigate the restriction on visitors, ward staff should endeavour to regularly update a designated family member on the condition of inpatients via telephone or messaging, and particularly where patients, due to their illness or social circumstances, are unable to contact anyone themselves. Where admitted patients and patients in the emergency unit are infected with COVID, staff should inform a family representative that the patient has COVID and request the family representative to ensure that all exposed contacts of the patient are advised to quarantine for 10 days.

To mitigate the restriction on partners being present during labour, partners are allowed to remain in a waiting room and the labour ward staff should take messages from the women in labour to their partners in the waiting room, to keep them updated on the progress of the labour and to bring messages of encouragement from the partners to the women in labour. Paediatric patients need a parent or caregiver present at all times and hence this should be encouraged with the parent/caregiver forming part of the care team.

While we are in lockdown adjusted alert level 1, visits to health facilities are permitted in a manner as directed by the Minister of Health. The Minister of Health has not yet provided guidelines on visiting health facilities and hence this policy will be reviewed when those guidelines become available.

Policy Position

A. Hospital and PHC Outpatient clinics

1. No escorts are allowed except:
 - i. For paediatric patients, one escort is allowed.
 - ii. For disabled (physical and intellectual) and enfeebled patients, one escort is allowed.
 - iii. For special circumstance patients, and at the discretion of the OPD manager, one escort is allowed.

B. Emergency Units

1. No escorts are allowed except:
 - i. For paediatric patients, one escort is allowed.
 - ii. For disabled (physical and intellectual) and enfeebled patients, and at the discretion of the EU manager, one escort is allowed.
 - iii. For terminal patients 1 or 2 family members/loved ones may be allowed to be present. Visits are restricted to one person at a time for a short duration.
 - iv. For special circumstance patients, and at the discretion of the EU manager, one escort is allowed.

C. Acute, Intermediate, Chronic and Specialised hospitals Adult Wards (General, High Care, ICU)

1. For COVID-19 and PUI patients, no visitors are allowed except:
 - i. A terminally ill patient with COVID-19, is at the discretion of the ward manager and if it can be safely arranged, allowed one designated visitor who may visit in a strictly controlled manner and who must wear full PPE.
 - ii. For a special reason, and at the discretion of the relevant Manager Medical Services, a patient may be allowed one designated visitor for a short duration (with the same policy as under 1.)
2. For non-COVID/non-PUI patients no visitors are allowed except:
 - i. For terminal patients 1 or 2 family members/loved ones may be allowed to be present at the discretion of the ward manager. Visits are restricted to one person at a time for a short duration.
 - ii. For a special reason, and at the discretion of the ward manager, a patient may be allowed one designated visitor for a short duration.

D. Psychiatric and Intellectually Disabled hospitals Acute and Chronic wards

1. For COVID-19 and PUI patients, no visitors are allowed except:
 - i. A terminally ill patient with COVID-19, is at the discretion of the ward manager and if it can be safely arranged, allowed one designated visitor, who may visit in a strictly controlled manner and who must wear full PPE.
 - ii. For a special reason, and at the discretion of the relevant MMS, a patient may be allowed one designated visitor for a short duration (with the same policy as under 1.)
2. For non-COVID/non-PUI patients no visitors are allowed except:
 - i. For terminal patients 1 or 2 family members/loved ones may be allowed to be present at the discretion of the ward manager. Visits are restricted to one person at a time for a short duration.
 - ii. For a special reason, and at the discretion of the ward manager, a patient may be allowed one designated visitor for a short duration.

E. Acute hospital paediatric wards

1. One parent or caregiver may remain with the admitted paediatric patient (whether the patient has COVID-19 or not) in the ward and assist the care team. Only one of either the mother, or father, or caregiver, may be designated to remain at the bedside, and only that person is allowed to be present in the ward.
2. For COVID-19 and PUI patients the parent or caregiver must wear full PPE and follow all COVID/PUI ward protocols.
3. For terminal patients 1 or 2 family members/loved ones may be allowed to be present at the discretion of the ward manager. Visits are restricted to one person at a time for a short duration.

F. Neonatal wards

1. The mother is encouraged to remain with or regularly visit the neonate for the purpose of breastfeeding.
2. No other visitors are allowed, except for one visit by a designated birth partner, shortly after the birth.
3. For terminal patients 1 or 2 family members/loved ones may be allowed to be present at the discretion of the ward manager. Visits are restricted to one person at a time for a short duration.

G. Labour wards

1. No birthing partners are allowed in the labour ward or the theatre precinct.
2. Birthing partners are allowed to remain in the waiting room. Staff should take messages from women in labour to their birth partners in the waiting room, to keep them updated on the progress of the labour and to bring messages of encouragement from the birth partners to the women in labour.
3. Soon after the baby is born and the mother has been transferred to the quieter postnatal ward, the birth partner should be allowed to briefly visit mother and newborn, and briefly visit the newborn in the neonatal unit.
4. However, in a setting where the woman in labour is alone in a labour wardroom, and if that labour room has good ventilation and sufficient space to accommodate a birthing partner, then, at the discretion of the labour ward manager, a birthing partner could be allowed to be present during the active phase of labour. Birthing partner to be masked at all times and has to stay at the head of the bed.

H. COVID safety procedures for potential Escorts/Visitors

1. All potential visitors and escorts, as permitted above, should, at the entrance to the health facility (or at the entrance to a unit for units detached from the main building), be screened for recent exposure to people with COVID-19 and for symptoms suggestive of having COVID-19, and:
 - i. Those with symptoms should be denied entry, be designated as a 'person under investigation' and managed accordingly.
 - ii. Those exposed to someone with COVID-19 within the last 10 days, but who do not have COVID-19 symptoms, should be denied entry to the health facility and instead be assisted to quarantine.
 - iii. Only those who screen negative are allowed to be an escort/visitor and to enter the facility.
2. All permitted visitors and escorts should wear masks at all times, sanitize their hands before entering the facility, and maintain physical distance from other people.
3. Visitors to a ward should report to the nursing station to be directed to the patient's bed, wash or sanitise hands on arrival and departure, not touch the bed or bedside surfaces, and avoid hugging, kissing, holding hands with the patient (but with some leeway especially for end of life).

I. **Maintaining communication between patients and family**

1. Emergency unit staff should inform the escort (in person, by telephone, or via electronic messaging) about the arrangements being made for the care of the patient in the emergency unit, including whether she/he will be admitted or transferred.
 - i. If the patient has COVID, the staff should request the escort (or family representative if there is no escort) to inform all exposed contacts of the patient to quarantine for 10 days.
2. Ward staff should as far as possible and with the permission of the patient, via telephone or electronic messaging, provide a brief daily update on the patient's condition to a designated member of the family.
 - i. If the patient has COVID, the staff should request the family representative to inform all exposed contacts of the patient to quarantine for 10 days.

These policy provisions aim to balance preventing the spread of COVID-19 at health facilities, while in special circumstances allowing patients limited contact with loved ones.

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DDG: CHIEF OF OPERATIONS

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