Western Cape Government

Department: Health
Office of Dr Saadiq Kariem
Component: Operations
Enquiries: Gavin.Reagon@westerncape.gov.za | Tel: 021 483 8229

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

CIRCULAR NO. H 21 **/2022**

POLICY ON VISITORS AND ESCORTS AT HEALTH FACILITIES DURING THE 4TH COVID INTER-WAVE

Purpose

To reduce restrictions on visitors to inpatients and escorts at emergency units and outpatient clinics at health facilities, during the 4th COVID-19 inter-wave period, in line with the resetting of health services to normalise and incorporate our response to COVID -19 as an integral component of comprehensive health service provision.

Background

Having patients visited by their loved ones during their stay in hospital is an essential part of their recovery and wellness. Similarly, 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 and the infirm. The COVID-19 epidemic has ushered in many changes, one of which is the need to avoid crowding and maintain a safe physical distance between people, to prevent infecting others with the coronavirus. Health facilities are of necessity places where there are congregations of people accessing care, and hence stringent efforts to avoiding congestion and maintain a safe physical distance between people had to be implemented. This was initially accomplished by de-escalation of OPD services and severely restricting the numbers of visitors and escorts allowed at health facilities. Negative consequences of this was that a backlog of OPD consultations built up, continuity of care was partially compromised, outpatients lacked familial support and in-patients were lonely and isolated.

The severity of the COVID-19 pandemic has been attenuated by a shift in variants and by an increasing proportion of the population having acquired immunity to COVID via vaccination (and boosting) and via prior infection. The decrease in pandemic severity, as evidenced by a much lower mortality rate caused by COVID-19, provides the opportunity to modify our response to the COVID pandemic, such that unintended negative consequences of socio-economic deterioration and isolation of patients, can be significantly reduced. While crowding at health facilities still needs to be avoided, this now needs to be achieved with a minimum of negative consequences. Fortunately, this can be done with a combination of prudent specific time scheduling of OPD patient visits to avoid waiting room crowding, allowing more latitude with escorts and mild restrictions on visiting of inpatients. Reducing restrictions on visitors to management and staff such as health department visitors, academic visitors, medical representatives and researchers, should also be introduced. These are all particularly possible during the decreasing level of community COVID infections, which we are now experiencing in the 4th inter-wave.

Important COVID transmission safety precautions, such as wearing a mask, maintaining physical distance, ensuring good indoors ventilation, washing/sanitising hands and regular cleaning of surfaces remain essential. While screening

for COVID exposure and symptoms has been widely used in the past, it is unclear how effective this has been, given that people who wish to access a facility, such as visitors and escorts, often deny symptoms as they fear that if they report symptoms they will be denied entry. Patients might also deny symptoms if they perceive that they will receive different care to what they initially presented themselves for and which they are most concerned about. Further reduction in the risk to everyone in a health facility can be achieved if visitors and escorts have been vaccinated, as this decreases their risk of becoming infected and decreases the transmission of the virus from them to others. However, implementing a criterion of requiring visitors and escorts to be vaccinated would be operationally very difficult and it is therefore fortunate that as a consequence of high prevalence of immunity to COVID in the population, the vast majority of visitors and escorts would be protected against severe COVID and possibly less likely to transmit it.

Ancillary visits to health facilities such as those by health department staff, academic staff, medical representatives, researchers and maintenance/repair workers have all been restricted thus far during the COVID period, and it is equally important to reduce restrictions on these as part of the normalisation of services. Maintenance and repairs which have been delayed should wherever possible no longer be further delayed, important health department support visits should resume and academic support visits which are advantageous to the facility should be allowed where possible. Medical representatives provide useful information to clinicians and hence they should be allowed to access facilities in a controlled manner, via pre-planned appointments with clearly delimited times and venues they can access, to promote their products in a controlled and ethical manner. Much research at health facilities has been postponed or cancelled due to inability to access the facilities and yet health research is vital to improved understanding of ill health and wellness and is instrumental in improving health service provision. Hence wherever practically possible, in that they and their research activities would not cause undue congestion and crowding, then researchers should be allowed to access health facility premises.

While restrictions on visitors and escorts are being reduced, they cannot be completely lifted and hence non-physical contact by patients with loved ones via telephone and electronic messaging should be strongly encouraged and facilitated, wherever and whenever possible. 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.

This policy replaces policies H134 of 2020, H38 of 2021, H82 of 2021, H164 of 2021 and H206 of 2021.

Policy Position

1. Formal screening of visitors and escorts at entrances is **not** required.

2. All visitors and escorts should be advised, verbally (singly or in groups), via broadcasts and via signage, to report to clinical and administrative staff if they have symptoms suggestive of COVID-19.

2.a. Those with COVID symptoms should be designated as a 'person under investigation' and managed accordingly.

3. All visitors and escorts should wear masks at all times, sanitise/wash their hands before touching their mouth/nose/other people, and maintain physical distance from other people. Alcohol sanitation bottles should be available at strategic locations to support sanitising. Washrooms should always be provisioned with water, liquid soap and paper towels. Sanitation on entry to the health facility should be encouraged but is optional.

4. Criteria for Escorts at Outpatient (OPD) Clinics:

4. a. For patients aged <18 years one escort is allowed at outpatient clinics.

4. b. For disabled, and/or vulnerable, and/or enfeebled patients, and/or cognitively impaired patients, one escort is allowed at outpatient clinics.

4. c. For all other patients attending outpatient clinics, one escort is allowed, **provided that** the area is not crowded, and to this end are ***only allowed at the discretion of the OPD clinic manager***.

5. Criteria for Escorts at Emergency Centres (ECs):

5.a. For patients aged <18 years one escort is allowed to accompany the patient into the EC.

5. b. For end-of-life patients, a few family members are allowed to attend the patient. However, a maximum of two family members are allowed to be present at any one time.

5. c. For disabled and/or vulnerable patients, based on the need of the patient and at the discretion of the EC manager, and provided that there is sufficient space for physical distancing, one escort may be allowed into the EC.

5.d. For all other patients, one escort per patient is allowed, **but only when the emergency unit is not crowded,** and adequate physical distancing can be maintained. To this end, one escort is ***allowed at the discretion of the EC manager***.

5. e When the EC is crowded then one escort may remain in the waiting room if there is sufficient space to do so safely with physical distance being maintained. If the waiting room is too full to ensure physical distancing, then the escort will have to wait outside the facility. For patients that will be admitted, kept overnight, or transferred to another facility, the EC staff should inform the escort (in person, by telephone, or via electronic messaging) about the arrangements being made for the care of the patient.

6. Criteria for visitors to Inpatients:

6.a. Visitors to a ward should report to the nursing station to be directed to the patient's bed, wash or sanitise hands, 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).

6. b. Inpatient visits are limited to 60 minutes once per day, but at the discretion of the ward manager, this time period can be extended for any special circumstances. Extended time should in particular be allowed for those travelling long distances to visit and for end-of-life visits.

6.c. Each hospital should set a specific 60 minutes visiting time period per day.

6.d. **Paediatric patients (general ward, high care, ICU):**

6.d.1. One parent or caregiver may visit the paediatric patient and assist the care team while following strict safety procedures of masking and keeping a safe distance from other people. The mother, father, or caregiver are allowed to share this visit, but they have to alternate and only one of them is allowed to be present at a time.

6.d.2. For end-of-life patients, a few more family members may be allowed to visit at the discretion of the ward manager. Visits should preferably be restricted to two persons at a time for 60 minutes. However, at the discretion of the ward manager and if physical distancing can be maintained, then more people at a time could be allowed.

6.e. **Neonatal patients:**

6.e.1. The mother is encouraged to remain with, or regularly visit the neonate.

6.e.2. The birthing partner, or one designated person, in the absence of the birthing partner, may visit the neonate daily for 60 minutes.

6.e.3. For terminal patients, other family members may be allowed to visit, at the discretion of the ward manager. Visits should preferably be restricted to two persons at a time for 60 minutes. However, at the discretion of the ward manager and if physical distancing can be maintained, then more people at a time could be allowed.

6.f. **Labour ward:**

6.f.1. For ***COVID positive patients in labour***, one birthing partner is allowed during active labour, provided that s/he has been fully vaccinated or has had COVID within the past 90 days, at the discretion of the ward manager, and provided that there is sufficient privacy and space to accommodate the birthing partner. Only that designated person may be present, and no changing of birthing partners is allowed.

6.f.2. For ***COVID negative patients in labour***, one birthing partner is allowed to be present during active labour, at the discretion of the ward manager and provided that there is sufficient privacy and space to accommodate the birthing partner. Only that designated person may be present, and no changing of birthing partners is allowed.

6.f.3. Birthing partners should wear a surgical mask and remain at the top end of the bed at all times.

6.f.4. The birthing partner should leave the labour ward shortly after the birth, but with an extended time period allowed for intrauterine death, for partners of teenage mothers and for any other reason at the discretion of the ward manager.

6.g. **Caesarean section births:**

6.g.1. For ***COVID positive patients*** one birthing partner is allowed to be in the operating room if s/he has been fully vaccinated or had COVID within the past 90 days. Only that designated person may be present, and no changing of birthing partners is allowed.

6.g.2. For ***COVID negative patients*** one birthing partner is allowed to be in the operating room. Only that designated person may be present, and no changing of birthing partners is allowed.

6.g.3. The birthing partner is allowed to remain with the mother in the recovery room and accompany her to the postnatal ward, where s/he can remain for a short while.

6.h. **Postnatal ward**

6.h.1. Two people are allowed to visit with the mother and new-born for 60 minutes daily during the visiting time period for the postnatal ward.

6.I. **Adult patients in COVID and PUI wards (general, high care, ICU, psychiatric, intermediate):**

6.I.1. No visitors are allowed. But drop-off parcels (toiletries, food, books, etc) are allowed.

6.I.2. The exception is that an end-of-life patient with COVID-19, is at the discretion of the ward manager, allowed one designated visitor who may visit in a strictly controlled manner and who must wear full PPE.

6.I.3 Staff should with the permission of the patient, via telephone or electronic messaging, provide a brief daily update on the patients' condition to a designated member of the family.

6.J. **Adult patients in non-COVID General Wards**

6.J.1. Two people are allowed to visit once per day for 60 minutes during the designated visiting hour.

6.J.2. Patients who have had a death, serious illness/injury, or major event in their family (if the patient is mentally alert), are allowed extra visitors, at the discretion of the ward manager.

6.J.3. End-of-life patients are allowed to have extra visitors at the discretion of the ward manager.

6.k. **Adult patients in non-COVID High Care, ICU and Isolation wards:**

6.k.1 No visits are allowed as these are high-risk patients. But drop-off parcels (toiletries, food, books, etc) are allowed.

6.k.2. End-of-life patients are allowed to be visited by a few loved ones. Visits should preferably be restricted to one person at a time for 30 minutes once per day. However, at the discretion of the ward manager and if physical distancing can be maintained, then two people at a time could be allowed. At the discretion of the ward manager, a family member could be allowed to visit twice in one day.

6.k.3. Staff should with the permission of the patient, via telephone or electronic messaging, provide a brief daily update on the patients' condition to a designated member of the family.

6.L. **Psychiatric and Rehabilitation patients in non-COVID Acute Care and Long Stay wards:**

6.l.1. Two people are allowed to visit once per day for 60 minutes during the designated visiting hour. However, as space is often limited in psychiatric and rehabilitation wards, the total number of visitors to a ward might have to be limited, at the discretion of the ward manager, to ensure no overcrowding occurs. To this end, a hospital might want to adopt an appointment system for visitor scheduling.

6.l.2. Patients who have had a death, serious illness/injury, or major event in their family (if the patient is mentally alert), are allowed extra visitors, at the discretion of the ward manager.

6.l.3. End-of-life patients are allowed to have extra visitors at the discretion of the ward manager.

7. Criteria for Ancillary Visitors

7.a. **Health Department staff and academic colleagues**

Visits are allowed based on a prior arranged appointment.

7.b. **Maintenance and Repair workers and Building Inspectors**

They are allowed to access the health facility to carry out their required activities, at the discretion of and with the prior arrangement with the facility management.

7.c. **Medical Representatives**

They are allowed to visit the health facility strictly by pre-approved appointment only and are restricted to a time-period not exceeding 60 minutes and are to remain at a designated venue for the duration of the visit.

7.d. **Surgical Loan Instrument provision representatives**

These visitors are allowed based on a pre-determined arrangement per specific operation with the relevant surgeon.

7.e. **Researchers**

7.e.1. Researchers are allowed at health facilities based on a specific prior arrangement with the facility management and provided that they and their research activities do not cause undue crowding and there is sufficient space for physical distancing.

7.e.2. The researchers' access to the facility might be curtailed at specific times at the discretion of the facility management, based on safety and operational requirements, but facility management should strive to accommodate research activities as much as possible.

These policy provisions aim to balance the tension between preventing the spread of COVID-19 at health facilities, while where safely possible to do so, affording patients the comfort of being with their loved ones and moving towards normalising of COVID activities within overall health service provision.

Dr Gavin Reagon can be contacted at Gavin.Reagon@westerncape.gov.za for further enquiries in this regard.

DR SAADIQ KARIEM
DDG: CHIEF OF OPERATIONS
DATE: 23 February 2022