

Visitation Screening QRG – implementation guidance



Western Health

Updated 24 November 2021

COVID - 19

Be Safe – Be Smart – Be Kind

Background

This implementation guidance document has been developed to support Western Health staff to screen and manage all hospital visitors, outpatients and their support people for COVID-19 at main entry points, vaccination hubs, outpatient entry points and home visits.

Who should read this guidance document?

All staff who work at hospital, aged care or clinic entry points, or complete home visits should read and follow this guidance.

What is this guidance document about?

This guidance document is about the implementation of COVID-19 screening processes to ensure that every visitor to Western Health is screened appropriately. This guidance document is to be used in collaboration with the Western Health Visitation QRG available on the [microsite](#).

Main entry point screening

All visitors to Western Health, including couriers and company representatives, visitors to inpatients, outpatients and their support people must be screened for COVID-19 symptoms & risk factors on entry. The following screening guidance relates to these entry points during the entry point opening hours:

- Sunshine Hospital main entrance, Furlong Road
- Joan Kirner main entrance, Furlong Road
- Footscray Hospital main entrance, Gordon Street
- Footscray Hospital OPD entrance, Eleanor Street
- Williamstown Hospital main entrance, Railway Crescent
- Sunbury Hospital main entrance, Macedon Street
- Grant Lodge Aged Care main entrance, Clarinder Street, Bacchus Marsh
- Bacchus Marsh Hospital main entrance, Grant Street
- 10 Turner Street Clinics, main entrance, Turner Street
- Tweedle Infant Settling, main entrance, Lerderderg Street, Bacchus Marsh
- Bacchus Marsh Community Health Centre main entrance, Turner Street
- Melton Health main entrance, Barries Road
- Melton Health and Community Services main entrance, Barries Road
- Caroline Springs Community Health Centre, Caroline Springs Blvd

Setting up for COVID-19 screening

The following points outline the recommended actions required to set up COVID-19 screening at main entry points.

1. Prepare a single entrance for visitors
2. Prepare entrance staff roster (security, COVID Marshall or rostered screening personnel depending on site), ensure up to two staff members are available per entry point. Ensure staff are orientated to COVID-19 screening and registration processes
3. Ensure entry point staff have COVID-19 screening and registration process resources including:
 - a. [Screening questions](#)
 - b. Western Health outbreak list
<http://inside.wh.org.au/departmentsandservices/CorporateGovernance/Pages/COVID.aspx>,
 - c. Patient/ visitor attestation survey QR code posters for display
 - d. Tablets – 2 per main entry point and 1 at smaller entry locations. Tablets must be cleaned with Clinell wipes/equivalent in-between users. Users should use hand sanitiser before and after using the tablets.
 - e. Western Health Visitation QRG
 - f. Symptomatic Visitor QRG (copies printed to hand out to symptomatic visitors)
 - g. Visitation Screening QRG (this document)
 - h. Single use surgical face masks. Have an adequate supply of single use surgical masks to provide to visitors, outpatients and support people. Children under 8 years are not required to wear masks
 - i. Face shields. A supply of face shields should be available for those with a lawful mask exception to wear wherever possible
 - j. Visitor identification. Have wrist bands (or stickers at BM, MH, CS sites) available to put on visitors, outpatients and support people to designate those people who have been screened
4. Designate an entry lane at each hospital entrance and mark up 1.5 metre spacing to accommodate queuing of visitors
5. Print visual displays at the entrance to make known:
 - a. Screening check point station
 - b. Screening questions will be asked of visitors OR the patient/ visitor attestation survey can be completed via QR code
 - c. Expectations related to wearing masks in a health service
6. Print OR have an electronic record of admitted patients in the hospital on a daily basis to create a hospital 'visitor log'
7. Prepare your hospital visitor log to add visitor names on entry, allowing for documenting time of entry and exit

8. Print a list of ward contact numbers (to be used to seek clarifications about visitation exemptions)
9. If not already available, supply hand sanitiser at each entrance
10. For the elderly and people with disability or impairment, prepare a seat if they need to wait for screening (this will need to be cleaned between visitors if used)
11. Ensure personal protective equipment aligning with the Western Health PPE guidelines is available for entry point staff
12. Have a local escalation process for staff manning entrances if any issues arise

COVID-19 screening procedure for visitors and outpatients

Take the following actions to screen visitors, outpatients and their support people for COVID-19.

1. Assess and manage the risk of each visitor, outpatient & support person by using the [screening questions](#) OR for visitors/ patients who complete the attestation survey via the QR code, check the colour of their mobile phone screen. A green screen indicates no COVID-19 risk factors; a red screen indicates COVID-19 risk factors.

Visitors and support people: if a visitor or support person's responses to ANY of the [screening questions](#) triggers an ALERT OR a red screen is presented, the individual should NOT be permitted entry. In exceptional circumstances or where the visitor or support person is a **hotel quarantine worker** a further risk assessment **should** be conducted to determine if the person may enter. Please contact the de-isolation HMO for a risk assessment on 8395 9048 or via switch 8345 6666 (BM, MH and CS to follow local escalation pathway).

Outpatients: if an **outpatient's** responses trigger an ALERT to ANY of the [screening questions](#), OR a red screen is presented, the individual should NOT be permitted entry without further risk assessment. Please contact the de-isolation HMO for a risk assessment on 8395 9048 or via switch 8345 6666.

Outpatients only: as above plus support the outpatient to contact the outpatient clinic (contact details found on the appointment letter) and advise the clinic that the outpatient is presenting with COVID-19 symptoms/ risk factors and the outcome of the de-isolation HMO risk assessment. The outpatient clinic will advise how to proceed (i.e. to postpone or proceed with the appointment).

If the individual is symptomatic, provide them with a single use surgical mask and ask them to put it on; and provide them with a copy of the 'Symptomatic Visitor QRG' handout; and recommend that they seek immediate COVID-19 testing at a COVID Testing Clinic

2. **Outpatients** should present an outpatient appointment letter (as proof of appointment)
3. **Visitors only:** if the visitor requests an exemption to visitation rules, clarify whether the visitor has a visitation exemption granted and what the exemptions are. This information may have already been provided by the ward, however if not, contact the ward to seek clarification.
4. **Visitors only:** document the visitor's name, time of entry, contact number and time of departure.
5. **Couriers & Company Representatives:** Document the visitor's name, company they are employed by, contact number, time of arrival and time of departure.
6. If eligible to enter the hospital, ask the visitor, outpatient or support person to wear a:

- a. Wrist band or sticker (as proof of screening and registration) that is visible at all times. Staff must undertake hand hygiene before and after assisting people to don the wrist band. Where possible, physical contact with visitors; outpatients and support people should be avoided or minimised.
- b. Single use surgical mask upon entry and inform that the mask should stay on throughout their visit until they exit the hospital. For those with a lawful mask exemption, a face shield should be worn where possible.

Note: In accordance with DH guidance, if an individual has a lawful reason (such as a medical condition or trauma) for being unable to wear a face mask or shield, an exemption may be granted. No supporting evidence is required. Security staff should refer people who request an exemption to wearing a face mask directly to the manager of the clinical setting they are attending (e.g. NUM/ AHA, service manager). Entry will only be granted in exceptional circumstances such as for end of life care. The manager of the clinical setting is responsible for ensuring it is safe for the visitor/patient to enter and that relevant staff are informed of their arrival. Consideration should be given to the ability to maintain physical distance, exposure to COVID positive or suspected COVID patients and OHS. For further information relating to mask exemptions please refer to the 'Navigating patient and visitor face mask exemption' QRG on the [Western Health Coronavirus Site](#).

- c. Visitors, outpatients and support people arriving with their own mask in situ must change to wearing a surgical mask. However, if the individual is already wearing a surgical mask they do not need to change it unless it is observed to be stained, soiled or damp

COVID-19 screening procedure for staff

All staff, including volunteers, students and contractors, must complete the Western Health COVID-19 Daily Symptom Check via QR code or paper based survey prior to the commencement of each shift and prior to entry into each separate campus where moving between campuses. Staff must present their completed electronic QR code or paper based survey to entry point staff as they enter the premises

1. Staff presenting with a green screen may be granted entry
2. Staff presenting with a red screen should:
 - a. Not be permitted to enter as this indicates that they have new COVID risk factors or symptoms
 - b. Be advised to follow the guidance information on the red screen including to contact their manager and get tested
 - c. Contact the Staff Enquiries Service with any further questions - whscovid-19staffclinicenquiries@wh.org.au

Vaccination Hub entry point screening

Setting up for COVID-19 screening

The following points outline the recommended actions required to set up COVID-19 screening at the Vaccination Hub entry point.

1. Prepare a single entrance for people entering the Vaccination Hub
2. Prepare entrance staff roster (security personnel, COVID Marshall or rostered screening personnel depending on site), ensure up to two staff members are available per entry point. Ensure staff are orientated to COVID-19 screening and registration processes
3. Ensure entry point staff have COVID-19 screening and registration process resources including:
 - a. [Screening questions](#)
 - b. Western Health outbreak list
<http://inside.wh.org.au/departmentsandservices/CorporateGovernance/Pages/COVID.aspx>
 - c. Vaccination Hub specific patient/ visitor attestation survey QR code posters for display
 - d. Tablets – 2 per entry point. Tablets must be cleaned with Clinell wipes/equivalent in-between users. Users should use hand sanitiser before and after using the tablets.
 - e. Symptomatic Visitor QRG (copies printed to hand out to symptomatic visitors)
 - f. Visitation Screening QRG (this document)
 - g. Single use surgical face masks. Have an adequate supply of single use surgical masks to provide to visitors, outpatients and support people. Children under 8 years are not required to wear masks
4. Face shields. A supply of face shields should be available for those with a lawful mask exception to wear wherever possible
5. At designated entry lanes, mark up 1.5 metre spacing to accommodate queuing of patients and their support people
6. Print visual displays at the entrance to make known:
 - a. Security check point station
 - b. Screening questions will be asked of patients OR the Vaccination Hub specific patient/ visitor attestation survey can be completed via QR code
7. If not already available, supply hand sanitiser at each entrance
8. For the elderly and people with disability or impairment, prepare a seat if they need to wait for screening (this will need to be cleaned between visitors if used)
9. Ensure personal protective equipment aligning with the Western Health PPE guidelines is available for entry point staff
10. Have a local escalation process for staff manning entrances if any issues arise. Security staff escalate to the Associate Nurse Unit Manager on duty.

COVID-19 screening procedure

Take the following actions to screen patients for COVID-19.

1. Assess and manage the risk of each patient and their support people by using the [screening questions](#) OR for those who complete the Vaccination Hub specific visitor/ patient attestation survey via the QR code, check the colour of their mobile phone screen. A green screen indicates no COVID-19 risk factors; a red screen indicates COVID-19 risk factors.

If a patient or support person's responses to ANY of the [screening questions triggers and ALERT](#), OR a red screen is presented, the patient is NOT PERMITTED TO ENTER without further assessment. To seek a risk assessment please contact the Associate Nurse Unit Manager.

If a patient answers YES to **Question 9** 'Have you worked in or volunteered at a hotel quarantine site and/ or other port of entry in the last 14 days?' the Associate Nurse Unit Manager must ensure the individual has the correct PPE on. The individual is either directed or escorted by security to the Red Zone.

If the individual is symptomatic, provide them with a single use surgical mask and ask them to put it on; and provide them with a copy of the 'Symptomatic Visitor QRG' handout; and recommend that they seek immediate COVID-19 testing at a COVID-19 Testing Clinic.

2. If eligible to enter the Vaccination Hub, ask the patient and their support people to wear a:
 - a. Single use surgical mask upon entry and inform them that the mask should stay on throughout their visit until they exit the Vaccination Hub. For those with a lawful mask exception a face shield should be worn where possible.

Note: In accordance with DH guidance, if an individual has a lawful reason (such as a medical condition or trauma) for being unable to wear a face mask or shield, an exemption may be granted. No supporting evidence is required. Security staff should refer people who request an exemption to wearing a face mask directly to the manager of the clinical setting they are attending (e.g. NUM/ AHA, service manager). Entry will only be granted in exceptional circumstances such as for end of life care. The manager of the clinical setting is responsible for ensuring it is safe for the visitor/patient to enter and that relevant staff are informed of their arrival. Consideration should be given to the ability to maintain physical distance, exposure to COVID positive or suspected COVID patients and OHS. For further information relating to mask exemptions please refer to the 'Navigating patient and visitor face mask exemption' QRG on the [Western Health Coronavirus Site](#).

- a. Patients and their support people arriving with their own mask in situ must change to wearing a surgical mask. However, if the individual is already wearing a surgical mask they do not need to change it unless it is observed to be stained, soiled or damp.

Outpatient screening for face to face appointments

All outpatients and their intended support person should be contacted the day prior to their face to face appointment via text/ phone call to screen for COVID-19. Each local outpatient clinic which is not accessible via a main entry point will need to have their own processes in place for screening outpatients AND their support people for COVID-19 on the day of appointment. This includes the outpatient clinics using the following entry points,

Sunshine Hospital

- Community Based Rehabilitation

- Radiation Therapy
- OPD Pod 2 – External Entry
- Palliative Care Entry
- Dialysis Satellite Unit
- West Side Lodge

Footscray Hospital

- 3-7 & 9-13 Eleanor Street – Drug Health Services

Williamstown Hospital

- Community Based Rehabilitation

Outpatient clinics residing within the hospital can choose whether they repeat COVID-19 screen outpatients and their support people who have entered via a main entrance.

Setting up for COVID-19 screening

The following points outline the recommended actions required to set up COVID-19 screening at outpatient clinic entry points.

1. Prepare a single entrance for outpatients and support people
2. Ensure at least one staff member is available at the outpatient clinic entry point to conduct COVID-19 screening. Ensure staff are orientated to COVID-19 screening processes
3. Ensure entry point staff have COVID-19 screening and registration process resources, including,
 - a. [Screening questions](#), available within this document or within the Outpatient Screening Tool on the [Coronavirus Site](#)
 - b. Western Health outbreak list
<http://inside.wh.org.au/departmentsandservices/CorporateGovernance/Pages/COVID.aspx>
 - c. Patient/ visitor attestation survey QR code posters for display
 - d. Tablets – 2 per main entry point and 1 at smaller entry locations. Tablets must be cleaned with Clinell wipes/ equivalent in-between users. Users should use hand sanitiser before and after using the tablets.
 - e. Western Health Visitation QRG
 - f. Symptomatic Visitor QRG (copies printed to hand out to symptomatic visitors)
 - g. Visitation Screening QRG (this document)
 - h. Single use surgical face masks. Have an adequate supply of single use surgical masks to provide to visitors, outpatients and support people. Children under 8 years are not required to wear masks
 - i. Face shields. A supply of face shields should be available for those with a lawful mask exception to wear wherever possible

- j. Visitor identification. Have wrist bands (or stickers at BM, MH, CS sites) available to put on outpatients and support people to designate those people who have been screened
4. Ensure there is physical distancing and mark up 1.5 metre spacing to accommodate queuing of outpatients and their support people
5. Print visual displays at the entrance to the outpatient clinic to make known:
 - a. Screening questions will be asked of outpatients & support people OR the patient/ visitor attestation survey can be completed via QR code
 - b. Expectations related to wearing masks in hospital
6. If not already available, supply hand sanitiser at the entrance
7. Ensure personal protective equipment aligning with the Western Health PPE guidelines is available for entry point staff
8. Have a local escalation process for entry point staff to use if any issues arise.

COVID-19 screening procedure

Take the following actions to screen visitors, outpatients and their support people for COVID-19. Outpatients and their support people should be screened for COVID-19 prior to their face to face appointment AND on arrival to their appointment (if not already screened at a main entry point).

1. Call/ send a text message to all outpatients requesting that if they OR their intended support person have any COVID-19 symptoms they should make immediate contact with the outpatient clinic
2. On arrival of the outpatient and support person, confirm whether the outpatient has an appointment. If the person presenting does not have an appointment deny entry and seek to clarify upcoming appointments
3. On arrival assess and manage the risk of each outpatient AND support person by using the [screening questions](#) OR for visitors/ patients who complete the attestation survey via the QR code, check the colour of their mobile phone screen. A green screen indicates no COVID-19 risk factors; a red screen indicates COVID-19 risk factors

Support people: if a visitor or support person's responses to ANY of the screening questions triggers an ALERT, OR a red screen is presented the individual should NOT be permitted entry. In exceptional circumstances or where the visitor or support person is a hotel quarantine worker a further risk assessment should be conducted to determine if the person may enter. Please contact the de-isolation HMO for a risk assessment on 8395 9048 or via switch 8345 6666 (BM, MH and CS to follow local escalation pathway).

Outpatients: if an outpatient's responses to ANY of the screening questions triggers an ALERT, OR a red screen is presented the individual should NOT be permitted entry without further risk assessment. Please contact the de-isolation HMO for a risk assessment on 8395 9048 or via switch 8345 6666 (BM, MH and CS to follow local escalation pathway).

Notify the treating clinician/ service manager to determine whether to postpone or proceed with the appointment. Outpatients should have their appointment postponed unless the appointment is deemed clinically essential.

If the individual is symptomatic, provide them with a single use surgical mask and ask them to put it on; and provide them with a copy of the 'Symptomatic Visitor QRG' handout; and recommend that they seek immediate COVID-19 testing at a COVID Testing Clinic

4. If eligible to enter the hospital, ask the outpatient or support person to wear a:
 - a. Wrist band or sticker (as proof of screening and registration) that is visible at all times. Staff must undertake hand hygiene before and after assisting people to don the wrist band. Where possible, physical contact with visitors; outpatients and support people should be avoided or minimised.

Single use surgical mask upon entry and inform that the mask should stay on throughout their visit until they exit the hospital. For those with a lawful mask exception, a face shield should be worn where possible.

Note: In accordance with DH guidance, if an individual has a lawful reason (such as a medical condition or trauma) for being unable to wear a face mask or shield, an exemption may be granted. No supporting evidence is required. Security staff should refer people who request an exemption to wearing a face mask directly to the manager of the clinical setting they are attending (e.g. NUM/ AHA, service manager). Entry will only be granted in exceptional circumstances such as for end of life care. The manager of the clinical setting is responsible for ensuring it is safe for the visitor/patient to enter and that relevant staff are informed of their arrival. Consideration should be given to the ability to maintain physical distance, exposure to COVID positive or suspected COVID patients and OHS. For further information relating to mask exemptions please refer to the 'Navigating patient and visitor face mask exemption' QRG on the [Western Health Coronavirus Site](#).

- b. Visitors, outpatients and support people arriving with their own mask in situ must change to wearing a surgical mask. However, if the individual is already wearing a surgical mask they do not need to change it unless it is observed to be stained, soiled or damp.

Home visit assessment screening

To minimise the risk of transmission, COVID-19 symptom screening must be completed PRIOR to AND on arrival to a home visit with the client AND with any other individual who is present at the home visit. COVID-19 symptom screening is to occur in addition to the usual home visit risk assessment screening tool.

Setting up for COVID-19 screening

The following points outline the recommended actions required to set up COVID-19 screening in preparation for home visits.

1. Ensure staff are orientated to COVID-19 screening processes
2. Ensure staff have COVID-19 screening process resources, including
 - a. [Screening questions](#), available within this document or within the Outpatient Screening Tool on the [Coronavirus Site](#)

- b. Western Health outbreak list
<http://inside.wh.org.au/departmentsandservices/CorporateGovernance/Pages/COVID.aspx>
 - c. Visitation Screening QRG (this document)
 - d. Have an adequate supply of single use surgical masks to provide to the client and all household occupants
3. A supply of face shields should be available for those with a lawful mask exception to wear wherever possible. Children under 8 years old are not required to wear masks but can be provided if requested. If not already available, supply hand sanitiser for staff to take on home visits. Staff may also be supplied with a non-contact, infra-red scanner thermometer for use during home visit screening but this is optional.
 4. Ensure personal protective equipment (PPE) is available for staff to enable them to abide by the Western Health (PPE) guidelines
 5. Have a local escalation process for staff attending home visits to use if any issues arise.

COVID-19 screening procedure

Take the following actions to screen ALL individuals (client and household occupants) present at a home visit.

1. On the day prior, contact the client and in addition to completing the home visit risk assessment tool, assess the client AND each individual who will be present at the home visit for COVID-19 by using the [screening questions](#)

If a client OR any other present individual's responses to ANY of the [screening questions](#) triggers an ALERT please escalate the positive screening result using local processes to determine whether to postpone or proceed with the appointment. Home visits should be postponed unless the appointment is deemed clinically essential. The de-isolation HMO can be contacted for risk assessment on 8395 9048 or via switch 8345 6666 (BM, MH and CS to follow local escalation pathway).

Recommend that they seek immediate COVID-19 testing at a COVID Testing Clinic.

2. On arrival to the home visit appointment assess and manage the client AND each individual present at the home visit for COVID-19 by using the screening questions below and manage as described above
3. Ask the client and other individuals present to wear a single use surgical mask at all times during the home visit. For those with a lawful mask exemption, a face shield should be worn where possible. Any client or other individual with their own mask in situ must change to wearing a surgical mask. However, if the individual is already wearing a surgical mask they do not need to change it unless it is observed to be stained, soiled or damp.

Note: In accordance with DH guidance, if an individual has a lawful reason (such as a medical condition or trauma) for being unable to wear a face mask or shield, an exemption may be granted. No supporting evidence is required. Security staff should refer people who request an exemption to wearing a face mask directly to the manager of the clinical setting they are attending (e.g. NUM/ AHA, service manager). Entry will only be granted in exceptional circumstances such as for end of life care. The manager of the clinical setting is responsible for ensuring it is safe for the visitor/patient to enter and that relevant staff are informed of their

arrival. Consideration should be given to the ability to maintain physical distance, exposure to COVID positive or suspected COVID patients and OHS. For further information relating to mask exemptions please refer to the 'Navigating patient and visitor face mask exemption' QRG on the [Western Health Coronavirus Site](#).

Screening questions

Print these and make them available for staff undertaking screening. Staff, patients or visitors who trigger an ALERT to any of the questions below should not be automatically granted or denied entry to a Western Health site. Please refer to the guidance in the relevant sections in the QRG above for further details as to how to manage staff, patients or visitors who trigger an ALERT.

1. Do you have a temperature higher than 37.5°C OR chills?

YES = ALERT

2. Do you have symptoms of a cold or a cough such as?

- a. breathing difficulties such as breathlessness
- b. cough
- c. sore throat
- d. runny nose
- e. fatigue or tiredness
- f. loss of taste or smell

YES = ALERT

3. Have you tested positive for COVID-19?

If **YES**, then ask:

- 3.1 Have you been given clearance to leave isolation after testing positive for COVID-19?

NO = ALERT

4. Are you awaiting COVID-19 test results?

If **YES**, then ask:

- 4.1 Have you been given clearance to leave isolation while awaiting your COVID-19 test result?

NO = ALERT

5. Have had contact with someone who has COVID-19 within the last 14 days?

If **YES**, then ask:

- 5.1 Were you identified as a close contact¹?
- 5.2 Are you fully vaccinated and has it been more than 7 days since you had contact with the person with COVID-19?

If YES to question 5.1 or NO to questions 5.2 = ALERT

6. Have you visited an extreme risk, red, or orange zone since the zone started over the past 14 days?

If **YES**, then ask:

- 6.1 Have you met the Department of Health requirements to leave isolation (noting that there are different rules for fully vaccinated and not fully vaccinated people)?

NO = ALERT

7. Have you been released from hotel quarantine in the past 14 days?

If **YES**, then ask:

- 7.1 Have you received a negative result 7 days after leaving hotel quarantine?

NO = ALERT

8. Have you arrived in Australia from overseas in the past 14 days?

If **YES**, then ask:

- 8.1 Have you met the Department of Health requirements to enter a hospital either as a passenger arrival, or, if appropriate, as an international aircrew service worker?

<https://www.coronavirus.vic.gov.au/information-overseas-travellers>

NO = ALERT

9. Have you worked in or volunteered at a hotel quarantine site and/ or other port of entry in the last 14 days?²

If **YES**, then ask:

- 9.1 Are you required to self-isolate for professional reasons (such as international aircrew)?

NO = ALERT

10. Are you require to self-isolate or self-quarantine under the Diagnosed Persons and Close Contacts Directions?

YES = ALERT

¹ Close contacts usually live with the case or have spent more than 4 hours in an indoor space at the case's home or accommodation

² Visitors who have worked or volunteered at a hotel quarantine site and/or other port of entry in the last 14 days must not be automatically excluded from visiting but should be escalated for further risk assessment by the relevant clinical manager or de-isolation HMO.