

Visitation Screening QRG

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Western Health

COVID - 19

Be Safe -- Be Smart -- Be Kind

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Background

Visitors play an important role in the health and wellbeing of patients receiving care at Western Health but also present a risk due to the sensitive nature of health settings. Western Health has put in place safety measures and screening processes to ensure that patients, staff and visitors are safe when they attend a Western Health site and to minimise the risk of transmission of COVID-19. Western Health has implemented Visitor Screening to identify visitors with COVID-19 risk factors and ensure they are managed appropriately.

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 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
- Tweddle Infant Settling, main entrance, Lerderberg 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, outpatient clinics or at Vaccination Hubs.

1. Prepare a single entrance for visitors, outpatients, support people or people attending for vaccinations
2. Prepare entrance staff roster (security or rostered screening personnel depending on site), ensure up to two staff members are available per main entry points. Ensure staff are orientated to COVID-19 screening and registration processes
3. At the entry point of outpatient clinics, ensure at least one staff member is available to conduct COVID-19 screening.
4. Ensure entry point staff have COVID-19 screening and registration process resources including:
 - a. [Screening questions](#)
 - b. Patient/Visitor attestation or Vaccination Hub Patient/Visitor attestation QR code posters for display

- c. 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.
 - d. Symptomatic Visitor handout (copies printed to hand out to symptomatic visitors, found under ‘V’ on the [microsite](#))
 - e. Visitation Screening QRG (this document)
 - f. Single use face masks. Have an adequate supply of single use masks to provide to visitors, outpatients and support people. Children under 8 years are not required to wear masks.
5. Face shields. A supply of face shields should be available for those with a lawful mask exemption to wear wherever possible
 6. At main entrances:
 - a. Rapid Antigen Test (RAT) Kits. Have an adequate supply of RAT Kits to provide to visitors and support people who are unvaccinated and have an exemption to enter the hospital OR to visitors who have tested positive to COVID-19 in the past 10 days OR for visitors to Newborn Services.
 - b. N95 masks. Have an adequate supply of N95 masks to provide to all visitors. KF94 masks can be provided to visitors who are unable to tolerate an N95.
 - c. 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
 7. Designate an entry lane at each entrance and mark up 1.5 metre spacing to accommodate queuing of visitors, outpatients, support people or people attending for vaccinations
 8. Print visual displays at the entrance to make known:
 - a. Screening check point station
 - b. Screening questions will be asked of visitors/outpatients/support people/people attending for vaccinations OR the patient/ visitor attestation or Vaccination Hub survey can be completed via QR code
 - c. Expectations related to wearing masks in a health service
 9. For hospital entrances: Print OR have an electronic record of admitted patients in the hospital on a daily basis to create a hospital ‘visitor log’
 - a. Prepare your hospital visitor log to add visitor names on entry, allowing for documenting time of entry and exit
 - b. Print a list of ward contact numbers (to be used to seek clarifications about visitation exemptions)
 10. Supply hand sanitiser at each entrance
 11. 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)
 12. Ensure personal protective equipment aligning with the Western Health PPE guidelines is available for entry point staff.
 13. Have a local escalation process for staff manning entrances if issues arise.

COVID-19 screening procedure for visitors and support people

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

1. Assess and manage the risk of each visitor or support person by using the [screening questions](#) OR for visitors/support people 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 or orange screen indicates COVID-19 risk factors.

If a visitor or support person's responses to ANY of the [screening questions](#) triggers an ALERT OR a red or orange screen is presented, the individual should NOT be permitted entry, except in relation to vaccination/mask wearing where if they answer 'No' OR in relation to being 7, 8 or 9 days post testing positive to COVID-19, they are required to complete a RAT. In exceptional circumstances 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).

2. **Exemptions:** if a visitor requests an exemption to visitation rules, clarify whether they have a visitation exemption granted and what the exemption is. This information may have already been provided by the ward, however if not, contact the ward to seek clarification.

Exemptions for visitors of suspected or confirmed COVID-19 patients can be approved locally by the Unit Manager or delegated in-charge.

3. Document the visitor's name, time of entry, contact number and time of departure.
4. **Couriers & Company Representatives:** Document the visitor's name, company they are employed by, contact number, time of arrival and time of departure.
5. If eligible to enter the hospital, ask the visitor 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 mask upon entry and inform them 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 face mask exemptions QRG' on the [microsite](#).

Visitors and support people arriving with their own cloth mask in situ must change to wearing a single use mask. However, if the individual is already wearing an N95 mask they do not need to change it unless it is observed to be stained, soiled or damp.

COVID-19 screening procedure for outpatient face to face appointments

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. Each local outpatient clinic will need to have their own processes in place for screening outpatients AND their support people for COVID-19 on the day of appointment. 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.
3. On arrival confirm whether the outpatient has an appointment. Outpatients should present an outpatient appointment letter (as proof of appointment). If the person presenting does not have an appointment deny entry and seek to clarify upcoming appointments.
4. 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.

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. Refer to the previous section for how to manage support people.

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

If an outpatient tested positive 7, 8 or 9 days prior to the appointment and is asymptomatic, provide the outpatient with an N95 mask and ask them to wear it for the duration that they are on site.

If other risks are present, 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).

5. If eligible to enter the hospital, ask the outpatient 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 outpatients and support people should be avoided or minimised.
 - b. Single use mask, if applicable, 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. The manager of the clinical setting is responsible for ensuring it is safe for the individual 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 face mask exemptions QRG' on the [microsite](#).

Outpatients arriving with their own cloth mask in situ must change to wearing a single use mask. However, if the individual is already wearing an N95 mask they do not need to change it unless it is observed to be stained, soiled or damp.

Exemptions for outpatients with suspected COVID-19

If an outpatient is suspected to have COVID-19, exemptions are only granted for those who *must* attend a face to face appointment. Exemptions are granted by the treating clinician in consultation with the Head of Unit. If an appointment is approved the following procedure should be followed:

Prior to the appointment communicate the process to:

- Patient/ family
- Head of Unit
- Clinic Staff
- Operations Manager
- Infection Prevention

When booking the patient ensure:

- The patient is booked into the last available appointment
- A dedicated room is booked.
- Air purifiers are requested via Infection Prevention if available.
The room contains only necessary equipment and supplies.

Patient arrival:

- Security or patient to call the relevant clinical area prior to arrival
- Nursing staff should escort patient in Tier 3 PPE according to WH PPE guidelines directly from car or entrance to isolation room
- If the patient is an adult provide with a single use mask. If the patient is a child, with parent/ guardian consent, determine if they are able to wear a surgical mask, or drape a surgical mask across the neonate's face
- Nurse to complete the COVID visitor checklist.
- Patient or child to be escorted from building at end of appointment by nominated nursing staff member in full PPE

Consultation:

- Treating clinician to wear Tier 3 PPE according to WH PPE guidelines and to wait in the room ready for patient's arrival.

Completion:

- Room should be cleaned as per the 'Environmental Cleaning Disinfection Terminal Clean' policy on the [microsite](#). Liaise with Environmental Services prior to appointment to ensure this is done immediately afterwards.

COVID-19 screening procedure for Vaccination Hubs

Take the following actions to screen patients and support people for COVID-19:

1. Assess and manage the risk of each patient and their support person by using the [screening questions](#) OR for those who complete the Vaccination Hub 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 an 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 the individual is symptomatic, provide them with a single use mask and ask them to put it on; and provide them with a copy of the 'Symptomatic Visitor 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 single use 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 face mask exemptions QRG' on the [microsite](#).

Patients and their support people arriving with their own cloth mask in situ must change to wearing a single use mask. However, if the individual is already wearing an N95 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 AD24.4 COVID-19 Outpatient and Home Visit Screening Tool on the [microsite](#)
 - b. Visitation Screening QRG (this document)
 - c. Have an adequate supply of single use 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 exemption 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 for Home Visits

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 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. Staff should refer people who request an exemption to wearing a face mask directly to the manager of the relevant clinical setting (e.g. NUM/ AHA, service manager). The manager of the clinical setting is responsible for ensuring

it is safe for the clinician to conduct the home visit and that relevant staff are informed. 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 face mask exemptions QRG' on the [microsite](#).

Screening questions for patients and visitors (excluding to Vaccination Hubs)

Print these and make them available for staff undertaking screening. 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. loss of taste or smell

YES = ALERT

3. Are you awaiting COVID-19 test results (except as part of a surveillance testing program)?

YES = ALERT

4. Have you tested positive to COVID-19 in the past 10 days?

If YES, then ask:

- 4.1 What date did you do the test?

If within past 6 days = ALERT

If 7, 8 or 9 days prior to date of visit – (visitors only) must return negative RAT result & (patients and visitors) must wear N95 mask while on site

5. Have you had contact with someone who has COVID-19 within the last 14 days (except while at work wearing appropriate PPE)?

If YES, then ask:

- 5.1 Have you had at least two doses of a COVID-19 vaccination?

If YES then ask question 5.2.

If NO = (visitors only) must return negative RAT result & (patients and visitors) must wear N95 mask while on site

- 5.2 Have you returned a negative COVID-19 PCR test OR has it been more than 7 days since you had contact with the person with COVID-19?

If YES = you may enter

If NO = (visitors only) must return negative RAT result & (patients and visitors) must wear N95 mask while on site

6. Are you required to self-isolate or self-quarantine under the Quarantine, Isolation and Testing Order?

YES = ALERT

7. **(Visitors ONLY)** Have you received two or more doses of the COVID-19 vaccination?

If NO = ALERT

Screening questions for people attending Vaccination Hubs

Print these and make them available for staff undertaking screening. People attending for a vaccination or support people 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. I currently have symptoms of COVID-19 such as:
 - temperature higher than 37.5°C, fever or chills
 - shortness of breath
 - cough
 - sore throat
 - runny nose
 - loss of taste or smell

YES = ALERT

2. I have tested positive to COVID-19 in the past 7 days and/or I am currently required to quarantine or isolate

YES = ALERT