

18 May 2020

Auckland DHB
Chief Executive's Office
Level 1
Building 37
Auckland City Hospital
PO Box 92189
Victoria Street West
Auckland 1142
Ph: (09) 630-9943 ext: 22342
Email: ailsac@adhb.govt.nz



Re Official Information Request – Patients rights under COVID 19

I refer to your official information request dated 29 April 2020 requesting the following information:

1. Any documents/guidance provided by the Ministry of Health to the DHB related to the subject of 'visitors to in-patients while at either Covid-19 Alert Level 4 or Level 3'.
2. Any documents/guidance provided by the Health and Disability Commissioner to the DHB related to the subject of 'visitors to in-patients while at either Covid-19 Alert Level 4 or Level 3'.
3. Any documents/guidance created by the DHB related to the subject of 'visitors to in-patients while at either Covid-19 Alert Level 4 or Level 3'.
4. Any documents/guidance provided by the Ministry of Health to the DHB related to the subject of 'Code of Health and Disability Services Consumers' Rights while at either Covid-19 Alert Level 4 or Level 3'.
5. Any documents/guidance provided by the Health and Disability Commissioner to the DHB related to the subject of 'Code of Health and Disability Services Consumers' Rights while at either Covid-19 Alert Level 4 or Level 3'.
6. Any documents/guidance created by the DHB related to the subject of 'Code of Health and Disability Services Consumers' Rights while at either Covid-19 Alert Level 4 or Level 3'.

Examples of documents/guidance include emails, position papers, policies, discussion documents, meeting minutes, research evidence, statistics, etc.

Our response is as follows.

Question 1

Attached is a COVID-19 Hospital & Clinic Patient Visiting Policy received from the Ministry of Health National Hospital Response Group on 23 March 2020, a revised version of this policy received from

the Ministry of Health National Hospital Response Group on 25 March 2020 and updated advice from the Ministry of Health received on 21 April 2020.

We understand that you have also submitted this request to the Ministry of Health directly.

Question 2

Auckland DHB does not hold any documents/guidance provided by the Health and Disability Commissioner to the DHB related to the subject of 'visitors to in-patients while at either Covid-19 Alert Level 4 or Level 3'.

Question 3

Attached to this letter are documents/guidance created by the DHB related to the subject of 'visitors to in-patients while at either Covid-19 Alert Level 4 or Level 3'.

Question 4

Auckland DHB does not hold any documents/guidance provided by the Ministry of Health to the DHB related to the subject of 'Code of Health and Disability Services Consumers' Rights while at either Covid-19 Alert Level 4 or Level 3'.

We understand that you have also submitted this request to the Ministry of Health directly.

Question 5

Attached is an email response from the Office of the Health and Disability Commissioner to the DHB related to the subject of 'Code of Health and Disability Services Consumers' Rights while at either Covid-19 Alert Level 4 or Level 3'.

Question 6

Auckland DHB does not hold any documents/guidance created by the DHB related to the subject of 'Code of Health and Disability Services Consumers' Rights while at either Covid-19 Alert Level 4 or Level 3'.

We have redacted the email addresses and phone numbers of individuals on the basis that withholding this information is necessary to protect the privacy of natural persons under s 9(2)(a) of the Official Information Act. The reasons for withholding that information — to protect personal privacy — are not outweighed by any other considerations which render it desirable, in the public interest, to make that information available.

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 response, may be published on the Auckland DHB website.

Yours faithfully



Ailsa Claire, OBE
Chief Executive

[REDACTED]

Subject:

FW: Hospital and Clinic Visitor Policy

Attachments:

COVID-19 Visitor Policy 23 March 2020.pdf

From: [REDACTED]

On Behalf Of

Sent: Monday, 23 March 2020 5:27 p.m.

[REDACTED]

Subject: Hospital and Clinic Visitor Policy

Kia ora koutou

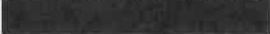
Re: COVID-19 National Hospital and Clinic Visitor Policy

Please find attached a National Hospital and Clinic Visitor Policy which provides advice to DHBs on how to manage visitors to your hospital facilities. This has been developed with input from a number of DHB teams, including infection control, Māori relations, and Chief Operating Officers, and has approval from the NHCC Technical Advisory Group.

We also recommend that you consider joint clinical and security presence at entrances where possible. We are currently working on national advice on management of Hospital campuses. We will send this out as soon possible.

Ngā mihi
NHCC coordinator on behalf of

Michelle Arrowsmith
Chair of the National Hospital Response Group



David Meates
DHB CE Representative
National Hospital Response Group

Dale Oliff
DHB CE Representative
National Hospital Response Group

Dan Coward
DHB COO Representative
National Hospital Response Group

Natalie Richardson
Deputy Director COVID-19
National Health Coordinatoin Centre
Ministry of Health

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All District Health Boards

Type: National Policy

Name: COVID-19 Hospital & Clinic Visitor Policy

Purpose

The purpose of this policy is to provide direction on access by the public to all DHB hospital campuses during the COVID-19 pandemic response.

This policy serves to protect patients / whānau, staff, and the public through limiting visitors to all patients in our hospitals.

Scope

This policy refers to all DHB facilities where patients are cared for.

This policy is active until the Ministry of Health declares the pandemic is over.

Includes:

- Public visiting patients within inpatient units
- Public accompanying people to community clinics
- Public accompanying people to any outpatient or ambulatory area/clinic
- Public accompanying people presenting at the Emergency Department
- Public accompanying people requiring maternity services
- Non-essential visitors.

Excludes:

Exclusions will be limited. Clinical Nurse Managers can assess requests on a case by case basis. For example, exceptions will be considered on compassionate grounds for end of life care.

- This policy excludes patients.
- This policy excludes on duty staff, volunteers and contracted workers performing or providing essential services.

Definitions

- Visitor – Member of the public not receiving assessment, diagnostics or treatment
- Patient – Member of the public receiving / seeking treatment, this includes mental health service users
- Non-essential visitors – e.g. company representatives, external people attending meetings, people not visiting family / whānau, off-duty staff.
- Whānau spokesperson – the single point of contact for the whānau.
- High risk area – Emergency Departments (ED), Intensive Care Units/High Dependency Units (ICU/HDU), Aged Care wards, Maternity wards, Delivery Suite and Neonatal Intensive Care Unit (NICU), Special Care Baby Unit (SCBU), Oncology (including chemotherapy areas), Renal Outpatient and Inpatient areas, Immunology, or other Outpatient areas that have at risk patients.

All District Health Boards

Guiding Principles

There is an expectation that:

- All staff will maintain respectful communication with families / whānau, treating each person with dignity and respect
- All staff will partner with families / whānau regarding this policy
- All staff will work with Māori and Pacific health teams to ensure cultural aspects of care are actioned
- Whānau liaison increases as the response level increases
- Alternative means of communication between patients and whanau/ families are encouraged and enabled.
- DHBs will minimise the number of access points into their facilities.

Policy content and guidelines

Visitors with symptoms of respiratory tract infection

Visitors with acute respiratory symptoms (e.g. cough, sore throat) or fever must not visit. Signage should be in place at all entrances to reflect this. If a visitor appears unwell, i.e. presenting with flu-like symptoms, staff should kindly ask them to leave the hospital grounds and advise them to ring Healthline or a General Practitioner (GP) for advice.

Patients admitted with COVID-19

Where there is a suspected case of COVID-19, there will be no visitors until the diagnosis is confirmed. If there is a high index of suspicion and tests are negative, the no visiting policy will still apply until a diagnosis is made.

Visiting patients who have been admitted with COVID-19 is only permitted at the discretion of the Clinical Nurse 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.

Patients / whānau must designate a whānau spokesperson who will be the point of contact for the whānau regarding the visiting policy and any changes to it. This is in case response levels rise and further restrictions need to be applied.

A poster must be placed on the wall at entry points to instruct visitors to maintain good hygiene, including washing hands on entry and exit. The poster should also explain the level of restriction at the time.

Before any visitor is allowed to enter an area where there are COVID-19 positive patients, they must be met by an appropriate staff member who will ensure personal hygiene requirements are met, and Personal Protection Equipment is appropriately worn.

All District Health Boards

Visitors in self-isolation

Anyone that is under self-isolation (due to close contact with a confirmed case or due to recent overseas travel) will not be permitted to visit.

Visitors register

Names and contact details of visitors will be recorded in a sign in book at the points of entry.

Specialty units

If existing visiting policies within specialty units is more rigorous than stated in this policy, they should be followed.

All District Health Boards

COVID-19 Hospital Readiness GREEN ALERT LEVEL ONE	Visitors to high risk areas: (ED/Intensive Care Unit (ICU)/NICU/SCBU/ Maternity/Aged Care or any ward with COVID-19 positive patients	<p>Visitors with known COVID-19 contact or symptoms will not be granted access and will be directed to Community Based Assessment Centre (CBAC) or to contact Healthline or GP.</p> <p>Visitors with no suspicion of COVID-19 will be able to enter. A maximum of one visitor at a time will be allowed, for one visit per day.</p> <p><i>For maternity services:</i> where there is no suspicion of COVID-19 for either the patient or visitors, up to two visitors (one partner and one birthing partner) can accompany patients into the birthing suite.</p>
	Visitors to all other areas	<p>Visitors with known COVID-19 contact or symptoms will not be granted access and will be directed to Community Based Assessment Centre (CBAC) or to contact Healthline or GP.</p> <p>Visitors with no suspicion of COVID-19 will be able to enter. A maximum of two visitors at any one time may visit a patient at the hospital or clinic.</p> <p>Usual visiting hours are adhered to, unless by prior arrangement with the ward.</p> <p>Children under 16 must not visit except by prior arrangement.</p>
COVID-19 Hospital Initial Impact YELLOW ALERT LEVEL TWO	As per Green Alert	As per Green Alert
COVID-19 Hospital Moderate Impact ORANGE ALERT LEVEL THREE	Visitors to high risk areas: (ED/ICU/NICU/SCBU/Maternity/ Aged Care or any ward with COVID-19 positive patients	<p>Visitors with known COVID-19 contact or symptoms will not be granted access and will be directed to CBAC or to contact Health line or GP.</p> <p>Visitors with no suspicion of COVID-19 will be able to enter. A maximum of one visitor at a time will be allowed, for one visit per day.</p> <p><i>For maternity services:</i> where there is no suspicion of COVID-19 for either the patient or visitors, up to two visitors (one partner and one birthing partner) can accompany patients into the birthing suite.</p>
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COVID-19 Hospital Severe Impact RED ALERT LEVEL FOUR	All areas	<p>No visitors to be granted access unless approved by the Clinical Nurse Manager or senior manager on shift. A maximum of one visitor or legal guardian that has been screened will be granted access if approved.</p>

[Redacted]

Subject: FW: COVID-19 Revised National Hospital and Clinic Visitor Policy
Attachments: COVID-19 Patient Visiting Policy 24 March 2020.pdf

From: [Redacted]

Date: 25 March 2020 at 7:46:00 AM NZDT

[Redacted]

Subject: Re: COVID-19 Revised National Hospital and Clinic Visitor Policy

Kia ora koutou

Re: COVID-19 Revised National Hospital and Clinic Visitor Policy

Please find attached a revised COVID-19 Hospital & Clinic Patient Visiting Policy. Updates have been made to address questions raised at yesterday's DHB Chief Executive teleconference, and in light of the Prime Minister's announcement yesterday.

Ngā mihi
NHCC coordinator on behalf of

Michelle Arrowsmith
Chair of the National Hospital Response Group

David Meates
DHB CE Representative
National Hospital Response Group

Dale Oliff
DHB CE Representative
National Hospital Response Group

Dan Coward
DHB COO Representative
National Hospital Response Group

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All District Health Boards

Type: National Policy

Name: COVID-19 Hospital & Clinic Patient Visiting Policy

Purpose

The purpose of this policy is to provide direction on access by members of the public who are visiting patients, or providing support to patients, on all DHB hospital campuses during the COVID-19 pandemic response.

This policy serves to protect patients / whānau, staff, and the public through limiting visitors to all patients in our hospitals.

Scope

This policy refers to all DHB facilities where patients are cared for.

This policy is active until the Ministry of Health declares the pandemic is over.

This policy does not cover visitors to DHB hospital campuses who are on site to provide essential services. Please refer to separate advice on essential services.

Includes:

- Public visiting patients within inpatient units
- Public accompanying people to community clinics
- Public accompanying people to any outpatient or ambulatory area/clinic
- Public accompanying people presenting at the Emergency Department
- Public accompanying people requiring maternity services
- Non-essential visitors.

Excludes:

Exclusions will be limited. Clinical Nurse Managers can assess requests on a case by case basis. For example, exceptions will be considered on compassionate grounds for end of life care.

- This policy excludes patients.
- This policy excludes on duty staff, volunteers and contracted workers performing or providing essential services.

Definitions

- Visitor – Member of the public not receiving assessment, diagnostics or treatment
- Patient – Member of the public receiving / seeking treatment, this includes mental health service users
- Non-essential visitors – e.g. company representatives, external people attending meetings, people not visiting family / whānau, off-duty staff.
- Whānau spokesperson – the single point of contact for the whānau.

All District Health Boards

- High risk area – Emergency Departments (ED), Intensive Care Units/High Dependency Units (ICU/HDU), Aged Care wards, Maternity wards, Delivery Suite and Neonatal Intensive Care Unit (NICU), Special Care Baby Unit (SCBU), Oncology (including chemotherapy areas), Renal Outpatient and Inpatient areas, Immunology, or other Outpatient areas that have at risk patients.

Guiding Principles

There is an expectation that:

- All staff will maintain respectful communication with families / whānau, treating each person with dignity and respect
- All staff will partner with families / whānau regarding this policy
- All staff will work with Māori and Pacific health teams to ensure cultural aspects of care are actioned
- Whānau liaison increases as the response level increases
- Alternative means of communication between patients and whānau/ families are encouraged and enabled.
- DHBs will minimise the number of access points into their facilities.

Policy content and guidelines

It is important to note that the Government's COVID-19 Alert Levels and the Hospital Readiness Framework Alert Levels serve different purposes.

The Government's COVID-19 Alert Levels are being implemented as a response to help break the chain of transmission across all New Zealanders.

It is appropriate that DHBs continue to operate services as per the National Hospital Response Framework. This should enable DHBs to continue to deliver as much clinical care and surgery as possible, whilst preparing for the next level of readiness.

This visitor policy should align with your DHB's current status against the National Hospital Response Framework. Ideally visitors, including those accompanying patients should be limited to those residing in the patient's household. However, DHBs will need to be pragmatic and make exceptions for those patients who live alone and have limited access to alternative support networks.

Visitors with symptoms of respiratory tract infection

Visitors with acute respiratory symptoms (e.g. cough, sore throat) or fever must not visit. Signage should be in place at all entrances to reflect this. If a visitor appears unwell, i.e. presenting with flu-like symptoms, staff should kindly ask them to leave the hospital grounds and advise them to ring Healthline or a General Practitioner (GP) for advice.

Patients admitted with COVID-19

Where there is a suspected case of COVID-19, there **will** be no visitors until the diagnosis is confirmed. If there is a high index of suspicion and tests are negative, the no visiting policy will still apply until a diagnosis is made.

All District Health Boards

Visiting patients who have been admitted with COVID-19 is only permitted at the discretion of the Clinical Nurse 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.

Patients / whānau must designate a whānau spokesperson who will be the point of contact for the whānau regarding the visiting policy and any changes to it. This is in case response levels rise and further restrictions need to be applied.

A poster must be placed on the wall at entry points to instruct visitors to maintain good hygiene, including washing hands on entry and exit. The poster should also explain the level of restriction at the time.

Before any visitor is allowed to enter an area where there are COVID-19 positive patients, they must be met by an appropriate staff member who will ensure personal hygiene requirements are met, and Personal Protection Equipment is appropriately worn.

Visitors in self-isolation

Anyone that is under self-isolation (due to close contact with a confirmed case or due to recent overseas travel) will not be permitted to visit.

Visitors register

Names and contact details of visitors will be recorded in a sign in book at the points of entry.

Specialty units

If existing visiting policies within specialty units is more rigorous than stated in this policy, they should be followed.

All District Health Boards

COVID-19 Hospital Readiness GREEN ALERT LEVEL ONE	Visitors to high risk areas: (ED/Intensive Care Unit (ICU)/NICU/SCBU/ Maternity/Aged Care or any ward with COVID-19 positive patients	<p>Visitors with known COVID-19 contact or symptoms will not be granted access and will be directed to Community Based Assessment Centre (CBAC) or to contact Healthline or GP.</p> <p>Visitors with no suspicion of COVID-19 will be able to enter. A maximum of one visitor at a time will be allowed, for one visit per day.</p> <p><i>For maternity services:</i> where there is no suspicion of COVID-19 for either the patient or visitors, up to two visitors (one partner and one birthing partner) can accompany patients into the birthing suite.</p>
	Visitors to all other areas	<p>Visitors with known COVID-19 contact or symptoms will not be granted access and will be directed to Community Based Assessment Centre (CBAC) or to contact Healthline or GP.</p> <p>Visitors with no suspicion of COVID-19 will be able to enter. A maximum of two visitors at any one time may visit a patient at the hospital or clinic.</p> <p>Usual visiting hours are adhered to, unless by prior arrangement with the ward.</p> <p>Children under 16 must not visit except by prior arrangement.</p>
COVID-19 Hospital Initial Impact YELLOW ALERT LEVEL TWO	As per Green Alert	As per Green Alert
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	Visitors to all other areas	<p>Visitors with known COVID-19 contact or symptoms will not be granted access and will be directed to CBAC or to contact Health line or GP.</p> <p>Visitors with no suspicion of COVID-19 will be able to enter. A maximum of one visitor at any one time may visit a patient at the hospital or clinic.</p> <p>Formal visiting hours are adhered to, unless by prior arrangement with the ward.</p> <p>No non-essential visitors.</p>
COVID-19 Hospital Severe Impact RED ALERT LEVEL FOUR	All areas	<p>No visitors to be granted access unless approved by the Clinical Nurse Manager or senior manager on shift. A maximum of one visitor or legal guardian that has been screened will be granted access if approved.</p>



Subject: FW: REvised national visitor policy

Visitors

The National Hospital and Clinic Visitors Policy describes changes to visiting arrangements for DHB hospitals and clinics that will come into effect for each level of the National Hospital Response Framework. These changes are necessary in order to protect the safety of patients, visitors and staff. The policy states that visitors, from their extended bubble, with no suspicion of COVID-19 will be able to enter, a maximum of one visitor at a time will be allowed, for one visit per day. Discretion may be applied on a case by case basis. Formal visiting hours are to be recognised, unless by prior arrangement with the ward. When visiting relatives in hospitals it is important to follow Alert Level 3 precautions such as ensuring hand hygiene and physical distancing of 2-metres. Inpatient services must record visitors to ensure contact tracing can be conducted if necessary. Expectant mothers in the birthing suite will be allowed two support partners, from their extended bubble.

Melissa Wilson
ADHB COVID-19 IMT
Communications/Internal PIM Co-Lead



Visitor Policy on Hippo pages

The page was published 3 April 2020 with the following text: The downloadable poster is attached.

Visitors' Guide

To comply with COVID-19 Alert Level 4, visitor restrictions now apply. No visitors will be allowed on site, other than on essential or compassionate grounds. This includes:

- Parent or guardian of a child (under 18 years) in our care
- Birthing partners of women in labour
- Visitors to a patient near end of life
- People who help with the continuation of care (for example to support a patient who may be confused)

There may be a small number of other cases at the discretion of the nurse in charge or clinical nurse managers.

The people on site must not be in self-isolation due to recent travel or have any known COVID-19 contact or symptoms.

Posters will be in place at our entrances. Copies can be downloaded here.

Security will welcome people at our main entrances and more of our entrances and internal doors will be swipe access for employees. Please keep your ID Card on you at all times.

Contractors providing essential services will continue to have access our sites.

Hippo news articles

There were 3 posts relating Auckland DHB's Visitor Policies.

The first on 20 March 2020:

Limiting visitors to our sites

Limiting visitors to our sites

We are limiting the number of visitors to our hospitals as we ramp up efforts to respond to COVID-19. We are currently in the 'Keep it out, Stamp it out' phase and think this is a necessary step to protect our patients and staff, and allow us to focus on continuing to provide care.

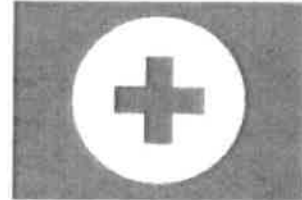
Patient visitors should be limited to two people, including a support person like a parent or partner and one visitor. Children under 15 will not be allowed to visit. There will be some exceptions to this for compassionate reasons, for example near end-of-life. These decisions should be made by the nurse in charge.

Access by other visitors, who are not part of the Auckland DHB team or HealthSource teams, should also be limited.

Posters will be in place in our main entrances this afternoon. Copies are also available in the Integrated Operations Centre. If you need a poster for your area you can download from Hippo. If you require a large print version email COVID19@adhb.govt.nz.

Ngā mihi

Auckland DHB COVID-19 Incident Management Team



The 2nd on 26 March:

Restricted Visitor Access

To comply with COVID-19 Alert level 4 we have restricted access to visitors. Access will only be allowed to:

- Parents of children in our care.
- Birthing partners of women in labour.
- At end of life.
- People who help with the continuation of care (for example to support a patient who may be confused).



There may be a small number of other cases allowed access for compassionate reasons at the discretion of the Charge Nurse or Clinical Nurse Managers.

Posters are in place at our entrances, you can download a copy here. [from the COVID-19 page on Hippo](#)

Security will be welcoming people at our entrances, so **its really important you have your ID badge with you at all times.** Many of our entrances and internal doors will be swipe access for employees.

Contractors providing essential services will continue to access our sites.



Auckland DHB
Clinical Ethics Advisory Group
Level: 1, Executive Suite
Building: 37
Auckland City Hospital
Private Bag 92-024
Auckland, 1142

24 April 2020

[REDACTED]
Committee Co-ordinator Email
address: [REDACTED]

Alex Pimm and Emma Maddren
Auckland DHB IMT

Dear Alex and Emma

The CEAG was asked by the senior members of the Auckland DHB COVID Incident Management Team to consider the ADHB Visitors Policy in place as New Zealand moves to COVID-19 Alert Level 3 and beyond.

This opinion is provided by the CEAG based on the current Covid-19 situation in Auckland and New Zealand. Currently we are in a situation where there is very low level of community prevalence of COVID-19 infection and the medium term scenario is that this will continue with perhaps occasional outbreaks of small clusters of infection. We note that this is a fluid situation and that if there is a sustained change in the situation with higher levels of COVID-19 prevalence that this advice would need to be amended. We consider that New Zealand is currently managing the level of COVID-19 cases at a level which no longer require the restrictions initially set in place for a pandemic situation.

It is our opinion that there needs to be a policy that is consistent throughout the DHB and if at all possible nationally. Uncertainty and inconsistent policies lead to anxiety and lack of trust in our institution for our patients/whānau, staff and the general community. We should strive to avoid this.

The current guidance that has been in place at COVID-19 Level 4 is extremely restrictive and is no longer considered appropriate or proportionate to the level of risk presented by COVID-19 in New Zealand. There have been numerous instances of inconsistent interpretation and administration of the guidance. It is our opinion that decisions about the interpretation of the policy or discretionary decisions to be made under the policy should be shared or collective decisions as much as possible, rather than decisions of a single staff member. We recognize that there will need to be some flexibility dependent on the situation of the ward/unit; for example implementation may need to be more restrictive for those units with immunosuppressed or particularly at risk populations.

In the current situation in New Zealand we are likely to cause harm with a restrictive visitor policy in that this will involve denying patients the presence and support of whānau and support people while they are in hospital.

Under Right 8 of the Code of Health and Disability Services Consumers' Rights (the Code), consumers are entitled to have one or more support persons of their choice present when receiving health care services, except where safety may be compromised or another consumer's rights may be unreasonably infringed. The circumstances of the COVID-19 pandemic and the safety of patients and hospital staff mean that limits can be placed on the right to support at this time. However, those limits need to be based on the level of risk presented by patients having visitors/support people in hospital and must be proportionate to the level of risk present,

Since New Zealand moved into COVID-19 alert level 4 on 25 March 2020, more information is now available regarding the community prevalence of COVID-19 and the number of new confirmed cases per day has reduced. The vast majority of ADHB current in-patients have little or no risk of having COVID-19 infection. We strongly recommend that visiting of patients be allowed with some restrictions on numbers of visitors per patient and also the duration of visits. In cases of very serious illness or where death of the patient is likely, the restrictions should be less and greater efforts made to facilitate the patient spending time with and accessing support from their loved ones. We also recommend that Auckland DHB ensure that patients have the ability to communicate



with whānau by means other than face to face wherever possible. This would necessitate providing means of e-communication if needed.

At the current level of COVID prevalence in the hospital and community we should investigate other options for facilitating visiting for larger whānau groups particularly where non-COVID-19 patients are gravely ill. One such option could include placement of the patient in a "quarantined" area away from other patients which the whānau could come to.

We felt that, based on the application of a risk benefit calculus, the visitors' policy should differentiate between restrictions applicable to patients suspected of having or who have tested positive for COVID-19 and those applying to other patients in the hospital.

We suggest that patients who are COVID positive who are gravely ill should be allowed the option of having one designated visitor with them at all times who would need to agree to the appropriate training and use of PPE and understanding of restrictions about staying in the patient room and not moving around the hospital. This designated person would need to be informed that they would be classified as a "casual contact" of the patient for public health monitoring purposes and would be notified to the Auckland Regional Public Health Services as such. The proposed visitor should also be fully informed about the risk to themselves of contracting the virus and potential implications for contact with other members of their whānau.

On a practical note visitor tracking and screening as people enter the hospital needs to be strengthened. We understand that CNO Margaret Dotchin and her team have reviewed the current visitor management plans at WDHB and CMDHB and have recommendations for how Auckland DHB could improve this. It would not be appropriate to allow visitors who would "fail" the current health-based screening questions for suspected COVID-19 other than in exceptional circumstances (for example, if the patient was expected to die shortly of COVID-19 and the visitor could be isolated from others for the duration of their visit).

We note that there is currently a very high level of staff anxiety with respect to COVID-19 and that this needs to be addressed as we allow more open visitor access. Practically this will mean that there does need to be some management/restriction of access to allow staff to provide the appropriate care to our patients and support systems in place for the staff to raise and address their anxiety.

In summary as New Zealand moves from COVID-19 Alert Level 4 to Alert Level 3 CEAG recommends that we consider changes to the Visitors Policy that would enable more liberal access for patient's whānau. We note that this would need to be reflective of any Public health guidance regarding contact with COVID-19 suspected or definite cases. We recognize that restrictions are still required and these need to be clearly communicated to staff, patients and whānau.

Yours sincerely

Ian Dittmer
Chairperson
Clinical Ethics Advisory Group
AUCKLAND DISTRICT HEALTH BOARD

Subject: FW: Regional compassionate visits policy

From: Sarah Prentice (NRA)
Sent: Thursday, 23 April 2020 10:28 a.m.
To: Margaret Dotchin (ADHB)
Subject: FW: Regional compassionate visits policy

From: Justin Rawiri (ADHB)
Sent: Wednesday, 22 April 2020 5:18 p.m.
To: Sarah Hoyle (NDHB); Sam Titchener (WDHB); Alex Pimm (ADHB); Ian Dodson (CMDHB)
Cc: Sarah Prentice (NRA); ARPHS Emergency Operations (ADHB)
Subject: Regional compassionate visits policy

Kia ora koutou,

As discussed on the ICs call earlier - below is the agreed interim position in relation to compassionate visits to Covid positive patients on DHB sites.

- Visits will be allowed on case by case basis at the discretion of the DHB.
- 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.
- A risk assessment will be completed and the visitor advised of the risks before the visit takes place.
- The visitor will be considered a casual contact following the visit.
- ARPHS will follow up with the visitor in a way consistent to the existing CTAG algorithm relating to the management of casual contacts.
- It is the DHB's responsibility to ensure that the visitor knows that public health will be following them up
- It is the DHB's responsibility to get the relevant information to ARPHS (and to include ARPHS emergency Ops email in the communication)
- The DHB must advise ARPHS if there are any PPE breaches which would change the categorisation/risk profile of the visitor
- CTAG will review this matter in its entirety at the next meeting and issue recommendations to inform a final regional policy.

Please let me know if you have any questions.

Ngā mihi,
Justin

ADHB COVID-19 IMT Information Paper

Email your completed IMT Information Paper to ADHBIMTMan@adhb.govt.nz

(Issue / Information to be entered in the IMT Action, Issue and Decision Tracker on MS Teams)

IMT Function Group:	Safety & Risk
Submitted by: (Name, Role, Service)	Wendy Stanbrook-Mason Acting Chief Nursing Officer/Deputy Chief Nursing Officer
Date:	20 April 2020
Issue / Decision:	Review of visitor's policy and how this has been applied in level 4 and with a lens to level 3. Recommendations for the short and medium term
Information for noting: (Include in description if action to be taken is included within the Directorate Safety Plan, if applicable)	<p>Background: With level 4 lockdown plans in place ADHB, like all other DHBs and health providers, have had to take a restrictive action, unlike what has even been implemented before. This has caused concern as staff have managed different public expectations, higher stress levels from patients, whānau and our own staff. While we navigate our way through an extraordinary situation ADHB visitor's policy has been adapted in keeping with the MOH guidelines and regional response.</p> <p>Current State To this end ADHB visitor policy is designed to protect those who are receiving care in our facilities by limiting all non-essential access to all ADHB sites to reduce the risk of transmission of COVID-19 (Security Access control Plan, April 20) . However the implementation of this has been inconsistent. (Appendix Two)</p> <p>Recommendation</p> <ol style="list-style-type: none"> 1. Create principles to have a robust but supportive response to the visiting policy that does not change with level changes. These to be based on our values. <ol style="list-style-type: none"> I. Haere Mai We acknowledge that these are different times. We want to create alternative ways of being able to connect you with your loved one and ensure that you are still being part of the care we deliver II. Manaaki We will respectfully and with awhi provide care for your loved ones. We will endeavor to communicate with you so that you know what is occurring. This may be in different ways, for example through technology or more regular phone conversations. III. Tūhono Sit at a distance, Stand as one. – Noho Tawhiti Tū Kotahi IV. Angamua By undertaking this restrictive decision our entire focus is to keep our patients, your loved one, as safe as possible during this extraordinary time. 2. Continue to support and language parameters already in place: "To comply with the Government's COVID-19 Alert Level 4, visitor restrictions now apply. No visitors will be allowed on site, other than on essential or compassionate grounds. This includes: <ul style="list-style-type: none"> • Parent or guardian of a child (under 18 years) in our care • Birthing partners of women in labour

	<ul style="list-style-type: none"> • Visitors to a patient near end of life • People who help with the continuation of care (for example to support a patient who may be confused) <p>There may be a small number of other cases at the discretion of the nurse in charge or clinical nurse managers.</p> <p>The people on site must not be in self-isolation due to recent travel or have any known COVID-19 contact or symptoms.”</p> <ol style="list-style-type: none"> 3. Explore different forms of visiting and ensure that patient and whānau feel included. This has already commenced with discussions with IT for technology support and consider staff being proactive in communicating with designated contact person – make this part of the care plan. 4. Build on the work currently underway in CMDHB for a regional and consistent approach.(Appendix One) 5. Robust Screening of visitors at points of entry
Does this incur a financial cost?	(Yes or No) yes
<i>If yes, what is the estimated cost and start date if known?</i>	\$ unsure due to volume to hardware required
Does this decision require reversing in the future? (e.g. during the incident recovery phase)	(Yes or No. Specify timeframe if able.) No, this could become future forms of communication whānau can be supported to be with if unable to visit patients.
Does this decision require reversing in the future? (e.g. during the incident recovery phase)	(Yes or No. Specify timeframe if able.) No
Consultation for interdependencies with other services, systems or IMT functions completed with: (Ensure recommendation is agreed by other involved parties prior to submission)	Commenced project with IT Tech Demand ID: <u>ADHB COVID19 393.</u>
Has this recommendation been approved by an IMT Function / Work Stream Lead?	(Yes or No. Specify their details)

IMT Incident Controller:	
Decision: (Noted / Approved / Declined / Comment)	
Date of Decision:	

Template Approval: ADHB IMT Controller: Alex Pimm. Approved 28/03/2020.

Appendix One CMDHB work

National COVID Level	Hospital level
3	<p>Compassionate or by invitation (for treatment, care psychosocial support) Extend invitation to people within the patient's bubble within the region Max 1 person Preserve social distancing from other people</p>

What does level 3 look like?

- + Ability to expand bubble to include close family members
- + Stay home other than essential personal movement. Travel within the region permitted
- + Physical distancing outside home to 2 metres. Keep contact with people very limited
- + Public venues closed, healthcare services use virtual, non-contact consultations where possible.

National COVID Level	Hospital level			
	Green	Yellow	Orange	Red
3	1 visitor per day, per patient 8-8 plus compassionate visiting	1 visitor per day, per patient 2-8pm plus compassionate visiting	No visitors - compassionate visiting only	None

Appendix Two Directorate Feedback

Directorate	Response
Adult Medical	<p>fielded some questions around this but need to tighten up and run through some scenarios with the wards. ED/DCC/7a/72 have quite a robust process.</p> <p>guidelines for the stroke ward set up as she was a little astounded that anyone appeared to be able to come in (she has stopped that) Gen Med ward 68 is very clear, the other med wards we are still fielding some calls and that is around mainly the confused patients and care givers.</p>
Cancer & Blood	<p>No visitors will be allowed on site, other than on essential or compassionate grounds. This includes:</p> <ul style="list-style-type: none"> • Visitors to a patient near end of life • People who help with the continuation of care (for example to

	<p>support a patient who may be confused)</p> <p>There may be a small number of other cases at the discretion of the nurse in charge or clinical nurse managers. The people on site must not be in self-isolation due to recent travel or have any known COVID-19 contact or symptoms</p>
Cardiovascular	<p>No visitor policy in place throughout Compassionate Grounds we have had 4 th floor including CVICU 4 deaths and allowed 1 -2 visitors to visit 3rd floor 1 palliative in CCU patient 2 visitors All have been screened before coming in by either a nurse or in CVICU SMO on for unit has done this as well The visiting regime has been done in conjunction with NOK</p>
Child Health	<p>We are following the visitor policy and gaining exceptions through IMT for special cases such as dying children. There a few day cases where we require two caregivers due to severe autism.</p>
Reablement	<p>Reablement is currently running a spread sheet with those patients who can have a visitor</p> <p>Currently we have 4 patients that have a family member and the reasons why. Otherwise our doors are locked full time</p>
<u>Mental Health</u>	<p>We are not allowing any visitors to our units at the moment with the exception of District Inspectors who are legally allowed to come to mental health units as a part of the mental health act 1992. We have provided tablets so family members can communicate with their loved ones</p>
<u>Perioperative</u>	<p>No change to our policy No visitors unless it's a child and occasionally they have one adult with them in PACU (level8)</p>



From: Melissa Wilson (ADHB)
Sent: Wednesday, 29 April 2020 16:34
To: Wendy Stanbrook-Mason (ADHB)
Subject: visitor policy comms
Attachments: Info Sheet for visitors.docx

Hi Wendy

Yipee visitor policy has been published on HIPPO and an all staff alert is about to go out. The attached information is being uploaded on to external website and is also being designed and produced as an information sheet that will be available at the entrances. We will also have new, more welcoming signage and some handwashing, physical distancing info available.

Melissa Wilson
ADHB COVID-19 IMT
Communications/Internal PIM Co-Lead



Changes to Hospital Visiting

Welcome to Auckland DHB. Whānau and friends play an important role in the wellbeing of the patients that we care for. While restrictions are in place to help keep everyone safe, we want to make sure that you get the support and information you need to stay in touch with your “loved one” while remaining safe.

Visitor Restrictions

Special visiting rules are now in place across all our sites. These limit the number of people who can visit a patient and how often they can visit. We need to do this to help stop the spread of COVID-19 and to protect sick patients who may be at more risk of the impact of COVID-19.

Can I Visit an Inpatient at Auckland DHB?

- Nearly all inpatients can choose two people from the same “extended bubble” to visit them.
- Visitors need to be fourteen years of age or older.
- One of these two people can visit for up to two hours, every day.
- You can swap between the two people on different days.

In a small number of circumstances additional visitors or visits or longer visits may be possible. These need to be discussed with the ward before you visit.

Please note that additional restrictions are in place for cancer and blood services.

What Times can I Visit an Inpatient?

You can visit for up to two hours, anytime between 7.00am and 8.00pm. Make sure you coordinate with the other nominated visitor to make sure you are not visiting on the same day.

Can I Support and Visit a Mother During Labour and Her Inpatient Stay?

One support person can stay with a woman during her labour and delivery. After a baby is born a mother and her baby can have visits from one of two nominated people, once every day, as above.

Can I visit an Inpatient who is diagnosed with COVID-19?

In some situations, one nominated person can visit an inpatient who is diagnosed with COVID-19. Some important safety steps need to be carried out before anyone can visit, so it is important that you contact the ward before turning up. Here are the things you need to do to make sure you stay safe:

Before visiting: the risk of visiting a patient will be assessed before any visits can be agreed to. If it is safe to visit, you will be told about the risk of visiting.

During your visit: you will need to wear protective equipment and follow the instructions of staff, in order to keep safe.

After your visit: the Auckland Regional Public Health Service will get in touch as you will have been in contact with COVID-19.

Can I Come with Someone for Their Outpatient Appointment?

Patients coming to an Auckland DHB facility for an outpatient appointment are able to bring one support person, from their “extended bubble” with them if required.

What Happens When I Arrive?

Staff will ask for your name and the details of the person you are visiting at the entrance. They will check if you have been nominated by a patient as one of their two visitors.

A nurse will then ask you some simple health screening questions to make sure it is safe for you to enter the hospital.

Your name and the details of your visit will be recorded and you will be given a sticker to wear. Wearing this sticker helps patients and our staff to know that it is safe for you to be visiting.

Can I Bring or Drop Off Food and Other Items?

In most areas, you can bring food and other items with you for your visitor. If you are unable to visit in person you can leave items at the entrance and they will be delivered to the ward.

You cannot drop off food to inpatients in mental health services.

How Do I Keep Safe While I am Visiting?

There are a few important safety steps you need to take throughout your visit:

1. Wash your hands well and often;
2. Keep a safe distance – stay 2 metres away from other people; and
3. Wear your entry sticker at all times.

COVID-19

Patient Visitor Policy

Purpose

These guidelines seek to manage the risk of transmission of COVID-19 within the hospital environment; while:

- supporting patients to remain connected with their whānau and loved ones; and
- facilitating whānau as partners in patient care.

General Principles

This policy adopts a values-based approach that reflects Auckland DHB's core values of Haere Mai, Manaaki, Tūhono and Angamua. In particular, it:

- prioritises the safety of visitors, our patients and staff on site;
- recognises the importance of whānau as partners in patient care;
- protects the privacy and autonomy of patients and visitors;
- seeks solutions that keep patients connected with whānau; and
- strives to provide visitors with clear information and explanations that they can relate to their own circumstances.

Visitor Restrictions

Special rules are in place for people wishing to visit Auckland DHB facilities during the COVID-19 pandemic. These rules are consistent with Government measures that are in place to restrict contact between people and reduce the risk of COVID-19 spreading.

They also reflect the vulnerable nature of many of the individuals who access our services and are at high risk of the impacts of COVID-19. They consider the well-being of individual patients alongside the wellbeing and safety of the Auckland DHB community and workforce as a whole.

We are continuing to monitor developments regarding COVID-19. Restrictions outlined in this policy will be regularly updated to reflect any changes in prevalence, risk and impact on hospital services.

Visitors for Inpatients who are not COVID-19 Positive

From **Tuesday 28 April 2020**, inpatients at Auckland DHB facilities with no suspicion of COVID-19 positive, will be able to have one visit per day. Visits will usually be restricted to one visitor at a time. The visitor must be one of two people who have been identified as a patient's nominated visitors. This includes Auckland DHB maternity services.

In the case of neonates, a mother and her baby are considered to be 'the patient' and an additional nominated visitor, is permitted at the same time.

Compassionate Grounds

Exemptions may be made on compassionate grounds at the discretion of the nurse in charge or clinical nurse managers to enable:

- more than one visitor at a time
- more than two nominated visitors; or
- visits longer than 2 hours; and
- visits outside standard visiting hours; and
- visits by people under 14 years old.

In making exemptions on compassionate grounds, consideration will be given to factors including (but not limited to):

- Parents or guardians of a patient who is under 18 years of age
- Carers of a patient with a disability
- A partner or support person of a pregnant patient or a patient during a neonatal stay
- Whānau of long-stay inpatients
- Whānau of patients whose condition has worsened
- Whānau of patients at or near end of life
- Whānau who are unable to maintain contact using alternative modes, for example lack of access to technology.

If there is a disagreement between staff members, the case will be referred, for an immediate, third party decision, to:

- Nurse Director/Nurse Unit Manager (during working hours)
- Clinical Nurse Manager or Senior Manager On Call (after hours)

The decision regarding visitation on compassionate grounds will be communicated to both the patient and visitor by a senior staff member as soon as possible.

Visitors for Patients with a COVID-19 Diagnosis

From **Tuesday 28 April 2020**, a nominated visitor may be permitted for inpatients with a **COVID-19 positive** diagnosis on compassionate grounds, at the discretion of the DHB. Prior to admitting

access, a risk assessment will be undertaken and the visitor will be informed of the risks of visitation.

Where access is permitted, the nominated visitor will be:

- supported in the donning and doffing and correct use of PPE;
- accompanied at all times by a nurse to validate the appropriate use of PPE and ensure the safety of the visitor;
- considered a casual contact following the visit; and
- agree that they do not visit other areas in hospital

The ward will advise ARPHS of the visitor's casual contact (including an email to ARPHS emergency operations team arphsops@ahdb.govt.nz) and advise the visitor that ARPHS will be in contact to follow up. Visitors will be followed up by ARPHS in a way that is consistent with the existing algorithm for the management of casual contacts. The DHB will advise ARPHS of any PPE breaches that impact on risk profile of the visitor.

Nominated Visitors

A nominated visitor is a person who has been identified by a patient/parent/caregiver or guardian as their visitor. Nominated visitors usually need to be aged fourteen years or over.

There can only be two nominated visitor assigned to any inpatient at a given time. The two nominated visitors must be from the same extended 'bubble'. Only one of these nominated people can visit each day. Additional nominated visitors may be possible in those situations where compassionate grounds have been taken into consideration.

If appropriate, patients will nominate a visitor on admission or during their stay. If the patient is unable to nominate a visitor, appropriate parents, caregivers, or guardians will do so.

The name and contact details of nominated visitors will be recorded for individual inpatients. This information will be held centrally so that visitors can be checked at the entrance to ensure they are a nominated visitor. This will assist with the screening, monitoring and contact tracing of visitors into Auckland DHB facilities.

Support People for Outpatient Appointments

Patients coming to an Auckland DHB facility for an outpatient appointment are able to bring a support person with them if required.

On-site Screening and Tracking of Visitors

All nominated visitors to the hospital will undertake a health screening at point of entry, prior to being given access to the ward or service. A central register will be maintained at the entrance, documenting the visitor's name and phone number, the patient they are visiting, the ward visited

and the health screening outcome. This screening will be repeated every time a visitor presents at an Auckland DHB facility.

Health screening will be carried out by nursing or healthcare assistant staff located at entrances to facilities. If a visitor does not pass the health screening, the nurse will provide appropriate health advice and information and explain why they are not able to visit a patient.

Visitors who are given access to an Auckland DHB facility will be given a sticker with their name, the date and the time of entry. They will be required to display this sticker on their person throughout their visit.

Visiting Hours

To enable the safe management of visitors onto Auckland DHB Inpatient facilities, visiting hours will be limited to 7.00 am to 8.00 pm.

Communicating the Visitor Policy Onsite and Turning Away Visitors

Security guards and/or clinical staff will greet visitors and communicate the visitor policy. After a visitor has been screened, they will contact the relevant ward or service and confirm whether the visitor is the patient's nominated visitor. Visitors who are not confirmed by the wards will be provided with an explanation and advised steps they can take to become the designated visitor.

Visitors who are unable to see patients will also be offered the opportunity to leave a 'calling card' for their whānau. They will also be provided with information about alternative ways of 'staying in touch' with their loved one.

Delivery of Food and Essential Items to Patient from Outside for Long Stay Patients (< 7 days)

We recognise that patients who are in hospital for extended periods of time, often require food and other amenities that are routinely provided by whānau and friends. These are an important way that whānau demonstrate their love and care for a patient and are considered an important part of patient wellbeing.

Whānau can deliver food and essential items for patients to security at the entrance to the facility. They need to provide items in a labelled bag that includes the patients name and ward. Paper bags are available at the entrances if required. Security will contact the ward area and a nurse or HCA from the ward will collect the goods.

Precautions for Visitors to Observe

Whilst on site, visitors will be required to:

- ensure that they carry out appropriate hand hygiene measures;
- maintain physical distancing of 2 metres from staff and other patients; and
- display an entry sticker on their person at all times; and

- restrict their visit to the ward or service area that the patient they are visiting is located in or onsite retail areas for example cafes and the pharmacy.

Exceptions to this Policy

Mental Health

- Mental Health Inpatient areas **will not accept any external food delivery**
- Mental Health Inpatient areas **will continue to closely monitor visiting in conjunction with this policy**

Cancer & Blood Directorate

- Restricted visiting will continue as due to this being a high risk service area. Patients to this outpatient area will continue to be screened on arrival at a single point of entry.

Visitor Policy v1, 29 April 2020

Document Owner: Wendy Stanbrook-Mason

Document Approved by: Emma Maddren, ADHB IMT Incident Controller, 29 April 2020

From: STAFF ALERT (ADHB)
Sent: Wednesday, 29 April 2020 16:40
To: STAFF ALERT (ADHB)
Subject: COVID-19 Update: Changes to visitor policy

Kia ora tātou

CHANGES TO VISITOR POLICY

Changes to the temporary visitor policy have been put in place, effective from Tuesday 28 April. These changes reflect the current risk of COVID-19 and align with the measures put in place to restrict contact during the national Alert Level 3.

While visitor restrictions are still necessary, it is important that we take every step possible to enable whānau to safely maintain contact with patients during their stay with us and to involve them in the planning and delivery of patient care.

Visitors will be screened at the door and will be asked to display a sticker that confirms they are able to visit their whānau. They will also be given information and reminders about hand hygiene and physical distancing. A log will be maintained of all visitors into our facilities.

You can view the full visitor policy on [HIPPO](#). The key things to be aware of are:

- All inpatients can identify two people as their nominated visitors.
- Inpatients can receive one of their nominated visitors, once a day.
- Visiting hours will be between 7.00am and 8.00pm and visitors can remain for up to two hours.
- Additional visitors and extended visit times may be permitted on compassionate grounds, at the discretion of the nurse in charge or clinical nurse managers.
- Labouring mothers can have a birthing partner with them throughout delivery and a nominated visitor as above, during their postnatal stay.
- Additional restrictions are in place for patients with a positive COVID-19 diagnosis.

As we re-open our doors it is important we focus on our values and ensure all of our staff, visitors and patients feel safe, welcomed and respected.

Ngā mihi

Ailsa

Ailsa Claire
Chief Executive

Auckland District Health Board

Haere Mai Welcome | Manaaki Respect | Tōhono Together | Angamua Aim High

[REDACTED]

Subject: FW: Consent and COVID19

From: Jane King [REDACTED]
Sent: Friday, 03 April 2020 5:30 p.m.
To: Mark Webster (ADHB)
Cc: Margaret Wilsher (ADHB); [REDACTED]
Subject: Consent and COVID19

Dear Mr Webster

Thank you for your email. Mr Hill has asked me to reply on his behalf.

The Covid19 virus may be new, but this is not a new problem. I appreciate that Covid19 can be spread by fomite transmission. Fomite transmission is a known risk with other viruses/infective organisms too.

The law in New Zealand is clear; services may be provided to a consumer only if that consumer makes an informed choice and gives informed consent, except where any enactment, or the common law, or any other provision of the Code provides otherwise. Where informed consent is required, it must be in writing in the circumstances set out in right 7(6) of the Code.

Regulation 3 (provider compliance) does not operate to suspend this fundamental right.

As in any circumstance where there is a risk that a particular activity could increase risk to consumers and providers, providers need to take reasonable steps to minimise that risk in a manner that complies with the Code.

The alternative procedure proposed in your email below; i.e.

An acceptable alternative to a signed consent form is for the person obtaining consent to document in the case notes the discussion, including the treatment or procedural risks, and that the patient has agreed to the recommended treatment or procedure...

does not meet the requirements of the Code.

I do not agree that this is a minor modification to the consent process. Verbal consent is not sufficient, and a provider's record that verbal consent was given cannot operate as the consumer's written consent.

We recommend that ADHB reconsiders available options for ensuring that written consent is obtained as required by the Code.

Yours sincerely

Jane King

Associate Commissioner Legal

Office of the Health and Disability Commissioner

PO Box 11934, Wellington 6142 | Level 11, TechnologyOne House, 86 Victoria St, Wellington 6011



Health & Disability Commissioner
Te Tihori Haurua, He Komanga

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This document may be legally privileged; do not forward without permission

From: "Mark Webster (ADHB)" [REDACTED]
To: [REDACTED]
Date: 26/03/2020 04:51 p.m.
Subject: Consent processes in Covid-19

Would you please forward this email to Mr Hill

Dear Mr Hill

I am not sure whether the issue of patient consent has come across your radar yet? I am attempting to address the problem locally, but whatever is decided should probably be applied nationally. There is good evidence that much of the Covid-19 spread is by fomite transmission - swabbing infected patient rooms has led to virus culture from most

surfaces in the room. Handing pen, paper, and something to provide paper support to and from patients is a sure-fire way to spread the virus, with the greatest risk from those infected who have not yet developed symptoms.

In the US, consent forms signed by patients are not held in high regard by their legal system. The usual US standard (pre-Covid) is for the consenting physician to write in the patient chart a brief summary of the consent discussion he/she had with the patient. I believe that, under current circumstances, this approach might usefully be applied in NZ.

I have proposed to the ACH TAG the following wording:

Patient treatment or procedure consent

Informed consent requires the patient to be fully informed of their treatment options, the reasons for recommending a particular treatment or procedure, and the risks involved with that treatment or procedure. This requirement is unchanged during the current Covid-19 pandemic. However, there is a risk of fomite transmission of infection associated with signing a consent form. In the current circumstances, following discussion with the patient as outlined above, an acceptable alternative to a signed consent form is for the person obtaining consent to document in the case notes the discussion, including the treatment or procedural risks, and that the patient has agreed to the recommended treatment or procedure.

I have also left attached below the email trail, including comments from Nic Aagaard, MOH

Regards
Mark Webster

Mark Webster
Consultant Cardiologist
Director, Cardiac Catheterisation Laboratories
Auckland City Hospital
Hon Associate Professor of Medicine
University of Auckland
Immediate Past-President
Cardiac Society of Australia and New Zealand

From: Mark Webster (ADHB)
Sent: Thursday, 26 March 2020 10:27 a.m.
To: Covid 19 (ADHB); Margaret Wilsher (ADHB); Ian Dittmer (ADHB)
Subject: FW: FW: Consent

Hi Marg and Ian

See feedback from Nic. If you/TAG OK with it, suggest sending out:

Patient treatment or procedure consent

Informed consent requires the patient to be fully informed of their treatment options, the reasons for recommending a particular treatment or procedure, and the risks involved with that treatment or procedure. This requirement is unchanged during the current Covid-19 pandemic. However, there is a risk of fomite transmission of infection associated with signing a consent form. In the current circumstances, following discussion with the patient as outlined above, an acceptable alternative to a signed consent form is for the person obtaining consent to document in the case notes the discussion, including the treatment or procedural risks, and that the patient has agreed to the recommended treatment or procedure.

Regards
Mark

From: [REDACTED]
Sent: Thursday, 26 March 2020 9:41 a.m.
To: Mark Webster (ADHB)
Cc: [REDACTED]
Subject: Re: FW: Consent

Thanks Mark,

have had this come up in other contexts yesterday. I had a chat with Rob about it yesterday and we agreed - these are exceptional circumstances, and it is a minor modification to the consent process.

Rob, for your information, section 3 is below. Will chat further with Rob about this.

3. Provider compliance

- (1) A provider is not in breach of this Code if the provider has taken reasonable actions in the circumstances to give effect to the rights, and comply with the duties, in this Code.
- (2) The onus is on the provider to prove it took reasonable actions.
- (3) For the purposes of this clause, the circumstances means all the relevant circumstances, including the consumer's clinical circumstances and the provider's resource constraints.

*Noho ora mai rā i roto i ngā manaakitanga katoa
Look after yourself, may you remain well*

Nic Aagaard
Principal Advisor
Ethics
Quality Assurance and Safety
Health System Improvement and Innovation
Ministry of Health

[REDACTED]

[REDACTED]
