Introduction

NSW Health respects the right of patients to receive visitors and be given privacy. Both patients and health workers benefit from family members and loved ones visiting them while being treated in hospital, as well as being actively involved in their care and support. During the COVID-19 pandemic most healthcare facilities have put in place mechanisms to enable patient and family engagement through regular visiting. Over the course of the pandemic, conditions for visits to patients may change depending on advice from NSW Health. The guidance for infection prevention and control remains the same.

Visiting patients during the COVID-19 pandemic

During the COVID-19 pandemic NSW healthcare facilities should continue to enable their patients to receive visits from family, support people, friends, carers and volunteers through additional screening, education and supervision of visitors using the correct personal protective equipment and using other infection prevention practices such as hand hygiene and physical distancing.

To promote safety and to reduce risks to patients and staff, there may be restrictions to the number of visitors allowed into a facility. There may be exemptions on compassionate grounds.

In Maternity inpatient settings, both antenatal and postnatal visits by immediate family (partner and the newborns’ siblings) and carers should not be restricted provided they meet the requirements for COVID-19 screening on entry to the facility. Likewise, patients in end-of-life/palliative care should be allowed visits by immediate family, support people and carers who meet the requirements for COVID-19 screening on entry to the facility.

In circumstances where restricting visiting is necessary patients and their families and/or carers should be involved in discussions about the best ways to maintain connection.

Visitors who are a close contact of a confirmed COVID-19 case or who are in home isolation/quarantine will be unable to visit patients in a healthcare facility. Case by case exemptions are possible but will need to be approved with facility management. Healthcare facilities should consult patients and their families or carers about their preferences for visiting and engage them in conversations about the risks of visiting versus not visiting.

Infection prevention and control procedures enabling visitor access

Healthcare facilities should have local infection prevention and control procedures that outline how they implement the required precautions to prevent the spread of COVID-19 and address visitor restrictions. These measures may include:

- Limiting the number of visitors in a ward at any one time to ensure physical distancing can be maintained.
• Ensuring that restrictions on the number of visitors a patient may receive are based on an assessment of the potential risk to both patient and visitors. This should include the risk of infection to the patient and their visitors, as well as the risks and potential harms to the patient and families should visiting be restricted.

• Active screening for COVID-19 risks and symptoms of anyone entering the facility, e.g. temperature checking, questioning about recent overseas travel, areas with confirmed community outbreaks (including interstate), other questions recommended by NSW Health, contact with known or suspected cases and presence of symptoms.

• Recording visitors’ names, contact details, time of visit and who they are visiting to enable contact tracing (paper record or QR Code). Visitors should also be encouraged to download the COVIDsafe app.

• Posting signs at all entrances and at triage areas to prompt health workers, patients, volunteers and visitors not to visit the facility or to self-identify to a specific location or person if they experience COVID-19 symptoms, such as fever, cough, symptoms of acute respiratory infection (sore throat, runny nose), change in taste or smell or new onset of shortness of breath. Atypical symptoms should be considered as well, especially in children, older persons and people with a disability.

• Identifying patients who for clinical reasons should not have visitors (e.g. as they are deemed particularly vulnerable due to advanced age, co-morbidities etc) and discuss alternative methods for meeting with their families and carers. All avenues should be explored to ensure appropriate visitation.

• Facilitating virtual means of communication for patients and visitors, in particular if the clinical condition of the patient could be severely affected by in-person contact. Staff should discuss the best way to facilitate virtual visiting with patients and their families and carers, recognising that their circumstances vary and not everyone has easy access to devices and the internet, and asking patients and their families and carers to identify their preferred solutions to maintaining contact.

• Assessing the risks and benefits of visits by young children, particularly in high and extreme risk units, including public aged care facilities and Multi-Purpose Services (MPS).

• Advising visitors to notify ward nursing staff before entering the patient’s room/area.

• Ensuring that visitors are informed on how to perform hand hygiene and, if relevant, how to don and doff personal protective equipment.

• Advising visitors to maintain physical distancing whilst being anywhere in the facility, i.e. walking to ward, in waiting room as per local procedures etc. Consideration needs to be taken for culturally sensitive locations such as Aboriginal and refugee gathering/meeting areas, chapels, quiet rooms.

• Assessing if visitors can maintain 1.5 metre physical distance from the patient. If visitors are unable to maintain that distance when visiting a patient with suspected, probable or confirmed COVID-19, they should be provided with the appropriate personal protective equipment (i.e. fluid resistant surgical mask, protective eyewear, disposable apron or gown).
See information related to visitor in the appropriate Frequently Asked Questions related to the COVID-19 Infection Prevention and Control Response and escalation framework

Infection prevention and control precautions for visitors

All visitors to healthcare facilities are to take reasonable care for their own and others’ health and safety; and they are to comply with instructions, policies and procedures given by the healthcare facility.

In order to be granted entry to a healthcare facility, all visitors are required to pass all screening processes in place at the facility on that day, including temperature checking. Anyone who does not pass these screening processes will be denied entry to the facility. This should include anyone with symptoms suggestive of COVID-19.

Visitors who are unwell with other cold or flu-like symptoms, or who have been tested and are awaiting results, or who are a close contact of a confirmed case, should expect to be asked to reschedule their visit.

Visitors should:

• Delay visitation if they are unwell
• Before entering a ward or patient’s room or immediate surroundings, consult and follow the instructions of nursing staff at the ward
• Perform hand hygiene before and after entering the patient’s room or immediate surroundings
• Maintain respiratory hygiene and cough etiquette
• Comply with physical distancing advice
• Comply with contact, droplet or airborne precautions as per the advice of staff, including use of PPE provided to them when they enter the patient zone
• Comply with the advice of staff on putting on and taking off PPE
• Respect a patient’s right to say no to visitors
• Comply with a health worker’s reasonable request to leave.

Staff should:

• Support and facilitate visitation.

Further reading

Your Health Rights and Responsibilities
NSW Infection Prevention and Control Policy
NSW Infection Prevention and Control Practice Handbook (In particular Section 3.3: Risk assessing visitors)
Responding to Needs of People with Disability during Hospitalisation

Seniors, people with disability and carers

Supporting visits and contact with family for inpatients in the last days of life


The Healthcare Associated Infections (HAI) Program provides expertise in Infection Prevention and Control and assists local health districts and specialty networks in NSW to manage and monitor the prevention and control of HAIs.