Caring Together - Welcoming Visitors

Summary Establishes a clear, statewide approach to visitation in NSW Health settings, supporting safe, inclusive and person-centred practices, and guiding proportionate decision-making when risks to safety, security or wellbeing need to be managed.

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Policy Directive

Caring Together – Welcoming Visitors

Policy Statement

NSW Health supports the right of all patients and residents to decide who may visit and accompany them during care, provided this can occur safely for everyone. Safety includes physical, emotional, social, cultural, and spiritual wellbeing, alongside infection control, security considerations and clinical risk management.

Trusted visitors play an essential role in care – supporting comfort, reducing anxiety, and contributing to better outcomes. Their presence often shortens stays, aids recovery, and reassures health workers. Carers and families bring valuable knowledge of the person's needs and preferences, making them integral to person-centred care.

NSW Health settings must actively facilitate visits wherever safe, secure and practicable, recognising the diverse relationships that support wellbeing and recovery.

Summary of Policy Requirements

This Policy Directive aims to make sure:

- Admitted patients and residents can receive visits from people they want to see where it is safe.
- People attending appointments can be accompanied by a family member, friend, or advocate if they choose.
- Visitation practices are safe, secure, inclusive, and person-centred, supporting spiritual and cultural safety and equity.
- Communication is trauma-informed, accessible, and respectful of individual preferences.

Definition of visitor

The term *visitor* reflects the choices of the person receiving care and may include:

- guardians, carers, parents
- partners, family, kin, friends,
- Elders, spiritual advisors, community leaders, and
- others important to the person, such as assistance animals and pets.

Requirements for NSW Health settings

NSW Health settings must:

- Operate on the principle that in-person visiting and accompaniment are possible and should be facilitated wherever safe and secure.
- Implement proportionate measures to manage risks without unnecessary restrictions.
- Provide clear, accessible information to visitors about responsibilities, infection control, as well as practical considerations, security and logistics, to help them plan their visits.
- Support flexible, human-centred approaches that recognise individual, spiritual and cultural needs.
- Partner with patients, residents, carers, and families in developing local procedures.

Exceptional circumstances

In exceptional circumstances where a visit poses significant risk despite precautions:

- Apply restrictions only when risks cannot be managed through standard precautions or alternatives.
- Ensure restrictions are proportionate, time-limited, and subject to regular review.
- Make decisions using a human-rights based approach, considering the patient's or resident's wishes, preferences, and cultural and spiritual needs.
- Explore all feasible alternatives (such as virtual calls, outdoor visits) before imposing restrictions.
- Document decisions clearly and communicate reasons in timely, transparent, trauma-informed language.

Scope

This Policy Directive applies to all local health districts (LHDs), specialty health networks (SHNs), and other NSW Health settings, including inpatient, outpatient, residential, and community.

Revision History

Version	Approved By	Amendment Notes
PD2026_025 May-2026	Secretary, NSW Health	New Policy Directive.

Contents

1. Background

NSW Health supports the right of all patients and residents to decide who may visit and accompany them during their care, provided it is safe for everyone involved. Safety in this context includes physical, emotional, social, cultural and spiritual wellbeing, alongside infection control, security considerations and clinical risk management.

Trusted people play an important role in the care experience. Their presence contributes to shorter stays, smoother recoveries, and reassurance for staff. Carers also bring extensive knowledge of the person's needs, preferences, and history, making them an essential part of the care team.

1.1. About this document

1.1.1. Purpose and scope

This Policy Directive outlines the principles and requirements for managing the presence of visitors in NSW Health settings. It also explicitly commits to ensuring accessibility and equity for Aboriginal and Torres strait Islander people, in recognition of past inequitable practices, and to embedding cultural safety in all aspects of visitation.

This Policy Directive acknowledges that patients and residents may request visits from paid professionals. Where existing policy directives or guidelines govern the access of these professionals, those documents take precedence and must be adhered to. For example, NSW Health Policy Directive *Responding to the health care needs of people with disability* (PD2024_030) outlines how to partner with paid support workers to ensure care is safe, inclusive, and coordinated.

This Policy Directive aims to:

- Support safe, inclusive, secure and person-centred visitation practices.
- Ensure cultural safety and equity for Aboriginal people and diverse communities.
- Maintain the safety of patients, NSW Health workers, and other people and animals on NSW Health premises.

This Policy Directive does not override legislative requirements or court or tribunal orders. Where legal or safety obligations apply, NSW Health settings must act accordingly.

1.1.2. Definition and responsibilities

For the purposes of this Policy Directive, a *visitor* is anyone a patient or resident nominates to be present for the purpose of providing support, companionship, advocacy, care, or involvement in decision-making during their stay, procedure or appointment. This includes, but is not limited to:

- individuals with formal legal authority (such as Guardian, Enduring Guardian, Person Responsible, Carer)
- those with recognised responsibilities (parents and parental roles)

- family members, partners, friends, kin, community members
- Elders, spiritual advisors, faith-based leaders advocates, well-wishers
- assistance animals and personal pets.

This definition recognises the diverse relationships that contribute to a person's wellbeing, safety, and recovery. Not everyone in these roles will see themselves as a 'visitor', especially those with legislative or parental responsibilities. The term is used here to describe anyone the patient or resident wishes to have present during their care.

NSW Health workers must actively ask patients and residents who have decision-making capacity which visitors they would like to have present. For individuals with impaired decision-making capacity, NSW Health workers must provide support to help them identify and express their preferences. Where a person is unable to communicate or respond, NSW Health workers must take reasonable steps to determine who is important to them and facilitate their presence wherever possible.

In addition, NSW Health settings must continue to partner with visitors who hold legislative roles or formal responsibilities in accordance with relevant laws, policies, and ethical standards.

1.1.3. Local procedures

Local health districts (LHDs), specialty health networks (SHNs), and other NSW Health settings must ensure there are local procedures in place that:

- Support admitted patients and residents to receive visits from people they choose.
- Allow carers, family or others important to the patient or resident to be present when needed.
- Enable patients and residents attending outpatient appointments to be accompanied by someone they choose, including assistance animals.

Local procedures for visiting and family presence must be:

- Developed in partnership with patients, residents, carers, security teams and NSW Health workers.
- Reviewed regularly and updated to remove unnecessary restrictions/limits.
- Communicated in trauma-informed plain language and accessible formats.

1.2. Key definitions

Carers	The *Carers (Recognition) Act 2010* [NSW] (the Act) defines a *carer* as an individual who provides ongoing personal care, support and assistance to any other individual who needs it because that other individual: is a person with disability within the meaning of the *Disability Inclusion Act 2014* (NSW), has a medical condition (including a terminal or chronic illness), has a mental illness, or is frail and aged. This Policy Directive includes drug and alcohol addiction in this definition. The Act states a person is not a *carer*: • Merely because they are a spouse or de facto partner, or the parent, guardian, child or other relative, or they live with the person in need of care. • If they are providing care under a contract of service, or voluntary work, or as part of education or training. Carers have valuable knowledge of the person's needs, preferences, and history. They can assist with communication and help identify early signs of deterioration, contributing to safer and more responsive care.
Cultural preferences/ considerations	Refers to practices, values, and traditions that are important to the person receiving care and their community. This includes respecting cultural protocols, language needs, and spiritual practices. For Aboriginal people, cultural considerations may include supporting Sorry Business, providing spaces for kin and community to gather, and ensuring culturally safe environments for visits and accompaniment. These preferences should be acknowledged and embedded in care planning and visitation arrangements.

Exceptional circumstances	Situations where, despite safety measures, an in-person visit, or accompaniment poses a significant risk to the health, safety, and/or wellbeing of patients, residents, visitors and NSW Health workers. This may include legislative requirements, court or tribunal orders, or infection prevention needs, domestic and family violence and or situations where the patient or resident may feel pressured or unsafe declining a visit. In these cases, visits or accompaniment may need to be temporarily restricted to protect those involved.
Proportionate	A decision or action is proportionate when it is no more restrictive than necessary (or required) to manage the identified risk. Restrictions must be balanced against the seriousness of the risk and must not place unnecessary limits on the patient or resident's rights, freedoms, or ability to maintain contact with trusted individuals. Decision-makers must be guided by the views and wishes of the patient or resident and must consider the role that visitors play in supporting a person's health, wellbeing, and recovery.
Security	Measures and practices that protect people, information, and assets from violence, threats, unauthorised access, misuse, damage, or theft.
Trauma-informed	An approach that recognises the prevalence and impact of trauma and seeks to avoid retraumatisation. Trauma-informed practice creates a safe and supportive environment, builds trust, and ensures communication and care are delivered with empathy and respect.
Violence, abuse and neglect	An umbrella term used to describe 3 primary types of interpersonal violence that are widespread in the Australian community. It refers to domestic and family violence, sexual assault and all forms of child abuse and neglect. It also refers to children and young people displaying problematic sexual behaviour or engaging in harmful sexual behaviour, who often have their own experiences as victims of abuse and neglect.
Violence, abuse and neglect services	NSW Health services that provide dedicated responses to violence, abuse and neglect generally or a specific form (such as sexual assault). Violence, abuse and neglect responses may also be provided by other health services, but this is not their primary responsibility.

Visitors	For the purposes of this Policy Directive, a *visitor* is anyone a patient or resident nominates to be present for the purpose of providing support, companionship, advocacy, care, or involvement in decision-making during their stay, procedure or appointment. This includes, but is not limited to: • individuals with formal legal authority (such as Guardian, Enduring Guardian, Person Responsible, Carer) • those with recognised responsibilities (parents and parental roles) • family members, partners, friends, kin, community members • Elders, spiritual advisors, faith-based leaders advocates, well-wishers • assistance animals and personal pets.

1.3. Legal and legislative context

Visitation procedures in NSW Health settings must comply with, and be informed by, the following legal and legislative frameworks.

Rights and human rights

Visiting procedures must respect human rights, dignity, cultural identity, and self-determination, and support partnership in care. Patients, residents, visitors, and NSW Health workers have the right to be free of racism and discrimination.

Procedures should also recognise and accommodate diverse cultural practices, kinship systems, and family structures, ensuring that visitation arrangements uphold these rights and reflect the patient or resident's cultural, spiritual and relational context.

- *Australian Charter of Healthcare Rights*
- *Charter on The Rights of Children and Young People in Healthcare Services in Australia*
- *Convention on the Rights of the Child*
- *United Nations Declaration on the Rights of Indigenous Peoples*
- *United Nations Declaration on the Rights of Indigenous Peoples* – Article 24: Health and Traditional Medicines
- *United Nations Convention on The Rights of Persons with Disabilities*

Workplace health and safety

Visits must not compromise the safety of patients, NSW Health workers or others. Restrictions may be applied where risks cannot be managed safely.

- *Work Health and Safety Act 2011* (NSW)
- *Work Health and Safety Regulation 2017* (NSW)
- NSW Health Policy Directive *Work Health and Safety - Better Practice Procedures* (PD2025_024)
- NSW Health Policy Directive *Preventing and Managing Violence in the NSW Health Workforce – A Zero Tolerance Approach* (PD2015_001)
- *Inclosed Lands Protection Act 1901* (NSW)
- NSW Health Policy Directive *Infection Prevention and Control in Healthcare Settings* (PD2023_025)

Security

NSW Health settings must implement security measures to ensure a safe environment for patients, residents, visitors, and NSW Health workers. Security procedures must be trauma-informed, culturally safe, and applied in a way that respects individual rights.

- NSW Health Policy and Procedure Manual *Protecting People and Property*
- The Security of Critical Infrastructure Act 2018 (Cth): supports the protection of healthcare services as critical infrastructure.

Guardianship and decision-making

NSW Health settings must recognise the legal authority of substitute decision-makers and ensure they are involved in care and visitation decisions when a person lacks this capacity.

- *Guardianship Act 1987* (NSW): outlines the roles of guardian, enduring guardian and person responsible
- *Children's Guardian Act 2019* (NSW)

Carers

Carers must be identified, respected and supported to take part in care planning and decision-making as partners in care. This participation should occur where appropriate and in accordance with the patient or resident's wishes, legal frameworks, and safety considerations.

- *Carers (Recognition) Act 2010* (NSW)
    - *NSW Carers Charter (Schedule 1 of the Act)*
- *NSW Health Recognition and Support for Carers: Key Directions 2024 – 2028*
- NSW Health Information Bulletin *Identifying the Carer at Patient Registration* (IB2019_031)

Children and young people

Visiting practices must prioritise the presence of parents or those in parental roles while ensuring child safety, protection and compliance with legal orders.

- *Children and Young Persons (Care and Protection) Act 1998* (NSW)

- *Children's Guardian Act 2019* (NSW)
- *NSW Child Safe Standards*
- NSW Health Policy and procedure Manual *Consent to Medical and Healthcare Treatment Manual*
- NSW Health Policy Directive *Child Wellbeing and Child Protection Policies and Procedures for NSW Health* (PD2013_007)

Mental health

Designated Carers and Principal Care Providers must be informed of significant events and their views considered in treatment and recovery planning.

- *Mental Health Act 2007* (NSW)
- *Mental Health and Cognitive Impairment Forensic Provisions Act 2020* (NSW)

Disability

People with disability must be supported to maintain personal relationships, with reasonable adjustments made for carers, advocates and assistance animals.

- *Disability Inclusion Act 2014* (NSW)
- *Australia's Disability Strategy 2021 – 2031*
- *Disability Discrimination Act 1992* (Cth)
- *Australian Human Rights Commission Act 1986* (Cth)

Animals in NSW Health settings

Assistance animals must be allowed in healthcare settings, and requests for personal pet visits should be considered where safe and appropriate.

- *Companion Animals Act 1998* (NSW) (for personal pets and assistance animals)
- *Disability Discrimination Act 1992* (Cth) (specific protections for assistance animals).

2. Visiting and accompanying patients and residents in NSW Health settings

NSW Health settings must develop and implement local visitation procedures. Procedures must be aligned to the principles outlined in this Policy Directive and with Action 1.32 and Standard 2 - Partnering with Consumers Standard of the *National Safety and Quality Health Service (NSQHS) Standards.*

Local procedures must be developed in partnership with patients, residents, carers, families, security teams and NSW Health workers.

Local procedures must be available in trauma-informed plain language and accessible formats.

2.1. Supporting visitor access as the default position

All NSW Health settings must:

- Operate on the principle that in-person visits are possible and should be facilitated wherever safe.
- Put in place necessary and proportionate measures to ensure visits can occur safely and securely.
- Provide clear, accessible information and communication to visitors to support planning and to explain their responsibilities, including infection prevention and control and security considerations.
- Promote flexible approaches that recognise diverse needs, cultural practices, and patient preferences.

In practice:

- Patients and residents should expect to receive visits from people of their choosing wherever it is safe to do so. Access will normally be supported, subject to a risk assessment that considers safety for all involved, including potential risks such as violence or existing legal restrictions (for example, Apprehended Domestic Violence Orders).
- Security considerations should be included in risk assessments to ensure the safety of patients, visitors and NSW Health workers.
- Restrictions to visiting must be proportionate to the risk and should be removed as soon as it is safe to do so.
- Visiting arrangements must be flexible enough to take account of individual needs, spiritual and cultural practices, emergency and end-of-life needs, the involvement of people with decision-making responsibility, and the importance of connection for recovery and wellbeing. For example, Aboriginal community Elders in palliative care and Sorry Business protocols.

2.2. Recognising different visitor roles

NSW Health settings must recognise the different roles that visitors may hold and ensure that local procedures set out how each group is supported in practice. The below is a non-exhaustive list of the roles visitors may occupy.

Visitors with substitute decision-making authority

For visitors with substitute decision-making authority, NSW Health settings must comply with the *Guardianship Act 1987* (NSW) by identifying guardians, enduring guardians, or persons responsible and facilitating their presence as part of the patient's care and decision making.

Carers

NSW Health settings must identify carers at the earliest opportunity and include them as partners in care, in line with the *Carers (Recognition) Act 2010* (NSW). This must occur

where appropriate and in accordance with the patient's or resident's wishes, applicable legal frameworks, and safety considerations.

NSW Health settings must adopt a "*think patient - think carer*" approach, ensuring recognition of young carers aged 25 years and under, and must align their practices with the *NSW Health Recognition and Support for Carers: Key Directions 2024–2028*.

Under the *Mental Health Act 2007* (NSW), mental health services are required to take reasonable steps to notify Designated Carers and Principal Care Providers of significant events and consider their input in treatment and recovery planning.

Where multiple carers are involved, NSW Health settings should support flexible arrangements that allow carers to rotate as needed to maintain their own health, wellbeing, and employment responsibilities.

The *NSW Carers Charter* requires NSW Health workers to recognise and respect carers, identify carer stress and provide timely, accessible and appropriate support for their needs, wellbeing and socioeconomic participation. This includes, but is not limited to, referring carers to *NSW Health local Carer Support Programs* and *Carer Gateway*.

While carers play a crucial role in supporting communication, personal care, and medical needs – often critical to patient safety – they are not substitutes for the clinical and personal care provided by trained health professionals.

Parents or people in a parental role

For parents or those in parental roles, NSW Health settings must enable access as a default for children(aged 15 or under). For young people aged 16-17 years, parental access must be provided in a way that respects the adolescent's rights to consent, privacy, and participation in decisions about their care.

NSW Health settings must work in partnership with these individuals, guided by the *Charter on The Rights of Children and Young People in Healthcare Services in Australia*.

Patient and resident nominated support partners

For patient or resident-nominated support partners, NSW Health settings must respect the person's right to involve trusted individuals of their choosing and facilitate their involvement as part of person-centred care. NSW Health workers must ask patients and residents who they wish to involve and provide appropriate support to those with limited decision-making capacity to express their preferences.

Well-wishers

For well-wishers, NSW Health settings must support access where the patient or resident consents and it is safe to do so, recognising the important role of social visits in providing comfort and emotional support.

2.3. Assistance animals and personal pets

2.3.1. Assistance animals in NSW Health settings

NSW Health settings must have local procedures to facilitate visits by assistance, therapeutic and companion animals, consistent with the:

- *Companion Animals Act 1998* (NSW)
- *Disability Discrimination Act 1992* (Cth)
- relevant NSW Health infection control policies, such as the NSW Health Policy Directive *Infection Prevention and Control in Healthcare Settings* (PD2023_025).

Identified assistance animals and assistance animals in training are allowed in NSW Health settings.

NSW Health workers must consult with assistance animal handlers or owners to ensure arrangements safeguard the animal's wellbeing and meet the clinical needs of the patient or resident.

Assistance animals must be healthy, clean, well-behaved, and under the supervision of their handler or another person certified to handle them at all times. They must wear a vest that identifies them as an assistance animal for easy identification.

2.3.2. Personal pet visits

Personal pet visits may also be supported where safe and guided by local procedures. Local procedures for personal pet visits must align with the:

- NSW Health Guideline *Animal Visits and Interventions in Public and Private Health Services in NSW* (GL2012_007)
- Clinical Excellence Commission *Infection Prevention and Control Practice Handbook*
- NSW Health Policy Directive *Infection Prevention and Control in Healthcare Settings* (PD2023_025).

2.4. Patient and resident preferences

NSW Health workers must actively ask patients and residents who have decision-making capacity which visitors they would like to have present, and assist them to make, express, and act on those decisions.

Patients and residents have the right to decline visits, and this preference must be respected unless there are overriding clinical or safety considerations.

NSW Health workers must take reasonable steps to identify and support the wishes of individuals who have limited decision-making capacity or cannot communicate, ensuring these preferences are respected wherever practicable and safe.

Decisions must align with legal, ethical, and cultural obligations, including the rights of Aboriginal people to maintain traditional medicines and health practices.

Local procedures must address child safety considerations and apply the Child Safe Standards.

2.5. Overnight stays

NSW Health recognises that in some circumstances, the presence of a visitor is essential to a patient or resident's wellbeing, recovery, or care needs. NSW Health settings must have clear and consistent arrangements to support them when appropriate.

Overnight arrangements must be guided by the following principles:

- Overnight stays require the consent of the patient or resident and should only occur where the physical environment is suitable. Where a person lacks decision-making capacity or is unable to communicate, decisions about overnight stays must be guided by their known wishes, values, and best interests, and made in accordance with legal and ethical obligations.
- In shared rooms, the needs and preferences of other patients or residents must be respected.
- NSW Health settings must have processes in place to ensure the safety and security of patients, residents, visitors, and NSW Health workers, including arrangements appropriate to overnight operations.
- Records of overnight stays must be kept to support safety, security and emergency management.

3. Supporting visits to take place safely

3.1. Pre-visit communication and planning

NSW Health settings must provide clear, timely, and trauma-informed accessible information to help visitors prepare for their visit and understand their responsibilities. Visiting is not always simple; people may need to travel long distances, arrange transport or accommodation, or adjust work and family commitments. To reduce these barriers, information about visiting must be readily available in advance. Pre-visit information must include:

- Information about flexible visitation and specific visitation policies.
- Required safety measures, including infection prevention and control protocols.
- Contact information for further enquiries or culturally appropriate support services.

Communication must be trauma-informed and accessible. NSW Health must apply the 10 Child Safe Standards to children and young people under 18 who visit health settings. Local procedures must include guidance for managing conflicts between a child's wishes and those of parents or guardians, and for assessing and mitigating risks in these circumstances, using a Child Safe lens.

Information must be available in multiple formats and languages to meet the diverse needs of patients, residents and their visitors. This may include printed materials, digital content,

verbal instructions, and other resources, in accordance with the NSW Health Policy Directive *NSW Health Accessible Communications* (PD2024_028).

3.2. Hand hygiene

Hand hygiene is a shared responsibility. All visitors must be provided with education and made aware of appropriate hand hygiene products and are required to perform hand hygiene before and after contact with patients or residents and their surroundings.

3.3. Visits and infection prevention and control

3.3.1. Responsibilities for visitors

NSW Health is committed to maintaining a safe environment for patients, residents, visitors, and NSW Health workers. All NSW Health settings must provide clear and accessible information and education to visitors about their infection prevention and control responsibilities. This information should be made available before visits, to allow visitors to plan appropriately.

This includes guidance on:

- Hand hygiene.
- Respiratory etiquette, including mask use where required.
- The appropriate use of personal protective equipment (PPE).

Visitors must be advised not to attend if they are unwell, experiencing respiratory symptoms, have recently tested positive for a communicable illness such as influenza, gastroenteritis, Respiratory Syncytial Virus (RSV), COVID-19, Human metapneumovirus or High Consequence Infectious Disease.

This includes:

- Advice on rescheduling visits when there is a risk of infection.
- Support for alternative ways to stay connected (for example, phone or video calls).

If symptoms develop after a visit, visitors must notify the NSW Heath setting to assist with contact tracing and enable appropriate risk mitigation strategies.

3.3.2. Essential visits during infection risk

In circumstances where visitation is essential despite infection risks – such as during emergencies, significant or rapid clinical deterioration, maternity, neonatal, paediatric, or end-of-life care – it must not be excluded.

In these situations, strict infection prevention and control protocols must be implemented. Visitors must be fully informed of the potential risks and acknowledge that, even with protective measures in place, transmission of infection remains possible.

NSW Health settings must supply risk-assessed PPE, clear instructions for its correct use, and assistance with donning and doffing where required. A visit must not proceed if visitors refuse to comply with required infection prevention and control measures.

Local visiting procedures must be informed by the:

- NSW Health Policy Directive *Infection Prevention and Control in Healthcare Settings* (PD2023_025)
- Clinical Excellence Commission *Infection Prevention and Control Practice Handbook*
- National Safety and Quality Health Service (NSQHS) Standard Factsheet *Using the hierarchy of controls in conjunction with infection prevention and control systems to identify and manage infection risks*.

3.4. Safety and security

NSW Health settings must support visits to take place in a manner that protects the safety, security, and wellbeing of patients, residents, NSW Health workers, and visitors. Security measures relating to visiting must be risk-based, proportionate, trauma-informed, and the least restrictive option necessary.

NSW Health settings must ensure that expectations for visitor behaviour, privacy, and access boundaries are clearly communicated in advance and during visits. NSW Health workers must feel supported by available security measures and confident to explain, enforce, and escalate safety and security expectations with visitors. Where security concerns arise, appropriate action must be taken to safeguard all parties, with decisions documented, communicated respectfully, and reviewed regularly to ensure they remain necessary and proportionate.

Decisions must consider both the risks associated with visitation and the potential harm caused by restricting access, particularly where carers provide essential emotional, cultural, spiritual, or safety-related support. Security controls must not be applied as blanket restrictions or for convenience.

3.4.1. Threatening and violent behaviour

NSW Health settings must ensure that patient and resident visitation does not compromise the safety of NSW Health workers, patients, residents or others. At no time does a patient's right to have visitors override the right of NSW Health workers to a safe workplace.

NSW Health settings must take all reasonably practicable steps to prevent violence and respond to threatening, aggressive, and/or violent behaviour, in line with the:

- NSW Health Policy Directive *Work Health and Safety – Better Practice Procedures* (PD2025_024)
- NSW Health Policy and Procedure Manual *Protecting People and Property - Chapter 26 Violence*
- NSW Health Policy Directive *Preventing and Managing Violence in the Workplace – A Zero Tolerance Approach* (PD2015_001).

Where incidents of threatening or violent behaviour occur, appropriate action must be taken to safeguard patients, residents, NSW Health workers, and visitors. This may include the use of conditional visiting agreements or the issuance of exclusion notices.

In some cases, it may be necessary to restrict visitation due to a visitor's history of:

- Repeatedly disrupting the care environment.
- Violent or threatening behaviour, including verbal aggression.

NSW Health settings must have clear procedures to manage these situations, including escalation pathways, visitor flagging systems, and transparent communication processes. All decisions and their rationale must be documented in the patient or resident's healthcare record and communicated during clinical handover.

3.5. Inclusive visiting practices

Local procedures must ensure visiting practices are inclusive, trauma-informed, and spiritually and culturally safe.

NSW Health workers must consult with relevant liaison officers, including Aboriginal NSW Health workers and advisors for guidance and apply inclusive, trauma-informed, and strengths-based approaches to visiting. Consideration must be given to factors such as spiritual, cultural and kinship roles, chosen family and support persons, disability and accessibility needs, language and communication support, and the impact of past trauma.

For example, NSW Health settings must ensure cultural safety and respect for kinship systems, particularly for Aboriginal and Torres Strait Islander people. Local visitor procedures must reflect Aboriginal understandings of care and family, which could include extended kin, Elders and community members. Local visitor procedures should also consider designated spaces to accommodate large groups of visitors.

In addition to consulting with Aboriginal NSW Health workers, specifically Aboriginal Health Liaison Officers, visitors should be orientated to family rooms, cultural spaces and or outdoor spaces for larger gatherings. NSW Health settings should have designated Aboriginal cultural spaces to accommodate the needs of Aboriginal patients, residents and visitors.

NSW Health settings must also ensure that visiting arrangements consider the needs of children and young people, older people, people from non-English speaking backgrounds, those living in rural and remote areas, and others who may face vulnerabilities and barriers to visitation.

4. Exceptional circumstances restricting visitors

4.1. Implementation of visitor restrictions

NSW Health settings may implement time-limited visitor restrictions when significant risks to the health, safety, or wellbeing of people on site cannot be mitigated through standard precautions or alternative measures.

Circumstances may include, but are not limited to:

- Severe infection control risks (such as outbreaks of highly transmissible diseases).
- Immediate threats to the safety of patients, residents, or NSW Health workers.

- Situations where legal or regulatory requirements mandate restricted access (including court or tribunal orders).
- A history of sexual offences or a known propensity for sexual offending, particularly against children, which presents an ongoing risk even if not immediately visible.

Local experts, such as Infection Prevention and Control, and Violence, Abuse and Neglect Services, must be consulted to ensure decisions are informed, practical, and grounded in current best practice.

Restrictions must be proportionate to the risk, time-limited, and **reviewed regularly**. Broad, non-individualised restrictions must be avoided.

Possible measures include:

- Reducing the number of visitors permitted at one time.
- Adjusting or limiting visitation periods to manage visitor flow and reduce risk.
- Requiring the use of personal protective equipment (PPE) for NSW Health workers and visitors.

4.2. Making decisions using a human rights-based approach

In circumstances where visitor restrictions are being considered, NSW Health settings must carry out a risk assessment and apply a trauma-informed, *human rights-based approach* to decision making.

Risk assessments must consider the patient or resident's clinical needs, health literacy, cultural and spiritual requirements, and the role of visitors in supporting health, wellbeing and recovery. All feasible alternatives to enable safe visitation must be considered before restrictions are imposed.

Any decision to restrict visits must be:

- Lawful and consistent with relevant legislation and policy directives.
- Legitimate, with a clear aim of protecting health and safety.
- Necessary and proportionate, using the least restrictive option available.
- Respectful of the patient or resident's rights, including their right to maintain contact with and receive care from trusted individuals.
- Supportive of physical, emotional and communication care needs that are often uniquely understood and provided by carers, based on their longstanding, personal knowledge of the patient or resident's values, preferences and needs and not otherwise available from NSW Health workers.

4.3. Reviewing visitor restrictions

NSW Health settings must regularly review and reassess the necessity and effectiveness of any visitor restrictions, adjusting them as conditions change.

Visitor restrictions must be removed as soon as it is safe to do so.

Feedback from patients, residents, visitors and NSW Health workers must be reviewed to continually refine visiting practices.

4.4. Maintaining connection when in-person visits are not possible

When in-person visits are not possible, NSW Health settings must take proactive steps to maintain connection and continuity of care. These steps may include:

- Facilitating virtual communication, such as video or telephone calls.
- Organising window or outdoor visits where physical distancing requirements can be maintained.
- Identifying alternative meeting spaces within the NSW Health setting.
- Encouraging the exchange of letters, photographs, or recorded messages.
- Providing regular updates to visitors, with patient and resident consent, ensuring they remain informed and involved in care process.

4.5. Documenting decisions on restrictions

When access to in-person visits is restricted, NSW Health settings must ensure that all assessments and decisions are clearly documented in the patient's or resident's healthcare record.

Records must demonstrate how the decision was made, who was involved in the process, and the rationale for the restriction.

Documentation must also outline any alternative or less restrictive options that were considered, and the reasons these were deemed unsuitable.

The record must describe the measures implemented to minimise the impact of the restriction.

All documentation must be clear, concise, respectful, and trauma-informed.

4.6. Communicating restrictions to visitor access

When visitor access is restricted, NSW Health settings must ensure communication is timely, transparent, and trauma-informed.

Communication should clearly explain the reasons for the restriction, the criteria for lifting it, and any alternative options to help maintain connection.

All communication must acknowledge the impact of visitation restrictions on patients, residents, visitors, and NSW Health workers, and demonstrate sensitivity to age, cultural, spiritual, gender, sexual orientation, and other individual needs and preferences. Communication should be respectful, inclusive, and tailored to uphold the dignity and wellbeing of all individuals affected by visitation changes.

NSW Health settings must ensure that information about visitation restrictions and updates is widely communicated in formats and languages consistent with the NSW Health Policy Directive *NSW Health Accessible Communications* (PD2024_028).

4.6.1. Managing enquiries and escalation

Each NSW Health setting must identify a designated point of contact for visitor enquiries and concerns, supported by a clear escalation process if issues cannot be resolved at the first point of contact.

5. Appendix

1. Implementation checklist
2. Reflective tool to guide decision making

5.1. Implementation checklist

Implementation requirement	Not started	Partially	Compliant	Action needed
1. Local visiting procedures have been developed in partnership with staff, patients, carers, security teams and families.				
2. The principles of safe, inclusive, culturally and spiritually responsive, and trauma-informed practice are embedded in local visiting procedures.				
3. Infection prevention and control risk mitigation requirements are discussed, following partnership consultation and clearly outlined in procedural documents.				
4. Patients, carers, and visitors are proactively provided with clear, accessible information about their rights, responsibilities, and local visiting arrangements.				
5. Staff understand their responsibilities under this Policy Directive and can apply the procedures into practice.				
6. Systems are in place to monitor, review, and address risks or incidents related to visiting.				
7. Visiting procedures are reviewed regularly and updated in response to feedback, evidence, or legislative changes.				

5.2. Reflective tool to guide decision making

This tool is designed to help service managers and NSW Health workers apply the policy principles in day-to-day practice. It supports decision-making and encourages reflection on how visiting practices can remain safe, inclusive, and person-centred.

The tool should be used when:

- Reviewing local visiting procedures to ensure they reflect the principles of access, safety, inclusivity, and human rights.
- Making decisions in complex or exceptional circumstances, particularly when restrictions on visiting are being considered.

Principle	In practice	Reflective questions
Assumption of access Visiting is the default. NSW Health settings should operate on the presumption that in-person visits and/or accompaniment are possible and should be facilitated whenever safe.	– Patients and residents are supported to see the visitors of their choosing. – Individual assessments are used instead of blanket restrictions. – Restrictions, where unavoidable, are temporary, reviewed regularly, and clearly explained.	– Are we starting from the assumption that visiting is possible, or from the assumption that it needs to be restricted? – When restrictions are in place, do we reassess them regularly and look for opportunities to ease them? – How are patients and residents of different ages and capacities supported to express their wishes about visitors? – Are decisions about access individualised, or do they apply too broadly?
Safety first The health, safety, and wellbeing of patients, residents, NSW Health workers, and visitors are paramount.	– Consider the potential risks to patient safety when visitation is restricted, especially where carers provide essential, life-sustaining support. – Potential risks to patient safety, staff safety, visitor safety, and site security are proactively identified and managed.	– Have we identified the main risks to safe and secure visiting in our setting, and are controls proportionate? – How do we balance safety and security measures with the benefits of visiting? – Do staff feel confident explaining and enforcing safety expectations with visitors?

Principle	In practice	Reflective questions
	– Risks are identified and documented through structured risk assessments. – Infection prevention and control measures are explained to visitors in accessible ways. – NSW Health workers are trained/instructed on how to manage risks, including infection, overcrowding, and aggression. – Physical environments and visiting arrangements are adjusted to promote safe visits. – Decisions and restrictions are clearly documented in the health record. – Infection prevention and control risk mitigation strategies incorporate reasonable, practical and safe strategies to reduce risk of transmission of infections whilst promoting an ability to foster visitation.	– Do staff feel adequately supported by security measures in place? – Are visitors supported to understand and follow infection prevention practices? – Have we considered the least restrictive alternative before applying a safety measure?
Human rights-based approach Visiting practices must reflect a human rights-based approach, consistent with the PANEL principles: Participation, Accountability, Non-discrimination, Empowerment, and Legality.	– Patients, residents, families, and carers are engaged in decisions about visiting. – Governance processes ensure accountability for restrictions and reviews. – Visiting practices respect dignity and do not discriminate against individuals or groups. – NSW Health settings actively consider the needs of people who face barriers to visitation (for example, Aboriginal peoples, people with disability, LGBTQI+ individuals, CALD communities, refugees, people in rural and remote areas).	– How are patients and residents involved in decisions about their visitors? – Do our visiting practices reflect fairness and non-discrimination? – Have we consulted with Aboriginal, cultural or diversity liaison officers where appropriate? – How are visiting restrictions authorised and reviewed at a governance level? – Can we show that restrictions are lawful, legitimate, and proportionate?

Principle	In practice	Reflective questions
	– All decisions comply with relevant legislation and uphold fairness, respect, equality, dignity, and autonomy.	
Least restrictive Restrictions on visiting must always be the least restrictive option necessary to manage risks and protect safety.	– Restrictions are time-limited and reviewed regularly. – Decisions are made in partnership with patients and residents wherever possible. – Essential care roles provided by carers are not unnecessarily restricted. – Alternatives such as virtual or outdoor visits are facilitated when in-person visits are not possible. – Restrictions are justified by documented risk assessments, not assumptions or convenience.	– Is this restriction truly necessary, or are there safer, less restrictive alternatives? – How do we involve the patient or resident in making decisions about restrictions? – Are restrictions clearly documented, including the rationale and timeframe? – Are restrictions regularly reviewed and lifted as soon as it is safe? – What alternatives (virtual visits, outdoor visits, window visits) have we offered to maintain connection?