



PURPOSE

This document informs staff on the ACHA policy of Observational Visitors to the Hospital.

SCOPE

This policy applies to all ACHA Facilities.

POLICY

The ACHA policy on Observational Visitors to the Hospital is:

- For teaching and learning purposes there are occasions when a student or other non–employee of ACHA may request to attend a procedure for observational reasons.
- To maintain the patients right to privacy and confidentiality, and to minimise the patient’s risk of infection, visitors to the perioperative environment shall be kept to a minimum.
- All Visitors/Observers to the perioperative or other environment are subject to the ACHA Policy 2.23 – Privacy.
- On these occasions it is essential that the patient, on whom the procedure is being performed and the person performing the procedure (medical officer, proceduralist, clinician etc.) provide their consent for this to occur.
- The Medical Officer should obtain consent from the patient, and this is documented on the ACHA 677 - Observer Consent form. This must be filed in the patients’ medical record.
- Unless specified on the consent form, the person identified as the observer will not have any involvement in the procedure other than observational.
- It is also understood that this consent may be withdrawn at any time and if this occurs the observer will be asked to leave the procedural area immediately.
- The Perioperative Services Manager or other department Manager, or delegate, should be advised in advance of the observational visitor attending and authorise the visit.
- Observers are required to sign in and wear appropriate ACHA approved identification whilst present in the perioperative environment, and sign out on completion of the visit.
- Observers shall be supervised at all times while in the perioperative environment.
- Medical Company Representatives are not included in this policy. See ACHA Policy 1.40 – Medical Company Representatives (MCR) - Site Visits.

BACKGROUND

- Visitors to the perioperative, or other environment may present for a variety of reasons and purposes.
- Visitors increase the risk of infection to the patient. The perioperative environment is often restricted in space, and contains equipment that may pose hazards to visitors, especially those with limited expertise in the perioperative environment.

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APPROVED	Paul Evans
DESIGNATION	CEO, Hospital Operations
DATE	August 2023



PROCEDURE

- Only authorised visitors with a bona fide supportive or educational role should be allowed entry into the perioperative environment or other departments, during the progress of surgery or procedure.
- For perioperative observers, the visitor shall receive instruction regarding the protocols to be observed while in the perioperative environment. This shall include, but is not limited to;
 - Correct perioperative attire
 - Standard precautions and use of personal protective equipment
 - Work, health and safety principles, and their application in the perioperative environment.
 - Patient privacy and confidentiality.
- Visitors should be advised that a condition of entry is that they shall leave if and when requested to do so by a member of the perioperative team.

RESPONSIBILITIES

All staff are responsible for ensuring they familiarise themselves with this policy and any related attachments, which in effect, form part of this policy.

The General Manager carries overall responsibility for management of this Policy and any related attachments. The General Manager and the Directors of Nursing will ensure that the policy is compliant with all legislative requirements, and is responsible for ensuring the policy is reviewed and updated in line with the timeframes determined by the ACHA Executive, via the Executive Committee.

RELATED POLICIES & PROCEDURES

- ACHA Policy 2.23 – Privacy
- ACHA 0.030 – Code of Conduct
- ACHA Policy 1.40 – Medical Company Representatives (MCR) – Site Visits
- ACHA Policy 2.510 - Privacy Guidelines for Student Placements
- HMR4.2OC – Observer Consent form
- HMR4.2CS – Case Study Consent form
- ACHA 2.505 - Confidentiality Agreement – Student Placements/Business Visitors

REGULATORY REFERENCES

- ACORN Standards 14th Ed Oct 2016 – Visitors to the Perioperative Environment

REVIEW / CONSULTATION		
All General Managers	All Directors of Nursing	All Quality Managers
All Perioperative Managers		

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 Section:
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OBSERVER CONSENT FORM

Attach patient identification label

UR Number:

Surname:

Name:

Date of Birth: Gender:

Dr:

Patient Details

ACHA site: Ashford Hospital Flinders Private Hospital The Memorial Hospital

For teaching and learning purposes there are for occasions when a student or other non-employee of ACHA may request to attend a procedure for observational reasons. On these occasions is essential that the patient, on whom the procedure is being performed and the person performing the procedure (medical officer, proceduralist, clinician, etc.) provide their consent for this to occur.

Unless specified below, the person identified as the observer will not have any involvement in the procedure other than observational.

It is also understood that this consent may be withdrawn at any time and if this occurs the observer will be asked to leave the procedural area immediately.

Date:/...../.....

Procedure to be observed:

Date of procedure:/...../..... Procedure to be performed by:

Name of observer:

Reason for observation:

PATIENT CONSENT

I (print patient name), give my consent for the above mentioned observer to attend during my procedure.

Patient Signature: Date:/...../.....

MEDICAL OFFICER CONSENT

I (print name of medical officer), give my consent for allowing the above mentioned observer to attend the above mentioned procedure.

Medical Officer Signature: Date:/...../.....

OBSERVER STATEMENT OF CONFIDENTIALITY

I (print name of observer), understand that I am to consider all information regarding the patient care and welfare, including the presence of the patient in the hospital, as privileged and confidential information.

I commit to protect the privacy of the patient and will not divulge information of a confidential nature to any individual.

I agree and acknowledge that I will be under the supervision and direction of the medical practitioner or registered nurse at all times and agree to abide by, and comply with, any directives given.

Observer's Signature: Date:/...../.....

This consent is to be placed in the patient's medical record.

BINDING MARGIN - DO NOT WRITE IN THIS AREA



ACHA HEALTH 0020 8486765680074028

OBSERVER CONSENT FORM

HMR 4.11

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