

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	SESLHD COVID-19 QR code for facility check in and screening
<b>TYPE OF DOCUMENT</b>	Procedure
<b>DOCUMENT NUMBER</b>	SESLHDPR/683
<b>DATE OF PUBLICATION</b>	October 2020
<b>RISK RATING</b>	Medium
<b>LEVEL OF EVIDENCE</b>	NSW Health Policy Directives National Standard 1
<b>REVIEW DATE</b>	October 2021
<b>FORMER REFERENCE(S)</b>	N/A
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<b>KEY TERMS</b>	COVID 19 QR code
<b>SUMMARY</b>	This procedure outlines the use of SESLHD COVID 19 QR code for facility check in and screening of visitors and staff. This will ensure COVID safe entry in line with Ministry Of Health guidelines and SESLHD campus and facility Entry Screening tools

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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# SESLHD PROCEDURE

## SESLHD COVID-19 QR code for facility check in and screening

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### 1. POLICY STATEMENT

All staff and visitors entering a NSW Health hospital or health service must be screened as per NSW Health directive H20/99518-2.

Systematic facility screening is essential to ensure the best outcome for staff, visitors and patients.

### 2. BACKGROUND

Information regarding the SESLHD COVID-19 QR code for facility check in and screening is required to ensure correct and consistent use across SESLHD facilities by staff and visitors.

This procedure outlines the process of how to assist staff and visitors to utilise the SESLHD COVID-19 QR code for facility check in and screening, as well as assist facility screening staff with the screening process.

### 3. RESPONSIBILITIES

To enable staff and visitors entering a SESLHD facility to use the SESLHD COVID-19 QR code check in and screening survey, the QR code should be displayed using the SESLHD flyers supplied to the facilities. These are to be printed and clearly displayed in and around the facility screening station in locations accessible to staff/ visitors.

#### 3.1 Employees will:

- Adhere to the content of this document
- Provide assistance for use of SESLHD COVID-19 QR code for facility check in and screening, within their scope of practice to staff and visitors who enter the SESLHD facility.
- Perform a visual assessment of the users survey result via their phone screen and allow entry based on this.

#### 3.2 Line Managers will:

- Adhere to the content of this document
- Ensure all screening staff are aware of this document and provide support in mandating this document.

#### 3.3 District Managers/ Service Managers will:

- Distribute information to line managers
- Assign responsibilities and resources to ensure appropriate management.

### 4. PROCEDURE

4.1 Facility Screening staff are to assist staff and visitors entering a facility to utilise the SESLHD COVID 19 QR code for check in and screening in the following manner

- Users open their mobile phone camera and scan the QR code
- Users will then be directed to the check in and screening survey
- Users enter their details and answer “yes” or “no” to the screening questions. This includes reviewing a link to the Ministry Of Health’s “Areas of Concern”

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- On completion, users display their phone screen to facility screening staff
- 4.2 Facility Screening Staff then review the user’s phone screen display. They must
- Identify that check in date, time and facility are correct (to within a two hour window)
  - Acknowledge the screen colour
    - Users displaying a green screen can proceed
    - Users displaying a red screen will require further assistance and advice in accordance with the current SESLHD screening for staff and visitor tools.
- 4.3 Facility Screeners must verbally screen staff and visitors who cannot utilise the SESLHD COVID-19 QR code.

### 5. DOCUMENTATION

- SESLHD A4 flyer using QR codes for facility check in and screening (T20/66811)
- SESLHD A4 check in here flyer with QR code (T20/66807)
- SESLHD A3 check in here flyer with QR code (T20/66806)
- SESLHD COVID 19 Facility Check in Log (T20/66809)
- SESLHD campus and facility entry screening tool – for NSW Health staff (T20/67227)
- SESLHD campus and facility entry screening tool – for patients and visitors (T20/67225)
- NSW Health COVID-19 screening at NSW healthcare facilities (H20/99518-2)

### 6. AUDIT

Weekly check in to Admin portal will be conducted to ensure data is populating

### 7. REFERENCES

COVID-19 screening at NSW Health Facilities H20/99518-2.

### 8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
September 2020	1	Catherine Zammit
October 2020	1	Approved by Executive Sponsor.
October 2020	2	Removed information from Section 4.3 regarding manually recording details in Check In Log and retaining the Check In Log.