

MHW Swipe Pass Access to Neonatal Services

Mercy Hospital for Women is committed to the safety and security of babies, families, staff and visitors to Neonatal Services.

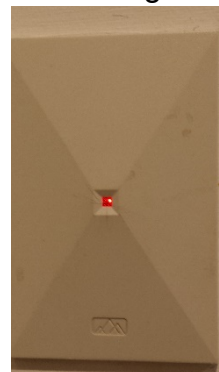
The Neonatal Intensive Care and Special Care Nursery entrance doors are secure and locked at all times. The large timber fire doors at the entrance to Neonatal Services (in front of the reception desk) will remain open during visiting hours and then until 10pm. The glass sliding door will remain open until 8pm from Monday to Friday and until 5pm on Saturday and Sunday.

To obtain swipe card

- Complete the Parent swipe card agreement on page three of this handout.
- A cash only deposit of \$30.00 per card is payable at the cashier's office on level one. You can donate the deposit to the nursery. Please tick the appropriate box on the agreement.

To enter neonatal services

- Swipe the red light adjacent to the entrance doors (as shown in the photo).
- The light will turn green and the door can then be pushed open.
- The card does not allow access to any other area of the hospital.



Visiting

- Parents can visit at any time.
- Visiting hours for all visitors are between 11am to 1pm and 6pm to 8pm.
- **Protected sleep time 1pm-6pm – No visitors, parents only during this time.**

What you need to do if you are expecting visitors

- Meet the visitors in the foyer and escort them to the bedside.
- Maximum of two visitors are allowed at the bedside at any time including you.
- **You can only allow entry to the nursery for your visitor.** Please do not hold the door open for others. If other visitors have come in behind you, ask your nurse to ensure they are entitled to be in the nursery.
- Swipe access cards are for parents only and not to be given to visitors to allow entry to the nursery.

To return your card

- When your baby is discharged from Neonatal Services, please return the swipe card to the cashier's office on level one where you will be refunded your deposit.
- Your deposit will be refunded if you have not ticked the box to indicate your donation to the nursery.
- If your swipe cards are not returned within 7 days you will forfeit your deposit.
- In the event of an unexpected transfer, the nurse in charge can give you a *reply paid envelope* to return your swipe card.

Cleaning instructions

On arrival to the nursery please clean your swipe card as per instructions below:

- Please wipe your swipe card with Clinell Universal wipes which you can find at the glass door entrance.
- Perform hand hygiene during your visit before and after touching your baby or any surfaces.
- Wipe your swipe card when leaving the nursery for the day and also perform hand hygiene using alcohol rub.



For more information

If you have any questions regarding this information, please see your nurse or the Neonatal Services reception.

Phone: 03 8458 4729

Acknowledgements

Produced by: Neonatal Services MHW

Parent swipe card agreement

On behalf of Mercy Hospital for Women and Neonatal Services



This agreement was made on ___ / ___ / ___ between Mercy Hospital for Women and

Mother's surname _____

Mother's given name _____

Address _____

Telephone _____

Baby's UR number _____

Terms and conditions

1. *I agree to pay a cash only deposit of \$30.00 for the swipe card*
2. *I understand that the swipe card remains the property of Mercy Hospital for Women*
3. *I have read and understood the pamphlet regarding access to Neonatal Services*
4. *I agree to wash the swipe card daily as per the instructions when entering and leaving the nursery*
5. *I agree to abide by the swipe card access terms as outlined in the parent information pamphlet*
6. *I agree to return the swipe card when my baby is discharged or transferred to another hospital*
7. *The deposit is non-refundable if the swipe card is not returned within 7 days of discharge*

☐ **I would like to donate the refund to the Mercy Hospital for Women**

A receipt will be issued from the Mercy Health Foundation for your donation. Occasionally you may receive information from our Mercy Health Foundation.

☐ I do not wish to be included on the Mercy Health Foundation mailing list.

Parent's signature _____ **Date** _____

Cashier use only	
Baby's UR number	
Swipe Card number	Card issued by
Deposit date	Refund date
Donation <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Processed by	
Parent's signature	