

COVID-19 GUIDANCE FOR HOSPITAL VISITATION



September 10, 2021

Background

As COVID-19 cases begin to decline in communities, policies and procedures for managing screening, education, and visitation should be adjusted. In addition to ensuring that patients, staff, and visitors always remain safe, we also need to consider the mental health implications that can occur when a person is not provided the opportunity to be with a loved one during a time of hospitalization. Moral injury – defined as the psychosocial and spiritual burden caused by an act that goes against one’s own or shared morals and values – can occur when not being present at the bedside of a loved one either due to COVID-19 or a non-COVID-19 diagnosis. This guidance has been updated based on current information about COVID-19, the current situation in the United States, and the recent passage of Indiana State law, [SEA 202](#) which requires individuals admitted to the hospital or an ambulatory surgery center to be allowed to receive visitation by specified individuals during a declared emergency or public health emergency.

Individuals Allowed to Visit During a Declared Emergency or Public Health Emergency

A facility shall allow visitation to a patient who has been admitted as a patient during a disaster emergency declared under IC 10-14-3-12, a public health emergency, or a similar crisis from one or more of the following individuals: (1) A patient’s family member. (2) A patient’s legal representative. (3) The patient’s designee. (4) A member of the clergy. (5) An essential caregiver. (6) Any other individual capable of meeting the patient’s needs.

Screening

A person who is considered to be an allowed visitor must comply with the applicable guidelines concerning disease control or prevention as determined by the [Centers for Medicare & Medicaid Services](#) or the Centers for Disease Control and Prevention.

Access points to facilities should be reduced to monitor the flow of visitors.

- Consider using visitor identification tools such as daily color-coded armbands and “passports” for designated visitors
- Consider setting age restrictions for visitation (with exceptions on a case-by-case basis)
- Consider posting signs at entrance with instructions to alert staff of fever or other symptoms so appropriate precautions can be implemented
- Consider screening temperature of all visitors, noting that multiple factors can cause a variation in temperature such as ambient environment, proper calibration of thermometers, and proper usage and reading of thermometers. Non-contact infrared thermometers frequently used for health screening must be held at an established distance from the temporal artery in the forehead to be provide an accurate reading.
- All patients and visitors should be screened following this process:
 - Do you have a new cough, fever, shortness of breath, fatigue, sore throat, nausea, vomiting, diarrhea, chills, repeated shaking with chills, muscle or body aches, headache, sore throat, new loss of sense of smell or taste, congestion, or runny nose.
 - If a patient answers “yes”, they should be masked and allowed access to the building for treatment. (The direction provided to the patient may vary by location, but infection prevention protocols should always be followed.)
 - If a guest (someone who is accompanying a patient or is there to visit a patient) answers “yes”, they will not be permitted to the facility as a guest, but will be referred for evaluation to either their primary care provider or the facility’s recommended site for treatment.

- All guests are required, at a minimum, to wear a facility approved mask while in the facility. If they do not have one, the facility will provide one.

Visitor Consideration

During this unprecedented time, a support person for the patients described below may be critical to avoid negative health outcomes unrelated to the COVID-19 public health emergency. Consideration can also be given to encourage the use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets should a support person be unable to visit in person. All visitors must screen negative with no symptoms or elevated temperature, as addressed in the screening question and respect social distancing guidelines of six feet from all others. If a screening protocol or test result prohibits a person from visiting the patient, another individual capable of successfully completing or passing the applicable screening protocol or test may be selected for visitation by the patient.

Visitors Should Be Allowed in Following Circumstances:

- A person considered to be an allowed visitor shall be permitted to daily visit a person who is admitted as a patient without regard for any visitation restrictions imposed by the facility during a compassionate care situation that involves one or more of the following scenarios:
 - An end-of-life situation, including hospice.
 - A patient who is experiencing weight loss or dehydration and is in need of cuing or encouragement for eating or drinking.
 - A patient who is experiencing emotional distress, depression, or grief.
 - A patient who is diagnosed with Alzheimer's disease, dementia, or a related cognitive disorder.
 - The patient is experiencing an acute health situation that requires immediate attention.
 - The patient is undergoing surgery with general anesthesia.
 - The patient is experiencing a sudden deterioration in the patient's medical condition since the time of admission.
 - The patient is unable to provide or does not know pertinent and critical medical information that would aid the health care professional in treating the patient such as post-operative instructions, medication changes, mobility restrictions, etc.
 - The patient is a minor.

- During delivery, certified doulas may attend as a member of the care team
- A support individual such as spouse, partner, sibling, or another person chosen by the patient to be present during delivery.
- A victim has the right to an advocate, as stated in [SEA 146](#). If requested by the patient, a victim advocate may be present during a medical forensic exam.

Care should be taken in not allowing individuals age 65 years or older or others with increased risk to be a support person due to increased COVID-19 risk. Each individual organization can adjust for special circumstances at their own discretion as long as they adhere to [SEA 202](#).

Simultaneous Visitors May Be Allowed In:

All visitors must screen negative with no symptoms or elevated temperature, as addressed in the screening question.

- Non-COVID-19 units (including ICUs)
- Neonatal intensive care unit (NICU): Preferably one visitor at a time of the designated visitors
- End of life/comfort care or sudden deterioration in condition
- Facilities can also set specific policies in terms of length of visits, times the visits can occur, and age limitation (e.g., persons <14 years of age or persons based on cognitive function who may not be able to wear appropriate PPE)

Visitor Guidance

Visitors should always go directly to the patient's appointment or procedure room and stay with the patient. Proper hand hygiene and the use of personal protective equipment (PPE) including gloves, gown, and a standard surgical facemask should be worn for visitation. When leaving, the visitor should exit the building in a direct route.

If visitation is allowed by the facility with COVID-19 presumptive or confirmed positive patients, the risk to the health of the visitor should be evaluated along with the ability to comply with precautions. Facilities should inform family members/guests who enter the facility and visit a COVID-19 patient to monitor for signs and symptoms of respiratory infection for at least 14 days after leaving the facility. If symptoms occur, the visitor should self-isolate at home, contact a health care provider, and immediately notify the facility of the date and person visited.

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Developing processes that allows visitation should be considered as outlined in [SEA 202](#), and clear protocols for communicating with family members or caregivers of any patient who does not have a support person at the bedside should be developed. The [Centers for Medicare & Medicaid Services](#) outlines visitation guidelines. Some hospitals have begun programs allowing visitation of their COVID-positive loved ones, by providing structured processes including specific visiting hours, education, and adequate PPE to ensure visitor safety.

CDC has also recently released [guidance](#) providing information on using a symptom-based strategy to determine when Transmission-based Precautions can be discontinued for a patient with confirmed SARS-CoV2 infection.

As facilities begin to see fewer COVID-19 patients, they should move towards re-establishing pre-COVID-19 visitation policies. A tiered approach, such as the one in place with the Indianapolis Coalition for Patient Safety and found in the IHA Visitation toolkit, could be a suggested resource and could be used for future public health emergencies or other health crises.

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