

COVID-19 GUIDANCE FOR HOSPITAL VISITATION



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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 and the current situation in the United States.

Family Members May Be Allowed to Visit Under the Following Conditions

Understanding that situations differ with various patient needs, decisions for visitation may be made on a case-by-case basis.

Screening

Symptom screening remains an important strategy to identify those who could have COVID-19, although these methods may not identify asymptomatic or pre-symptomatic individuals with the infection. Appropriate precautions should be implemented.

- 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 Restrictions

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 should 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. 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.

One Visitor Allowed in Following Circumstances:

- During delivery, certified doulas may attend as a member of the care team
- One support individual such as spouse, partner, sibling, or another person chosen by the patient to be present during delivery
- For pediatric patients, two people may be designated, but only one support person may be present at a time
- 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
- For outpatient surgery patients, a support person may be available for additional consent needs and discharge
- For inpatient surgery patients, a support person must leave after surgery and patient is settled in room
- One patient caretaker for in-person education such as post-operative instructions, medication changes, mobility restrictions, etc.
- Patients for whom a support person has been determined to be essential to the care and safety of the patient (medically necessary), including patients with intellectual and/or developmental disabilities and patients with cognitive impairments including dementia. Two people may be designated, but only one support person may be present at a time. 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.

Two Visitors May Be Allowed If:

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

- Non-COVID-19 units (including ICUs): At least one or two visitors or as facility allows
- Neonatal intensive care unit (NICU): Preferably one visitor at a time of the two designated visitors
- End of life/comfort care: Per the Indiana State Department of Health guidelines, the number of

family members should be limited to no more than one or two.

- 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.

Consideration for developing processes that allows visitation, whether it be in-room or window visitation, should be considered. Some hospitals have begun to pilot 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-CoV-2 infection.

Hospitals should develop clear protocols for communicating with family members or caregivers of any patient who does not have a support person at the bedside.

As facilities begin to see fewer COVID-19 patients, they may want to 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 health crises planning such as influenza activity.

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