



During the COVID-19 pandemic, hospitals and health care systems should adjust their standard approaches of delivering health care services to reduce the need to provide in-person care to minimize risk to patients and health care personnel. Hospitals should look for opportunities to utilize telehealth flexibilities to manage low acuity patients at home, consider alternate locations to provide screening services and collaborate with community partners to manage routine health needs in other settings.

To keep patients, visitors and staff safe, universal source control measures and screening practices should be implemented to help prevent the spread of COVID-19, including the following.

- Cloth face coverings are not considered personal protective equipment; they are source control.
- For visitors and patients, a cloth face covering may be appropriate. If a visitor or patient arrives to the health

care facility without a cloth face covering, a face mask may be used for source control if supplies are available. If a visitor refuses to wear a mask, do not allow their entry into the facility.

- Cloth face coverings should not be placed on children under age 2, or on anyone who has trouble breathing, is unconscious, is incapacitated or otherwise unable to remove the mask without assistance.

In addition, limit visitors to the facility to only those essential for the patient's physical or emotional well-being and care.

- Assess visitors for fever and other COVID-19 [symptoms](#) before entry to the facility.
- Instruct all visitors to wear a face mask or cloth face covering while in the facility, perform frequent hand hygiene, and restrict their visit to the patient's room or other areas designated by the facility.

Additional Considerations:

- Implement a standard screening process and [form](#) to be used for all patients and visitors presenting to the hospital to determine COVID-19 risk.
- Station hospital personnel at the entrances to the hospital to conduct an initial screen prior to facility entrance. The hospital can limit entrance options into the hospital. Signage with directions to access points should be posted.
- All screeners at entrances should wear level 1 masks.
- A cloth mask (preferred) or face mask, as available, should be provided to visitors and patients presenting for care, according to CDC recommendations. Do not allow entry for any visitor who refuses to don a mask or according to hospital visitation policies and procedures, and depending on presence and spread of the virus in the community.
- Medicare regulations require a hospital to have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restrictions or limitations that the hospital may need to place on such rights and the reason for the clinical restriction or limitation. The hospital should consider making the policy part of their emergency preparedness plan.
- Medicare waived the requirement to have visitor policies and procedures related to COVID-19 during the emergency response. Hospitals will want a mechanism for communicating current hospital positions on screening visitors and patients. Hospital visitor policies during an emergency may need to be revised for future use.
- The [hospital visitor policy](#) should be communicated to patients and visitors explaining the steps the hospital is taking during the COVID-19 response.