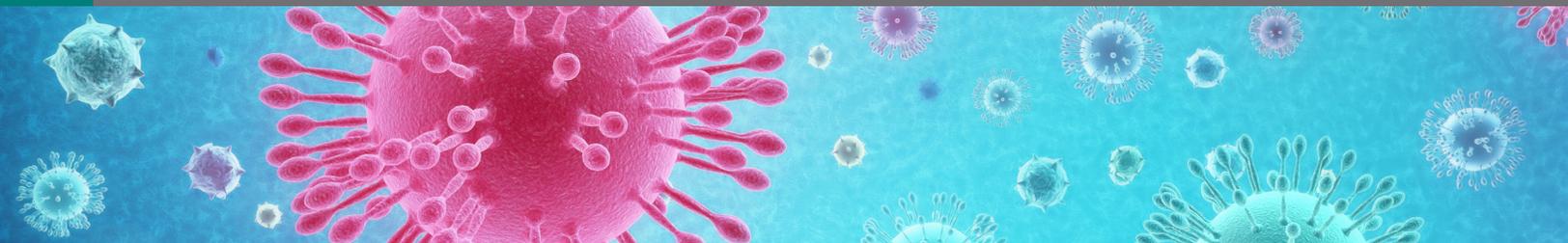


COVID-19 RECOMMENDATIONS FOR HOSPITAL VISITOR RESTRICTIONS



Updated dated based on CDC guidance 4/13/20



- I. No positive cases in state-
 - a. Maintain current practices for cold/flu season
- II. COVID-19 positive cases in some facilities in the state
 - a. Visitation to confirmed COVID-19 patient
 - i. Per CDC — manage visitor access and movement within the facility
 - ii. Restrict room access to known or suspected patients; consider alternative mechanisms of communication via personal devices
 - iii. If the patient situation necessitates visitors (end-of-life, medical decisions, etc.), the facility should consider
 - 1. Screening of visitors for signs of disease/illness upon entry to facility
 - 2. Visitors should wear own facemask. If they do not have one, hospital may provide cloth (preferred) or regular facemask if supply is adequate.
 - 3. Educate about the risk to visitors
 - 4. Provide instruction on hand hygiene, limiting surfaces touched, disease transmission, use of PPE
 - 5. Maintain a record of anyone entering or leaving the patient room (visitors, staff, etc.)
 - 6. No presence of visitors during aerosol generating procedures
 - 7. Provide guidance as to where visitors can go while in the facility-limit access
 - 8. Exposed visitors (contact with COVID-19 patient prior to admission) should be advised to report any signs and symptoms of acute illness to their health care provider for a period of at least 14 days after last known exposure to the sick patient
 - iv. Each patient under the age of 18 may have up to two (2) adult caregivers designated as permitted visitors for the duration of their hospital stay.
 - v. All visitors should follow respiratory hygiene and cough etiquette precautions while in the common areas of the facility.
 - b. Visitation to all other hospitalized patients
 - i. Restriction of visitors; passive blockade-signage and general marketing regarding self-limiting visitation with signs/symptoms of respiratory illness
- III. COVID-19 community onset; COVID-19 positive inpatients and known COVID-19 positive individuals in the community
 - a. Visitation to confirmed COVID-19 patient
 - i. Per CDC — manage visitor access and movement within the facility
 - ii. Restrict room access to known or suspected patients; consider alternative mechanisms of communication via personal devices
 - iii. If the patient situation necessitates visitors (end-of-life, medical decisions, etc.), the facility should consider
 - 1. Screening of visitors for signs of disease/illness upon entry to facility
 - 2. Visitors should wear own facemask. If they do not have one, hospital may provide cloth (preferred) or regular facemask if supply is adequate.
 - 3. Educate about the risk to visitors
 - 4. Provide instruction on hand hygiene, limiting surfaces touched, disease transmission, use of PPE
 - 5. Maintain a record of anyone entering or leaving the patient room (visitors, staff, etc.)
 - 6. No presence of visitors during aerosol generating procedures

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- 7. Provide guidance as to where visitors can go while in the facility-limit access
- 8. Exposed visitors (contact with COVID-19 patient prior to admission) should be advised to report any signs and symptoms of acute illness to their health care provider for a period of at least 14 days after last known exposure to the sick patient
- iv. Each patient under the age of 18 may have up to two (2) adult caregivers designated as permitted visitors for the duration of their hospital stay.
- v. All visitors should follow respiratory hygiene and cough etiquette precautions while in the common areas of the facility.
- b. Visitation to all other hospitalized patients
 - i. Restriction of visitors; passive blockade-signage and general marketing regarding self-limiting visitation with signs/symptoms of respiratory illness
 - ii. Hospitals will begin imposing limited entry points for visitors to the building
 - 1. Partnering with security and marketing/communication to identify and maintain access points

IV. Widespread community onset as determined by the health department

- a. Visitation to confirmed COVID-19 patient
 - i. Per CDC — manage visitor access and movement within the facility
 - ii. Restrict room access to known or suspected patients; consider alternative mechanisms of communication via personal devices.
 - iii. If the patient situation necessitates visitors (end-of-life, medical decisions, etc.), the facility should consider
 - 1. Screening of visitors for signs of disease/illness upon entry to facility
 - 2. Visitors should wear own facemask. If they do not have one, hospital may provide cloth (preferred) or regular facemask if supply is adequate.
 - 3. Educate about risk to visitors
 - 4. Provide instruction on hand hygiene, limiting surfaces touched, disease transmission, use of PPE
 - 5. Maintain a record of anyone entering or leaving the patient room (visitors, staff, etc.)
 - 6. No presence of visitors during aerosol generating procedures
 - 7. Provide guides as to where visitors can go while in the facility-limit access
 - 8. Exposed visitors (contact with COVID-19 patient prior to admission) should be advised to report any signs and symptoms of acute illness to their health care provider for a period of at least 14 days after last known exposure to the sick patient
 - iv. Each patient under the age of 18 may have up to two (2) adult caregivers designated as permitted visitors for the duration of their hospital stay.
 - v. All visitors should follow respiratory hygiene and cough etiquette precautions while in the common areas of the facility.
- b. Visitation to all other hospitalized patients
 - i. Active blockade of entry with screening for signs and symptoms per CDC
 - ii. Visitors must be 18 or older unless they are a parent/guardian of a patient

This document is adapted from the Ohio Hospital Association.



CMS GUIDANCE ON HOSPITAL VISITATION AND SCREENING

Limitations on Visitors

To mitigate the spread of the COVID-19 virus, CMS is providing guidance to restrict visitation in health care facilities such as hospitals, critical access hospitals, psychiatric hospitals, inpatient hospice units, and intermediate care facilities for individuals with developmental disabilities. For CMS restrictions on visitation in nursing homes, see [QSO-20-14](#).

CMS is providing the following expanded guidance to prevent the spread of COVID-19:

- a) Visitors should receive the same screening as patients, including whether they have had:
 - Fever or symptoms of a respiratory infection, such as a cough and sore throat.
 - International travel within the last 14 days to CDC Level 3 risk countries. For updated information on restricted countries visit: <https://www.cdc.gov/coronavirus/2019ncov/travelers/index.html>
 - Contact with someone with known or suspected COVID-19.

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- b) Health care facilities should set limitations on visitation. For example, limitations may include restricting the number of visitors per patient or limiting visitors to only those that provide assistance to the patient, or limiting visitors under a certain age.
- c) Health care facilities should provide signage at entrances for screening individuals, provide temperature checks/ask about fever, and encourage frequent hand washing and use of hand sanitizer before entering the facility and before and after entering patient rooms
- d) If visiting and not seeking medical treatment themselves, individuals with fevers, cough, sore throat, body aches or runny nose or not following infection control guidance should be restricted from entry.
- e) Facilities should screen and limit visitors for any recent trips (within the last 30 days) on cruise ships as well as close contact with a suspect or laboratory-confirmed COVID-19 patient within the last 14 days, or overseas travel from certain countries. <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>, <https://wwwnc.cdc.gov/travel/page/covid-19-cruise-ship>
- f) Facilities should instruct visitors to limit their movement within the facility (e.g., reduce walking the halls, trips to cafeteria, etc.)
- g) Facilities should establish limited entry points for all visitors and/or establish alternative sites for screening prior to entry.
- h) Facilities can implement measures to:
 - Increase communication with families (phone, facetime, skype, etc.).
 - Potentially offer a hotline for with a recording that is updated at set times so families can get an update on the facility's general status.
 - If appropriate, consider offering telephonic screening of recent travel and wellness prior to coming in for scheduled appointments. This may help limit the amount of visitor movement throughout the organization and congestion at entry points.
- i) Consider closing common visiting areas and encouraging patients to visit with loved ones in their patient rooms.

Resources:

- CMS QSO 20-13-Hospitals Guidance for Infection Control and Prevention Concerning Coronavirus Disease
- CDC for Healthcare Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC for Monitoring Healthcare Personnel: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>
- Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- <https://www.vhca.org/files/2020/03/Protocol-1-Active-Screening-Process-for-COVID%E2%80%90for-Visitors-and-Employees.pdf>
- CMS QSO 20-20-ALL (March 20, 2020)

