

Updated: 9/1/2020

Purpose:

To describe patient visitation procedures for patients during the COVID-19 pandemic. This policy strives to balance the need for safety of staff and patients with the need for emotional support for selected patients. This guidance does not apply to paramedics or patient transportation staff arriving to a facility to pick-up or deliver a patient.

Procedure:

Due to the ongoing COVID-19 pandemic, no routine visitation of patients in DHS facilities is permitted. To facilitate patient-family communication, hospital staff will attempt to facilitate phone or video communication between patients and families, to the extent feasible. Visitation will be allowed as outlined below to facilitate the specific needs of certain patient populations and families.

Prior to entering the building, all patients and visitors (including individuals entering for business purposes) will be asked the following COVID-19 screening questions:

- 1. In the last 24 hours, have you had a temperature of ≥100.4°F and/or thought you had a fever?
- 2. In the last 24 hours, have you had cough, shortness of breath, difficulty breathing, chills, muscle or body aches, new loss of taste or smell?
- 3. Have you had any contact with someone who had a confirmed case of COVID-19/coronavirus?

If a visitor answers "Yes" to any of the three questions or is COVID-positive, they will not be permitted to enter the building. The one exception is that a single person who is needed to assist the patient while s/he is seeking care in the Emergency Department (e.g., parent of Pediatric patient or caregiver for patient who requires assistance) will be permitted to enter the Emergency Department with the patient. The accompanying visitor must wear a mask at all times while in the building and must remain with the patient and/or in the patient's room the entire time.

All patients on site for clinic or ancillary service visits and visitors must:

- Wear a facility-provided face mask at all times while in the hospital/clinic building
 - Failure of the patient to mask will require patient to remain outside of building until the time of appointment at which time the patient only will be directly escorted to the appointment
 - Failure of a visitor to mask will require immediate exit from the hospital/clinic building
- Stay in the patient's room for the entire visit except as noted below
- Perform hand hygiene before and after the visit

In addition, visitors and patients at some locations may be directly escorted by hospital staff from the entrance to the patient's location and then to the exit after the visit in completed.

Visitation will be allowed in the following situations:

Adult Inpatients



- Patients who require end-of-life care, based on physician determination, or for whom a decision is being considered regarding continuation or withdrawal of life support, may have 1 visitor at a time, and up to 2 visitors per day, for a total of up to 4 hours total per day (e.g., each visitor for up to 2 hours). Families should designate 2 or 3 family representatives for visitation to limit the number of individuals entering the facility. For patients admitted to COVID-19 care areas, visitors will be required to wear protective personal equipment (PPE) and, in some circumstances, may only be able to view the patient from outside of the room.
- Patients with disruptive behavior, altered mental status, or developmental delays, where a caregiver's presence helps with the patient's care may have 1 visitor.
 - This visitor may go to cafeteria for food, but should not go in and out of the building
 - They may go home to preform daily hygiene as needed.
- Patient in intensive care units may have 1 visitor per day for up to 2 hours.
 - If patient recovered COVID (removed from isolation) is in COVID unit, consult with IPC to determine visitations at your local site
- Obstetric patients may have 1 partner/birth support person accompany them for the
 duration of the delivery. If the newborn rooms in with the mother, one visitor will be
 permitted per day during 8:00 a.m. to 5:00 p.m. The visitor may visit the newborn and
 the mother in the same visit.
 - If partner/support person is unable to visit during these hours, by physician determination and consultation with nursing, alternative times can be arranged on a limited basis.
 - Overnight stays are not permitted at this time.
 - Visitors may go to cafeteria for food

Pediatric Inpatients

- Nursey please follow the Mother-Baby Care During COVID-19 Expected Practice
- Neonatal Intensive Care Unit patients may have 1 birth parent permitted per day during 8:00 a.m. to 5:00 p.m.
 - If parents are unable to visit during these hours, by physician determination and consultation with nursing, alternative times can be arranged on a limited basis.
 - Overnight stays are not permitted at this time.
 - Breast feeding mothers may be allowed to visit as needed or they may provide expressed breast milk
- Patients under the age of 18 may have 1 visitor at a time, who is the parent or guardian, who must remain in the room except for:
 - They may go to cafeteria for food, as needed
 - They may go home to allow for showering or daily care of parent or guardian
- Parent/guardian overnight stays will be permitted at the discretion of the clinical team.
- If a parent is unable to enter because they are or are suspected to be COVID-19 positive
 or exposed to COVID-19, another designated family member who does is NOT a
 PUI/COVID-19 positive or exposed to COVID-19 can visit.



- If the visitor's exposure to COVID-19 is associated with the Pediatric patient, the parent/guardian will be allowed to visit with appropriate precautions, as long as they are not symptomatic.
- For infants and children less than 2-years old, a PUI/COVID-19 positive or exposed to COVID-19 parent may visit after discussion with infection control and appropriate precautions are taken.
- For children older than 2-years, a PUI/COVID-19 positive parent/guardian will be permitted to visit at the discretion of the clinical team.

Discharge Training of Family Members

- Use of technology should be the priority in discharge training whenever feasible
 - Use of video conferencing or other technology can be used to provide training in most situations.
- If technology-based solutions cannot be used by physician determination and consultation with nursing, up to a maximum of 2 family members may come to receive in person training.
 - This should be used as a last resort to limit the exposures of our patients and staff

Emergency Department

- Patients visiting the Emergency Department who need assistance may have 1 person with them.
- Patients who are brought to the Emergency Department in critical condition and who
 may require critical care or end-of-life care may have up to 2 visitors, at the discretion of
 the clinical care team. Visitors must wear appropriate PPE. In some circumstances (e.g.,
 COVID+ patients), visitors may only be able to view the patient from outside of the
 room.
- In the case of an Emergency Department patient who has expired, up to 2 visitors will be permitted to view the patient. Visitors must wear appropriate PPE. In some circumstances (e.g., COVID+ patients), visitors may only be able to view the patient from outside of the room.

Outpatient/Ancillary Patients

- A single parent/guardian bringing a minor(s) under the age of 18, to an outpatient visit will be allowed
- Outpatient chemotherapy/infusion patients may have 1 visitor with them
- Patients who have a clinic, laboratory, or radiology appointment may have 1 person with them

Other

Vendors performing equipment repair/maintenance or bringing equipment to areas for provision of patient care services (e.g., operating rooms), media, union representatives, or regulatory evaluators



must follow the facility screening process described above and any other applicable screening procedure, by job type and must comply with hospital masking and PPE requirements.