

WVHA Recommendations for Visitor Restriction during COVID-19 Outbreak

March 23, 2020

At this point in the COVID-19 crisis, the state of West Virginia has not yet mandated that hospitals implement restrictions on hospital visitation, but many hospitals throughout the state and country have already done so. WVHA created this document based on the CDC guidance on managing visitor access and movement within healthcare facilities to assist hospitals that have not yet made changes or may need to enact stricter policies in the future. Example policies from states with widespread transmission (OH, NY, WA) are included in Appendix A.

The protection and health of hospital/healthcare workers, and vulnerable patients who are already in healthcare settings is of the utmost importance. To best protect these populations, the WVHA urges healthcare organizations that haven't already done so to adopt temporary visitor policies that restrict unnecessary exposure of patients and staff.

Level 1 – presentation of positive patient(s) to hospitals in West Virginia

At a minimum, hospitals should establish procedures for monitoring, managing and training all visitors, which includes:

- All visitors should perform frequent hand hygiene and follow respiratory hygiene and cough etiquette precautions while in the facility, especially common areas.
- Restrict symptomatic visitors; Passively screen visitors for symptoms of acute respiratory illness before entering the healthcare facility.
 - Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) advising visitors not to enter the facility when ill.
- Informing visitors about appropriate PPE use according to current facility visitor policy.
- Visitors to the most vulnerable patients (e.g., oncology and transplant wards) should be limited; visitors should be screened for symptoms prior to entry to the unit.

Level 2 – initiation of community transmission; COVID-19 positive inpatients and known COVID-19 positive individuals in the community

- Impose limited points of entry to the building
- Limit hours for visitation
- All visitors must be asymptomatic – screen for symptoms prior to entry
- Identify visitors with a badge or wristband
- Visitors under the age of 12 are excluded from visitation

Level 3 – wide-spread community onset as determined by health department

Upon evidence of community transmission of COVID-19 it is recommended hospitals enact no-visitor policies to protect patients, visitors, and staff if they have not already done so. Such a policy would include:

- No hospital visitors will be allowed until further notice.
- Limited exceptions include:

- Patients in hospice or end-of-life care
- One visitor/support person for maternity patients
- One visitor/support person for pediatric patients
- One visitor/support person for an individual undergoing same-day surgery or an ambulatory procedure.
- Visitors who meet these exceptions will be screened for symptoms before being allowed to visit. If fever or respiratory symptoms are present, visitor should not be allowed entry into the facility.

Recommendations for Restricted Visitation to Suspected or Confirmed COVID-19 Patient

- Restrict visitors from entering the room of known or suspected COVID-19 patients (i.e., PUI).
- Utilize alternative mechanisms for patient and visitor interactions, such as video-call applications on cell phones or tablets should be explored.
- Facilities can consider exceptions based on end-of-life situations, when a health care power of attorney is needed to make medical decisions, or when a visitor is essential for the patient's emotional well-being and care.
- If an exception is made, visitors to patients with known or suspected COVID-19 should be scheduled and controlled to allow for:
 - Screening visitors for symptoms of acute respiratory illness before entering the healthcare facility.
 - Facilities should evaluate risk to the health of the visitor (e.g., visitor might have underlying illness putting them at higher risk for COVID-19) and ability to comply with precautions.
 - Facilities should provide instruction, before visitors enter patients' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the patient's room.
 - Facilities should maintain a record (e.g., logbook) of all visitors who enter patient rooms.
 - Visitors should not be present during aerosol-generating procedures.
 - Visitors should be instructed to limit their movement within the facility.
 - Exposed visitors (e.g., 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 the last known exposure to the sick patient.
- 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.
- All visitors should follow respiratory hygiene and cough etiquette precautions while in the common areas of the facility.

Alternatives to Face-to-Face Triage and Visits

In addition to restricting visitation hospitals can help reduce the spread by exploring alternatives to face-to-face triage and visits. The following options can reduce unnecessary healthcare visits and prevent transmission of respiratory viruses in your facility:

- Instruct patients to use available advice lines, patient portals, on-line self-assessment tools, or call and speak to an office/clinic staff if they become ill with symptoms such as fever, cough, or shortness of breath.
- Identify staff to conduct telephonic and telehealth interactions with patients. Develop protocols so that staff can triage and assess patients quickly.
- Determine algorithms to identify which patients can be managed by telephone and advised to stay home, and which patients will need to be sent for emergency care or come to your facility.
- Instruct patients that if they have respiratory symptoms they should call before they leave home, so staff can be prepared to care for them when they arrive.

Lastly, it has been clarified that **hospital cafeterias** do not need to close, but should take steps to protect healthcare workers and visitors, such as closing communal eating areas to visitors (take-out only); closing buffets and salad bars; and if the dining area remains open to staff hospitals can remove some chairs to ensure appropriate social distancing while eating.

If not already done so, hospitals should be prepared to enact a no visitor policy as we anticipate community transmission in West Virginia and an increase in the number suspected and confirmed COVID-19 patients being treated in our emergency departments and inpatient units.

Appendix A. Visitation Examples from States with Evidence of Community Spread (OH, NY, and WA)

Cleveland Clinic, OH

We are restricting all visitors. Exceptions will be made for the following patients:

- Pediatric patients (1 visitor)
- Labor and Delivery patients (1 visitor)
- End-of-life circumstances (patient's care team will discuss with their family)

New York Presbyterian, NY

- Visitors who are sick will not be permitted to enter the Hospital; this is without exception
- Temporary visitation may be granted in extenuating circumstances, such as imminent end-of-life and/or a specific patient needs extra support
- Encourage visitors to remain closely connected to their loved ones through virtual means, including phone, FaceTime, and/or Skype.

Inpatient Locations

- No visitors for adult patients
- One visitor per pediatric patient are allowed in the pediatric units and the Neonatal Intensive Care Unit (NICU). These visitors can only be parents, guardians, or family care partners. When possible, the designated visitors should remain the same for the course of the admission.
- One visitor – partner or support person – is allowed for obstetric patients.

Behavioral Health

- No visitors are permitted for adult patients. Exceptions may apply based on the clinical team's judgment.
- For patients under the age of 18, one visitor per day is permitted.

Emergency Department (ED)

- Visitors are prohibited in adult ED patient areas. Based on the clinical team's judgment, one visitor may be permitted.
- Only one visitor per pediatric patient is allowed in the pediatric ED; parent or caregiver only. Please speak with the patient's clinical team if the patient requires additional assistance.

Outpatient Locations and Physician Practices

- One person is allowed to accompany each patient to an appointment, unless an aide or assistant is required.
- Any visitor who is coughing or shows other signs of illness will be asked to kindly leave.

Evergreen Health, Seattle, WA

COVID-19 Positive or Suspected Patients – No visitation (except end-of-life with PPE)

- Obstetric patients going to the hospital may have one partner and one birth support person accompany them.
- Neonatal Intensive Care Unit (NICU) patients may have one birth parent plus one significant other who must remain in the room for the duration of the visit.
- Patients who are at the end-of-life may have two visitors.
- Patients with disruptive behavior, in which a family member is key to their care, may have one visitor.
- Patients who have altered mental status or developmental delays (where caregiver provides safety) may have one visitor.
- Minors under age 18 may have one visitor, parent, or guardian.
- Patients undergoing surgery or procedures may have one visitor who must leave the hospital as soon as possible after the procedure/surgery.
- Patients who have an appointment at an EHMG practice, clinic or treatment area, laboratory or radiology, as well as those visiting the Emergency and Urgent Care may have one person with them.
- Patients in the Acute Rehabilitation Unit may have one designated visitor.

PLEASE NOTE: children under age 18 are not allowed in our facilities at this time unless they are the patient.

General visitation discouraged – limited points of entry – will be screening all patients and visitors who meet the above exceptions.