REVISED COVID-19 Visitation Guidance for Acute Care Facilities: April 5, 2020

**Background:** Health care facilities currently face an enormous challenge in providing safe care to patients during a pandemic. To mitigate the spread of the COVID-19 virus, the Centers for Medicare & Medicaid Services (CMS) provided guidance to restrict visitation in health care facilities such as hospitals, critical access hospitals and inpatient hospice units in the Guidance for Infection Control and Prevention Concerning Coronavirus Disease (COVID-19): FAQs and Considerations for Patient Triage, Placement and Hospital Discharge and the Prioritization of Survey Activities memo issued on March 23, 2020. On March 19, 2020, Governor Brown issued Executive Order No. 20-10 which directed the Oregon Health Authority (OHA) to provide guidance on visitation and screening at hospitals and ambulatory surgical centers in order to ensure the safety of patients and health care workers and to slow the spread of COVID-19. The safety of patients and staff is also a concern at outpatient renal dialysis facilities.

**Authority:** CMS QSO-20-20-All, Executive Order 20-10 and ORS 442.025.

**Applicability:** This guidance applies to the following health care facilities as further defined in ORS 442.015:
- Ambulatory Surgery Centers
- Hospitals
- Outpatient Renal Dialysis Facilities

**Guidance:** Facilities subject to this guidance shall adopt and enforce policies and procedures that limit entry into facilities to essential individuals and require the screening of those essential individuals before entry. Essential individuals include:
- Facility personnel and staff*
- Facility healthcare volunteers
- Outside medical personnel (individuals who are licensed, certified or otherwise authorized or permitted by the laws of this state or another state to administer health care services)
- Emergency responders including emergency medical services, fire and police
- Vendors, but only when access to facility is required

*Prospective staff seeking employment should be interviewed off-site.
• Health care licensing or survey staff
• Health care interpreters
• Legal guardians or representatives, but only if in-person visitation is necessary for legal reasons that cannot be delayed
• Individuals authorized by law to investigate allegations of abuse or neglect
• Parents or guardians of patients under the age of 18 years
• Guardians or caregivers of patients with altered mental status or intellectual disabilities if in-person visitation is necessary to:
  o Facilitate treatment
  o Ensure the safety of the patient or facility staff
• Friends or family members who must accompany a patient to the emergency department or for a procedure, when no facility staff are available to provide that service
• Friends or family members visiting a patient during end-of-life care
• A spouse, partner or other support person to accompany an individual giving birth.

A facility may accept documentation from the employers of outside medical personnel and emergency responders that screening has been completed for these individuals before the beginning of any shift during which the outside medical personnel and emergency responders enter the facility for the purpose of providing patient care services.

Policies and Procedures regarding screening must:
• Limit points of entry to the facility.
• Require essential individuals to receive the same screening as patients and health care staff.
• Permit no more than one essential individual to visit a patient on any day except as provided below.
• Permit no more than two essential individuals to visit a patient on any day in the following situations:
  o Nursery and neonatal intensive care unit (NICU) patients may have two parents in the room. However, both parents must remain in the room for the duration of the visit.
  o Patients who are at the end-of-life as determined by the medical provider in charge of patient’s care, may have two visitors.
• Require screening at each point of entry, including visual observation and questions about:
  o Symptoms including, but not limited to, fever, sore throat, runny nose, cough, shortness of breath, and body aches.
  o 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/2019-ncov/travelers/index.html;
  o Testing for, or diagnosis of, COVID-19.
  o Contact with known or suspected COVID-19 cases within the last 14 days.
  o Cruise ship travel within the last 30 days. For updated information on cruise ships visit: https://wwwnc.cdc.gov/travel/page/covid-19-cruise-ship.
• Refuse entry to any essential individual (unless seeking medical treatment themselves) if said individual has:
  o Any of the symptoms required at entry screening.
  o Been asked to quarantine and is in breach of quarantine.
  o Been determined to be a suspected, presumptive or confirmed COVID-19 patient.
• Refuse visitation of any essential individual if a patient is being treated for COVID-19; exceptions may be made on a case-by-case basis for end-of-life care as determined by the medical provider in charge of patient’s care.
• Provide education to essential individuals regarding:
  o Hand hygiene: before entering a patient room and after leaving a patient room, essential individuals shall wash hands with soap and water for 20 seconds, or clean hands with alcohol-based hand sanitizer.
  o Avoidance of face touching.
  o Use of good respiratory etiquette: covering coughs and sneezes with the elbow and proper use and disposal of tissue.
• Limit visitor movement within the facility.
• Implement measures to:
  o Increase remote communication with families (e.g., phone, FaceTime, Skype, etc.).
  o If appropriate, offer screening for symptoms, travel and contact history by telephone prior to scheduled appointments.
• Close common visiting areas and encourage visits in patient rooms. Private visiting areas may be offered to patients with roommates or other privacy concerns if these rooms can be cleaned appropriately between essential individuals’ visits.
• Document entry into the facility and that screening was completed.
• Require appropriate signage regarding visitation and screening protocols and provide this information to staff, patients and essential individuals.

A facility’s policies and procedures shall remain in effect until Executive Order No. 20-10 expires or is terminated, or OHA informs the facility that the policies and procedures may be rescinded.

If you need this material in an alternate format, please call (971) 673-0540 or TTY (711).