

# COVID-19 GUIDANCE FOR HOSPITAL VISITATION



**June 23, 2020**

## Background

As the response to the health crisis evolves, IHA recognizes the importance of having consistent approaches to visitation across the state. In addition to ensuring that patients, staff, and visitors always remain safe, we also need to consider the mental health implications that can occur when a person is not provided the opportunity to be with a loved one during a time of hospitalization. Moral injury—defined as the psychosocial and spiritual burden caused by an act that goes against one's own or shared morals and values—can occur when not being present at the bedside of a loved one either due to COVID-19 or a non-COVID-19 diagnosis. This document was developed to provide guidance for your facility while allowing individual organizations the ability to adjust for special circumstances.

## Family Members May Be Allowed to Visit Under the Following Conditions

Understanding that situations differ with various patient needs, decisions for visitation may be made on a case-by-case basis.

## Screening

- Access points to facilities should be reduced to monitor the flow of visitors
- Consider using visitor identification tools such as daily color-coded armbands and “passports” for designated visitors
- Consider setting age restrictions for visitation (with exceptions on a case-by-case basis)
- Consider posting signs at entrance with instructions to alert staff of fever or other symptoms so appropriate precautions can be implemented
- Consider screening temperature of all visitors
- All patients and visitors should be screened following this process:
  - Do you have a new cough, fever, shortness of breath, sore throat, vomiting, diarrhea, chills, repeated

shaking with chills, muscle pain, headache, sore throat, new loss of sense of smell or taste?

- If a patient answers “yes”, they should be masked and allowed access to the building for treatment. (The direction provided to the patient may vary by location, but infection prevention protocols should always be followed.)
- If a guest (someone who is accompanying a patient or is there to visit a patient) answers “yes”, they will not be permitted to the facility as a guest, but will be referred for evaluation to either their primary care provider or the facility’s recommended site for treatment.
- All guests are required, at a minimum, to wear a facility approved mask while in the facility. If they do not have one, the facility will provide one.

## Visitor Restrictions

During this unprecedented time, a support person for the patients described below may be critical to avoid negative health outcomes unrelated to the COVID-19 public health emergency. All visitors must screen negative with no symptoms or elevated temperature, as addressed in the screening question.

## One Visitor Allowed in Following Circumstances:

- During delivery, certified doula’s may attend as a member of the care team
- One support individual such as spouse, partner, sibling or another person chosen by the patient to be present during delivery
- Pediatric patients (two people may be designated, but only one support person may be present at a time)
- A victim has the right to an advocate, as stated in [SEA 146](#). If requested by the patient, a victim advocate may be present during a medical forensic exam

- Outpatient Surgery (for additional consent needs and discharge)
- Inpatient Surgery (must leave after surgery and patient is settled in room)
- One patient caretaker for in-person education such as post-operative instructions, medication changes, mobility restrictions, etc.
- Patients for whom a support person has been determined to be essential to the care and safety of the patient (medically necessary) including patients with intellectual and/or developmental disabilities and patients with cognitive impairments including dementia. Two people may be designated, but only one support person may be present at a time. Care should be taken in not allowing individuals age 65 years or older or others with increased risk to be a support person due to increased COVID-19 risk. Each individual organization can adjust for special circumstances at their own discretion.

### Two Visitors May Be Allowed If:

All visitors must screen negative with no symptoms or elevated temperature, as addressed in the screening question.

- Non-COVID-19 units (including ICUs): At least one or two visitors or as facility allows
- Neonatal intensive care unit (NICU): Preferably one visitor at a time of the two designated visitors
- End of life/comfort care: Per the Indiana State Department of Health guidelines, the number of family members should be limited to no more than one or two.
- Facilities can also set specific policies in terms of length of visits, times the visits can occur, and age limitation (e.g., persons <14 years of age or persons based on cognitive function who may not be able to wear appropriate PPE)

### Visitor Guidance

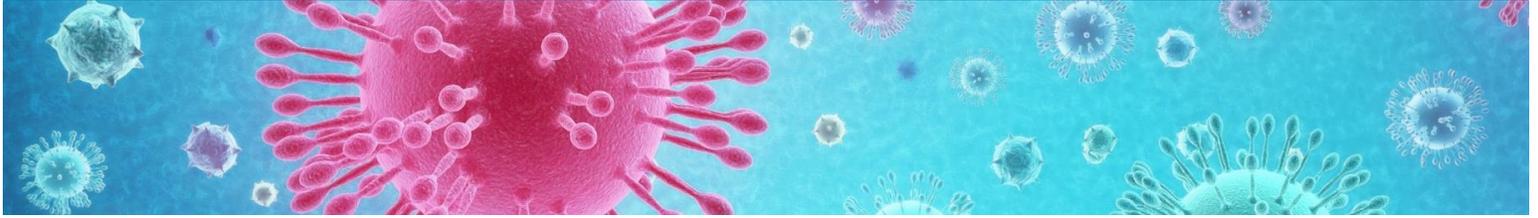
Visitors should always go directly to the patient's appointment or procedure room and stay with the patient. Proper hand hygiene and the use of personal protective equipment (PPE) including gloves, gown, and a standard surgical facemask should be work for visitation with all COVID-19 presumptive or confirmed positive patients. When leaving, the visitor should exit the building in a direct route.

Facilities should inform family members/guests who enter the facility and visit a COVID-19 patient to monitor for signs and symptoms of respiratory infection for at least 14 days after leaving the facility. If symptoms occur, the visitor should self-isolate at home, contact a healthcare provider and immediately notify the facility of the date and person visited.

Hospitals should develop clear protocols for communicating with family members or caregivers of any patient who does not have a support person at the bedside. This should include considerations for assisting patient and family members with communication through remote methods when possible, for example, via phone or video call.

As facilities begin to see fewer COVID-19 patients, they may want to move towards re-establishing pre-COVID-19 visitation policies. A tiered approach, such as the one in place with the Indianapolis Coalition for Patient Safety and found in the IHA Visitation toolkit, could be a suggested resource and could be used for future health crises planning such as influenza activity.

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## REFERENCES

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