

Visitation Phase 1: COVID-19 Visitor Restrictions

Updated June 29, 2020

Introduction

MercyOne remains steadfast in our commitment to safety as a Core Value and we are working diligently to protect our colleagues and communities from exposure to COVID-19. We are following Centers for Disease Control and Prevention (CDC) and other public health authority guidance to ensure that our clinical and community care is consistent with the latest recommendations and research. Visitation guidance is determined by the prevalence of COVID-19 within the ministry and within the community (added this statement). If a visitor requires a support person to assist with activities of daily living, that support person does not count as a visitor.

Inpatient Visitation Guidelines

As a result of the COVID-19 pandemic and updated guidance from CDC and CMS, facilities should severely restrict visitation of **ALL** visitors. Facilities are expected to notify potential visitors whenever possible to defer visitation until further notice through signage, calls, letters, etc. In lieu of visits, facilities should consider:

- Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
 - Creating/increasing listserv communication to update families, such as advising to not visit.
 - Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
 - Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.
1. Certain compassionate care situations should be decided on a case-by-case basis in consultation with an infectious disease professional as follows:
 - Children (minor) admitted to the hospital
 - Maternity units
 - NICU
 - Patients receiving end-of-life (EOL) care – see section **End of Life (EOL) Visitor(s) for PUI or patient with COVID-19** below for additional guidance
 - Developmentally/Cognitively Impaired adults
 2. For approved exceptions, **only one visitor per patient, per day.**
 3. To limit the possibility of virus transmission, **no more than 2 unique visitors may visit the patient during the length of their stay.**
 4. Visitation times may be limited based on the current infection trends in your local area. All visitors must be 18 or older.
 5. EVERY visitor must be screened at the entrance

- **Any potential visitor with symptoms of a respiratory infection (fever, cough, shortness of breath/difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea) should not be permitted to enter the facility at any time (even in end-of-life situations).**

Visitors that are permitted must follow these guidelines:

- Wear a facemask at all times within the building
- Restrict their visit to the patient's room or location designated by the ministry
- Perform frequent hand hygiene (wash hands with soap and water frequently; use alcohol-based hand sanitizer when washing hands is not an option)
- Use a tissue to cover any sneezes; and discard the tissue in a sealed trash can / container. Perform hand hygiene immediately afterward
- The visitor should go directly to the patient's room and leave directly from the patient's room after visitation is complete. The visitor will be prohibited from going to other areas of the hospital including the cafeteria, the gift shop, etc.
- All visitors should be directed to refrain from physical contact or touching items at the bedside due to the potential for transmission of the virus in either direction.

Ambulatory Clinics Guidance: Person Accompanying Patient

As a result of the COVID-19 pandemic and updated guidance from the CDC and CMS, it is presently a requirement for MercyOne facilities to restrict persons from accompanying patients to outpatient visits. Ambulatory clinics will notify patients, whenever possible, to review the policy with them. Persons accompanying patients will be screened in the same way as colleagues and patients.

Sick or At-Risk Persons Accompanying Patients Are Not Permitted

No person is allowed to accompany the patient if they have symptoms (fever, cough, shortness of breath/difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea) or other risk factors (travel to endemic area, exposure to confirmed COVID-19 person(s) in past 14 days, pregnant, other)

- Person with symptoms at front desk check in SHOULD NOT be allowed in patient care areas and SHOULD be asked to return home
- Patients may be asked to reschedule non-urgent or well care if they or their accompanying Person is symptomatic

Screening Persons in Ambulatory Setting

- Every Person will be screened prior to entry into office or ambulatory setting

*Please reference the document **Screening at Entrances Guidance** on the [MercyOne COVID-19 Colleague and Clinician Hub](#).

MercyOne Visitor Policy - Includes Persons Accompanying Patients

Patients should be requested not to bring a companion to the ambulatory medical setting except under these exceptional circumstances:

- Person is required for supporting patient including activities of daily living such as assisting with ambulation
- Person has power of attorney or is court appointed for care of the patient
- Patient is in serious critical condition, hospice care, palliative care, or end of life care (compassionate care)
- Person is conducting official government business, if patient is age 21 or under - Person must be a parent, foster parent or appointed guardian
- Parent of a pediatric patient up to age 18
- Person is the designated driver or caregiver post procedure.

Note: If the person accompanying the patient does not meet the above criteria, they should be asked to return to their vehicle or if unable to do so, to wait in the waiting room at an appropriate social distance

No Person under 14 years of age will be allowed to accompany a patient, unless under special circumstances listed above.

- Patients should be asked NOT to bring children with them to an office visit

MercyOne Chaperone Policy

Per MercyOne protocol, an ambulatory office chaperone, not the person accompanying the patient, will be provided to all patients. A patient will be offered a chaperone prior to physical examination. A chaperone will be in the room during vaginal, rectal, and breast exams. An authorized member of the health care team will serve as the chaperone.

Social Distancing in Waiting Rooms and Lobby

It is recommended that patients are directly roomed. However, in instances where this is not possible, social distancing in the waiting room must be adopted and enforced. In order to prevent excessive waiting room occupancy, consider registering patients and having them wait in the hallway or their cars for a telephone call once their exam room is ready.

PPE and Masking for Well Clinics

In order to manage mask usage, and to protect our outpatient clinic colleagues and patients, the following guidelines are to be adhered to in outpatient offices.

Patients:

- When patients receive their appointment reminder, they should be reminded
 - To wear a mask
 - Discouraged from bringing anyone to their office visit
- If the patient or approved person accompanying the patient does not have a mask, they will be provided with a donated or purchased cloth mask
- Patients and visitors must remain masked at all times

Colleagues:

- Follow your setting PPE guidance

PPE and Masking for Non-COVID Free Zone (Sick/FURI) Clinics**Patients:**

- If patient arrives in obvious distress a clinical person should be contacted immediately, and a procedural or surgical mask should be provided to patient if they do not have one. **Do not let the patient return to car.**
- Upon arrival the patient is asked to put on the appropriate mask (if not already wearing one). Patient may NOT enter office unmasked
- Any person accompanying the patient will be asked to wait in car

Colleagues:

- Follow your setting PPE guidance

End of Life (EOL): Visitor(s) for PUI or patient with COVID-19

In some cases, a designated visitor(s) can visit a COVID-19 patient at end of life (EOL). This process will be overseen by those managing the patient's clinical care with emotional/spiritual support of the visitor(s) provided by an approved colleague acting as family/patient's requested visitor "liaison" (e.g. a chaplain). If approval is granted, the following must be in place:

Pre-Visit

- Clinical team (physicians, nursing, management) make the determination whether the patient can be allowed 1-2 visitors.
 - The visitor(s) will be designated by the patient if possible. The visitor(s) will be the only non-colleague persons allowed. Rotation of a series of different visitors is not permitted.
 - If possible, the clinical team will suspend any intermittent or continuous aerosol generating procedures (AGPs) during the visitation.
 - If this is not possible, the care team will explain the risks of being in the same room during an AGP and if the visitors still desire to proceed – provide a N95 respirator or equivalent, if available, or a standard mask, face shield, eye protection, gown and gloves.
- Children under age 18 may not visit those with COVID-19 or PUI – even at EOL.
- Physician or physician-designated clinical team member communicates EOL goals of care to family or patient's requested visitor(s) and refers to nursing unit manager or manager's designee who will contact the family/requested visitor(s) for possible visitation.
- The nurse manager of the patient's unit or designee will make the arrangements with the family/requested visitor(s) if visitation is permitted based on answers to pre-screening questions.

- The nursing unit manager or manager's designee will identify an approved colleague to act as "Liaison" (e.g. a chaplain) to meet the requested visitor(s) at the designated point of entrance to the ministry.
- Visitor(s) will be instructed to bring their own mask to wear after entering the ministry.
- The unit Liaison designated by the nursing unit manager/designee will notify screener at entrance of expected arrival of designated visitor(s).

During Visit

- Visitor(s) arrives at the designated entrance and completes screening for entering the facility. All visitor(s) will be screened in accordance with local ministry policy.
- Visitor(s) will wear a mask and directed to complete hand hygiene.
- Visitor Liaison, as a representative from the nursing unit/clinical department, will meet the visitor(s) at the screening station and escort them to the unit.
- The visitor(s) Liaison and/or unit clinical colleague will assist the visitor(s) with proper donning PPE (e.g. respiratory protection, face/eye protection, gown and gloves).
- Visitor(s) enters patient room and stays for a maximum of one hour. Liaison may be virtually present (via telephone or videoconferencing) to facilitate in-room support. As much as possible the visitor(s) should avoid direct contact with the patient but may have direct contact if wearing full PPE.

Post-Visit

- Prior to exiting the patient room, the visitor(s) will appropriately doff PPE – but continue to wear a mask.
- The patient care unit Liaison or unit clinical colleague will assist family with doffing PPE (except mask) and with performing hand hygiene.
- Unit Liaison will guide visitor(s) to the designated exit of the facility and may offer them bereavement literature and an opportunity for further emotional and spiritual support (e.g. per a future virtual contact).
- The visitor will keep their mask on all the way to exit.
- Spiritual Care (chaplains) available to provide bereavement support around and following patient death.

Reference: <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>