



INFECTION CONTROL / EMPLOYEE HEALTH SERVICES

Title: Enhanced Visitation Guidelines- Biological and Chemical Events

Number: IC-6014

Effective Date: 07/01/20

Revised Date: 08/18/20, 05/06/21, 08/17/21, 09/02/21, 02/08/22, 05/04/22

Review Date: (no revisions):

PURPOSE

To protect the health of patients, staff, visitors, and the community at large through increased infection control measures by restricting access to certain areas of the health system during disease outbreaks in the community and a declared disaster event.

POLICY

Harbor Regional Health will implement Centers for Disease Control and Prevention (CDC), state and local public health recommendations in response to an infectious disease outbreak in the community and/or a declared disaster event.

Screening and visitors procedures are implemented based on identified operational impacts to include but not limited to, scarce resource management and prevalence of disease transmission rates within the community. The following designation shall be used to identify the level of visitor restrictions that are currently in place and have been communicated to staff:

- **Green:** Normal Operations, See policy A721 Patient Visitation.
- **Yellow:** Level 1- Mild Impact to Operations
- **Orange:** Level 2- Moderate Impact to Operations
- **Red:** Level 3- Severe Impact to Operations

DEFINITIONS

- **Visitor:** A “visitor” is defined as a person who is not essential to the medical care of a patient; visitors are individuals for whom a patient grants permission to enter their care area as a companion for a limited duration of time.
- **Designated Support Persons:** A person who is essential to the medical care of a patient. These individuals are selected by the patient, the patient’s healthcare proxy (also known as principal or power of attorney), or other designated legal entity. Each patient may have up to two support persons on file in their medical record. The selected support persons will be the patient’s approved support person. Changes to the patient’s Designated Support Person(s) require approval from the care team, house supervisor, or incident command.
- **Medical Power of Attorney:** Legally binding document that allows a patient to designate another person to make health care decisions on their behalf, only if they become incapacitated and are unable to make those decisions for themselves. These individuals are called principals or proxies. A medical power of attorney becomes effective upon the principal’s incapacity as specified in the medical power of attorney and in accordance with

PROCEDURE

A. Screening and Restriction Designation:

1. The Infection Control Department will recommend screening and visitor restrictions due to the incidence of an infectious disease circulating in the community during normal operations e.g. number of cases per 100,000 population in the last 14 days. These actions are coordinated with administration prior to implementation.
2. In response to a facility specific emergency/disaster the decision to implement facility specific screening and visitation procedures is made by the House Supervisor or incident commander, in consultation with administration.

B. Visitor Screening:

- Each Visitor or support person who enters a HRH location will be screened for the infectious disease/contaminate of concern.
- Individuals who are allowed admission to the building will be given a screened sticker, which must be worn throughout the duration of their visit.
- Individuals with a positive screening result will be notified of the result and provided an explanation of why they are unable to enter the facility.

C. Visitation General Requirements:

- Visitors and support persons must be 18 years of age.
- Visitors and support persons will follow appropriate PPE guidelines for the infectious disease/contaminate of concern.
- All visitors and support persons must clean hands with sanitizer upon entry and exit from the hospital, patient care unit and patient room.
- Visitors and support persons are required to stay in the patient room and not wander inside the building.
- Visitors and support persons shall practice physical distancing (maintaining at least 6 feet between other people).
- Visitors and support persons may be rescreened at the discretion of HRH staff.
- Food and drink are not permitted in any patient care area.
- Any patient found positive (or being ruled out) for the infectious disease of concern will NOT be allowed visitors unless deemed necessary by department manager or house supervisor or if the patient is placed on end of life care.
- Visitors entering areas where additional personal protective equipment is required must receive instructions to don and doff the equipment and be provided with the PPE during visitation.

D. Non-Compliance:

- Visitors or support persons found to be in non-compliance with this policy, shall be promptly reminded of visitation requirements as identified in this policy.
- Visitors or support persons, who continue to exhibit non-compliance, after being reminded of current visitation requirements, shall be reported to the appropriate clinical director or in their absence the house supervisor. The director or house

supervisor will make a determination if visitation privileges should be rescinded.

Visitor Restrictions:

Visitor restrictions are categorized as follows:

- A. **Green:** Normal Operations, See policy A 721 Patient Visitation.
- B. **Yellow:** Level 1- Normal Operations to Mild Impact on Operations
 - a. Encourage Visitors to refrain from visiting
 - b. Screening may be implemented
 - c. Limit to 2 visitors at a time (*exceptions may apply)
 - d. Families will be asked to stagger visits to keep the number of people in the waiting areas to a minimum
- C. **Orange:** Level 2- Moderate Impact on Operations
 - a. Limit facility access to designated entrances and coordinate staffing of designated entrances.
 - b. Screening implemented. Depending on the event, screening may be for symptoms and/or travel and/or exposure.
 - c. Hospital Visiting Hours will be reduced or limited.
 - d. **Visitor Limitations:** (*exceptions may apply)
 - i. Inpatient: One designated person allowed to visit daily during the designated visiting hours.
 - ii. ED: One visitor during the time the patient is in the ED.
 - iii. End of Life Care: Allowed two visitors at a time, there is no time limit for these visitors.
 - iv. Pediatric Patients (age 17 and under) may be accompanied by ONE parent/guardian or designated support person during their visit.
 - v. Family Birth Center: Allowed TWO designated support persons during labor only. The second support person is required to leave 1 hour following delivery.
 - vi. Outpatient Services (Clinics, Outpatient Surgery, AIS, Radiology, Pharmacy, Laboratory, etc.): Adult patients are not allowed to have visitors, but may have one (1) designated support person if they require physical assistance. Pediatric patients may be accompanied by one (1) adult and siblings under age 2.
- D. **Red:** Level 3- Severe Impact on Operations.
 - a. Limit facility access to designated entrances and coordinate staffing of designated entrances.
 - b. Screening implemented. Depending on the event, screening may be for symptoms and/or travel and/or exposure.
 - c. **Visitor Limitations:** (*exceptions may apply)
 - i. Pediatric Patients (age 17 and under) may be accompanied by ONE parent/guardian or designated support person during their visit.
 - ii. Family Birth Center: Allowed one (1) designated support person. Exceptions for additional support persons can be made at the discretion of the clinical

team.

- iii. Outpatient Services (Clinics, Outpatient Surgery, AIS, Radiology, Pharmacy, Laboratory, etc.): Adult patients are not allowed to have visitors, but may have one (1) designated support person if they require physical assistance. Pediatric patients may be accompanied by one (1) adult and siblings under age 2.

***Exceptions: (Applies to Yellow, Orange, and Red):**

Inpatient, Emergency Department, and Ambulatory Visiting (Necessary Visitation):

- Visits to patients who are at the end of their life (have less than seven days to live, are on comfort care, or are being discharged to hospice as their next level of care).
- Visits for those experiencing an Acute Life Threatening event that makes them unlikely to survive the current hospital stay, in the judgement of the healthcare team.
- Visits by anyone who is legally authorized to make decisions for the patient, whether by a medical power of attorney or conservatorship, or in the role of a surrogate decision-maker as recognized by the care provider team **for patients who lack decisional capacity**.
- Designated Support persons for patients with cognitive impairment or neurological injury where the presence of the designated support person is necessary to **reduce the risk of medical or clinical harm**.
 - Visitation Guidelines to be determined case by case to meet the patients' safety needs.
- Designated Support person for patients who require assistance because of developmental disabilities, physical disabilities, or cognitive impairment.
 - Visitation Guidelines to be determined case by case to meet the patients' safety needs.
- Critical Care visitation restrictions may be altered outside the recommended guidelines at all levels per the Director's discretion. (example- Multiple Critical positive infectious disease cases of concern).
- Visitation from clergypersons when requested by the patient. The duration of the visit may be limited by the care team.
- Unique situations should be discussed with the department director or house supervisor.

In addition to the County level case count, other considerations will be used in determination of the visitor restriction levels. These considerations include but are not limited to, reported information at the Federal and State levels via the CDC and the Washington State Department of Health. These agencies report transmission levels, hospitalization rates, and case counts. We will also monitor and evaluate employee positivity rates in consideration for the wellbeing of our patients and community

Authored By:

Director Infection Control/Employee Health

Date

Authenticated By:

Chief Nursing Officer

Date

Attachment A: COVID-19 Community Transmission Scale

Number of Covid Cases/100,000 population in the last 14 days (Grays Harbor)



- Normal Operation < 10 Cases
- Level 1: 10-25 Cases
- Level 2: 26-75 Cases
- Level 3: >75 Cases

Data Provided by:

<https://www.doh.wa.gov/emergencies/covid19/datadashboard>