



Hospital Visitation Guidance Transitioning from Level 3 To Level 2

July 8, 2020

Background:

On March 5, 2020, the Rhode Island Department of Health (RIDOH) issued visitor policy guidance for all healthcare facilities in the State as follows:

- LEVEL 1 – Reducing visitation to protect vulnerable populations.
- LEVEL 2 – Limiting visiting hours.
- LEVEL 3 – No visitation allowed other than those essential to care and who are free of the exclusion criteria in Levels 1 and 2.

As the number of cases of Coronavirus Disease 2019 (COVID-19) decline, hospitals in Rhode Island have united in partnership with RIDOH to agree to consistent approaches to relax visitor restrictions in a manner that balances the desire for patient visitation with the need to protect patients, staff, providers, and visitors as we move through the next phases of the pandemic.

This document provides guidance to all hospitals in the State of Rhode Island for transitioning from a Level 3 to a Level 2 visitation policy.

Key Considerations:

- To ensure the safest environment for patients, staff, providers, and visitors, individual hospital visitation policies may vary depending on the following:
 - Absence or presence of COVID-19 patients in the hospital.
 - Number of “warm” units (areas of the hospital that are dedicated entirely to the care of COVID-19 positive patients and where full personal protective equipment (PPE) is required of all who enter the care area).
 - Size and complexity of the hospital setting.
 - Size and number of patients assigned to each patient room.
 - Size of general waiting areas and common areas as well as other facility design factors that will allow for safe distancing of visitors.
 - Number of entrances.
- The amount of time established for visitation will vary by hospital depending on factors outlined above.
- Hospital visitors during a pandemic contribute to increased risk of exposure through the following ways (this list is not all inclusive):
 - Individuals who present to a hospital or care delivery setting for the primary purpose of visitation are at risk of unnecessarily exposing themselves to potential COVID-19 illness.
 - Individuals who present to a hospital or care delivery setting for the primary purpose of visitation are at risk of unnecessarily exposing others to potential COVID-19 illness.

Visitor Expectations:

- All visitors are expected to arrive at designated entrances as identified by the hospital.
- Face coverings are required for all visitors.
 - Masks will be provided if the face covering worn by the visitor is inadequate.
 - Visitors who fail to wear a face covering, provided mask, or other PPE that may be required will be asked to leave the facility.
- All visitors are expected to participate in a screening process for potential illness or COVID-19 exposure at the point of entry. Visitors are expected to provide complete and accurate responses to screening questions. Some hospitals may conduct temperature checks. Visitors should be asymptomatic and screen negative.
 - Visitors will not be allowed entrance if they are symptomatic, have been in contact with a COVID-19 positive person in the last 14 days, have traveled from an area requiring 14-day quarantine, or are awaiting COVID-19 test results.
 - Visitors are expected to perform hand hygiene. Additional information about hand hygiene expectations and other topics (depending on the nature of the visitation) will be available and provided at the point of screening.
 - Young children who cannot perform source control should not be allowed to visit.
- Visitors for patients located within the hospital setting are expected to display hospital-issued badges or other forms of identification that indicate that screening has been completed and the area where they are visiting.
- Visitors are expected to go directly to their destination and stay in the patient's room for the duration of the allotted visitation time, leaving the room as requested during certain care situations. Visitors should refrain from congregating in common areas such as waiting rooms, gift shops, and cafeterias.
- Visitors are expected to practice physical distancing, maintaining at least six feet between themselves and others while in the hospital.
 - Elevator capacity should be limited to only a few individuals to maintain physical distance during the using of the elevator.

Specific Visitation Guidelines:

Individuals who are planning to visit should check the hospital website prior to arrival at the hospital and, upon arrival, look for signage or ask staff if any unit-specific guidelines are in place in addition to the general visitor policy. Examples of areas that may have augmented visitation restrictions include emergency departments, labor and delivery units, surgical services, diagnostic services, and behavioral health units.

Depending on the size and complexity of the hospital, individual hospitals may provide visiting hours that vary by unit type or patient location to stagger hospital entry demand and ensure safe distancing during visitor entrance and screening.

During limited visitation, patients should have a maximum of two visitors at a time. In most hospitals the number of individuals allowed to visit any one patient will likely be lower than this guideline, based on size of patient rooms, number of patients per room, and ability to support safe physical distancing during visitation.

A visitor/support person may be asked to leave the facility to allow for safe distancing if physical distancing guidelines are unable to be met.

Special Circumstances:

Special circumstances (end-of-life care, new serious diagnosis, pediatrics, patients with essential support person) may warrant case-by-case exceptions to these recommendations in an effort to meet the needs of patients and their families, while maintaining the health and safety of healthcare workers and the general public.

It is important to understand that patients younger than 18 years of age are expected to need a support person at all times, and appropriate accommodations should be considered.

When a support person is essential to the care of a patient with a disability, including patients who have altered mental status, communication barriers, or behavioral concerns (such as patients with intellectual and/or developmental disabilities, dementia, and/or behavioral health needs), accommodations for the patient should be made so that the patient can be accompanied by the support person. The support person can facilitate communication with hospital staff, accessibility, and equal access to treatment and/or the provision of informed consent in accordance with the civil rights of patients with disabilities. A support person may include a family member, guardian, community support provider, peer support specialist, or personal care attendant. In some instances, there may be a need to permit the designation of two support people to ease the burden on any one individual support person.

Patients with a disability shall be allowed to use assistive technology (e.g., smart phones, tablets, and other communication devices, such as assistive technology and communication boards), to facilitate communication and ensure equal access.

Alternatives to In-person Visits:

Visitors are welcome under the above conditions. However, visitors are encouraged to use remote visitation using telephones, tablets, and computers to the extent possible. Hospitals may have these available for use by patients, and if so, patients should be told that these devices are available.