

RECOMMENDATIONS FOR VISITOR RESTRICTIONS DURING COVID-19 OUTBREAK MARCH 15, 2020

Level 0 – No positive cases in Ohio

- Maintain current practices for cold/flu season

Level 1 – presentation of positive patient(s) to care sites in Ohio

Visitation to confirmed COVID-19 patient

- Per CDC: Manage Visitor Access and Movement Within the Facility
 - Restrict visitors from entering the room of known or suspected COVID-19 patients (i.e., PUI). Alternative mechanisms for patient and visitor interactions, such as video-call applications on cell phones or tablets should be explored. Facilities can consider exceptions based on end-of-life situations, when a health care power of attorney is needed to make medical decisions, or when a visitor is essential for the patient’s emotional well-being and care.
 - If an exception is made, visitors to patients with known or suspected COVID-19 (i.e., PUI) should be scheduled and controlled to allow for:
 - Screening visitors for symptoms of acute respiratory illness before entering the healthcare facility.
 - Facilities should evaluate risk to the health of the visitor (e.g., visitor might have underlying illness putting them at higher risk for COVID-19) and ability to comply with precautions.
 - Facilities should provide instruction, before visitors enter patients’ rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the patient’s room.
 - Facilities should maintain a record (e.g., log book) of all visitors who enter patient rooms.
 - Visitors should not be present during aerosol-generating procedures.
 - Visitors should be instructed to limit their movement within the facility.
 - Exposed visitors (e.g., contact with COVID-19 patient prior to admission) should be advised to report any signs and symptoms of acute illness to their health care provider for a period of at least 14 days after the last known exposure to the sick patient.
 - Each patient under the age of 18 may have up to two (2) adult caregivers designated as permitted visitors for the duration of their hospital stay.
 - All visitors should follow respiratory hygiene and cough etiquette precautions while in the common areas of the facility.

Visitation to all other hospitalized patients

- Restriction of symptomatic visitors; passive blockade – signage and general marketing regarding self-limiting visitation with signs/symptoms of respiratory illness

RECOMMENDATIONS FOR VISITOR RESTRICTIONS DURING COVID-19 OUTBREAK

March 15, 2020

Page 2

Level 2 – initiation of community onset; COVID-19 positive inpatients and known COVID-19 positive individuals in the community

Visitation to confirmed COVID 19 patient

- Per CDC: Manage Visitor Access and Movement Within the Facility
 - Restrict visitors from entering the room of known or suspected COVID-19 patients (i.e., PUI). Alternative mechanisms for patient and visitor interactions, such as video-call applications on cell phones or tablets should be explored. Facilities can consider exceptions based on end-of-life situations, when a health care power of attorney is needed to make medical decisions, or when a visitor is essential for the patient's emotional well-being and care.
 - If an exception is made, visitors to patients with known or suspected COVID-19 (i.e., PUI) should be scheduled and controlled to allow for:
 - Screening visitors for symptoms of acute respiratory illness before entering the healthcare facility.
 - Facilities should evaluate risk to the health of the visitor (e.g., visitor might have underlying illness putting them at higher risk for COVID-19) and ability to comply with precautions.
 - Facilities should provide instruction, before visitors enter patients' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the patient's room.
 - Facilities should maintain a record (e.g., log book) of all visitors who enter patient rooms.
 - Visitors should not be present during aerosol-generating procedures.
 - Visitors should be instructed to limit their movement within the facility.
 - Exposed visitors (e.g., contact with COVID-19 patient prior to admission) should be advised to report any signs and symptoms of acute illness to their health care provider for a period of at least 14 days after the last known exposure to the sick patient.
 - Each patient under the age of 18 may have up to two (2) adult caregivers designated as permitted visitors for the duration of their hospital stay.
 - All visitors should follow respiratory hygiene and cough etiquette precautions while in the common areas of the facility.

Visitation to all other hospitalized patients

- Visitors must be asymptomatic
 - Visitors under the age of 12 are excluded from visitation
- Hospitals will begin imposing limited entry points for visitors to the building
 - Partnering with security and marketing/communication to identify and maintain access points

RECOMMENDATIONS FOR VISITOR RESTRICTIONS DURING COVID-19 OUTBREAK

March 15, 2020

Page 3

Level 3 – wide-spread community onset as determined by the health department

Visitation to confirmed COVID 19 patient

- Per CDC: Manage Visitor Access and Movement Within the Facility
 - Restrict visitors from entering the room of known or suspected COVID-19 patients (i.e., PUI). Alternative mechanisms for patient and visitor interactions, such as video-call applications on cell phones or tablets should be explored. Facilities can consider exceptions based on end-of-life situations, when a health care power of attorney is needed to make medical decisions, or when a visitor is essential for the patient’s emotional well-being and care.
 - If an exception is made, visitors to patients with known or suspected COVID-19 (i.e., PUI) should be scheduled and controlled to allow for:
 - Screening visitors for symptoms of acute respiratory illness before entering the healthcare facility.
 - Facilities should evaluate risk to the health of the visitor (e.g., visitor might have underlying illness putting them at higher risk for COVID-19) and ability to comply with precautions.
 - Facilities should provide instruction, before visitors enter patients’ rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the patient’s room.
 - Facilities should maintain a record (e.g., log book) of all visitors who enter patient rooms.
 - Visitors should not be present during aerosol-generating procedures.
 - Visitors should be instructed to limit their movement within the facility.
 - Exposed visitors (e.g., contact with COVID-19 patient prior to admission) should be advised to report any signs and symptoms of acute illness to their health care provider for a period of at least 14 days after the last known exposure to the sick patient.
 - Each patient under the age of 18 may have up to two (2) adult caregivers designated as permitted visitors for the duration of their hospital stay.
 - All visitors should follow respiratory hygiene and cough etiquette precautions while in the common areas of the facility.

Visitation to all other hospitalized patients

- Visitors must be asymptomatic
 - Active blockade of entry with screening for signs and symptoms per CDC
 - Visitors must be 18 or older unless they are a parent/guardian of a patient