

Arnot Health COVID-19 Hospital Visitation Guidelines – 4/17/20

The New York State Department of Health (DOH) issues health advisories, which are available on the Department's COVID-19 website, regarding hospital visitation restrictions. The following hospital visitor restrictions are now in effect:

All NYS hospitals must suspend visitation, except for patient support persons, or family members and/or legal representatives of patients in imminent end-of-life situations.

Hospitals are required to permit a patient support person at the patient bedside for:

- Patients in labor and delivery;
- Pediatric patients;
- Patients for whom a support person has been determined to be essential to the care of the patient (medically necessary) including patients with intellectual and/or developmental disabilities and patients with cognitive impairments including dementia;
- Patients in imminent end-of-life situations, where death is anticipated within less than 24 hours.

During this unprecedented time, a support person for the patients described above may be critical to avoid negative health outcomes unrelated to the COVID-19 public health emergency.

Given the risk of COVID-19 in healthcare settings, healthcare providers should thoroughly discuss the potential risks and benefits of a support person's presence at the bedside with both the patient (if 18 years of age or older) and the support person. All restriction expectations must be explained to the patient's family/caregivers in plain terms, upon arrival or, ideally, prior to arriving at the hospital. Hospital staff should ensure that the family/caregiver fully understand this restriction.

For those patients and support persons who through informed decision making determine a support person at the bedside is essential for the patient's care, hospitals should develop protocols for ensuring a support person at bedside minimizes risk of potential COVID-19 transmission, including when the patient is confirmed or suspected to have COVID-19. Individuals age 70 years or older, or those with medical issues, are **not** encouraged to be support persons at this time due to increased risk of COVID-19 infection.

For **labor and delivery**, DOH considers **one support person** essential to patient care throughout labor, delivery, and the immediate postpartum period, including recovery. This person can be the patient's spouse, partner, sibling, doula, or another person they choose. This person can stay in all Article 28 settings with the patient and will be the only support person allowed to be present during the patient's care. See Arnot Health's [OB Visitation Letter to Patients](#).

For **pediatric patients**, DOH considers **one support person at a time** as essential to patient care in the emergency room or during hospitalization. For hospitalized pediatric patients, especially with prolonged hospitalizations, the patient or family/caregiver **may designate two support people**; but only one support person may be present at a time.

For **patients for whom a support person has been determined to be essential to the care of the patient (medically necessary), including patients with intellectual and/or developmental disabilities, or patients with cognitive impairments including dementia**, DOH considers **one support person at a time** as essential to patient care in the emergency room or during hospitalization. For these hospitalized patients, especially with prolonged hospitalizations, the patient or family/caregiver **may designate two support people**; but only one support person may be present at a time. This support person can be the patient's family, caregiver, or another person they chose. In these settings, the person will be the only support person allowed to be present during the patient's care.

- For **patients in imminent end-of-life situations**, DOH considers **one family member and/or legal representative at a time** as a support person who should be permitted at the patient bedside. DOH defines imminent end-of-life situations as a patient who is actively dying, where death is anticipated within less than 24 hours. The patient and/or family/caregiver **may designate up to two support people**; but only one support person may be present at a time. In the event the patient is a parent of a minor child, one adult family member and one child may be permitted at the patient bedside.

The support person of a patient with confirmed or suspected COVID-19 who has been a close contact of the patient has potentially already been exposed to COVID-19. These support persons should:

- Wear a surgical or procedure mask throughout their time in the hospital;
- Practice scrupulous hand hygiene;
- Remain in the patient's room except for entrance and exit from the hospital; and
- While in the room, a gown and gloves should be worn to prevent the person's hands or clothes from becoming contaminated. Eye protection should be worn while in the room if available.

If the support person of a patient with confirmed or suspected COVID-19 has not been a close contact of the patient and does not have a history of confirmed COVID-19, the support person should:

- Wear a surgical or procedure mask throughout their time in the hospital;
- Practice scrupulous hand hygiene;
- Remain in the patient's room except for entrance and exit from the hospital; and
- While in the patient's room, a gown and gloves should be worn to prevent the person's hands or clothes from becoming contaminated. Eye protection should be worn while in the room if available.

Again, in these circumstances, the risks of acquiring COVID-19 should be fully explained so that the patient and support person can make an informed decision of whether or not the support person's presence at the patient bedside is essential to the patient's health.

If the patient does not have confirmed or suspected COVID-19, the support person should:

- Wear a surgical or procedure mask throughout their time in the hospital;
- Practice scrupulous hand hygiene; and
- Remain in the patient's room except for entrance and exit from the hospital.

Hospital staff must screen the support person for symptoms of COVID-19 (e.g., fever, sore throat, runny nose, cough, shortness of breath, muscle aches, or diarrhea) and conduct a temperature check prior to entering the clinical area and **every 12 hours** thereafter for the remainder of the support person's presence at the bedside. When providing personal protective equipment to a support person, instructions on PPE conservation strategies should be provided to minimize unnecessary waste (i.e. prolonged wearing).

If a support person has confirmed or suspected COVID-19 or presents with or develops symptoms of COVID-19, they should be excluded from the facility. In this situation, through informed decision making the patient and family may choose to select a different support person.

Assisting patient and family member communication through remote methods will be encouraged.

Signage notifying the public of the suspension of visitation in all hospital entrances is posted at entrances and in parking lots.