

## **RECOMMENDATION ON HEALTH CARE SYSTEM GUIDELINES FOR VISITATION**

**Current as of 12.11.2020**

Facilities must ensure patients have adequate and lawful access to chaplains or clergy in conformance with the Religious Freedom Restoration Act and Religious Land Use and Institutionalized Persons Act <https://www.cms.gov/files/document/qso-20-13-hospitals-cahs-revised.pdf> so that patients in COVID-19 positive units or sections will be able to practice their religion with clergy visitations in compassionate care situations including end-of-life. Patients in non-COVID units may freely exercise their religion by receiving clergy visitation at any reasonable time, as long as the visit does not disrupt clinical care. Visiting clergy must follow hospital safety policies, including screening for COVID-19 infection, such as temperature checks, and must be willing to sign a written waiver.

The MedStar Health System updated its visitation policy for all ten hospitals under its purview, including MSMHC, so that patients in COVID-19 positive units or sections, as well as non-COVID units, will be able to freely exercise their religion by receiving religious services from the religious leaders of their choice at any reasonable time, as long as the visit does not disrupt care.

Visiting clergy must follow hospital safety policies, including screening for COVID-19 infection, must follow proper infection prevention practices (such as hand washing/sanitizing, and physical distancing), and must wear a face mask.

In consultation with MWHC's infection control specialists, OCR reached a resolution with the parties that balances patient needs for compassionate spiritual support and the hospital's practical need to protect staff, patients, and visitors from infection.

Under the new policy, patients in COVID units will have access to clergy in compassionate care situations, including end-of-life situations. MWHC will allow visits by clergy in COVID units, provided that the clergy member first completes scheduled infection control training offered by MWHC, the clergy member uses fit-tested PPE provided by MWHC, and the clergy member signs an acknowledgement of the risks associated with visiting a COVID patient.

In extraordinary circumstances where one or more of the above steps are not practicable, such as urgent end-of-life situations, clergy will be allowed to see a patient but must self-quarantine for 14 days after the visit.

The updated visitation policy states that patients in non-COVID units may exercise their religion by receiving clergy visitation at any reasonable time, as long as those services can be provided without disruption to care.

As hospitals and health care systems respond to COVID-19, a standard framework for screening all visitors and limiting visits to minimize risk of COVID-19 transmission to patients, healthcare workers, community members is needed. This tool promotes safety while balancing patient needs during this pandemic. When COVID-19 is no longer of significant concern, it is recommended that hospitals review, update as necessary, and return to their prior policies. Hospitals and health systems will need to maintain situational awareness and ability to heighten precautions in a resurgence or escalation of COVID-19. The guidance described here is based on CDC guidance<sup>1</sup> and the [Washington State Governor Proclamation 20-24.2](#), and has been reviewed by the WSHA COVID-19 Clinician Support work group, Washington State Department of Health and administrators, and legal counsel from some WSHA members. WSHA urges hospital and health systems to adapt this guidance for use in their own facilities in consultation with their individual clinical and legal experts.

## RECOMMENDED GUIDELINES ON VISITATION

### 1. Logistical Guidance:

- a. Limit points of entry into the facility. Place hand sanitizing kiosks at all accessible points of entry.
- b. To the extent possible maintain social distancing of at least 6 feet in patient congregate areas (i.e. patient scheduling and check-in areas and waiting rooms).
- c. Consider rooming patients directly from cars or parking lots, space out appointments, and consider scheduling or spatially separating well visits from sick visits.
- d. Place visual alerts such as signs and posters at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
- e. Implement environmental infection control practices according to your hospital policy for all high touch surface areas for patient and waiting areas.<sup>2</sup>
- f. Ensure supplies are available such as tissues, hand soap, waste receptacles, and alcohol-based hand sanitizer in readily accessible areas.
- g. Subject to applicable privacy and confidentiality laws and rules, create and maintain a list of staff, patients, contractors, volunteers, and visitors with confirmed or suspected cases or exposure.<sup>3</sup>

2. **Screening of Patients and Visitors.** All patients and visitors should be screened for symptoms of COVID-19 prior to or upon entering the hospital or health care facility.

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<sup>1</sup> CDC “Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic” <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

<sup>2</sup> See CDC “Environmental Infection Control” guidance within the CDC “Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic” <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

<sup>3</sup> See Governor Proclamation 20.24.2: [https://www.governor.wa.gov/sites/default/files/proclamations/proc\\_20-24.2.pdf?utm\\_medium=email&utm\\_source=govdelivery](https://www.governor.wa.gov/sites/default/files/proclamations/proc_20-24.2.pdf?utm_medium=email&utm_source=govdelivery)

- a. Symptoms of COVID-19 include but are not limited to cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, headache, fatigue, congestion, runny nose, nausea, vomiting, diarrhea and new loss of taste or smell.<sup>4</sup>
  - b. Universal Masking: See #5, “Universal Face Covering.”
  - c. Patients in outpatient areas and visitors should wear a badge or label indicating that they have been approved for the visit.
3. **Patients** with symptoms of COVID-19 should be wearing a **medical facemask** before entering the facility. Hospitals must require patients to wear face coverings in compliance with the Secretary of Health’s order (20-03.1), including the exceptions and exemptions therein.
  - a. Children age 2 and under, and anyone who has trouble breathing or is unconscious, incapacitated or otherwise unable to remove the face cover should not wear a mask.
  - b. Masks may be clinically contraindicated for some patients, such as those with certain behavioral health diagnoses, loss of consciousness or inability to remove own mask. Any patient who declines to wear a mask should be evaluated by the care team to determine if wearing a mask is clinically inappropriate or would otherwise interfere with patient’s access to needed care. If the care team so determines, the patient should not be required to wear a mask, and alternative infection control measures should be implemented and enforced. Measures include placing the patient in a room with the door closed and having all others entering the room wearing the appropriate PPE.
  - c. Hospitals must take EMTALA requirements into consideration for patients who refuse to wear a mask, yet still “come to the emergency department” or seek emergency care under the terms of the law.
4. **Visitors** must be limited to those essential to the patient’s wellbeing and care. Visitors with symptoms of COVID-19 should not enter the facility and should be advised to consult with their health care provider or to contact Public Health for evaluation. If a visitor requests treatment for a health care condition, consider the visitor to be a patient and treat the person as a patient under this policy. Recommended visitor limitations:
  - a. For the visitation recommendations listed below, consider having the patient or family choose the same visitor throughout their hospital stay.
  - b. Obstetric patients may have one partner and one birth support person accompany them.
  - c. Nursery and Neonatal Intensive Care Unit (NICU) patients may have the birth parent plus one significant other who may remain in the room for the duration of the visit.
  - d. Patients who are at the end-of-life may have up to 2 visitors.
  - e. Patients who have altered mental status or developmental delays (where caregiver provides safety) may have one visitor.
  - f. Minors under the age of 18 may have two visitors that are limited to parents or guardians.
  - g. Patients with disruptive behavior, where a family member is key to their care, may have one visitor.

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<sup>4</sup> CDC “Watch for Symptoms”, <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

- h. Patients undergoing surgery or procedures may have one visitor who must leave the hospital as soon as possible after the procedure/surgery.
  - i. Patients who have a scheduled hospital appointment in the laboratory or radiology, as well as those visiting an outpatient clinic, the Emergency Department, Urgent Care may have one person with them but are highly encouraged to come alone if possible.
  - j. Patients with disabilities may have up to two support persons depending on the circumstance. Please refer to the guidelines listed in the footnote<sup>5</sup>
  - k. COVID-19 suites:
    - i. Visitors do not enter patient rooms – use telecommunication.
    - ii. Exceptions on case-by case for end-of-life care or to reduce disruptive/unsafe patient behavior.
5. **Universal Face Covering.** All patients and visitors must wear a face covering while in the facility, except as otherwise provided in this policy.
- a. If possible, the facility should provide face coverings to patients and visitors without them. Face coverings may be cloth, or procedural masks.
    - i. Facilities should follow the WA State DOH guidance.<sup>6</sup>
    - ii. If they provide face coverings, facilities should consider controlling access to avoid inadvertent depletion of supplies.
    - iii. If supplies permit, hospitals may choose to provide procedural masks rather than cloth face coverings.
  - b. A visitor without their own face covering will not be permitted to enter the facility if the facility is unable to provide a face covering for visitor use due to supply shortages.
  - c. A patient or visitor may use their own face covering, provided it completely covers the person’s nose and mouth. A face covering with a **valve** does not provide source protection, and a patient or visitor with such a face covering must replace or cover it with one that does not have a valve.
  - d. If a patient or visitor declines to wear the mask, a member of the care team will meet with the person to explain the reasons for the policy requiring mask use. Hospitals should deny entrance to any person that is medically stable, having no masking contraindications, that refuses to wear a mask (See 3.b.).
  - e. Patients may remove their cloth face covering when in their rooms but should put it back on when around others (e.g., when visitors or staff enter their room) or leaving their room<sup>7</sup>

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<sup>5</sup> WA DOH and WSHA “Guidance Related to the Provision of Support Persons for Patients with Disabilities in Hospitals During COVID-19 Pandemic”: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19Bulletin-SupportPersonsWSHA.pdf>

<sup>6</sup> WA DOH Face Covering guidance: <https://www.doh.wa.gov/Emergencies/COVID19/ClothFaceCoveringsandMasks#:~:text=The%20workplace%20order%3A%20Washington%20employers,of%20Labor%20%26%20Industries%20enforces%20it>

<sup>7</sup> CDC “Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic”: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

- f. Staff should work with the patient or visitor to try to find a mask that feels comfortable to wear. Staff should express appreciation to the patient or visitor for wearing the mask and keeping other patients, visitors, and staff safe.
6. **Special considerations:** the following special considerations may necessitate exceptions or adjustments on behalf of individual patients. In implementing these visitor policies hospitals should:
- a. Ensure that the needs of patients and visitors, including those who communicate in a language other than English or who require American Sign Language (ASL) interpretation, can be met during screening, in accordance with the requirements of the U.S. Department of Health & Human Services Office of Civil Rights (<https://www.hhs.gov/sites/default/files/lep-bulletin-5-15-2020-english.pdf>).
  - b. Guarantee that the following individuals are allowed to enter the facility, even if the individuals do not meet screening criteria, if the individuals are compliant with the facility's requirements regarding face coverings, personal protective equipment and other infection control measures and do not pose a separate safety risk as determined by the facility: A caregiver or attendant of a patient who needs assistance due to a language barrier or the patient's disability, whether that disability is physical, developmental, intellectual, cognitive, behavioral or is related to altered mental status or communication, whose presence will assist the person with the disability in receiving treatment, ensure the safety of the patient or facility staff, or who must assist with activities of daily living.
  - c. Patients in COVID-19 positive units or sections of the hospital may have clergy visitations in compassionate care situations including end-of-life. Patients in non-COVID units may receive clergy visitation during a reasonable time, as long as the visit does not disrupt clinical care.<sup>8</sup> Visiting clergy must follow hospital safety policies, including screening for COVID-19 infection and must be willing to sign a written waiver, if asked.
  - d. Implement measures to increase remote communication with families and ensure language access including CART real time captioning, ASL and spoken language interpretation services (e.g., phone, FaceTime, Skype, etc.).

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<sup>8</sup> See Religious Freedom Restoration Act and Religious Land Use and Institutionalized Persons Act, RLUIPA), 42 U.S.C. §§ 2000cc, et seq.; CMS Surgery Guidance <https://www.cms.gov/files/document/qso-20-13-hospitals-cahs-revised.pdf> and Office of Civil Rights Bulletin: <https://www.hhs.gov/about/news/2020/10/20/ocr-resolves-religious-discrimination-complaints-after-maryland-and-virginia-hospitals-ensure.html>.