Froedtert & Medical College of Wisconsin Restricted Visitation Policy effective 8/20/20

Purpose: This policy reflects temporary changes to the visitor policies within the enterprise. These are adjustments that have been made in response to Covid-19 in alignment with regulatory body guidelines and recommendations. While we have these visitor restrictions in place, we encourage family/friends to use alternative methods for communicating with patients whenever possible (e.g. phone, video-call, Skype, etc.).

Restricted Visitation Policy: General Exceptions will be based on criteria and judgment of the healthcare team for patient care. Restricted Visitors will be screened for signs/symptoms of illness and provided with a mask upon **Visitation Policy** entry into the facility or at the department level. (Applies to Visitors to any department that refuse to wear a mask or that have signs/symptoms of visitors to all illness will not be allowed to visit. Visitors need to wear a mask at all times while in the areas): facility and in the patient's room. Visitors should remain in the patient's room and limit movement throughout the facility. Patient's clergy will be allowed to visit, visitation should be arranged with primary nurse. Clergy visitation is not considered the one visitor per day allotment. Food delivery vendors should deliver food to staff or patients to the building main entrances. No food delivery vendors will be allowed past the check in desk. Visitors should be instructed on proper hand hygiene and PPE use. To promote a safe environment for our staff and patients, it may be necessary to communicate important information to patient's family/friends that are unable or unwilling to visit at this time. This may mean continued virtual meetings, visits, and teaching will be necessary to provide plan of care updates. Staff should ask each patient to identify one caregiver to receive plan of care updates/calls. Personal pet visitation is not allowed at this time. Service animals are still allowed per policy titled "Service Animals". **Emergency** A limit of one accompanying person per patient to the greatest extent possible Department Clinicians/teams should urge limitation as appropriate. Visitation Visitors must be 18 years of age or older and independent with ADLs. **Policy:** In the ED, if the patient presents with children, follow usual routine if no adult is present to take the children home. Ambulatory/ One support person is allowed to accompany a patient. **Clinic Visitation** Patient may bring 1-2 small children with them as long as the child remains with the **Policy:** patient and is supervised at all times. Cancer Centers: No visitors; one support person, 18 years of age or older, if medically necessary for patient care. **Procedural Area** One support person is allowed to accompany a patient. Visitation Visitors must be 18 years of age or older and independent with ADLs. **Policy:** Inpatient Visitors should remain in the patient's room at all times with the door closed and limit Visitation movement throughout the facility. Policy: Visitors should use the public restroom closest to the patient's room. If medically able, patients should don a face mask/covering when having visitors A guest dietary menu should be provided to the visitor to avoid the need for the visitor to enter our dining facilities. Non-Covid patient general visitation 0800-2000 One visitor per day End of Life Exception: 2 visitors will be allowed at the bedside or in the facility at one time. Additional exceptions may be considered. Non-COVID patient after hours visitation 2000-0800: allowed only if the patient qualifies for one of the exceptions:

End of life or immediate post-mortem period. 2 visitors allowed unless additional extenuating circumstance Altered mental status/Developmental delays/Disruptive behavior when a family member or significant other is key to the patients care or safety: 1 visitor allowed Communication barriers when a visitor is needed to help communicate patient needs to caregivers, 1 visitor allowed. Acute changes in patient condition and unplanned procedures: 1 visitor allowed, restrict visitation to 1 hour, one visit per episode. For unplanned procedures, visit can be pre-op or post-op. Unexpected traumatic injuries/illness admission: 1 visitor allowed once patient arrives to the floor, restrict visitation to 1 hour. Patients less than 18 years old: 1 visitor allowed Late post-op patient arriving to the floor after 2000, 1 visitor allowed for 1 hour once patient arrives to the inpatient unit. Reasonable access to support person(s) for patients with disabilities Non-COVID isolation patient: To conserve PPE, request for one visitor/day for one visitation period. **COVID +/PUI patient**: one visitor/day at end of life One support person allowed for a patient with a disability that requires in person presence of a family member, personal care assistant or similar disability service provider knowledgeable about the management of the patient's care and needs, or required to assist the patient emotionally/physically during their hospitalization. Designated support person will be the only person allowed to present during the patient's care. Visitors to Covid+/PUI patients should not visit other areas of the hospital. **Birth Center** One visitor allowed for the duration of the patient's stay; this identified individual can stay Policy: continuously. 7/8/9 CFAC Visitors will not be allowed unless the patient qualifies for one of the following exceptions: Policy: End of life or immediate post-mortem period: 1-2 visitors allowed unless additional extenuating circumstances Altered mental status/Developmental delays/Disruptive behavior when a family member or significant other is key to the patients care or safety: 1 visitor allowed Discharging Patients that require a home caregiver to participate with in-person training: 1 visitor allowed. Schedule appointment for training with Primary RN. Staff should attempt to limit the visit to 1 hour unless additional time is required. Staff should attempt to use the discharge lounge or other off unit areas for teaching. Communication barriers when a visitor is needed to help communicate patient needs to caregivers: 1 visitor allowed. Acute changes in patient condition and unplanned procedures: 1 visitor allowed, restrict visitation to 1 hour, one visit per episode. For unplanned procedures, visit can be pre-op or post-op. Unexpected traumatic injuries/illness admission: 1 visitor allowed once patient arrives to the floor, restrict visitation to 1 hour. Procedural admission: 1 visitor allowed to remain in waiting area while patient in procedural area, same visitor will be allowed to visit the patient for 1 hour post-op once the patient arrives to the floor. Family meetings that cannot be held virtually: 1-2 visitors allowed Patients less than 18 years old: 1 visitor allowed Reasonable access to support person(s) for patients with disabilities

Restricted Visitation Procedure:

Inpatient Visitation Procedure:

Communication of Exceptions:

- At FMLH: A list of planned overnight exceptions for each unit should be emailed to the FMLH Security SOC distribution list <FMLHSecuritySOC@froedtert.com> by 8:00 p.m. each day. The Health Unit Coordinator or other unit designee if Health Unit Coordinator is not available should send this email using the Visitor Exceptions Form. At CHD notify Security via phone of overnight exceptions by 8:00 p.m.
- FMLH: If an inpatient overnight visitor arrives to visit at any entrance, Security personnel will radio to the Security personnel at the West Main Information desk to identify whether or not the specific visitor is on the exceptions list. If the patient is not listed on the overnight exceptions list, the visitor will be required to wait in the lobby until a staff member at the entrance can call up to the unit to verify purpose/approval for the visit.
- CHD: Overnight visitors will present at the ED entrances.
- After 8:00 p.m., any changes to the overnight exceptions list should be communicated via phone in real-time to the non-urgent Security line at FMLH or at CHD.

Inpatient Discharge planning/education:

Virtual discharge planning and education should be considered when multiple caregivers
are involved. Caregivers can use speaker phone functionality or Skype if the patient and
family has this technology.

Inpatient Discharge Transport:

• Caregivers should call family/friend and request that they pick up the patient at a main entrance that is close to the unit where a caregiver will meet them. Visitor should avoid coming into the building when possible and remain in their vehicle for pick up.

Inpatient Family Meetings:

• Family meetings should be conducted virtually. If this is not possible, a family meeting can be scheduled with 1-2 symptom free visitors for a specific date/time/location off of the unit. Location should promote appropriate social distancing.

Inpatient Belongings Procedure: If the only purpose of presence at the hospital is to deliver or pick up belongings the following will be in place:

- Patient belongings delivery from home:
 - Belongings for inpatients will be delivered to the Froedtert Hospital 92nd Street main entrance, Froedtert Menomonee Falls Hospital main entrance or Froedtert West Bend Hospital main entrance.
 - A unit representative will retrieve the patient's belongings from the information desk and transport to the unit.
- Patient belongings pick up from unit: If a patient has belongings that need to be picked up by a family member/significant other, a unit representative should take belongings to the West Main Information desk for FMLH or the main entrances for FMFH and FWBH for pick up by a family member.
- This process should not be used for valuable belongings.

Inpatient Overnight Procedure for visitation:

- All patient visitors that qualify for an exception must check in before proceeding to the unit, should be screened for symptoms upon arrival and provided a mask.
- Visitors will not receive a formal badge during general visitation hours.
- The hospital will follow the current after hours badging process for any visitor arriving between 2000-0800 per policy.
- Questions/concerns regarding visitation or exception eligibility will be handled in collaboration with unit leadership/Admin. Supervisor, Primary RN, Provider and Security.

Inpatient Procedure for COVID+/PUI visitor exceptions:

 End of life visitation is permitted if the patient is transitioned to comfort care, there is withdrawal of life supportive therapy, or death is imminent according to the Provider's assessment.

- Exceptions will be consider for patients with disabilities, when the presence of a support person instrumental to the patient's care cannot be accommodated virtually.
- Primary RN to contact designated family member and ask if they would like to identify one individual to visit the patient for a brief period of time.
- While on the phone, ask the identified visitor if they have any signs/symptoms of COVID-19, double check that they do not have a fever. The designated visitor must be symptom free prior to visiting.
- Only 1 individual/day will be allowed to enter the facility/visit the patient
- Set up a time for when the visitation will occur and inform Security of the planned visitation time and visitor name via phone or email.
- Spiritual Services support:
 - The Primary RN or delegate can contact "Chaplain 1'st call FMLH" if visitation will
 occur between 0500-2100 and ask that a Chaplain be available directly outside the
 unit to provide emotional support to the family after the visit.
 - The primary RN or delegate can contact the chaplain for emotional support to family after the visit, when outside regular Chaplain hours, they may be paged using SPOK.
- The Primary RN or delegate can contact Security and ask that they stand by outside of the unit if there is concern that the visitor will not comply with our visitor restrictions or has the potential to become disruptive.
- The visitor should be escorted to the unit to limit the areas the visitors are in and assure that proper PPE is used prior to entering the room.
 - At FMLH this can be coordinated by the patient's Primary RN or Charge RN through contacting the Security Supervisor or Transport team. Inform the 92'nd street information desk X55505 that you are expecting this visitor and would like help ensuring they are screened for symptoms, obtain a mask and have an escort directly to the unit.
 - At CHD, Dispatch can contact security, use VOCERA to call security to reach dispatch.
- Upon arrival to the unit, the visitor should be informed of the risks of visiting a COVID 19/PUI patient and the need to limit close contact.
- Visitor should be instructed and observed donning/doffing PPE. Visitor should wear full PPE when entering the room but the visitor does not need to wear a N95 mask.
- Visitor should be instructed to limit visit duration for staff and visitor safety.
- Primary RN should document the above information in the patient's EHR.
- Visitors should be escorted out of the unit and back to the hospital entrance.
 - At FMLH this can be completed by a unit staff member or by calling the information desk X55505 to request an escort back to the entrance.

References:

Centers for Medicare & Medicaid Services (6/26/20). *Hospital Visitation – Phase II Visitation for Patients who are Covid-19 Negative*. Available at: https://www.cms.gov/files/document/covid-hospital-visitation-phase-ii-visitation-covid-negative-patients.pdf

Centers for Disease Control (6/28/20). Healthcare Facilities: Managing Operations during the COVID-19 Pandemic. Available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html

Disability Rights Wisconsin (7/1/20). Memo titled "Avoiding Disability Discrimination in Rationing Policies". Available at: https://www.disabilityrightswi.org/covid-19/