



## Hospital Visitation Guidance Transitioning from Level 2 to Level 3 Updated and Effective November 2, 2020

Nicole Alexander-Scott, MD, MPH, Director of the Rhode Island Department of Health (RIDOH), is recommending that all healthcare facilities re-implement visitor restrictions.

### Background

In March 2020, the Director released a *Healthcare Facilities Visitation Policy* in response to the increasing number of patients diagnosed with COVID-19 globally, the patients diagnosed in Rhode Island, and the ongoing influenza respiratory illness season.

The Visitor Policy Guidance for all healthcare facilities was based on a three-level approach to visitation restrictions. Each level becomes increasingly restrictive:

**Level 1-** Reduce visitation to protect vulnerable populations.

**Level 2-** Limit visitation hours.

**Level 3-** No visitation other than those essential to care and who are free of the exclusion criteria in Levels 1 and 2.

At that time, most facilities quickly implemented Level 3 processes and procedures.

In July 2020, because the number of cases of COVID-19 steadily declined, RIDOH transitioned facility visitation from Level 3 to Level 2. This relaxed visitor guidance balanced the desire for patient visitation with the need to protect patients, staff, providers, and visitors.

Unfortunately, in the last few weeks, COVID-19 cases and hospitalizations have been increasing, prompting the Director to re-issue her **strong recommendation that all healthcare facilities transition back to Level 3.**

This action, along with precautions already in place, following the 3 Ws (wear your mask, wash your hands, and watch your distance) and avoiding the 3 Is (situations that are informal, indoors, and inconsistent), can collectively reverse the current trajectory of COVID-19 disease in our state.

### 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 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 be 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 allowed under the above special circumstances. These and other potential visitors are encouraged to use remote visitation via 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.

Senior leadership should be involved in the decision-making for any exception requests. If members of senior leadership have non-clinical questions related to the exception request, they should call RIDOH's Center for Facilities Regulation at 401-222-2566. For questions about the clinical elements of the exception, they should call RIDOH's COVID Unit at 401-222-8022 Monday through Friday 8:30 a.m. - 4:30 p.m. (after hours and on weekends: 401-276-8046).

These restrictions may change as more information becomes available during this evolving and dynamic COVID-19 response.

**Effective November 2, 2020: Visitor Restriction Recommendation is Level 3.**

## **Visitation Level 1: Reduce visitation to protect vulnerable populations.**

Anyone who meets the conditions listed below are restricted from visiting staff or patients in the facility:

- Younger than 18
- Feeling sick or having any symptoms or risk factors for COVID-19 including, but not limited to:
  - Cough
  - Shortness of breath or difficulty breathing
  - Fever or chills
  - Muscle or body aches
  - Sore throat
  - Headache
  - Nausea or vomiting
  - Diarrhea
  - Runny nose or stuffy nose
  - Fatigue
  - Recent loss of taste or smell

## **Visitation Level 2: Limit visiting hours.**

For healthy individuals, visiting hours are now limited to a single, three-hour block in the morning and in the evening.

Individuals in the categories below are prohibited from visiting at all:

- Younger than 18
- Feeling sick or having any symptoms or risk factors for COVID-19 including, but not limited to:
  - Cough
  - Shortness of breath
  - Fever or chills
  - Muscle or body aches
  - Sore throat
  - Headache
  - Nausea or vomiting
  - Diarrhea
  - Runny nose or stuffy nose
  - Fatigue
  - Recent loss of taste or smell

## **Visitation Level 3: No visitation allowed except for those essential to care and who are free of the exclusion criteria in Levels 1 and 2.**

*Caution:* Individuals with underlying serious health conditions, although not strictly prohibited from visiting, may want to utilize an alternative mechanism to connect with the intended patient.