



Hospital Visitation Guidance Transitioning from Level 3 to Level 1 Updated and Effective February 19, 2021

Nicole Alexander-Scott, MD, MPH, Director of the Rhode Island Department of Health (RIDOH), is recommending that all hospitals relax visitor restrictions and transition to Level 1 upon receipt of this Guidance.

The information contained in this Guidance supersedes previously issued guidance regarding hospital visitation in Rhode Island.

Background

In March 2020, the Director released this Hospital Visitation Guidance in response to the increasing number of patients diagnosed with COVID-19 globally, the growing number of patients diagnosed in Rhode Island, and the ongoing influenza respiratory illness season.

This Hospital Visitation Guidance for all hospitals was based on a three-level approach to visitation. Each level becomes increasingly more restrictive as follows:

Level 1 - Reduce visitation to protect vulnerable populations.

Level 2 - Limit visitation hours, as determined by the hospital.

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

RIDOH acknowledges and appreciates what all hospitals have done to mitigate the spread of COVID-19 in their facilities. It is evident the lack of visitation for patients and their loved ones creates a significant psychosocial stress for the patient and their love ones.

We are in a different phase of the pandemic, and although COVID-19 has recently decreased in the number of cases and strain on hospital capacity, it is evident COVID-19 will be an endemic disease and we need to plan for its long-term presence in our state.

COVID-19 vaccination has been completed for hospital staff, hospitals have more reliable supply chains of Personal Protective Equipment (PPE), and the general public has more experience and access to high-quality face masks and infection prevention, therefore, the Director issues her **recommendation that all hospitals transition to Level 1.**

Virtual Visits

Electronic methods for virtual communication between patients and visitors (e.g., video call applications on cell phones or tablets) are encouraged to the maximum extent possible. Hospitals should have these tools available for use by patients, and patients should be told that these devices are available.

General Requirements

Hospitals are strongly advised to continue to follow precautions already in place, including the 3 Ws (wear your mask, wash your hands, and watch your distance) and the 3 Is (avoiding situations that are informal, indoors, and inconsistent) that can collectively reverse the current trajectory of COVID-19 disease in our state.

All of the following components are required for visitation:

- **Screening** of all visitors who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms) and denial of entry of those with signs or symptoms;
- **Face covering** or mask (covering mouth, nose, and chin) as follows:
 - Wear a mask that fits snugly but comfortably over your nose, mouth, and chin without any gaps. **Note:**
 - **Great protection:** N-95, KN-95, or KF-94 mask
 - **Good protection:** Medical procedure (paper) mask that fits
 - **OK protection:** Cloth mask made of a tightly woven, breathable fabric that's at least two layers thick and fits
- **Physical distancing** at least six feet between persons;
- **High-touch surfaces** in visitation areas are **cleaned** after each visit; and
- Staff use of **PPE**, as indicated.

Frequent hand hygiene is also strongly recommended. (use of alcohol based hand rub is preferred).

In order to ensure the safest environment for patients, staff, providers, and visitors, individual hospital visitation policies may also include other constraints (e.g., directed entry points for efficient screening, time limits to allow for proper cleaning, limitations on visitations in certain areas where appropriate social distancing cannot be maintained).

Special Circumstances

Special circumstances, such as end-of-life care, a new serious diagnosis, pediatrics patients, and patients requiring essential support persons, warrant case-by-case exceptions to these recommendations to meet the patient needs while maintaining the health and safety of healthcare workers and the general public.

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).

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 are 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.

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 hospital:

- Younger than 18
- Feeling sick or having any [symptoms](#) or risk factors for COVID-19.

Visitation Level 2: Limit visiting hours

For healthy individuals, visiting hours are now limited in accordance with hospital policy.

Individuals in the categories below are prohibited from visiting at any time:

- Younger than 18
- Feeling sick or having any symptoms or risk factors for COVID-19.

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 communicate with the intended patient.

In order to ensure the safest environment for patients, staff, providers and visitors, individual hospital visitation policies may also include other constraints (e.g., directed entry points for efficient screening, time limits to allow for proper cleaning, limitations on visitations in certain areas where appropriate social distancing cannot be maintained.)