



## **Hospital Visitation Guidance Amending Level 1 Visitation Updated and Effective May 18, 2021**

The Rhode Island Department of Health (RIDOH) recommends that all hospitals update their visitation policy 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 noted in the **Visitation Levels** section below.

The number of COVID-19 cases and the strain on hospital capacity in Rhode Island has recently decreased, but it is evident that COVID-19 will be an endemic disease. Rhode Island needs to plan for its long-term presence and our hospitals need sustainable visitation plans that reflect this change. Our definition of Level 1 visitation has changed to respond to this new stage of the pandemic and the State's approaching Recovery Phase.

Fully vaccinated staff and visitors have a much lower risk of getting and transmitting COVID-19. At this point in the pandemic, COVID-19 vaccination has been offered to or completed for all hospital staff, and hospitals have more reliable supply chains of Personal Protective Equipment (PPE). Most of the general public has had the opportunity to be vaccinated against COVID-19 and has more experience with and access to high-quality face masks and infection prevention.

### **Visitation Levels**

**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.

- **Visitation Level 1:** Reduce, yet allow visitation

Anyone who feels sick or has any [symptoms](#) or risk factors for COVID-19 is restricted from visiting staff or patients in the hospital.

- **Visitation Level 2:** Limit visiting hours

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

- **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

## Virtual Visits

Hospitals should continue to have electronic methods for virtual communication between patients and visitors, such as video call applications on cell phones or tablets, available for patient use.

## General Requirements

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).
- **Denial of entry** for those who:
  - **Have signs or symptoms of COVID-19**, even if they're vaccinated.
  - **Have had close contact with someone with COVID-19 in the past 14 days**, unless they've been vaccinated or have tested positive for COVID-19 in the past 90 days and completed their isolation period. Close contact means you've been within six feet of someone with COVID-19 for a total of 15 minutes or more in a 24-hour period.
  - **Are currently in quarantine** based on Rhode Island [quarantine requirements](#).
- Residents meet all Rhode Island [quarantine requirements](#).
- **Face covering** or mask that fits snugly but comfortably over your nose, mouth, and chin without any gaps.
  - **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** in accordance with the most current state and federal requirements.
- Residents and visitors **should not travel through designated COVID-19 care spaces**.
- **High-touch surfaces** in visitation areas, such as tables, are **cleaned** after each visit.

Physical distancing and masking recommendations when both **the patient and all of their visitors are fully vaccinated**:

- While alone in the patient's room or the designated visitation room, **patients and their visitor(s) can choose to have close contact**, including touch, and **not wear masks**.
- Visitors should wear masks and physically distance from other health care personnel and other patients/visitors who are not part of their group at all other times while in the facility.

Physical distancing and masking recommendations **when either the patient or any of their visitors are not fully vaccinated**:

- The safest approach is for everyone to wear masks and maintain physical distancing in accordance with the most current state and federal requirements. If the patient is fully vaccinated,

the patient can choose to have close contact, including touch, with unvaccinated visitor(s) while all parties continue to wear well-fitting masks.

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

To ensure the safest environment for patients, staff, providers, and visitors, individual hospital visitation policies may also include other constraints, such as directed entry points for efficient screening, time limits to allow for proper cleaning, and limitations on visitations in certain areas where appropriate physical 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 requirements and recommendations to meet 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).

Note that hospitals should make appropriate accommodations for:

- **Patients younger than 18**, who are expected to need a support person at all times.
- **Patients 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), **for whom the presence of a support person is essential to their care.**
  - 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**, who 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.