

SUBJECT	Interim COVID-19 Screening, Visitation and Signage at Acute Care Facilities	POLICY # 8417-999
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DEPARTMENT:	Compliance	EFFECTIVE: 3/27/2020
APPROVED BY:	Governor Brown Executive Order	REVISED: 04/05/2020; 04/23/2020; 06/08/2020; 03/30/2021
REGULATION/REFERENCE:	CMS QSO-20-13-Hospitals, Oregon Executive Order 20-22, ORS441.025 and CMS Hospital Visitation Guidance	KEY WORD: Screening, Visitation, Entry, Education, Signage

Authority:

- [CMS Hospital Visitation - Phase II Visitation for Patients who are COVID-19 Negative](#)
- [CMS Guidance for Infection Control and Prevention of Coronavirus Disease \(COVID-19\) in Hospitals, Psychiatric Hospitals, and Critical Access Hospitals \(CAHs\): FAQs, Considerations for Patient Triage, Placement, Limits to Visitation and Availability of 1135 Waivers \[QSO-20-13-Hospitals-CAHs \(REVISED\)\]](#)
- [Oregon Executive Order 20-22](#) and [ORS 441.025](#)

Purpose:

Pursuant to Governor Brown’s Executive Order 20-22 and ORS 441.025, the Oregon Health Authority (OHA) has issued guidance that Hospitals shall adopt and enforce policies and procedures that require the screening of all individuals including but not limited to all facility staff and health care personnel before entry. Screening policies and procedures must comply with the [CMS Guidance for Infection Control and Prevention of Coronavirus Disease \(COVID-19\) in Hospitals, Psychiatric Hospitals, and Critical Access Hospitals \(CAHs\): FAQs and Consideration for Patient Triage, Placement, Limits to Visitation and Availability of 1135 Waivers.](#)

Policy and Procedure for Limited Entry Points:

This policy covers Blue Mountain Hospital, Strawberry Wilderness Community Clinic, Home Health, and Hospice.

The policy limits points of entry to the following locations only:

- Blue Mountain Hospital:
 - ER Entrance
 - Main/Front Entrance
- Strawberry Wilderness Community Clinic (SWCC):
 - SWCC team members only, will use the east glass door entrance.
- Home Health/Hospice:
 - Main Entrance

Policy and Procedure for Screening of Patients:

Hospitals should identify patients at risk for having COVID-19 infection before or immediately upon arrival to the healthcare facility. At each point of entry, screening will include; visual observation, temperature check and questions about the following:

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- Signs or symptoms of a respiratory infection, such as a fever, cough, or difficulty breathing.
- Contact with a person who is positive for COVID-19 or with someone who is considered a person under investigation (PUI) or someone who is ill with respiratory illness.
- Travel within the last 14 days to areas with widespread or ongoing COVID-19 community spread. For updated information on countries and restricted areas within the U.S., visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>
- Residence or working in a community where community-based spread of COVID-19 is occurring. For more information on mitigation plans for communities identified to be at risk, visit: <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>

For patients, implement respiratory hygiene and cough etiquette (i.e., placing a facemask over the patient’s nose and mouth if that has not already been done) and isolate the patient in an examination room with the door closed. If the patient cannot be immediately moved to an examination room, ensure they are not allowed to wait among other patients seeking care. Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies. In some settings, medically-stable patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.

Inform infection prevention and control services, local and state public health authorities, and other healthcare facility staff as appropriate about the presence of a person under investigation for COVID-19. Additional guidance for evaluating patients in U.S. for COVID-19 infection can be found on the CDC [COVID-19 website](#). For more specific guidance see resource links.

Provide supplies for respiratory hygiene and cough etiquette, including 60%-95% alcohol-based hand sanitizer (ABHS), tissues, no touch receptacles for disposal, facemasks, and tissues at healthcare facility entrances, waiting rooms, patient check-ins, etc.

Facilities can allow for the pre-screening of patients for symptoms, travel and contact history by telephone prior to scheduled appointments.

Policy and Procedure for Screening of Visitors:

Visitors should receive the same screening as patients, including visual observation, temperature check and whether they have had:

- Fever or symptoms of a respiratory infection, such as a cough and difficulty breathing.

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- International travel within the last 14 days to CDC Level 3 risk countries. For updated information on restricted countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html> and for considerations after recent international travel visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>
- Recent trips (within the last 30 days) on cruise ships. For updated information on recent cruise ship travel, visit the CDC website: <https://wwwnc.cdc.gov/travel/page/covid-19-cruise-ship>
- Contact with someone with known or suspected COVID-19 or ill with respiratory illness.
- Travel in the last 14 days within the United States to restricted areas. Information and guidance on restricted areas within the US, visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>

Staff and door greeters are educated to offer visitors including visitors who communicate in a language other than English or who require American Sign Language (ASL) interpretation will be offered interpreter services through our vendor. Information is posted at points of entry.

Policy and Procedure for Screening of Staff:

The same screening performed for visitors will be performed for hospital staff including visual observation, temperature check and whether they have had:

- Fever or symptoms of a respiratory infection, such as a cough and difficulty breathing.
- International travel within the last 14 days to CDC Level 3 risk countries. For updated information on restricted countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html> and for considerations after recent international travel visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>
- Recent trips (within the last 30 days) on cruise ships. For updated information on recent cruise ship travel, visit the CDC website: <https://wwwnc.cdc.gov/travel/page/covid-19-cruise-ship>
- Contact with someone with known or suspected COVID-19 or ill with respiratory illness.
- Travel in the last 14 days within the United States to restricted areas. Information and guidance on restricted areas within the US, visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>

Healthcare providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.

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- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
 - Immediately stop work, put on a facemask, and self-isolate at home.
 - Inform the hospital, psychiatric hospital, or CAH's infection control professional/preventionist and include information on individuals, equipment, and locations the person came in contact with.
 - Contact and follow the local health department recommendations for next steps such as testing and locations for treatment.
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>).
- Report cases of illness to their supervisor, employee health service, and/or occupational health clinic. Employees should also consult their healthcare provider if they are experiencing signs/symptoms consistent with COVID-19.

In lieu of screening outside medical personnel and emergency responders upon entry to a facility, the facility may meet its screening requirement by accepting documentation from an employer of outside medical personnel or emergency responders that indicates all employees are screened before the beginning of every shift using criteria that are at least as stringent as those required by the facility.

Policy and Procedure for Support Persons:

Support persons who provide assistance to individuals with disabilities are not visitors and may only be denied entry to a facility in certain circumstances. See OAR 333-505-0033 and 2020 Special Session 1, Oregon Laws, Chapter 20. Support persons are subject to CMS screening requirements. A support person is defined as “a family member, guardian, personal care assistant or other paid or unpaid attendant selected by the patient to physically or emotionally assist the patient or ensure effective communication with the patient.” OAR 333-505-0033. Refer to Blue Mountain Hospital District Policy #8417-20027.

Policy and Procedure for Visitation:

Facilities shall adopt and enforce policies and procedures that:

- Limit visitor movement within the facility.
- Encourage visits in patient rooms and ensure common areas can accommodate physical distancing.

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- Except as provided below, restricts visitors (unless seeking medical treatment themselves) if said individual:
 - Has any of the symptoms being screened for at entry.
 - Has been determined to have suspected, presumptive or confirmed active COVID-19.
 - Refuses to comply with the facility's infection control guidance.

In addition to the guidance from the CMS regarding patient visitation rights contained in 42 CFR §482.13(h), if a facility subject to this guidance restricts or limits visitors it must have policies and procedures that:

- The District will implement a phased approach with visitation; allowing for patients to have one visitor at a time who meets screening criteria and complies with the facility's infection control measures of hand hygiene, respiratory etiquette, and utilization of personal protective equipment (PPE).
 - Visitors who are not compliant with PPE will not be allowed in the facility.
- 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 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.
 - A close family member of a patient undergoing end-of-life care as determined by the medical provider in charge of the patient's care.
 - A parent or legal guardian of a hospitalized child. If one parent or legal guardian meets screening criteria but the other does not, only the parent or legal guardian who meets screening criteria must be guaranteed access.
- Allow that a patient is able to have at least one visitor at a time who meets screening criteria and complies with the facility's infection control measures.
- 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.
- Ensure that the needs of patients including patients who communicate in a language other than English, minors and patients with disabilities, are being met, in accordance with Blue

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Mountain Hospital District policy and the requirements of the U.S. Department of Health & Human Services Office of Civil Rights.

- 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.).
- Provider discretion is allowed to overrule visitation guidance and must be documented in the patient’s chart. Exceptions to take into account:
 - The communication needs of the patient;
 - A patient’s individual circumstances.
 - Whether the risk of the spread of COVID-19 can be mitigated.
 - The emotional and physical toll that restrictions and limitations have on families and friends.

Policy and Procedure for Education and Signage:

In addition to the Guidance from CMS regarding patient visitation rights contained in 42 CFR §482.13(h) and the Title VI language access requirements, facilities subject to this guidance must:

- Provide education to individuals seeking entry to the facility regarding:
 - Hand hygiene: before entering a patient room and after leaving a patient room, individuals shall wash hands with soap and water for 20 seconds, or clean hands with alcohol-based hand sanitizer.
 - Avoidance of face touching.
 - Use of good respiratory etiquette: covering coughs and sneezes with the elbow and proper use and disposal of tissue.
 - Appropriate personal protective equipment use.
- Door screeners will obtain temperature checks of individuals entering building.
- The District shall post signage regarding visitation and screening protocols and provide this information to individuals seeking entry to the facility, including information of the hospital’s grievance procedures if an individual believes they are inappropriately being restricted from the facility.

This policy and procedure shall remain in effect until OHA informs the facility that the policies and procedures may be rescinded.

References:

Patient Right to Support Persons Policy# 8417-20027

CDC Resources:

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- *Coronavirus Disease 2019 (COVID-19) Hospital Preparedness Assessment Tool* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-hospital-checklist.html>
- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC Updates: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID19) or Persons Under Investigation for COVID-19 in Healthcare Settings.: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/controrecommendations.html?CDC_AA_refVal=.https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html
- Health Department Directories: <https://www.naccho.org/membership/lhd-directory>

CMS Resources:

CMS has additional guidance which may be beneficial to hospitals, *psychiatric hospitals, and CAHs* related to *screening patients for COVID in alternate locations, Emergency Medical Treatment and Labor Act (EMTALA)* requirements and other topics surrounding the health and safety standards during emergencies: <https://www.cms.gov/files/document/qso-20-15-hospitalcahemtala.pdf>.

The document Provider Survey and Certification Frequently Asked Questions (FAQs), Declared Public Health Emergency All-Hazards are located at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/All-Hazards-FAQs.pdf>. These FAQs are not limited to situations involving 1135 Waivers, but are all encompassing FAQs related to public health emergencies and survey activities and functions.