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M E M O R A N D U M

To: Danne Howard and Stephen McCormick
From: Gregg B. Everett and Chris Richard
Subject: Hospital Visitation Policy
Our File: Alabama Hospital Association – Coronavirus Emergency (3553.9057)
Date: September 9, 2020

- **QUESTION:** What should Alabama hospitals change on their visitation policies and procedures during the Coronavirus 2019 (COVID-19) pandemic/emergency?
- **BRIEF ANSWER:** Until Alabama and the region/county is found to be in at least Phase III* of the COVID-19 pandemic, patient visitation must be monitored and limited for the safety of hospital patients, their families, hospital staff and the community served by the hospital. A hospital may determine that it is necessary to give priority to certain "special circumstances" to permit visitation or caregiver assistance, pursuant to the State Health Officer's July 29, 2020 Amended Order, June 11, 2020 Guidance from the Alabama Department of Public Health interpreting the State Health Officer Orders with respect to visitation, and CMS guidance, but only to the extent that there are sufficient resources currently available in the hospital to safely allow patient visitation.

Hospitals should ensure that they have policies and procedures setting forth criteria that can be uniformly applied to changing COVID-19 prevalence rates, PPE supplies, and other hospital resources in order to determine whether visitation will be allowed in any given case. Priority may be given to visitation under certain "special circumstances" outlined in current guidance, such as maternity cases, end-of-life cases, persons with disabilities, parents of minors, clergy, and cases where caregiver presence facilitates appropriate care, among others; however, hospitals should first ensure they have sufficient resources to safely allow patient visitation. Suggestions for potential visitation criteria are included in **EXHIBIT A** to this memorandum, for consideration by hospitals in conjunction with their staff and legal counsel.

* Phase III means that the state or region has no evidence of a rebound in Covid-19 cases and satisfies the "gating criteria" a third time. "Guidelines, Opening Up American Again."
(<https://www.whitehouse.gov/openingamerica/#criteria>)



EXHIBIT A

POTENTIAL VISITATION CRITERIA

Hospitals should ensure that they have policies and procedures setting forth criteria that can be uniformly applied to changing COVID-19 circumstances in order to determine whether visitation will be allowed. Priority for specific patients may be given to allow visitation under certain "special circumstances," as outlined in current federal and state guidance; however, hospitals should first ensure they have sufficient resources to safely allow patient visitation.

Current guidance¹ suggests that the following factors be considered in determining whether visitation should be permitted. Potential criteria for policies and procedures are listed under each specific factor. (One, some, or all of the criteria may be used for each factor):

A. Should visitation be permitted?

(i) Prevalence of COVID in the community (Hospitals should measure on the same day each week.)

- a. ____ cases per capita in the local city/county/region served by hospital;
- b. ____ % of positive test results in the local city/county/region in the previous week;
- c. ____ days of increasing/decreasing numbers of COVID-19 positive test results in the city/county/region where hospital is located;
- d. Presence of widespread community transmission, as reported by the Alabama Department of Public Health (ADPH).

(ii) Prevalence of COVID in the facility (Hospitals should measure on the same day each week.)

- a. ____ COVID-19 positive cases in the facility in the previous week;
- b. ____ COVID-19 positive cases in the ICU in the previous week;
- c. ____ available ICU beds on the date of measurement;
- d. ____ available COVID-19 dedicated ICU beds on the date of measurement;
- e. ____ available ventilators on the date of measurement;
- f. ____ % available ICU beds on the date of measurement;
- g. ____ % available ventilators on the date of measurement;
- h. ____ days of increasing/decreasing hospital admissions for COVID-19 leading up to the date of measurement.

(iii) Staffing levels (Hospitals should measure on the same day each week.)

- a. ____ % of staff healthy and available on the date of measurement;
- b. ____ % of staff infected with COVID-19 or otherwise quarantined and unavailable for work on the date of measurement;
- c. ____ % of staff available in specific units (*e.g.*, ICU, ER, etc.) on the date of measurement;
- d. ____ % of staff infected with COVID-19 or otherwise quarantined and unavailable for work in specific units (*e.g.*, ICU, ER, etc.) on the date of measurement;
- e. ____ reserve staff available to fill in in the event of surge situations on the date of measurement.

(iv) Personal Protective Equipment supplies (Hospitals should measure on the same day each week.)

- a. ____ days/weeks/months of PPE on hand;
- b. ____ days/weeks/months of PPE reserve supply for surge situations.

Current guidance suggests that "[f]or those patients who are COVID Positive, additional considerations are needed to prevent transmission to the visitor *and may preclude visitation.*" *Id.* at p. 2. However, the guidance also lists certain "special circumstances" where facilities may consider allowing visitation.

B. Special circumstances to allow visitation, once hospital decides some visitation will be allowed.

- (i) End of life care, including clergy visitation for end of life care and patients who have elected hospice and are pending discharge.**
- (ii) Labor and Delivery.**
- (iii) Pediatric care where parent or legal guardian is required.**
- (iv) Inpatient hospice.**
- (v) In person training of caregiver is considered essential, and may permit training more than one caregiver providing social distancing and other precautions are maintained.**
- (vi) Reasonable access to support person(s) for patients with disabilities, for example patients with cognitive or developmental disabilities who require presence of legal guardian.**
- (vii) At the discretion and order of the hospital attending physician where having a family member would be of significant benefit to the**

patient's clinical care (for example patients with complex or prolonged hospitalization).

Hospitals may consider having separate criteria for each of these “special circumstances” that give more weight to allowing visitation to specific patients, but visitation should not be allowed if it would jeopardize the hospital’s available resources to provide patient care and prevent infection for other patients of the hospital.

The criteria suggested herein are just that — suggestions. Hospitals should discuss the development of policies and procedures and related criteria for visitation with hospital administrative and clinical personnel, as well as legal counsel, in order to determine criteria that are most appropriate for each facility. We also note that this guidance is based on current guidance available from CMS, ADPH, CDC, and other sources. Because the guidance from these sources changes frequently to account for developments in the pandemic, we suggest that hospitals and their counsel monitor for additional or updated guidance on a regular basis.

ⁱ Current guidance referred to in this document includes:

- (i) "Hospital Visitation – Phase II Visitation for Patients Who are Covid-19 Negative."
(<https://www.cms.gov/files/document/covid-hospital-visitation-phase-ii-visitation-covid-negative-patients.pdf#:~:text=Hospital%20Visitation%20%E2%80%93%20Phase%20II%20Visitation%20for%20Patients.of%20patient%20visitation%20also%20needs%20to%20be%20considered>);
- (ii) "Order of the State Health Officer Suspending Certain Public Gatherings Due to Risk of Infection by COVID-19, Amended August 27, 2020."
(<https://governor.alabama.gov/assets/2020/08/Safer-at-Home-Order-Final-8.27.20.pdf>)