



Current Status: *Active*

PolicyStat ID: 8114529



Origination: 03/2020
Effective: 06/2020
Last Approved: 06/2020
Last Revised: 06/2020
Next Review: 06/2023
Owner: *Kimberly Novak-Jones:
Nurse Educator*
Policy Area: *COVID-19*
Policy Tag Groups:
Applicability: *UNC Medical Center*

COVID 19 Workflow - Visitation Implementation Plan

I. Description

Provide guidance for staff regarding visitor presence in UNC Health facilities.

II. Rationale

UNC Health is committed to patient-centered, safe care throughout all of our hospitals and health care facilities. Due to the growing spread of coronavirus / COVID-19 in North Carolina, and to limit the risk of exposure for patients, caregivers, and employees, UNC Health will be enacting more stringent restrictions for visitors at its facilities.

These restrictions have been put in place to protect everyone's safety. Social distancing is an essential element in successful efforts to contain the spread of COVID-19 and this workflow has been put in place to support these measures.

III. Restrictions

A. Visitor Guidelines for UNC Facilities

- No visitors under the age of 18 will be allowed to visit for the foreseeable future.
- Visitors who are over 65, pregnant or immunocompromised are discouraged from visiting. Visitors who are COVID positive (even if they are asymptomatic) are not allowed to visit - except in extenuation circumstances.
- Additional restrictions are as follows:
 - The number of entrances to the hospital will be limited.
 - All visitors and patients, including vendors and contractors, will be screened at designated entry points, including the Emergency Department.
 - Any visitors who are allowed must pass a health screening.
 - Visitors should not visit our campuses if they have one or more of the known COVID-19 symptoms - or have come into contact with a person who tested positive for COVID-19 in the last 14 days.
- UNC employees are not permitted to visit patients unless there is a business need to do so.
- Effective immediately, **no visitors will be permitted** in inpatient areas at UNC Health until further notice, with the exceptions noted below:
 - i. Inpatient Areas - Pediatric Exceptions
 - One Visitor per pediatric patient is allowed at all times

- Visitors can only be parents or guardians. Each pediatric patient may have a maximum of two (2) designated visitors, one (1) at a time.
- When possible, the designated visitor should remain the same for the course of admission.
- In situations where the designated visitor needs to rotate, this will be managed on the local/unit level by the care team. Visitors are strongly encouraged to have consistency for several days before rotating.

NOTE: Providers (MD/APP) will provide daily updates to non-visiting parent(s)/guardian(s) in situations that warrant.

ii. Inpatient Areas - Women's Hospital

NOTE: For babies taken to NCCC, both the birth parent and another visitor is allowed while the birth parent is hospitalized. Once the birth parent is discharged, only 1 designated visitor may visit with the baby per the pediatric guidelines.

■ Laboring Patients

- Birth partners who pass the health screening may stay for 24-48 continuous hours until the mother is discharged. If the intended birth partner fails the health screening, they will not be allowed into the hospital and the laboring mother can choose a different birth partner. No other visitors will be allowed.
- If the laboring patient is COVID positive or asymptomatic PUI, they will be put on special airborne/contact precautions. Birth partners will be required to follow proper PPE guidelines which includes wearing gown, gloves, surgical mask **and** eye protection. The birth partner is not to leave the patient room/ walk the hospital and will be escorted in and out of the hospital by a staff member.

NOTE: If the birth partner leaves, they will not be allowed back into the facility.

■ Surrogates

- May have a birthing partner, as outlined above for laboring patients
 - Not required to be one of the child's parents.
- Once the baby is delivered, the baby may have 1 visitor/parent.

iii. Inpatient Areas - Additional Exceptions

- No visitors allowed with limited exceptions
 - Inpatients receiving discharge instructions
 - One visitor may be permitted in the inpatient area when family involvement is critical to the discharge process.
 - Patients within 24 hours following a surgery
 - One visitor may visit one time within the 24 hours immediately following an initial surgical procedure that requires anesthesia.
 - If the visitor leaves, they will not be allowed back into the facility.

NOTE: This does not include procedures such as GI/Radiology

procedures, CVAD placement, or other non-surgical procedures. Please consider the critical nature of the surgical procedure and patient acuity when making these decisions.

iv. Patients Under Investigation or Confirmed COVID Cases

- No visitors except for a parent/guardian of a minor or for extenuating circumstances based on end-of-life situations.
 - A. Scenario 1: If the visitor has not been exposed to Covid-19, they should be encouraged not to visit in the patient room.
 - Non-exposed visitors do not require an escort into and out of the facility.
 - If due to extenuating circumstances, they visit the patient room, they will be considered exposed after that visit and would follow the exposed visitor precautions.
 - They are then considered asymptomatic low-risk and per CDC should:
 - Be alert for symptoms
 - Watch for fever, cough, shortness of breath
 - Take temperature if symptoms develop
 - Practice social distancing
 - Maintain 6 feet of distance from others
 - Stay out of crowded places
 - Call health care provider if symptoms develop
 - Should not visit the patient again.
 - B. Scenario 2: If the visitor lives in the same household as, is an intimate partner of, has visited the positive patient, or has been providing care in a non-healthcare setting (such as a home) for a person with laboratory-confirmed COVID-19 infection. Or, if the visitor themselves were exposed due to travel or exposure to other COVID positive individuals, or are on quarantine themselves, then they are considered asymptomatic high-risk and per CDC should:
 - Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities.
 - No public activities
 - Should not visit the patient.
 - For PUI or confirmed COVID cases with extenuating circumstances:
 - Only 1 asymptomatic visitor is allowed to visit a PUI or COVID+ patient
 - The visitors should be screened for symptoms by the patient's medical team by phone prior to arrival and in person upon arrival - if they have symptoms they cannot visit!
 - Require them to wear a surgical mask to enter the building.
 - Put them in the appropriate PPE; gown, gloves, eye protection and surgical mask in the patient room and limit their movement through the facility (i.e. escort them in and out of the building with a mask).

- Visitation should be limited to a maximum of 30 minutes to limit exposure for the visitor.
- v. Extenuating Circumstances
- In rare cases, there might be extenuating circumstances. These are determined on a case-by-case basis. These decisions are made through a collaborative conversation with the Clinical Care Team & Nursing House Supervisors.
- Examples:
 - End of life situations
 - A non-COVID patient may have 2 visitors at end of life (so that the visitors can provide support to each other). Both visitors must pass the health screening in order to visit. The timing of visitation should be determined by the clinical team. Visitation time should be scheduled when it is most appropriate for the patient. The patient does not have to be on comfort care to meet end of life criteria.
 - Cases where caregivers might be essential to patient care:
 - Patient requires support from family (ex: patients with dementia who are combative; patient with special communication needs)
 - Patient developmentally delayed &/or unable to make medical decisions

See chart below for quick reference to specific care area guidelines

Care Areas and Visitors Permitted			
Type	Details	Health Screening Needed	Other Info
Inpatient Adults	NO VISITORS - except for extenuating circumstances	Yes - if extenuating circumstances, need screening.	House Supervisor is the liaison between Guest Services & the Clinical Care Team for decisions
Laboring L&D patients	Expedite to the front of the visitation line.	Yes - if 'fails' screening, put a mask on the patient & still take to L&D	Get this patient to L&D immediately!
Birth Partner for laboring patients	Expedite to the front of the visitation line.	Yes - must pass health screening	Needs Fast Pass, per normal routine
Pediatrics	1 visitor/ guardian per pediatric patient	Yes - must pass health screening	Needs Fast Pass, per normal routine
ED	NO VISITORS - except for extenuating circumstances	Yes - if extenuating circumstances, need screening.	In rare cases, a caregiver may be allowed for patients where a family member or significant other is essential to patient care. These decisions will be made by the care team.
Outpatient	NO VISITORS -	Yes - must pass	Peri-Op patients may be allowed a visitor or

	Except for extenuating circumstances	health screening	companion - at discretion of the provider.
Procedural Areas	1 visitor per patient at provider discretion	Yes - must pass health screening	1 visitor may be allowed if needed before, during or after procedure at the discretion of the provider.
COVID positive	no	0	Exception: End of Life; incapacitated adult/or child may be permitted 1 single visitor/guardian
COVID PUI (patient under investigation)	no	0	Exception: End of life; incapacitated adult/or child may be allowed a single visitor If a visitor is already accompanying patient (e.g., ED) they should be isolated with patient

B. Visitation Process

1. Approved Inpatient Visitors

- Will be wearing a brightly colored arm band with the patient's room number, initials, & today's date on it.



- Will need a Fast Pass (visitor pass) per normal routines
- Patients must be listed in Epic as the 'preferred visitor'.

2. Approved Outpatient Visitors

- Will receive a visitor badge/sticker with the care area, patient initials, & today's date on it.



IV. Points of Entry

A. Public Access

Public points of entry into the facility will be limited to allow screening of all visitors. The following entrances will be used for public points of entry. All other entrances will be put on

badge access 24/7.

- ED - emergent access only
- Cancer Hospital (near Starbucks)
- Children's Hospital

NOTE: Hospital Police will be at the points of entry to provide support. Staff please save these entrances for visitors.

B. Staff Access

Staff should use non-visitor entry points.

All other entrances will be locked down and **badge accessible only 24/7**. Staff will need to have their ID badges with them and are asked to use **non-visitor entry points** to access the buildings (ex: Manning Level Cancer, Cancer Hospital near Pharmacy, Blood Bank Entrance, etc.)..

IMPORTANT: When entering/exiting the building it is critical that no one allows visitors or others individuals to 'piggyback' through the door in order to avoid individuals gaining inappropriate access to the building.

V. Laboring Patients

Our goal is to help laboring patients & their birthing partners get to Labor & Delivery (L&D) as quickly & safely as possible. The plan is to limit 'Stork Codes' & have laboring patients deliver in L&D. Due to clinical concerns, we do not want laboring patients to routinely enter the facility via the ED.

Laboring patients will be instructed to go to the front of the hospital (Children's Entrance) 24/7 to gain entry to the hospital (as they currently do). There will be a member of Guest Services &/or Hospital Police at the front entrance 24/7.

1. During Normal Business Hours

- Laboring patients will be given priority to expedite to the front of the visitation line where they will be screened before entering the facility.
 - Even if the laboring patient 'fails' the screening, they will be masked & taken immediately to L&D. Guest Services staff will tell L&D staff that the patient failed the health screening. L&D will assume care of the patient.
 - Birthing Partner:
 - If the birthing partner 'passes' the screening, they will receive an armband & be allowed to accompany the patient.

NOTE: L&D staff needs to ensure that the birthing partner also receives a Fast Pass (i.e. visitor pass).

- If the birth partner 'fails' the screening, they will **not** be allowed to go with the patient.

2. After Hours

- All front entrances will be locked down, but Guest Services &/or Hospital Police will be stationed at 1 entrance in case there are laboring patients.
- Guest Services &/or Hospital Police will open the doors for these patients & their birth partners to allow them more speedy entrance to the facility.

- Both laboring patients & birthing partners will be screened.
 - Even if the laboring patient ‘fails’ the screening, they will be masked & taken immediately to L&D. Guest Services staff will tell L&D staff that the patient failed the health screening. L&D will assume care of the patient.
 - Birthing Partner:
 - If the birthing partner ‘passes’ the screening, they will receive an armband & be allowed to accompany the patient.

NOTE: L&D staff needs to ensure that the birthing partner also receives a Fast Pass (i.e. visitor pass).

- If the birthing partner fails the screening, they will not be allowed to go with the patient.

NOTE: A phone has been installed in front of Children’s & Women’s Hospital entrances to help with communication. Patients/visitors can pick up the phone & it will directly dial Hospital Police Dispatch. Hospital Police can also unlock the front doors remotely.

3. ED Exceptions

- Despite being directed to the front entrance, some laboring patients may still end up entering the facility via the ED entrance.
- These patients & their birthing partners will be expedited through the line & screened.
 - Even if the laboring patient ‘fails’ the screening, they will be masked & taken immediately to L&D. Guest Services staff will tell L&D that the patient failed the health screening. L&D will assume care of the patient.
 - Birthing Partner:
 - If the birthing partner ‘passes’ the screening, they will receive an armband & be allowed to accompany the patient.

NOTE: L&D staff needs to ensure that the birthing partner also receives a Fast Pass (i.e. visitor pass).

- If the birthing partner fails the screening, they will not be allowed to go with the patient.

VI. Communication During Visitation Restrictions

A. With Families

- Plan of care updates are a basic expectation for all patients and families.
- Given the visitation restrictions, it will be more difficult to update families who are not present at the bedside.
- Patients who can update their families, may do so.
- For patients who cannot update their families, it is the Clinical Care Team’s responsibility to ensure this is done.
 - The recommendation is to update the designated family spokesperson daily about the plan of care.

- This can be done in a number of ways, including:
 - Phone call (either during rounds or after rounds)
 - Using technology to connect with family (FaceTime, Google Duo, etc.)

B. Patient Communication Levels

- Daily, nurses will determine the patient’s communication level to identify which families need to be updated.
 - Communication Level 1: The designated spokesperson will receive a 5 minute (or less) daily phone call from the LIP (MD,APP,PA,NP or designee) with a patient update.
 - Examples:
 - Non-verbal patients
 - Clinical pictures that makes patients unable to communicate (altered mental status, dementia, delirium, intubated, post-op sedation, etc.)
 - Patients who may not successfully communicate clinical care data (i.e. low health literacy)
 - Communication Level 2: The LIP/RN should review plan of care updates with the patient and confirm patient understanding. The patient will then update the family.

C. Clinical Care Team Responsibilities

- Nursing
 - RN: Determine patient’s communication level daily
 - RN: Update designated family spokesperson contact information (as needed)
 - It is the expectation that the designated spokesperson will update all family members who wish to receive them (as approved by the patient).
 - •HUC/CST: Track completion of daily spokesperson updates. Notify Charge RN if spokespersons have not been updated by 2pm.
- Interpreters:
 - Respond to all Service Hub requests for ‘virtual visitation’. Assist patients with contacting loved ones.

D. Visual Visitors with Interpreter Services

- All patients, regardless of language needs, can receive assistance from Interpreter Services with ‘virtual visits’ with loved ones.
- Use Service Hub to put in the request.
 - Select ‘Virtual Visitor Communication’
 - Interpreters will prioritize calls & will go to the bedside with their iPads. From there, they will use technology (FaceTime or Google Duo) to connect families to loved ones.

The screenshot shows a mobile application interface for creating a request. It features several dropdown menus and a text input field. The 'Priority' dropdown is set to 'Immediate'. The 'Interaction Type' dropdown is open, showing options: 'Virtual Visitor Communication', 'Face-To-Face', 'Phone Call', 'Remote Video', 'Translation', 'Interpreter Rounds', and 'Vocera'. The 'Airborne Precautions?' and 'Gender Pref' fields are currently empty. The 'Notes' field has a character count of '(500 chars left)'. At the bottom, there are two buttons: a grey 'Discard' button with a close icon and a yellow 'Create Request' button with a checkmark icon.

E. Communication

- See section titled [resource documents](#) for additional resources. .

VII. Screening Processes

A. Workforce Screening

Type	Details	Health Screening Needed
Employees	Must wear ID badge; Enter & exit using employee approved access points.	As of March 31, 2020. Prior to every shift
Students	Limited - with approval Must wear student ID	Yes - must pass health screening
Volunteers	Must wear ID badge	Yes - must pass health screening
Contractors/ Vendors	Limited - with approval *Vendors/Contractors should enter through public points of entry or go to the Memorial Hospital lobby desk for screening	Yes - must pass health screening

B. Visitor Screening

1. All visitors will enter via the aforementioned visitor entry points and will be actively screened (See [Subheading D, Visitor Screening Process](#)) for presence of fever and/or COVID-19 symptoms.
2. It will be an expectation that every visitor is screened daily to ensure that they remain healthy enough to visit.
3. Visitors who leave & come back into the organization, will have to go through the screening process again.

IMPORTANT: Before a visitor is sent to the lobby at night, Nursing staff should check Epic to ensure that the visitor is listed as the

'Preferred Visitor' for that patient. This step is extremely important to ensure that the visitor is able to get access back to the unit. Only one single, designated visitor is allowed during the restrictions.

4. Visitors who stay overnight, will need to go to the Children's Hospital lobby between 8pm to 10pm each night to obtain a visitor pass (i.e. Fast Pass) as they currently do.
5. Children's Hospital visitors are given a 7 day Fast Pass; They will be re-screened daily by the Nursing staff on the unit & given a new arm band.

NOTE: Visitors who spend the night with patients in their rooms will be re-screened by Nursing staff each day to ensure they have not become symptomatic.

6. During COVID-related restrictions, visitors will be re-screened and receive a new arm band for the next day.

EXCEPTION: Children's Hospital visitors are given a 7 day Fast Pass; They will be re-screened daily by the Nursing staff on the unit & given a new arm band.

7. All approved visitors will be wearing a **brightly colored arm band** with the patient's room number, initials, & today's date on it. The arm band will have the patient's room number, initials & the next day's date on it so that inpatient staff know that the person has been re-screened.

NOTE: The arm band color could change during the process.

8. Visitors without a brightly colored arm band on, should be re-directed back to the 2 public points of entry.

C. Visitor Screening Process

1. Visitors will be asked standard screening questions and temperature will be taken. [COVID-19 Temperature Scanning Directions](#) available as attachment
2. [Covid-19 Visitor Screening Quick Tool](#) Available as attachment
 - a. If 'yes' to any of those symptoms or temperature $>100.0^{\circ}$:
 - This person may NOT visit any patients at UNC Hospitals - unless there are extenuating circumstances (ex: end of life situations).
 - If there are extenuating circumstances, please reach out to the Nursing House Supervisor for support.
 - If the visitor is seeking treatment, please instruct them to go to the ED.
 - If the visitor is not seeking treatment, please give them a copy of the COVID-19 Helpline handout & instruct them to leave the premises immediately.

NOTE: If at any point, the visitor says that they want treatment, we will need to direct them to go to the ED.

- b. If 'no' to all symptoms and temperature $<100.0^{\circ}$:
 - a. If the person **is** the identified visitor, then they will be given a brightly colored arm band that is marked with the patient's initials and today's date. Then apply the armband to the visitor.

- b. If the person **is not** the identified visitor, then they will be asked to leave immediately.
- c. The chart below serves as a general guide for allowed visitors. Please refer to [Visitor Guidelines for UNC Facilities](#) above for a complete list of exceptions.

Care Areas and Visitors Permitted			
Type	Details	Health Screening Needed	Other Info
Inpatient Adults	NO VISITORS - except for extenuating circumstances	Yes - if extenuating circumstances, need screening.	House Supervisor is the liaison between Guest Services & the Clinical Care Team for decisions
Laboring L&D patients	Expedite to the front of the visitation line.	Yes - if 'fails' screening, put a mask on the patient & still take to L&D	Get this patient to L&D immediately!
Birth Partner for laboring patients	Expedite to the front of the visitation line.	Yes - must pass health screening	Needs Fast Pass, per normal routine
Pediatrics	1 visitor/guardian per pediatric patient	Yes - must pass health screening	Needs Fast Pass, per normal routine
ED	NO VISITORS	Yes - if extenuating circumstances, need screening.	In rare cases, a caregiver may be allowed for patients where a family member or significant other is essential to patient care. These decisions will be made by the care team.
Outpatient	NO VISITORS - exceptions for extenuating circumstances	Yes - must pass health screening	
Procedural Areas	1 visitor per patient at provider discretion	Yes - must pass health screening	1 visitor may be allowed if needed before, during or after procedure at the discretion of the provider.

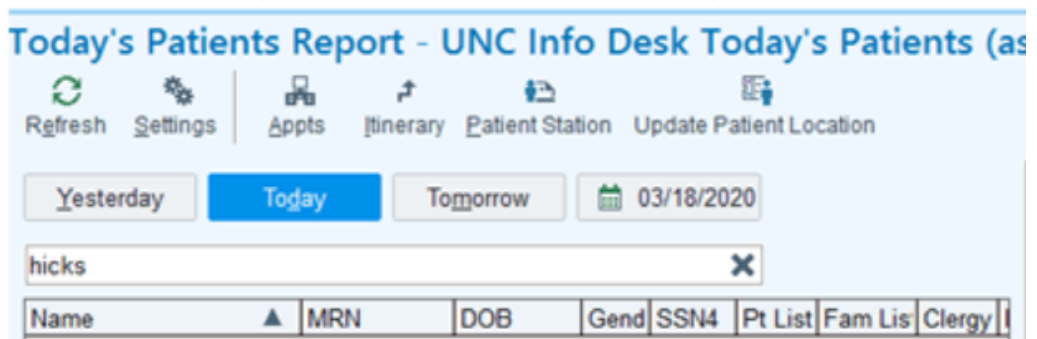
Psych	NO VISITORS - exceptions for children following pediatric visitation guide		
COVID positive	no	0	Exception: End of Life; incapacitated adult/or child may be permitted 1 single visitor/guardian
COVID PUI (patient under investigation)	no	0	Exception: End of life; incapacitated adult/or child may be allowed a single visitor If a visitor is already accompanying patient (e.g., ED) they should be isolated with patient

D. Designated Visitor Identification Workflows

1. Front Desk/Volunteer Guide for COVID-19 Restrictions

a. Inpatient visitor presents to front door

- i. Greeter performs travel screening
 - Fails screening
 - Direct Visitor to leave and give COVID handout
 - Passes Screen - proceed to step ii
- ii. Guest Services will need to confirm that the visitor is the single, designated visitor for each patient.
 - Look up the visitor's patient in your "Today's Patient's Report" in Epic:



- Then look to see who the **preferred visitor** is in EPIC

Today's Patients Report - UNC Hospital Today's Patients (as of Friday, March 13, 2020 12:13:42 PM)

Refresh Settings Alerts Primary Patient Location Update Patient Location

Yesterday Today Tomorrow 03/13/2020

Search Patients

Name	MRN	DOB	Gender	DOB	IP	List	From Loc	Chrgy	Research	DOC	Patient
Coroneo, Emery A	1000100427	02/03/90	F	1342	No	No	No	No	No		BMS CA
Covid New	1000100524	03/10/21	M	1115	No	No	No	No	No		6322-01
Donald, Nicholas	1000100652	03/06/80	F	4322	No	No	No	No	No		02A
Cov4dhec, Test	1000100651	03/06/80	F	3713	No	No	No	No	No		48 C
Lowdha, Jeeet	1000100856	03/06/71	M	5425	No	No	No	No	No		03A
Crisco, Psych	1000004001	10/11/85	M	3993	Yes	Yes	Yes	Yes	Yes		4102-01
Cupid, Addeleum	1000100576	06/08/66	F	3959	No	No	No	No	No		
Cupid, Maha Mahi Mahi	1000100638	08/22/66	M	4593	No	No	No	No	No		BMS CA
Cupid, Test Rock	1000100629	12/06/90	M	3953	No	No	No	No	No		BMS CA
Daniell, Test Bep, Psych	1000100685	10/10/88	M	3265	No	No	No	No	Yes		4124-01
Daniell, Neeraynne Epps, F	1000100684	10/10/88	M	4327	Yes	Yes	Yes	Yes	Yes		4114-02
Demers, Carol 'Carol Ma	1000100719	03/20/86	F	1122	No	No	No	No	No		WR
Delia, Test	1000100783	01/01/80	F	3093	No	No	No	No	No		6333-01
Def, Mico	1000100182	08/01/72	M	4884	No	No	No	No	No		3337-01
Demographic, Georgia	1000100510	01/23/96	M	3741	No	No	No	No	No		38C
Diaco, Casanangan	1000100791	09/17/70	M	3079	No	No	No	No	No		BMS CT
Diaco, Edriche	1000100791	09/17/70	M	3290	No	No	No	No	No		BMS US
Diaco, Madwal	1000100793	09/17/70	M	3887	No	No	No	No	No		05A
Diaco, Ma	1000100792	09/17/68	F	3886	No	No	No	No	No		07A

Covid, New

26 y Male (012/1994)

HCP: Donald Charles Spenser, MD MRN: 10001008635 - Phone: 010-999-8666
 ZIP: 27701 Location: 3420-01

Admission on 3/12/2020 at 0951

Unit Room: 5 BT UNCLIN 5325 Service: Cardiology (MDC)
 Att Provider: Donald Charles Spenser, MD Status: Confirmed
 Ref Phone: 919-974-5335 Isolation?: Yes

Appointment on 3/13/2020 at 1200, arrive by 1130

Department: IMG MR UNCLIN Provider: UNCH MRI RM 1
 Visit Type: MRI ABDOMEN W/ WO CONTRA-UM Status: Scheduled
 Asst Dept: IMG MR UNCLIN CHILDREN HOSPITAL Asst Prog: UNCH MRI RM 1
 Asst Name: Contact: UNCH MRI RM 1

iii. If the visitor **is listed as the preferred visitor**, then they may visit the patient – IF they pass all screening requirements & receive appropriate measures for the area they are visiting (ex: Fast Pass &/or arm band, as appropriate).

iv. **IF "NO" or WRONG NAME**

- o Notify visitor of rules
- o If visitor claims "extenuating circumstances"
 - Call House Supervisor

b. ED Visitor presenting to Front Entrance

- i. Greeter performs travel screening
 - o Fails Screening
 - Direct visitor to leave and give COVID handout
 - o Passes Screen- proceed to step 2
- ii. Confirm patient is on Today's Patient List in Epic
- iii. Give visitor outpatient sticker
- iv. Direct visitor to ED lobby
- v. Visitor must check in again in ED

NOTE: Visitors will be rescreened if they leave the hospital. If they leave after hours (10pm-6am), they will not be allowed back into the hospital until 6 am.

2. ED Patient Presenting to the Front Entrance

Patients needing emergency care should go directly to the ED

Signage will be used to help direct patients to the ED where they will be triaged for care

For all patients who present to the front entrance

- a. Greeter performs travel screen
 - o Fails screening
 - Mask the patient & use wheelchair to transport to ED lobby via Neuro elevators
 - o Passes Screen - proceed to step b
- b. Escort patient to eh ED lobby
- c. **All patients must go through ED check-in processes**

3. Patient/Visitor Presenting to the Front Door between 10 pm-6 am

- a. Patient/visitor picks up phone outside Children's Hospital doors
- b. States reason for visit
- c. Hospital dispatch unlocks door
- d. Guest services meets patient/visitor and screens per usual routine

4. Early AM PreOp Patients

- a. All early AM pre-op patients should report to the Children's Hospital entrance (Phone call to patient the night before with instructions)
- b. Patient picks up phone outside Children's Hospital doors and state "I'm here for surgery"
- c. Hospital dispatch unlocks door
- d. Guest services meets patient and screen per usual routine

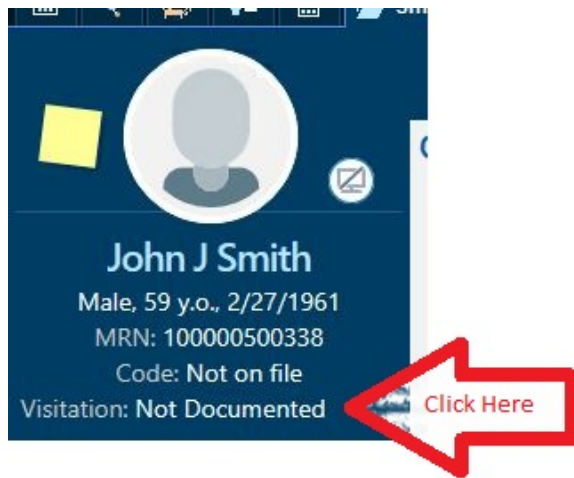
VIII. Nursing Guide for COVID-19 Restrictions

A. Inputting designated visitor

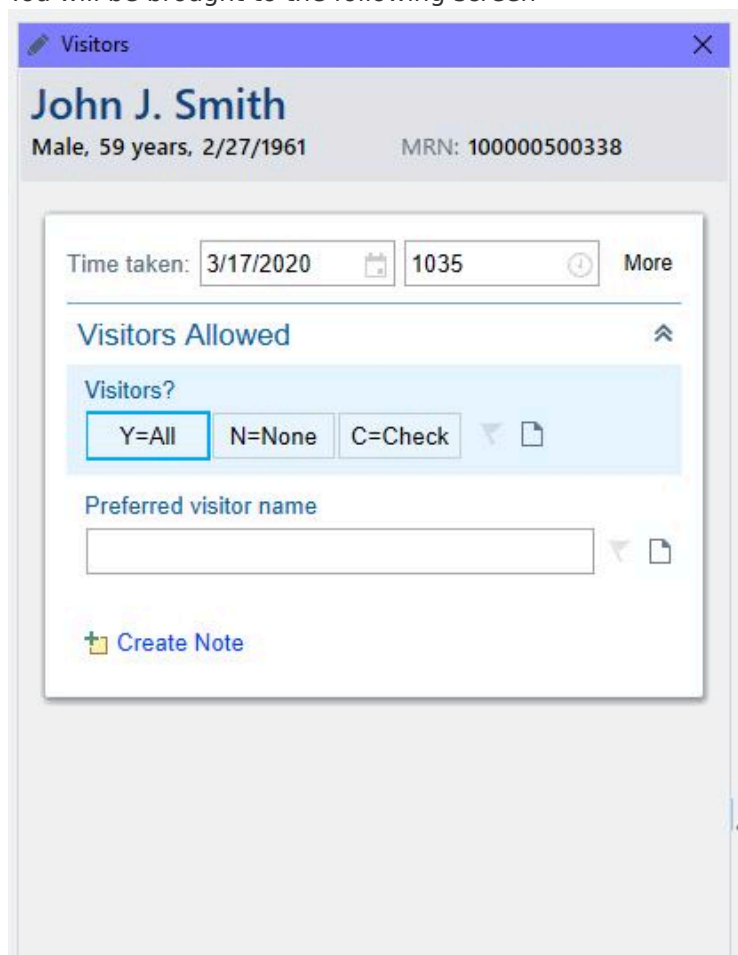
1. Nursing will input who the designated visitor is:
2. Log into EPIC
3. Click into Patient Chart.
4. In the Upper Left Hand Corner, you will see this box



5. Click on Not Documented

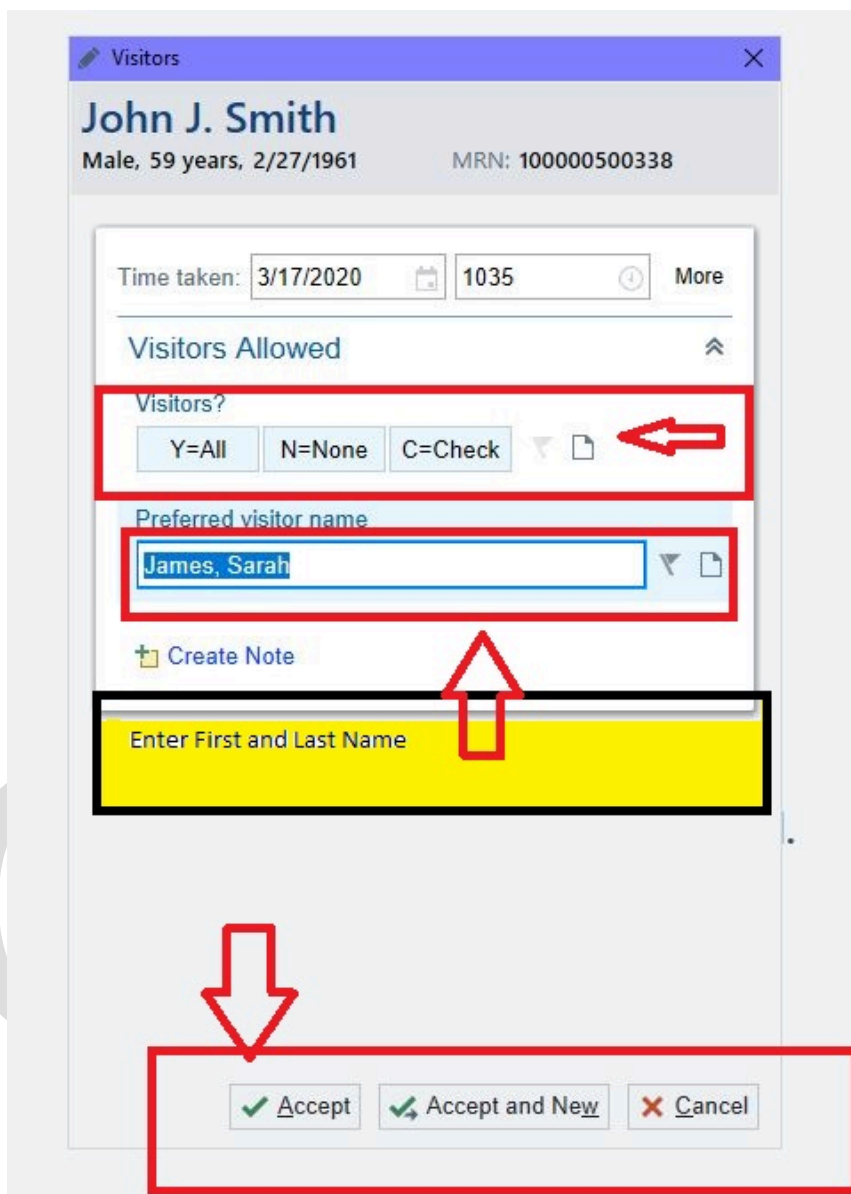


6. You will be brought to the following screen

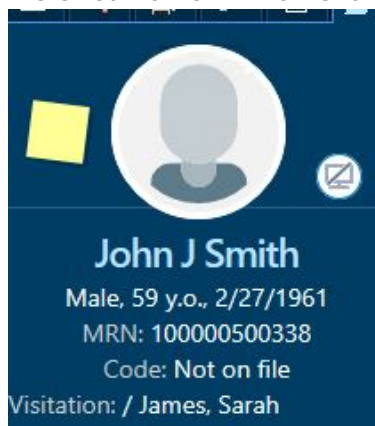


7. Perform the following steps:

1. Select Y=All, N=None or C=Check
2. Entered Preferred Visitor Complete Name (**First and Last**)
3. Click Accept



8. Preferred Name will now show as pictured below:



B. Patient with extenuating circumstances

1. Patient has potential extenuating circumstances

2. Clinical Care Team contact Nursing House Supervisor to have conversation to determine decision
3. Patient **DOES** have extenuating circumstances
 - Nursing updated Epic with Y/Approved Visitor(s) Name(s). Examples below:

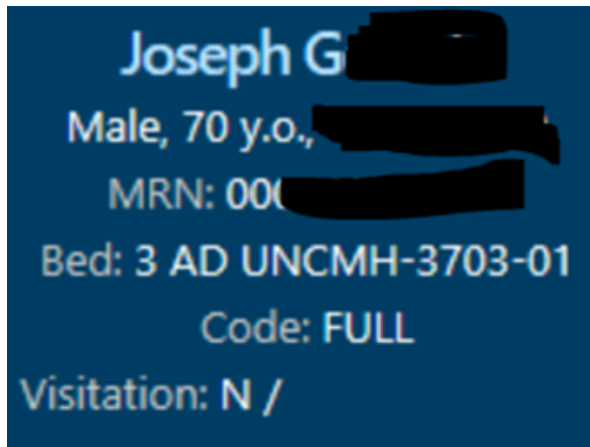


John J Smith
Male, 59 y.o., 2/27/1961
MRN: 100000500338
Code: Not on file
Visitation: / Jane Smith (for surgery on 3/27)



John J Smith
Male, 59 y.o., 2/27/1961
MRN: 100000500338
Code: Not on file
Visitation: / Jane Smith (for discharge teaching)

- After approved visitor(s) have seen patient nursing will update Epic to "no visitor"

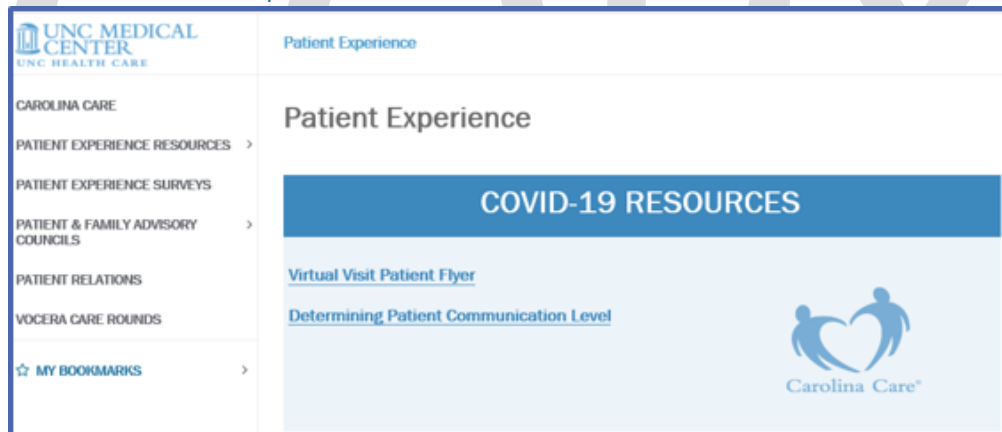


4. Patient **DOES NOT** have extenuating circumstances
 - Notify family of decision

IX. Resource Documents

A. Communication resources available:

- [Video](#) created to 'thank' visitors for staying at home
- A [virtual visitation flyer](#) has been created to help patients and families connect.
- How to [Determine Patient Communication Level](#)
- Check the [Patient Experience website](#) for additional resources



B. Available as Attachments:

- [What to do if you have symptoms](#)
- [Clinic waiting room signage](#)
- [Front Desk Volunteer Guide](#)
- [Nursing Guide](#)
- [Visitor Restriction Signage](#)

X. Responsible for Content

COVID-19 Task Force, Emergency Management, Disaster Preparedness, Nursing

Attachments

[COVID -19 Visitor Screening Quick Tool](#)
[COVID 19 - Virtual Visitation Printable Workflow](#)
[COVID-19 Clinic/Waiting Room Signage](#)
[COVID-19 Nursing Guide](#)
[COVID-19 Temperature Scanning](#)
[COVID-19 Visitor Restriction Signage](#)
[COVID-19 What to do](#)



[EPIC Advance Care Plannig Edit](#)
[EPIC Advance Care Planning](#)
[EPIC Advance Care Planning Add Contact](#)
[EPIC Chevron](#)
[EPIC CODE](#)
[EPIC CODE Click](#)
[EPIC Designate Visitor Spot](#)
[EPIC Primary Contact](#)
[EPIC Primary Contact Note 2.JPG](#)
[EPIC Primary contact note1.JPG](#)
[EPIC Primary Emergency Contact](#)

Approval Signatures

Step Description	Approver	Date
PolicyStat Administrator	Kimberly Novak-jones: Nurse Educator	06/2020
Director, Center for Nursing Excellence	Carla Jones: Dir Ctr for Nursing Excellence	06/2020
	Kimberly Novak-jones: Nurse Educator	05/2020

Applicability

UNC Medical Center