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 ot 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
 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

<table>
<thead>
<tr>
<th>Type</th>
<th>Details</th>
<th>Health Screening Needed</th>
<th>Other Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Adults</td>
<td>NO VISITORS - except for extenuating circumstances</td>
<td>Yes – if extenuating circumstances, need screening.</td>
<td>House Supervisor is the liaison between Guest Services &amp; the Clinical Care Team for decisions</td>
</tr>
<tr>
<td>Laboring L&amp;D patients</td>
<td>Expedite to the front of the visitation line.</td>
<td>Yes – if ‘fails’ screening, put a mask on the patient &amp; still take to L&amp;D</td>
<td>Get this patient to L&amp;D immediately!</td>
</tr>
<tr>
<td>Birth Partner for laboring patients</td>
<td>Expedite to the front of the visitation line.</td>
<td>Yes – must pass health screening</td>
<td>Needs Fast Pass, per normal routine</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1 visitor/guardian per pediatric patient</td>
<td>Yes – must pass health screening</td>
<td>Needs Fast Pass, per normal routine</td>
</tr>
<tr>
<td>ED</td>
<td>NO VISITORS - except for extenuating circumstances</td>
<td>Yes – if extenuating circumstances, need screening.</td>
<td>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.</td>
</tr>
<tr>
<td>Outpatient</td>
<td>NO VISITORS -</td>
<td>Yes – must pass</td>
<td>Peri-Op patients may be allowed a visitor or</td>
</tr>
</tbody>
</table>

Except for extenuating circumstances

| 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

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.

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: 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.
E. Communication

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

VII. Screening Processes

A. Workforce Screening

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

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...
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](http://unchealthcare-uncmc.policystat.com/policy/8114529/) available as attachment

2. [Covid-19 Visitor Screening Quick Tool](http://unchealthcare-uncmc.policystat.com/policy/8114529/) Available as attachment
   a. If ‘yes’ to any of those symptoms or temperature >100.0°:
      - 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°:
      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.

<table>
<thead>
<tr>
<th>Care Areas and Visitors Permitted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
</tr>
<tr>
<td>Inpatient Adults</td>
</tr>
<tr>
<td>Laboring L&amp;D patients</td>
</tr>
<tr>
<td>Birth Partner for laboring patients</td>
</tr>
<tr>
<td>Pediatrics</td>
</tr>
<tr>
<td>ED</td>
</tr>
<tr>
<td>Outpatient</td>
</tr>
<tr>
<td>Procedural Areas</td>
</tr>
</tbody>
</table>
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
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
   - Notify visitor of rules
   - If visitor claims "extenuating circumstances"
     - Call House Supervisor

b. ED Visitor presenting to Front Entrance

   i. Greeter performs travel screening
      - Fails Screening
        - Mask the patient & use wheelchair to transport to ED lobby via Neuro elevators
        - Passes Screen - proceed to step b

   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
      - Fails screening
        - Mask the patient & use wheelchair to transport to ED lobby via Neuro elevators
      - 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
         ![Image of a chart with a box highlighting a field]
      5. Click on Not Documented
6. You will be brought to the following screen

![Visit screen](Image)

7. Perform the following steps:
   1. Select Y=All, N=None or C=Check
   2. Enter 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:
     - 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

![Patient Experience](#)

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 Planning 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 Note 1.jpg
EPIC Primary Emergency Contact

Approval Signatures

<table>
<thead>
<tr>
<th>Step Description</th>
<th>Approver</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PolicyStat Administrator</td>
<td>Kimberly Novak-jones: Nurse Educator</td>
<td>06/2020</td>
</tr>
<tr>
<td>Director, Center for Nursing Excellence</td>
<td>Carla Jones: Dir Ctr for Nursing Excellence</td>
<td>06/2020</td>
</tr>
<tr>
<td></td>
<td>Kimberly Novak-jones: Nurse Educator</td>
<td>05/2020</td>
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Applicability

UNC Medical Center