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## **REVISED COVID-19 Guidance on Screening and Visitation at Acute Health Care Facilities: June 8, 2020**

**Background:** Health care facilities currently face an enormous challenge in providing safe care to patients during the COVID-19 pandemic. To mitigate the spread of the coronavirus, the Centers for Medicare & Medicaid Services (CMS) provided guidance regarding screening and limitations on entry into health care facilities such as hospitals, critical access hospitals and inpatient hospice units in the [Guidance for Infection Control and Prevention of Coronavirus Disease \(COVID-19\) in Hospitals, Psychiatric Hospitals, and Critical Access Hospitals \(CAHs\): FAQs and Considerations for Patient Triage, Placement, Limits to Visitation and Availability of 1135 Waivers](#) memo issued on March 30, 2020.

On April 27, 2020, Governor Brown issued [Executive Order No. 20-22](#) which directed the Oregon Health Authority (OHA) to provide guidance on visitation and screening at hospitals and ambulatory surgical centers in order to ensure the safety of patients and health care workers and to slow the spread of COVID-19. The safety of patients and staff is also a concern at outpatient renal dialysis facilities.

**Authority:** CMS QSO-20-13-Hospitals-CAHs (REVISED), Executive Order 20-22 and ORS 441.025.

**Applicability:** This guidance applies to the following **acute health care facilities** as further defined in ORS 442.015:

- Ambulatory Surgery Centers
- Hospitals, excluding inpatient psychiatric hospitals
- Outpatient Renal Dialysis Facilities

Separate guidance has been issued for Psychiatric Inpatient Facilities and can be found here: <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2275.pdf>

- I. **Screening Guidance:** Facilities subject to this guidance 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. Policies and procedures regarding *screening* must:

- Limit points of entry to the facility
- Ensure that the needs of visitors including visitors who communicate in a language other than English or who require American Sign Language (ASL) interpretation can be met during screening, in accordance with the requirements of the U.S. Department of Health & Human Services Office of Civil Rights.
- At each point of entry, require screening of all individuals seeking entry to the facility, including visual observation and questions about:
  - Symptoms including, but not limited to, fever, sore throat, runny nose, cough, shortness of breath, and body aches.
  - 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>;
  - Testing for, or diagnosis of, COVID-19.
  - Contact with known or suspected COVID-19 cases within the last 14 days.
  - Cruise ship travel within the last 30 days. For updated information on cruise ships visit: <https://wwwnc.cdc.gov/travel/page/covid-19-cruise-ship>.

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.

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

## II. Visitation Guidance

A. Facilities subject to this guidance shall adopt and enforce policies and procedures that:

- Limit visitor movement within the facility.
- Consider closing common visiting areas or ensure that common areas can accommodate physical distancing and encourage visits in patient rooms.
- 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.

B. 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:

- Specify the visitors the facility is restricting from entering or the limitations on the number of visitors who can enter the facility or visit a patient at one time, subject to the provisions below.
- Guarantee that 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 per day who meets screening criteria and complies with the facility's infection control measures.
- 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 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.).
- Have exceptions that 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.

**III. Guidance on 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.
- Require appropriate signage regarding visitation and screening protocols and provide this information to individuals seeking entry to the facility, including a link to the hospital's grievance procedures if an individual believes they are inappropriately being restricted from the facility.
- Provide temperature checks upon request.

A facility's policies and procedures shall remain in effect until OHA informs the facility that the policies and procedures may be rescinded.

You can get this document free of charge in other languages, large print, braille or a format you prefer. Contact Mavel Morales at 1-844-882-7889, 711 TTY or [OHA.ADAModifications@dhsosha.state.or.us](mailto:OHA.ADAModifications@dhsosha.state.or.us).