



May 20, 2020

**Health Advisory: COVID-19 Updated Guidance for
Hospital Operators Regarding Visitation**

On March 18, 2020, the New York State Department of Health issued a health advisory, available on the Department's COVID-19 website, regarding hospital visitation restrictions. On March 27, 2020 and on April 10, 2020, the Department issued updated guidance. **This advisory replaces all the updates previously issued regarding hospital visitation.**

Effective immediately, hospitals must continue to suspend all visitation except for patient support persons, or family members and/or legal representatives of patients in imminent end-of-life situations; provided, however, that hospitals may enroll in the pilot hospital visitation program and adhere to the guidelines established therein.

Hospitals that do not enroll in such pilot are only required to permit patient support persons at the patient bedside for:

- Patients in labor, delivery, and the remainder of the patients' admission;
- Pediatric patients;
- Patients for whom a support person has been determined to be essential to the care of the patient (medically necessary) including patients with intellectual and/or developmental disabilities and patients with cognitive impairments including dementia; and
- Patients in immediate end-of-life situations.

During this unprecedented time, support persons for the patients described above may be critical to avoid negative health outcomes unrelated to the COVID-19 public health emergency. Given the risk of COVID-19 in healthcare settings, healthcare providers should thoroughly discuss the potential risks and benefits of at least one support person's presence at the bedside with both the patient (if 18 years of age or older) and the support person. For those patients and support persons who through informed decision making determine a support person at the bedside is essential for the patient's care, hospitals should develop protocols for ensuring a support person at the bedside minimizes risk of potential COVID-19 transmission, including when the patient is confirmed or suspected to have COVID-19.

- For **labor and delivery**, Executive Order 202.25 provides that **one support person and a doula, if a patient has one**, are essential to patient care upon admission, throughout labor, delivery, and the postpartum period, including recovery, until discharge to home. A support person can be the patient's spouse, partner, sibling, parent, or another person they choose. The support person and the patient's doula can stay in all Article 28

settings with the patient, whether the patient gives birth at a general hospital or a birth center. This includes being present upon admission, during labor, delivery, in postpartum units, or in a birthing center, as medically appropriate. The support person and doula (if the patient has one) are the only support persons allowed to be present during the patient's care. This restriction must be explained to the patient in plain terms, upon arrival or, ideally, prior to arriving at the hospital. Hospital staff should ensure that patients fully understand this restriction, allowing them to decide who they wish to identify as their support person.

- For **pediatric patients**, the Department considers **one support person at a time** as essential to patient care in the emergency room or during hospitalization. For hospitalized pediatric patients, especially with prolonged hospitalizations, the patient or family/caregiver **may designate two support people**; but only one support person may be present at a time. This restriction must be explained to the patient's family/caregivers in plain terms, upon arrival or, ideally, prior to arriving at the hospital. Hospital staff should ensure that the family/caregiver fully understand this restriction. Individuals age 70 years or older, are not encouraged to be support persons at this time due to increased risk of COVID-19 infection.
- For **patients for whom a support person has been determined to be essential to the care of the patient (medically necessary) including patients with intellectual and/or developmental disabilities (I/DD), and patients with cognitive impairments including dementia**, the Department considers **one support person at a time** as essential to patient care in the emergency room or during hospitalization. For these hospitalized patients, especially with prolonged hospitalizations, the patient or family/caregiver **may designate two support people**; but only one support person may be present at a time. This support person can be the patient's family, caregiver, or another person they chose. In these settings, the person will be the only support person allowed to be present during the patient's care. This restriction must be explained to the patient and support person in plain terms, upon arrival or, ideally, prior to arriving at the hospital. Hospital staff should ensure that patients fully understand this restriction, allowing them to decide who they wish to identify as their support person. Individuals age 70 years or older, are not encouraged to be support persons at this time due to increased risk of COVID-19 infection.
- For **patients in imminent end-of-life situations**, the Department considers **one family member and/or legal representative at a time** as a support person who should be permitted at the patient bedside. The Department defines imminent end-of-life situations as a patient who is actively dying, where death is anticipated within less than 24 hours. The patient and/or family/caregiver **may designate up to two support people**; but only one support person may be present at a time. In the event the patient is a parent of a minor child, one adult family member and one child may be permitted at the patient bedside. This restriction must be explained to the patient and/or support person in plain terms, upon arrival or, ideally, prior to arriving at the hospital. Hospital staff should ensure that patients and/or support person fully understand this restriction. Individuals age 70

years or older, are not encouraged to be support persons at this time due to increased risk of COVID-19 infection.

Exceptions which restrict support persons may be applied in limited circumstances and must be limited to medical necessity determinations made by the treating clinician and/or based on the facilities' ability to maintain appropriate infection control protocols.

The support person of a patient with confirmed or suspected COVID-19 who has been a close contact of the patient has potentially already been exposed to COVID-19. These support persons should:

- Wear a surgical or procedure mask throughout their time in the hospital,
- Practice scrupulous hand hygiene,
- Remain in the patient's room except for entrance and exit from the hospital; and
- While in the room, a gown and gloves should be worn to prevent the person's hands or clothes from becoming contaminated. Eye protection should be worn while in the room if available.

If the support person of a patient with confirmed or suspected COVID-19 has not been a close contact of the patient and does not have a history of confirmed COVID-19, the support person should:

- Wear a surgical or procedure mask throughout their time in the hospital,
- Practice scrupulous hand hygiene,
- Remain in the patient's room except for entrance and exit from the hospital, and
- While in the patient's room, a gown and gloves should be worn to prevent the person's hands or clothes from becoming contaminated. Eye protection should be worn while in the room if available.
- Again, in these circumstances the risks of acquiring COVID-19 should be fully explained, so that the patient and support person can make an informed decision of whether or not the support person's presence at the patient bedside is essential to the patient's health.

If the patient does not have confirmed or suspected COVID-19, the support person should:

- Wear a surgical or procedure mask throughout their time in the hospital,
- Practice scrupulous hand hygiene, and
- Remain in the patient's room except for entrance and exit from the hospital.

If a support person has suspected COVID-19 or presents with or develops symptoms of COVID-19, they should be excluded from the facility. In this situation, through informed decision making, the patient and/or family may choose to select a different support person.

If a support person was **confirmed as having symptomatic COVID-19** but meets the following conditions:

- At least 3 days (72 hours) have passed since recovery, defined as resolution of fever (greater than or equal to 100.0 F) without the use of fever-reducing medications; **AND**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**
- At least 14 days have passed since symptoms attributed to COVID-19 first appeared.
 - For a support person who was **asymptomatic at the time of their first positive test**

and remain asymptomatic, at least 14 days have passed since the first positive test.

Such support person may be allowed to visit with the following precautions:

- Wear a surgical or procedure mask throughout their time in the hospital,
- Practice scrupulous hand hygiene,
- Remain in the patient's room except for entrance and exit from the hospital; and
- While in the room, a gown and gloves should be worn.

Hospital staff must screen the support persons for symptoms of COVID-19 (e.g., fever, sore throat, runny nose, cough, shortness of breath, muscle aches, or diarrhea) and conduct a temperature check prior to entering the clinical area and every twelve hours thereafter for the remainder of their presence at the bedside. When providing personal protective equipment to a support person, instructions on PPE conservation strategies should be provided to minimize unnecessary waste (i.e. prolonged wearing).

Hospitals should develop clear protocols for communicating with family members or caregivers of any patient who do not have a support person at the bedside. This should include considerations for assisting patient and family member communication through remote methods when possible, for example, via phone or video call.

Hospitals must post signage notifying the public of the suspension of visitation in all hospital entrances and in parking lots. In addition, these policies should be posted to the hospital's website and social media pages.

Question and Answer

The Department has received requests for clarification on how hospitals should implement this guidance. The following Questions and Answers are provided to clarify these questions:

- Q:** For patients with cognitive impairments, including dementia or developmental disabilities, who determines if their condition is essential (medically necessary) for a support person to be present?
- A:** During the State of Emergency for COVID-19 in NYS, the Department considers any patient with an intellectual and/or developmental disability, or with a cognitive impairment, including dementia, as having a condition for which a support person is essential to the care of the patient. There may be additional medical conditions for which the treating health care provider determines a support person is essential to the care of the patient, and the Department agrees that those patients should have a support person at the bedside.
- Q:** With regard to those patients with intellectual and/or developmental disabilities, and patients with other cognitive impairments including dementia, who are ventilated and sedated, a support person at the bedside may not be essential to the care of the patient. Further, the support person's presence might create increase risk for COVID-19 exposure. Is a support person required to be allowed at the bedside in these situations?
- A:** In these situations, the Department advises hospitals to consider the patient's level of awareness, which may or may not allow the patient to benefit from the presence of a support person, particularly for those individuals who may experience agitation with varying levels of sedation. However, in situations where a patient is fully sedated and the support person's presence no longer provides support, to avoid negative health outcomes, the Department agrees that the support

person may no longer essential to the patient's care and, therefore, their presence may not be required at the bedside.

Q: The guidance notes that "healthcare providers should thoroughly discuss the risks and benefits of a support person's presence at the bedside". If the provider believes that the risks outweigh the benefits, considering risk of infection to the support person or family member, and community spread of COVID-19, does the provider's opinion prevail?

A: During the State of Emergency for COVID-19 in NYS, the Department has defined those patient conditions for which a support person must be allowed at the bedside. After a healthcare provider thoroughly discusses the risks and benefits of the support person's presence at the bedside, which may include a determination that the risks potentially outweigh the benefits, if the patient and support person decide to proceed with the presence of the support person at the bedside, then the support person must be allowed.

Q: The guidance appears to allow for family members and/or legal representatives to stay at the bedside for up to 24 hours (and perhaps longer if the patient does not pass within 24 hours as anticipated) in end-of-life situations. Are hospitals required to allow a family member and/or legal representative at the bedside for this entire duration, or can the time be restricted?

A: Although the Department defines "imminent end-of-life" as a patient whose death is anticipated within less than 24 hours, the guidance does not place a minimum or maximum amount of time a support person may be permitted at the bedside. Hospitals should use reasonable judgement and patient care considerations to determine an appropriate amount of time a family member and/or legal representative can be permitted at the bedside for patients during imminent end-of-life situations.

Q: The guidance allows for two separate designated visitors for pediatric patients and patients with intellectual and/or developmental or cognitive impairments, in addition to patients in imminent end-of-life situations, but only one at a time. If one visitor at a time creates a logistical challenge, is it permissible to allow two visitors who are fully protected in full PPE (mask, gloves, gown, eye protection) for the duration of the visit?

A: If the hospital determines that more than one support person at the bedside does not increase the risk for COVID-19 transmission or interfere with patient care, then hospitals may permit two support persons at a single time.

Q: Some hospitals are receiving forms completed by a community-based provider, which state that a support person should be permitted at the bedside of patients. Is the hospital-based treating provider or the community-based provider responsible for determining the medical necessity for a support person to be at the bedside?

A: In these situations, the Department advises hospitals to discuss with the community-based provider how a decision of medical necessity was determined, as they may have a long-standing relationship with the patient that can provide critical information to assist in making this determination. However, in addition to those patient conditions already defined by the Department, any decision on medical necessity for a support person ultimately lies with the treating provider.

Please contact hospinfo@health.ny.gov with any additional questions.