



Health Facility Licensing and Certification

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REVISED COVID-19 Guidance for Entry into Acute Health Care Facilities: April 23, 2020

Background: Health care facilities currently face an enormous challenge in providing safe care to patients during a pandemic. To mitigate the spread of the COVID-19 virus, the Centers for Medicare & Medicaid Services (CMS) provided guidance to restrict entry into health care facilities such as hospitals, critical access hospitals and inpatient hospice units in the [Guidance for Infection Control and Prevention Concerning Coronavirus Disease \(COVID-19\): FAQs and Considerations for Patient Triage, Placement and Hospital Discharge](#) and the [Prioritization of Survey Activities](#) memo issued on March 23, 2020.

On March 19, 2020, Governor Brown issued [Executive Order No. 20-10](#) 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-20-20-All, Executive Order 20-10 and ORS 442.025.

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

- Ambulatory Surgery Centers
- Hospitals
- Outpatient Renal Dialysis Facilities

Guidance: Facilities subject to this guidance shall adopt and enforce policies and procedures that limit entry into facilities to essential individuals and require the *screening* of those essential individuals before entry. It further clarifies *visitation* requirements for individuals other than health care workers and facility personnel.

Essential individuals include:

- Facility personnel*
- Facility healthcare volunteers
- Outside medical personnel (individuals who are licensed, certified or otherwise authorized or permitted by the laws of this state or another state to administer health care services)
- Emergency responders, including emergency medical services, fire and police
- Vendors, but only when access to facility is required
- Health care licensing or survey staff
- Health care interpreters
- Traditional health workers
- Legal guardians or representatives, but only if in-person visitation is necessary for legal reasons that cannot be delayed
- Individuals authorized by law to investigate allegations of abuse or neglect
- Parents or guardians of patients under the age of 18 years
- Guardians or caregivers of patients who need assistance due to their disability if in-person visitation is necessary to:
 - Facilitate treatment
 - Ensure the safety of the patient or facility staff
- Friends or family members who must accompany a patient to the emergency department or for a procedure, when no facility staff are available to provide that service
- Friends or family members visiting a patient during end-of-life care
- A spouse, partner or other support person to accompany a woman giving birth.

Policies and Procedures regarding *screening* must:

- Limit points of entry to the facility
- At each point of entry, require screening of all essential individuals, 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>;

* Prospective personnel seeking employment should be interviewed off-site.

- 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>.
- Refuse entry to any essential individual (unless seeking medical treatment themselves) if said individual has:
 - Any of the symptoms being screened for at entry.
 - Been asked to quarantine and is in breach of quarantine.
 - Been determined to be a suspected, presumptive or confirmed COVID-19 patient.
- Document entry into the facility and that screening was completed.

A facility may accept documentation from the employers of outside medical personnel and emergency responders that indicates that all employees are screened before the beginning of every shift using criteria that are at least as stringent as those required by the acute care facility. The outside employer must provide daily screening documentation of employees to the acute care facility upon request.

Policies and Procedures regarding *visitation* requirements for individuals other than health care workers and facility personnel must:

- Refuse visitation to a patient who is being treated for COVID-19, however, exceptions may be made in the following cases:
 - End-of-life care as determined by the medical provider in charge of patient's care
 - Pediatric hospitalized patients
 - Patients who need assistance due to their disability. This could include needs due to altered mental status, intellectual or cognitive disability, communication barriers, or behavioral concerns
- Permit **no more than one** essential individual to visit a patient on any day except as provided below.
- Permit **no more than two** essential individuals to visit a patient on any day in the following situations:
 - Pediatric hospitalized patients may have two parent or guardian visitors.
 - Patients who are at the end-of-life as determined by the medical provider in charge of patient's care, may have two visitors.
- Limit visitor movement within the facility
- Implement measures to:
 - Increase remote communication with families (e.g., phone, FaceTime, Skype, etc.).
 - If appropriate, offer screening for symptoms, travel and contact history by telephone prior to scheduled appointments.

- Close common visiting areas and encourage visits in patient rooms. Private visiting areas may be offered to patients with roommates or other privacy concerns if these rooms can be cleaned appropriately between essential individuals' visits.

In addition, all acute health care facilities must:

- Provide education to essential individuals regarding:
 - Hand hygiene: before entering a patient room and after leaving a patient room, essential 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 staff, patients and essential individuals.
- Provide temperature checks.

A facility's policies and procedures shall remain in effect until [Executive Order No. 20-10](#) expires or is terminated, or 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.