

# POLICY

Category:	CHST System Documents Clinical Infection Prevention & Control Policies	Origination Date:	08/01/1990
Title:	IC 5.04 Visitor Screening	Effective Date:	09/30/2019

## **POLICY STATEMENT:**

Children's Health System of Texas (CHST) and its affiliates (collectively, Children's Health<sup>SM</sup>) will provide and follow processes that will promote patient, family / visitor, and staff safety by reducing the risk of exposure to infectious agents carried by visitors. Children's Health will also provide and follow processes for identifying and screening visitors for recent exposure to high risk transmissible infectious diseases and / or for signs of ongoing infection.

**NOTE:** This policy outlines the processes for infection prevention screening and for visitation practices that provide the best environment possible for the well-being of the patients we serve. The procedures in this policy acknowledge that flexibility will be required in certain circumstances (end of life circumstances, for example) and that deviations from visitor restriction when a visitor is likely to be infectious may occur under unusual circumstances. Refer to the Other Applicable Policies section for Department/Patient Population specific policies related to infection prevention screening and for visitation. Consult with the Infection Prevention and Control staff for guidance in determining infection risk of a family member/visitor who answers "yes" to the question regarding recent exposure to TB, Chickenpox, Measles, Mumps, Rubella, or Whooping Cough.

## **DEFINITIONS:**

**Primary Caretaker or Designated Primary Caretaker:** A person who has responsibility for staying with and/or caring for the patient during his / her hospital stay. Examples include a parent or legal guardian (e.g. Child Protective Services, foster family) or another individual designated by the parent or legal guardian.

**Family Members or Other Visitors:** All individuals who will spend time visiting with the patient. Examples include, but not limited to: siblings, grandparents, and aunts / uncles, friends of family or patient, and teachers.

## **PROCEDURE:**

### ***General***

- A. Children's Health will not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, sex, religion, gender identity, sexual orientation, disability, or cultural, economic or educational background.
- B. All visitors will enjoy full and equal visitation privileges consistent with patient preferences (refer to [REDACTED]).

Category:	CHST System Documents	Effective Date:	09/30/2019
Title:	IC 5.04 Visitor Screening	Page	2 of 6

- C. General visiting hours for family members and visitors other than the primary caretaker or the primary caretaker's designee are between 0800 and 2100. Extended visiting hours will be granted at the discretion of specific units and/or clinical team. The number of family members / visitors may be limited to four people at one time.
- D. There is no routine restriction of visiting hours for the primary caretaker and/or the primary caretaker's designee.
- E. Infection prevention screening is in place to limit exposure of our patients and staff to sick family members / visitors. Screening of families / visitors will be carried out in a manner to provide for the physical and emotional well-being of patients and families / visitors. Although it is primarily the responsibility of the concierge staff to badge and screen families/visitors upon entry to the hospital, all staff should be aware of the infection prevention and visitation practices.
  - a. At the Our Children's House (OCH) campus, screening is conducted by the front reception staff. Visitors are issued a sticker and armband.
- F. It is the responsibility of all employees, medical/dental staff members, housestaff members, rotating residents/fellows to observe families / visitors for visible signs and symptoms of any transmissible disease. If you observe a family member/visitor in the hospital without a badge (or armband at OCH), refer them back to the concierge desk for appropriate screening.
- G. Sleeping accommodations are provided in most inpatient rooms. Accommodations for mothers who are breast feeding an infant other than the patient will be made. Social work will be contacted if other accommodations outside of Children's Health are needed.

## ***Visitation Screening***

- A. All families / visitors entering Children's Health hospitals should be screened, as the situation permits, on admission or entrance to the hospital and every 24 hours thereafter until discharge, if applicable. A staff member will screen families / visitors for potentially transmissible diseases by asking the recommended screening questions. If the situation prevents this upon admission, the appropriate staff member will screen families / visitors upon arrival to the inpatient unit or procedure area. The following screening questions are recommended:
  - Do you (or anyone with you) have a fever of 100 or higher?
  - Do you (or anyone with you) have a productive cough (mucus coughed up from lungs), diarrhea or vomiting?
  - Have you (or anyone with you) been exposed to Tuberculosis (TB), Chickenpox, Measles, Mumps, Rubella and/or Whooping Cough?

Category:	CHST System Documents	Effective Date:	09/30/2019
Title:	IC 5.04 Visitor Screening	Page	3 of 6

NOTE: If any questions are answered “YES”, utilize the attached algorithm for next steps. (Attachment A). If questions are answered “NO”, the family member/visitor will receive a badge which will include the area being visited and the individual’s name. For family members/visitors that are 16 or older, a photo will also be included.

- B. If a primary caretaker or designated primary caretaker answers “YES” to a screening question, it will be recommended that they designate an alternate caretaker. If the designated primary caretaker cannot (due to various unavoidable circumstances) or will not find an alternative caretaker, and the patient has an assigned room, a mask will be provided and instructions for safe infection prevention practices will be provided by the charge nurse or his/her designee. If the patient does not have an assigned room, the Administrative Supervisor will be contacted. The primary caretaker or designated primary caretaker will stay in the patient room for the duration of the patient’s stay and will wear a mask while out of the room when leaving the hospital.
- C. If visitors, other than primary caretaker or designated primary caretaker, answers “YES” to a screening question, they will not be permitted to visit. Some exceptions will apply, such as end of life situations. Exceptions will be determined within appropriate Infection Prevention guidelines and at the discretion of clinical team on the unit being visited.

### ***Visitation of Patients in Isolation***

- A. Families / visitors of patients in isolation will receive instructions by the nurse caring for the patient (as outlined in [REDACTED]).
- B. Some patients in isolation, for example those with tuberculosis (TB) may not be allowed visitors other than the primary caretaker or designee (refer to [REDACTED]).
- C. For any questions or concerns the Infection Prevention and Control Department should be notified.

### ***Visitation Restrictions***

- A. In the event of the activation of Children’s Health Emergency Operations Plan (EOP) involving a patient surge or contagious patient event, further visitor restrictions will be at the discretion of Children’s Health.
- B. Restriction to visitation may include but are not limited to the following:
  - Change in visiting hours

# POLICY

Category:	CHST System Documents	Effective Date:	09/30/2019
Title:	IC 5.04 Visitor Screening	Page	4 of 6

- Limiting the number of visitors in patient rooms **and/or**
- Restrictions in general hospital waiting areas

## ***Non-Children's Health Personnel Visiting Hospital Premises***

- A. Non-Children's Health personnel (students, clergy, and special visitors) are required to wear Children's Health identification badges while on the premises.
- B. Badge distribution will be managed by the Security Department at the Children's Medical Center Plano or the badge office at Children's Medical Center Dallas.
- C. Non-Children's Health personnel having regular contact in clinical areas will have health screening and background check provisions in their contractual agreements.
- D. Non-Children's Health personnel who make episodic visits are to be oriented to Infection Prevention procedures/precautions as part of their orientation. This must occur prior to their visit, or upon arrival to the hospital by their contact department. It is the responsibility of the host department to ensure visitors are screened prior to entering the hospital.

## **SOURCES:**

### **1. Related Policies**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### **2. Joint Commission Manual**

Hospital Manual IC.01.03.01, IC.01.04.01, IC.01.06.01, IC.02.01.01, IC.02.03.01

# POLICY

Category:	CHST System Documents	Effective Date:	09/30/2019
Title:	IC 5.04 Visitor Screening	Page	5 of 6

**3. Medicare Conditions of Participation**

§482.42

**4. State or Federal Statute(s) or Regulation(s)**

None

**5. References**

Siegel JD, Rhinehart E, Jackson M. Chiarello L and the Healthcare Infection Control Practices Advisory Committee (HICPAC). Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007. AJIC 2007;35 (Suppl 2): S65-164.

**6. Keywords**

*Visitation, screening, visitor, siblings, caretaker, travel, restriction, exposure*

**7. Quick Reference Guides links, Flowcharts, and Job Aids**

See Attachment A

# POLICY

Category:	CHST System Documents	Effective Date:	09/30/2019
Title:	IC 5.04 Visitor Screening	Page	6 of 6

## Attachment A

