

COVID-19 Response Working Team Knowledge Base

Implementing and Communicating Inpatient Visitor Restriction Policies: A Quick Toolkit

- Distribute changes to inpatient visitor restriction policies rapidly/consistency — ensure website information is up-to-date and that current visitors are notified of policy changes.
- Ensure visitors are aware of different visitor restriction policies based on an inpatient's COVID-19 status; communicate when those restrictions might change (e.g., when precautions are cleared, at end-of-life).
- Clearly indicate rules for allowed visitors: number allowed, rules for rotation or coming/going from facility, how visitors are identified, visiting hours, screening policies on arrival to institution.
- Provide a publicly available point of contact for questions about visitor restriction policies and a clear chain-of-command for escalation of questions as needed.
- Clearly communicate which hospital facilities are available for visitors, if restrictions on visitor movement have been implemented, and accommodations for visitors including parking, food, and housing (both generally and at time of patient discharge/admission).
- Specify exceptions or address concerns relating to vulnerable patient populations:
 - patients with intellectual impairments/dementia/delirium or who are unable to make health care–related decisions without assistance
 - patients with limited English proficiency
 - patients at end-of-life
 - patients at time of admission/discharge from hospital
 - patients in the hospital for procedures or surgery.
- Provide a clear and consistent definition for "end-of-life" for the purposes of visitor exceptions and note if/what hospital accommodations will be available for grieving family/advocates.
- If PPE is required for visitors, specify those needs prior to visitor arrival or have hospital-provided PPE available for use.
- Provide clear expectations on how/how often outpatient advocates should expect communication with inpatient care teams.
- Be prepared to facilitate communication between inpatients and their family/advocates who are unable to come to the hospital, either with hospital-provided technology, or provision of detailed instructions for use of alternative communication methods (e.g., video-conferencing tools) with hospital staff/resources to assist as able; specifically address patient populations who are not able to use these technologies on their own or who do not have access to these technologies.