APPLICATION

All Samaritan Health Services (SHS) hospital and clinical employees and locations.

POLICY

To promote social distancing and reduce the spread of COVID-19 for SHS patients, employees and others in the community, SHS is restricting ALL visitors and non-essential individuals from its hospitals and outpatient care areas with limited exceptions.

The following guidelines apply to all visitors and essential individuals effective 3/27/2020.

PROCEDURE

DEFINITIONS:

• NONE

IMPLEMENTATION:

1. SHS essential individual exceptions:
   1. Outside medical personnel and volunteers
   2. Emergency responders including EMS, Fire and Police
   3. Vendors, but only when access to facility is required
   4. External licensing/survey staff (OHA, etc.)

2. Visitor exceptions:
   A. For the duration of a patient’s admission, one healthy, asymptomatic visitor age 12 or older may accompany the patient if:
      1) The patient is nearing end-of-life;
      2) The patient is presenting for labor and delivery to the Emergency Department or Obstetrics Unit;
      3) The patient presents to the Emergency Department via ambulance;
      4) The patient is a minor under the age of 18; and/or
      5) The patient is incapable or incapacitated and requires a surrogate decision-maker.
   B. For all other patient care areas, including but not limited to SHS clinics, laboratories, and diagnostic imaging departments, one visitor may accompany the patient to the appointment/visit ONLY if the visitor is necessary to provide direct support for the patient (e.g. to transport the patient to/from appointments).

3. Site/Entity Administration may make additional exceptions on a case-by-case basis.
4. Points of entry to each facility shall be limited to only those areas where visitor, staff and community partner screenings are occurring.

5. Facility Entry Screenings:
   A. All visitors and essential individuals (including EMS, Fire and Law Enforcement personnel) will be screened upon entry for symptoms of acute respiratory illness and the screening will be documented.
   B. Visitors and essential individuals (including EMS, Fire and Law Enforcement personnel) will be screened for:
      1) Self-report of Symptoms including fever, coughing and shortness of breath;
      2) Diagnosis or testing related to COVID-19;
      3) Unprotected contact with individuals who have been diagnosed with COVID-19; and
      4) Recent travel history.
   C. Individuals entering the facility must be asymptomatic, or they will not be permitted to visit the facility. Asymptomatic means:
      1) No fever (temperature less than 100.4F);
      2) No runny nose; and
      3) No cough or shortness of breath above visitor’s normal baseline.
   D. Staff conducting the screening must evaluate whether the visitor may have underlying illnesses placing them at higher risk for COVID-19 (e.g. heart disease, high blood pressure, asthma, lung disease). Staff will warn visitors of these risks.

6. Education for visitors and essential individuals:
   A. All visitors and essential individuals (including EMS, Fire and Law Enforcement personnel) are expected to follow appropriate hand hygiene, respiratory hygiene and cough etiquette while in the facility.
   B. All visitors and essential individuals (including EMS, Fire and Law Enforcement personnel) will receive education to the following precautions:
      1) Before entering a patient room, visitors shall wash hands with soap and water for 20 seconds, or clean hands with alcohol-based hand sanitizer;
      2) Visitors shall avoid touching their face, particularly their mouth and nose; and
      3) Covering coughs and sneezes with the elbow, and proper use and disposal of tissue followed by proper hand hygiene.

7. Visitor expectations:
   A. All visitors shall limit their movement within the facility. It is recommended that visitors arrive, walk directly to the patient’s room, and leave the facility when the visit is over.
   B. To the extent possible, visitors should remain in the patient’s room unless there is an emergency, or to use the restroom.
   C. Visitors to patients with confirmed or suspected COVID-19 will be instructed on limiting surfaces touched and use of Personal Protective Equipment (PPE) according to current policy while the visitor is in the patient’s room.
   D. Visitors to patients with confirmed or suspected COVID-19 who had contact with the patient prior to admission should be advised to report any signs or symptoms of acute illness to their primary care provider for a period of at least 14 days after the last known exposure to the patient and will be advised that they should self-quarantine at their area of residence once they leave the healthcare facility and follow the Oregon Health Authority’s recommendations:

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Current Policy and Procedures can be found on the SHS intranet.
1) Checking one’s temperature twice a day;
2) Avoiding places where many people gather, including stores, workplaces, and schools;
3) Avoiding public transportation like planes, trains, and buses; and
4) Calling ones’ healthcare provider promptly if fever, cough, or trouble breathing develops.

E. Visitors should not be present during aerosol-generating procedures or specimen collection procedures.

8. If a visitor requires a service animal, staff shall work with the patient to identify an alternative visitor who does not require a service animal if possible due to the potential risks from an infection prevention perspective. If no other individual is available, a visitor with a service animal will not be denied access. No therapy animal or pet will be allowed under any circumstance, either for the patient or visitor. All policies regarding service animals are still applicable.

9. Alternative mechanisms for patient and visitor interactions should be considered wherever possible, such as audio-video applications on cell phones, tablets or other devices.

10. Patients will not be allowed to ‘switch’ or change their designated visitor for another individual during their stay, unless there are unforeseen extenuating circumstances (e.g. the patient’s visitor becomes ill or has a personal emergency). Staff should consult with their manager prior to granting an exception due to these unforeseen circumstances.

11. If a visitor starts to experience any respiratory symptoms above their normal baseline (cough, fever, shortness of breath), they will be asked to leave the facility.

12. Any visitor refusing to leave the facility will be informed they are trespassing, and security will be notified. The number to contact for each site is:
   A. GSRMC – 541-768-5280
   B. SAGH – 541-974-1662
   C. SLCH – 541-602-8401
   D. SNLH – 541-992-6195
   E. SPCH – 541-270-9713

13. This temporary visitor restriction policy shall remain in effect until Executive Order No. 20-10 expires or is terminated, or OHA informs SHS that the policy may be rescinded.

REFERENCES
- Interim COVID-19 Visitation Guidance for Acute Care Facilities
- SHS Work Instructions:
  o PPE Conservation – In Times of Need
  o COVID-19 Screening Upon Facility Entry

REVIEW/REVISION HISTORY

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<tr>
<th>Date of Revision</th>
<th>Revision #</th>
<th>Revision / Review</th>
<th>Revision Description</th>
<th>Collaborated With (i.e. Standardization Committee, VP’s, Quality, Risk)</th>
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<td>SHS Coronavirus Task Force</td>
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<td>3/24/2020</td>
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<td>Revision</td>
<td>Updates to align with EO 20-10 and OHA Interim COVID-19</td>
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<td>3/26/2020</td>
<td>2</td>
<td>Additional updates to align with EO 20-10 and OHA Interim COVID-19 Visitation Guidance for Acute Care Facilities</td>
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<td>Additional updates on visitor restrictions to ensure safety of our patients and staff.</td>
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Current Policy and Procedures can be found on the SHS intranet.