PURPOSE

To provide guidance for visitation for patients during COVID-19. [Reference: Updated NYS DOH Health Advisory 05.18.2022]

PROCEDURE/PROTOCOL:

Visitation at Stony Brook Eastern Long Island Hospital is limited at this time. SBELIH will adhere to the below visitation plan as accepted by the New York State Department of Health.

Visitation Plan:

- Visitors must undergo symptom checks upon entering the hospital. Visitors will be asked a series of health screening questions upon entry screening. Visitor will be denied entry to the hospital if they report symptoms of COVID-19, a positive viral test for SARS-CoV-2 (COVID-19) in the prior ten (10) days, or if they have had close contact with someone with SARS-CoV-2 (COVID-19) infection in the prior ten (10) days.
- Each patient is allowed to have two visitors at any time during visitation hours as listed below. Visitors will be allowed to switch throughout the day. Visitors must be over the age of 18 years old.
- Visitors will remain in the patient’s room throughout the visit except when advised to leave by hospital staff. When visitor is in any other area of the hospital (i.e. cafeteria, elevators, rest room, lobby), visitor must be appropriately distanced from other patients and staff.
- If in a semi-private room with 2 patients, only 1 visitor per patient at a time is allowed.
- Visitors will not have access to hospital pantries.
- Visitors will not be permitted to use patient bathrooms.
- For visitors to any behavioral health unit, patient will identify a visitor and a release will be obtained prior to visit. Only 1 visitor per patient on the unit at any given time.
- General Visits for the medical/surgical unit and ICU/CCU (2 North and ICU) are from 1:00pm – 8:00pm. Visitor for 2 North and ICU patients must remain in the patient room at all times.
- Psychiatry unit visits will be scheduled prior to visit and reserved for one hour each day from 2:00pm-3:00pm. Visitor for psychiatry patients must remain in the designated visitation area at all times.
- Addiction Rehab unit (Quannacut Rehab) visits will be scheduled prior to visit and reserved for Sundays from 11:00am – 12:00pm and 2:00pm – 3:00pm and Tuesday’s and Thursday’s from 1:00pm – 2:00pm. Visitor for Quannacut must remain in the designated visitation area at all times.
- Detox-No visitation, except in special circumstances.
- Upon entry to the building, all visitors will undergo symptom and temperature checks.
- Written information of potential risks and benefits of a visit as well as appropriate PPE and hand hygiene will be provided to all visitors.
- Visitor must practice hand hygiene and wash and sanitize hands and wear appropriate PPE. If visitors do not comply they will be asked to leave.
- Patients undergoing same day procedures may be accompanied to the facility by a companion and that companion may remain in the designated waiting area until the patient is discharged.
- One visitor per patient in the Emergency Department at the discretion of the Supervisor and ED. ED visitors (only1 per patient and maintaining social distancing) can use the ED waiting room after being screened and temperature taken.
• All visitation may be further restricted by any of the following: clinical condition/status at the time of visit, high risk of transmission to others, guidelines issued by a regulatory agency or assessment from medical team.
• Any patient or visitor that enters the hospital will be required to wear a snug fitting face covering/mask that fully covers their nose and mouth while in the facility or will be declined visitation. Ear loop masks will be provided by the hospital. If patient/visitor is wearing a mask with a valve, a surgical/procedural mask will be provided to wear over the valve mask.

Stony Brook Eastern Long Island Hospital will continue to comply with DOH’s June 7, 2021 COVID-19 Updated Guidance for Hospital Visitation on allowing visitation for patient support. The following is a group of patient support persons allowed at the bedside:
• Pediatric patients
• Patients for whom a support person has been determined to be essential to the care of the patient (medically necessary), including but not limited to patients with intellectual and/or developmental disabilities, patients with cognitive impairments including dementia and patients in the Emergency Department in labor.
• Patients in immediate end-of-life situations

Patients will receive communication regarding visitation in the following ways:
• Hospital Signage
• Print materials
• Hospital website
• Social media
• Nursing rounds and unit print materials

An electronic database will be maintained to include the name of visitor, contact information, date of visit and name of patient. Screening personnel will be required to complete an electronic screening of each visitor.

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 appropriated infection control protocols.

For patients in imminent end of life situations, one family member and/or legal representative at a time may be allowed as a support person who should be permitted at the patient bedside. The Department of Health 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 who may be present at the same 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. There is not a minimum or maximum amount of time a support person can be at the bedside. This can be decided on a case by case basis.

For pediatric patients, one support person at a time as essential to patient care in the emergency room or during hospitalization.

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, 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. An additional visitor may also be with the patient during hospital-designated visiting hours. This support person can be the patient’s family, caregiver, or another person they choose. 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/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.

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 must:

- 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 must:

- 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 must:

- 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 confirmed or 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 family may choose to select a different support person.

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

- Isolated for five (5) days and if asymptomatic or symptoms are resolving (without fever for 24 hours) may visit.
- Continue to wear appropriate PPE.

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
- While in the room, a gown and gloves must be worn
For family members or caregivers of any patient who does not have a support person at the bedside, consideration for assisting patient and family member communication through remote methods when possible, for example, via phone or video call will be arranged.