



## **ReOpen DC – Phase II – Guidance for Hospitals and Health Systems - FINAL**

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The guidance and recommendations below were developed in response to the District’s phased approach to reopen health care facilities to elective procedures while minimizing health risks. Key stakeholders representing hospital Infection Prevention, Emergency Management, Nursing, Physician, and Executive Leadership teams informed this guidance based on the immediate needs and priorities of the hospitals. As hospitalizations due to COVID-19 remain a concern in the District, we anticipate these recommendations will continue to evolve to reflect the needs of the community, updated national and District directives, and needs of individual hospitals to ensure safety of patients, staff and the community.

This document should be used in conjunction with clinical expertise, internal policies at each hospital and District guidance.

### **Part I: Considerations for Patients**

*Refer to related guidance from DC Health: [DC Health Phase 2 Guidance](#)*

#### **A. Pre-visit Screening**

Facilities should establish a pre-visit screening process for scheduled outpatient visits to identify patients with active infection or recent exposure to an individual with laboratory-confirmed COVID-19 infection. Individuals that meet the criteria should be advised accordingly.

#### **B. Screening of Patients Entering the Hospital**

All patients must be screened for potential symptoms of COVID-19 upon entering the facility through designated entrances. Screening can be achieved using questionnaire, temperature check, and/or other infection control strategies as recommended by DC Health or federal agencies such as Centers for Disease Control and Prevention (CDC).

#### **C. Additional Considerations for Testing of Patients Preparing for Surgery/Diagnostic - Therapeutic Procedures**

Timing of pre-procedure testing for patients should allow adequate time before the procedure to receive test results. After testing, the patient should be advised/instructed to remain in self-quarantine until their surgery/procedure.

Patients should be instructed to:

- Avoid inviting family, visitors or friends into their home.
- Avoid leaving their home unless necessary.
- Avoid sharing utensils and other household items.

Patients should be encouraged to do the following:

- Perform frequent hand hygiene.
- Disinfect surface areas daily.
- Wash utensils and other items thoroughly.
- Separate from others in the household as best you can, including pets.
- Keep your hands away from face.
- Practice all other prevention tips the CDC recommends.

Patients should immediately call their hospital/physician if they develop any COVID-19 related symptoms before their surgery/procedure or any other health care encounter.

## **Part II: Considerations for Visitors**

Refer to related guidance from DC Health: [DC Health Phase 2 Guidance](#)

As the District continues to report hospitalizations due to COVID-19, hospitals remain committed to maintaining the safety of visitors, patients, and staff. Any considerations for visitors will be consistent with the appropriate safety and operational protocols for each facility.

### **A. Visitor Allowance**

- For the following patients, one visitor or support person should be allowed per day whenever possible:
  - Patients with intellectual and/or developmental disabilities and/or altered mental status
  - Patients with end-of-life situations
  - Patients with scheduled appointments, procedures, or surgeries
  - Patients in Emergency Departments or Urgent Care Centers
  - Patients hospitalized for pregnancy or childbirth
- For patients not listed in the categories above, at least one (1) visitor should be allowed within designated visitation hours

### **B. Visitor Restrictions**

- No visitors should be allowed for patients with confirmed or suspected COVID-19, except for end of life situations.

### **C. Visitor Screening**

All visitors must be screened for potential symptoms of COVID-19 prior to entering the facility. Screening can be achieved using a questionnaire, temperature check, and/or other infection control strategies as recommended by DC Health or federal agencies such as Centers for Disease Control and Prevention (CDC). Facilities should implement a policy addressing requirements and frequency of visitor screening.

If visitors are allowed:

- Facilities should encourage visitors to be aware of signs and symptoms of acute respiratory illness consistent with COVID-19 and not enter the facility if they have such signs and symptoms.

- Visitors should be instructed (e.g. verbally by staff, visually with signs and posters, via interactive kiosk, etc.) not to enter if they have fever or respiratory symptoms.
- Instructions should also remind visitors of the signs and symptoms of COVID-19 and who in the hospital to notify if visitors have symptoms.
- Facilities should designate entry points that visitors can use to access the health care facility with directives on screening procedures and location(s).
- Visitors with fever or other symptoms of acute respiratory or GI illness (e.g., cough or shortness of breath) should be instructed to seek medical care in the appropriate area of the hospital (e.g. clinic, ED, etc.) or leave the facility and seek immediate care from their primary care physician or local clinic as appropriate.

#### **D. Visitor Limitations**

- The flexibility of visitation restrictions should be based on what best meets the needs of each hospital to ensure safety of patients, staff, and the community.
- Facilities may develop policies following national and District recommendations regarding the required or encouraged use of medical masks or face covers (e.g., homemade mask) by healthy visitors. [<https://dchealth.dc.gov/page/health-notices>].
- When deemed appropriate and even as visitor restrictions are lifted, visitors are strongly discouraged from visiting patients who are at high risk for severe illness from COVID-19, including patients who are older adults or with an underlying medical condition(s).
- Common spaces (i.e. cafeteria, lounges) may be open to visitors only to the degree the facility is able to ensure social distancing.
- Patients should be limited to no more than one visitor within designated visitation hours. Facilities should make a strong effort to protect the safety and environment of all, including patients, staff and the community. DCHA and all its members support that visitors may be asked to leave a facility if non-compliant with hospital visitor policies and infection prevention measures put in place to ensure a safe environment.

#### **E. Alternatives to Direct Patient Interaction**

- Facilities may apply alternatives for direct interaction between visitors and patients, including setting up remote communications (e.g., telephone or internet connection) in the isolation area to allow for video or audio calls.

#### **F. Ongoing Monitoring**

- Facilities may use staff members or other mechanisms to provide training and education to visitors. All visitors allowed to visit patients should be educated on:
  - Signs and symptoms of COVID-19.
  - Practicing good hand hygiene.
  - Following respiratory hygiene and cough etiquette (e.g., covering mouth and nose with a disposable tissue when coughing or sneezing).
- Facilities should monitor and evaluate visitor restrictions in light of the continued incidence of COVID 19.

### **Part III: Considerations for Staff**

Refer to related guidance from DC Health: [DC Health Phase 2 Guidance](#)

#### **A. Testing Availability**

Hospitals will maintain a commitment to following federal and District directives regarding testing of hospital employees and health care workers. Hospitals may consider testing and timing of testing for health care workers should scientific evidence support its need from both an endemic and infection control perspective.

#### **B. Ongoing Monitoring**

Staff should be screened regularly for signs and symptoms of COVID-19. If a staff member becomes ill, they should leave the facility immediately and report to Occupational Health for testing and additional guidance.

#### **C. Personal Protective Equipment**

Facilities should ensure they have adequate PPE and medical surgical or diagnostic supplies appropriate to the number and type of surgeries and procedures to be performed, while also accounting for potential need for immediately available PPE in the case of a surge in COVID-19 hospitalizations. Considerations should be made related to hospital Memoranda of Understanding (MOU) between all members for coordination of personnel PPE and other supply needs if necessary, in addition to normal and emergency vendor support.

Policies should consider:

- Staff training on proper use of PPE according to non-crisis or crisis level evidence-based standards of care.
- Processes to track and report available quantities of consumable medical supplies, including the monitoring of supplies of facemasks, respirators, gowns, gloves, and eye protection (i.e., face shield or goggles).
- Strategies for prioritizing in the event there is a need to allocate limited patient care equipment, pharmaceuticals, and other resources.
- Estimates of the quantities of essential patient care materials and equipment (e.g., intravenous pumps and ventilators, pharmaceuticals) and PPE (e.g., facemasks, respirators, gowns, gloves, eye protection, and hand hygiene products), in accordance with CDC recommendations [\[link\]](#).

### **Part V: Social/Physical Distancing & Other Infection Control Measures**

Refer to related guidance from DC Health: [DC Health Phase 2 Guidance](#)

Facilities should have and implement a social distancing policy for visitors in non-restricted areas in the facility which meets then-current local and national recommendations for community isolation practices. Similar policies should be considered for patients and staff. Additional infection control measures should also be operationalized as the situation warrants.

These may include:

- Separating and minimizing crossover between COVID-19 and non-COVID-19 areas and units.

- Reducing unnecessary contact and interactions between staff, patients, and visitors through means like telehealth and physical barriers.
- Requiring all individuals wear a mask when inside the health care facility.
- Implementing administrative and engineering controls to facilitate physical distancing (e.g. minimizing time in waiting areas, spacing chairs at least six feet apart).
- Following evidence-based standards for infection prevention and control, including a cleaning and disinfection procedures plan, adequate training, and routine auditing of practices for both COVID-19 and non-COVID-19 patients.
- Training staff on protocols and measures related to infection prevention measures and any policy changes.

## **Part VI: Other Considerations**

### **A. Building Considerations**

Please see [guidelines](#) from DC Health.