



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Infection Prevention and Control Department		
Document:	Multidisciplinary Policy and Procedure (MPP)		
Title:	Infection Control Guideline for Management Visitors and Care Partners in Healthcare Setting		
Applies To:	Patient Care Areas		
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1. PURPOSE:

- 1.1 To provide guidance on the management of visitors or care partners to reduce the risk of infectious disease to visitors of patients that might have suspected or confirmed to respiratory infectious disease.

2. DEFINITIONS:

- 2.1 Care Partners: A care partner or support person is anyone who authorized by the patient to assist him in making decisions. Care partners must be age 18 or older unless they are parents of patients. The care allowed to accompanying, visit and stay with patients with disabilities during their visits with health care providers, including hospital admissions.

3. POLICY:

- 3.1 Care Partner must follow these guidelines to reduce risks. Limit close contact with other people as much as possible to reduce the risk of being exposed to respiratory infectious diseases e.g. Covid-19, Tuberculosis (TB) and MERS-CoV.
- 3.2 Visitors to healthcare facilities should be limited in the context of the pandemic situation, regardless of known community transmission.
- 3.3 Visitors or Care Partners must stay with the patient that they are supporting at all times
- 3.4 The triage personal may ask Care Partners to wait in hallways or other waiting areas with maintain the physical distance between patients in the waiting room.
- 3.5 Care Partner and visitors are prohibited in the Intensive Care Unit (ICU).
- 3.6 A Visitors will report to Staff Nurse to evaluate visitors and instructions will be given before entering Isolation room, such as hand hygiene. wearing and doffing of PPE.
- 3.7 In order to provide patients with adequate rest, visitors are restricted to two (2) people at a time at the bedside. Children (age 12 and under) may visit the inpatient units but not the intensive care units nor isolation rooms

4. PROCEDURE:

- 4.1 Management if allow visitors or Care Partners:
 - 4.1.1 Healthcare workers encourage visitors to be aware of symptoms of acute respiratory illness consistent with respiratory infectious diseases and not enter the healthcare facility if they have such symptoms.
 - 4.1.1.1 Visual alerts, such as signs and posters, should be placed at the healthcare facility entrances and other strategic areas by instructing visitors not to enter as a visitor if they have a fever or respiratory symptoms.
 - 4.1.1.2 A signed person to take responsibility to notify the visitors if they have symptoms.
 - 4.1.1.3 Signage should include signs and symptoms of respiratory infectious diseases.

- 4.1.2 Visitors are strongly discouraged from visiting patients who are at risk for severe illness from respiratory infectious diseases. If visitors are allowed to access in the healthcare facilities, they should follow MOH policies regarding the use of medical masks or face covers (e.g., universal mask) by healthy visitors
- 4.1.3 Provide alternatives for indirect contact between visitors and patients, including setting up remote communications (e.g., telephone or internet connection) in the isolation area to allow the visitors and patient for using video or audio calls.
- 4.1.4 Assigned healthcare workers will provide training and education to visitors (patient education staff). All visitors allowed to visit patients should be educated on:
 - 4.1.4.1 Signs and symptoms of respiratory infectious diseases including instructions on who they should notify if they develop symptoms.
 - 4.1.4.2 Performing hand hygiene by washing hands with soap and water for at least 40 seconds or by using an alcohol-based hand rub with at least 70% isopropanol for at least 20 seconds.
- 4.1.5 Following respiratory hygiene and cough etiquette (e.g., covering mouth and nose with a disposable tissue when coughing or sneezing) in the case an individual develops respiratory symptoms while visiting the facility.
- 4.2 Considerations during community disease transmission (Pandemic Disease)
 - 4.2.1 Visual triage (Screening Entrance) should be established to determine when active screening of all visitors would be initiated.
 - 4.2.2 During the active screening, all visitors should be assessed before entering the healthcare facility for symptoms of acute respiratory illness consistent with respiratory infectious diseases. If a visitor has symptoms, they should not be allowed to enter the facility.
 - 4.2.3 The medical mask must be worn at all times while Visitor inside the healthcare facilities.
 - 4.2.4 Entrance screening staff should ask all visitors to sanitize their hands by using the hand sanitizer that is provided. Moreover, if they arrive wearing gloves, they MUST request to take them off and perform hands hygiene. Also, not allow them to put the gloves back.
 - 4.2.5 During widespread community transmission of respiratory infectious diseases, only Essential visitors for helping and providing patient care and/or caring for pediatric patients should be allowed only to them.
 - 4.2.6 Visitor access to healthcare facilities should be restricted. Requiring all essential visitors to wear a medical mask according to national policies, to prevent respiratory infectious diseases transmission in the facility from pre-symptomatic or asymptomatic individuals.
- 4.3 Guidelines of essential Care Partner for specific care areas
 - 4.3.1 Visiting an inpatient unit or other long-stay area (Rehab or Long-term care): Care Partner must stay beside the patient's bed and do not visit other areas of the hospital.
 - 4.3.2 Going to an outpatient clinic, test or treatment area: Entrance screening staff may ask the visitors to wait in another area or outside the hospital if the waiting room is too full or if the patient will be in a test or treatment on their own for a long time.
 - 4.3.3 Assist patient in the Emergency Department:
 - 4.3.3.1 Care Partner must wait for the patient in the Emergency Department at the waiting room or outside the hospital. A member of the health care team will update them when there is new information.
 - 4.3.3.2 Care Partner may be allowed to stay with the patient if the patient cannot be alone in the Emergency Department, such as if they have an intellectual or developmental disability or are unable to communicate. The nursing team will determine this.
 - 4.3.3.3 Care Partner will not be allowed in the Rapid Assessment Area because there is not enough space for them.
 - 4.3.3.4 For more details about the case, Care Partner should discuss the situation with the staff at the entrance to the Emergency Department. In addition, it may speak with a Charge Nurse, Manager or Administrator-On-Call.
 - 4.3.4 Supporting a patient having day surgery or being admitted to the same day as their surgery:
 - 4.3.4.1 Care Partners not able to stay with the patient in the Pre-Operative Care Unit (POCU), or the Post-Anesthetic Care Unit (PACU) after surgery.

- 4.3.4.2 In specific situation such as (pediatric and neonatal patient) Care Partner may stay with the patient in the Pre-Operative Care Unit.
- 4.3.4.3 Care Partners may wait in the surgical waiting room while the patient in surgery. The health care team will contact the family when the patient is ready to leave the hospital. Care Partner can visit the patient in their room when they moved from the Post-Anesthetic Care Unit.
- 4.3.5 Care Partner for pediatric patients and/or for basic patient care and feeding
 - 4.3.5.1 Care Partner can enter to areas where patients with respiratory infectious diseases are isolated with limit to one visitor/caregiver per patient with respiratory infectious diseases at a time.
 - 4.3.5.2 Care Partner must be limited to essentially such as those helping to provide patient care and/or caring for pediatric patients.
 - 4.3.5.3 Care Partner should be scheduled to allow enough time for screening, education, and training of visitors.
 - 4.3.5.4 Care Partner should be assessed to determine risks to their health.
 - 4.3.5.5. Care Partner who are at high risk for severe illness from respiratory infectious disease, such as older adults and those with underlying medical conditions, should be strongly discouraged and sent them back.
 - 4.3.5.6 The movement of Care Partner in the healthcare facility should be restricted.
 - 4.3.5.7 Care Partner should only visit the patient who are caring for and should not go to other locations in the healthcare facility.
 - 4.3.5.8 Provide education on appropriate personal protective equipment (PPE) use, hand hygiene, limiting surfaces touched, social distancing, and movement within the facility.
 - 4.3.5.9 Patients with respiratory infectious diseases are on isolation precautions and PPE supplies may be limited, healthcare facilities should obligate visitor to follow the restriction policies.
 - 4.3.5.10 If PPE is not available for Care Partner, and it is essential for helping and providing patient care, so, they should follow PPE extend use plans.
 - 4.3.5.11 Make sure that caregiver understands the potential risks associated with providing care to patients with respiratory infectious diseases, especially for visitors at high risk for serious illness from respiratory infectious diseases, those who are primary caregivers, and having extended contact with patients (e.g., parents or guardians of children).
 - 4.3.5.12 Care Partner should not be present during aerosol-generating procedures or during the collection of respiratory specimens.
 - 4.3.5.13 Healthcare facilities should consider the need to conduct active follow up screening for Care Partner with potential exposure to respiratory infectious diseases.
- 4.4 A poster is placed (Contact, Droplet or Airborne Precautions) on the isolation room door to remind everyone entering to take the precaution and follow infection control advise. Prior to entering Isolation room, a visitor must report to Nurse for evaluation and instructions. The staff may provide the necessary protective clothing to wear before entering Isolation room.
- 4.5 Hand hygiene performed before and after PPE and immediately after leaving a patient room.
- 4.6 Wearing and donning of Personal Protective Equipment (PPE) for visitors will be under supervision of staff nurse and using N95 respirators for Airborne Precaution are used with training and fit testing from Infection Control Practitioner.

5. MATERIALS AND EQUIPMENT:

- 5.1 **Forms and Records:**
 - 5.1.1 N/A
- 5.2 **Materials and Equipment**
 - 5.2.1 N/A

6. RESPONSIBILITIES:

- 6.1 Director of Elective & Acute Services
 - 6.1.1 Provide information on visiting times and to provide clear direction to staff and visitors. Visiting times will be clearly displayed on the entrance doors to all wards and will be included in the Hospital Information Booklet. Patients will be advised of visiting times on admission.
- 6.2 Senior Nurse/Managers/Department Managers
 - 6.2.1 Providing support to Ward/Department Managers in dealing with difficult / complex situations and circumstances relating to visiting.
- 6.3 Ward/Department Managers
 - 6.3.1 Ensuring that patients and relatives are aware of visiting times.
 - 6.3.2 Making judgments for exceptions to this policy for a particular reason or special circumstance
 - 6.3.3 Monitoring of visitor numbers and visiting times ideally to be a maximum of 2 visitors at any one time
 - 6.3.4 Reminding visitors on proper hand hygiene using soap and water or use the hand sanitizers provided

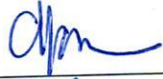


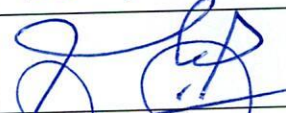

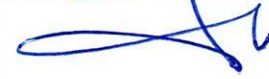

7. APPENDICES:

- 7.1 N/A

8. REFERENCES:

- 8.1 Hospital Patient Visitor Policy. https://www.scripps.org/.../scripps_hospital_patient_visitor_policy.pdf
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9. APPROVALS:

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