



March 31, 2023

Personal Protective Equipment, Screening and Visitation in CMS-certified Hospitals, Psychiatric Hospitals, and Critical Access Hospitals (CAHs):

Authority:

- [Guidance for use of Certain Industrial Respirators by Health Care Personnel \(QSO-20-17-ALL\)](#)
- [COVID-19 Focused Infection Control Survey Tool for Acute and Continuing Care Providers and Suppliers \(REVISED\) \[QSO-21-08-NLTC REVISED 09/26/2022\]](#)

Applicability: This guidance applies to Hospitals, Psychiatric Hospitals, and Critical Access Hospitals (CAHs) certified by the Centers for Medicare & Medicaid Services (CMS).

I. Personal Protective Equipment

Facilities subject to this guidance shall adopt and enforce policies and procedures that align with the CMS requirement that certified facilities to implement health care setting masking recommendations from the Centers for Disease Control and Prevention (CDC) for healthcare personnel, patients, support persons, clients, and visitors. CDC continues to recommend use of Personal Protective Equipment for the care of patient with suspect or confirmed COVID-19 as outlined in [CDC Interim Infection Prevention and Control Recommendations](#). The CDC definition of healthcare settings includes CMS-certified Hospitals, Psychiatric Hospitals and CAHs. OHA guidance for CMS-certified facilities aligns with the CDC guidance.

II. Screening

CMS guidance instructs hospitals to follow [CDC recommendations](#) regarding infection control guidance, including screening. Further, CMS states that “Facilities should continue to consult with state and local public health officials to determine if modifications to visitation and screening are appropriate on a case by case basis.”

The current CDC recommendations from their [infection control guidance](#) include multiple considerations in their [FAQ](#) regarding visitor restrictions:

Establish a process to make everyone entering the facility aware of recommended actions to prevent transmission to others if they have any of the following three criteria:

- 1) a positive viral test for SARS-CoV-2
- 2) [symptoms of COVID-19](#), or
- 3) close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a [higher-risk exposure \(for healthcare personnel \(HCP\)\)](#).

For example:

- Instruct HCP to report any of the 3 above criteria to occupational health or another point of contact designated by the facility so these HCP can be properly managed.
- Provide guidance (e.g., posted signs at entrances, instructions when scheduling appointments) about recommended actions for patients and visitors who have any of the above three criteria.
 - Patients should be managed with criteria used to discontinue isolation and quarantine, when indicated, for COVID-19
 - Visitors with confirmed SARS-CoV-2 infection or compatible symptoms should defer non-urgent in-person visitation until they have met the healthcare criteria to end isolation; this time period is longer than what is recommended in the community. For visitors who have had close contact with someone with SARS-CoV-2 infection or were in another situation that put them at [higher risk for transmission](#), it may be safest to defer non-urgent in-person visitation until 10 days after their close contact (additional considerations provided in [CDC Guidance](#)). In the event that there are co-circulating respiratory pathogens (e.g., influenza, RSV), similar steps should be taking to defer non-urgent visitation for those ill or with recent positive test.
- HCP, patients, support persons and visitors should be [offered resources and counseled](#) about the importance of receiving the COVID-19 vaccine.

III. Visitation

Oregon distinguishes between visitors and support persons who provide assistance to patients with disabilities. There are specific protections to ensure that patient support persons may assist patients with disabilities¹.

Current CMS guidance on visitation restrictions reflects that

“We recognize that requirements for entering healthcare facilities (such as visitation restrictions) have been used throughout the COVID-19 PHE to mitigate the introduction of COVID-19 into facilities. While CMS guidance has focused on protecting patients and staff from COVID-19, we recognize that restricting visitation from family and other loved ones has taken a physical and emotional toll on patients. At this time, CMS is not issuing updated guidance on visitation. Facilities should continue to adhere to basic infection prevention and control principles for COVID-19 that are consistent with national standards of practice.”

¹ See [SB 1606: Hospital Support Persons](#) and [SB 1606: Patient Access to Support Persons while in the Hospital](#) for additional information. Support persons entering the hospital are subject to COVID-19 screening and can also be required to wear personal protective equipment (PPE). If screening reflects infection or possible infection of the support person or the support person refuses to wear required PPE, the hospital may refuse to allow that designated support person to be present and the hospital should permit a different designated support person who meetings screening and PPE requirements to be present.

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