

**Health/Medical Multi-Agency Coordination (MAC) Group
Regional Hospital Visitation Policy Recommendation
October 13, 2009**

Rationale for Creating a Regional Hospital Visitation Policy Recommendation

The rationale for creating a regional hospital visitation policy recommendation stems from a desire to have a uniform policy that is more easily communicated to the public in order to engender public trust and minimize public confusion. The policy is based on infection control practices and evidence-based medicine in the interest of protecting the public, hospital staff, and medically at-risk populations from becoming ill with H1N1 influenza virus.

Goal 1: Keep visitors who are sick with influenza out of hospitals.

Policy Recommendation: At a minimum, hospitals will conduct passive screening of visitors with Influenza-Like Illness (ILI) symptoms. Passive screening includes activities such as posting signage, playing audio/video messages, etc. Hospitals may also choose to conduct active screening of visitors. Active screening involves an interaction between hospital personnel and the prospective visitor to determine if they will be allowed into the hospital.

Goal 2: Protect particularly medically at-risk populations in the hospital that may include patients in the following types of units:

- Labor/delivery, post partum, nursery, neonatal, neonatal intensive care
- Adult and pediatric intensive care
- Solid organ and bone marrow transplant
- Pediatrics
- Oncology
- Burn

Policy Recommendation: Hospitals/health systems will implement temporary visitor restrictions for units in the hospital with medically at-risk populations (specific units to be defined by each hospital). At a minimum, this policy applies to visitors age twelve and under. Hospitals may choose to limit visitation for children ages 13-18 under certain circumstances and/or implement special screening procedures for this population. Hospitals may choose to apply this visitation policy to the entire hospital.

Exceptions to these restrictions may be considered for:

- i. Visits to patients receiving end-of-life care.
- ii. Children with mothers in active labor and no other adults present to care for the child.
- iii. Expectant/new parents less than 18 years of age whose children are patients in labor/delivery, post partum, nursery, pediatric and/or neonatal units.

These policy recommendations were created with the understanding that they are fluid; hospital visitation policies may change if the prevalence of disease in the community increases.

The Health/Medical MAC Group that developed this recommendation included representatives from the following agencies:

- Adventist Medical Center
- Kaiser Permanente
- Legacy Health System
- Medical Society of Metropolitan Portland
- Oregon Health & Science University
- Portland VA Medical Center
- Providence Health System (PSA)
- Tuality Healthcare
- Clark County Public Health
- Columbia Health District
- Multnomah County Public Health
- Washington County Department of Health & Human Services

This hospital visitation policy recommendation applies to the hospitals/health systems present at the Health/Medical MAC Group meeting (listed above), and also to the following hospitals that were not able to attend the meeting but chose to adopt the policy recommendation:

- Columbia Memorial Hospital
- Providence Seaside Hospital
- SW Washington Medical Center