	SUBJECT: VISITATION/MASKING/VIRAL TESTING POLICY: (RESPONSE TO SARS-CoV-2 INFECTION)	REFERENCE #8921
	DEPARTMENT: HOSPITAL-WIDE	PAGE: 1 OF: 7
	APPROVED BY: INFECTION CONTROL, DIRECTOR OF NURSING, ADMINISTRATION, BOARD OF COMMISSONERS	EFFECTIVE: 08/09/2021
		REVISED: 08/05/2021 APPROVED:08/05/2021

PURPOSE:

The purpose of this policy is to provide workplace guidance to help prevent the risk of SARS-CoV-2 transmission within Franklin Medical Center’s (FMC’s) healthcare settings.

BACKGROUND:

On May 21, 2021, the Louisiana Department of Health released and terminated the [Emergency Order/Notices regarding Medical and Surgical Procedures, Dental Visits, Procedures & Surgeries, and other Healthcare services](#), but, the Centers for Medicare & Medicaid Services continue to require the elements found in this [Revised COVID-19 Focused Infection Control Survey Tool](#).

Please see REFERENCES for more information.

On August 2, 2021, Gov. John Bel Edwards temporarily reinstated [Louisiana’s statewide mask mandate](#) indoors for all people age five and older as COVID-19 cases and hospitalizations continue to rise across Louisiana, threatening the ability of Louisiana’s hospitals to deliver care during this fourth surge of COVID. Louisiana is currently in the worst surge of the COVID-19 pandemic so far in terms of case growth rate, percent positivity and hospitalizations.

The Centers for Disease Control and Prevention (CDC) on Friday, July 30, 2021, released data that showed while vaccination reduce one’s chance of becoming infected with COVID-19, those who do become infected with the Delta variant, despite being fully vaccinated, are likely at risk of transmitting it to others.

Louisiana’s temporary indoor statewide mask mandate will stay in place until at least September 1, but may be extended if necessary.

[Covid-19 Public Health Emergency Mitigation Measures Statewide Mask Mandate](#)


DEFINITIONS:

Unvaccinated refers to a person who does not fit the definition of “fully vaccinated,” including people whose vaccination status is not known (CDC, 2021).

Fully vaccinated is defined as being two or more weeks after receiving the final dose (e.g., second of a two dose series, only dose of a one dose series) of the vaccine approved by the FDA or authorized by the FDA for emergency use (APIC, 2021).

Recently recovered is defined as the recovery from laboratory-confirmed COVID-19 by meeting the criteria for discontinuation of isolation within the three-month period between date of elective surgery or procedure and either the initial onset of symptoms related to the laboratory confirmed COVID-19 infection or, if asymptomatic during the illness, the date of the laboratory confirmed test (APIC, 2021).

Healthcare settings refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, vehicles where healthcare is delivered, and outpatient facilities, such as physician offices (CDC, 2021).

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Source control: Use of well-fitting cloth masks, facemasks, or respirators to cover a person’s mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. Cloth masks, facemasks, and respirators should not be placed on children under age 2, anyone who cannot wear one safely, such as someone who has a disability or an underlying medical condition that precludes wearing a cloth mask, facemask, or respirator safely, or anyone who is unconscious, incapacitated, or otherwise unable to remove their cloth mask, facemask, or respirator without assistance. Face shields alone are not recommended for source control (CDC, 2021).

MASKS:

For the well-being and protection of our team, patients, and community, we require all visitors, patients, and employees (regardless of vaccination status) to wear a mask upon entering and while inside our facility; patients under 2 years of age are excluded from this requirement.

Patients and visitors, should bring a mask to the hospital ([Your Guide to Masks](#)). If a patient or visitor does not have a mask, one will be provided for them upon entering the facility.

Masks must be worn properly, ensuring that the nose and mouth are covered, at all times.

All PPE, including surgical masks, are provided to FMC employees.

Employees are required to wear a surgical mask while providing patient care, within 6 feet of another person; applicable PPE during patient care depends on specific patient isolation precautions (see infection control policies and procedure).

Visitors may not be allowed in the facility if they are unable to wear a mask OR do not comply with facility policy. Employees that do not comply with this policy are subject to disciplinary action.


Can I stop wearing a mask after my [COVID-19 vaccine](#)?

No. Not after the first shot, not after the second, and not after the two weeks it takes for your vaccine to kick in. Here’s why: What information is known regarding the available vaccines is that they are great at protecting the individual who received them from experiencing COVID-19 *symptoms*, but, currently it is not known how good they are at preventing that person from contracting and passing the virus. This means that even after receiving a vaccine, a person might be able to quietly, and without even knowing it, pass COVID-19 on to someone who has no protection from the disease—someone who hasn’t received the vaccine yet, or someone such as an infant who doesn’t have access to a vaccine.

Studies are underway to learn more about whether you can still spread COVID-19 after a vaccine, but results could take months.

In the meantime, it is still critical that, vaccinated or not, you keep wearing your mask, social distancing, washing your hands and not touching your face. The vaccine is a really important tool, but it’s just one of a combination of tools needed to control and end the pandemic.

Plus, remember that no vaccine is 100% perfect. You could still be vulnerable yourself.

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PATIENT AND EMPLOYEE SCREENING QUESTIONNAIRE:

All visitors and employees should be screened upon entering the facility (regardless of vaccination status) for current SARS-CoV-2 infection or history/symptoms of COVID-19, including ([CDC, 2021, #1.](#)):

- Current SARS-CoV-2 infection
- History of positive COVID-19 diagnosis within the last 10 days
- Prolonged close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection in the prior 14 days or have otherwise met criteria for quarantine
- Fever greater than or equal to 100.4°F
- Headache
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- Congestion that differs from their typical seasonal allergies
- Body aches
- Fatigue
- Loss of smell/taste
- Diarrhea

If a visitor answers YES to any of the screening symptoms, they may not be allowed entry into the facility.

An employee that answers Yes to any of the screening symptoms should contact their immediate supervisor or infection control director.

VISITATION:

BEFORE allowing in-person visitation (regardless of vaccination status), the risks should be explained to patients and their visitor(s) so they can make an informed decision about who should visit in-person vs. virtually.


Visitors must be at least ≥ 12 years of age.

All visitors must remain in the patient’s room.

Visitors should physically distance (maintaining at least 6 feet between people) at all times, including waiting rooms, shared areas, from other patients and/or visitors that are not part of their group, including HCPs in the facility.

FOOD SERVICES:

Franklin Medical Center’s Cafeteria is temporarily closed to the public. Visitors that meet our [Guest Tray Policy](#) will have meals delivered to the patient’s room.

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VIRAL TESTING PRIOR TO ADMISSION OR OUTPATIENT/INPATIENT PROCEDURES:

Although viral testing should be performed pre-procedure and/or placement/admission, the final decision is at the discretion of the attending/accepting physician. The decision to test should be based on clinical signs and symptoms that support the use of COVID-19 resources to rule out any suspicion of infection ([CDC, 2021, #4.](#)).

Before a patient is placed in observation, admitted, scheduled for a surgical procedure, placed in a bed for an infusion, viral testing should be performed; the final decision is at the discretion of the attending/accepting physician. Before lab or radiological testing, the final decision is at the discretion of the attending physician but is not required.

ELECTIVE SURGERIES AND/OR PROCEDURES RECOMMENDATIONS:

Recommendations from the **Association for Professionals in Infection Control and Epidemiology (APIC):**

- *Pre-elective procedure testing five (5) days prior to elective surgeries and procedures using PCR or antigen testing for the detection of SARS-CoV-2 is required for:*
 - *Patients who are not fully vaccinated*
 - *Unvaccinated patients; and*
 - *Patients for whom COVID-19 screening has identified potential risk/need for testing before procedures*

Pre-elective procedure testing is not required for patients who are fully vaccinated or have recovered from laboratory-confirmed COVID-19 during the previous three (3) months. There is no need to test asymptomatic recently recovered patients to prove they are now negative. However, pre-elective procedure testing remains encouraged for all asymptomatic patient scheduled for elective surgeries/procedures.

Pre-elective procedure testing for all asymptomatic patients scheduled for an elective surgery/procedure is strongly encouraged for all patients irrespective of vaccination or recovery status in regions with a positivity rate of 10% or greater. Region refers to the location where the elective surgery or procedure will take place.

INPATIENT VISITATION:


No visitors will be allowed at this time.

Inpatient volumes and situations can be unpredictable; therefore, visitation rules may be temporarily altered at the approval of hospital administration.

ACUTE INPATIENT REHABILITATION VISITATION:

No visitors will be allowed at this time.

Acute Inpatient Rehabilitation room volumes and situations can be unpredictable; therefore, visitation rules may be temporarily altered at the approval of hospital administration.

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SPECIAL CIRCUMSTANCES:

- Palliative/Comfort Care (which may include family meetings, palliative medicine consults, or comfort focused treatments): Spouse or partner, children, parents, and siblings may visit together between 9 a.m. and 9 p.m. with sleep accommodation provided for only one support person overnight
- End-of-Life Care: Spouse or partner, children, parents, siblings, and those closest to the family may visit together and be present 24/7

EMERGENCY DEPARTMENT VISITATION:

No visitors at this time.

Minor patients will be allowed to have both parents/legal guardians accompany them.

COVID-19 positive patients, one visitors will be allowed per day for one (1) hour only. Visitors must wear proper personal protective equipment (PPE) at all times.

Emergency department volumes and situations can be unpredictable; therefore, visitation rules may be temporarily altered at the approval of hospital administration.

OUTPATIENT CLINICS/PROCEDURES (XR, LAB, RT, PT/OT) VISITATION:

Patients needing assistance during a visit may be accompanied by no more than one adult support person.

Minor patients will be allowed to have both parents/legal guardians accompany them.

Outpatient clinic volumes and situations can be unpredictable; therefore, support person(s) rules may be temporarily altered at the approval of hospital administration.


SURGICAL/PROCEDURE AREAS VISITATION:

Patients with procedures can have visitors as outlined below pre and post procedure. The support person may remain with the patient prior to their surgery/procedure and must then wait in a socially distant manner until a member of the medical team provides an update at the conclusion of the procedure/surgery. If the patient is being admitted post procedure/surgery, visitors will adhere to the current visitation policy and hours of visitation.

- Patients needing assistance may be accompanied by no more than one adult support person
- Minor patients will be allowed to have both parents/legal guardians accompany them to and from the procedural area

CONNECTING VIRTUALLY:

We understand and recognize how important the support of family and loved ones are to our patients while we care for them. We encourage our patients to visit virtually with their loved ones through cellular devices so they can still be connected and feel supported during their time with us. We have an iPhone in the hospital to help facilitate virtual communication between patients and loved ones.

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VENDOR PRESENCE:

Vendors should remain virtual unless in person vendor presence is required during an operative procedure.


If in person vendor presence is required, the vendor should be vaccinated and it will be limited to the intraoperative period.

All other in person vendor visits are prohibited. Sales meetings and/or equipment demonstrations will remain virtual.

HAND HYGIENE:

Visitors and patients should wash their hands frequently with soap and water or use hand sanitizer. Hands washing with soap and water is the preferred method unless otherwise indicated. Hand sanitizer stations are also available throughout the hospital. The isolation sign on the patient's door will indicate the best method for hand hygiene.

Hand hygiene should always be done before and after patient contact.

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REFERENCES:

[Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination Post-vaccination Considerations for Workplaces](#)

[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)

CDC POSTER

On May 21, 2021, the Louisiana Department of Health released and terminated the [Emergency Order/Notices regarding Medical and Surgical Procedures, Dental Visits, Procedures & Surgeries, and other Healthcare services.](#)

[Revised COVID-19 Focused Infection Control Survey Tool for Acute and Continuing Care](#)

[Texas hospital returns to mask mandate for visitors](#)