

Appendix XIV

Visitor Screening and Restrictions During Communicable Disease Emergency

I. Overview

1. Hospital Epidemiology and Infection Controls recognizes three levels of Visitor Screening and Restriction during a communicable disease emergency:
 - a. Level I: Disease is endemic in community but limited number of patients or staff with symptoms
 - b. Level II: Disease is endemic; cases and admissions are increasing; Community Standards of Practice reflect more aggressive actions to control sources of communicable disease.
 - c. Level III: Widespread disease impacting staffing, resources, patient admissions OR other guidance from CDPH or SFDPH. Escalation occurs at the direction of the HICS. Escalation triggers may include:
 - i. Patient surge
 - ii. Inadequate staff
 - iii. Clearly documented hospital transmission of communicable disease (CD).
2. Increasing visitor restrictions during a CD emergency is based upon the extent of CD in community; impact on staffing, resources, admissions, community practices, and external agency guidance.
3. The Technical Advisors are responsible to recommend activation of visitor restrictions to the UCSF Medical Center Hospital Incident Command System (HICS) or UCSF Medical Center Administrator On-Call if HICS is not activated.

II. Screening Tools and Restriction Levels

1. Screening Tools and procedures depend on Level.
 - a. Level I: Standard Visitor Policy
 - b. Level II:
 - i. Symptom Self-Assessment (aka "Flu Card") for visitors managed at the patient care unit level. Areas may choose to implement more rigorous screening appropriate to their patient population requirements (e.g. Hem/Onc, BCH).
 - ii. The self-assessment is for information and education. There is no review of symptoms and visitors are urged to use the honor system to exclude themselves.
 - a. The self-assessment should be available in English, Spanish, and Cantonese.
 - b. In the event of a symptomatic visitor, a standard scripted response will urge the visitor to consider leaving. If the visitor does not leave, the screener will provide a mask, instruct on usage and hand hygiene, and direct visitor to stay in patient room.
 - c. Vendors' self-assessment system is in place.
 - iii. Consider limiting visiting children under 16 years of age to the 1st floor and cafeterias depending on CD.
 - a. Parent or guardians remain responsible for the supervision of children left in any of these public areas.
 - iv. Visitors screened for symptoms will wear a dated tag indicating they were screened. Children's Hospital and 11L have existing tag systems to identify that the visitor has been screened daily and there is no need to extend a date tag anywhere else for Phase II.
 - v. BCH exceptions for Child Visitors will occur only for palliative care visitation.
 - vi. The child exclusion does not apply to ACC but ACC may post information about the exclusion in the Medical Center for informational purposes.

- vii. Guest Services and Service Excellence produces signage and self-assessment tools in multiple languages, coordinates the distribution and collection of posters, and coordinates vouchers.
- c. Level III:
Options for visitor restriction are determined by HICS with recommendation from the Technical Advisors, and may include:
 - i. Security lockdown 24/7; Restrict all visitors with limited exceptions; all visitors enter through the hospital lobby;
 - ii. Symptom screening implemented at the lobby level;
 - iii. Visitors limited to 1 or 2 people;
 - iv. Visitors would be masked.
 - v. Other visitation strategies (e.g. SKYPE, conference calling)
- vi. The lobby-based program would require additional planning including:
 - 1. Identification of program management (e.g. guest services or security).
 - 2. Identification of clinical staff to conduct the symptom screening.
 - 3. Coordination with Campus in the event that the screening needs to be conducted in the Medical Science lobby for space management.
 - 4. Development of Press Release and media inquiry management through Public Affairs.
 - 5. Coordination with units to determine approved visitors.

III. Messaging

- 1. Level I: standard Visitor policy; no special messaging
- 2. Level II:
 - a. General Letter with symptom self assessment items will be distributed by guest services and security at the lobby level and may be adapted into postings at other locations.
 - i. Self-assessment tool will also be posted on the UCSF Medical Center web page.
 - b. Signage will be placed in the ML and MZ lobbies and ML ED entry. Signage is available in English, Spanish, and Cantonese. All are posted together.
 - i. Signage may be posted at the lobby level entrance to the Medical Center from the Medical Science building. Since the child visitor exclusion is not a campus-wide policy, posting in the Medical Science Building lobby should be discussed with campus.
 - ii. Parnassus – floors 1 – 15 (on Moffitt and Long public and service elevator areas) = 60 (based on 4 posters per floor);
 - iii. MZ - for floors 1-6 (7 is offices only; includes 1 public and 2 service elevator areas per floor) = 15.
 - c. Visitor announcement will be broadcast through UCSF Today, Media, Radio and TV News, Medical Center and campus Internal Communications, ACC Call Center, UCSF Medical Center webpage.
 - d. The self-screening and child-exclusion guidance will be communicated through other appointment reminder and pre-admission information points of service including Admitting, Radiology, Cardiac Stress program, and Operator Services.
 - e. Guest Services will provide vouchers to children excluded from visiting adult units in response to complaints.
- 3. Level III:
Same methods as Level II.

Resources:

[Flu Message Card](#)
[Poster](#)



**HOSPITAL EPIDEMIOLOGY AND INFECTION
CONTROL:
COMMUNICABLE DISEASE EXPOSURE RESPONSE
POLICY**

POLICY 7.1
Issued: 12/06
Last Approval: 12/13

Plan Elements	Level I	Level II	Level III
Triggers: Extent of outbreak in community; impact on staffing, resources, admissions, community practices, external agency guidance.	Communicable Disease (CD) is endemic in community but limited number of patients or staff with CD	CD is endemic; cases and admissions are increasing; Community Standards of Practice reflect more aggressive actions to control sources of CD	Widespread CD impacting staffing, resources, patient admissions OR other guidance from CDPH or SFDPH
HICS Activation	None; planning process only	HICS activation; weekly update minimum	HICS activation; update schedule TBD as necessary for the situation
Policy	Current Visitor Screening Policy	<ol style="list-style-type: none"> 1. Consider limiting visiting children under 16 years of age to the 1st floor and cafeterias depending on CD. 2. Maintain Visitor Screening on specialty programs (CH; 11L). 3. Implement visitor self-assessment in all other hospital location. 	<p>Options will be determined by HICS and may include:</p> <ol style="list-style-type: none"> 1. Security lockdown 24/7; all visitors enter through the lobby 2. Symptom screening would be implemented at the lobby level 3. Visitors limited to 1 or 2 people, identified at the time of admission by the patient and noted in the Bed Management System. 4. Visitors required to wear masks. 5. Alternate communications 6. The lobby-based program requires additional planning



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Plan Elements	Level I	Level II	Level III
Signage and Information to Visitors and Patients	Limited hospital, ED lobby signage	<ol style="list-style-type: none"> 1. Widespread distribution of signage: STOP SIGN posted throughout staff areas. Evaluate other message points include web, any written appointments reminders, Hotline, press release, others to be determined. 2. Widespread communication to UCSF personnel to ensure understanding of policy and expectations. Use Medical Center listserv; UCSF Today. 	<ol style="list-style-type: none"> 1. Expanded communications through external media e.g. radio or newspaper 2. Coordinate with Campus to ensure consistent messaging to campus-based clinical, academic, and other public programs through Public Affairs
	Call Center communications to ambulatory patients; cancel routine appointments if ill	Expand communications to ambulatory patients to include any appointment reminders (post cards, letters) to notify practices if ill; cancel appointments if ill; no family members or other visitors who are symptomatic.	
Location of Screening	Decentralized patient care unit-based screening and/or direct visitors to wear masks on high risk units e.g. Adult Hem Onc/BMT; Children's Hospital; ED; Urgent Care Clinics (e.g. ACC-SACC, PUC)	<ol style="list-style-type: none"> 1. Visitor symptom self-assessment information distributed by Guest Services & Security at lobby areas. Use same messaging to create other postings. 2. Continue current Visitor Screening at CH, 11L and other specialty programs. 3. Implement information regarding Age Limitation at Medical Center entry points; enforce a local program level. 	Medical Center Lobby or Medical Science Building Lobby after discussion with Campus.