

VISITOR REQUIREMENTS

For adult inpatients with COVID-19 and adult persons under investigation for COVID-19 who remain under isolation.

PLEASE PRESENT THIS DOCUMENT TO NURSING STAFF WHEN YOU ARRIVE TO YOUR LOVED ONE’S UNIT.

The person you want to visit has COVID-19 or is being tested for COVID-19 because of their symptoms. Visiting this person puts you at risk of getting the virus. It can cause:

- Fever
- Chills
- Headache
- Body aches
- Shortness of breath

This does not include all possible symptoms. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes may be at higher risk for developing more serious complications from COVID-19 illness.

Wearing the personal protective equipment (PPE) we have given you can lower your risk. Your risk is greater the closer you are to the person and the more time you spend with them.

We have tried to take as many precautions as possible so you are able to see this patient. You must:

- Wear the PPE you are given
- Not touch your face
- Wash your hands

By visiting this person you acknowledge that you assume the above risks.

REQUIREMENTS

- **One approved visitor may visit each day during the admission.** This person must be listed in Epic as an “approved visitor.” The approved visitor is the only visitor allowed for the duration of the patient’s isolation.
 - Visitor can stay in touch with the patient by phone, video, or updates from a unit navigator.
- Visiting hours are between 8 a.m. and 8 p.m. The approved visitor is allowed to visit for a **maximum of four hours** during this period, which must be completed consecutively. **Visitors will not be permitted to return at a later time in the same day**, even if they have visited for fewer than 4 hours.
- Visitors must:
 - Wear an **N95 respirator, gown, gloves, and eye protection at all times when with the patient.**
 - Wear a **medical-grade face mask** at all times when inside the building.
 - Leave the patient’s room during aerosol-generating procedures.
- Visitors must **not**:
 - Visit cafeterias, gift shops, or other locations within our facilities outside of the patient’s room.
 - Eat or drink in the patient’s room.
 - Use the patient’s bathroom.

Date: _____ Arrival time: _____ Departure time: _____

Nurse signature: _____