

As U.S. vaccinations rise, hospitals ease restrictions on visitors

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Virginia Terrell knew she wouldn't be allowed visitors after she checked

into the hospital with COVID-19 late last month, but being braced for that reality didn't make her week-and-a-half stay any easier.

"You get pretty lonely," said Terrell, 59, who was treated at WakeMed and Duke Health hospitals in Raleigh, N.C. "It's helpful knowing that person will be there that day to see you, even if you're having a bad day or getting bad news. You have somebody who can hold your hand and comfort you. "

But hospitals understand the personal cost of COVID-19 lockdowns, and many have started to loosen visitation policies over the past month as vaccination rates increase and COVID case counts decline.

Some hospitals have relaxed their visitation rules following the gradual trickle down of new guidance released in early April by the U.S. Centers for Disease Control and Prevention, said Ann Marie Pettis, president of the Association for Professionals in Infection Control and Epidemiology.

The new CDC guidelines say hospitals can consider allowing patients one or two visitors if community COVID levels remain in check.

"The CDC makes recommendations and the states then put out regulations we have to live by," Pettis said. "You definitely wait to see how your state is going to interpret it, and even from there it can be very facility-specific."

Pettis' hospital, University of Rochester Medicine in Rochester, N.Y., recently approved allowing two visitors per patient, something that many other hospitals across the nation have done.

The rules vary from state to state and hospital to hospital. Generally, visitation is allowed for patients meeting specific conditions, and a person's two visitors might have to drop by one by one, be on a

registration list, and visit only during certain hours.

COVID patients like Terrell generally aren't allowed visitors at all. However, some medical centers, such as University of Utah Health, now even allow visitors into the rooms of COVID patients.

These visits are done with an abundance of caution, said Alison Flynn Gaffney, executive director of University Hospital in the University of Utah Health system.

Visitors for a COVID-positive patient are asked if they have proof of vaccination or a prior positive COVID test themselves, and are quizzed about any recent symptoms, Gaffney said.

"They must remain in the patient's room, wear required PPE [personal protective equipment], and meet all the conditions of an additional screening," Gaffney said.

'Human beings are social beings'

The value of visitors is well known to hospital workers, said Dr. Flora Kisuule, a board member of the Society of Hospital Medicine and director of hospital medicine at Johns Hopkins Bayview Medical Center in Baltimore.

"We have learned over the years that taking care of patients is a partnership between the clinicians, the patients and their families," Kisuule said. "Human beings are social beings, and our wellness really is very much supported by the support of the people in our families."

Visitation lockdowns were necessary at the height of the pandemic to protect hospital patients with weakened immune systems and other conditions that put them at high risk.

"Our hospitalized patients are some of the most vulnerable citizens of our community, so it does require extra mitigation efforts to protect them," Pettis said. "We take it very seriously, in terms of making changes to visitation."

But the lockdowns came with a cost.

"People didn't have that cheerleader," Kisuule said. "As much as the clinicians work to be that person, they can't replace a spouse, a child, a sibling, so that was very much missed by our patients."

Duke Health changed its policy at the beginning of this month, expanding from one to two visitors allowed per patient, said Katie Galbraith, president of Duke Regional Hospital.

"The combination of reduction in COVID spread within our community and the communities we serve and the increased vaccination in the same community certainly led us to think we could expand at this point and do so safely," Galbraith said.

Logistics for expanding visitation can be tricky. It's easier to have visitors in hospitals with many private rooms versus those with a lot of semi-private rooms, Pettis said.

Medical centers also must remain keyed into COVID rates in their communities as they expand visitation.

"If your COVID rate of positivity is still above 3% you're going to handle it differently than you might if you're in a community where you're below 2% or 1%," Pettis said.

More staff needed to process visitors

Staffing is another huge issue for hospitals trying to open things up, Pettis said.

The centers usually allow visitors in through one entry point, where staffers must process IDs, check for symptoms, and explain the rules. A staff member then guides the person to the patient's room.

In the case of COVID patient visitation, a staff member might also need to help people put on and take off required personal protective equipment like gowns, gloves and mask, Kisuule said.

"Many of these institutions actually facilitate the donning and doffing [PPE] of their visitors," Kisuule said.

The staff drain for [hospital](#) visitation also is coming at a time when these medical centers are busier than ever, often running at 120% capacity, Pettis said.

"A lot of people stayed out of the hospitals and stayed out of health care because of their fear during the pandemic, and now we are bulging at the seams," Pettis said.

Terrell checked into WakeMed on April 26 because she'd lost her sense of smell and taste, was suffering from a bloated stomach, was struggling to breath and had started to have swelling in her legs.

Doctors transferred her to Duke Health on April 30 because COVID appeared to have damaged a donated liver that Duke surgeons had transplanted into Terrell years ago, she said.

"I didn't have any pain associated with it, no muscle pains or body aches," Terrell said. "It made it a little less difficult because I didn't feel I was in danger of going in there and not coming out, so I guess I could

deal with it more."

Even though she didn't benefit from it, Terrell said Duke's expanded visitation for non-COVID patients is a "good thing."

"It's hard to be alone and not be able to process your situation or discuss it with someone who can comfort you," Terrell said. "That will speed up a lot of people's recovery and put them in a good mind set. Being sick is hard when you're by yourself."

More information: The U.S. Centers for Disease Control and Prevention has more on [infection prevention at hospitals](#).

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