



Department of Health and Social Services
Hospital Guidance

Title 16 of the Delaware Code, Section 1014 requires hospitals to “include in its visitation policy allowing each competent adult patient to receive visits from any individual from whom a patient desires to receive visits, subject to restrictions contained in the visitation policy related to a patient’s medical condition, the number of visitors simultaneously permitted in a patient’s room, and the hospital’s visitation hours, as well as protective orders issued by a court.” However, hospitals are permitted to restrict visitors during a pandemic or infectious disease outbreak. 16 *Del. C.* § 1014(c).

The Division of Public Health does not consider support persons for individuals with intellectual or developmental disabilities to be visitors. For patients for whom a support person has been determined to be essential to the care of the patient (medically necessary) including patients with intellectual and/or developmental disabilities (I/DD), and patients with cognitive impairments including dementia, the Department considers one support person at a time as essential to patient care in the emergency room or during hospitalization. For these hospitalized patients who have intellectual and/or developmental disabilities, especially with prolonged hospitalizations, the patient or family/caregiver may designate two support people; but only one support person may be present at a time. This support person can be the patient’s family, caregiver, or another person they chose. In these settings, the person will be the only support person allowed to be present during the patient’s care. This restriction must be explained to the patient and support person in plain terms, upon arrival or, ideally, prior to arriving at the hospital. Hospital staff should ensure that patients fully understand this restriction, allowing them to decide who they wish to identify as their support person. Individuals age 70 years or older, are not encouraged to be support persons at this time due to increased risk of COVID-19 infection.

If the patient does have confirmed or suspected COVID-19, the support person should:

- Wear a surgical or procedure mask throughout their time in the hospital,
- Practice scrupulous hand hygiene,
- Remain in the patient’s room except for entrance and exit from the hospital,
- While in the room, a gown and gloves should be worn to prevent the person’s hands or clothes from becoming contaminated. Eye protection should be worn while in the room if available,
- Practice social distancing within the room as much as possible, and
- Again, in these circumstances the risks of acquiring COVID-19 should be fully explained, so that the patient and support person can make an informed decision of whether or not the support person’s presence at the patient bedside is essential to the patient’s health.

If the patient does not have confirmed or suspected COVID-19, the support person should:

- Wear a surgical or procedure mask throughout their time in the hospital,
- Practice scrupulous hand hygiene,
- Practice social distancing within the room as much as possible, and
- Remain in the patient’s room except for entrance and exit from the hospital.

Hospital staff must screen the support person for symptoms of COVID-19 (e.g., fever, sore throat, runny nose, cough, shortness of breath, muscle aches, or diarrhea) and conduct a temperature check prior to entering the clinical area and every twelve hours thereafter for the remainder of their presence at the bedside. When providing personal protective equipment to a support person, instructions on PPE conservation strategies should be provided to minimize unnecessary waste (i.e. prolonged wearing).

If a support person has confirmed or suspected COVID-19 or presents with or develops symptoms of COVID-19, they should be excluded from the facility. In this situation, through informed decision making the patient and family may choose to select a different support person.

Hospitals should develop clear protocols for communicating with family members or caregivers of any patient who do not have a support person at the bedside. This should include considerations for assisting patient and family member communication through remote methods when possible, for example, via phone or video call.

A handwritten signature in black ink, appearing to read "K. Rattay MD".

Karyl T. Rattay, MD, MS, FAAP
Director

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