**Gating Criteria Guidelines** - [Link to Weekly Banner System Gating Criteria](#)

These guidelines have been designed to provide consistent directions and tools regarding complex areas. At times, situational events may arise that require facility leadership to use individual, decision empowerment to reach a solution. These decisions will be case by case but should still aim to remain aligned with overall gating guidelines.

### Current Prevention Measures in Effect: As of 11/1/22

| **Entrances & Visitation** | • Maintain limited entrance, no more than 3  
  o Executive security approval is needed for additional entrances  

  • Open visitation hours  
  o Restricted Visitation: 10 PM to 6 AM to benefit the well-being of the patient (may include additional restricted entrances after hours, such as through the ED only)  
  o Overnight: Visitors/companions allowed at the discretion of the care team for caregiving purposes  

  • 2 Visitors at a time (rotation allowed within visiting hours)  
  o Exceptions can be made at the discretion of the care team and security  
  o **Symptomatic or COVID-19+ persons are excluded from visiting**  
  o Labor & Delivery  
    - Doulas allowed with laboring mothers but must leave after birth  
    - Surrogate and adoption pregnancies will allow for the patient and infant to both have a maximum of 2 visitors during visiting hours (includes support person/companion)  
    - Demise of an infant will follow End of Life visitation guidelines  
    - Women who are readmitted after delivery and are breastfeeding may have the infant brought in by their support person for feedings  

  • December 1 – March 31, no visitors under the age of 12, except for well siblings visiting a newborn  
  o Exceptions can be made at the discretion of the care team (e.g end of life visitation)  

  • Ensure standardized signage is visible, utilize kiosks that include masks and hand sanitizer |

| **Masking** | • Continuous masking in patient-facing locations regardless of vaccination status  
  o Culinary: Masking should remain in place until staff/visitors are seated at tables (masking required at food stations and cashiers)  

  • Unmasking allowed in closed areas and locations where patients are not present*  
  o Meeting rooms  
  o Break rooms/dining areas/Kitchen  
  o Closed departments  

  Charting areas, including nurses’ stations  

  *Please note that CA and CO have current state-specific mandates still in place for masks in non-patient care areas of hospitals and clinics. December 1 - March 31, TMs with an approved exemption for flu or COVID vaccine are required to continuously mask in all locations except while actively eating or drinking in a designated break room or cafeteria. |

| **Meals & Breaks** | • Stagger meal and break times and rotate in limited capacity areas where possible  
  o Socially distanced seating (6ft apart) |
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APPENDIX A – VISITOR AND COMPANION EXPERIENCE

Our visitation guidelines are subject to changes based on COVID-19 community indicators, which include COVID-19 positivity ratings and each States Department of Health Services data. As community indicators improve, our visitation protocols will be expanded. Any changes to the level of visitations will be authorized and communicated from a system level; facilities cannot determine level of visitations. Guidelines do not replace ADA/Non-Discrimination Against Patients and Companions policy for individuals with disabilities.

DEFINITION OF INDIVIDUALS WHO CAN VISIT

SUPPORT INDIVIDUAL
- PERSONS WITH A DISABILITIES: an individual who accompanies a patient with a disability who, due to the specifics of the disability, requires assistance from a support person to effectively participate in the health care process
- LABOR & DELIVERY: an individual who accompanies a laboring mother for support
  - Doulas may be present with laboring mothers at any level with appropriate PPE
  - No doulas will be permitted for mothers who are COVID-19 positive or COVID-19 suspect
  - Doulas will be required to leave the hospital following the birth
- PEDIATRIC: an individual who accompanies a pediatric patient (under the age of 18) to support delivery of care
- SPIRITUAL LEADERS: an individual who visits an end-of-life patient to offer the “Sacrament of the Sick” or other spiritual support. This individual can visit during any Positivity Rate level and can visit in addition to the designated visitor allowance.

GENERAL VISITOR
- Individuals visiting a patient who is admitted to the hospital
- Any individual who is not a legal guardian for a patient under the age of 18 or does not meet the definition of support individual

COMPANION
- A single individual accompanying a patient that is not admitted (Emergency Department, Clinic visit, or Outpatient procedure)
- Space is limited at health care locations and social distancing will be practiced during the visit
- It is asked that a companion does not bring children with them, if possible

WHAT SHOULD INDIVIDUALS EXPECT TO EXPERIENCE DURING THEIR VISIT

ENTRANCES
- Screening is not required; however, visitors should not enter if they are experiencing COVID-19 or Flu-like symptoms
- Wait times may occur at the entrance location due to the additional requirements in place for safe and secure environments
- For Serious Illness Decision visits and End-of-Life enhanced precautions visits, Security or designee will escort individuals(s) to the patient’s room

PPE
- Individuals are always required to wear a mask. It is preferred for visitor/companion/support person to supply their own mask but if they do not have one, the facility will supply a mask for them
- Individuals may have to wear additional PPE during their visit, a team member will assist them in donning additional PPE
- For enhanced precautions and end-of-life visits, it may be difficult, but individuals must keep their mask and protective equipment on during the visit

Updated: 10/20/22
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