

**Visitor Guidelines for Gritman Surgical Services Unit during COVID-19**

1. Patients in this unit are allowed only one approved visitor throughout their visit.
2. The visitor must sign this attestation and comply with all measures.
3. No visitor can be under the age of 18 years old unless they are married/emancipated
4. The visitor will wear a mask at all times while inside the hospital, including inside patient rooms.
5. Visitors must stay in the patient's room the entire time of the visit. Once the visitor leaves the patient room, they must leave the medical center and cannot return until the following day.
6. Personal digital media may be used in the hospital patient room to allow other family or loved ones to make contact with the patient.
7. The visitor will attest that they do not have the following symptoms in order to stay in the Gritman Surgical Services Unit (unless attributable to another medical condition and prior authorization):
  - a. Fever (100.0 or above)
  - b. Body Aches (myalgia)
  - c. Cough
  - d. Shortness of breath (dyspnea)
  - e. Throat pain (pharyngitis)
  - f. Decreased or loss of smell or altered taste
  - g. Fatigue
  - h. Nausea, vomiting, or diarrhea
  - i. Headache
  - j. Nasal congestion
  - k. Chills
  - l. Repeated shaking and chills

If any visitor starts to display any of the above symptoms you will be honest with Gritman staff, and immediately leave the facility and not be allowed to return.

8. Visitation rights may be revoked at any time to ensure the safety of the patient, staff or visitors at the discretion of the clinical nursing, medical, or infection prevention staff.
9. All visitors will present their state issued government identification card, provide their permanent home address and phone number in case they need to be contacted.
10. If patient post-surgery becomes extended stay, moves to MSU for recovery or observation the visitor guidelines from MSU/CCU will apply. The visitor will receive an identifying band that may not be removed until the patient discharges home. The identifying band may not be given to anyone and only the visitor/support person may wear the identifying band and must be worn at all times.

**Visitor Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_