Determining Safety of Allowing Visiting HCPs

All Visiting Health Care Providers (VHCPs), such as laboratory, radiology, dental, podiatry, etc., are essential. While there are many situations that VHCP visits to a facility should be paused, unnecessarily delaying patient care can result in serious short and long-term health complications for residents. To encourage the provision of necessary services, use this checklist to determine the safety of allowing a VHCP into the building, regardless of high case rates of infectious disease in the community. If the facility or the provider fail to meet any of these requirements, consider telehealth as an option to avoid a lapse in care.

Safety Checklist	YES	NO
Has the facility identified any transmission of the organism of concern within the last 24-72 hours? • If yes, consider a pause in VHCP services and reevaluate every few days. Minimize delay to ensure that ancillary services are provided per regulatory requirements.		
Is the facility in compliance with current public guidance for quarantining confirmed positive residents and/or residents on observation? • If no, pause services and reevaluate as soon as requirements are met. • Rooms of infectious or observation infectious residents are clearly marked. • Notify VHCP of location of any "zones." • Do not allow VHCP into red or isolation zone/rooms except for emergencies. Consider telehealth as an option. During an emergency, ensure all possible precautions are taken.		
Prior to allowing a VHCP to visit, the facility should be able to provide an up-to-date list of all residents affected by the organism(s) of concern including date that a resident tested positive or was diagnosed for the organism of concern, date that symptoms of the organism of concern were first observed, date of any significant exposure to an infectious organism of concern, and/or history of MDRO. • Consider having a tracking system in place for VHCP to refer to for up-to-date resident status related to isolation status. See below for link to free tool.		
Is the facility able to screen VHCPs before entering in the same way they currently screen facility staff? (Examples: Temperature, Vaccination Requirements, COVID-19 Testing, Screening Questions). • If no, pause services until achieved. Consider using a third-party visitor entry service or screening platform to streamline and ensure accurate screening of visitors. • In order to avoid delays in important services, VHCPs should not be held to higher requirements for entry than facility staff.		
Is facility staff trained to look out for and report any VHCP who may not be following facility infection prevention policies & procedures? • If no, first communicate the importance of VHCPs following facility policies to all facility staff prior to allowing VHCP into the building.		
Has the VHCP provided the facility with their infection prevention policies or written summary of applicable policies to ensure they meet the facilities standards? • If no, pause the services of the individual provider and request a copy of their IP policies to at least verify that the provider takes infection prevention seriously. • Consider developing an annual VHCP credentialling process that would entail a staff member verifying the provider's policies meet the facilities minimum requirements. A spot surveillance of the VHCP to ensure they are following their promised written policies could be a part of this process. Consider verifying proper hand hygiene as part of the credentialling of the provider. • Check CDC resources for minimum standards for infection control of each specialty to ensure that that providers are meeting the minimum standards set forth for their specialty (i.e., instrument sterilization).		
If the provider is not able to bring required PPE to the facility, is the facility able to provide any necessary PPE? • If no, notify the provider that they need to procure necessary PPE prior to visiting the facility.		