**Masking Protocol FAQs**

**Are visitors still required to mask inside patient rooms?**

Yes, while masking is optional for patients once in their room, visitors are still required to mask when in an area that requires masking (i.e. in the hospital or a designated high risk ambulatory clinics).

**Are clinics in the Primary Care Center considered within the Hospital or ambulatory?**

Although adjacent to the main hospital, all Primary Care Center clinics should be considered ambulatory, meaning most patients will need to “transit” through the Main Hospital lobby wearing a mask, but then have the option to remove the mask once in the Primary Care Center lobby and clinics.

**Is the UVA Pharmacy at ERC considered ambulatory or ECCCC?**

Although adjacent to Emily Couric Clinical Cancer Center, UVA Pharmacy at ECCCC should be considered ambulatory.

**How is the new masking policy structured for areas that see mixed patient populations? For example, the waiting room on the 4th floor of the West Complex shares patients for Transplant Clinic (high-risk) and Surgery Clinic (low risk). Do they mask or not mask?**

In rare situations like this, where for example transplant and surgery clinics share the same space, masking of all patients and staff is required.

**Should providers mask when providing care to a** **patient that is immunocompromised or at a high risk of severe infection?**

Providers are encouraged to wear masks when caring for high risk patients in locations where masking is optional. For masked patients who have a low or unknown risk for COVID, consider donning a mask yourself or asking the patient if they would prefer you mask as well.

**Are unvaccinated employees required to wear a mask in the settings where masking is listed as ‘optional’?**

Unvaccinated employees are still required to wear masks in all locations (except behind "closed doors" in private offices).

**If a patient is immunocompromised or at a high risk of severe infection, should they continue to mask at all locations?**

Patient/visitor masking is strongly recommended for high risk patients in all locations, including clinics where masking is optional. For our providers, please continue to counsel our high-risk patients on the importance of masking in public – including in healthcare settings – along with other preventative measures (up-to-date vaccination, hand hygiene, vaccination of loved ones, early testing).

**COVID-19 Visitation Protocol FAQs**

**For COVID-19 positive patients, who documents the Designated Visitors (bedside RN, HUC, CN)?**

The bedside nurse should document designated visitors.

**Can the DVs be changed, or once designated do the Designated Visitors remain the same throughout the patients COVID positive status?**

Designated visitors can be changed by exception only.

**If the designated visitors are able to be changed, who authorizes the change (CN, management, bedside RN)?**

Approval is given by the unit leadership team.

**What is Not Changing?**

**Testing**

Patients exhibiting signs or symptoms concerning for COVID-19 should be tested for COVID-19. However, since viral RNA may stay in a person’s body for several months after they test positive, COVID-19 testing is generally not recommended if someone has tested positive in the last 90\* days (\*note: 90 days has been revised from the prior recommendation, 120 days, to align with current CDC recommendations).

**Screening**

Patients entering UVA Health clinical facilities will still need to answer COVID screening questions (symptoms of COVID-19, recent COVID-19 positive test, COVID-19 exposure, international travel) at this time in accordance with current federal guidance.