

Coronavirus 2019 (COVID-19): Guidance for Hospital Visitation

This document provides best practice recommendations on the management of visitors to hospitals in the District of Columbia to reduce the risk of transmission of SARS-CoV-2, the virus that causes COVID-19. This guidance applies to any hospital licensed by DC Health. **Except for current mandates in effect under a Mayor’s Order or other existing local or federal regulation, any definitive action statements made in this guidance (e.g., “must”) are considered essential best practice recommendations to mitigate the spread of COVID-19.**

Please note that anyone experiencing symptoms of COVID-19, or who meets criteria to isolate or quarantine (based on DC Health criteria for healthcare settings)^{1,2} due to COVID-19 diagnosis, exposure, or travel³ must not enter a healthcare facility as a visitor due to the risk of exposing others. Symptoms of COVID-19 may include: fever (subjective or 100.4 degrees Fahrenheit), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.

General visitor guidelines

- **When are visitors permitted?⁴**
 - Hospital patient care units may allow visitation if the following are true:
 - No suspected or confirmed outbreaks have occurred on the unit allowing visitors in the previous 14 days.
 - Robust infection control practices are in place and maintained.
 AND
 - Adequate staffing is in place including staff needed for periodic check-ins during visitation.
 - Hospitals considering additional limitations should do so in collaboration with DC Health.
 - Visitation must be allowed at all times for compassionate care situations and for those essential to support persons with disabilities. While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations.
- **When are visitors not allowed?⁴**
 - When the entire facility is on quarantine or undergoing testing related to a confirmed or suspected outbreak
 - When a unit is on quarantine or undergoing testing related to a confirmed or suspected outbreak
 - When the patient to be visited is a person under investigation (PUI) for COVID-19 or has a confirmed COVID-19 infection and is still in their infectious period⁵ (considerations for limited exceptions to these scenarios are on page 3).
- **Who can visit?**
 - For units where it is possible, it is recommended that facilities consider having visitors scheduled to ensure the facility can safely accommodate the number of people visiting, and have enough staff to ensure safety precautions are followed.
 - Indoor visitation is limited to individuals who can comply with masking and physical

¹ For details, see *Guidance on Discontinuation of Transmission-Based Precautions Guidance for Patients with Confirmed or Suspected COVID-19 in Healthcare Settings* at coronavirus.dc.gov/healthguidance.

² For more information see *Guidance for Close Contacts of a Person Confirmed to have COVID-19: Quarantine and Testing* at coronavirus.dc.gov/healthguidance.

³ For the latest travel recommendations, see cdc.gov/coronavirus/2019-ncov/travelers/index.html.

⁴ These restrictions do not apply to compassionate care situations or those essential to support persons with disabilities.

⁵ The infectious period for COVID-19 starts two days before symptom onset and typically ends 10 days after symptom onset (Use test date for people who don’t have symptoms).

- distancing requirements.
- Children under the age of 18 must be accompanied by an adult guardian at all times and must be able to comply with masking and physical distancing requirements.
- Hospitals must ensure patients have adequate and lawful access to chaplains or clergy.
- **Where should visitation occur?**
 - When possible, utilize outdoor instead of indoor visitation (patient condition and weather permitting).
 - Visitation space must allow for adequate physical distancing (at least 6 feet between patient and visitors).
 - Indoor visitation space must meet the following requirements:
 - Maximize ventilation as much as possible (e.g., keep doors open).
 - If a designated space is used, there must be specified entries, exits, and pathways that minimize exposure to other patients. Staff must be available to enforce unidirectional travel to minimize patient exposure.
 - The designated space must be cleaned and disinfected between visitor groups.
 - Facilities should enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
 - If visitation occurs in a patient's room:
 - Visitors must treat each roommate as having a separate zone.
 - Visitors must not enter the roommate's zone except as required for entry or exit of the room.
 - Privacy curtains must be drawn to limit direct contact.
 - Visitors must not sit or lay on the resident's bed.
 - Visitors must not use patient facilities, including restrooms. Visitors should be directed to restrooms that are not used by patients.
 - Cleaning and disinfection of high-touch surfaces in the room (e.g., tables, door handles, light switches) should occur immediately after the visit is completed.
- When visitation is allowed:
 - All visitors must wear well-fitting masks or respirators⁶
 - All visitors must be assessed for symptoms of COVID-19 upon arrival (e.g., fever screen, symptom questionnaire).
 - The maximum number of visitors allowed to visit at any one time should be limited to the ability of visitors to maintain physical distancing in the space where the visit is to occur.
 - Visitors should only be allowed to visit the patient indicated in the visitor log during initial screening. Visiting multiple patients within the same day should be discouraged.
 - Facilities must be able to furnish contact tracing data to DC Health (in accordance with [D.C. Official Code § 7-139 in Subchapter II. Prevention of Spread of Communicable Diseases](#)) within 12 hours of it being requested including:
 - Daily staffing assignments,
 - Daily unit census,
 - Daily visitor log including patients visited for the previous 30 days. Minimum information to include:
 - First and last name,
 - Date and time of entrance,
 - Patient to be visited and location,
 - **PLUS** at least two of the following:
 - Date of birth,
 - Physical street address including state and zip code,
 - Daytime and evening telephone number.

⁶ For the rest of this guidance, the term mask will be used to refer to either masks or respirators.

- Email address, if available.
- Screen all visitors.
 - Screen for fever and other symptoms of COVID-19 infection.
 - **The following categories of visitors may not enter the facility:**
 - Visitors who have COVID-19 symptoms or known close contact with a COVID-19 positive person within the last **14 days**, *regardless* of their vaccination status or personal history of COVID-19 infection.
 - Visitors who have had a positive COVID-19 test and have **not** met DC Health criteria for discontinuation of isolation in healthcare settings
 - Visitors who meet criteria to quarantine due to exposure to a person with COVID-19 or because of travel and who have **not** met DC Health criteria for discontinuation of quarantine in healthcare settings.
 - For more information, see the following guidance documents at coronavirus.dc.gov/healthguidance:
 - *Screening in a Healthcare Setting*
 - *Screening Tool Guidance*

Personal protective equipment (PPE) guidelines/Visitation during isolation/quarantine

- Visitors should bring their own masks. If a visitor arrives to the healthcare facility without a mask, facilities must provide one for them.
 - Masks must cover the nose and mouth and fit snugly to the face.
 - Masks with exhalation valves are not permitted.
 - More information on masks for visitors can be found at cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html.
- Additional PPE is generally not indicated for visitors unless they visit a COVID-19 positive or PUI patient (e.g.: during a compassionate care visit or for those essential to support persons with disabilities).

Considerations for individuals permitted to visit a COVID-19 positive or PUI patient:

- Facilities must provide ***all*** necessary PPE for the visit.
 - Visitors should not be issued N95 respirators as they are not appropriately fit tested; however, they are permitted to wear an N95 if they bring one.
 - Staff must be available for periodic check-ins during the visit to ensure appropriate PPE use and to provide “just in time” teaching as needed.
 - For more information, see ***Required PPE for Healthcare Facilities*** at coronavirus.dc.gov/healthguidance.
- Visitors must be informed of the risks associated with visiting a COVID-19 positive or PUI patient:
 - Inform visitors that visiting a COVID-19 positive resident longer than 15 minutes cumulatively in a 24-hour period is considered an exposure and may require quarantine or testing.
 - Inform visitors of PUI patients that they should monitor themselves for symptoms for 10 days following the visit or until the patient is cleared (whichever is less). If a PUI patient tests positive, visitors and DC Health must be notified if the visitation took place during the patient’s infectious period⁵.
 - For more information, see *Guidance for Close Contacts of a Person Confirmed to have COVID-19: Quarantine and Testing* can be found at coronavirus.dc.gov/healthguidance.
- Facilities **are no longer required** to notify DC Health of instances of visitation of COVID-19 positive residents; however, the following information must be available within 24 hours upon request:
 - Full names of visitors

- All available contact information (for example, full address, phone number)
Date and duration of exposure

Facility guidelines

- When allowing visitation, facilities must:
 - Place visual alerts, such as signs and posters in appropriate languages, at entrances and in strategic places about hand hygiene, respiratory hygiene (including mask requirements) and cough etiquette.
 - Provide adequate and easily accessible access to soap and water and alcohol-based hand rub (ABHR) with 60-95% alcohol.
 - Minimize time visitors spend in common areas (e.g., waiting rooms) and use visual cues to help prevent congregating. Space chairs at least 6 feet apart to ensure individuals who are not from the same household do not sit close together or wait in groups.
 - Have a written policy in place to ensure that:
 - Non-essential visitors should be limited, and must be restricted to the patient's room or other designated facility areas.
 - Only the appropriate number of visitors is allowed per person and/or per designated space.
 - Education for visitors is available on:
 - Symptoms of COVID-19
 - Proper mask wearing
 - Performing hand hygiene by washing hands with soap and water or by using an ABHR with at least 60% ethanol or 70% isopropanol for at least 20 seconds before and after the visit and as needed.
 - Following respiratory hygiene and cough etiquette (e.g., covering mouth and nose with a disposable tissue when coughing or sneezing, placing used tissues into the trash)
 - Visitors with cough or other respiratory symptoms are instructed to immediately leave the facility and seek care if needed.
 - Information for adequate contact tracing is collected from visitors.
 - Appropriate fever and symptom screenings are in place.
 - Visitors are provided with contact information and additional instructions for notifying the facility should they develop symptoms of or test positive for COVID-19 within 14 days of their visit.
 - Visitors are notified if the patient they visited or any other patient on that patient's unit tests positive within 10 days of a visit, and that the visitors are recommended to seek testing.
 - Visitors are aware of the hospital's right to revoke, cancel or deny a scheduled visitation.
 - Provide staff to monitor visitations and conduct frequent observations for mask and hand hygiene compliance to allow for "just in time" teaching as needed.
- When allowing visitation, facilities are strongly recommended to:
 - Provide alternatives for direct interaction between visitors and patients, including setting up remote communications (e.g., telephone or internet connection) in the isolation area to allow for video or audio calls.
 - Have designated staff members available to provide training and education to visitors as needed.

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov/healthguidance regularly for the most current information.