

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 is required to isolate or quarantine¹ due to COVID-19 diagnosis, exposure, or travel 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?²**
 - Visitors should be limited during the COVID-19 pandemic to reduce the chance of SARS-CoV-2 transmission.
 - Hospital patient care units may consider 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 in place and maintained.
 - Adequate staffing is in place including staff needed for periodic check-ins during visitation.
- **When are visitors not allowed?²**
 - 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 period³
- **Who can visit?²**
 - 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 mask and social distancing requirements.
 - Children under the age of 18 must always be accompanied by a guardian and must be able to comply with face covering and social distancing requirements.
 - The maximum number of visitors allowed to visit at any one time should be limited to the ability of visitors to maintain social 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.
- **Where should visitation occur?**
 - When possible, utilize outdoor instead of indoor visitation (patient condition and weather

¹For more information see *Guidance for Quarantine after COVID-19 Exposure* at coronavirus.dc.gov/healthguidance.

² These restrictions do not apply to compassionate care situations or those essential to support persons with disabilities.

³ The infectious period for COVID-19 starts two days before symptom onset and typically ends 10 days after symptom onset (or test date for people who don’t have symptoms).

- permitting).
 - Visitation space must allow for adequate social 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 minimizes 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.
- If visitors are allowed:
 - All visitors must wear a face mask while inside the facility, regardless of vaccination status or personal history of COVID-19 infection.
 - All visitors must be assessed for symptoms of COVID-19 upon arrival (e.g., fever screen, symptom questionnaire).
 - 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.
 - Email address, if available.
 - Screen all visitors.
 - Screen for fever and symptoms of COVID-19 infection.
 - **Visitors who have symptoms or known close contact with a COVID-19 positive person within the last 14 days may not enter the facility, regardless of their vaccination status or personal history of COVID-19 infection.**
 - Visitors must not be in a quarantine period due to exposure to a person with COVID-19 or because of travel.
 - For additional information, see the following guidances at coronavirus.dc.gov/healthguidance:
 - *Guidance for Screening in the Healthcare Setting*
 - *Screening Tool Guidance*

- *Guidance for Travel*

Personal Protective Equipment (PPE) guidelines

- Visitors should be responsible for bringing their own face mask/cloth face covering. If a visitor arrives to the healthcare facility without a cloth face covering, consider providing a face mask for source control, supplies permitting.
 - Face coverings must cover the nose and mouth and fit snugly to the face.
 - Face coverings with an exhalation valve are not permitted.
- Additional PPE is generally not indicated for visitors unless visiting a COVID-19 positive or PUI patient.
- Considerations for individuals permitted to visit a COVID-19 positive patient are as follows:
 - Visitors should not be issued N95 masks as they are not appropriately fit tested, however, they are permitted to wear an N95 if they have one.
 - Visitors must be informed to quarantine at home for at least 10 days after leaving the facility. Quarantine for visitors of PUI patients is strongly encouraged, but not required. If a PUI patient tests positive, visitors must be notified if the visitation took place during the patient's infectious period.
 - Staff must be available for periodic check-ins during the visit to ensure appropriate PPE use and provide "just in time" teaching as needed.
- For more information, see *Required PPE for Healthcare Facilities* at coronavirus.dc.gov/healthguidance.

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 the requirement of mask or cloth face coverings), and cough etiquette.
 - Provide adequate and easily accessible access to soap and water and alcohol-based hand rub 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:
 - Visitors are limited to only those essential for the patient's well-being and care, 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 per designated space.
 - Education for visitors is available on:
 - Signs and symptoms of COVID-19
 - Proper wearing of face masks
 - Performing hand hygiene by washing hands with soap and water or by using an alcohol-based hand rub (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 14 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 facemask and hand hygiene compliance to allow for "just in time" teaching as needed.
- When allowing visitation, facilities are strongly recommended to:
 - Allow 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.