

# Interim Guidance for Visitors in Inpatient Hospitals and Outpatient Settings During the COVID-19 Pandemic

Visitation is appropriate for essential patient well-being and care, and resumption of visitors to inpatient hospitals (acute and psychiatric) and outpatient settings should be considered even while we continue to experience COVID-19 activity in Washington state.

Visitor access may fluctuate depending on the [CDC's levels of COVID-19 transmission in the area where](#) the facility is located and the facility's capacity to implement infection prevention measures associated with allowing visitors. This guidance does not apply to long-term care facilities. Long-term care facilities follow the [Safe Start for Long-term Care Facilities Plan](#).

## Visitor Protocol

A facility's policies and procedures to manage visitors in their facility should include:

- Screening visitors for signs and symptoms of COVID-19.
- Ensuring visitors wear appropriate [source control](#) (e.g., facemasks).
- Establishing expectations for physical distancing of at least 6 feet.
- Any additional expectations as determined by the facility to manage visitor flow to allow for distancing and other infection prevention practices (e.g., specific entry or exit, routes through the facility, specified hours for visiting, etc.).
- Educating visitors and prospective visitors on expectations of infection prevention.
- Denying entry to any person with a positive screen, or who is unable or unwilling to adhere to infection prevention measures described in this document and the facilities policy and procedure.
- A process to respond to exposures involving visitors, healthcare workers, or patients.
- Post signage that strongly encourages staff, visitors, and patients to practice frequent hand hygiene with soap and water or hand sanitizer, avoid touching their face, and practice cough etiquette.
- Follow all requirements related to visitors addressed in Governor Inslee's Proclamation on [Requirements for Non-Urgent Medical and Dental Procedures](#).

All recommendations in this document apply to both fully vaccinated and unvaccinated, unless otherwise specified.

## Visitor Education

A facility's process to educate visitors and prospective visitors on core infection prevention practices should include:

- The need to be screened before each visit.
- Performing hand hygiene before and after their visit.
- Wearing source control (e.g., facemask) at all times while in the facility.
- Maintaining physical distance of at least 6 feet, including patients, healthcare personnel (HCP), and other visitors.
- Not being present in the patient room during aerosol generating and other procedures.
- If visiting a patient when PPE is indicated, how to properly wear PPE.
- The risks associated with visitation should be explained to patients and their visitors so they can make an informed decision about participation.
- Non adherence to any of the infection principles outlined in the facility's policy will result in denial of visitation.

## Screening

Facilities must establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for both [symptoms of COVID-19](#), and exposure to others with suspected or confirmed SARS-CoV-2 infection and are practicing source control (e.g., wearing a facemask). Facilities should follow CDC [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) screening recommendations.

Properly manage anyone with suspected or confirmed SARS-CoV-2 infection or who has had contact with someone with suspected or confirmed SARS-CoV-2 infection. Visitors with confirmed or suspected SARS-CoV-2 are restricted from entering the facility and referred for proper evaluation.

## Universal Source Control (e.g., facemasks) Measures

[Proclamation 20-25.15](#), including any subsequent amendments, requires visitors to wear face coverings in compliance with the [Secretary of Health's order \(20-03.4\)](#), including the exceptions and exemptions therein.

- Patients and visitors wear well-fitting form of [source control](#) (e.g., facemask) upon arrival to and throughout their stay in the facility. Facilities provide a facemask (at minimum equivalent to the community recommendations) to those without a facemask.
  - If possible, patients wear source control (e.g., facemask) when in their rooms when visitors or staff are in the room. Patients may remove their source control (e.g., facemask) when alone in their room. Visits should not be denied if patients are unable to wear source control (e.g., facemask).
  - Cloth masks, facemasks and respirators are not placed on young children under age 2, anyone who cannot wear one safely, such as someone who has a disability or an underlying medical condition that precludes wearing a mask safely, or anyone who is unconscious, incapacitated or otherwise unable to remove their cloth mask, facemask or respirator without assistance.
  - Visitors who are not able to wear source control (e.g., facemask) are encouraged to use alternatives to on-site visits with patients (e.g., telephone or internet

communication), particularly if the patient is at increased risk for severe illness from SARS-CoV-2 infection.

- Educate patients and visitors on hand hygiene, including immediately before and after any contact with their cloth mask, facemask, or respirator.

## Physical Distancing

Physical distancing (maintaining at least 6 feet between people) is an important strategy to prevent SARS-CoV-2 transmission.

Examples of how physical distancing can be implemented for visitors include:

- Providing family meeting areas where all individuals (e.g., visitors, HCP) can remain at least 6 feet apart from each other.
- Appropriate spacing of tables in cafeterias or communal dining venues.

## Exposure Response Process

Facilities must have a process for notifying the health department about suspected or confirmed cases of SARS-CoV-2 infection, and [establish a plan](#), in consultation with local public health authorities, for how exposures in a healthcare facility will be investigated and managed and how [contact tracing](#) will be performed. The plan should address the following:

- The person responsible for identifying contacts (e.g., HCP, patients, visitors) and notifying potentially exposed individuals.
- The process for notifications.
- Actions and follow-up to be taken for those who were exposed (e.g., education on quarantine requirements, testing, etc.).

## Considerations for Vaccination Status

Full vaccination for visitors is always preferred, when possible.

Facilities should follow [CDC's Updated Infection Prevention and Control Recommendation in Response to COVID-19 Vaccination](#) for guidance on source control and physical distancing during visits when the visitor or the resident is vaccinated.

## Visitors of Patients without Suspected COVID-19 in Areas with Low to Moderate Transmission

- Facilities must [screen](#) all visitors before entering the facility.
- Facilities must provide instruction, before visitors enter patients' rooms, on hand hygiene, limiting surfaces touched, and use of source control and/or PPE according to current facility policy while in the patient's room.
- Facilities must provide instruction on the need to wear [source control](#) at all times while in the facility.
- Facilities must provide instruction for visitors to maintain [physical distancing](#) of at least 6 feet from others.
- Visitors are not to be present during aerosol generating procedures or other procedures, unless necessary as part of patient care.

## Visitors of All Patients in Areas with Substantial and High Transmission and Visitors of Patients with Suspected or Confirmed COVID-19 in Areas with Any Levels of Transmission

- Limit visitors to the facility to only those essential for the patient’s physical or emotional well-being and care (e.g., care partner, parent). See [Essential patient well-being and care guidelines](#).
- Encourage use of alternative mechanisms for patient and visitor interactions, such as video-call applications on cell phones or tablets.
- If visitation to patients with SARS-CoV-2 infection occurs, visits should be scheduled and controlled to allow for the following:
  - Facilities evaluate risk to the health of the visitor (e.g., visitor might have underlying illness putting them at higher risk for COVID-19) and ability to comply with precautions.
  - Facilities provide instruction, before visitors enter patients’ rooms, on hand hygiene, limiting surfaces touched, and use of appropriate source control and/or PPE according to current facility policy while in the patient’s room.
  - Visitors are not present during aerosol generating procedures or other procedures.
  - Visitors are instructed to only visit the patient room. They should not go to other locations in the facility.

### Essential patient well-being and care guidelines

#### **No visiting allowed for patients in areas with substantial and high transmission and patients who are COVID-19 positive or suspected in areas with any level of transmission except for:**

- Obstetric patients may have two support persons.
- Nursery and Neonatal Intensive Care Unit (NICU) patients may have the birth parent plus one significant other who may remain in the room for the duration of the visit.
- Patients who are at the end-of-life may have up to two visitors.
- Patients who have altered mental status or developmental delays (where caregiver provides safety) may have one visitor.
- Minors under the age of 18 may have two visitors that are limited to parents or guardians.
- Patients with a medical condition, mental health condition, developmental or cognitive condition, where a family member is key to their care, may have one visitor.
- Patients undergoing surgery or procedures may have one visitor who must leave the hospital as soon as possible after the procedure/surgery.
- Patients who have a scheduled hospital appointment in the laboratory, radiology or outpatient clinic, the Emergency Department, Urgent Care may have one person with them but are highly encouraged to come alone if possible.
- Patients with disabilities may have up to two support persons depending on the circumstance.
- Patients with prolonged hospitalizations may have one visitor at a time.

- Patients who need in-person training of a caregiver prior to discharge.

To the extent possible visitors should not enter patient rooms – use telecommunication. Exceptions on case-by case for end-of-life care or to reduce disruptive/unsafe patient behavior.

## More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19. This is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share only accurate information to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

**Have more questions?** Call our COVID-19 Information hotline: **1-800-525-0127**

Monday – 6 a.m. to 10 p.m., Tuesday – Sunday and [observed state holidays](#), 6 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).