



Origination Date 7/27/1997
Last Approved 9/18/2025
Effective 9/18/2025
Last Revised 9/18/2025
Next Review 4/17/2028

Owner Thea Wertman:
Director of
Inpatient Nursing
Policy Area Nursing-
Inpatient-General
References DNV, Policy

Visitor Policy

POLICY:

It is the policy of Confluence Health to provide a safe environment of care for our patients, visitors, and staff, while respecting, protecting, and promoting patient rights. Confluence Health Hospital (CHH)- Central Campus (CC) and Mares Campus (MC) allow a family member, friend, or other individual to be present with the patient for emotional support during the course of the stay. The hospitals allow for the presence of a support individual of the patient's choice, unless the individual presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient surrogate decision-maker or legally authorized representative.

GUIDELINES FOR GENERAL HOSPITAL AREAS:

- A. Inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights.
- B. Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.
- C. Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- D. Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.
- E. CHH recognizes that should a patient be incapacitated, a support person will be required to make decisions on behalf of a patient regarding visitors.
- F. A support person may be allowed during cesarean births under certain circumstances, refer to

Guideline: Presence of Supportive Person at Cesarean Births .

- G. Unless circumstances require otherwise, hospitals shall accept a claim to be a patient support person at face value and shall not request documentation from a person claiming to be a support person.
- H. When circumstances require, request written documentation of patient representation by a legal document. Examples of when documentation might be required are if there is a conflict between two visitors or if there is a dispute as to who the patient support person is. Hospitals shall follow RCW 7.70.065 in resolving conflicts among those claiming to be support persons.
- I. In no case may hospitals request documentation of status as a patient support person in a way that discriminates on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability. Legal and other authority: 42 CFR 482.13
- J. Patients can expect the staff to encourage psychosocial support from family and significant others. Staff will maintain "cultural awareness."
- K. If necessary, staff may limit the number of visitors in the patient room, at any given time, in order to carry out duties.
- L. A relative or significant other may remain in the patient's room overnight, if the patient desires, and if it is appropriate to his/her condition. Staff will provide one chairbed/couch per patient room to accommodate overnight visitors when able. In unusual circumstances, a second relative or significant other may remain if nursing judgment determines it appropriate. Exceptions may be made to this guideline when deemed appropriate by the nurse responsible for care (e.g., dying patient).
- M. Visitors will be informed that the patient bathroom and shower are for patient use only and visitors will be directed to use public restrooms.
- N. Visitors may not be restricted based only on age, however, children will be directly supervised by an adult at all times. The adult can not be an employee scheduled to work (during their shift) nor the patient.
- O. Visiting Hours;
 - 1. Visiting hours are from 0700 to 2000. Unless otherwise stated later in this policy;
 - a. Building access for visitors after hours will be limited to the emergency department entrance. All other external doors are secured. Visitor are expected to remain in the patient room/unit unless exiting the building, access to other areas of the facility are for authorized staff only.
- P. At any time, the Charge nurse, Administrative Nursing Supervisor or designee may ask any or all visitors to leave the premises if their behavior is deemed inappropriate or unacceptable for the hospital setting. Inappropriate behaviors include, but are not limited to:
 - 1. Loud talking or laughing which disturbs patient care
 - 2. Unattended children
 - 3. Children who are crying loudly or otherwise creating a disturbance, or are running in hallways or rooms
 - 4. Drug or alcohol intoxication
 - 5. Excessive use of offensive language (e.g. profanity or racial slurs)

6. Spitting
 7. Arguing with hospital personnel, or patient disrupting patient care
 8. Violent behavior or threatening violence
 9. Carrying weapons
 10. Offensive sexual behavior
 11. Rudeness, insolence, disrespectful or abusiveness
 12. Any behavior disturbing another patient
 13. Any behavior preventing the nurse or other staff from carrying out his/her duties
 14. Stealing
 15. Damaging property
 16. Any criminal act
- Q. If the Charge nurse, Administrative Nursing Supervisor or designee determines that a visitor(s) is behaving inappropriately, he/she will ask the visitor(s) to leave the premises. If the visitor (s) refuses to leave when asked, the Charge nurse, Administrative Nursing Supervisor or designee will notify security. If force is needed to subdue the individual, authorities (i.e. Wenatchee Police Department) will be notified and appropriate action taken to obtain a restraining order if appropriate.
- R. Patients/Visitors who have weapons on their person will be asked to store them in their vehicle, or check them with the security guard while in the facility. If the weapon is a firearm, the weapon must be removed from the facility. If the individual does not comply, staff will contact security.
- S. If, at any time, any person feels threatened with violence, the Charge nurse, Administrative Nursing Supervisor or designee will notify switchboard to page Code Gray and remove all bystanders from the immediate area.
- T. Visitors are restricted from entering the Nutrition Room, private offices, storerooms, utility rooms, or other areas deemed inappropriate by the Charge nurse, Administrative Nursing Supervisor or designee.

GUIDELINES FOR PERI-OPERATIVE AREAS:

A. Mares and Central SURGERY DEPARTMENTS:

1. During the preoperative phase of care: preoperative patients may, at their request, and if space is available, have one or two visitors may sit at the patient's bedside at the discretion of the attending registered nurse.
2. During the intraoperative phase of care, the visitors and/or family members shall be asked to wait in the main waiting room. They will be kept informed of the patient's progress and will be informed at the procedure's end and may wait in the main waiting area for the surgeon.
3. During the recovery phase I of care: visitors are not allowed unless a special need has been identified and communicated to the Recovery Charge Nurse prior to the completion of procedure/surgery (i.e. Down Syndrome, Dementia, Post Traumatic

Stress, etc). The patient and their significant other will be located in a recovery bay spaced away from the other recovery patients, when possible, with curtains pulled to maintain patient privacy.

4. During the postoperative phase II of care: postoperative patients may, at their request, and if space is available, have one or two (Central) visitor(s) or family member(s) at their bedside at the discretion of the attending registered nurse.
 - a. The curtain may be drawn around the patient's bed in order to protect the privacy of other patients who may be in the line of sight.
 - b. The curtain's position will be at the attending registered nurse's discretion. She/he may feel a patient needs closer monitoring and may wish the curtain not be entirely closed.

INFECTION PRECAUTIONS:

A. Infection Precautions

A. The presence of a suspected or diagnosed infectious condition may require restriction of visitors, or that visitors follow specific infection control precautions consistent with those practiced by staff. The plan for the patient's care will address management of visitors when precautions in addition to Standard Precautions are required. This plan will be based on Infection Control policies and procedures and consultation between the attending physician(s), nursing and Infection Control staff.

B. FOR COVID-19 SUSPECTED OR CONFIRMED PATIENTS IN ISOLATION:

1. COVID-19 patients in isolation are permitted visitors under the following circumstances:
 - a. Visitors have no new respiratory symptoms within the last 10 days.
 - b. Visitors with COVID-19 infection may not visit until 10 days have passed since the start of symptoms.
 - c. Adult COVID-19 patients: One visitor age 18 or older may visit, switching is allowed.
 - i. All visitors must wear a procedural mask when entering the room.
 - ii. Visitor should remain in patient room and not visit any other locations in the facility.
 - iii. Eating & drinking in the room is discouraged as this is a high-risk activity to spread infection.
 - iv. Overnight stays should be limited and at the discretion of the department manager.
 - d. Pediatric & Obstetrics COVID-19 patients: One visitor age 18 or older, switching is allowed. Additional visitors may be allowed on a case-by-case basis as determined by department leadership based on the needs of the patient.
 - e. Visitors will not be present during extubation with exception of end of life

patients (see attached guideline).

- f. COVID-19 patients on BiPAP or CPAP: Visitors may be allowed on a case-by-case basis as determined by department leadership based on the needs of the patient. Respirators (PAPR) will be provided for visitation following the guideline for End of Life (EOL) patients (see attached guideline).
- g. End of life (EOL) COVID-19 patients still in isolation are limited to two visitors at a time with a maximum of six total visitors. "End of life" is defined as death being imminent within the next 24 hours. Those waiting their turn to visit the patient should not congregate in hospital lobbies or waiting rooms (see attached End of Life guideline).
- h. Goals of Care discussions should be limited to two family members or significant others at a time in the patient's room. "Goals of care discussions" specifically refers to instances where a patient's clinical status deteriorated enough, despite our best efforts, that a frank discussion about anticipated best-case/worst-case outcome needs to occur to ensure we are respecting a patient's and their families' wishes and values in further medical care.
- i. Religious leaders may visit COVID-19 patients during normal visiting hours unless the patient status dictates otherwise or the presence of the religious leader disrupts patient care. Visits must be arranged through Chaplain Services or the Administrative Nursing Supervisor.

SPECIAL CONDITIONS:

Certain areas within the facility have been identified as higher risk inherent to their specific function and special applications will apply. The following areas include:

A. CAFETERIA:

- 1. Central- will be open to the public from 6:30 a.m. to 3:00pm then 4:00pm to 7:00 pm. At 7:00 p.m. the cafeteria is closed, but the dining area is open until 9:00 p.m.
- 2. Mares- will be open to the public Monday - Friday, 7:00 a.m. - 3:00 p.m.

B. EMERGENCY DEPARTMENT:

- 1. Visitors will be limited to two per patient. Visitors will be requested to stay in the appropriate patient room to maintain confidentiality of all patients. Visitors may rotate in to see a particular patient or more than two visitors can be allowed at the discretion of the RN.

C. INTENSIVE CARE UNIT:

- 1. Visitation is prescriptive, based on the condition of the patient and activity in the ICU. Visitors are restricted to immediate family or designee(s) only. It is not recommended that infants or children visit, however, special arrangements may be permitted after consultation with ICU staff. Patients are limited to two visitors at a

time. Visitors must call via the self-dialing telephone at the ICU entrance doors. No visiting is allowed during Patient Care Rounds 8:30 a.m. - 9:30 a.m. Monday - Friday. If the patient's medical condition allows, one visitor may sleep on the visitor couch.

D. **WOMEN & CHILDREN UNITS (Obstetrics/Pediatrics):**

1. Post Partum: Visiting hours are from 10:00 a.m. - 8:00 p.m. The Father or designated support person may stay with the patient.
2. Labor & Delivery: Special conditions may allow families to remain with the patient any hour of the day as approved by nursing staff. Refer to [Guideline: Visitation in Obstetrics and Nursery](#) policy for additional information.
3. Special Care Nursery: Refer to [Guideline: Visitation in Obstetrics and Nursery](#) policy.
4. It is not recommended that infants or children visit, however, special arrangements may be permitted after consultation with MBU/PEDS staff.
5. Pediatrics: Visiting hours are from 10:00 a.m. - 8:00 p.m. The parent or caregiver are encouraged to stay with the patient or provide a caregiver designee. Note: The parent caring for the admitted child should not bring smaller siblings to the hospital while caring for the patient, unless another adult is caring for the siblings.

REFERENCES AND RELATED DOCUMENTS:

Pre-PolicyStat Policy Number: 1685

COP 42 CFR 482.13: Patient Rights

RCW 7.70.065: Informed Consent

RCW 9.41.113 Firearms sale or transfer

ADDITIONAL REVIEW AND APPROVAL BY:

Jeri Winters, Infection Control Nurse Manager 8/2025

Liz Dittbrender, VP of Perioperative & Procedural Services 8/2025

Kim Collier, Nursing Director of Patient Care Services 8/2025

Lori Topopka, Obstetrics and Pediatrics Nurse Director 8/2025

John Urdahl, Security & Emergency Preparedness Director 8/2025

****Note: policy must be published on the Confluence Health website as updates occur.**

Attachments

[📎 COVID-19 End of Life Visitation Guidelines 2-2025.docx](#)

Approval Signatures

Step Description	Approver	Date
PolicyStat Administrator	Crista Davis: Regulatory Standards Coordinator	9/18/2025
CEO	Andrew Jones: Chief Executive Officer	9/18/2025
CNO	Kelly Allen: Chief Nursing Officer	9/18/2025
CLC	Kelly Allen: Chief Nursing Officer	9/18/2025
Director	Thea Wertman: Director of Inpatient Nursing	9/15/2025
	Thea Wertman: Director of Inpatient Nursing	9/15/2025

Standards

No standards are associated with this document