

The guidelines contained in this document are not intended to be an inflexible, mandatory plan of treatment and are not substitutes for independent clinical judgment with respect to the care and treatment of any individual. It is understood by the hospital that all care is individualized based upon the patient's current condition, assessment, and the clinical judgment of the health care provider responsible for the patient care.

Title: Patient Visitation	
Area: HH Health System	
Scope of Practice: All Hospital Staff and Visitors	Effective Date: 01/18/11
Pages: 3	Date Last Revised/Reviewed: 08/08/23
Approved by: VP Legal Services Chief Nursing Officer Multidisciplinary P&P Committee 08/10/21 Medical Staff Affairs Committee 08/26/21 Medical Executive Committee 9/14/21 PAQSC 9/27/21	Reference Number: PCI.035.06

<input checked="" type="checkbox"/> Neonate/Birth Up to one (1) month	<input checked="" type="checkbox"/> Adolescent Fourteen (14) up to nineteen (19) yr
<input checked="" type="checkbox"/> Infant One (1) month up to one (1) yr	<input checked="" type="checkbox"/> Adult Nineteen (19) up to sixty-five (65) yr
<input checked="" type="checkbox"/> Pediatric One (1) year up to fourteen (14) yr	<input checked="" type="checkbox"/> Senior Sixty-five (65) years and older

I. Purpose

- A. Allow patients to designate their own visitors during hospitalization.
- B. Advocate that all visitors enjoy equal visitation privileges consistent with patient preferences.
- C. Establish that any limitations or restrictions upon visitation are based on reasonable and appropriate clinical needs and legitimate patient, staff or public safety concerns.

II. Guidelines

- A. Visitation privileges are not to be restricted, limited or denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. Each patient (or support person, where appropriate) is informed of the right, subject to his or her consent, to receive visitors whom he or she designates, including but not limited to spouse, domestic partner (including a same-sex domestic partner), family member, friend, guardian, or other person designated as an essential caregiver. Each patient also has the right to withdraw or deny such consent at any time.
- B. Current visitation guidelines for family members and support persons are posted on each HH Health System hospital's external website.
- C. The Chief Nursing Officer and Chief Compliance Officer shall have responsibility for staff education, training and compliance with this policy.

III. Procedure

A. Visitation Process

1. Upon admission, patients are advised of their visitation rights.
2. Department specific guidelines are provided to the patient/caregiver. Patients are afforded the opportunity to designate a Support Person to exercise the patient's visitation rights on his or her behalf, if the patient is unable to do so. If the patient chooses to designate a support person, this information is documented in the medical record on admission.
3. The designation of a Support Person for purposes of this policy does not apply to designation of an individual as the patient's surrogate decision maker or healthcare proxy for purposes of medical decision making. However, the patient may, if he or she so chooses, designate a Support Person for visitation purposes on his or her Advance Directive.
4. A properly designated Support Person has the authority to exercise all of the patient's rights concerning visitors, but has no medical decision making authority on behalf of the patient, unless otherwise granted such authority by the patient.

5. Documentation to establish Support Person status for the purpose of exercising a patient's visitation rights is required only in the event that the patient is incapacitated and two or more individuals claim to be the patient's support person.

B. Visitation and ICU Visitation Guidelines

All visitors for ICU areas are to follow the particular ICU's visitation guidelines. ICU visitation guidelines are subject to and shall comply with the general purposes and guidelines of this policy.

1. While the patient is staying on the acute care floor, encourage a family member or friend to stay with the patient so that they can participate in the patient's care and learn how to best care for the patient when he or she is discharged.
2. The number of visitors at the bedside shall be limited at any given time with consideration for physical safety as well as for the well-being of all of the patients.
3. Understand that significant others want to be with their loved one as much as possible. However, if a conflict arises at any time between family members and/or friends that interfere with the healthcare team's ability to provide safe care, the healthcare team has the right to ask all family members and/or friends to leave the unit and only return when the conflict has been resolved.
4. Emergency situations may occur on the unit at any time. All available healthcare team members work together when emergencies occur. Additionally, the healthcare team may ask that all family and friends leave the room so that the healthcare team can dedicate all of the attention to the patient.
5. No bedding is allowed on the floor and the designated support person is to stay fully clothed. No outside bedding is allowed.
6. All visitors are to be free from recent exposure to communicable diseases and without fever or visible signs of illness. During times of infectious outbreak in the community (e.g. influenza, measles, mumps, chicken pox, COVID-19, etc.), visitation may only be restricted consistent with this policy.
7. Visitors to patients in isolation are subject to isolation guidelines.
8. Visitors are to check with the patient's nurse for specifics.
9. Arrangements may be made for virtual visitation through the use of hospital provided or personal electronic devices when available/appropriate.

C. Visitor control after normal visiting hours:

1. At the end of visiting hours every evening, an overhead announcement is made and repeated at 9:10PM.
2. For children: Any visitor under the age of 16 must be accompanied by an adult, other than the patient, at all times.
3. If the family or visitor cannot take care of their own needs they must be accompanied by a caregiver other than the patient.

D. Guidelines may vary on designated critical care units, including age restrictions for siblings and other children due to infection control and clinical contraindications**E. Departments with Individual Policies**

- (a) Behavioral Health
- (b) Emergency Department
- (c) Pediatric ICU
- (d) RNICU/RNPCU
- (e) Labor & Delivery with Mother/Baby