



## Clinical Care and Service Support Manual

<b>POLICY NUMBER:</b> CCSS-600	<b>EFFECTIVE DATE:</b> April 2009
<b>SUBJECT:</b> Visitation Rights and Responsibilities, Patient (includes After Hours Process)	<b>REVIEWED DATE:</b>
<b>APPROVAL:</b> CCSS Committee	<b>REVISED DATE:</b> 02-2012
<b>SCOPE:</b> Hospital Wide	

- I. **PURPOSE:** To ensure that all visitors enjoy full and equal visitation privileges consistent with the patient’s preferences. Visitation privileges will not be restricted, limited or otherwise denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. If any patient believes his/her patient visitation rights have been violated, they may file a complaint using the hospital’s internal grievance process.
- II. **POLICY:**
- A. Each patient must be informed (or support person, where appropriate) of his/her visitation rights, including any clinical restriction or limitation on such rights, when he/she is informed of his/her patient care rights.
  - B. Each patient must be informed (or support person, where appropriate) of the right, subject to his/her consent, to receive the visitors whom he/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/her right to withdraw or deny such consent at any time.
  - C. **Clinical Restrictions** means any clinically necessary or reasonable restriction or limitation imposed by GVMH on a patient’s visitation rights to ensure safe care to the patient and other patients. When restricting visitation rights, staff must inform the patient (or support person as applicable) the reasons for the restrictions or limitations on the patient’s visitation rights and how the hospital’s visitation policy is aimed at protecting the health and safety of all patients. These clinical restrictions may include, but need not be limited to one or more of the following:
    - 1. a court order limiting or restraining contact;
    - 2. behavior presenting a direct risk or threat to the patient, hospital staff, or others in the immediate environment;
    - 3. behavior disruptive of the functioning of the patient care unit;
    - 4. reasonable limitations on the number of visitors at any one time;
    - 5. patient’s risk of infection by the visitor;
    - 6. visitor’s risk of infection by the patient;
    - 7. extraordinary protections because of a pandemic or infectious disease outbreak;
    - 8. substance abuse treatment protocols requiring restricted visitation;
    - 9. patient’s need for privacy or rest;
    - 10. need for privacy or rest by another individual in the patient’s shared room; or
    - 11. when the patient is undergoing a clinical intervention or procedure and the treating health care professional believes it is in the patient’s best interest to limit visitation during the clinical intervention or procedure.

- D. A **support person** means others designated by the patient who supports the patient during his/her hospital stay and may exercise the patient's visitation rights on his/her behalf.
1. Such individual may, but need not be, an individual legally responsible for making medical decisions on the patient's behalf.
  2. Upon designation by a patient, the legal status of the relationship between the patient and the designated support person shall be irrelevant.
  3. This designation of an individual as the patient's support person however does not extend to medical decision making.
  4. In the event the patient is unable to exercise his/her patient visitation rights, the hospital will recognize the support person's verbal directive as to who should be admitted as visitors of the patient and individuals who should be denied visitation rights with respect to such patient.
- E. In the event a patient is unable to select visitors due to incapacitation and such patient has not designated a Support Person to exercise the patient's visitation rights, the hospital may consider the following non-exhaustive forms of proof to establish the appropriateness of a visitor or to designate a Support Person for the incapacitated patient when two or more individuals claim to be the incapacitated patient's Support Person capable of exercising the patient's visitation rights:
1. an advance directive naming the individual as a support person, approved visitor, or designated decision maker (regardless of the State in which the directive is established);
  2. shared residence;
  3. shared ownership of a property or business;
  4. financial interdependence;
  5. marital/relationship status;
  6. existence of a legal relationship (may be a legal relationship recognized in another jurisdiction, even if not recognized in the hospital's jurisdiction, including: parent-child, civil union, marriage, or domestic partnership);
  7. acknowledgement of a committed relationship (e.g., an affidavit); or
  8. written documentation of the patient's chosen individual(s) even if it is not a legally recognized advance directive.
- F. All guarded prisoner-patients are denied visitors except as approved by the custodian authority.

### III. PROCEDURE:

#### A. General

1. Verbal confirmation from a patient of individuals who should be admitted as visitors of the patient and individuals who should be denied visitation rights is acceptable
2. This information may be recorded in the patient's records for future reference.
3. In the event the patient is a minor, the legal parent of the minor shall be given the opportunity to verbally designate the individuals permitted to visit the minor patients.
4. Visiting hours end at 8:00 pm and visiting hours resume at 7:00 am.
5. All doors will be locked by **9:00 p.m.** Visitors arriving after this until **7:00 a.m.** will enter through the Emergency Department/Admitting Office and be greeted by the PBX Operator (see *After Hours Visitation* below).
6. Children under the age of 12 must be accompanied at all times by someone over 18 years of age.

7. Visitor restriction will be posted on the patient's door, or in case of hospital-wide restriction, at the main entrances.
8. Visitors should not sit or lie on patient beds.
9. Patient bathrooms are only for patient use and visitors should use public bathrooms.
10. Visitors of patients on enhanced precautions (isolation) must stop at the nurse's station. If admittance is allowed, masks and other personal protective equipment (PPE) must be made available and the nursing staff must provide instruction on use and disposal.
11. Visitors may not enter areas posted with an "Authorized Personnel Only" sign unless escorted by a GVMH employee.

B. Additional Guidelines for Secured Units

1. Emergency Department (ED)
  - (1) No admittance is allowed unless under the supervision of the ED staff.
  - (2) Encourage one (1) visitor per patient at a time.
  - (3) Visitors may be asked to leave during exams and procedures.
2. Intensive Care Unit (ICU)
  - (1) No admittance is allowed unless under the supervision of the ICU staff.
  - (2) Two (2) visitors may visit at any time.
3. Birthing Center (BC)
  - (1) No admittance is allowed unless under the supervision of the BC staff.
  - (2) While in labor, visitors are limited to the coach and one other support person. No children under the age of 12 will be allowed in the room during labor. Patient may ambulate to the waiting room during the early stages of labor to visit with visitors, unless ordered otherwise by the physician.
  - (3) Mothers recovering post-Cesarean section are recovered in the Labor/Delivery area. Only the patient's identified visitor may stay with the patient until the patient has met recovery criteria for discharge from this area.
  - (4) Significant other/support person designated by the mother and who has signed the Infant Security Guidelines will be allowed visitation at any time.
  - (5) Siblings are welcome during regular visitation hours. They must be under the continuous supervision of an adult, and should not be left in the care of the new mother.

C. After Hours Visitation

1. Visiting hours end at 8:00 pm and visiting hours resume at 7:00 am. All visitors after 8:00 pm must have a visitor wrist band, which is good for only one (1) day.
2. An announcement will be made overhead that visiting hours are over at which time all visitors are expected to leave, with the exception of those staying overnight.
3. There may be times when a family member or friend needs to visit a patient after the normal visiting hours. The circumstances may vary by patient, but some reasons for the visit might include work schedule, patients condition warrants (fall risk, dementia, etc.), age of patient, or visitor's travel arrangements.
4. One (1) overnight visitor is allowed in a patient room if the patient is the **only** occupant.
5. Children under the age of 18 who are staying overnight must be accompanied by an adult.

6. Procedure for overnight guests currently in the building
  - (1) Nursing will verify the guest who is staying overnight as well as the patient's consent to the overnight visit, unless a minor.
  - (2) Nursing staff will click on the icon (xxxx) to register the visitor and note their assigned number. On the visitor band, write the date, visitor's name and assigned number, and immediately apply to the visitor's wrist.
  - (3) Explain to the visitor if they are in the general areas of the hospital, Security or other staff may ask to see their visitor band. Explain this is done to provide extra security for patients, visitors and staff.
  - (4) Offer to remove the visitor band for them when they leave (if you see them or they ask for scissors).
7. Procedure for new guest after visiting hours
  - (1) Doors will be locked and guests must gain entry through the Emergency Room entrance and be greeted by the PBX Operator.
  - (2) The Operator will ask the guest who they are here to visit and if they are planning to stay overnight.
  - (3) The Operator will call the unit to inform the patient's nurse of this request and get permission for the visit.
  - (4) Upon receiving permission, the Operator will click on the icon (xxxx) to register the visitor and note their assigned number. On the visitor band, write the date, visitor's name and assigned number, and immediately apply to the visitor's wrist.
  - (5) Any admissions from the Emergency Department will get a visitor's band upstairs.
8. Always treat our guests with courtesy and respect. Explain this process is for the safety of our patients, visitors and staff if they have questions. Call the House Supervisor if a visitor refuses to wear the visitor band and/or have additional questions about the visitor band process.

IV. REFERENCES:

CMS COP 42 CFR §482.13 (h)  
The Joint Commission Standard RI.01.01.01

V. COLLABORATED WITH: 3P, Administrative Team, Safety Committee

VI. ATTACHMENTS: None

---

Assistant Administrator – Patient Care Services

---

Assistant Administrator – Professional Services