

**ADMINISTRATION  
POLICY AND PROCEDURE**

**NUMBER: V02-A**

**ISSUE DATE: 10/01/23**

**SUBJECT: VISITATION, PATIENTS**

**REVISED DATE: 01/01/24**

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**POLICY:**

It is the policy of the hospital to allow for visitors as chosen by the patient without discrimination in any manner (race, creed, sexual orientation, nationality, disability, gender, color, etc). In addition the patient has the right to exclude any person from visiting. Patients have the right to change their visitor preferences (both allowed and restricted) at any time during their hospital stay. This policy will be summarized in the Patient Handbook and may be posted. As required by the Federal Guidelines: Patients have the right to self-determine who may and may not visit during their hospital stay to include any of the following:

1. Spouse
2. Domestic Partner (including same-sex domestic partner)
3. Family Member
4. Parent
5. Children
6. Friend
7. Other visitors so designated by the patient

**PROCEDURE:**

1. The visitation policy will be reviewed at the time of admission.
  - a. It is recognized that some patients (i.e. Brain Injury, Chronic Critical Illness etc.) are not able to make decisions or communicate effectively at the time of admission.
  - b. If this is the case, any issues related to visitation will be deferred to the primary decision maker.
2. Visitors are asked to visit during posted visiting hours only, but allowances may be made for patients and visitors outside of these hours.
3. Visitor conduct is expected to be appropriate and non-disruptive. Any issues related to disruptive conduct (aggression, failure to comply with policies and procedures, etc) will be initially managed by the House Supervisor or Nursing Supervisor. If unresolved, the issue will be brought to the attention of the CEO or CNO.
4. Visitors may never take the patient off the unit, unless accompanied by staff.
5. Children must be accompanied and supervised by an adult at all times.

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6. Visitors will be instructed in isolation precautions/procedures of the patient and must follow Infection Control Policies.
7. Visitors are unable to visit with signs of active, communicable illness (fever, cough, rhinorrhea, muscle aches and pains)
8. Visitors need to seek permission to bring food and beverages to the patient.
9. Visitors may not bring medication or drugs (licit or illicit) at any time, unless requested and approved by the physician.
10. Leaving the unit
  - a. IRH -Visitors should obtain permission from the nursing department before taking the patient off the nursing unit.
  - b. CIRH- Visitors may not take the patient off the unit, unless accompanied by staff.
11. Visitors must respect the privacy of all patients.
12. Visitors must seek and be granted permission to review the patient's medical record.
13. The hospital staff will support the patient's choice in visitation. Information will be shared according to HIPAA policies.
14. Any issues or disputes related to visitation will be managed within the Grievance Procedure.
15. In states that have specific laws pertaining to hospital visitation, the accompanying addenda shall take precedence over this policy to the extent of any inconsistencies.

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**Florida Addendum**

**AMENDED POLICY TO INCLUDE:**

1. The Chief Executive Officer (CEO) is the responsible hospital leader with authority and responsibility for the management and operation of the hospital as established by the Board. The CEO will ensure staff adhere to all policies and procedures.
2. Visitation hours are from \_\_\_\_\_ to \_\_\_\_\_
  - a. Patients may only receive \_\_\_\_\_ visitor(s) at a time.
  - b. \_\_\_\_\_ visitors are permitted per day.
  - c. Visitors must be \_\_\_\_\_ or older.
3. In person visitation will be permitted in all of the following circumstance unless the patient objects:
  - a. End of life situations;
  - b. If a patient was living with family before being admitted to the provider's care and is struggling with the change in environment and lack of in-person family support;
  - c. The patient is making one or more major medical decisions;
  - d. The patient is experiencing emotional distress grieving the loss of a friend or family member who recently died;
  - e. The patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver;
  - f. A patient who used to talk and interact with others is seldom speaking;
4. Visitor conduct is expected to be appropriate and non-disruptive. Any issues related to disruptive conduct (aggression, failure to comply with policies and procedures, etc) will be initially managed by the charge nurse or supervisor. If unresolved, the issue will be brought to the attention of the CEO or CNO, or designee.
5. Consensual physical contact between a patient and the visitor is allowed.
6. Visitors may not visit with signs of active, communicable illness (fever, cough, rhinorrhea, muscle aches and pains).
  - a. Visitors will self-screen for signs and symptoms of communicable illness.
  - b. The self-screen will be attested to in the Visitor Log.
  - c. Visitors will adhere to all hospital infection control policies and procedure including those pertaining to personal protective equipment.
  - d. Visitors will receive education on infection control practices as per policy IC 7-4

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- e. Requiring proof of visitor immunization and/or vaccination is prohibited.

**Essential Caregiver**

Patients have the right to designate an essential caregiver. The essential caregiver may be any person designated by the patient. Visitation by the essential caregiver will be allowed for at least 2 hours daily, in addition to the standard visitation hours. Essential caregivers are not required to provide care to a patient, nor will the hospital compel an essential caregiver to provide care.

**REFERENCE:**

Florida Senate Bill 988 – “No Patient Left Alone Act”