

**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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Arizona Addendum

AMENDED POLICY TO INCLUDE:

1. Each patient is allowed to have daily in-person visitation, including consensual physical contact, by a designated visitor of the patient's choice.
2. Such visitation is allowed, especially during end of life visitation, unless a physician determines based on the patient's condition that the visitation does not meet health and safety standards or is reasonably likely to harm the patient.
3. If a physician denies visitation with a patient, the patient or the patient's representative may request a meeting with the patient's physician and the Medical Director or Chief Executive Officer to receive a review and explanation within twenty-four hours of the physician's decision to deny visitation. If the designated visitor's request to visit is denied or not resolved at the meeting, the visitor may file a complaint with the Arizona Department of Health Services.

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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”

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Missouri Addendum

AMENDED POLICY TO INCLUDE:

In addition to the individuals listed in the policy, patients have the right to self-determine if a “**compassionate care visitor**” may visit during their hospital stay. A compassionate care visitor is defined as a patient’s friend, family member, or other person requested by the patient for the purpose of a compassionate care visit.

PROCEDURE:

1. A “**compassionate care visit**” is a visit necessary to meet the physical or mental needs of the patient including, but not limited to:
 - a. For end-of-life situations, including making decisions regarding end-of-life care during in-person contact or communication with the compassionate care visitor;
 - b. For adjustment support or communication support, including, but not limited to, assistance with hearing and speaking;
 - c. For emotional support;
 - d. For physical support after eating or drinking issues, including weight loss or dehydration; or
 - e. For social support.
2. When reasonably appropriate, a compassionate care visitor may visit twenty-four hours a day.
3. A compassionate care visitor may leave and return within the visitation hours.
4. A patient may receive multiple compassionate care visitors during visitation hours.
 - a. At least two compassionate care visitors are permitted to visit simultaneously to have in-person contact with the patient during visiting hours.
Compassionate care visitation hours shall be no less than six hours daily and include evenings, weekends, and holidays.

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5. The hospital may limit:
 - a. The number of visitors per patient at one time based on the size of the building and physical space
 - b. Movement of visitors within the health care facility, including restricting access to operating rooms, isolation rooms or units, behavioral health units, or other commonly restricted areas: and
 - c. Access of any person to a patient:
 - i. At the request of the patient or the legal guardian of such;
 - ii. At the request of a law enforcement agency for a person in custody;
 - iii. Due to a court order;
 - iv. To prevent substantial disruption to the care of a patient or the operation of the facility;
 - v. During the administration of emergency care in critical situations;
 - vi. If the healthcare facility has reasonable cause to suspect the person of being a danger or otherwise contrary to the health or welfare of the patient, other patients, or facility staff; or
 - vii. If, in the clinical judgment of the patient's attending physician, the presence of visitors would be medically or therapeutically contraindicated to the health or life of the patient, and the attending physician attests to such in the patient's chart.

6. Visitors may not visit with signs of active, communicable illness (fever, cough, rhinorrhea, muscle aches and pains, etc). The hospital will allow access through telephone or other means of telecommunication that ensure the protection of the patient.