

Patient Visitation Procedure

Purpose

The objectives of this policy are to ensure:

1. The visitation rights of Health First patients considering patient preferences, as well as clinically necessary restrictions or limitations.
2. Full and equal visitation privileges for all visitors consistent with patient preferences and facility specifications, as well as patient's children and guests requiring assistance.
3. Visitation practices are in compliance with the No Patient Left Alone Act.

Procedure

A. Offer each patient (or his or her support person/essential caregiver, where appropriate) the "Patient Rights & Responsibilities" form, according to CP 1.01.04 PRO "Patient's Bill of Rights and Responsibilities."

1. Address any clinically necessary restriction or limitation imposed on visitation rights, providing the clinical reason(s) for such, including how they are aimed at protecting the health and safety of all patients, including but not limited to:
 - a. The right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, family members and support persons (as defined above).
 - b. The right to withdraw or deny such consent at any time.
 - c. Any court order, police custody and/or correctional services custody that limits or restrains contact.
 - d. Infection control issues:
 - i. Patient's risk of infection by the visitor
 - ii. Visitor's risk of infection by the patient (i.e., isolation precautions)
 - iii. Extraordinary protections due to a pandemic or infectious disease outbreak
 - e. Interference by visitors with the care of the patient or the care of other patients, such as:
 - i. Behavior presenting a direct risk or threat to the patient, staff, or others in the immediate environment.
 - ii. Behavior disruptive of the functioning of the patient care unit.

B. If the patient presents an Advance Directive or other written documentation (even if not legally recognized) indicating the designation of a support person; or makes any verbal support person designation, accept the designation and document such in the medical record for future reference.

C. If the patient (or his or her support person, where appropriate) make any verbal visitor designations, document such in the medical record for future reference.

1. Accept verbal confirmation of individuals who should be allowed visitation and individuals who should be denied visitation.
2. If the patient is a minor, accept verbal confirmation from the parent of the minor (see note on parenthood in definition of "family member" above).
3. If the patient (or his or her support person, where appropriate) withdraws or denies consent to receive the visitors whom he or she designated, honor the withdrawal or denial of consent and update the medical record.

D. If the patient is unable to designate visitors due to incapacitation and such patient has not designated a support person/essential caregiver, an attempt may be made to either establish a support person or establish the appropriateness of a visitor by examining licenses, State identification cards, bank statements, deeds, lease agreements, etc.

1. If two or more individuals claim to be the incapacitated patient's support person or essential caregiver, resolve the dispute in an expeditious and non-discriminatory manner.
2. Utilize the same forms of "proof" as described in D above to help establish a support person.
3. Document in the patient's medical record any refusal to honor an individual's request to be treated as the patient's support person along with the specific basis for such refusal.

E. If a patient has a representative making medical decisions who is different from the support person:

1. Provide the representative with information on the patient's visitation rights, as well as the support person.
2. If they disagree on who should be allowed to visit the patient, defer to the decisions of the representative.



F. Ensure visitors understand their responsibilities as appropriate to the facility where they are visiting, including:

1. Obtaining a visitor pass by checking in at the point of entry as they are cleared through Security.
2. Washing hands prior to entering or leaving a patient's room or unit.
3. Refraining from visiting when ill or when recently exposed to a communicable illness or infection.
4. Maintaining the privacy of other patients, family members, and visitors by only entering the room of the patient they are visiting.
5. Facilitating the rest and recovery of all patients by keeping noise and disturbances to a minimum.
6. Observing isolation precautions and wearing appropriate protective equipment (i.e., gloves, mask, gown) when applicable.
7. Refraining from smoking, consuming alcohol or using illegal drugs on Health First premises.
8. Wearing appropriate clothing (i.e., shoes and shirts).
9. Attending to children and those visitors unable to care for themselves independently.
10. All minors must be accompanied by an adult (18 years or older).
11. Abiding by patient preferences, as well as clinically necessary restrictions or limitations imposed on visitation.
12. Acting in compliance with Health First policies and procedures, and not interfering with normal healthcare operations.
13. Limiting visitation to the times specified by each facility. *Note: A patient's support or essential caregiver may visit before or after regular visiting hours to assist with the patient's care, as deemed appropriate.*
14. Later hour access points may require visitors to enter through the ED at the community-based hospitals. Holmes Regional Medical Center access points are in A Lobby and through the ED.
15. Visitation is allowed and encouraged in all private rooms 24 hours per day, 7 days per week.
16. Weapons, whether concealed or unconcealed, are not permitted on the property of or within Health First facilities.
17. Visitors who have been previously given a trespass order from Health First property will be allowed to visit only in special circumstances following approval from Security and Nursing leadership.



G. Visitation in PACU

1. Following assessment of the patient by the perianesthesia registered nurse, determination of appropriateness for visitation is made based on patient status, patient wishes, activity in the unit, and nurse ability to provide time with the patient and family member(s).
2. The patient is asked regarding preference for a family member or essential caregiver.
3. The confidentiality and privacy of all patients is maintained by pulling curtains in patient bays, speaking in low tones, educating visitors, and utilizing traffic patterns that minimize patient exposure.
4. To help maintain comfort and privacy of all patients, a brief visit of 5-10 minutes is suggested.
5. A Health First associate will meet the visitor and accompany them to the patient's cubicle.
6. Visitors are not allowed to bring food or drink into the unit.
7. Cellular phones should not be used by visitors in the unit.
8. A family member may stay with a child in PACU following the perianesthesia assessment.

H. Visitation in Labor and Delivery

1. Patients may have their support person with them at all times and may have two additional visitors after the patient's is admitted.
2. Patients being evaluated in the OB ED may have one (1) visitor only.
3. Visitors are limited to two (2) at a time while patient is recovering after a Cesarean Section.
4. The postpartum unit will allow a support person to stay 24 hours a day.
5. Visiting minors should have at least one parent/guardian with them at all times other than the patient.
6. Visiting children or siblings may not spend the night in the hospital.
7. Visitors may not wait outside patients' rooms, in hallway, or at the nursing station. Visitors may wait in the waiting room.
8. Visitors may be asked to leave the room at any time a nurse or healthcare provider feels it is necessary to ensure patient care.

I. Emergency Department Visitation

1. The number of visitors per patient will depend on circumstances.
2. Visitors may be asked to wait in the waiting room during procedures.



3. Support the option of family presence during invasive procedures and resuscitation provided a staff member stays with the visitor.

J. Visitation for Patients with a Baker Act or Marchman Act

1. Patients placed under a Baker or Marchman Act may have visitors and may designate a support person or essential caregiver.
2. All visitors entering the room of a patient placed on a Baker or Marchman Act will follow all appropriate screenings and leave belongings outside the patient room to ensure safety.

K. Visitation for Patients Accompanied by a Person Requiring Assistance

1. In order to ensure the safety of patients, visitors and associates, we require that children under the age of twelve (12) or visitors needing assistance be accompanied by an adult. *Note: Children under twelve (12) years of age are strictly prohibited from procedure rooms. Additional factors that hospital staff will consider when a patient is requesting to have a companion in a procedure room include, but are not limited to, safety concerns, emotional well-being, or to assist the patient with completion of the procedure.*
2. When a companion is needed or requested by the patient, only one (1) adult will be allowed in the procedure room. At the discretion of our staff and/or providers, the companion and/or visitor(s) may be asked to wait in the waiting area or be provided additional instructions based on patient needs, equipment, treatment and procedural safety.
3. At time of scheduling, the scheduler will inform the patient/office that Health First facilities do not provide care for children or visitors needing assistance while a patient undergoes a procedure.
4. If a patient arrives accompanied by children or visitors needing assistance, the Registration Counselors will inform the patient that Health First does not provide a caregiver.
5. The patient has the option to reschedule to a more convenient time or, if time allows, can choose to call someone to stay with the children or visitors needing assistance.