

## VISITATION POLICY

### POLICY:

The Jackson Health System (JHS) promotes and supports a patient and family centered approach to care. The purpose of this policy is to define and set expectations regarding persons visiting hospitalized patients and to recognize our commitment to provide visitation in accordance with our non-discrimination policy, which provides access without regard to race, color, sex, national origin, disability, age, religion, marital status, citizenship, gender identity, gender expression, sexual orientation, and/or other legally protected classification. It also provides a mechanism to issue identification to authorized individuals visiting a patient.

### PHILOSOPHY:

The diagnosis and treatment of illness and disease can result in a range of stressful circumstances for patients, their families, and significant others. Most patients and families require assistance and support, at different times and in different ways, from people important to them. This support may involve someone to assist in decisions about medical care, someone to provide companionship, or someone to provide care in the home after treatment. For some patients, their support may come from immediate family members. For other patients, their support may include other relatives, neighbors, friends, co-workers or clergy.

Clear explanations from staff members about what family members and visitors can do to help the patient, where they can be in the nursing unit and any limitations on their participation will be provided. Guidelines for the participation of persons spending time with the patient should be flexible in order to respond to the diverse and changing needs and preferences of each patient and the hospital. Time and treatment may alter patient wants, desires or needs. Wherever possible, we recognize and honor patients' wishes regarding visitation. Patients may need help in modifying the visiting schedule or expectations about time spent with family members and visitors.

### DEFINITIONS:

**Family or Family Member:** The terms "family" or "family member" in all policies at the Jackson Health System are understood and interpreted to include any person(s) who plays a significant role in an individual's socio-emotional life. This may include a person(s) not legally related to the individual. Members of "family" may include spouses, domestic partners, and both different-sex and same-sex significant others. "Family" may include a minor patient's parents, regardless of the gender of either parent. Solely for purposes of visitation policy, the concept of

## VISITATION POLICY

parenthood is to be liberally construed without limitation as encompassing biological parents, legal parents, foster parents, same-sex parents, step-parents, those serving in loco parentis, and other persons operating in caretaker roles, consistent with applicable law.

**Visitor:** A “visitor” is defined as a guest of the patient. Family members are considered to be visitors as well. Visitors are encouraged to visit during the hospital visitation hours of 9 a.m. to 9 p.m. Due to the critical nature of certain units (i.e., intensive care units, recovery rooms, emergency departments, etc.) visiting hours may be more restrictive.

### **PROCEDURE:**

1. In general, family members and visitors are welcome from 9 a.m. to 9 p.m. unless one or more of the following considerations are noted, or other special circumstances apply as described in this policy.

The patient or the patient’s designated representative, in conjunction with the registered nurse and healthcare team, may make visitation limitations. Family and visitors will not be denied access to the patient without a legitimate reason, as determined by the hospital. Special considerations that determine the amount of time family and visitors spend with the patient include:

- a. Clinical and emotional needs of the patient. Having family or visitors present must not put the patient at risk or bring the patient harm. Examples include exhaustion, overstimulation, or marked increase in agitation.
  - b. Family member’s or visitor’s inability to meet hospital infection control policies.
  - c. The need to maintain a sterile environment during bedside procedures.
  - d. Limitations as requested by the patient or patient’s designated representative.
  - e. Space limitations in patient rooms. Overnight stays by family members are only permitted if the patient is in a single room. In the intensive care areas, the preferred number of family members at the bedside is no more than two at a time.
  - f. Patient, family, visitor or employee safety issues.
  - g. Family members and visitors are asked to respect changes of shift from 6:30-7:30 a.m. (for those visitors allowed in patient care areas prior to 9 a.m.) and from 6:30-7:30 p.m. by having minimal interruptions in entering and leaving the unit.
  - h. Visitors or family members with prohibitive legal documentation, such as applicable restraining orders, will not be allowed to visit.
2. To help patients recover and to not overly tire patients, visits should be brief, quiet and pleasant. The patient or patient’s designated representative, in

## VISITATION POLICY

conjunction with the registered nurse and healthcare team, may make additional limitations for family and visitors, especially in the intensive care units.

3. Children should always be accompanied by an adult other than the patient. Visits by children younger than 12 years of age should be coordinated with the patient's registered nurse and the patient or patient's designated representative. Information and access should be developmentally appropriate. There are also a variety of ways other than visiting that children under 12 can stay in touch with their loved ones. These include sending notes or letters, poems, artwork, tapes of talking, reading or singing, photos and by making phone calls. Children can only visit if they are able to comply with all isolation and/or infection control precautions.

Note: There may be unique and extenuating circumstances (i.e., imminent death, impending surgery, etc.) that require compassionate exceptions to these guidelines. The registered nurse and the health care team, using professional judgment and in collaboration with the patient or the patient's designated representative, will consider the unique family circumstances and patient needs when applying these guidelines. In these circumstances, to the greatest extent feasible, family will be allowed brief visits.

### **Family and Visitor Passes:**

- a. All family members and visitors must check in at a Visitor ID Badging Station to receive a pass before proceeding to a patient care area. All passes are valid for one calendar day.
- b. After visiting hours, permission to remain in a patient care area can only be granted by the Administrator in Charge (AIC) and/or charge nurse.
- c. All persons not immediately recognized as JHS/UM/FIU staff or emergency services will be asked to produce a valid pass or will be directed back to a Visitor ID Badging Station. If it becomes necessary, the person will be referred to the AIC or nurse manager/charge nurse. The AIC will call the patient care area where the visitor is requesting to visit and obtain charge nurse or nurse manager consent for the visit.
- d. Patients or prospective patients requesting medical attention in the areas of obstetrics and labor and delivery are to be directed immediately to the OB triage area of the specific hospital with their accompanying family/visitors. Family members and/or visitors must as soon as feasible return to an ID Badging Station to receive a pass.

## VISITATION POLICY

### **Entry Process:**

- a. Family and visitors should check with staff before entering the unit.
- b. Family and visitors should always wash hands each time they enter and leave the patient room or unit.
- c. Family and visitors should follow all isolation and/or infection control precautions as instructed by nursing staff.
- d. Family and visitors are asked not to come to the hospital if they are feeling ill or have signs of, or have recently been exposed to, communicable illnesses or infections. Hospital personnel reserves the right to ask family and visitors to leave if they show signs of illness.
- e. To maintain the privacy of other patients, family and visitors should only enter the room of the patient that they are there to spend time with.
- f. To maintain patient privacy and minimize disturbances to other patients and families, congregating outside in the hallways is prohibited.
- g. To facilitate the rest and recovery of all patients, family members and visitors should be mindful and sensitive to the needs of other patients and families by keeping noise and disturbances to a minimum.
- h. At all times, family and visitors should act in compliance with all applicable Public Health Trust and hospital policies and procedures.
- i. At all times, family and visitors must not interfere with normal hospital operations.

### **Family and Visitor Behavior:**

- a. Family and visitors are expected to abide by conduct supportive of the hospital environment. Family or visitors may be asked to leave the premises if they become disruptive or interfere with the general comfort and care of the patients, visitors, or staff. Hospital security will be notified to handle disruptive issues as needed.
- b. Family or visitors may not consume alcohol or illegal drugs while on the hospital campus.
- c. Family or visitors may not smoke while within the confines of any PHT building/air conditioned space. Family or visitors who wish to smoke while visiting may only do so at approved smoking areas outside the buildings.

### **Special Considerations:**

- a. In special situations, an adult family member may spend the night with the patient if the patient is in a single room and space is adequate and contributes to the well being of the patient. The family member must be able to safely stay alone and take care of their own needs.
- b. Children may not remain overnight in a patient room.
- c. Patients in police custody and/or correctional services custody will not be

## VISITATION POLICY

permitted to have visitors.

### **Intensive Care Units:**

- a. Family and visitors to ICU patients must first be issued a visitor ID badge and then check-in with unit personnel to ensure patient and staff safety as well as patient availability.
- b. Family and visitors must wash hands and wear personal protective equipment when visiting in the ICU as determined by the current unit practice.
- c. To maintain patient confidentiality and infection control, family and visitors at the patient's bedside should be limited to two (2) at a time.
- d. Family and visitors are requested to remain in the patient's room (for ICUs with private rooms) or by the bedside (for ICUs without private rooms) while visiting.
- e. Children visiting in the Intensive Care Units shall be at the discretion and mutual agreement of the healthcare team, patient and family.
- f. Family and visitors are requested to wait in the assigned ICU waiting rooms and not in the hallways or outside the ICU entrance when waiting to enter the unit.

### **Emergency Services:**

- a. In general, there are no pre-set visiting hours in these areas. However, family and visitors will not be denied visitation without a legitimate reason (e.g., medical reasons, unit activity, or safety/privacy concerns) as determined by the physician and/or unit charge nurse.
- b. The length and frequency of visits will be at the discretion of the Nurse Manager/Charge Nurse taking into account the patient's condition.
- c. All family members and visitors will request a pass at the front entrance and will wear the pass the entire time they are in the area. No family members will be granted visitation to the Emergency Department without an appropriate pass.
- d. Every effort will be made to keep the family or appropriate legal decision maker involved in the patient's care.
- e. Every effort will be made to communicate patient information and condition or location updates as appropriate as quickly as possible. The information will be provided to family or appropriate legal decision maker via the physician, nurse and/or social worker.

## VISITATION POLICY

### **Trauma Resuscitation Services:**

- a. In general, there are no pre-set visiting hours in these areas. However, family and visitors will not be denied visitation without a legitimate reason (e.g., medical reasons, unit activity, or safety/privacy concerns) as determined by the physician and/or unit charge nurse.
- b. The length and frequency of visits will be at the discretion of the Nurse Manager/Charge Nurse taking into account the patient's condition.
- c. Family members and visitors are required to enter the Trauma Resuscitation Unit from the common hallway leading from the lobby waiting area.
- d. Every effort will be made to assure initial contact between the trauma physician, nurse and/or social worker and family within two (2) hours of patient or family arrival. However, there may be some instances when this may not be possible.
- e. Every effort will be made to provide medical information and condition or location updates every two (2) hours or more frequently as possible/appropriate. These updates will be provided to family via the physician, nurse and/or social worker.

### **Peri-anesthesia Services:**

- a. Visitors are not routinely allowed in the acute recovery areas. Family and visitors are not routinely allowed in the acute recovery areas (PACU/PATU) with the following exceptions:
  - i. Children 18 years of age and younger are permitted to have parents/guardians stay with them.
  - ii. Mentally/emotionally challenged patients or patients with special needs may have family at their bedside.
  - iii. Extended stay/overnight patients/ICU patients may have family at their bedside.
  - iv. Trauma patients may have family at their bedside.
  - v. To maintain patient confidentiality and infection control, family at the patient's bedside should be limited to two (2) at a time.
  - vi. Family is requested to remain by the patient's bedside while visiting.
  - vii. Children visiting in the acute recovery area shall be at the discretion of the healthcare team, patient and family. Children under the age of 16 years should be prepared prior to visitation in the acute recovery area by a Child Life Representative.
  - viii. Family of patients in the pre-op/ambulatory surgery unit will remain in the waiting room until called into the unit.
  - ix. Family may stay with the patient until transferred or discharged.



## VISITATION POLICY

### **Holtz Children's Hospital and Jackson North Medical Center Pediatric Services:**

Refer to Holtz Children's Hospital Visitation Policy.

### **Ward D:**

- a. Visiting is only permitted on Sundays between noon and 1 p.m.
- b. Visiting occurs in the designated visitation area on the third floor of Jackson Rehabilitation Hospital.
- c. Under extreme circumstances, family will be allowed to enter the patient care area and remain with the patient/inmate up to one hour.

### **Mental Health Services:**

- a. Visiting hours are established for each clinical unit to maintain the therapeutic milieu. Family and visitors are to check with each nursing station for visiting hours. At the discretion of the nurse in charge and with the individual's consent, access shall be granted to family and visitors unless it is detrimental to patient care or normal hospital operations.
- b. All packages are checked by the staff in the presence of the family member or visitor, and after inspection, the package is given to the patient. Any items determined to be inappropriate will be returned to the family member or visitor. Some items may be retained by the staff for supervised use by the patient. No matches, lighters or other incendiary devices are permitted. Mirrors, glass, sharps, weapons, electric devices including but not limited to hair curlers, radios or shavers, are not allowed.
- c. Special visitation for children younger than 18 years of age can be made with the charge nurse.
- d. Former patients who have been discharged for 6 consecutive months or more, may visit specific patients if the nurse in charge approves visitation.

### **Guidelines for Patient Education:**

- a. The registered nurse should review the family presence and visitor guidelines with the patient on or shortly after admission so the patient may make choices about family presence and visitor access. If the patient is unable to participate in these discussions and decisions, the patient's designated representative should be involved.
- b. The nurse should communicate that the patient, or patient's designated representative may make changes to their visitation choices at any time.
- c. The nurse should discuss the balance between providing support to the patient and allowing the patient sufficient rest and privacy.
- d. To the extent possible, the nurse should provide clear expectations about what family members and visitors can do to assist in supporting the patient's care, where they can be on the unit, and any limitations on their participation.

## VISITATION POLICY

- e. When appropriate, the nurse may also discuss the risk of caregiver fatigue with family and visitors.
- f. The healthcare team should be flexible in order to respond to the needs and preferences of each patient and because time and treatment alters patients needs and/or wants.
- g. In the event that a dispute arises between family or visitors and Public Health Trust employees regarding access to or information about patients, the Nurse Manager/Charge Nurse (or AIC if during nights, weekends or holidays) is to be contacted to assist with resolution.

### **AUTHORIZATION:**

Eneida O. Roldan, MD, MBA, MPH, President & CEO, Jackson Health System