

Original Creation Date: 07/1977

Revised: 08/2023

Next Review Date: 11/2024

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SCOPE

Visitors at West Jefferson Medical Center.

POLICY

West Jefferson Medical Center (WJMC) will allow a family member, friend, or other individual to be present with the patient for emotional support during the patient's course of stay. WJMC will inform each patient (or support person, when appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights. WJMC will not restrict, limit, or otherwise deny visitation on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability. WJMC will ensure that all visitors enjoy full and equal visitation privileges consistent with the patient's preferences.

1. Nursing staff will inform patients and visitors of the following:
 - a. The patient's right to choose who may visit during the course of stay, regardless of whether the visitor is a family member, a spouse, a domestic partner (including same-sex domestic partner) or other type of visitor, as well as their right to withdraw such consent to visitation at any time.
 - b. Visitors chosen by the patient (or his/her representative) are able to enjoy full and equal visitation privileges, consistent with the patient (or his/her representative) preference, and such visitation will be restricted or limited only as clinically necessary or reasonable to maintain a safe environment for patients, physicians and visitors (especially as it related to Infection Prevention Strategies)
 - c. NO SMOKING or Solicitation is allowed on property.
 - d. No weapons or alcohol are allowed on property.
 - e. No electrical appliances (i.e., electric razors/shavers, hair dryers, etc.) are allowed until checked by Maintenance.
 - f. No chairs allowed from outside.
 - g. No sitting or reclining on the floor, patient's bed or vacant beds is allowed.
 - h. The times or numbers of visitors with access to the patient may be restricted based on the following non-exclusive reasons:
 - i. There may be infection control issues;
 - ii. Visitation may interfere with the care of the patient or other patients;
 - iii. The hospital is aware that there is an existing court order restricting contact;
 - iv. Visitors engage in disruptive, threatening, or violent behavior of any kind;
 - v. The patient or patient's roommate(s) needs rest or privacy;
 - vi. The patient is undergoing care interventions.
 - i. Visitors must observe all patients' rights to privacy and confidentiality.
 - j. Visitors must be considerate of others and conduct themselves in an orderly manner.
 - k. Visitors are not allowed to smoke, eat or drink in any patient treatment area. This includes all treatment rooms in the Emergency Department.
 - l. Visitors are not allowed to photograph, record or video tape any employee, physician, care giver, patient or unit without written permission from administration or on specially designated units. See, Use of Cameras and Recording Devices Policy.

2. The Nursing staff/Security may enforce clinical restrictions or reasonable limitations on visitors to maintain a safe environment for patients, physicians and visitors.
3. General visiting hours end at 10:00PM.
4. OVERNIGHT visitor guidelines include:
 - a. Patient or family requests for special accommodations outside of visitation hours should be requested through the clinical director or designee.
 - b. If a patient's roommate would be disturbed, the charge nurse will be notified and appropriate changes in room arrangements will be made, subject to room availability and staffing capacity.
 - c. All visitors entering hospital after the end of visiting hours (10:00 PM) must identify the patient and room to be visited and sign in at the Security desk before being allowed to visit. Security will:
 - i. Verify patient's room number.
 - ii. Issue a visitor's pass to be worn in plain view at all times while on hospital property.
 - iii. Maintain visitor logs for 30 days.
 - iv. Notify each unit of any visitor arrival after 12:01am until 5:00am opening.
NOTE: Visitor passes are only good for one night.
 - d. Overnight visitors are restricted to room of patient visited or public areas only.
 - e. No overnight visitors under 13 years of age will be allowed to stay on property.
 - f. No more than 2 visitors will be allowed to enter any patient room after 10:00pm.
 - g. Any exceptions from these rules must be approved by the House Supervisor.
5. At least one adult may stay with a pediatric patient at all times.
6. When a patient is having surgery, visitors may wait in the Surgery Lounge on the 2nd Floor.
7. Problems with visiting hours and/or guidelines are referred to the Administrative Nursing Supervisor and/or security. Non-compliant visitors may be asked to leave and/or be escorted off Medical Center campus by security or police as necessary.
8. Operating time for the units are:
 - a. Emergency Room :24 hours a day, 7 days a week
 - b. Outpatient Registration, Surgical Check-In: 5:00am-5:00pm, Monday- Friday
 - c. Direct Admissions are handled 24 hours a day, 7 days a week
 - d. Outpatient Lab: 6:00am-5:00pm, Monday- Friday
 - e. Women's Imaging and Breast Care Center: 8:00am-4:30pm, Monday- Friday, 8:00am-12:00pm, Saturday
 - f. Physician's Office Building Imaging Center: 6:00am-9:00pm, Monday-Friday, and 8:00am-12:30pm on Saturdays

ADDITIONAL UNIT SPECIFIC GUIDELINES**Emergency Department (ED):**

1. Because of the intensity of care, one visitor may remain at the bedside of Emergency Department patients if the patient's condition warrants, at the discretion of the primary nurse.
2. Two visitors at a time may remain with a child in the emergency department.
3. Visitation in Trauma Rooms will be strictly at the discretion of the primary nurse to ensure safe and effective care for patients, physicians and visitors.
4. Family and/or friends of critical and/or dead on arrival (DOA) patients should be placed in the quiet room for privacy and emotional support.
5. Unit phones are for unit business, not for personal or private phone calls of patients, visitors or staff. The charge nurse or primary nurse will use discretion in assisting patient and/or family/visitors in making telephone calls in emergency situations.
6. Geriatric ED patients may have 2 visitors at the bedside.

Endoscopy:

1. The Endoscopy visitor waiting area is located in the Endoscopy Department. Additional seating is located in the ED waiting area when needed.
2. Due to the nature of the procedures performed in the Endoscopy Department and to protect patient privacy, visitors are not permitted in the procedure rooms.
3. One (1) visitor may assist the patient, post-procedure in getting prepared for discharge, under supervision of the Endoscopy Department nurse.

Hyperbarics:

1. For safety reasons, no visitors are allowed in the Hyperbaric chamber area during:
 - a. patient staging; and
 - b. compression and decompression.
2. Special circumstances:
 - a. Parent(s) may sit outside the chamber initially to calm the child diving in a monoplace chamber. In some cases a parent may be needed to accompany the child during the treatment after being cleared to dive.
 - b. During saturation treatments; 2 visitors may be present next to the chamber for 15 minutes out of every 2 hours when appropriate given the patient's condition.
3. The patient's designated visitor(s) are encouraged to participate in the patients' initial orientation to Hyperbarics and are allowed to view the chamber.

Critical Care:

1. Handouts are provided to the patient and family with an explanation of the visiting policy.
2. Critical Care visitors are allowed (two at a time) to ensure patient, staff and visitor safety (Recommended age of 12 and over).
3. Live flowers, excessive personal belongings, food, or drink are not permitted.
4. Due to unforeseen circumstances, the visiting time may be delayed, shortened or cancelled at the nurse's discretion. Per patient's request, one visitor may be allowed to stay overnight with a patient if:
 - a. Cleared by charge nurse.
 - b. Unit conditions allow.
5. Every effort is made to allow for visitors when a patient is settled in from surgery/transferred from another unit.
6. The patient's representative is responsible for resolving conflict among visitors when a patient is not capable of making that decision.
7. Problems regarding visitation are referred to the Clinical Director or Clinical Manager of the unit involved. If unable to be resolved, refer the visitor to the House Supervisor and/or Security.

8. Patients with large families should designate 1 or 2 primary spokespersons to act as liaisons with members of the staff and/or physicians and other family members.
 - a. We ask that visitation be restricted/limited between the hours of 6:00am to 8:00am and 6:00pm and 8:00pm for shift change to protect patient confidentiality and to allow effective shift transition.

Post Anesthesia Care Unit (PACU):

1. Visitor's access to the patient may be restricted based on reasonable clinical needs of the patient.
2. Visitation is allowed under the following circumstances as designated by the PACU nurse:
 - a. Pediatric patients are allowed one visitor (parent) to stay at the bedside.
 - b. Patients with communication limitations are allowed one visitor for interpretation purposes.
3. Visitors will be escorted to PACU by Courtesy Desk Associates/Auxiliary Staff after being notified by PACU staff.
4. Visitors may be limited to ten (10) minutes due to unit/patient conditions. Visitation for patients under the influence of anesthesia is not allowed.
5. Patients staying overnight in PACU may have 1-2 visitors after 5:00 pm, based on unit activities.

Family Birth Place:

Labor and Delivery (L&D) Guidelines:

1. Sibling visitation:
 - a. Siblings may visit provided they are not ill with fever, coughing, vomiting, diarrhea or show signs of viral or bacterial infections.
 - b. Siblings may visit if accompanied by an adult other than the patient and significant other.
 - c. No infant carriers or strollers allowed in the patient room or halls.
2. Visitors:
 - a. Visitors must be 13 years of age or older.
 - b. Only 2 visitors are recommended to be in the room with the patient to limit exposure of the newborn to communicable diseases (**Accommodations will be considered in special circumstances**).
 - c. Patients may have one overnight visitor that is 13 years of age or older.
3. General:
 - a. After Labor, Delivery, and the immediate stabilization of the mother and baby photography and videography in the L&D setting may be permitted. See, Use of Cameras and Recording Devices Policy.
 - b. **No eating or drinking** in the labor observation or Labor/Delivery rooms.
 - c. No sitting, standing or waiting in the hallways is allowed.
 - d. Visitors of the patient may wait in the Atrium waiting room on 3rd floor.
 - e. Visitors of the patient must have the patient's name and room number to access the unit.

Post Partum/Gynecology (GYN) Guidelines:

1. Sibling visitation:
 - a. Siblings may visit provided they are not ill with fever, coughing, vomiting, diarrhea or show signs of viral or bacterial infections.

- b. Siblings may visit if accompanied by an adult other than the patient and significant other.
 - c. Siblings less than 13 years of age are allowed overnight if accompanied by an adult other than the patient.
2. Visitors:
- a. Patients are allowed to have visitors that are 5 years of age or older.
 - b. Patient may have one overnight visitor that is 13 years of age or older.
 - c. Only 4-6 visitors are allowed at any one time in the room with the patient.
3. General:
- a. Photography and Videography may be allowed. *See, Use of Cameras and Recording Devices Policy.*
 - b. No sitting, standing or waiting in the hallways allowed.
 - c. Visitors of the patient may wait in the Atrium waiting room on 3rd floor.
 - d. Visitors of the patient must have the patient's name and room number to access the unit.

Neonatal Intensive Care Unit (NICU)

- 1. Parents are oriented and provided with written NICU guidelines and the NICU visitor list as soon as possible after admit of the neonate.
- 2. Attach the completed NICU visitor list (signed by the mother) to the baby's bedside chart.
- 3. Visitation lists are limited to five (5) people of the mother's choice to ensure patient/visitor safety.
NOTE: Visitors not included on visitors list may visit only when a parent is present.
- 4. Each visitor (with their photo ID) is verified using the NICU visitor list.
- 5. Parents are asked to call prior to visiting the NICU due to the possibility of the unit being closed due to an admit or an emergency.
- 6. Visitors are limited to two (2) at a time for actual visitation to ensure patient visitor safety.
- 7. Visitors are required to wash their hands using an alcohol based surgical scrub according to manufacturer's recommendation.
- 8. Patient information is only given to the parents of the neonate, and with the parents' permission to designated visitors.
- 9. Patient information is given over the telephone to those providing the patient's five (5) digit ID#.
- 10. All visitors should be free from contagious/communicable diseases. This includes upper respiratory, gastrointestinal and other bacterial and viral infections.
- 11. Visiting hours are as follows:
 - a. **8:00 am – 6:00 pm**
 - b. **8:00 pm – 6:00 am**
- 12. The unit may be closed at any time to visitation if there is a new admit or an emergency.
- 13. To promote the family unit cohesiveness, sibling visitation is encouraged. A sibling is defined as a brother or sister of the neonate.
- 14. For confidentiality purposes, visitors must remain at the bedside of the neonate they are visiting. Visitors may not ask questions about, photograph or video any other neonates in the NICU.
- 15. Holding and feeding are reserved for parents and grandparents upon the parent's request.

16. Visitors may be asked to limit the length of their visitation if the neonate appears to be over stimulated or shows signs of distress.
17. Visitors are asked to keep their voices low and to avoid waking a sleeping neonate unless it is time for them to eat.

Sibling Visitation (NICU)
NICU Visitors List Guidelines
NICU Visitors List
NICU Sibling Visitation Policy Handout

DOCUMENT

1. Education/orientation to visiting guidelines.
2. Any other education provided during visit.

REVISION

1. 04/1998 To comply with current standard.
2. 03/2000 Scheduled review.
3. 08/2002 Scheduled review.
4. 12/2004 Scheduled review.
5. 11/2005 Scheduled review.
6. 08/2006 Scheduled review.
7. 11/2007 Scheduled review.
8. 08/2008 Scheduled review.
9. 08/2009 Scheduled review.
10. 01/2011 To comply with current standard.
11. 04/2015 Scheduled review.
12. 08/2023

REFERENCES

1. TJC RI.01.01.01, EP 28-29. July 2011.
2. § 482.13. Medicare CoP, Patient Rights.
3. WJMC Safety Manual.
4. WJMC Infection Control Manual.
5. WJMC Nursing Standard of Care Rights and Responsibilities of Patients.
6. Handbook of Neonatal Intensive Care, 7th edition, 2010, Merenstein, Gerald B. and Gardner, Sandra L.
7. <https://www.cdc.gov/coronavirus/2019-ncov/index.html>