



<b>TITLE:</b> <b>VISITATION OF PATIENTS</b>	<b>DEPARTMENT:</b> <b>Administration</b>
<b>LAST REVIEWED/REVISED DATE:</b> <b>3-18, 4-20, 10-21, 3-22, 5/22</b>	<b>APPROVED BY:</b> <b>Administration</b>
<b>CMS CONDITION OF PARTICIPATION:</b> <b>Nursing</b>	

**Purpose:** To recognize that visitation plays an important role in the patient's health and to protect their health and safety while honoring their visitation rights.

**Standard of Practice:**

1. Visiting rules are based on patient health and safety.
2. Patients are informed of their visitation rights at the time of registration and again at the time that any patient or patient's representative has questions regarding the rights.
3. Patients have the right and authority to designate who may or may not visit, including, but not limited to, a spouse, support person, partner (including a same-sex domestic partner), another family member, friend, attorney, physician, or clergyman at any reasonable time. Patients have the right to withdraw or deny visiting consent at any time.
4. During a Qualifying Period of Disaster (QPD), a hospital may restrict the number of visitors for a patient to one visitor unless the attending physician determines that the in-person visitation with that patient may lead to the transmission of an infectious agent that poses a serious community health risk. See procedure 6 – 8 for additional details.
5. Visitors will not be restricted or otherwise denied visitation privileges on the basis of age, race, color, national origin, religion, gender, gender identity, gender expression, sexual orientation, or disability of either the patient (or the patient's support person or representative, where appropriate).
6. Patients have the right to speak privately with anyone he/she wishes (subject to hospital visiting regulations) unless a doctor does not think it is medically advised.
7. The hospital accepts a patient's designation, orally or in writing, of their support person. The support person may exercise a patient's visitation rights on behalf of the patient with respect to other visitors when the patient is unable to do so. If an individual asserts that he or she, as the patient's spouse, domestic partner (including a same-sex domestic partner), parent of other family member, friend, or otherwise is the patient's support person, the hospital accepts their right to exercise the patient's rights on the patient's behalf.
8. All visitors have full and equal visitation privileges consistent with patient preferences and subject to any clinically necessary or other reasonable restriction or limitation that may need to be placed on such rights. Examples of situations that might be a basis to impose health and safety restrictions or limitations include (but are not limited to):

- a. an infection control issue
  - b. visitation that interferes with the care of the patient or other patients.
  - c. knowledge of an existing court order restricting contact
  - d. the visitor is disruptive and the patient or patient's roommate(s) is in need of rest or privacy
  - e. the patient or patient's roommate is undergoing a care intervention that requires privacy/space, etc.
  - f. if there is a need for a brief time period when communication must be done between caregivers and patient.
  - g. if the number of visitors may compromise the safety of the physical environment and/or compromise the ability to access life safety measures/equipment.
9. One adult overnight visitor is allowed in private rooms. In semi-private, the health, safety and privacy of both patients must be taken into consideration.
  10. Minors are welcome to visit however; minors must be accompanied by a responsible adult. The responsible adult cannot be the patient. Minors may not be left unattended in lobbies or other areas of the hospital.
  11. In the event that a patient has both a representative and a support person who are not the same individual, and they disagree on who should be allowed to visit the patient, the hospital must defer to the decisions of the patient's representative. The CRH Ethics Review Committee may be utilized to help resolve the conflict. A refusal by the hospital of an individual's request to be treated as the patient's support person with respect to visitation rights must be documented in the patient's medical record, along with the specific basis for refusal.

**PROCEDURE:**

1. Staff will monitor visitors in their area to ensure the patient's health and safety is not compromised. If a badge system is in use, staff will instruct visitors without badges where they can obtain one and will ask them to leave until they have one. If there is not a badge system in use, they will inquire about the person's presence on the unit to ensure they have a valid purpose for being there.
2. Units/departments that have special clinical justifications requiring limitation or restriction of visitation will make information about these limitations known to prospective visitors through verbal or written communication (i.e. an information brochure, signage, etc.)
3. If there is a clinical justification to limit or restrict visitation, the staff member will inform the visitor of the reason when asking them to leave. They will also help enforce any patient preferences about visitation.
4. Inform visitors about any infection control/prevention measures that they need to know in relation to their visit.
5. If medical information is being discussed in a semi-private room, ask the other patient's visitors to step out momentarily.
6. If a declaration of QPD has been made by state officials, MHS hospitals may:
  - Restrict the number of visitors for a patient to one visitor (at least one visitor must be allowed per patient during the QPD);

- Require the visitor to
    - Complete a health screening before entering the hospital, and
    - Wear PPE at all times while visiting the hospital. PPE supplied to visitor will include face shield/eye protection, gown and non-fit tested N95 mask, if available.
  - Deny entry, or remove from the hospital's premises, a visitor who fails or refuses to
    - Submit to or meet the requirements of the hospital's health screening
    - Wear PPE that meets the hospital's infection control and safety requirements as prescribed by the hospital.
7. If the attending physician determines that in-person visitation with the patient may lead to the transmission of an infectious agent that poses a serious health risk, the attending physician may write an order denying the patient of visitation. This order is valid for five days and may be renewed by an attending physician.
  8. If a visitor is denied in-person visitation because of a determination made by an attending physician, the attending physician must:
    - Ensure that an order for no visitation is placed by the attending physician and renewed every 5 days;
    - For each day that visitation is denied, provide a written or oral update of the patient's condition to the visitor, if the visitor:
      - Is authorized by the patient to receive the patient's health information;
      - Has authority to receive the patient's health information under an advance directive or medical power of attorney; or,
      - Is otherwise the patient's surrogate decision-maker regarding the patient's health care needs under hospital policy and other applicable law.
    - Notify the person who receives the daily update of the estimated date and time at which the patient will be discharged from the hospital, when known.
  9. CRH will not deny in person visitation by a religious counselor (pastoral or other religious capacity) for a patient who is receiving care or treatment at the hospital and who is seriously ill or dying for any reason other than the religious counselor's failure to comply with institutional policies and procedures or if such visitation is barred by federal law of agency.
  10. The use of alternative communication tools (tablets, phones, etc.) is encouraged for patients during any restriction of visitation

### Definitions:

**Patient Representative** (as defined by CMS): The patient's representative is the individual who is legally responsible for making medical decision on the patient's behalf. See also, DNAR Do Not Attempt Resuscitate-In Hospital (advanced Directive), DNAR (revocation of) and Consent to Treatment.

**Patient Support Person** (as defined by CMS): The patient's support person does not necessarily have to be the same person as the patient's representative. A support person could be a family member, friend, or other individual who support the patient during the course of the hospital stay. Child Protective Services (CPS) may assign someone as the support person for a pediatric patient as part of the CPS Safety Plan.

**Qualifying Period of Disaster (QPD):** Texas House Bill 2211 defines a QPD as the period of time the area in which a hospital is located is declared to be a disaster based on an infectious disease. The declaration can be made by the governor, other state official, or political subdivision of the state.

**REFERENCES:**

42 CFR § 482.13 (a-b), CMS Conditions of Participation

42 CFR § 482.13(h), CMS Conditions of Participation

The Joint Commission RI.01.01.01 (2021).

Texas House Bill 2211: In-person Visitation with Patients During Certain Disasters (9/1/2021)