

**Marshall Medical Centers
Organizational Policy
Title: Hospital Visitation**

Approved By:	P&P Committee & Senior Leadership Team	
<u>Effective Date</u> 12/2010	<u>Date of Last Review</u> 2/2018, 4/2020, 4/2023	<u>Date of Last Revision</u> 3/2011; 8/2012; 7/2023
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I. Purpose

- A. Allow patients to designate their own visitors during hospitalization.
- B. Advocate that all visitors enjoy equal visitation privileges consistent with patient preferences.
- C. Establish that any limitations or restrictions upon visitation are based on reasonable and appropriate clinical needs and legitimate patient, staff or public safety concerns.

II. Guidelines

- A. Visitation privileges are not to be restricted, limited or denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. Each patient (or support person, where appropriate) is informed of the right, subject to his or her consent, to receive visitors whom he or she designates, including but not limited to spouse, domestic partner (including a same-sex domestic partner), family member, friend, guardian, or other person designated as an essential caregiver. Each patient also has the right to withdraw or deny such consent at any time.
- B. Current visitation guidelines for family members and support persons are posted on each HH Health System hospital's external website.

The Chief Nursing Officer shall have responsibility for staff education, training and compliance with this policy.

III. Procedure

A. Visitation Process

1. Upon admission, patients are advised of their visitation rights.
2. Patients are afforded the opportunity to designate a Support Person to exercise the patient's visitation rights on his or her behalf, if the patient is unable to do so. If the patient chooses to designate a support person, this information is documented in the medical record on admission.
3. The designation of a Support Person for purposes of this policy does not apply to designation of an individual as the patient's surrogate decision maker or healthcare proxy representative for purposes of medical decision making. However, the patient may, if he or she so chooses, designate a Support Person for visitation purposes on his or her Advance Directive.
4. A properly designated Support Person has the authority to exercise all of the patient's rights concerning visitors, but has no medical decision making authority on behalf of the patient, unless otherwise granted such authority by the patient.
5. Documentation to establish Support Person status for the purpose of exercising a patient's visitation rights is required only in the event that the patient is incapacitated and two or more individuals claim to be the patient's support person.

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B. Visitation Guidelines

1. While the patient is staying on the Acute Care floor, encourage a family member or friend to stay with the patient so that they can participate in the patient's care and learn how to best care for the patient when he or she is discharged.
2. The number of visitors at the bedside shall be limited at any given time with consideration for physical safety as well as for the well-being of all of the patients.
3. Understand that significant others want to be with their loved one as much as possible. However, if a conflict arises at any time between family members and/or friends that interfere with the healthcare team's ability to provide safe care, the healthcare team has the right to ask all family members and/or friends to leave the unit and only return when the conflict has been resolved.
4. Emergency situations may occur on the unit at any time. All available healthcare team members work together when emergencies occur. Additionally, the healthcare team may ask that all family and friends leave the room so that the healthcare team can dedicate all of the attention to the patient.
5. No bedding is allowed on the floor and the designated support person is to stay fully clothed. No outside bedding is allowed.
6. All visitors are to be free from recent exposure to communicable diseases and without fever or visible signs of illness. During times of infectious outbreak in the community (e.g. influenza, measles, mumps, chicken pox, COVID-19, etc.), visitation may only be restricted consistent with this policy.
7. Visitors to patients in isolation are subject to isolation guidelines.
8. Visitors are to check with the patient's nurse for specifics.
9. Arrangements may be made for virtual visitation through the use of hospital provided or personal electronic devices when available/appropriate.
10. For children: Any visitor under the age of 16 must be accompanied by an adult, other than the patient, at all times.
11. If the family or visitor cannot take care of their own needs they must be accompanied by a caregiver other than the patient.

Please see Behavioral Health Visitation Policy for the department policy.