

LEE HEALTH POLICY & PROCEDURES

VISITING AND TRAFFIC CONTROL		LOCATOR NUMBER																					
T Y P E	<input type="checkbox"/> System-wide - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System.	CHAPTER: M03																					
	<input checked="" type="checkbox"/> Multidisciplinary/Interdisciplinary - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. Check below all areas to which this applies.	TAB: 01																					
	<input type="checkbox"/> Departmental - A formal statement of values, intents (policy), and expectations (procedure) exclusive to a particular department or group of people within a department at one or multiple locations that does not impact any other area.	POLICY #: 922																					
Disciplines / locations to which this interdisciplinary policy applies:																							
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Health Information Management</td> <td><input type="checkbox"/> Pharmacy</td> <td><input checked="" type="checkbox"/> Acute Care Hospital Nursing</td> </tr> <tr> <td><input type="checkbox"/> Environmental Services</td> <td><input type="checkbox"/> Plant Operations</td> <td><input type="checkbox"/> Outpatient Services</td> </tr> <tr> <td><input type="checkbox"/> Information Systems</td> <td><input type="checkbox"/> Radiology</td> <td><input type="checkbox"/> Home Health</td> </tr> <tr> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Rehabilitation Services</td> <td><input type="checkbox"/> Skilled Nursing Services</td> </tr> <tr> <td><input type="checkbox"/> Legal Services</td> <td><input type="checkbox"/> Respiratory</td> <td><input type="checkbox"/> Physician Offices</td> </tr> <tr> <td><input type="checkbox"/> Nutrition</td> <td><input checked="" type="checkbox"/> Public Safety</td> <td><input checked="" type="checkbox"/> Rehab Hospital</td> </tr> <tr> <td><input checked="" type="checkbox"/> Registration</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Pharmacy	<input checked="" type="checkbox"/> Acute Care Hospital Nursing	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Plant Operations	<input type="checkbox"/> Outpatient Services	<input type="checkbox"/> Information Systems	<input type="checkbox"/> Radiology	<input type="checkbox"/> Home Health	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Rehabilitation Services	<input type="checkbox"/> Skilled Nursing Services	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Physician Offices	<input type="checkbox"/> Nutrition	<input checked="" type="checkbox"/> Public Safety	<input checked="" type="checkbox"/> Rehab Hospital	<input checked="" type="checkbox"/> Registration		
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Policy Administrator:	Candace S. Smith, PhD, RN, NEA-BC	Date: 1/9/2024																					
As Needed:																							
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PURPOSE:

To establish guidelines to assist staff with facilitating visitation to Lee Health facilities in a manner that both meets the needs and rights of our patients and ensures the safety and confidentiality of patients and staff members.

Visitation of patients by family and friends can be an important element in the therapeutic plan of care and is strongly supported by Lee Health, unless otherwise requested or specified by the patient, or family. Lee Health will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

There are, however, certain clinically reasonable instances in which restrictions or limitations on visitors may be imposed. Visitation may be limited by the care team at certain periods based on the clinical condition or needs of the patient. This may occur if, in the best clinical judgment of the care team and in consideration of all aspects of patient health and safety, restrictions or limitations are warranted. While it is not possible to enumerate every instance in which visitor restrictions may be imposed, in general, these instances may include: (I) When there may be infection prevention and control issues; (II) When the patient is undergoing care interventions or when visitation may interfere with the care of other patients; and (III) When restrictions are warranted due to security, patient confidentiality or emergency management considerations.

Visitors will enjoy full and equal visitation privileges consistent with patient preferences providing that staff has not implemented restrictions or limitations for clinical reasons. This policy establishes general guidelines that must be followed in order to meet the needs of our patients and ensure the safety and confidentiality of patients.

When a patient is incapacitated, the patient may use their advance directive to designate a “support person” as that term is used in §482.13(h) for the purposes of exercising their visitation rights on their behalf when they are unable to do so. When a patient is incapacitated and there is no advance Directive on file and no one has presented an Advance Directive designating himself or herself as the patient’s representative but an individual asserts that he or she, as the patient’s spouse, domestic partner (including same sex partner), parent or other family member, friend or otherwise, is the patient’s support person, the hospital is expected to accept this assertion without demanding supporting documentation.

Patients will be allowed consensual physical contact with a visitor. If patient is not in a private room, staff should make arrangements for the patient and visitor to have a private room, if feasible. Minors will not be allowed to have consensual contact while they are in the hospital.

Even in times when it is necessary to restrict visitation, a patient may be allowed a two hour daily in person visit with an individual who is a family member, friend, guardian or other individual as an essential caregiver. In person visitation may be suspended if a visitor violates the policies and procedures of the facility.

In person visitation must be allowed in all of the following circumstances:

- End of life situations
- Patient is struggling with the change in environment and lack of in person family support
- Patient is making one or more major medical decisions
- Patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died
- Patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver
- Patient who used to talk and interact with others is seldom speaking

- Patient is in labor and delivery
- Patient is a minor

Unit or Department Director or their designee will be responsible for staff adherence to the visitation policy.

Visitors will not be compelled to show or provide proof of vaccination or immunization.

Visitors must have a pass if they are visiting.

DEFINITION:

Immediate Family Members may be a spouse, domestic partner, siblings or children and parents.

POLICY:

I. Visitation

- A. Generally, visitation is allowed from 8 a.m. to 8 p.m. unless there are special circumstances that would allow visitation before or after hours. Visitation after hours must be approved by the House Supervisor and will be limited to one visitor except for OB and minor patients.

Special circumstances include the following:

- Patient is undergoing surgery/procedure
- End of Life situations
- Patient has just arrived at the hospital and family was not with the patient upon arrival
- Patient's condition has deteriorated
- Patient's condition is serious/critical and family members were not with the patient upon arrival or are arriving from out of town
- Patient is confused, disoriented and struggling with their environment and having a family member may provide support to them while they are in the hospital
- Patient is a trauma patient and family was not in attendance upon their arrival
- Patient is making a major medical decision
- Patient is in labor and delivery
- Patient is a minor

- B. In an effort to eliminate overcrowding and respect the rights of other patients, staff may limit the number of visitors that are allowed to visit an inpatient at any time. Visitation in the ICUs is limited to two visitors at any time unless the staff caring for the patient approves additional visitors.

- C. ED visitation will be restricted to two at any time and only one of the two visitors will be allowed in the treatment area. The number of visitors in the Emergency Department may be increased at the discretion of the staff.

- D. Visitors will be restricted during quiet times in an effort to allow patients to get rest during the day. Exceptions to visitors during quiet time must be approved by the nurse caring for the patient.

II. **Restrictions Related to Infection Prevention and Control**

In order to protect patients and visitors from possible exposure to infectious agents, the following specifications will be followed:

- A. Visitors to specialty areas, i.e., Pediatrics, OB and Critical Care Units, must follow unit specific policies. All specialty area / departmental visitation policies are to be reviewed by Epidemiology / Infection Prevention.
- B. Screening of visitors for communicable or infectious diseases takes place at Visitor entrance sites.
- C. In most instances, patients in isolation or precautions can receive visitors. Visitors to patients in isolation or precautions are expected to follow the personal protective equipment and hand hygiene guidelines as specified on the "isolation" card posted at the doorway. PPE equipment is available to visitors on the Nursing Unit. Consistent disregard of these guidelines may present a danger to other patients and/or caregivers and may be cause for visitor restrictions.

It is the responsibility of nursing to provide instruction to visitors related to isolation / precautions, i.e., the use of indicated protective attire and hand hygiene.

- D. Compliance with visitation policies and traffic control are monitored by the individual department personnel and the public safety department.
- E. In most instances, if a visitor presents with signs and symptoms of a communicable or infectious disease, that visitor will be asked to **not** visit the patient. Under certain extenuating circumstances, visitation may be allowed on a case-by-case basis at the discretion of the attending physician, director, and / or vice president / area supervisors. Epidemiology / Infection Prevention should be consulted for guidance in these decisions.
- F. Additional instances wherein restrictions may be applied on an *ad hoc* basis include time periods of nursing unit, facility, local or regional clusters of infectious diseases, when epidemic or pandemic circumstances exist, or as directed by public health authorities.

PROCEDURE:

- A. Nursing staff watches for overt signs or symptoms of infection among visitors and should implement any existing departmental policies related to possibly infected visitors as needed.
- B. Nursing staff instructs visitor(s) regarding hand hygiene, which visitors are encouraged to carry out before and after visiting the patient.

- C. Nursing staff instructs and assists visitor(s) regarding application of appropriate attire related to the type of isolation or precautions.
- D. Epidemiology / Infection Prevention may be contacted to help answer specific questions.
- E. In certain instances, such as in the event of sustained community outbreak of influenza, it may be necessary to restrict visitation to selected areas. The decision to implement visitor restrictions will be made jointly by the Medical Director of Epidemiology / Infection Prevention, the System Director of Epidemiology / Infection Prevention and key system clinical or administrative leaders in the affected area(s). In this event, special signage and other instructional materials will be created and distributed to all affected areas. All staff members working in those areas are expected to carefully adhere to the procedures as specified by these materials.

III. **Implementing Restrictions While Patient is Undergoing Care Interventions or When Visitation May Interfere with the Care of Other Patients**

In order to protect patient's rights and to promote the safe and efficient delivery of patient care, the following specifications will be followed:

- A. In most instances, each patient may be accompanied by at least (1) visitor. During certain procedures, times of high volume, or for other departmental, patient, or safety reasons, at the direction of the supervisor, visitors may be asked to leave the treatment area and return to the waiting area.
- B. Visitors are expected to remain at the bedside of the patient and clear of hallways and doorways. Visitors are also expected to comply with staff member instructions and direction.
- C. Parents or guardians must remain with children; however, parents or guardians may be asked to return to the waiting area during physician examination.
- D. Visitors or caretakers will be encouraged to remain at the bedside of any patient who is confused or impaired and will not be allowed to stand in the hallways of the Emergency Department.
- E. Staff members will monitor the entrance to the treatment areas. Public Safety personnel are available to assist with traffic control.
- F. Visitors interfering with the established plan of care will be asked to leave the treatment area. If the visitor refuses despite security crisis prevention techniques, law enforcement will be contacted, and visitors may be subject to trespass.

PROCEDURE:

- A. Access to Specialty Units is controlled through the use of authorized personnel controlled automatic doors. Each staff member is responsible for maintaining the security of all access codes, activated by authorized personnel.

- B. At any time the Director may authorize a change in digital keypad access codes to maintain a secure environment.
- C. A hospital badge is required to be worn by personnel at all times.
- D. Staff will notify the Public Safety department when an actual or potential security situation exists. Public Safety personnel, when appropriate, will notify the local police department. If the police are contacted to manage an incident, the course of action will be determined by the responding officer with appropriate consultation from the Director or Administrative Supervisor. If the charge nurse notifies police, the Public Safety department is to be immediately notified as well.
- E. Electronic Device Usage (Cell phones, cameras, PDA, etc.)
 - 1. The use of electronic devices for communication and / or photographic reasons may be prohibited within certain patient care areas.
 - 2. Photographs and interviews by the news media, refer to policy S07 03 560 Media Relations.

IV. **Implementing Restrictions for Security / Emergency Management Considerations**

For security reasons, Lee Health may limit or deny visitation under certain circumstances that may include but not limited to:

- A. Where a visitor is visibly impaired, exhibits an altered mental state, or is disruptive.
- B. Where such visitor(s) may be regarded as a potential danger to patients, staff, or others.
- C. Where a patient or authorized representative of the patient has specifically requested limitations to visitation.
- D. When a patient is admitted to one of the Trauma Units, the number of visitors who are allowed to visit while the patient is in the Trauma Unit will be limited to 10 people, only two at a time and one person after hours. Exceptions to the number of visitors must be approved by the charge nurse. The patient (if verbal) or their representative will supply the Trauma Unit staff with the names of people who are allowed to visit during the patient's stay. This information will be entered into the electronic health record (EHR) to allow Registration staff to know who is allowed to visit. If the patient is a minor, the parents may stay with the patient at all times, and they are not included in the list of ten (10) allowable visitors.
- E. Where the patient is under arrest or an inmate.
- F. During certain internal or external emergency conditions that may necessitate a partial or total facility lockdown: i.e., Infant Abduction (Code Pink), fire (Code Red), bomb threat (Code Black) haz-mat or bioterrorism incident (Code Orange), violence/security alert (Code Gray, facility lockdown (Code Yellow) hostage situation (Code White), hurricane (Code Brown), or active shooter (Code Silver).

PROCEDURE:

- A. Staff will notify Public Safety when an actual or potential security situation exists.
- B. Public Safety will follow established notification and response procedures per the existing Emergency Code response protocols.

RELATED POLICIES:

- S01 01 711 Patient Rights and Responsibilities
- S01 01 817 Service Animals Access to Lee Health Facilities
- S08 07 007 Access Control to Security Sensitive and Restricted Public Areas
- S08 07 120 Electronic Identity and Visitor-Contractor Control
- S08 07 810 Security Management Plan and System
- S08 08 222 Emergency Operations and Management Plan
- S08 08 251 Facility Access Restriction Plan

REFERENCES:

Florida Statute 408.823

APIC Text of Infection Control and Epidemiology, 2014 "Risk Factors Facilitating Infection Transmission". Accessed February 24, 2016. <http://text.apic.org/toc/microbiology-and-risk-factors-for-transmission/risk-factors-facilitating-transmission-of-infectious-agents>