

## LEE HEALTH SKILLED NURSING SERVICES POLICY & PROCEDURES

|   |  |  |                                |  |                                   |  |   |   |  |  |                                    |                                      |                                     |  |  |   |                                      |  |                                    |                                   |   |                                |  |  |
|---|--|--|--------------------------------|--|-----------------------------------|--|---|---|--|--|------------------------------------|--------------------------------------|-------------------------------------|--|--|---|--------------------------------------|--|------------------------------------|-----------------------------------|---|--------------------------------|--|--|
| <b>VISITATION</b>   |  |  | <b>LOCATOR NUMBER</b>          |  |                                   |  |   |   |  |  |                                    |                                      |                                     |  |  |   |                                      |  |                                    |                                   |   |                                |  |  |
| <b>T<br/>Y<br/>P<br/>E</b>  | <input type="checkbox"/> <b>System-wide</b> - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System.   |  | <u>SKILLED NURSING</u>         |  |                                   |  |   |   |  |  |                                    |                                      |                                     |  |  |   |                                      |  |                                    |                                   |   |                                |  |  |
|   | <input type="checkbox"/> <b>Multidisciplinary</b> - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. <b>Check below all areas to which this applies.</b>                   |  | <b>CHAPTER: SN01</b>           |  |                                   |  |   |   |  |  |                                    |                                      |                                     |  |  |   |                                      |  |                                    |                                   |   |                                |  |  |
|   | <input checked="" type="checkbox"/> <b>Departmental</b> - 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. |  | <b>TAB: 00</b>                 |  |                                   |  |   |   |  |  |                                    |                                      |                                     |  |  |   |                                      |  |                                    |                                   |   |                                |  |  |
| <b>DISCIPLINES / LOCATIONS TO WHICH THIS MULTIDISCIPLINARY POLICY APPLIES:</b>  |  |  |                                |  |                                   |  |   |   |  |  |                                    |                                      |                                     |  |  |   |                                      |  |                                    |                                   |   |                                |  |  |
| <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Health Information Management</td> <td style="border: none;"><input type="checkbox"/> Pharmacy</td> <td style="border: none;"><input type="checkbox"/> Acute Care Hospital Nursing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Environmental Services</td> <td style="border: none;"><input type="checkbox"/> Plant Operations</td> <td style="border: none;"><input type="checkbox"/> Outpatient Services</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Information Systems</td> <td style="border: none;"><input type="checkbox"/> Radiology</td> <td style="border: none;"><input type="checkbox"/> Home Health</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Laboratory</td> <td style="border: none;"><input type="checkbox"/> Rehabilitation Services</td> <td style="border: none;"><input checked="" type="checkbox"/> Skilled Nursing Services</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Legal Services</td> <td style="border: none;"><input type="checkbox"/> Respiratory</td> <td style="border: none;"><input type="checkbox"/> Physician Offices</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Nutrition</td> <td style="border: none;"><input type="checkbox"/> Security</td> <td style="border: none;"><input type="checkbox"/> Rehab Hospital</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other</td> <td></td> <td></td> </tr> </table> |  |  |                                | <input type="checkbox"/> Health Information Management | <input type="checkbox"/> Pharmacy | <input 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 checked="" type="checkbox"/> Skilled Nursing Services | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Physician Offices | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Security | <input type="checkbox"/> Rehab Hospital | <input type="checkbox"/> Other |  |  |
| <input type="checkbox"/> Health Information Management  | <input type="checkbox"/> Pharmacy  | <input 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 checked="" type="checkbox"/> Skilled Nursing Services   |                                |  |                                   |  |   |   |  |  |                                    |                                      |                                     |  |  |   |                                      |  |                                    |                                   |   |                                |  |  |
| <input type="checkbox"/> Legal Services   | <input type="checkbox"/> Respiratory   | <input type="checkbox"/> Physician Offices   |                                |  |                                   |  |   |   |  |  |                                    |                                      |                                     |  |  |   |                                      |  |                                    |                                   |   |                                |  |  |
| <input type="checkbox"/> Nutrition  | <input type="checkbox"/> Security  | <input type="checkbox"/> Rehab Hospital  |                                |  |                                   |  |   |   |  |  |                                    |                                      |                                     |  |  |   |                                      |  |                                    |                                   |   |                                |  |  |
| <input type="checkbox"/> Other  |  |  |                                |  |                                   |  |   |   |  |  |                                    |                                      |                                     |  |  |   |                                      |  |                                    |                                   |   |                                |  |  |
| <b>Date Originated:</b> 12/16   | <b>Reviewed / No Revision:</b>   | <b>Dates Revised:</b> 9/18, 5/19, 3/20, 9/20, 10/20, 3/21, 6/21, 11/21, 4/22, 10/22, 6/23, 6/24, 10/24 | <b>Next Review Date:</b> 10/25 |  |                                   |  |   |   |  |  |                                    |                                      |                                     |  |  |   |                                      |  |                                    |                                   |   |                                |  |  |
| <b>Author(s):</b> Leslie Vollmer, NHA   |  |  |                                |  |                                   |  |   |   |  |  |                                    |                                      |                                     |  |  |   |                                      |  |                                    |                                   |   |                                |  |  |
| <b>Approved by</b>  |  |  |                                |  |                                   |  |   |   |  |  |                                    |                                      |                                     |  |  |   |                                      |  |                                    |                                   |   |                                |  |  |
| <b>Policy Administrator:</b> Leslie Vollmer, NHA  |  | <b>Date:</b> 10/2024   |                                |  |                                   |  |   |   |  |  |                                    |                                      |                                     |  |  |   |                                      |  |                                    |                                   |   |                                |  |  |
| <b>As Needed:</b>   |  |  |                                |  |                                   |  |   |   |  |  |                                    |                                      |                                     |  |  |   |                                      |  |                                    |                                   |   |                                |  |  |
| <b>Medical Directors:</b> Knisha Williams MD/Eric Reyes-Grajales MD , Adrian Reyes, MD  |  | <b>Date:</b> 10/2024   |                                |  |                                   |  |   |   |  |  |                                    |                                      |                                     |  |  |   |                                      |  |                                    |                                   |   |                                |  |  |

### PURPOSE:

In an effort to provide and maintain a safe and secure environment for residents/patients, employees and visitors, the following guidelines have been established.

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.

Visitors will enjoy full and equal visitation privileges consistent with patient / resident 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 patient/residents and ensure the safety and confidentiality of patient/residents.

In person visitation may be suspended if a visitor violates the policies and procedures of the facility.

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.

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

## **POLICY:**

Visitors and employees shall adhere to the Visitation policy as outlined in the procedure below.

## **PROCEDURE:**

- A. Visits are allowed at all times in accordance with CMS regulations.
  - 1. Visitors will be provided visual aids regarding infection prevention and control education to include CDC guidance.
  - 2. Visitors are conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risks of respiratory illness to other residents.
  - 3. Staff will provide instructions for safe visiting, which may include PPE and mask use, hand hygiene, and social distancing.
  - 4. Visitors with confirmed COVID-19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation.
  - 5. For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance (e.g., cannot wear source control).
- B. Representatives of the federal or state government seeking entry as part of their official duties, including but not limited to Long Term Care Ombudsman program, representatives of the Department of Children and Families, the Department of Health, the Department of Elderly Affairs, the Agency for Health Care Administration, the Agency for Persons with Disabilities, the Office of the Attorney General, any law enforcement officer and any emergency medical personnel are allowed following preceding guidelines
- C. Visitors are encouraged to immediately inform the facility if they develop a fever or symptoms consistent with COVID-19 or test positive for COVID-19 within fourteen (14) days of a visit to the facility.

- D. A resident/patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver.
- E. Visitation must be allowed in all of the following circumstances, unless the resident/patient objects:
  - 1. End-of-life situations.
  - 2. A resident/ patient who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support.
  - 3. The resident/patient is making one or more major medical decisions.
  - 4. A resident/ is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
  - 5. A resident/ patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
  - 6. A resident/patient who used to talk and interact with others is seldom speaking

### **General Visitor Additional Guidelines**

- A. Outdoor visits are preferred and recommended per CDC guidance.
- B. Additional education will be provided to visitors in the event an outbreak of respiratory or other qualifying illness, as defined by CDC, occurs. Visitors will be made aware of the potential risk of visiting during an outbreak and adhere to the core principles of infection prevention.
- C. For situations where there is a roommate and the health status of the patient/resident prevents leaving the room, facility should attempt to enable in-room visitation while adhering to the core principles of infection prevention.
- D. Visitors may have consensual physical contact between resident/patient

### **General for All Locations**

- A. Facility shall provide instructional signage throughout facility.
- B. Facility shall maintain a visitor log for signing in and out.
- C. Facility shall maintain hand hygiene supplies.
- D. Facility will not limit the frequency and length of visits for patients/residents, the number of visitors, or require advance scheduling of visits.
- E. For outdoor visits, facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots. When conducting outdoor visitation, appropriate infection control and prevention practices should be adhered to.
- F. The facility is encouraging visitors to test for Covid-19 at their own discretion.

- G. The resident/patient has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's/patient's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident/patient.
- H. Face coverings are encouraged per CDC Guidance but are not required. Face coverings should not be placed on anyone who has trouble breathing or is unable to wear a mask due to a disability, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- I. All non-public doors shall be secured in order to provide a safe and therapeutic environment.
- J. Alcoholic beverages, tobacco products and illegal substances are prohibited on Lee Health property. Anyone found in violation of this will be asked to leave the premises immediately. The facility can deny access or provide supervised visitation to individuals who have a history of bringing illegal substances into the facility which places patient/residents' health and safety at risk.
- K. The facility leadership/designee has the responsibility to determine reasonable clinical and safety restrictions in relation to denying access or providing supervised visits to those with a history of bringing illegal substances into the facility.
- L. Visitors are prohibited from bringing a firearm, explosive or incendiary device or other weapon into the facility. Any person observing the possession, display, storage, keeping or carrying of any firearm, explosive or incendiary device or other weapon on System property, or having reasonable suspicion of the same shall immediately report the same to Security. Firearms or weapons observed to be located in locked motor vehicles need not be reported.
- M. Hospital Security will be called if any security or safety issues arise from visitation.

## **RELATED POLICIES:**

S08 05 876 Tobacco-Free Environment

S08 07 923 Weapons and Firearms

## **REFERENCES:**

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

Updated Mar. 18, 2024;

Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations>

408.823 Florida Statute

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