



BUTLER MEMORIAL HOSPITAL

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Visitation Policy, 100-10

SCOPE:

This policy covers all patient visitors of Butler Memorial Hospital.

POLICY:

- A. It is the policy of Butler Memorial Hospital to ensure visitation is available while continuing to provide high-quality care and protecting our patients, visitors and staff. This policy was developed while considering the health and well-being of our patients and the following factors:
1. the benefits of visitation to the patient;
 2. the impact of visitation on patient care;
 3. the clinically necessary and reasonable restrictions and limitations on visitation;
 4. the impact of visitation upon other patients in the Hospital; and
 5. the safety and security of patients, visitors, and employees.

PURPOSE:

The purpose of this policy is to provide guidelines for visitation to ensure our patients receive as much support as possible during their stay or visit. The policy will comply with applicable federal and state statutes and regulations regarding patient visitation rights.

DEFINITIONS:

Refer to Definitions - Patient/Patient Representative Policy.

AGE SPECIFIC CONSIDERATIONS:

Refer to Policy # 100-62 Communications Across the Life Span.

UNIVERSAL PRECAUTIONS:

The use of Universal Precautions is a standard of care for all patients of Butler Health System. Universal Precautions are health care practices, which consider all patients' blood and body fluids as potentially infectious and require appropriate personal protective equipment (PPE) for contact with these substances.

Guidelines regarding when individual types of PPE are to be used may be found in Policy #1200-4, "Universal Precautions."

ESSENTIAL INFORMATION:

- A. The hospital, will not deny access to an attendant, caregiver or family member of a patient who has an intellectual, developmental or cognitive disability, communication barrier, or behavioral concerns.
- B. If clinically appropriate, the Visitation Policy will be explained to each patient (or the patient's support person, where appropriate) during the registration process or as soon thereafter as is reasonable based upon the needs of the patient.
- C. A patient's support person is not necessarily the same person as the patient's designated patient representative who is legally responsible for making medical decisions on the patient's behalf.
- D. Not only may the support person visit the patient, but he or she may also exercise a patient's visitation rights on behalf of the patient with respect to other visits when the patient is unable to do so. (Refer to the Definitions policy)
- E. Hospital personnel must accept a patient's designation, orally or in writing, of an individual as the patient's support person.

PROCEDURE:

- A. Upon registration, the patient, the patient's support person and/or the patient's representative, will be given the Statement on Patient Visitation Rights.
- B. The Statement on Patient Visitation Rights will inform the patient (the patient's support person and/or patient's representative) of:
 - 1. the patient's visitation rights, including any clinical restrictions or limitations on such rights and an explanation of the reasons for the clinical restrictions and limitations;
 - 2. the patient's right to receive the visitors whom the patient designates, including a spouse, a domestic partner (including a same-sex domestic partner), a support person, another family member or friend, or clergy;
 - 3. the patient's right to decline visitors or withdraw his or her direction about any visitor at any time;
 - 4. the patient's right to have all of his or her visitors enjoy the same visitation privileges as immediate family members;
 - 5. the patient's right to file a complaint through the Hospital's grievance procedure regarding alleged violation of the patient's visitation rights
 - 6. all visitors enjoy full and equal visitation privileges consistent with patient preferences, without restricting, limiting or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, ancestry or disability, nor will it permit anyone else to do so.
- C. The Hospital can apply reasonable clinical restrictions and other limitations on patient visitation. Reasonable restrictions may be based upon, but are not limited solely to, any of the following:
 - 1. a court order limiting or restraining contact;
 - 2. a visitor's behavior presenting a direct risk or threat to the patient, Hospital staff, or others in the immediate environment;

3. visitor behavior that is disruptive to the functioning of the patient care unit involved;
4. the patient's risk of infection by the visitor;
5. the visitor's risk of infection by the patient;
6. a patient's need for privacy or rest;
7. the need for privacy or rest by another patient in the patient's shared room;
8. any special restriction rules that apply to special patient care units (listed subsequently)
9. when visitation would otherwise interfere with the care of the patient and/or the care of other patients;
10. natural disasters or other emergency situations which impact the operation of the Hospital.

D. Inappropriate behavior or refusal to follow Hospital policy and rules can compromise patient health and safety, and may result in visitors being asked to leave the premises. If the visitor(s) does not comply with Hospital rules, the Hospital's Nursing Supervisor, Risk Manager or Unit Director will be contacted. Hospital Security can also be asked to provide assistance. In appropriate situations, the individual's visitation privileges may be restricted or revoked by the Hospital and the conduct referred to appropriate law enforcement officials.

E. Any complaints regarding visitation (from the patient or an individual who is visiting or wants to visit the patient) will be made pursuant to the Hospital's grievance procedure. Notice of the Hospital's grievance procedure will be provided in the Patient Handbook and, upon request, through the Hospitality Services Department.

F. The Hospital does not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, ancestry, sexual orientation or disability, and will not permit any support person to do so.

RESPONSIBILITIES:

- A. The Administrative Nursing Supervisor will be called to resolve any issues related to unmanageable visitors.
- B. It is the responsibility of the unit director or designee to monitor the number of visitors on the unit and to maintain a reasonable number of visitors.
- C. Security will be notified immediately when any visitor becomes unmanageable. If necessary, Security will escort the visitors from the unit to the waiting area or to exit the building.

General Visitation Guidelines:

- A. Patients may only have 1 person visit between 11 am and 1 pm and 1 person visit between 4 pm and 6 pm.
 1. Example: Mr. Smith may have his wife visit from 11 am – 1 pm and his daughter may visit from 4 pm-6 pm, but they both cannot visit at the same time or during the same visitation period.
- B. Visitors must adhere to CDC recommendations and follow outlined infection control processes of the hospital. Visitors will be screened upon entry for flu-like symptoms, such as fever, cough or shortness of breath and will not be able to stay if symptomatic.
 1. Visitors are required to wear a surgical mask when entering and exiting the facility with the exception of a child under two (2) years old.

- C. Visitors permitted will receive a visitors badge issued at the entrance of the hospital.
- D. Visitors should remain in the patient's room during designated visiting hours and adhere to the following:
 - 1. conduct themselves in a quiet and calm manner.
 - 2. maintain a quiet environment for the patient
 - 3. no interference with patient care activities
 - 4. use of public restrooms only
- E. Visitors must be age 14 or older.
- F. The visiting hours are
 - 1. From 11 am - 1 pm and 4 pm - 6 pm.
 - 2. Specialized care areas may have modified visitation schedules, refer to the below sections for the exceptions.
- G. Visitors of patients in isolation must inquire at the nurses' station for isolation instructions prior to entering the patient's room.
- H. At the time of discharge, the visitor is permitted to be present for the discharge process which includes specific discharge instructions and follow-up care.
- I. Individualized visitation considerations may be made on a case-by-case basis at the discretion of the healthcare team.
- J. All virtual forms of visitation should be offered and considered (i.e. Facetime, tablets, etc.)

VISITOR'S FOR NON-COVID PATIENTS:

- A. The following visitor processes apply for non-suspected COVID patients in other settings:
 - 1. PROCEDURE/SURGERY:
 - a. Patients having a procedure or surgery may have one visitor accompany them into the facility and remain with patient until the procedure is initiated. During the procedure, the visitor may wait in the 3TSC room if possible or the waiting room based on room availability.
 - b. After the patient returns to 3TSC from the Recovery Room, and the initial evaluation is completed, the visitor will be permitted to visit.
 - c. The visitor of the inpatient taken to surgery will be asked to remain in the patient's inpatient room.
 - d. If the patient is being admitted or returning to the inpatient unit, outside of regular visiting hours, the visitor may be permitted to accompany the patient to the nursing unit for a brief period of time.
 - e. The ICU surgical patient's visitor or the Open Heart patient's visitor will be instructed to wait in the 5 Tower waiting area.
 - f. Surgeons will contact the visitor of the inpatient via phone. Accurate visitor contact information must be added to the Pre-Procedure Verification Checklist under the Patient Family Disposition.
 - 2. EMERGENCY DEPARTMENT
 - a. For patients seeking emergency care, staff will obtain the phone number and call when the patient has been placed in the treatment room. One visitor may be with the patient in the

treatment room. A visitor will be allowed in the waiting room with the patient. The ED staff will make the determination if the waiting room is reaching its capacity to social distance and may elect to stop visitors from entering the ED waiting room. The visitors with the elderly and the disabled who need assistance will be prioritized to stay when needed, even if others are not permitted.

- b. A parent or designee may remain with a minor or a patient who is incapable of making their own decisions and be screened appropriately.

3. OUTPATIENT

- a. One (1) person may accompany a patient receiving outpatient care if that person is necessary for the patient to be assisted and receive care safely.

4. MATERNITY

- a. We will permit two (2) persons in the labor room until delivery. At that time one support person will accompany the patient to 3M. This person may leave the building on a limited, as needed basis.

5. PEDIATRICS

- a. It is strongly encouraged that one designated parent or guardian will remain with the pediatric patient for the duration of the hospital stay. Sleeping accommodations will be provided in the patient room.

6. BEHAVIORAL HEALTH

- a. Visitors to Behavioral Health must receive approval prior to entering the unit and will be screened according to CDC and PA DOH guidelines.
- b. Visitation restrictions to Behavioral Health areas must be documented in the patient record by the physician or designee.
- c. All patient belongings/packages/gifts brought to Behavioral Health areas MUST be inspected by staff prior to the contents being given to the patient. All items will be listed on a "patient belongings list", including clothing and valuables. Items considered to be contraband will be disposed of and valuables will be documented and locked in the hospital safe or sent home with the visitor.
- d. All visitors must secure their belongings in lockers provided outside of the unit before entering. The visitor will retain the locker key and place it in the key box when they are finished retrieving their belongings.
- e. Children must be age 14 or older to visit.
- f. Patients are permitted one visitor per visit and the visitor does not need to be the same designated person for the duration of the patient's stay.
- g. Adult Psychiatric Unit Visitation Hours: Weekdays 6pm – 7pm, Weekends 1pm – 2 pm and 6pm – 7 pm.
- h. Geriatric Psychiatric Unit Visitation Hours: Daily 1pm – 2 pm and 6pm – 7 pm.
- i. Drug and Alcohol Unit Visitation Hours: Fridays after Family Therapy if the visitor attends the Family Therapy group sessions with the patient. Friday visitation is until 4 pm. Sundays 1pm – 4 pm.

B. Visitors meeting above criteria will be stopped at the hospital entrance, be screened for symptoms, be

given an identification badge, and be directed to the permitted area of the hospital.

1. Visitors must comply with CDC and PA Department of Health guidelines.
2. No visitors with fever, cough, shortness of breath, in a quarantine period or with other symptoms concerning for COVID-19 infection will NEVER be allowed into the facility regardless of the exceptions below.
3. No person in their own quarantine period for COVID-19 may be a visitor.
4. Visitors will be provided education about COVID-19, hand hygiene, and respiratory etiquette.
5. Visitors will only use public restrooms.
6. Visitors will remain in the patient's room for the duration of their visit.

VISITORS FOR SUSPECTED/CONFIRMED COVID PATIENTS:

There are no visitors for Covid-19 patients suspected or confirmed.

A. Exception – End of Life Visitation:

1. All virtual forms of visitation, including clergy visitation, should be offered and considered before allowing in-person visitation (i.e., Facetime, tablets, etc.).
2. Requirements for an End of Life visit
 - a. Comfort Measures Only (CMO) order
 - b. End of Life visitation order (may be placed by any provider caring for patient)
 - c. Refer to the Coronavirus (COVID-19) Policy for Informed Consent and Release for Visitors of COVID-19
3. Visitors must coordinate time of their visit with healthcare providers on patient's floor.
4. Visitation is at the discretion of the attending provider, care team, and nurse manager (if there is conflict within the team or conflict with visitors on the decision to allow visitation, Vice President of Nursing, will be notified).
5. Visitors may be limited to one family member or 1 designated family member and 1 clergy member
 - a. Household contacts of the patient must be outside their own quarantine window (10 days after their last exposure to any known COVID-19 case, including the hospitalized patient) and without symptoms.
6. The primary provider or a designated alternative must discuss the risks of visitation with the proposed visitors. Visitors must sign the informed consent document, outlining the risks they are accepting and the procedures they agree to follow.
7. Visits within a patient's room.
 - a. Visitors will don PPE with gown, gloves, eye protection, and a facemask.
 - b. Staff will assist visitors with both donning and doffing.
 - c. It is recommended that visitors should remain 6 feet away from the patient.
 - d. Visitors are not permitted during aerosol-generating procedures.
 - e. Visitors will wash their hands immediately after removing PPE.
 - f. Visitors may choose to visit from outside the patient's room instead.

- i. Visitors may view the patient through the glass window or doors.
 - ii. Doors must remain closed.
 - iii. Visitors may call the patient from the phone outside the room.
8. Visitors standing outside of the COVID-19 patient's room must be limited to 15 minutes.
 9. When permission is granted to visitors to enter a COVID-19 positive or suspected patient room, the visitor must sign the Informed Consent and Release for Visitors of COVID-19.

B. Exception: Active labor

1. Each suspected/confirmed COVID-19 laboring patient will be evaluated on an individual basis by the OB physician in collaboration with the pediatric physician to determine if it is appropriate to have a person attend the delivery.
 - a. This person will be screened for symptoms of COVID-19.
 - b. This person will be required to wear gown, gloves and mask while in the room with the patient.

Attachments

- [Addendum A - Statement on Patient Visitation Rights.docx](#)
- [Informed Consent and Release for Visitors of COVID-19 4-21-2020 \(3\).docx](#)

Approval Signatures

Step Description	Approver	Date
	Lisa Frishkorn	12/2021
	Karen Allen: VP Patient Care Services	12/2021
	Cheryl Ramsey: Hospitality Services Manager	12/2021