#### CAMPBELL COUNTY HEALTH

#### ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT:** VISITING PRIVILEGES

### **POLICY:**

Visiting of patients is encouraged for the psychosocial well-being of our patients. At the discretion of the patient, physician or nursing staff, visitors may be asked to limit their time and/or numbers per patient. Visitation may be limited based on CDC, CMS or Wyoming Department of Health Guidelines to protect the health of residents and patients. CCH may restrict visitation when clinically necessary or if a safety need is identified. Such restrictions may include, but are not limited to, the need to prevent community-associated infection or communicable disease transmission. This may include but not limited to change in age of visitors, hours of visitation, number of visitors and reason for visitation.

### **VISITING REGULATIONS:**

A list of patients and room numbers is available at the Information Desk and at the PBX Desk, both located in the main lobby. A list of religious preferences is available for Chaplain Services at the PBX Desk. After hours, the list is available at the Emergency Room admission desk. A list of Behavioral Health patients is not available due to confidentiality.

- 1. Regular visiting hours are 7:00 a.m. to 8:30 p.m., seven days a week. No visitors except those approved by staff will be allowed to visit outside of the stated times.
- 2. At 8:30 p.m. the ER clerk will make an announcement overhead that visiting hours have ended.

#### **EXAMPLE PAGE**

"Attention in the Hospital: Visiting hours are now over."

- 3. All visitors should perform hand hygiene before entering patient's room.
- 4. Visitors should refrain from visiting if they are febrile, have diarrhea or have symptoms of an upper respiratory infection. Cold sores should be covered with a mask until lesion is dry/scabbed. Visitors must follow any posted visiting restrictions and adhere to CDC guidelines as per specific disease precautions.
- 5. Visitors may enter the building during visiting hours through any public entrance. Entry into the building during other times is limited to the Emergency Care entrance (west entrance).

- 6. Visitors who arrive after regular visiting hours are to park in the overflow parking lot on Burma Avenue and should refrain from parking in the Emergency Room parking lot.
- 7. During visiting hours, visitors shall sign in at the nurse's station of the unit they are visiting.
- 8. All visitors are asked to leave by 8:30 p.m. so that our patients may rest. Exceptions are: 1) A parent staying with a child, 2) Family of critically ill patients may stay in the waiting room and 3) At the discretion of the Charge Nurse. Individuals granted permission by hospital staff to visit outside regular hours must sign-in at the Admitting Desk at the Emergency Care entrance. Visitors will be given a colored wrist band for security purposes. For added security, the colored bands may be changed as needed. Security staff will maintain and disseminate the colored band schedule.
- 9. Visitors are encouraged to bring children to visit a family member. If children are brought to the hospital, they must be accompanied by an adult. Visitation by children may be limited due to the patient's health status or other reason as determined by the nursing staff.
- 10. Visitors are asked not to bring food or drugs to patients without the permission of the nursing staff or patient's physician. Visitors may join the patient for meals and are encouraged to bring a tray from the cafeteria.
- 11. Parents are encouraged to stay with their hospitalized child for comfort and security.
- 12. Refer to the Overnight Accommodations policy regarding overnight stays by visitors.
- 13. The hospital reserves the right to restrict visiting to any or all areas as needed for patient safety.

#### **Visitor Restrictions due to Infectious Disease:**

- 1. Visitors must stop at the nurse's station for instructions before entering rooms where patients are in isolation.
- 2. CCH will initiate visitor restrictions during times of increases in communicable/infectious illness to protect our patients/residents, visitors and employees from exposure and to help prevent the spread of illness
- 3. Implementation of levels of visitor restrictions (See Appendix A) will be coordinated between Infectious Disease Medical Director, Infection Prevention, Long Term Care

Medical Director, physicians, and leadership with information going to the public via Community Relations. Infection Prevention will be responsible in monitoring percentage of disease rate per currant guidance.

### **Maternal Child Department:** (See Maternal Child Department Visitation policy.)

- 1. Triage/Labor Delivery: Designated visitors may be admitted to the Labor and Delivery Suite 24 hours/day. No more than 3 visitors may be in the labor room at any time, and visitors may not congregate in the hallway. Nursing may restrict visitors at any time based on the condition of the patient. In triage area, only one support person allowed.
- 2. Nursery, Levels I, II, Special Care: Only banded persons are allowed entrance to the nursery. Exceptions may be made at the discretion of the staff nurse and/or the physician. Gowns should be worn in Level II.

#### **Behavioral Health Services:**

- 1. Patients may have visitors at specific hours and for a specific amount of time. Visiting hours are: Monday through Saturday from 7:30 p.m. to 8:30 p.m. and Sunday from 2:00 p.m. to 4:00 p.m. If there are circumstances causing disruptions, visitors will be asked to leave. Children may be allowed to visit, but family members are asked to call the unit in advance to ensure that they will be entering a safe environment.
- 2. Visitors may not bring food or beverages for personal consumption or intent to share with patient into the department. Coats, purses, vehicle keys, sharps, cell phones, tobacco products and other items deemed as unsafe on unit will be secured in the Nurse's Station during visitation time.
- 3. Visitors who have the odor of an alcoholic beverage on their breath or who are thought to be under the influence of alcohol or any other mood altering drug will be required to leave.
- 4. Patients may request the presence of a staff member for support if discussion with specific visitor is expected to be stressful.
- 5. Visitors may visit with their family member in the group room, kitchen or open areas. Doors to the visiting areas must remain ajar during visits with patient.
- 6. Special visiting hours may be arranged with the approval of the Department Manager if visiting is requested other than at the published times.

- 7. Adolescent patients will be limited to visits from immediate family members and clergy only. Exceptions will be made only with physician's order.
- 8. Patient's right to privacy and choice and the right to be visited by their personal physician, attorney or clergyman will be respected.
- 9. Visiting privileges may be restricted by the physician, as deemed appropriate.

### The Legacy Living and Rehabilitation Center

**Note**: Visiting rules and procedures for Legacy may vary considerably based on transmissible disease outbreak and/or risk. These cases may require isolation of the facility, with visitation either eliminated or modified (i.e., Compassion visits, window visits, virtual visits, etc). These decisions will be made in consultation with CCH, CDC, CMS, WDOH, OHLS and will supersede all or part of the usual procedure as described below.

**Specific to COVID pandemic:** Social Services and/or hospice make the determination on whether visits are allowed. If allowed, all visits must be scheduled through the Resident Life Coordinator. This is to ensure appropriate staffing to fulfill regulatory requirements during visits. Visitors must sign an acknowledgement form stating guidelines for visitation, education and be screened for elevated temperature and signs and symptoms of emerging respiratory illnesses. Visitors must comply with PPE policies or the visit will be terminated.

- 1. CCH may restrict visitation when clinically necessary or if a safety need is identified. Such restrictions may include, but are not limited to, the need to prevent community-associated infection or communicable disease transmission.
- 2. Residents (or resident's representative, where appropriate) must be notified on admission of their rights to have visitors on a 24-hour basis, who could include, but are not limited, spouses (including same-sex spouses) domestic partners (including same-sex domestic partners), other family members and/or friends. Additionally, residents will have reasonable access to any entity or individual that provides health, social, legal or other services to the resident.
- 3. Residents have the right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.
- 4. The Legacy does not discriminate against visitors based on race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

- 5. All organizational policies apply to the LTC (long term care) setting regarding visitation.
- 6. We recognize the resident's need to maintain contact with the community in which he or she has lived or is familiar. Therefore, the resident is allowed to have visitors as he/she wishes.
- 7. Children identified legally as a minor may visit supervised by a responsible adult other than the resident.
- 8. The resident may visit with immediate family or other relatives any time subject to the protection of the rights and safety of other residents and any restrictions imposed by the resident.
- 9. The resident may visit with non-relative visitors who are visiting with the consent of the resident at any time. Such visitors may be subject to reasonable restrictions that protect the security of the facility's residents such as:
  - a. Keeping the facility locked at night;
  - b. Limiting or supervising visits from persons who are known or suspected to be abusive or exploitative to a resident;
  - c. Denying access to individuals who are found to have been committing criminal acts; and
  - d. Denying access to visitors who are inebriated or disruptive.
- 10. A critically ill resident may have visitors of his/her choice at any time, as long as visitation is not medically contraindicated. (Note: The resident's care plan identifies visitor restriction information.)
- 11. While residents have the right for open visitation, 24 hours a day, The Legacy may charge visitors who utilize resources at The Legacy such as food, showers, and other items as identified by the Administrator.
- 12. In order to meet the privacy wishes of residents who receive visitors overnight, residents will be asked to discuss their Plan of Care regarding cares that are necessary during those times. The Care Plan will reflect the residents understanding of any impact that requesting privacy may have on their cares.
- 13. The Legacy may restrict visitation when clinically necessary or a safety need is identified. Such restrictions may include, but are not limited to, the need to prevent community-associated infection or communicable disease transmission to residents.

- 14. The facility reserves the right to change the location of a visit if such visit infringes upon the rights of other residents in the facility.
- 15. Unless otherwise permitted by the resident, visitors will be required to wait outside the room or in the lobby while the resident is receiving treatment, undergoing examinations, and/or receiving personal care.
- 16. Incidents of any visitor's disruptive behavior must be documented in the resident's medical record or other facility approved form.
- 17. A resident has the right to withdraw an individual's visiting privileges at any time. Such documentation must be recorded on the care plan and medical record to ensure that all staff is aware of such restrictions.
- 18. Inquiries concerning visitation and access to the facility should be referred to the Administrator or his/her designee. All altercations, including those that may represent resident-to-resident abuse, shall be investigated and reported to the Nurse Director, the Administrative Director of Nursing Services and to the Administrator.

### **Employees:**

1. Patients who are employees of Campbell County Health are subject to the same regulations as other visitors.

## **Clergy Privileges:**

1. Clergy are free to visit at any time. Identification badges for Chaplains are located in the front lobby at the operator's desk.

### **ENFORCEMENT OF POLICY:**

- 1. It is the responsibility of nursing services personnel to ensure rules concerning visitors are enforced. If there are any problems with visitors, the staff should notify the Department Director/Manager, Hospital Supervisor, or Security Officer.
- 2. Visitors causing disruption to patient care may be asked to leave the facility. Failure to comply with a request to leave the property may result in the involvement of Law Enforcement.

# **APPENDIX A**

GREEN	YELLOW	ORANGE	RED
No to minimal community cases*	Community rates 1- 10%*	Community rates 10-30%*	Community rates >30%*
No visitor restrictions	No visitors less than 16 yrs old	1 visitor per 24 hr period—must be same person each 24 hr period	No visitors except as per NOTE section below
Normal visitor policy in place (see policy)	Maximum 2 visitors per patient at a time	Cannot come and go throughout 24 hr period	
	Can leave and come back as long as screened each time they come back into bldg	Not allowed in pt's room with active disease process (still in isolation) unless as per NOTE section below	
	Must follow all visitor guidance in place for disease control per CDC or visitor privileges are revoked for remainder of patients stay		
	Not allowed in pt's room with active disease process (still in isolation) unless as per NOTE section below  **Population specific		

<sup>\*</sup>or as otherwise determined by CCH, CDC, CMS, Public Health or State Dept of Health

NOTE: exceptions may be made for Pediatric, end of life, altered mental status, and patients with physical/developmental delays. These visitors must be trained on proper donning/doffing of appropriate PPE for disease.

Initiated: 3/4/83

Revised: Jonni Belden, 08/18/2020 Reviewed: Infection Prevention, 9/21/20

<sup>\*\*</sup> see policy for specific guidelines (patient care populations may vary based on circumstances)

Reviewed: Leadership Council, 9/22/20 Reviewed: Board of Trustees, 1/28/21 Approved: Colleen Heeter, 9/22/20