



Mee Memorial Healthcare System

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Owner: *Carrie Olcott:
 Manager of
 Regulatory, Quality
 Assurance & Risk*
Area: *Hospital Wide Patient
 Rights Organizational
 Ethics*

Standards & Regulations:

Sub Areas:

Visitors and Patient Visitation

Purpose:

To provide visitation guidelines that promotes patient centered care, comfort, recovery, privacy, and safety.

Policy:

The well- being of the patient is the most important consideration when making decisions regarding visitors and visiting hours. In accordance with federal and regulatory agencies requiring patient and family centered visiting options, the following are Mee Memorial Hospital guidelines regarding visitation.

GENERAL HOSPITAL VISITATION GUIDELINES

1. Patients will be asked to participate in decisions regarding the timing of their visitation, the number of visitors, and who may visit.
2. In the event that the patient is unable to participate in visitation decisions, the patient family (Spouse/ domestic partner, parent, child, sibling, and legal next of kin) will make determinations on who may visit the patient.
3. All visitors will be provided full and equal visitation privileges consistent with patient preferences.
 - a. Visitors will not be restricted based on race, ethnicity, national origin, gender, gender identity, sexual orientation, or disability.
4. The patient, or the patient's representative, where appropriate, will be informed of his or her rights regarding visitation.
 - a. Visitation will be informed of the right to withdraw or deny consent for visitation at any time.
5. Visitation is possible 24 hours per day, on consultation with the patient, the patient's family, medical and nursing staff.
6. One overnight visitor is permitted, based on the clinical condition and personal wishes of the patient and the available accommodations. Pediatric patients may have both parents stay overnight.
7. All visitors will be required to check in with the nurse's station and/or security station prior to visitation.

8. All visitors will have access to hand sanitation and encouraged to participate in:
 - a. Hand washing techniques and guidelines.
 - i. Wash their hands prior to entering and upon leaving the patient's room/patient care area. This includes children of all ages.
 - b. Isolation procedures when indicated.
9. Children of any age may visit provided the following criteria is met:
 - a. The child is accompanied **at all times** by a responsible adult.
 - b. The child does not display signs of infectious illness as indicated by fever, cough, rash, obvious nasal congestion, or has recent exposure to communicable diseases such as mumps, measles, and rubella.
 - c. The patient has agreed to the visit from the child.
10. Visitors of any age who display signs of infectious illness as indicated by fever, cough, rash, obvious nasal congestion, or have recent exposure to communicable diseases such as mumps, measles, or rubella, will be asked to refrain from visiting.
 - a. The patient will be informed of the rationale regarding visitation restriction
11. Visitation will not be restricted during nursing change of shift. Visiting hours may be modified during the nursing change of shift report if bedside report will cause a violation of patient confidentiality, during physician rounds, or in the event of significant changes in the patient condition.
 - a. Family members (Spouse/domestic partner, parent, child, sibling, and legal next of kin) will be allowed unrestricted visitation during acute change in conditions in accordance with patient wishes.
 - b. In the event that the change in condition requires the patient care area to be occupied by health care personnel and equipment, families will be informed of this requirement and be assigned a designated area for visitation and observation.
 - c. In the event of a 'Code Blue/White', family will be allowed to be present and assigned a designated area for visitation and observation. A member of the code team (traffic control) will be asked to make this designation.
12. Terminal, end of life, and comfort care patients shall be allowed unrestricted visitation.
13. Visitors will not sleep on patient care beds, or use patient care restroom facilities.
 - a. If possible, sleeping apparatus will be brought to the patient room for night time visitors.
 - b. Visitors will be informed of the infection control risk regarding the patient bathroom facility and directed to the appropriate visitor bathroom.
14. Exceptions to the general visitation guidelines may be made on a case by case basis.
 - a. Exceptions shall be clearly communicated to the patient, the family and/or visitors, and to all staff.
 - b. Families and visitors may appeal visitation restrictions via nursing supervisor or hospital administrator.

EMERGENCY DEPARTMENT VISITATION GUIDELINES

All previously listed visitation guidelines will apply. In addition, visitation guidelines in the Emergency

Department (ED) include

1. One visitor in patient care area is encouraged due to the limited space available for care and accommodations.
 - a. Pediatric patients may have both parents stay present with them while in the Emergency Department.
2. Department at maximum capacity or with triage and trauma circumstances are acceptable reasons for restricting visitation.
 - a. Employees are encouraged to allow single visitor that remains at the bedside.
 - b. Employees implementing visitation restriction will communicate with house supervisor or hospital administration.
 - c. Exceptions shall be clearly communicated to the patient, the family and/or visitors, and to all staff.
 - d. Families and visitors may appeal visitation restrictions via nursing supervisor or hospital administrator.
3. In the event that a communicable disease is present in the ED, visitation can be restricted for public safety.
4. Visitors will be asked to wait in a designated waiting area during any care that requires exposure of the patient (such as incontinence care or a procedure requiring exposure).
5. Visitors may not accompany patients to test and exam areas (such as radiology).

INTENSIVE CARE VISITATION GUIDELINES

All previously listed visitation guidelines will apply. In addition, visitation guidelines in the Intensive Care Unit include:

1. In the event that a critical change in condition or 'Code Blue/White' is in progress with another unit patient, visitors of other unit patients will be informed of the requirement that they remain at the patient bedside and/or wait until unit crisis has resolved to resume visitation.
2. Visitors will be asked to wait in a designated waiting area during any care that requires exposure of the patient (such as incontinence care or a procedure requiring patient exposure) unless the patient requests otherwise.
3. Visitors may bring cards, small gifts, photos or other items but no flowers, balloons or plants will be allowed to be delivered to the ICU.

OB/LABOR AND DELIVERY VISITATION GUIDELINES

All previously listed visitation guidelines will apply. In addition, visitation guidelines in the OB/Labor and Delivery Unit include

1. The mother is given the highest priority in regards to visitation in the labor room. The mother will determine all visitors and may revoke visitation of any previously admitted visitor at any time.
2. Visitation is permitted in the Labor and Delivery room as designated by the birthing mother.
 - a. In the event of a clinically compromised mother or baby, visitation may be limited based on the

- discretion of the physician, midwife, or nurse.
- b. All visitation restrictions may be appealed to the nursing supervisor.
- 3. Siblings may visit both the OB/Post-Partum and Labor rooms.
 - a. All children under the age of 16 must be accompanied and supervised by an adult at all times. This adult may not be actively participating in the labor/birthing process.
 - b. The child must have supervision sufficient such that, if asked to leave the room, they will not be left unsupervised.

NURSERY VISITATION GUIDELINES

All infants will remain safe and secure during hospitalization. Infection prevention will be maintained during nursery visitation. All previously listed visitation guidelines will apply. In addition, visitation guidelines in the Nursery include

1. Parents are encouraged to visit and actively participate in care at any time.
2. Other visitors must be accompanied by a banded, identified individual associated with the infant.
3. Siblings may visit as designated by the birth parents.
 - a. Non-adult siblings must have adult supervision such that, if asked to leave the room, they will not be left unsupervised.
4. Visitation may be suspended due to infection control issues.
 - a. All visitors will wash hands with soap and water thoroughly before handling an infant.
 - b. All hand and wrist jewelry will be removed prior to hand washing and will remain off during the handling of the infant.
5. Infants in the nursery who have hospitalized mothers who are unable to visit may be taken via incubator, bassinet or other transportation device to the mother's room for visitation.
 - a. A nurse responsible for the care of the infant will accompany the infant at all times.
 - b. All previously listed visitation guidelines apply while the infant is in the mother's room.

SKILLED NURSING VISITATION GUIDELINES

All previously listed visitation guidelines will apply. In addition, visitation guidelines in the Skilled Nursing/Swing Unit include:

1. Visitors will be asked to wait in a designated waiting area during any care that requires exposure of the patient (such as incontinence care or a procedure requiring patient exposure) unless the patient requests otherwise.
2. Visitors may not interfere with scheduled procedures such as physical therapy, shower/bath, and other routine treatments.
 - a. Every effort will be made to schedule these procedures around visitation.
3. In the event that the change in condition requires the patient care area to be occupied by health care personnel and equipment, visitors will be informed of this requirement and be assigned a designated area for visitation.

SWING BED VISITATION GUIDELINES

All previously listed visitation guidelines will apply. In addition, visitation guidelines in the Swing Unit include:

MMHS will provide access by the patient's family members and other relatives of the patient, subject to the patient's right to deny or withdraw consent at any time.

1. MMHS will provide access by the patient's family members and other relatives of the patient, subject to the patient's right to deny or withdraw consent at any time.
2. MMHS will provide access to a patient by other individuals who are visiting, with the consent of the patient, subject to reasonable clinical and safety restrictions, and the patient's right to deny or withdraw consent at any time.
3. MMHS will provide reasonable access to a patient by any entity or individual that provides health, social, legal, or other services to the patient, subject to the patient's right to deny or withdraw consent at any time.
4. MMHS will provide access to any patient by:
 - Any representative of the State
 - Any representative of the Office of the State long term care ombudsman
 - The patient's individual physician
 - Any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000
 - Any representative of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000).
 - The patient representative
5. During the admissions process, Care Management or designee will ask the patient who they define as family and any others that they would like to have visitation privileges with 24-hour access. The information will be recorded in the medical record. If the patient is unable to express or communicate with whom they would like to have access and visit, Care Management will discuss with the patient's representative.
6. If the patient makes any changes in whom they would like to have 24-hour access, it will be noted in the medical record and communicated to the nursing staff.

Visitors (Special Circumstances)

Violence is a major issue facing health care. This hospital, in an attempt to protect patients, staff and visitors from aggressive or violent behavior, will monitor and/or limit visitation and phone calls for the following patient categories:

1. **Patients in police custody:** Restricted visitors - Only by authorization of the law enforcement officer on duty.
2. **Victims of violent crime:**
 - Restrict visitors.
 - Police will be notified of the crime.

- The patient will be asked for a list of family members when he/she wishes to have visitors.
- All visitors are subject to police and/or physician approval.
- when circumstances dictate a higher level of in house security and additional security is needed, notify the maintenance person on duty for on-call assistance.

3. Patient involved in physical altercations:

- Restrict visitors.
- The patient will be asked for a list of family member whom he/she wishes to have visit.
- All visitors are subject to police and/ or physician authorization.

4. Overdose patients:

- Restricted visitors. Visitors only by authorization of attending physician.

5. Suicidal: Restrict visitors. Visitors only by authorization of the attending physician.

6. Gang Members:

- Due to gang affiliations, large numbers of gang members may be present at the hospital to visit. With permission of the staff, the group may be asked to designate one member to visit. Other members will be asked to leave.
- Police will be notified.
- Patient will be asked to provide a list of family members whom he/she wishes to visit.

7. Intoxicated Patients:

- Restrict visitors until patient is deemed to be no longer intoxicated.
- Visitors only by authorization of the attending physician.

NOTE: *If any visitor is abusive or creating a disturbance, that visitor will be asked to leave. If the visitor refuses to leave the grounds, the police will be call. Use the appropriate code system in the event of violence or abusive behavior.*

Infectious Disease Emergency Response COVID-19

For the duration of this special order visiting hours will be limited to 8AM to 8PM.

1. The presence of a visitor or a support person is essential to the mental well-being and recovery of patients. Due to the community spread of disease during outbreaks or pandemics, considerations must be made for the safety of health facility staff, patients and visitors. This may result in the limitation or suspension of visitation, except when medically necessary or essential the the care of the patient. The organization develops visitation policies in accordance with guidance provided from The Centers for Disease Control and the California Department of Public Health (CDPH).
2. For the purposes of this policy, the terms "visitor" and "support person" are used interchangeably, as are "patient" and "resident."
3. Visitors do not need to be designated in advance by the patient; however, each visitor is subject to screening for vaccination status, and/or documentation of a negative SARS-CoV-2 test where the specimen collection occurred within 72 hours before each visit, and absence of COVID-19 symptoms. Visitors must wear a face covering upon entry and at all times within the facility, and other personal protective equipment (PPE) as appropriate while in the patient's room. Visitors should not walk

around in hallways and must go directly to and from the patient's room.

4. Visitor restriction will be enforced in the hospital, emergency department, surgery, and SNF as described below

- The Hospital front lobby and the Emergency Department entrance has been identified as the only public entrances into the hospital.
- Visitors will be screened before entering the facility to ensure they do not have signs/symptoms such as cough, shortness of breath, body aches, pain, chills, or fever. Visitors will also be required to provide proof of vaccination status or proof of a negative COVID-19 test as stated in the **State Public Health Officer of the State of California Order** of December 31, 2021 effective January 7, 2022 at 12:01 a.m.
- People with chronic disease or who are over the age of 65 are discouraged from visiting the hospital.
- All visitors must be 16 years of age or older.
- Waiting rooms are for PATIENTS ONLY.

1. Emergency Room

- At this time no visitors will be permitted in the emergency room with the exception of:
 - Pediatric patients are allowed one parent or legal guardian
 - Patients with physical, intellectual, and/or developmental disabilities and patients with cognitive impairments shall be allowed a caregiver or support person.

2. Inpatients

- Unless otherwise specified below inpatients shall be allowed one visitor.

3. Pediatric Patients

- Pediatric patients are allowed one parent or legal guardian at a time in the hospital, clinics and emergency department.
- In the case of prolonged hospitalization, up to two designated parents or legal guardians are allowed at the same time.

4. Labor and Delivery Patients

- One support person is allowed to be present with the patient.

5. Surgery Patients

- One visitor is permitted until the patient is taken into prep (provided social distancing can be accomplished), and one visitor is permitted when the patient is in recovery and preparing for discharge.

6. Patients at End-of-Life

- Up to two visitors or support persons are allowed to be present with the patient. Additional considerations at the discretion of the Chief Nursing Officer.

7. Patients with Physical, Intellectual, and/or Developmental Disabilities and Patients with Cognitive Impairments.

- For hospitalized patients, especially with prolonged hospitalization, the patient or family/patient representative may designate two support persons.

8. Skilled Nursing Facility, Dialysis and Rehab Services

- Visitation can be conducted through different means based on patient's needs and physical structure of the unit. Visitation is person-centered based on the patient's or residents' physical, mental, and psychosocial well-being, and support of their quality of life. The CDC's best practices and core principles of infection control are adhered to at all times given the continued risk of COVID-19 transmission. Refer to *unit-specific policies*, based on CMS and CDC guidance, as practices may change based on the status of community disease transmission.

9. Students Obtaining Clinical Experience

- Students obtaining their clinical experience are permitted to enter the facility if they meet and adhere to the CDC guidelines for health care workers.

10. Effective January 7, 2022 at 12:01 a.m., the State Public Health Officer of the State of California ordered additional restrictions that applies to General Acute Care Hospitals, Skilled Nursing Facilities, and Intermediate Care Facilities. Visitation shall be permitted only in accordance with this Order.

- **General Acute Care Hospitals** must either: (1) verify visitors are fully vaccinated, or (2) for unvaccinated or incompletely vaccinated visitors, verify documentation of a negative SARS-CoV-2 test.
- **Skilled Nursing Facilities, Intermediate Care Facilities and Adult and Senior Care Residential Facilities** (licensed by the California Department of Social Services) must either: (1) for **indoor** visitation, verify visitors are vaccinated, have had all recommended doses based on Table A below **and** provide evidence of a negative SARS-CoV-2 test within 1 day of visitation for antigen tests, and within 2 days of visitation of PCR tests; **OR** (2) permit only **outdoor** visitation for those that do not meet all the indoor visitation requirements (1). For **outdoor** visitation, visitors must provide evidence of a negative SARS-CoV-2 test within 1 day of visitation for antigen tests, and within 2 days of visitation for PCR tests.
- All visitors may use either PCR testing or antigen testing. Any PCR or antigen test used must either have Emergency Use Authorization by the US Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the US Centers for Medicare and Medicaid Services.

Table A: California Immunization Requirements for Indoor Visitation

Covid-19 Vaccine	Primary Vaccination Series	When does a person become booster eligible	Which vaccine booster dose to receive
Moderna or Pfizer-BioNTech	1st and 2nd doses	Booster dose 6 months after 2nd dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
Johnson and Johnson [J&J] Janssen	1st dose	Booster dose 2 months after 1st dose	Any of the COVID-19 vaccines authorized in the United States may be used for th booster dose, but either Moderna or Pfizer-BioNTech are preferred.

World Health Organization (WHO) emergency use listing COVID-19 vaccine	All recommended doses	Booster dose 6 months after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine
A mix and match series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines	All recommended doses	Booster dose 6 months after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine

***A Person who accompanies a patient to an outpatient appointment in a support capacity is not a visitor in acute health care. (AFL 21-31 and State Public Health Officer of the State of California Order effective January 7, 2022 at 12:01 a.m.)**

- A. All visitors must be (1) fully vaccinated, or (2) for unvaccinated or incompletely vaccinated visitors, must provide documentation of a negative SARS-CoV-2 test.
- B. Pursuant to the CDPH Guidance for Vaccine Records Guidelines & Standards, only the following modes may be used as proof of vaccination:
 - 1. COVID-19 Vaccination Record Card (issued by the Department of Health and Human Services Centers for Disease Control & Prevention or WHO Yellow Card) which includes name of person vaccinated, type of vaccine provided, and date last dose administered); OR
 - 2. a photo of a Vaccination Record Card as a separate document; OR
 - 3. a photo of the client's Vaccination Record Card stored on a phone or electronic device, OR
 - 4. documentation of COVID-19 vaccination from a health care provider; OR
 - 5. digital record that includes a QR code that when scanned by a SMART Health Card reader displays to the reader client name, date of birth, vaccine dates and vaccine type.

In absence of knowledge to the contrary, a facility may accept the documentation presented as valid.

C. For unvaccinated, incompletely vaccinated, or booster-eligible visitors who have not yet received their booster dose:

- 1. **In General Acute care Hospitals**, unvaccinated or incompletely vaccinated are eligible for indoor visits only if they can show documentation of a negative SARS-CoV-2 test where the specimen collection occurred within 2 days if using PCR or 1 day if using antigen testing before each visit and for which the test results are available at the time of entry to the facility. Unvaccinated or incompletely vaccinated visitors with history of COVID-19 within the prior 90 days may provide documentation of recovery from COVID-19 and release from isolation in lieu of testing.
- 2. **In Skilled Nursing Facilities, Intermediate Care Facilities and Adult and Senior Care Residential Facilities** (licensed by the California Department of Social Services) unvaccinated, incompletely vaccinated, or booster-eligible visitors who have not yet received their booster dose are eligible only for outdoor visitation if they can show documentation of a negative SARS-CoV-2 test where the specimen collection occurred within 2 days if using PCR or 1 day if using antigen testing before each visit and for which the test results are available at the time of entry to the facility. Such persons must also wear a well-fitting face mask (a surgical mask or respirator) and physically distance from facility personnel and

other patients/residents/visitors that are not part of their group at all times during the visit. If a resident is not able to leave their room or otherwise meet with visitors outdoors, the visitation may take place indoors, even for visitors who cannot provide vaccine verification or negative test; however, these visits cannot take place in common areas, or in the resident's room if the roommate is present, and the visitor must wear a well-fitted mask with good filtration (N95, KF94, KN95, or surgical masks are preferred over cloth face coverings) and the resident must wear a well-fitting face mask at all times and physically distance.

3. For visitors who visit for multiple consecutive days in all settings covered by this Order, proof of negative test is only required every third day (meaning testing is only required on day 1, day 4, day 7, and so on).

D. Facilities must have a plan in place for tracking verified visitor vaccination status or documentation of a negative SARS-CoV-2 test. Records of vaccination verification documentation of a negative SARS-CoV-2 test. Records of vaccination verification or documentation of a negative SARS-CoV-2 test must be made available, upon request, to the local health jurisdiction for purposes of case investigation. Information regarding visitor vaccine status will be entered into visitor vaccine status database.

F. The following visitors are exempt from the vaccination and testing requirements of this Order:

1. Visitors who are visiting a patient in critical condition, when death may be imminent. For such persons the personal protective equipment (PPE) and distancing requirements of Section G, below, will still apply.
2. In emergent situations, parent or guardian visitors of pediatric patients, a support person for a labor and delivery patient, support persons for a patient with physical, intellectual, developmental disability, or cognitive impairment an a person visiting for bonding visits including in-room stay with a newborn and hospitalized parent. For subsequent visits following the emergent situation and as soon as reasonably possible thereafter, but no longer than 72 hours, these visitors must comply with the vaccine verification or applicable testing requirements. For such persons the requirements of Section G, below, will still apply.
*The terms "visitor" and "support person" are used interchangeably.

G. Mask, personal protective equipment, and physical distancing requirements:

All visitors, regardless of vaccination status or test result, must:

- a. wear a well-fitting face mask (a surgical mask or double masking is recommended) upon entry and at all times within the facility;
- b. wear any other personal protective equipment (PPE) while in the patient's room that facility personnel deem appropriate to the situation; and
- c. physically distance from health care personnel and other patients/residents/visitors that are not part of their group at all times while in the facility.

H. **Definitions:** the following definitions apply for purposes of the Order:

"Fully Vaccinated" means individuals who are considered fully vaccinated for COVID-19: two weeks or more after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna or vaccine authorized by the World Health Organization), or two weeks or more after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen). COVID-19 vaccines that are currently authorized for emergency use:

1. By the US Food and Drug Administration (FDA), are listed at the [FDA COVID-19 Vaccines webpage](#).

2. By the World Health Organization (WHO), are listed at the [WHO COVID-19 Vaccines webpage](#).

"Incompletely vaccinated" means persons who have received at least one dose of COVID-19 vaccine but do not meet the definition of fully vaccinated.

"Unvaccinated" means persons who have not received any doses of COVID-19 vaccine or whose status is unknown.

"WHO Yellow Card" refers to the original World Health Organization International Certificate of Vaccination or Prophylaxis issued to the individual following administration of the COVID-19 vaccine in a foreign country.

Note from California Department of Public Health (CDPH), January 7,2022:

The Terms of this Order supersede any conflicting terms in any other CDPH orders, directives, or guidance. This Order is not intended to revoke or withdraw any prior orders.

This Order shall take effect on January 7, 2022, at 12:01 a.m. Facilities must be in full compliance at that time. CDPH will continue to assess ongoing conditions during this time to determine any further updates.

The terms of this Order supersede the August 26, 2021 Requirements for Visitors in Acute Health Care and Long-Term Care Settings.

References:

Institute for Patient and Family Centered Care, www.ipfcc.org.

American Assoc. of Critical Care Nurses, www.aacn.org

U.S. Department of Health and Human Services, www.hhs.gov

California Department of Public Health, AFL 20-38.6, AFL 20-22.6, AFL 21-31 cdph.ca.gov

State Public Health Officer Order of January 7, 2022, California Department of Public Health, pursuant to Health and Safety Code sections 120125, 120140, 120175,120195 and 131080 and other applicable law. Refer to link: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx>

The Centers for Disease Control and Prevention, https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#manage_access

Swing Reference- State Operations Manual. Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (Rev. 200, 02-21-20) §483.10(f)(4)(ii), §483.10(f)(4)(iii)

Attachments

No Attachments

Approval Signatures

Approver	Date
Rena Salamacha: Chief Executive Officer	01/2022
Elisa Moylan: CNO	01/2022
Annette Hayes: Risk Management Specialist	01/2022
Carrie Olcott: Manager of Regulatory, Quality Assurance & Risk	01/2022