

## Administrative Policies and Procedures

### FAMILY AND VISITOR POLICY

**Department:** Administration

**Policy Number:** 5.9

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#### POLICY

**Includes: Inpatient, Outpatient and Ancillary Services Areas**

Visitation of patients by families and significant others is encouraged. The therapeutic benefits of having significant others involved in the care of a hospitalized patient is well documented. This policy establishes guidelines for visitation in order to ensure that family, friends, and significant others have adequate and appropriate access to their loved one. Establishing the optimal visiting arrangement is determined by the patient's nurse and family according to the patient's condition and special circumstances. The guiding principles for decision making about visitation are listed below.

#### DEFINITIONS

**Family:** UW Medicine adopts the following definition of "family" for the purposes of this hospital visitation policy: "Family" means any person(s) who plays a significant role in an individual's life. This may include a person(s) not legally related to the individual. Members of "family" include spouses, domestic partners, and both different-sex and same-sex significant others. "Family" includes a minor patient's parents, regardless of the gender of either parent. Solely for purposes of the visitation policy, the concept of parenthood is to be liberally construed without limitation as encompassing legal parents, foster parents, same-sex parent, step-parents, those serving in loco parentis, and other persons operating in caretaker roles.

#### GUIDING PRINCIPLES FOR PATIENTS/FAMILIES

- Each patient has the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and has the right to withdraw or deny such consent at any time. Such access is permitted as long as it does not interfere with the delivery of care and the provision of a reasonably safe or secure environment. Any restrictions on communication are fully explained to the patient and/or family.
- Visitation privileges are not restricted, limited or denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability. All visitors enjoy full and equal visitation privileges consistent with patient preferences.
- Patients/families have the right to be respected by all hospital personnel.
- Patients/families have the right to be involved with the patient's care as appropriate.

- Patients/families have the right to ask questions and maintain an open line of communication with their care team.
- Patients/families have the right to a safe environment in which the exposure to hazards and infectious diseases is minimized.
- Families have the right to access their loved one, if agreed to by the patient. (Consistent with [UWAMC Privacy Policy #13—Use & Disclosure of PHI Related to Facility Directories](#))
- Patients have the right to privacy and may request not to have visitors. (Consistent with [UWAMC Privacy Policy #13—Use & Disclosure of PHI Related to Facility Directories](#))
- Patients/families have the right to expect respectful treatment from other families.
- Patients/families have the right to appoint a family spokesperson (re: patient's condition).
- Patients/families have the right to a brief visit postoperatively. This should be arranged as quickly as care allows.

### **GUIDING PRINCIPLES FOR NURSES/HOSPITAL STAFF**

- Nurses/hospital staff has the right to a safe environment that minimizes exposure to hazards and infection.
- Nurses/hospital staff has the right to expect respectful behavior from the patient's family and visitors.
- Nurses/hospital staff has the right to ensure the privacy of other patients.
- Nurses/hospital staff has the right to have one-on-one time with the patient.
- Nurses/hospital staff has the right to encourage family involvement.
- Nurses/hospital staff has the right to request that a family member help in limiting the number and preference of visitors.
- Nurses/hospital staff has the right to expect that children will be continually supervised while at Harborview Medical Center.
- Nurses/hospital staff has the right to exercise individual discretion regarding family presence during patient procedures.

### **FAMILY/VISITOR GUIDELINES**

1. Staff at the first point of contact in the facility, and nursing staff on the units should inform visitors of the respiratory hygiene and hand hygiene expected of all persons in the facility.
  - For example, persons directing new visitors to a patient room should tell visitors, "To protect patients and themselves, we ask visitors and their children to wash their hands or use alcohol gel when entering and when leaving a patient's room."
  - Visitors entering rooms of patients in Contact Precautions should be encouraged to use gel on entering the room, and soap and water hand washing when they leave.
2. Nursing staff should speak privately with visitors who may be infectious to see if they need to refrain from visiting to protect the health of the patient and others. Examples of visitors who may be infectious include, but are not limited to:
  - person who volunteer that they feel ill with signs of communicable infections such as fever, diarrhea, nausea, rash, or respiratory symptoms, OR
  - persons who are observed to be vomiting, coughing repeatedly, sneezing, suffering from diarrhea, have visible potentially infectious rashes, infestations, and/or draining lesions without clean intact dressings.
3. The nurse or clinical staff member should explain that to protect patients, HMC routinely asks all persons to cover their cough, and wash their hands.
4. Visitors should check with the nursing staff before bringing in food, plants or flowers, electrical devices, or valuables that will be left in the room (See Nursing policy "Neutropenic Management")
5. Visitors are not allowed in restricted areas, or in "clean" or "dirty" areas of the hospital.
  - Restricted areas include any area sign posted for staff only, or with locked access. They include areas such as private areas for staff, medication rooms, operating rooms, and offices, staff conference rooms.
  - Clean areas include areas where sterile and reprocessed items are stored.

- Dirty areas include areas where used lab specimens, patient bathrooms, used equipment and devices are stored prior to reprocessing are placed.
  - Pantries where food is stored for patients.
6. Exceptions to these guidelines must be approved by the patients nurse, area manager or attending physician if the exception, in their judgment, does not put persons at increased risk of infection, or otherwise pose a safety concern. Page Infection Control pager 989-2459 or 541-0262 for questions regarding the risk of infections.
  7. Nursing staff should ensure that visitors are aware of and encouraged to use personal protective gear for patients in isolation precautions.
  8. Visitors are encouraged to leave the medical center by 10:00pm. An announcement is made overhead to that effect.
  9. Visitors requesting to stay past 10:00 pm will be asked to wear a visitor badge. Badges can be obtained from the unit charge nurse, HMC Security Services or the patient/family liaison. The badge will have the person's name and the date. Each badge is valid for one night only. Visitors exhibiting conduct that is deemed inappropriate for the medical center or visitors not displaying appropriate identification will be restricted or evicted from the premises.
  10. After-hours visitors will enter the Medical Center through the Emergency Trauma Department entrance and sign in with the security officer on duty. The security officer will contact the unit charge nurse for visitor approval. If the charge nurse approves the visit, the visitor will be given a visitor identification pass to be prominently displayed on his/her person while on the Medical Center premises. It is suggested that the charge nurse speak directly to the visitor or explain rationale when a visit is not allowed.

#### **ADDITIONAL GUIDELINES FOR ICU AREAS**

1. Visiting early in the day is encouraged to allow for rest and recovery in the late evening and overnight. If 1 or 2 adult decision making visitors wish to stay overnight, arrangements need to be made with the the charge nurse.
2. Quiet time is observed on the unit and the hours are posted. During this time there is limited or no visiting activity to promote uninterrupted patient rest and healing.
3. The number of visitors at the bedside is limited to two at a time. We are unable to accommodate visits for children under the age of 12 in the ICU but please discuss with the nurse, charge nurse or nurse manager to make special arrangements.
4. Visitors may enter the patient room when the curtain is open. If the curtain is closed, please check with a staff member prior to entering.
5. Visitors may be asked to leave the bedside for short periods of time for complex procedures, patient personal care, or to allow for patient rest.
6. Cell phones must be set to vibrate mode or off when in the ICU. We encourage visitors to use cell phones in the family waiting area.
7. No flowers, latex balloons or visitor food or drink is permitted in the Intensive Care Units.

#### **ADDITIONAL GUIDELINES FOR OUTPATIENT AREAS**

We do not recommend that children accompany patients to clinic visits, treatments or procedures. If children must accompany parent-patients, the following conditions are required:

1. For the safety of all, children must be accompanied by and closely supervised by a responsible person while they are visiting in the medical center or a clinic.
2. If this is not possible, care may need to be rescheduled. Responsibility for the child's behavior and safety rests with the parent and/or the parent's designee.
3. HMC staff does not provide child care services or supervision of children who accompany or visit patients.
4. Some areas may be inappropriate for children and/or may have additional guidelines.
5. Patients admitted from a clinic to an inpatient area who are accompanied by a child will be asked to find a responsible adult to take the child home.

#### **ADDITIONAL GUIDELINES FOR PSYCHIATRIC UNITS**

1. Visiting hours are 0830 to 2000 and visits should not occur in patient rooms. Exceptions may be made by the Charge RN.
2. All items brought to the unit by visitors must be inspected by staff prior to giving anything to the patients.
3. The guidelines for visits by children 17 years and younger: children will be accompanied and supervised by an adult and should be pre-arranged so that an appropriate visiting area can be reserved.
4. To encourage effective transition back to the community, patients may not visit the unit for 30 days following discharge except to conduct business with staff.