



**TITLE: PATIENT VISITOR POLICY**

**PURPOSE:** To provide guidelines for patient visitation that ensure all visitors enjoy full and equal visitation privileges that are beneficial, therapeutic, and consistent with patient preference.

**POLICY STATEMENT:**

The Harris County Hospital District (HCHD) is committed to providing a safe patient centered care environment for all visitors, patients, and staff that does not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

**POLICY ELABORATION:**

**I. DEFINITIONS:**

A. **CLINICALLY APPROPRIATE RESTRICTIONS:** Restrictions on visitation that, based on the best clinical judgment of HCHD healthcare professionals, are necessary to provide the best possible care to all HCHD patients. Examples of Clinically Appropriate Restrictions include, but are not limited to:

1. Honoring court orders limiting or restraining contact;
2. Restricting behavior that presents a direct risk or threat to the patient, hospital staff, or others in the immediate environment;
3. Restricting behavior that may be disruptive of the functioning of a patient care unit;
4. Placing reasonable limitations on the number of visitors at any one time;
5. Limiting risk of infection, either of a patient by a visitor or of a visitor by a patient;
6. Implementing extraordinary protections necessitated by a pandemic or infectious disease outbreak;
7. Using substance abuse protocols that require restricted visitation; or,
8. Enforcing privacy or rest requirements, either for the patient or another patient in a shared room.



- B. **LEGAL REPRESENTATIVE:** An individual who has the legal status under state law to make medical decisions, including decisions about visitation, for a patient when the patient is unable to do so. Such legal status can arise from a relationship to the patient (eg., parent or spouse); from an Advance Directive; or from a Court Order (eg., a guardian).
- C. **SUPPORT PERSON:** A family member, friend, or other individual who supports a patient during his or her hospital stay and who may exercise the patient's visitation rights on his or her behalf. A "support person" may be a "legal representative" or may be someone with no such legal authority who has been designated by the patient or legal representative to exercise the patient's visitation rights. Generally, an oral designation is sufficient to establish an individual as a "support person." Documentation may be required when the patient is incapacitated and there is conflicting evidence as to the status of the individual(s) seeking to serve as a "support person". Any such conflict should be referred to the Patient Care Team.
- D. **VISITOR BADGES:** Badges issued by security when the appropriate nursing personnel have permitted visitation after 9:00 pm local time.
- E. **VISITING HOURS:** The time frames established for patient visitation by the HCHD.

## **II. PROCEDURE:**

- A. The HCHD will inform each patient (or Support Person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, in advance of furnishing patient care whenever possible.
- B. Each patient (or Support Person, where appropriate) will be informed of 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 his or her right to withdraw or deny such consent at any time.
- C. Each patient may designate a Support Person as defined herein, who may exercise the patient's visitation rights on his or her behalf.
- D. The HCHD will ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.



**E. After Hours Visitation:**

1. All visitors must obtain permission to visit after regular visiting hours are over. (from 9:00 pm to 8:00 am local time).
  - a. Permission for after hours visitation may be granted by the Charge Nurse (CN)/ Nurse Clinical Manager (NCM) on the unit if such visitation appears to be beneficial to the patient and does not interfere with the needs of the unit.
  - b. Visitors are required to check in with Security. Security will contact the unit CN/NCM and obtain permission. Security shall issue a visitor badge and explain nighttime access, rules, and resources. Badges will clearly indicate the date and time period of the visit and will only be valid for the time period issued.
  - c. Overnight stays may be approved by the CN/NCM or their designee in collaboration with the care team and may not disturb the privacy of other patients or the operation of the unit.
  - d. Conflicts between the CN/NCM and the care team will be resolved by the Hospital Administrator or the Administrator on call.

**III. GUIDELINES:**

**A. Regular Visiting Hours:**

1. General visiting hours are from 8:00 a.m. to 9:00 p.m. local time; and,
2. Clinically appropriate restrictions may apply to visiting hours.

**B. Number of Visitors:**

1. Each patient shall be allowed a maximum of two (2) visitors at the bedside at one time. The CN/NCM or designee in collaboration with the care team may modify the number of visitors based on the patient's condition, if it is beneficial to the patient and does not interfere with the needs of the unit.
2. Children under age twelve (12) are required to be accompanied and supervised by an adult.
3. The patient may not be the adult supervisor of the child unless it is approved by the CN/NCM.



- D. Visitors requiring assistance should not be left unattended in any area of the hospital, including with the patient.
- E. To assure optimal patient care and safety, the HCHD reserves the right to request any visitor to leave the unit or the facility.



**REFERENCES/BIBLIOGRAPHY:**

42 C.F.R.§ 482.

42 C.F.R.§ 485.

The Joint Commission (2010). Ethics, Rights & Responsibilities [RI] Chapter- Standard # 01.01.01, EP 28.

The Joint Commission (2010). Ethics, Rights & Responsibilities [RI] Chapter- Standard # 01.02.01, EPs 6-8.

**OFFICE OF PRIMARY RESPONSIBILITY:**

HCHD Department of Nursing Services.

HCHD Department of Public Safety.

**REVIEW/REVISION HISTORY:**

Record review and revisions below:

Effective Date	Version# (If Applicable)	Review or Revision Date (Indicate Reviewed or Revised)	Reviewed or Approved by: (If Board of Managers Approved, include Board Motion#)
	1.0	Reviewed 07/01/2007	Department of Public Safety
		Reviewed 6/25/2007	District Nursing Policy & Procedure Council
		Reviewed 7/23/2007	Nurse Administrative Council
		Reviewed 8/16/2007	Nurse Executive Council
		Approved 11/6/2007	HCHD Policy Review Committee
12/6/2007			HCHD Board of Managers (No. 07.12-590)
	2.0	Revised/Approved 01/11/2011	Operations Policy Committee
01/27/2011		Approved 01/27/2011	HCHD Board Of Managers