Hospital Patient Visitation Policy

DISTRIBUTION:

HOSPITAL-WIDE

SCOPE:

Hospital-wide: The main campus and all outpatient locations of Children's Hospital.

PURPOSE:

To provide guidelines that promote a safe and family-centered environment while providing measures that reduce risk of accidents and transmission of communicable diseases; engage families in safety and the reduction of infection; and ensure that all visitors of patients at Nicklaus Children's Hospital ("Nicklaus Children's" or "Hospital") have visitation privileges consistent with patient preferences and subject to the Hospital's Justified Clinical Restrictions (as defined herein).

DEFINITIONS:

Patient – A person who is under medical care at the Hospital.

Parent(s)/Legal Guardian(s) – the person(s) with primary responsibility for the health care and well-being of the Patient.

Family Member(s) – whomever the Patient or the Patient's Parent or Legal Guardian consider being family, including siblings and individuals residing in the patient's residence.

Essential Caregiver – A visitor designated by the Patient or the Parent(s)/Legal Guardian(s) of the Patient who is a Family Member, friend, guardian, or other individual. An Essential Caregiver may, but is
not required to, provide care to the Patient and the Hospital will not require that the individual provide care to the Patient.

Visitor(s) – Anyone person who visits the patient in person while the patient is admitted in the Hospital or is receiving treatment on an outpatient basis at the Hospital or an outpatient center. A Visitor includes, but is not limited to, Parent(s)/Legal Guardian(s), Family Member(s), Essential Caregiver(s), Guardian Ad Litem, legal representative, and Department of Children and Families or other agency case workers.

Justified Clinical Restrictions - Any clinically necessary or reasonable restriction or limitation implemented by the Hospital on a Visitor's visitation with a Patient that is necessary to provide a safe environment for patients, Visitors, health care providers and employees. This decision will be made by the clinical care team in coordination with other Nicklaus Children's personnel and departments as appropriate given the circumstances (including, but not limited to, Chief Medical Officer (or designee), Patient Safety Officer (or designee), Operations Administrators, Infection Prevention and Control, Risk Management and Public Safety). A Justified Clinical Restriction may include, but need not be limited to, one or more of the following:

1. A court order limiting or prohibiting contact by the Visitor with the Patient.
2. Conduct that involves any acts or threats of violence on Nicklaus Children's property or that involve or affect any Patient, Visitor, health care professional, employee or other individual. Examples of conduct that may constitute acts or threats of violence include, but are not limited to, acts of physical harm directed toward an individual, displaying hostile or aggressive behavior that creates a reasonable fear of injury or harm to another person; verbal threats or intimidation toward persons or property; use of vulgar, offensive, profane language or disparaging or derogatory comments or slurs toward persons. This list is not all inclusive and each situation will be considered in light of the specific facts and circumstances.
3. Behavior that is significantly disruptive to the Hospital's care for the Patient, or to the safe and effective functioning of the care unit for all patients.
4. Reasonable limitations on the number of Visitors per Patient at any one time.
5. Risk of transmission of a serious or deadly infectious disease to the Patient or to the Visitor (who has access to the local community).
6. Extraordinary protections because of a pandemic or infectious disease outbreak within the Hospital or the community.
7. When the Patient is undergoing a clinical intervention or procedure and the treating health care professional believes it is in the Patient's best interest to limit visitation during the time period of the clinical intervention or procedure. This does not preclude visitation before or after the clinical intervention or procedure.

Policy:

Nicklaus Children's promotes family-centered care through visitation while maintaining safety for Patients, Visitors, health care providers and employees as a top priority. Each Patient and Visitor will be informed of the applicable visitation rights, including any Justified Clinical Restriction, and will be
expected to follow these guidelines. Information on the Hospital’s visitation guidelines (including a copy of this policy) is available under the “Patient Resources” tab of the Hospital’s website, https://www.nicklauschildrens.org. The visitation guidelines and safety protocols for Visitors may be updated from time to time, in accordance with applicable guidance from the Centers for Disease Control (CDC) and other public health agencies.

- Each Patient and Parent(s)/Legal Guardian(s) will be informed of the right, subject to their consent, to designate Visitors, including, but not limited to, a spouse, domestic partner, Family Member, Essential Caregiver or a friend, and the right to withdraw consent for any Visitor (with the exception that Parents/Legal Guardians cannot exclude each other if they both/all have legal custody/visitation with the Patient).

- Nicklaus Children's is committed to provide visitation in accordance with its non-discrimination policy which provides access without regard to race, color, sex, national origin, disability, age, religion, marital status, citizenship, gender identity, gender expression, sexual orientation and/or any other legally protected basis.

- The Patient Safety Officer (or designee), in coordination with the Operations Administrators and department leadership for each unit within the Hospital, shall be responsible for ensuring staff adhere to the Visitation Policy.

Unless the Patient objects, in-person visitation by Visitors (including consensual physical contact**) will be allowed in the following circumstances:

- Patient is a pediatric patient;
- End-of-life situations;
- A Patient was living with family before being admitted to the Hospital and is struggling with the change in environment and lack of in-person family support;
- A Patient or a Parent/Legal Guardian is making one or more major medical decisions;
- A Patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died;
- A Patient needs cueing or encouragement to eat or drink which was previously provided by a Parent/Legal Guardian, Family Member or other caregiver; and
- A Patient who used to talk and interact with others is seldom speaking.

** Consensual physical contact means touching between the Patient and Visitor, but excludes any contact of a sexual nature.

NOTE: SUBJECT TO FLORIDA’S “NO PATIENT LEFT ALONE ACT,” EXCEPTIONS TO THIS POLICY WILL BE DISCUSSED WITH NURSING ADMINISTRATION AND/OR other Nicklaus Children’s personnel and departments as appropriate given the circumstances of the patient’s exception request.

PROCEDURE:

Due to the diversity of our patient population in age and medical conditions, visitation guidelines may vary between patient care areas.

A. General Visitation Guidelines
1. Nicklaus Children’s general visitation hours for inpatient floors of the hospital are from 9:00 a.m. to 9:30 p.m. for all Visitors other than the Parent(s)/Legal Guardian(s).

2. Parent(s)/Legal Guardian(s) (or a designee, such as a Family Member) may be with the Patient 24 hours a day and are encouraged to stay with the Patient (including overnight) as much as possible.

3. A Visitor designated as an Essential Caregiver may visit the Patient for at least two (2) hours daily.

4. Visitors to an inpatient floor at the Hospital must present a photo ID to the Public Safety Officer at the designated location to receive a “Fast Pass” identification sticker. The Fast Pass is good for one (1) day and must be worn at all times while in an inpatient unit. Visitors are required to obtain a new Fast Pass each day to gain access to an inpatient unit.

5. During security rounds of the Hospital, any person who cannot be identified as being a Visitor of a Patient who is admitted to the Hospital or receiving treatment on an outpatient basis will be asked to leave the premises.

6. Children under the age of 12 years:
   a. May visit during general visiting hours (except that infants who are nursing may stay with the Parent at all times);
   b. Require adult supervision while visiting a patient at all times; and
   c. May access playroom and activity rooms as approved by the Child Life department.

7. Circumstances may allow for specific exemptions to any visitation restrictions described in this Policy. Those circumstances include, but are not limited to, religious visitation as well as a designated support person for a patient with a disability to provide assistance with communication or other necessary components of the patient’s treatment.

B. Infection Prevention and Control Guidelines

1. Visitors may be screened for their potential for transmission of communicable disease, and if potentially infected, be restricted from contact with the general Hospital environment.
   a. If it is necessary for a sick Visitor to remain with the Patient, the Visitor will be instructed to remain in the Patient’s room for the entirety of the stay and will be instructed on infection prevention and control protocols. The Visitor also may be asked to use a Hospital escort if they must leave the room during the Patient’s stay.

2. Visitors will be asked to comply with all applicable personal protective equipment (PPE) requirements and infection prevention and control protocols as set forth in the Transmission Based (Isolation) Precautions policy.

3. Patients who are on Airborne or Enhanced Respiratory Precautions are limited to one (1) designated Visitor.

4. Visitation hours and restrictions to the number of Visitors for a Patient per day or at one time may be implemented by the Hospital due to outbreaks of communicable disease in the Hospital or the community.

5. Visitors under 12 years of age are discouraged from visiting a Patient in an isolation room.

6. Visitors are asked to follow respiratory hygiene and cough etiquette:
a. Cover mouth and nose with a tissue when coughing or sneezing.
b. Dispose used tissues in the nearest waste receptacle after use.
c. Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials.
d. Stay three (3) feet away from others and wear a face mask when the Visitor has respiratory symptoms or suspects a respiratory infection.

C. Unit Specific Visitation Guidelines:
   1. Pediatric Intensive Care Unit (PICU) and Cardiac Intensive Care Unit (CICU)(Tower)
      a. All Visitors must be accompanied by the Parent(s), Legal Guardian (or designee) unless otherwise specified.
      b. Up to four (4) Visitors may be allowed in the Patient’s room at the same time.
      c. Information about the Patient’s medical condition may be given only to Parent(s)/Legal Guardian(s). This applies to all phone calls using the specified Identification Code due to HIPAA. Caller must give last four (4) digits in account number.
      d. Visitors may be asked to step out of the room when medical procedures are performed by the clinical care team in the Patient’s room.
      e. When medical reports are in progress, Parent(s)/Legal Guardian(s) may be present for discussions regarding their child and may be asked to participate in family-centered rounds.
      f. A Parent/Legal Guardian may sleep in the Patient’s room. There are no sleeping accommodations for children under the age of 12.
      g. Parents must sign and complete the “Restricted Visitation” form.
      h. If the patient’s condition is critical and the Parent(s)/Legal Guardian(s) choose to have minor’s sibling(s) visiting the Patient, Unit Coordination and Child Life Specialist may be consulted to prepare the sibling(s) for the visit. Siblings are allowed if mother is lactating/nursing a child other than the patient.
   2. Neonatal Intensive Care Unit (NICU)
      a. Approval by the physician will be necessary for Visitors who are under 12 years of age. Visitors must be free from illness at the time of visit in order to protect the Patients in the unit.
      b. A Child Life consult may be scheduled for all Visitors who are children under the age of 12 prior to visit in preparation for what they will see and hear.
      c. Siblings (who are minors) are permitted a one-time visit per day for a maximum of up to two (2) hours. The visit cannot be broken up into multiple sessions.
      d. No more than two (2) siblings (who are minors) are allowed to visit at a time. Siblings must be accompanied by an adult at all times and no other minors are allowed to be left unattended in the lobby or playroom.
      e. All visitors will be asked to wash their hands upon entry to the NICU.
   3. BONE MARROW TRANSPLANT (BMT) UNIT:
a. Only two (2) visitors at a time are permitted in the Patient’s room in the BMT unit. All visitors must perform a thorough 30-second handwashing on arrival to the BMT unit.

b. Parent(s)/Legal Guardian(s) may sleep in the Patient’s room.

c. All visitors will be asked to perform hand washing with CHG soap upon entry to the BMT unit.

d. All visitors must follow appropriate Isolation Procedures. (See Transmission Based Isolation Precautions policy).

e. Visitors may be asked to leave the unit during procedures or patient emergencies.

4. SURGICAL SERVICES

a. Pre-Op area – The number of Visitors (including Parents and Legal Guardians) permitted on the date of the Patient’s surgery will be provided to the Patient in advance and/or listed on the Hospital’s website (see “Patient Resources”).

b. Operating Room – Visitation is encouraged prior to induction and at the discretion of the attending anesthesiologist. The Parent(s)/Legal Guardian(s) will be escorted out of the operating room as soon as the child is asleep.

c. Post Anesthesia Care Unit (PACU) – Visitation is encouraged. However, if Patient’s condition is critical, visitation will be under the discretion of the health care team.
   i. PACU I – Maximum of two (2) Visitors (including Parents and Legal Guardians) at a time are permitted at the Patient’s bedside.
   ii. PACU II – A minimum of two (2) Visitors (including Parents and Legal Guardians) at a time are permitted at the Patient’s bedside. Additional Visitors (up to a total of four (4) Visitors (including Parent(s)/Legal Guardian(s))) may be permitted.

d. Visitors may visit when accompanied by Parent(s)/Legal Guardian(s) of the Patient.

5. PSYCHIATRY IN-PATIENT UNIT

a. Structured visitation is set up to provide a safe, organized and pleasant experience for all Patients in the in-patient Psychiatry Unit (whether or not they are receiving visitors). For unit/staff/patient safety, all visits are supervised by staff and will take place in community areas. No visits are permitted in patient rooms.

b. Regular visiting hours are from 5:00 p.m. to 7:00 p.m. daily. Visitation during other times will be permitted as long as patient activities are not disrupted.

c. Up to two (2) Visitors (including Parents and Legal Guardians) per patient are permitted at a time.

d. Visitors (other than the Patient’s Parent or Legal Guardian) may visit if they received and agreed to adhere to the patient confidentiality code from the Patient’s Parent/Legal Guardian.

e. All Visitors under 18 years of age must visit with an adult. If a parent who does not have legal custody or guardianship of the Patient requests to visit the Patient, there must be documented permission from the other Parent or the Legal Guardian in the medical record and approval from the physician or Case Coordinator/Intake Coordinator.

f. Any gifts, clothing, food, or other items brought by visitors for patients must be
thoroughly searched by staff before being given to patients. Any contraband or items deemed unsafe for the unit or patients will be given back to providing Visitors with directions to remove the items from the unit.

g. Visitors are prohibited from bringing any personal items, including but not limited to, purses, bags, keys, and phones, that are not intended to be used by the Patient. Visitors will be asked to place these items in an outside locker.

h. Any Visitor suspected of being under the influence of drugs or alcohol, or who is disruptive, will be asked to leave the unit for that day. The Operations Administrator and Public Safety department may be called for support.

i. Visitors are to be informed of the above guidelines prior to visiting with the Patient.

j. Any restrictions of a Patient’s right to receive Visitors (except for a designated Essential Caregiver) shall be recorded on the Patient’s Electronic Health Record (EHR) with the reasons for restriction and a notice of restriction of communications or visitation must be given to the Patient and the Patient’s Parent(s)/Legal Guardian(s), using the “Restriction of Communication or Visitors” form. Restrictions are determined by the clinical care team with the input of the Patient and/or the Patient’s Parent(s)/Legal Guardian(s), as appropriate. The restriction shall be reviewed and evaluated for therapeutic effectiveness by a physician at least every seven (7) days.

k. The right to receive Visitors shall not be restricted as a means of punishment of the Patient.

REFERENCES

Transmission Based (Isolation) Precautions

No Patient Left Alone Act, F.S. 408.823

APPROVED BY:

POLICY AND PROCEDURE COMMITTEE, ELISE HERMES (EXEC DIRECTOR QLTYIMPROVEMENT), SHANNON ODELL (NCH CHIEF NURSING OFFICER)

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Approval Signatures

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<td>Quinella Richards: Compliance Specialist [YL]</td>
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<td>Shannon Odell: NCH Chief Nursing Officer [ZA]</td>
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