


Name of Policy: Visitation of Patients Policy Number: 3364-100-85-03 Approving Officer: Chief Executive Officer, Chief of Staff, Chief Nursing Officer Responsible Agent: Chief Nursing Officer Scope: The University of Toledo Medical Center		 Effective date: Original effective date: August 1981	
Key words: Patient Visitation, Visitation After Hours, Secure Environment, Family, Support Person			
	<input type="checkbox"/> New policy proposal	<input checked="" type="checkbox"/>	<input type="checkbox"/> Minor/technical revision of existing policy
	<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/>	<input type="checkbox"/> Reaffirmation of existing policy

(A) Policy statement

The University of Toledo Medical Center (“UTMC”) recognizes that visitors provide support for patients while they are in the hospital setting. Family/visitors can be a critical element in the treatment and/or recovery of the patient, therefore UTMC acknowledges family and visitors and prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression. This policy defines visitation after regular hours (8:30 pm to 8:30 am).

(B) Purpose of Policy

To maintain a secure environment for patients and staff, this policy is meant to identify the process and hours for hospital visitation.

(C) Definitions

The term “family/visitor,” as used in this policy, shall refer to person(s) who play a significant role in an individual’s life. This may include a person(s) not legally related to the individual including a friend, or other individual of the patient’s choice. “Family/visitor” includes spouses, domestic partners, and both different-sex and same-sex significant others. “Family/visitor” also includes a minor patient’s parents, regardless of the gender of either parent. “Parenthood” is to include legal parents, foster parents, same-sex parents, step-parents, those serving loco parentis, and other persons operating in caretaker roles.

Visitation of Patients

The term “support person,” as used in this policy, shall refer to an individual designated by the patient, either orally or in writing (such as in an advance directive), who can exercise the patient's visitation rights on behalf of the patient. The support person may be a family member, friend or any other individual who supports the patient during the course of hospital care. The support person does not necessarily have to be the same person as the patient's representative who is legally responsible for making medical decisions on the patient's behalf. The hospital must accept a patient's designation of support person, absent an indication of fraud or multiple, inconsistent designations.

(D) Procedure

- (1) Visiting hours are posted in the “Guide to Patient Services” located in each room.
- (2) The hospital allows for the presence of a support individual of the patient’s choice unless the individual’s presence infringes on others’ rights, safety, or is medically or therapeutically contraindicated. The individual may not be the patient’s surrogate decision-maker or legally authorized representative. Visitors who wish to stay after regular visiting hours may make this request known to the unit’s leadership, the House Supervisor, or other designee. Patient privacy and safety are primary concerns. All patients have a right to privacy. Patients (or a patient designated support person) of the hospital may receive or deny visitors of their choosing, including spouses, domestic partners, other family members, or friends. This right may be restricted for safety, security or infection prevention concerns identified by the hospital, legal restrictions and court orders, and clinically necessary reasons, such as when healthcare professionals believe it is in the patient's best interest to limit visitation during clinical interventions, procedures, or therapies. The hospital will not restrict, limit, or otherwise deny visitation privileges on the basis on race, color, national origin, religion, gender or gender identity, sexual orientation, or disability. Working with nursing staff and security personnel, the patient may request certain visitors be allowed full visitation, while others' visitation privileges are limited or denied. The hospital will inform the patient or patient's support person the extent the request can be accommodated based on the resources available to control the visitor traffic and risk to overall operations. The hospital will maintain reasonable and effective processes to assure the safety and security of the facility while balancing the desire of patients to have visitors. Patients in police custody and/or correctional services custody will not be permitted to have visitors.
- (3) Staff will advise after hours visitors of the following considerations:
 - (a) Only one visitor may stay in the patient room after regular visiting hours (lobby adjacent to the elevators on each floor can be used for others, if needed).
 - (b) Visitor may be asked to leave the room for patient care.
 - (c) Visitor is not to occupy a hospital bed.
 - (d) Noise levels must be kept to a minimum.
 - (e) Visitors shall use bathrooms in common areas designated for visitors, not bathroom facilities within the patient room.

- (f) Bedding is provided only if available.
 - (g) Clean environment must be maintained.
- (4) The following pertain to all visitors of patients within the hospital.
- (a) Check with staff before entering the unit.
 - (b) Use the available hand sanitizer each time entering or leaving the patient room or unit, or as directed by hospital staff.
 - (c) Follow all isolation and/or infection control precautions as instructed by nursing staff.
 - (d) Do not come to the hospital if they are feeling ill or have signs of, or have recently been exposed to, communicable illnesses or infections. Hospital personnel reserves the right to ask family and visitors to leave if they show signs of illness.
 - (e) Neither staff nor patients are permitted to provide oversight to visitors who cannot care for themselves; all visitors should be able to care for themselves or be accompanied by a guest who can care for them.
 - (f) Only enter the room of the patient that they are there to spend time with.
 - (g) Avoid touching anything used to care for the patient, including but not limited to medical equipment and devices, supplies, and medications in the patient's room.
 - (h) Do not congregate in the hallways and instead should use the available waiting rooms in patient care areas.
 - (i) To facilitate the rest and recovery of all patients, visitors should be mindful and sensitive to the needs of other patients and families by keeping noise and disturbances to a minimum.
 - (j) Do not bring food or beverages in for a patient unless approved by the doctor or nurse or clinical dietician.
 - (k) Do not consume alcohol or illegal drugs while on the hospital campus
 - (l) Do not bring weapons onto the premises.
 - (m) Do not smoke while on the hospital premises.
 - (n) Any behavior of visitors deemed inappropriate by hospital personnel will not be tolerated and will be escalated to appropriate authorities deemed appropriate for circumstance by hospital personnel.
 - (o) Hospital personnel reserve the right to refuse access or remove any visitor if their presence is interfering with the delivery of care to patients.
<https://health.utoledo.edu/patientguests/code-of-conduct.html>

Visitation of Patients

- (5) For visitors approved for overnight stays - decision making is made at the unit/department level and the House Supervisors in lieu of, or other designees. Visitors will be documented on the House Supervisor Daily Sheet and updated per shift via communication between unit leadership and the House Supervisor.
- (6) It is the obligation of any staff member regarding any individual who does not have stated or the appearance for the need for medical attention or does not appear to have legitimate patient visitation purposes – to immediately inform Security.
- (7) All visitors will check in with the main lobby desk attendant or the Emergency Room entrance upon arrival. Visitors will be asked to show photo identification. Visitors will have their photo taken and then provided with a photo sticker badge that should be applied to a visible area of clothing of the chest/shoulder. If visitor is unable to provide photo identification the desk attendant shall obtain the name of the visitor for the sticker photo badge.

<p>Approved by:</p> <hr/> <p>Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer</p> <hr/> <p>Date</p> <hr/> <p>Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer</p> <hr/> <p>Date</p> <hr/> <p>Puneet Sindhvani, MD Chief of Staff</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by:</i> <i>Nursing Administration</i> <i>Hospital Administration</i> <i>Office of Legal Affairs</i></p>	<p>Policies Superseded by this Policy:</p> <ul style="list-style-type: none">• 7-85-03 - <i>Visitor Authorization After Regular Hours</i> <p>Initial effective date: August 1981</p> <p>Review/Revision Date:</p> <p>March 14, 1984 May 22, 1985 October 28, 1986 February 24, 1987 May 2, 1988 February 17, 1989 March 30, 1990 October 10, 1991 March 24, 1993 August 16, 1996 February 22, 1999 February 20, 2002 January 2004 January 2007 December 13, 2010 May 25, 2011 June 3, 2011 June 1, 2014 August 1, 2017 August 1, 2020 2/2026 6/2026</p> <p>Next review date:</p>
--	--