

DEPT/SERVICE: Hospital Wide	KEY WORDS: Family, Visitation, Care Partner, Proxy, Surrogate, Children, Visitors
CATEGORY: Patient Rights and Responsibilities	
SUBJECT: Family Presence (Visitation Policy)	RELATED POLICIES: See final page
DATE FIRST ISSUED: June 1994	DATE EFFECTIVE: June 20, 2023

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I. PURPOSE:

NYC Health + Hospitals/Kings County (Kings County) values the presence of patients’ loved ones, family, and friends as part of the healing process and in line with our person-centered philosophy of care. Patients have a right to social and emotional support at any time during their episode of care. The purpose of this policy is to provide guidance on the visitation process to our staff, volunteers, students, trainees, contracted staff, and all other persons performing work for or at Kings County.

II. DEFINITIONS:

- A. **Visitor:** any person associated with the patient, who presents to the facility during a specific episode of care.
- B. **Family member:** A patient may define “family” or “family member” as inclusive of persons who have a significant role in the patient’s life but who may or may not be legally related to the patient. This includes, but is not limited to: parents, spouses, children, domestic partners, siblings, and others.
- C. **Care partner:** A patient’s care partner is the person designated by the patient or the patient’s representative to provide support for the patient during the continuum of their care (both in the hospital and in the community). The care partner may or may not also be a family member, patient’s healthcare agent or surrogate under the Family Healthcare Decision Act (FHCDCA). The care partner is permitted to be at the bedside 24 hours a day.
- D. **Healthcare proxy** (aka “healthcare agent” or “durable medical power of attorney”): In accordance with the NYS healthcare proxy law, a competent person may appoint a person to make healthcare decisions on the person’s behalf in the event that they are unable to make decisions for themselves. The healthcare agent assumes responsibility for making decisions that align with what the patient would choose for themselves when they were still competent and capable.
- E. **Surrogate:** Under New York’s Family Healthcare Decision Act, a surrogate refers to an individual who is authorized to make medical decisions on behalf of a patient who lacks the capacity to make those decisions for themselves.
- F. **Support person:** Refers to those designated to accompany or support individuals in need of assistance (patients with intellectual and/or developmental disabilities (I/DD), patients with cognitive impairments including dementia, and patients deemed end-of-life for whom the presence of a designated caregiver or family meets the exception criterion); and birthing persons through the Labor and Delivery process, including doulas and significant others.

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- G. **Special Care Unit:** The Critical Care Trauma unit (CCT) and the Intensive Care Units (ICU, N-ICU, C-ICU, S-ICU, NICU, PICU) have been designated as Special Care Units.
- H. **Visitation Exception:** Exceptions of varying degrees, placed on visitation to a patient/unit/facility. These can be due to medical, administrative, legal, or other reasons and may be of varying durations. Exceptions may be for the following reasons:
 - a. The patient/unit/facility may otherwise have had limits placed on visitation however a circumstance has occurred for which an exception can justifiably be made.
 - b. Exceptions may be made for patients with intellectual and/or developmental disabilities (I/DD), patients with cognitive impairments including dementia, and patients deemed end-of-life for whom the presence of a designated caregiver or family meets the exception criterion.
- I. **Visitation Restriction:** Limitations of varying degrees, placed on visitation to a patient/unit/facility. These can be due to medical, administrative, legal, or other reasons and may be of varying durations. Restrictions on visitation may be for the following reasons:
 - a. The patient exercises their right to restrict or limit visitation;
 - b. The patient is undergoing treatment or a clinical procedure for which the risks outweigh the benefits of the presence of a loved one;
 - c. Infection control and prevention, including all applicable COVID-19 related system, city, state, and federal guidelines;
 - d. The presence of visitors impedes the rights, care, confidentiality, or rest of another patient;
 - e. The restriction is secondary to a legal matter or court order;
 - f. Visitors of any designation are engaging in disruptive, threatening, or violent behavior;
 - g. The facility may limit the number of persons visiting the patient at one time due to space limits, concerns for the privacy of other patients, or the patient's condition.

III. PROCEDURE:

- Patients have the right to designate their support system of visitors, including family members, care partners, healthcare proxy/agent, and person designated to receive healthcare information during the episode of care including discharge planning and sharing of post-discharge care information and instructions.
- All visitors must participate in current and applicable COVID-19 screening protocols and PPE requirements as outlined in our related policies.
- Visitors must enter at the designated point of entry based on the patient location and participate fully in the visitor registration process in order to receive a visitor pass.

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- Kings County utilizes an electronic method and software to generate visitor passes. Visitors are required to show identification, preferably a photo ID. If the visitor does not have photo ID, they may be asked to allow staff processing their visitor pass to take a photo of them in order to complete the process. In the event that the software is not operational, a manual process will be utilized to generate visitor passes and the affected areas will be notified of the manual process and when it is resolved.
- Designated support persons and care partners participate in additional registration steps that identify their role in the patient's care.
- Kings County does not store visitor ID information beyond the episode of care. Visitors may be required to repeat certain steps even if they have visited before.
- Items considered contraband are not permitted in the hospital.
- Items brought for patients may be inspected for safety. Staff will wear clean gloves for property check. Gloves will be changed between each inspection.
- Visitors who engage in behavior that is disruptive, aggressive, threatening, or otherwise disruptive to the healing environment and patient care may be asked to leave the area. Hospital Police and Patient Guest Relations staff may be called to assist with conflict resolution.
- FYIs in the EMR, including duration.
- Patient-generated Visitation Restriction: In accordance with patient's rights, patients may restrict visitation. A visitation restriction form, with a list of restricted persons is completed and signed by the patient or the patient's designee and filed with the Admitting office and the AOD. This information is scanned in the electronic medical record and made available to the clinical team, Patient Guest Relations, Hospital Police, and the information desk staff. Updates to restrictions must also be in writing and provided to the relevant parties.
- Visiting Clergy: Pastoral and spiritual care personnel may visit patients at any time unless there is a justifiable reason for a limitation or restriction. Clergy must present clergy credentials and participate in the visitor registration process. Clergy will follow all hospital protocols regarding pastoral and spiritual care. Clergy may not proselytize or visit other patients without their express permission.
- Staff as visitors to patients: Employees, volunteers, students, trainees, contracted staff, and all other persons performing work for or at Kings County who may be visiting a patient for personal/non-work-related reasons must observe all visitation regulations.
- Children as Visitors:
 - Visitors under the age of 18 are considered minors and are welcome to visit in accordance with the location of the patient. Minors age 15 or younger must be accompanied and supervised by an adult who is not the patient, for the duration of their visit. If there is not such an adult available, the unit manager will be consulted by the patient or patient's designee to see if a visit can be permitted. Parents/guardians are encouraged to keep visits by younger children brief.
 - Emancipated minors and patients under the age of 15 who are seeking sexual reproductive health services are exempt from an accompaniment requirement.
- General Inpatient Medicine: Visiting on General Medicine Units is permitted 24 hours a day as follows:

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- Two (2) visitors per patient are allowed to visit at the bedside at a time, between the hours of 7am – 8pm.
- From 8pm -7am, one adult visitor, such as the patient’s care partner, is permitted at the bedside.
- Special Care Units
 - Critical Care Trauma (CCT) unit: Visitation is permitted based on the patient’s ability to receive visitors and in consultation with the care team. In this location when visitation is permitted, one (1) visitor at a time may be at the bedside. Exceptions include patients with intellectual and/or developmental disabilities (I/DD), patients with cognitive impairments including dementia, and patients deemed end-of-life for whom the presence of a designated caregiver or family meets the exception criterion.
 - Adult Intensive Care Units (ICU): Two (2) visitors per patient are allowed to visit at the bedside at a time, between the hours of 7am – 8pm. From 8pm -7am, one adult visitor is permitted at the bedside.
 - Pediatric ICU: may have 2 parents or support persons until 9pm. One parent/legal guardian or adult designated by the legal guardian may remain overnight between the hours of 9pm and 7am.
 - Neonatal ICU: both parents/support person may visit, with flexible hours of arrival.
- Ambulatory Care appointments: Visitors may accompany the patient, including but not limited to a caregiver or support staff such as a home attendant or doula. Minors age 15 or younger must be accompanied and supervised by an adult who is not the patient, for the duration of their visit.
- Same-day procedures: Patients undergoing same-day procedures may be accompanied by a companion who may remain with the patient through the initial intake process, wait in a hospital designated waiting area, and may rejoin the patient for the discharge process; unless otherwise disallowed by the hospital according to the patient’s status, condition, circumstances, or hospital policy.
- Visitors may not be present during procedures and recovery rooms except for pediatrics, childbirth, and for patients with an intellectual, developmental, or other cognitive disabilities. Visitors may be present, as authorized by the hospital, depending upon the patient’s status and condition.
- PACU (non-L&D recovery rooms): visitors may be present for ten minutes each hour based on patients’ status, one person per patient at a time; for pediatric patients a parent/legal guardian may remain with pediatric patient until discharge/transfer; for patients with an intellectual, developmental, or other cognitive disability a support person may remain with the patient until discharge/transfer.
- S5 Labor and Delivery/Labor and Delivery ED Triage
 - Labor and Delivery patients- two support persons, including a doula, may accompany the patient throughout labor, delivery and postpartum period, including recovery, until discharge

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to home. The support person can be a spouse, partner, family member or other persons of their choice. The designated persons will have an ID/baby band.

- After delivery, the designated persons will accompany the patient to the Postpartum Unit. Visitors who leave the building and re-enter will follow the visitor process to regain access to the postpartum unit. Visitors must abide by the visitation guidelines of the hospital/unit.
- S5 Perinatal Ultrasound Unit
 - One visitor over the age 12 may accompany the patient.
- S5 Antepartum patients Visitors to antepartum patients will follow the same visitation guidelines as the inpatient medicine units.
 - Mother and Baby: 2 visitors per patient between the hours of 7am and 8pm. From 8pm -7am, one adult visitor may be permitted at the bedside unless space limits, concerns for the privacy of other patients, or the patient’s condition do not make this feasible.
- Pediatrics: may have 2 designated support persons at a time.
- Emergency Department: Patients may receive visitors in the main emergency department, however due to space limitations only one visitor may be at the bedside at a time. Exceptions and restrictions may be applicable as patient’s condition permits.
- Behavioral Health: Behavioral Health visitation guidelines are outlined in the department-specific policy.
- Additional steps may be required in specific areas of the hospital as per existing policy guidelines.
- Patients with intellectual and/or developmental disabilities (I/DD) and patients with cognitive impairments including dementia, may designate one support person to remain with them through their hospitalization. An additional visitor may also be with the patient during hospital-designated visiting hours. Visitors may be present, as authorized by the hospital, depending upon the patient’s status and condition.
- End of life Situations:
 - Two support persons may be designated to remain at all times with patients in imminent end-of-life situations. Additional visitors may be present, as authorized by the hospital, depending upon the patient’s status and condition.
- Exceptions to the guidelines listed herein may be made on a case-by-case basis as determined with the primary care team based on the patient’s status and condition. Primary care teams must note these exceptions in the patient’s electronic medical record and may use the following functions to do so as applicable: FYI Flags; Visit Exceptions; Visit Restrictions.

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- The hospital reserves the right to end a visit at any time. The department may adjust visitation policies based on the prevalence of COVID-19 in a region or county.
- Elevators and waiting areas will have clear signage and adjustments to support social distancing. Hand sanitizing stations will be available in all key areas.

Upon Arrival to the units:

- Visitors will stop at the designated check-in point.
- Visitors will be checked for passes, and hand hygiene will be encouraged.
- Visitors should limit their movements throughout the hospital, and should remain in the patient's room throughout the visit except when directed by hospital staff to leave during aerosol-generating procedures, or other procedures during which visitors are usually asked to leave.
- Visitors may be asked to sit in a manner that allows for 6 feet physical (social) distance. In rooms where there is more than one patient consideration may be made with respect to space, privacy, overlap and/or minimize interaction.
- In specific locations additional protocols may be required.

RELATED POLICIES

1. Patients' Rights and Responsibilities
2. Rights of the Dying Patient
3. Service Animal Accommodation
4. Patient Self Determination Act

❖ **SIGNATURE PAGE:** See Procedure Manual Review Certification.