

NYC HEALTH + HOSPITALS / QUEENS
ADMINISTRATIVE POLICY AND PROCEDURE

Originator: Administration	Functions: Rights and Responsibilities (RI); Environment of Care (EC)	Code No.: 7.4
SUBJECT: VISITATION POLICY		
Status: <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date Issued: 10/18/99 Date Revised: 2/27/02, 2/2/09, 1/11, 2/12, 8/13, 2/14, 6/15, 6/17, 9/17, 5/18, 3/18/2020, 6/24/2020, 6/2021, 10/21, 11/2021, 12/2021, 2/2022, 12/22, 2/23, 9/23, 1/24 Date Reviewed: 2/27/02, 2/2/09, 1/11, 2/12, 8/13, 2/14, 6/15, 6/17, 9/17, 5/18, 3/18/2020, 6/24/2020, 6/2021, 10/21, 11/2021, 12/2021, 2/2022, 12/22, 2/23, 9/23	

I. PURPOSE:

To provide guidance on NYC Health + Hospitals/Queens' visitation process/policy which recognizes family and visitors as critical members of the healthcare team and therefore vital to the healing process.

II. POLICY:

It is the policy of NYC Health + Hospitals/Queens to welcome family members/visitors, as defined and identified by the patient, to visit and contribute to each patient's well-being.

III. PROCESS:

NYC Health + Hospitals/Queens recognizes that hospitalization may potentiate feelings of anxiety and loneliness for patients and their loved ones. To the greatest extent possible, the following has been implemented to decrease those feelings while promoting a healing and therapeutic environment for all:

- a) Visiting on all medical units, including ICU, Step-Down, and 5BW is permitted twenty-four (24) hours a day, seven (7) days a week:
 - i. To encourage ample visitation while allowing for rest, recovery, and healing, it is *recommended* that each patient has two (2) visitors at a time, between the hours of 8 a.m. to 8 p.m.
 - ii. Additionally, one adult visitor, such as the patient's care partner, is permitted to remain at the bedside between the hours of 8 p.m. to 8 a.m.
 - iii. Children of any age are permitted to visit provided they are in good health and do not fall within the exceptions listed in Section III (b) of this policy. Those

under the age of twelve (12) must be accompanied by and supervised by an adult who is not the patient for the duration of their visit.

- iv. Since all patients do not have the same needs, additional special accommodations may be permitted upon request at the discretion of the facility.
 - v. Family/caregiver participation is encouraged during medical rounds. Medical Rounds take place between the hours of 0930 a.m. and 1330 p.m.
 - vi. **End of Life Situations:** Patients who have a terminal condition or dementia-related disorder that has become advanced, progressive, and or incurable, and are in the active stages of dying may have visitors (up to 2 support persons) beyond the recommended number.
- b) A restriction may be requested by a patient, family member, or Administration, and approved by Administration and Hospital Police. All reasonable alternatives **must** be exhausted before imposing visiting restrictions. In the event that visitation is restricted or disallowed due to the patient's status, condition, or other circumstance, such circumstance and the justification for the restriction will be clearly communicated to the patient and family. Rationales may include, but are not limited to:
- i. Courtesy for private discussions with the patient/designee or another patient in the same room.
 - ii. Medical care for the patient, or other patient in the same room, that requires the family members/care partners, or visitors, temporarily exit the room.
 - iii. Determination that the patient lacks capacity to make their own decisions, and a surrogate or the interdisciplinary team determines the visitor poses a threat to the patient's well-being.
 - iv. Safety – to include legal orders of protection, threats made towards the patient or other family members, other patients, staff, failure to follow facility protocols, and other disruptive behavior.
 - v. Infection control and prevention, to include the visitors' refusal to wear personal protective equipment which increases the risk of infection by or to the patient.
 - vi. Sole responsibility for forensic patient visitation lying with the precinct or arresting authority.
- Note:** Visitors who engage in behavior that is disorderly, aggressive, threatening, and/or otherwise disruptive to the healing environment and patient care will be asked to leave the patient care area. Patient Guest Relations may be called to assist with conflict resolution. In the event that resolution proves futile, Hospital Police may be called.
- c) Restrictions on the number of visitors, length of visits, and visiting hours may differ among other units of the facility:
- i. **Emergency Department:** Patients in the Adult and Pediatric Emergency Department are welcome to have one care partner/family member at their bedside. Visitors may be asked to return to the waiting room and welcomed back as soon as safety permits in the event of unsafe factors including volume.

- ii. **Behavioral Health – N3 and P5 Adult In-Patient Psych:** In a collaborative effort to facilitate healing while being mindful of family needs, the treatment team and the family may coordinate flexible visitation hours.

Labor & Delivery: Two (2) support persons, plus a doula, are welcome to be present throughout the labor, delivery, recovery, and postpartum period until such time that the patient is discharged home. Labor and Delivery will allow visitors over the age of 12. Anyone younger will be reviewed with the care team.

- iii. **Mother/Baby:** Children under the age of two (2), ***other*** than siblings, are not allowed to visit due to infection control concerns.

In order to promote bonding and rest for our new parents, the Mother/Baby Unit will observe “Quiet Time” from 1pm-3pm. Visitors will be restricted to the designated significant other during this time.

- iv. **NICU:** Children under the age of two (2) are not allowed in the NICU.

- v. **Pediatric Patients:** may have up to two designated support persons with them at all times, including during pediatric procedures, and these individuals may rotate.

- vi. **Patients with Intellectual and/or Developmental Disabilities, I/DD, and patients with cognitive impairments,** including dementia, may designate at least one support person to remain with them through their hospitalization, and additional visitors may also be with the patient during designated visiting hours. These support persons may be a family member, guardian, personal care assistant or other paid or unpaid attendant selected to be onsite at the hospital with a patient with a disability or cognitive impairment to assist the patient physically or emotionally or ensure effective communication with the patient.

IV. **PROCEDURE:**

Upon family/visitor presentation, admitting personnel will:

- a) Inquire as to the name of the patient, the unit being visited, and the number of visitors.
- b) Reinforce the need for a mask in (all) in-patient care areas
- c) Supply the visitor(s) with a mask if needed.
- d) Give the visitor a pass with the floor, the unit, and the name of the patient they are going to visit.
- e) Ask if the patient is on isolation precaution and in the event that the patient is on isolation, call the pertinent unit to determine if it is appropriate for the patient to have visitors.
- f) Visitors for patients on isolation require strict adherence to infection prevention and control requirements.

V. **REFERENCES:**

RI. 01.01.01, RI. 01.07.05, EC. 02.01.01

Section 405.7 (c) (20) of Title 10 of the Compilation of Codes and NYCRR.

Dear CEO letter- DHDTC DAL #:23-11, Revised Visitation Guidance, 12/18/23.

VI. ATTACHMENT:

Dear CEO letter- DHDTC DAL #:23-11, Revised Visitation Guidance, 12/18/23.

VII. CONTROLS:

This policy will be reviewed with the concurrence of Admitting, Administration, Ambulatory Care, Hospital Police, Human Resources, Infection Prevention and Control, Pastoral Care, Patient Care Services, Social Work, Patient Relations and Psychiatry.

ATTACHMENT A



KATHY HOCHUL
Governor

Department of Health

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Acting Executive Deputy Commissioner

December 18, 2023

DHDTC DAL#: 23-11
Revised Visitation Guidance

Dear Chief Executive Officer:

The purpose of this correspondence is to provide hospitals with updated guidance related to visitation. This document supersedes previous guidance regarding visitation, except for the December 9, 2021, Virtual Visitation Device Guidance accessible at https://www.health.ny.gov/professionals/hospital_administrator/letters/, which remains in effect.

Separation of patients from their loved ones and support persons during a hospitalization can cause significant stress and anxiety. Visits are essential and contribute to the patient's well-being and care and must be allowed to the maximum extent possible. Consistent with 10 NYCRR Section 405.7(c)(20), hospitals must authorize family members, support persons, and other adults, including end-of-life religious, spiritual leaders and/or cultural advisors, to visit, consistent with the facility's ability to receive visitors.

Support persons have a different role than visitors. A support person may be a family member, guardian, personal care assistant or other paid or unpaid attendant selected to be onsite at the hospital with a patient with a disability or cognitive impairment to assist the patient physically or emotionally or ensure effective communication with the patient. Not all patients may need or qualify for a support person. Patients with Intellectual and/or Developmental Disabilities (I/DD) and/or cognitive impairments that make it difficult for them to communicate, understand health care information or make health care decisions, or perform activities of daily life, have the right to have a support person present during their hospitalization. Hospitals must ensure that a patients' rights are met if they have I/DD and/or cognitive impairments and need the assistance of a support person.

For general visitation, hospitals may set the maximum number of visitation hours and visitors for various units in the hospital based on the patient's status, condition, and situation. A hospital's visitation policies must be posted on the hospital's website for access by the public.

In addition to the general visitation addressed in the paragraph above, hospitals must also ensure that for:

- Labor and Delivery, up to two support persons, including a doula if requested, may accompany the patient throughout labor, delivery, and the postpartum period, including recovery, until discharge to home. The support persons can be the patient's spouse, partner, sibling, parent, or other persons of their choice.

- Pediatric patients may have up to two designated support persons with them at all times, including during pediatric procedures, and these individuals may rotate.
- Patients with I/DD and patients with cognitive impairments, including dementia, may designate at least one support person to remain with them through their hospitalization, and additional visitors may also be with the patient during designated visiting hours.
- Up to two support persons may also be designated to remain with patients in imminent end-of-life situations.

Questions regarding this correspondence may be referred to hospinfo@health.ny.gov.

Sincerely,



Stephanie Shulman, DrPH, MS
Director
Division of Hospitals and
Diagnostic & Treatment Centers

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ADMINISTRATIVE POLICY AND PROCEDURE MANUAL

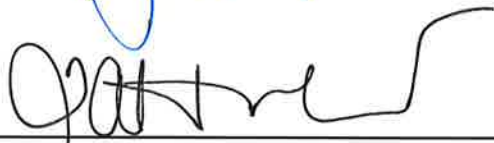
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FINAL ADMINISTRATIVE APPROVAL:



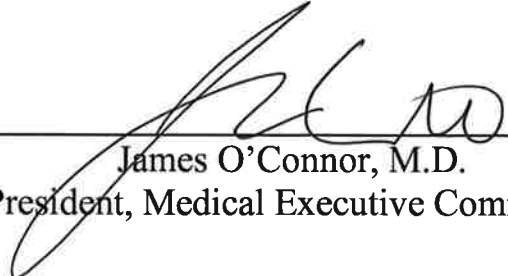
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