

PURPOSE:

To delineate visitation guidelines in patient care areas.

POLICY:

All hospitalized patients have the right to have visitors of their choice during their stay, unless visitation interferes with the well-being, rights or safety of others, or is medically contraindicated in the patient's care, or would significantly disrupt the operations of the Hospital. Sequoia Hospital will not deny visitation privileges based on race, religion, ethnicity, language, culture, size, gender, sexual orientation, gender identity or expression, socioeconomic status, physical or mental ability or disability. Patients will be informed of these rights upon admission to the Hospital.

Patients, or their support person where appropriate are informed upon admission that they may receive visits from visitors of their choice. Patients also have the right to withdraw or deny consent to visitation at any time. Patients who lack capacity may receive visits from family, friends and other individuals, consistent with the non-discrimination provisions of this paragraph. Sequoia Hospital is committed to ensuring that all visitors enjoy full and equal visitation privileges consistent with patient preferences. Sequoia Hospital 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.

Definitions:

Family - "Family" means any person(s) who plays a significant role in an individual's life. This may include a person(s) not legally related to the individual. Members of "family" include spouses, domestic partners, partners in civil union and both different-sex and same-sex significant others. "Family" includes a minor patient's parents, regardless of the gender of either parent. Solely for purposes of visitation policy, the concept of parenthood is to be liberally construed without limitation as encompassing legal parents, foster parents, same-sex parent, step-parents, those serving in loco parentis, and other persons operating in caretaker roles

PROCEDURE:

1. The following general guidelines will be followed:

Visiting Patients in the Intensive Care Unit (ICU):

- 24 hours per day except between 6:30 AM 8:30 AM, and 6:30 PM 8:30 PM.
- Arrangements for visitors under 10 years of age must be made with the attending RN, Administrative Nurse or Unit Director.

Visiting Patients in Labor & Delivery/Birth Center:

- 24 hours per day.
- No children, other than the patient's own children.
- All visitors must be free of any signs of viral/bacterial infections or open lesions.

Visiting Patients in Birth Center – Postpartum and Antepartum:

- 24 hours per day with exception of children. Visiting time for all children is
 9:00 AM 8:30 PM.
- All visitors must wash their hands before holding the newborn.
- Children may visit as long as they are free of signs/symptoms of viral/bacterial infections.

Visiting Patients in other Patient Care Areas

- 24 hours per day
- 2. Two visitors per patient is the ideal at any one time due to space limitations in patient rooms. Large groups should visit in groups of two whenever possible.
- 3. Children may not be left unattended within the Hospital.
- 4. A family member, friend, or other adult may be present with the patient for emotional support during the course of the patient's stay, including staying overnight with the patient.
- 5. Visitors with concerns about any aspect of patient care should be referred to the Nurse Director, Nursing Supervisor or the Risk and Patient Safety Manager.
- 6. Sequoia Hospital reserves the right to remove any visitor who is disrupting a healing environment.

After midnight, access to the Hospital is restricted to the Emergency Department and the Main Entrance. All other entrances to the hospital are secured at midnight. Visitors should check in with Security in the Main lobby.

ADDENDUMS/ATTACHMENTS: NONE

POLICY HISTORY	APPROVAL PATH/ DATE	
Responsible Person: Chief Nursing Executive Initial Effective Date:	 Medical Director (if applicable) Medical Staff Committee (if applicable) Clinical Effectiveness Committee Medical Executive Committee 	8/2016
Revision Dates: 3/2002; 5/2005; 12/2007;12/2010; 10/2011; 10/2013; 10/2015 Review Dates: 8/2016		9/2016 10/2016 9/2016