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STANDARD

TOPIC **Visitation**

POLICY **General Visitation**

The resident has the right to receive visitors of their choosing and at the time of their choosing in a manner that does not impose on the rights of another resident.

PROCEDURE

1. The Nursing Home Administrator is responsible for implementing this policy including but not limited to:
 - a. Policy and procedure updates as needed,
 - b. Staff, resident, and visitor education, and
 - c. Monitoring and enforcement of visitation.
2. Visitors should be instructed to sign in and out when visiting.
3. Visiting hours are open on a general basis.
 - a. Residents may have visitors at any time, 24 hours a day, 7 days a week for as long as the resident wants and as many visitors as the resident wants if that does not impose on the rights of another resident.
 - b. Overnight visitation is subject to review and approval of the Facility Manager.
4. Visitors will not be required to show proof of vaccination or immunization status.
5. Residents may choose to have consensual physical contact with visitors.

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6. Visitors will be provided general guidance and education for infection control policies and practices including but not limited to:
 - a. Infection control signage located throughout the facility,
 - b. Visitation policy will be posted on the facility website and include directions to visitors to defer visitation if they have signs or symptoms of respiratory illness or infectious disease or have had close contact exposure,
 - c. Guidance and education regarding utilization of PPE and hand hygiene will be provided by staff when visiting residents with signs or symptoms of respiratory illness or infectious disease resident,
 - d. Facility staff will provide guidance and education regarding infection control practices, utilization of person protective equipment (PPE), remaining in the resident’s room and / or minimal movement throughout the facility and any other protocols recommended by Department of Health, CDC, or other agency at the time of visitation when visiting residents with signs or symptoms of respiratory illness or infectious disease.
7. The facility shall provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident’s right to deny or withdraw consent at any time. Facility shall provide space and privacy for such visits.
8. Reasonable clinical and safety visitation restrictions include, but are not limited to:

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- a. Keeping the facility locked or secured with a system in place for allowing visitors approved by the resident,
- b. Denying access or providing limited and supervised access to an individual if that individual is suspected of abusing, exploiting, or coercing a resident until an investigation into the allegation has been completed or has been found to be abusing, exploiting, or coercing a resident,
- c. Denying access to individuals who have been found to have been committing criminal acts such as theft,
- d. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious. If deferral cannot occur such as the case of end-of-life, the visitor should follow respiratory hygiene / cough etiquette as well as other infection prevention and control practices such as appropriate hand hygiene.
- e. Mandate that visitors do not bring in children that are infected with a childhood disease such as measles, chickenpox, mumps, etc.
- f. Limit visitation rights during community epidemics such as viral respiratory illness, influenza, norovirus, gastroenteritis, etc.
 - i. Confer with the Medical Director, DON, Infection Preventionist, and Administrator
 - ii. Utilize the local health department as a resource for decision-making in these situations.

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- g. Denying access to individuals who are inebriated or disruptive.
9. In-person visitation shall be permitted in all of the following circumstances, unless the resident, client, or patient objects:
- a. End-of-life situations.
 - b. A resident, client, or patient who was living with family before being admitted to the provider’s care is struggling with the change in environment and lack of in-person family support.
 - c. The resident, client, or patient is making one or more major medical decisions.
 - d. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
 - e. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
 - f. A resident, client, or patient who used to talk and interact with others is seldom speaking.
10. All residents have the right to privacy in their communications. Privacy for visitation or meetings might be arranged by using a dining area between meals, a vacant chapel, office, or room, or an activities area when activities are not in progress. Arrangements for private space could be accomplished through cooperation between the facility’s administration and resident or family groups so that private space is provided for those requesting it without infringement on the rights of other residents.

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11. Staff members will observe the visitor for adherence to infection prevention protocols. Those that refuse to comply, will be asked to comply, or asked to exit the facility.