

VISITATION

POLICY

It is the policy of the El Paso County Hospital District (“**EPCHD**”) to accommodate visitation while maintaining the safety and privacy of all patients. EPCHD maintains processes and procedures that facilitate and encourage visitation and ensure a therapeutic environment for patients and their families. EPCHD informs patients, or their Support Person, of his/her visitation rights, including any clinical restriction, or limitation of rights.

The visitation policy is adopted by the following facilities:

- UMC (main campus)
- UMC Surgical Hospital
- Ambulatory Surgery Center West
- Neighborhood Health Clinics
- 501A Clinics

RESPONSIBLE

Hospital Associates

Medical Staff, Residents, and Advanced Practice Professionals (“**APPs**”)

REFERENCES

- A-3 *Orientation for Persons Guarding Prisoners*
- CP-39 *Photographing, Videotaping and Other Recording of Patients, Family Members and Associates and Release of Information to Members of the General Public*
- H-3-10 *Identification Badges*
- IC-080 *Hospital Visiting Restrictions During Respiratory Outbreaks*
- IC-076.1 *Infection Control Measures for Preventing and Controlling Influenza Transmission*
- P-11 *Language Services*
- P-26 *Patient Rights and Responsibilities*

Tex. Health and Safety Code 241.012

DEFINITIONS

Family- for purposes of this policy, any person(s) who plays a significant role in an individual’s life, which may include a person(s) not legally related to the individual. Members of “family” include spouses, domestic partners, 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 this

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visitation policy, the concept of parenthood is to be liberally construed without limitation as encompassing legal parents, foster parents, same-sex parents, step-parents, those acting in loco parentis, and other persons operating in caretaker roles.

Legally Authorized Representative-

- A parent or legal guardian of a minor;
- A legal guardian of a patient is declared by a court to be incapacitated to manage the patient's personal affairs;
- The patient's agent under a durable power of attorney for healthcare;
- An attorney ad litem or guardian ad litem appointed by a court for the patient;
- A personal representative or heir of the patient;
- A person authorized to consent to medical treatment on behalf of the patient;
- A person exercising a power granted to the person in the person's capacity as an attorney in fact, or agent of the patient by a statutory durable attorney signed by the patient as principle;
or
- An attorney, retained by the patient or by the patient's legally authorized representative.

On-Site Interpreters- Associates who are bilingual and who volunteer to interpret. Associates who have received medical interpreter training serve as preferred on-site interpreters.

Support Person- the individual the patient designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner) another family member or friend, to be present with the patient for emotional support during the course of stay. The Support Person does not need to be the same individual who is the Legally Authorized Representative or Surrogate Decision-Maker making medical decisions on the patient's behalf. It is possible for both roles to be filled the by same individual.

Surrogate Decision-Maker- an individual with decision-making capacity who is identified as the person with authority to consent to medical treatment on behalf of an incapacitated patient in need of medical treatment.

Telephone Interpreter Services- fee-based interpreter services available from commercial telephone service providers.

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Healthy Visitor- healthy individual as one who is not exhibiting signs or symptoms of infectious disease such as but not limited to unexplained cough, sneezing, fever, diarrhea, or sore throat.

Qualifying Official Disaster Order- means an order, proclamation, or other instrument issued by the governor, another official of this state, or the governing body or an official of a political subdivision of this state declaring a disaster that has infectious disease as the basis for the declared disaster.

Qualified Period of Disaster- includes the period of time the area in which a hospital is located is declared to be a disaster area.

PROCEDURE

A. General Visitation Guidelines

1. Each unit's patient population is unique, the additional unit guidelines indicated within this policy, as well as the unit-specific policies and procedures, will provide the definitive directives regarding visitation.
2. Visitation is encouraged from 0800 (8:00 am) to 2000 (8:00 pm) daily. Up to two healthy visitors at a time per patient can visit during these hours.
3. Patients may have a Support Person stay overnight, with the patient's approval and by following the appropriate approval procedures. See section 3 below.
4. All visitors entering the hospital for visitation are provided a visitor pass with Visitor name and Patient Room number, as well as an expiration date and time, from the Information Desk.

B. After Regular Hours Visitation

1. All visitors entering the hospital between the hours of 2000 (8:00 pm) and 0800 (8:00 am) enter through the Main Lobby to receive a visitor badge.
 - a. The visitor badge must be clearly visible on the upper left side of the chest.
 - b. Any person seen in the hospital after hours without the appropriate badge will be directed to the Administrator on Duty ("AOD") or Unit Charge Nurse for appropriate visitation approval.
 - c. Hospital Associates, Physicians, and Volunteers may not use their identification badge to grant any visitor access to the facility unless they escort

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or accompany a visitor to their destination.

1) An Associate cannot use their identification badge to enter an area as a visitor.

2) Associates must follow visitor protocol outlined in this policy.

d. Instances of unauthorized access by a hospital Associate will be treated as a security incident and handled in accordance with applicable policies and procedures.

C. Visitor Evaluation

1. If a visitor appears ill, the nurse responsible for the patient will evaluate the appropriateness of the visit.

a. No visitors shall be admitted with known infectious diseases.

b. No visitors recovering from an infectious disease shall be admitted.

c. No visitor who has had recent contact with any infectious diseases shall be admitted.

2. Nursing Associates will monitor visitor compliance with posted Infection Control signage.

D. Patient Rights for Visitation

1. UMC-El Paso will inform each patient or their Support Person where appropriate, of the right, subject to his or her consent, to receive the visitors whom he or she designates and the right to withdraw or deny such consent at any time. This includes the right to designate a Support Person to be present with the patient for emotional support during the course of stay.

2. UMC-El Paso will ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences, unless an individual's presence infringes on others' rights, safety, or who is medically or therapeutically contraindicated.

3. Visitation may be individualized to meet patient and family needs and can be restricted to the needs of the patient.

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4. Visitors may be asked to leave the patient's room during medical procedures and rounds at the discretion of the patient and/or the healthcare team.
 - a. The healthcare team will include the patient in this decision, if able.
 - b. Any restriction will be fully explained to the patient and family and determined with their participation when possible.
 - c. This communication will take place with the patient (and their family if applicable) in the language, the patient/family understands by a member of the healthcare team or with the assistance of an on-site interpreter or telephone interpreter services.
 5. An adult must accompany children at all times.
 6. Visitors waiting areas provide a space for family and friends to gather, UMC-El Paso encourages visitors to use the UMC-El Paso cafeteria to eat as to minimize the spread of infectious disease and to maintain the waiting area for all visitors.
 7. UMC-El Paso does not restrict, limit, or otherwise deny visitation privileges on the basis of race, ethnicity, color national origin, culture, language, religion, sex, gender identity or expression, sexual orientation, socioeconomic status or physical or mental disability.
- E. Unit's Specific Visiting Hours and Policies (Refer to unit-specific policies and procedures for more detailed information).
1. Adult Critical Care Units
 - a. Visiting hours are individualized to meet patient and family needs.
 - b. Open visitation is allowed with the exception of 0630 (6:30 am) to 0730 (7:30 am), and 1830 (6:30 pm) to 1930 (7:30 pm).
 - c. Healthy visitors may wait in the waiting room 24 hours-a-day at the discretion of the healthcare team providers.
 - d. Healthy visitors must not be exhibiting signs of illness and not have any known infections.

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- e. Up to two healthy visitors are allowed, the healthcare team/providers can make an exception.
 - f. An adult must accompany a child if child visitation allowed.
2. Labor and Delivery Unit/Triage
- a. Visitation may be restricted in Obstetrics (“**OB**”) triage and the Labor and Delivery Recovery Room (“**LDR**”) to ensure privacy for all patients receiving care in these areas.
 - b. During a cesarean section, the patient may designate one person to accompany her to the operating room.
 - c. Explanations of any visitation limitations are given to the patient’s family and Support Person. Where appropriate, the explanation is documented in the patient record.
 - d. Newborns’ siblings, and children living in the same household must be accompanied by an adult member of the newborns’ family at all times. Children not living in the same household are restricted due to pregnant and postpartum mothers being immunosuppressant.
 - e. Visitors may wait in the L&D waiting area 24 hours/day.
3. Mother/Baby Unit and Well Baby Nursery/Antepartum
- a. Visiting allowed twenty-four hours a day for the patient’s Support Person.
 - b. Other adults may visit between the hours of 0800 (8:00 AM) and 2000 (8:00 PM).
 - c. Newborns’ siblings, and children living in the same household must be accompanied by an adult member of the newborns’ family at all times. Children not living in the same household are restricted due to pregnant and postpartum mothers being immunosuppressant.
4. Emergency Rooms (Main, Eastside ER, Northeast ER, and George Dieter ER)
- a. Visitation is allowed twenty-four hours a day.

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- b. Visitors in the waiting room may be asked to limit visitors to one visitor, or a Support Person, in the event of overflow in the waiting room, and or if the waiting room needs to be used to treat patients.
5. VEDH
- a. Visitation is from 0800 (8:00 AM) and 2000 (8:00 PM).
 - b. Only two visitors allowed at a time to insure the privacy of other patients.
6. Infusion center
- a. Visitation is from 0700 (7:00 am) to 1700 (5:00 pm) Monday through Friday, and 0700 (7:00 am) to 1500 (3:00 pm) on Saturday.
 - b. Only one healthy visitor, age 18 or older, or Support Person per patient is allowed in the treatment area.
 - c. Due to the immunocompromised nature of the patients receiving treatment in the infusion center, healthy visitors in the waiting area must be 18 years or older.
 - d. Visitors in the waiting room may be asked to limit visitors to one visitor, and or a Support Person; overflow visitors may be asked to wait in the main lobby or waiting area next to outpatient lab.
7. UMC Surgical Hospital
- UMC Surgical Hospital follows the Visitation Policy outlined.
8. Neighborhood Health Clinics
- a. One visitor and or support person is allowed to accompany the patient in the provider room.
 - b. The NHC clinical team can impose restrictions in select cases.
- F. Restricted Visitation due to Influenza Season/Respiratory Outbreak/Pandemic

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1. Infection Prevention and Control will determine the necessary visitation restrictions based on any active cases in the community and in the hospital.
 2. Limited exceptions on Mother/Baby and Labor and Delivery/Antepartum can occur.
 3. Restrictions:
 - a. The only children coming into the hospital are those needing care, unless the Support Person is a child.
 - b. Up to two adults (not ill or exhibiting illness) at a time may visit a patient.
 - c. Only **visitors with a bracelet** are allowed in the Well-Baby Nursery.
 - d. All visitors should be free of illness.
 4. Visitors will be encouraged to use proper hand hygiene before entering and exiting the patient's room.
 5. Visitation by children under the age of 14 years of age can be suspended for all inpatient units at the discretion of Infection Control.
 6. If in the best interest of the patient, exceptions for children visiting are made by a physician or nurse, on a case-by-case basis.
- G. Visitation During Qualified Periods of Disaster
1. The number of visitors to the hospital can be restricted to one visitor per patient.
 2. Visitors coming to the hospital are required to go through a health screening process.
 3. Visitors are required to wear protective equipment at all times.
 4. Visitors can be denied entry to or removed from the hospital's premises if a visitor fails or refuses to:
 - a. Submit to or meet the requirement of health screening administered by the hospital; and
 - b. Wear PPE that meets the hospital's infection control and safety requirements in the manner prescribed by the hospital.

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5. The attending physician can make a determination to allow visitation, or to deny visitation with patient if it may lead to the transmission on an infectious agent that poses a serious community health risk. Such determination must be reassessed every five days and renewed if necessary.

6. If in person visitation is denied hospital must:

Provide a daily written or oral update of the patient condition to the visitor if the visitor is/has:
 - a. Authorized by the patient to receive relevant health information regarding the patient.

 - b. Authority to receive the patient's health information under an advance director or medical power or attorney, or

 - c. The patient's surrogate decision-maker regarding the patient's health care needs under hospital policy and other applicable law.

7. In person visitation by a religious counselor with a patient who is seriously ill or dying may not be denied for any reason other than religious counselor's failure to comply with hospital policies and requirements.

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Approval Signatures:

Cathy Gibson, Chief Compliance Officer: 07/24

Jacob Cintron, Chief Executive Officer : 08/24

Dr. Debabrata Mukherjee, Chief of Medical Staff: 08/24

Committee Approvals:

Hospital District Committee: 03/79, 07/85, 03/90, 09/90, 08/93, 04/97, 04/01, 10/02, 05/03, 04/05, 05/08, 08/11, 05/12, 06/15, 12/17

Medical Executive Committee Review: 10/21, 08/22, 08/24

Attachments: