INTRODUCTION

Ellis Medicine supports the presence and participation of family members and visitors in caring for their loved one in a safe, patient and family centered environment that respects the rights of everyone: residents, patients, family members, visitors, and staff.

PURPOSE OF POLICY

To define the guidelines for visiting while at any Ellis Medicine property. Family members are defined by the resident/patient and are the people who provide the primary physical, psychological, and/or emotional support for the patient. During admission or registration, patients will be asked to define their family and how family members will be involved in care and decision making. When a patient is unable to define family, the patient’s designated representative will provide this information. Visitors are guests of the patient or family. In some cases, visitors may be relatives.

SCOPE

This policy applies to all residents/patients, patient family members and patient visitors.

AGE SPECIFICATION

All children of all ages 0-17 years are allowed to visit during anytime as long as they are accompanied by a parent/guardian, departments/units may have their own specific procedures below and exceptions may be used based on the clinical needs of the patient.

Children 12 years or younger are not allowed to visit during FLU season when declared by Ellis Medicine and/or by Department of Health.
Definitions

A. **Patient**-- means anyone admitted to the Hospital as an in-patient or out-patient.

B. **Family** – Family is always defined by the patient. Family is a person or group of people significant for the patient’s well-being, including but not limited to parents, children, spouse, domestic partner, neighbors, friends, or Partners in Care as defined in this policy. Family members are the people who provide the primary physical, psychological, or emotional support for the patient. When the patient is unable to define family, the patient’s designated representative will provide this definition. Family members do not need to be related to the patient by blood or by law and are defined by the patient.

C. **Partner in Care** – A Partner in Care is a spokesperson at least 18 years old and considered family as defined above designated by the patient to facilitate effective communication among extended family members and hospital staff. A patient is not required to designate a Partner in Care.

D. **Minors** – Individuals who are under the age of eighteen (18).

E. **Visitor** – Visitors are guests of the patient or family. In some cases, visitors may be relatives. Visitors have restricted times during which they may see the patient to promote a healing and restful environment. Visitors can also be considered someone who is visiting an employee including vendors, consultants, attorneys, interview candidates, union representatives and sales representatives.

F. **Justified Clinical Restrictions**- means any clinically necessary or reasonable restriction or limitation imposed by the Hospital on a patient’s visitation rights which restriction or limitation is necessary to provide safe care to patient or other patients. A Justified Clinical Restriction may include, but need not be limited to one or more of the following: (i) a court order limiting or restraining contact; (ii) behavior presenting a direct risk or threat to the patient, Hospital staff, or others in the immediate environment; (iii) behavior disruptive of the functioning of the patient care unit; (iv) reasonable limitations on the number of visitors at any one time; (v) patient’s risk of infection by the visitor; (vi) visitor’s risk of infection by the patient; (vii) extraordinary protections because of a pandemic or infectious disease outbreak; (viii) substance abuse treatment protocols requiring restricted visitation; (ix) patient’s need for privacy or rest; (x) need for privacy or rest by another individual in the patient’s shared room; or (xi) when patient is undergoing a clinical intervention or procedure and the treating health care professional believes it is in the patient’s best interest to limit visitation during the clinical intervention or procedure.

PROCEDURES

The procedures and guidelines for the presence and participation of family and visitors are flexible to respond to the diverse and changing needs and preferences of each patient.

A. **General Visiting Hours for Ellis Facilities**

1. Inpatient Medical Floors (A3, A4, A5, A6, C1, C4, C5, C6) – 24/7

2. Intensive Care Unit (E1 and E2) - 6am-9pm
   a. Family may stay in the E1 and E2 waiting rooms during the off hours
3. Emergency Department- 24/7

4. Behavioral Health Units
   a. (C2, C3) Monday through Friday from 1:30 PM to 2:30 PM and from 6:00 PM to 8:00 PM; Saturday, Sunday, and holidays from 1:00 PM to 8:00 PM.
   b. (B3) Monday through Friday from 6:00 PM to 8:00 PM; Saturday, Sunday, and holidays from 2:00 PM to 4:00 PM and 6:00 PM to 8:00 PM.

5. Ellis Residential and Rehabilitation Center- 24/7

6. Bellevue Women's Center- 11:00 AM to 1:00 PM and 4:00PM to 8:00PM

7. Medical Center Clifton Park Emergent Care- 24/7

8. Mohawk Harbor Primary Care / Urgent Care- Visitors are allowed to visit at any time during hours of operation

B. Family Members

1. Family members are generally welcome at any time.
2. A family member can be accommodated to stay overnight with the patient if they are 18 years of age or older, will not affect the patient’s care and another patient is not residing in the same room/t If this impedes the care of the patient or another patient that may be in the same room, the visitor or family member may be asked to leave and come back during normal visiting hours.
3. Family members should be able to safely stay alone and take care of their own needs. Ellis staff is not responsible for the care of visitors.
4. Due to safety considerations sleeping in a crib with an infant/child patient is prohibited.
5. Bedside presence of the patient’s children, including minor patients with children is supported based on the preference of the patient. An adult other than the patient must supervise the patient’s children during a visit.
6. Family members who indicate they are a sex offender (Level 1, 2 or 3), visitation will be allowed during the department’s visiting hours and will be supervised by staff to ensure the safety of all other patients within the area of where the person(s) is visiting.

C. Visitors

1. Visits should be brief, quiet and pleasant: they should not tire or burden the patient.

2. Visitors who indicate they are a sex offender (Level 1, 2 or 3), visitation will be allowed during the department’s visiting hours and will be supervised by staff to ensure the safety of all other patients within the area of where the person (s) is visiting.

3. Due to the critical nature of intensive care units, hours for visitors/family members may be more restrictive.
D. Special Considerations re: Restrictions for Visitation

The patient or the patient’s designated representative, in conjunction with the primary nurse and health care team, may make visitation limitation for family and visitors. Examples of special considerations that determine the amount of time family and visitors spend with the patient include:

a. Clinical and emotional needs of the patient.
   - There should be no harm to the patient from having family or visitors present. Example include exhaustion, overstimulation, or marked increase in agitation
b. Inability to follow infection control policies.
   - Some visitor restrictions may be based on presence of epidemiological significant pathogens.
c. The need to maintain a sterile environment during bedside procedures
d. Limitations requested by the patient or patient’s designated representative.
e. Limitations for others who may be deemed a potential safety or security threat
f. The Hospital shall not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
g. Any restrictions will be reevaluated as part of the patient’s plan of care. Reasons for visitation limitations will be documented in the medical record.
h. In the event the number of visitors to a single patient affects hospital operations or if it impedes upon the safety and security of all patients and staff, the charge nurse or nurse manager will initiate a meeting or conference call with following people to determine a plan of action
   - Nursing Director/ Nursing Supervisor
   - Security Department
   - Quality Department
   - Patient Ambassadors

E. Visitation by Children

a. Children supervised by an adult other than the patient are welcomed.
b. The supervising adult is responsible for the needs of the visiting children
c. Staff should discuss the length and timing of visits by children with the supervising adult.

F. Contraindications to Visitation

a. Family members and visitors who are feeling sick and/or have signs of communicable illnesses or infections.
b. Family members and visitors who have recently been exposed to communicable illnesses or infections.
c. During times of severe community disease outbreaks and emergency management situation the hospital may limit patient access to immediate family members only.
d. Requests by patient or patient’s designated representative
e. Anyone under the influence of drugs and or alcohol.
f. Unacceptable or disruptive behavior.
g. Interference with the general comfort and care of patients or staff
h. Visitors or family members with prohibitive legal documentation such as restraining orders and child visitation/custody orders.
i. Visiting hours for incarcerated patients is as defined by the correctional facility.

G. Strategies for Effective Family and Visitor Presence

1. The patient's nurse should review the family and presence and visitor guideline with the patient on or shortly after admission so the patient may make choices about family presence and visitor access.
   - If the patient is unable to participate in these discussions and decisions, the patient's designated representative should be involved.

2. The nurse should communicate that the patient or the patient's designated representative may make changes to these choices at any time.

3. To facilitate positive experiences for all patients, families, visitors, and staff, the nurse and other members of the healthcare team should instruct families and visitors to:
   a. Always perform hand hygiene each time they enter and leave the patient room or unit.
   b. Follow all isolation precautions as instructed by nursing staff.
   c. Come to the hospital only if they feel well and have no signs of communicable illnesses or infections.
   d. Be mindful and sensitive to the needs of other patients and families by keeping noise and disturbances to a minimum.

Note: There may be unique and extenuating circumstances that require compassionate exceptions to these guidelines. It is recommended that the primary nurse and the health care team, in collaboration with the patient or the patient's designated representative, use professional judgment in considering these family circumstances and patient needs when applying these guidelines.

Facility and/or Department Guidelines

Based on the department or facility, the procedures for family members and visitors may be different from other areas based on the clinical needs of the patient and the type of unit or facility the patient may be in. Any facility or department listed below references these guidelines for visitation of patients. All other areas or facilities not specifically documented below follow the general guidelines to this policy.

C. Guidelines for Ellis Hospital Visiting General Hospital and Inpatient Units—Patients are encouraged to contact family members to be informed of the visiting hours. During the following hours, family members and visitors will request a visitor pass at the A-1 central security office and will wear the visitor pass the entire time they are in the hospital. No family members or visitors will be granted access to the inpatient units without signing in and receiving a visitor pass. All other times, will follow the general guidelines described in this policy.

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<th>Sunday through Saturday</th>
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Visiting Guidelines
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D. Guidelines for Ellis Hospital Emergency Department

a. Visitors and family will sign in and receive a visitor sticker prior to entering the emergency department

b. Visitors will be asked to provide some type of form of identification (Driver’s License, Insurance Card, Photo ID, Employee ID, Student ID etc.). If a visitor does not have any identification, the patient will be asked to verify the visitor before allowing visitor in the emergency department. If the patient is not able to give consent, the next of kin or power of attorney will be contacted to verify or at the nurses discretion.

c. Maximum of two (2) visitors per patient at the bedside will be allowed. If additional family members or visitors wish to spend time with the patient, they may switch off, keeping only two visitors at a time at the bedside (children 0-17 not included if they do not have separate adult supervision)

d. Additional visitors will be considered, if it is in the best interest of the patient, at the discretion of the patients nurse and or physician

e. All visitors may be asked to wait in the waiting room area while the physician or nurse performs an examination or procedure

f. During Controlled Access or Lockdown safety procedure (policy #8401), visitors will not be allowed back in the patient care areas unless they are already at bedside. If visitors exit to the waiting room, they will not be permitted to re-enter the patient care area until the Lockdown has been cleared.

E. Guidelines for Ellis Hospital Visiting Emergency Room Care Team 5

Based on the clinical needs of the patients who are in Care Team 5 of the emergency room, the following guidelines have been put into place to continue to keep everyone safe and secure in this area. At all times, visitors and family members must follow these guidelines:

a. All visitors will be searched and wanded by a metal detector upon entering the Care Team 5 unit to visit any patients

b. Except for items brought in for the benefit of the patients, visitors and family members, must leave all personal belongings at home or in their vehicle. Items not able to be carried on their person such as purses or bags, lockers will be provided for visitors and family members who enter this area

c. No weapons, glass, ceramic, hard plastic, metal cans, mirrors, lighters, matches, alcohol, drugs, tobacco products are allowed to be carried on person while in the unit including any other item deemed inappropriate or unsafe for the patients or staff

d. Maximum of two visitors per patient at any time (this may change based on the discretion of the nurse)

e. No children under the age of twelve (12)
f. Patient has the right to refuse visitors at anytime

g. No items can be given to the patients unless the nurse is aware and approves the item

h. All cell phone usage is preferred to be used outside the unit

F. **Guidelines for Ellis Hospital Visiting Department of Psychiatry** – Adult Inpatient Mental Health Unit (C2, C3)

All visitors to the adult inpatient mental health unit will be approved by patients and staff. All visitations are to occur in a manner which respects confidentiality without interfering in the treatment milieu. All therapeutic activities will take precedence over visitation. Visitors will be asked to return after group activities have been completed.

Children under the age of twelve (12) will not be allowed to visit. Caseworkers, and other significant outpatient treatment providers, friends, and clergy.

1. Visiting hours are Monday through Friday from 1:30 PM to 2:30 PM and from 6:00 PM to 8:00 PM; Saturday, Sunday, and holidays from 1:00 PM to 8:00 PM. Visitors will not be allowed on the unit at any other time unless prior arrangement has been made with the treatment team.

2. Upon admission and until the patient has met with the physician or primary therapist, only the patient’s immediate family will be allowed to visit.

3. Upon arrival, all visitors must sign in and out of the unit at the nurses’ stations.

4. Visitors must be at least 12 years of age to enter the unit unless prior arrangement has been made with the treatment team. To allow any visitor under the age of 12, a doctor’s order must be written in the patient’s chart.

5. Any gifts or belongings brought for patients by visitors must be surrendered at the nurses’ station in order to be inspected and approved. Visitors must store their bags or backpacks in the C3 visitor locker waiting area. Any and all food items brought to the unit for patients must be factory sealed and in single-serve portions. These items must be “ready to eat”. NO foods requiring preparation (i.e. cooking, microwaving, and warming) will be permitted.

6. Visiting will take place in common areas: dining room, library/lounge, and personal care room. NO visiting in patients’ rooms is permitted.

7. A maximum of two (2) visitors per patient will be allowed at one time.

8. Visitors will be requested to leave if, at any time, visitation is judged by staff to be clinically contra-indicated or during an emergency such as a code gray or medical situation occurs. Visitors who arrive appearing to be under the influence of drugs and/or alcohol will not be allowed onto the unit for visitation.
9. When deemed appropriate, staff reserves the right to closely monitor any visit to maintain the safety of the unit.

G. Guidelines for Visiting Ellis Hospital Department of Psychiatry – Adolescent Treatment Center (B3)

All visitors to the patients will be approved by parents/guardians and staff. All visitations are to occur in a manner which respects confidentiality without interfering in the treatment milieu.

Children under the age of twelve (12) will not be allowed to visit.

1. Visiting hours are Monday through Friday from 6:00 PM to 8:00 PM; Saturday, Sunday, and holidays from 2:00 PM to 4:00 PM and 6:00 PM to 8:00 PM. Visits may be scheduled at other times after consultation with the primary therapist or Charge Nurse.

2. A maximum of two (2) visitors per patient will be allowed at one time.

3. At the time of admission and until the patient has had a meeting with the physician or primary therapist, only the patient’s immediate family will be allowed to visit.

4. After the initial meeting with the physician or primary therapist and treatment team, the patient may be allowed other visitors.

5. The names of all visitors who will be allowed to visit will be given to the nurse during the admission process so that they may be documented.

6. Staff will check each patient’s visitor list for allowable visitors before letting any visitor onto the unit.

7. Upon arrival, approved visitors should sign in. Any gifts or belongings that they bring for the patient are to be surrendered in order to be checked and listed by staff on the patient’s Valuables Form.

8. Visitors will be requested to leave if, at any time, visitation is judged by staff to be clinically contra-indicated or during an emergency such as a code gray or medical situation occurs. Visitors must be at least 12 years of age to enter the unit unless prior arrangement has been made with the treatment team. To allow any visitor under the age of 12, a doctor’s order must be written in the patient’s chart.

9. Visiting will take place in public areas.

10. Visitors who arrive appearing to be under the influence of drugs and/or alcohol will not be allowed to visit.

H. Guidelines for Visiting Ellis Medicine Operating Room

1. Family members are permitted in the operating room holding area, however, no more than two persons will be allowed at a time. Considerations must be made for department activity. All visitations are to occur in a manner which respects confidentiality.

   a. One parent of a pediatric patient may accompany the child into the operating room. The parent will be dressed in appropriate surgical attire.
All Vendor Representatives are required to adhere to the Ellis Medicine Policy #5427 Vendor Representative Conduct.

2. Law enforcement attendance in the surgical suite is permitted as necessary per policy #8310, Care of the Forensic Patient.
   a. Law enforcement officers must wear appropriate surgical attire (as outlined in Ellis Medicine Policy # 7577 Surgical Attire) when escorting a patient into the operating room and must take direction from the surgical team with regards to patient safety.

3. Students and Observers
   a. Ellis Medicine employees may request to observe surgical procedures for educational purposes with consent from patient, surgeon, and Operating Room Manager/Nurse Educator. No more than one observer per operating room. All Ellis Medicine employees must wear their Ellis identification badge. The circulating RN will supervise all employee observers.
   b. Students must be at least 16 years old to participate in observational experiences in the operating room or morgue.
      1. Students must complete all Risk Management and Orientation requirements before they are able to observe (See Policy # 3373).
      2. No more than one student observer per operating room. The circulating RN will supervise all student observers.

I. Guidelines for McClellan Street Health Center/Nursing Home – Between the following hours, all family members and visitors will request a visitor pass at the main lobby with following the identification verification process of their credentials and will wear the visitor pass the entire time they are in the area. No family members or visitors will be granted access to the facility without signing in and receiving a visitor pass. There are no restrictions to the visiting hours for the Nursing Home (ERRC).

Visitor Badging Hours and Facility Hours Closed for Visitors Except for Nursing Home (ERRC)

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<td>8pm-6am</td>
<td>Saturday 3pm-Monday 6am</td>
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J. Guidelines for Bellevue Woman’s Center – All family members and visitors must sign in at the front reception desk upon entering the facility. Each family member and visitor will receive a visitor badge and must wear these at all times while they are in the facility. During the following times, family members and visitors will be discouraged to be in the facility and an overhead page will be announced to notify everyone that visiting hours have closed. Parents/Designated Support Family Member to the patient is excluded from this policy and are allowed to be on site to visit at any time.
K. Visitor Guidelines During Emergencies or Disaster Related Events – During emergencies or disaster related events, the following procedures can go in effect to ensure everyone is safe and secure.

1. Ellis Hospital, McClellan Street Health Center, Medical Center of Clifton Park Emergent Care and Bellevue Women’s Center can suspend ALL routine visitation to our patients during emergency disaster related events. No visitors will be allowed unless they meet the exceptions listed below. There will be no overnight stays, again unless they meet the exceptions below. NO visitor will be allowed entry to visit a patient who has any pending or positive pandemic illness and no visitors under the age of 16 will be permitted entry to the facility.

2. Discharged inpatients may have one person meet them in the discharge lounge to review discharge instructions prior to leaving the hospital. Discharged ED patients may have one person meet them in the ED waiting room to review discharge instructions. There will be no visitors permitted in a Covid-19 designated unit, unless authorized by CMO/CNO directly, or unless explicitly stated in compassion provision.

   a. There are exceptions for certain patients that include:
   i. Obstetric patients at Bellevue and the Emergency Department (see Number 6)
   ii. Neonatal Intensive Care Unit (NICU) patients may have one birth parent plus one significant other who must remain in the room for the duration of the visit.
      o For infants born to Covid-19 positive, or suspected status mothers, please refer to policy Guidelines for Management of Infant Born to Women with COVID-19
   iii. Patients who are at the end-of-life may have two visitors, unless the patient is deemed Covid-19 positive or is awaiting testing for Covid-19. All efforts should be made to utilize hospital approved
or patient provided technology to facilitate communication between family and patient during this time.

- For patients in imminent end-of-life situations, a patient who is actively dying, where death is anticipated within less than 24 hours; one family member and/or legal representative at a time as a support person who should be permitted at the patient bedside.

- The patient and/or family/caregiver may designate up to two support people; but only one support person may be present at a time.

- If the patient is a parent of a minor child, one adult family member and one child may be permitted at the patient bedside.

- These restrictions must be explained to the patient and/or support person in plain terms, upon arrival or, ideally, prior to arriving at the hospital.

- Individuals age 70 years or older, are not encouraged to be support persons at this time due to increased risk of COVID-19 infection.

- Visitors will be screened according to the following criteria:
  - Normal temperature, no hypothermia or Fever (temperature checked with infrared thermometer)
    - Temperature will be rechecked every 12 hours and documented on a visitor log
  - No respiratory symptoms (i.e.; cough)
  - No new onset shortness of breath
  - No change in sense of taste or smell
  - No diarrhea
  - No recent exposure to a suspected or positive COVID-19 patient
  - No recent travel to a Level III country, or to NYC or surrounding counties
  - Driver’s license address not from NYC or surrounding counties
If a screening is negative, the visitor will be granted access. The hospital holds the authority to request a visitor go home at any point in time given a change in clinical status of the visitor.

- For an end of life patient who is a PUI, is known COVID-19 positive, or is otherwise symptomatic, visitor Personal Protective Equipment (PPE) includes:
  - Gown
  - Gloves
  - Surgical mask

- If the end of life patient is a person under investigation (PUI) or a known COVID-19 positive patient, their support person may also be a suspected person. This support person must pass these screening tests. It is the expectation that the masked visitor remains in the patient’s room for the duration of their stay. It is likely that the support person may not be approved if they reside with the patient who is a PUI or COVID+.

- For sterile procedures or medically indicated reasons, the support person will be excused out of the hospital (still on premise) and may return when the procedure is completed.

iv. Patients undergoing surgery or procedures may have 1 visitor who must leave the hospital as soon as possible after the procedure/surgery.

- For Cardiothoracic Surgeries patient is allowed 1 visitor to follow to the ICU in the immediately post-operative period only.

v. Patients who have an outpatient/office appointment at any Ellis Medicine facility which include outpatient offices, radiation therapy, neuro, wound care, infusion, laboratory, or radiology, may have one person with them.
vi. Patients who need a caretaker to be trained for a skill in preparation of home care will be permitted a visitor for a limited education session only.

vii. Patients with disruptive behavior, in which a family member is key to their care, may have one visitor.

viii. Patients who have altered mental status or developmental delays (where caregiver provides safety) may have one visitor- staff members from group homes are considered an extension of the healthcare team and not a visitor; their presence may fulfill the role of meeting the patients extended care needs.

ix. **Pediatric patients**/minors under age 18 may have one designated visitor, parent, or guardian.

   o For hospitalized pediatric patients, especially with prolonged hospitalizations, the patient or family/caregiver may designate two support people; but only one support person may be present at a time.

   o Visitors for pediatric patients will be screened according to the following criteria:

      - Normal temperature, no hypothermia or Fever (temperature checked with infrared thermometer)
      - No respiratory symptoms (i.e.; cough)
      - No new onset shortness of breath
      - No change in sense of taste or smell
      - No diarrhea
      - No recent exposure to a suspected or positive COVID-19 patient
      - No recent travel to a Level III country, or to NYC or surrounding counties
      - Driver’s license address not from NYC or surrounding counties

   o If a screening is negative, the visitor will be granted access. The hospital holds the authority to request a visitor go home at any point in time given a change in clinical status of the visitor.
For a pediatric patient who is a PUI, is known COVID-19 positive, or is otherwise symptomatic, both the patient and their support person are to receive masks at the point of entry, and should keep the masks on for the duration of their stay.

- Visitor Personal Protective Equipment (PPE): A gown, gloves and surgical mask should be given to and worn by any designated support person.

- If the pediatric patient is a person under investigation (PUI) or a known COVID-19 positive patient, their support person may also be a suspected person. This support person must pass these screening tests. It is the expectation that the masked visitor remains in the patient’s room for the duration of their stay. It is likely that the support person may not be approved if they reside with the patient who is a PUI or COVID+.

- For sterile procedures or medically indicated reasons, the support person will be excused out of the hospital (still on premise) and may return when the procedure is completed.

- Patients undergoing surgery or procedures may have 1 visitor who must leave the hospital as soon as possible after the procedure/surgery.

  - For Cardiothoracic Surgeries patient is allowed 1 visitor to follow to the ICU in the immediately post-operative period only.

- Patients who have an outpatient/office appointment at any Ellis Medicine facility which include outpatient offices, radiation therapy, neuro, wound care, infusion, laboratory, or radiology, may have one person with them.

- Patients who need a caretaker to be trained for a skill in preparation of home care will be permitted a visitor for a limited education session only.
3. Visitor(s) of patients that meet an exception will be allowed inside the Hospital, Emergency Department, Emergent Care or Urgent Care per the above criteria and will be restricted to the patient’s room. Once a visitor leaves a patient’s room; they must leave the hospital, emergent care or urgent care facility.

4. All permitted visitors will be greeted upon entry to all facilities and may be turned away based on that concerns of securing patient and staff safety.

5. All non-employed healthcare workers providing a service to Ellis Medicine will be screened upon entrance to the facility.

6. **Laboring Patients**: All patients who present for planned or emergent admission to Bellevue Woman’s Center’s Labor and Delivery Department will be presumed to be in or have immediate potential to be in active labor. Persons presenting to an Emergency Location in Labor will also be privy to the same visitation provisions. Their visitors, who present with them at this time, will be screened in admitting for safety and security purposes. Only one healthy asymptomatic support person 16 years old and above will be granted access. Screening will consist of:
   - Normal temperature, no hypothermia or Fever (temperature checked with infrared thermometer)
   - No respiratory symptoms (i.e.; cough)
   - No new onset shortness of breath
   - No change in sense of taste or smell
   - No diarrhea
   - No recent exposure to a suspected or positive COVID-19 patient
   - No recent travel to a Level III country, or to NYC or surrounding counties
     - Driver’s license address not from NYC or surrounding counties
   - Local obstetrician

   a. If a screening is negative, the visitor will be granted access and given a Bellevue screening form, to be repeated at least every twelve hours on the nursing unit. This person will be the only support person allowed to be present during the
patient’s care. The hospital holds the authority to request a visitor go home at any point in time given a change in clinical status of the visitor.

b. For a suspected birthing patient who is a PUI, is known COVID-19 positive, or is otherwise symptomatic, both the patient and her support person are to receive masks in patient access, and should keep the masks on for the duration of their stay.

   a. Visitor Personal Protective Equipment (PPE): A gown, gloves and surgical mask should be given to and worn by any designated support person.

   c. If the patient is a person under investigation (PUI) or a known COVID-19 positive patient, her support person may also be a suspected person. That support person will be additionally screened by the nursing supervisor using the extended tool and if screen negative may remain with patient. The patient can select a different healthy and asymptomatic support person who does not reside with the patient. This support person must pass these screening tests. It is the expectation that the masked visitor remains in the patient’s room for the duration of their stay.

      a. For sterile procedures or medically indicated reasons, the support person will be excused out of the hospital (still on premise) and may return when the procedure is completed.

      b. At laboring events occurring in Emergency Room Locations, external to Bellevue Woman’s Hospital, the Charge Nurse will perform the screening described in part 6c.

      d. In the event that the support person leaves the Bellevue premises, s/he will have forfeited the ability to stay with the patient, and will not be able to return.

For any concerns with screening visitors or discussing visitation guidelines with families in patient access, the nursing supervisor will be available to assist. In the event that further COVID concerns arise in the conversation with the nursing supervisor, the Command Center and its designees can be utilized as an additional resource.
EXHIBITS: None

REFERENCES

Requirements related to CMS Patient Visitation Rights Conditions of Participation

RI.01.01.01


ORIGINAL IMPLEMENTATION DATE: 3/15/82
REVIEW DATE: 07/08, 02/13, 08/13; 03/15, 02/17, 3/22
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REVISED: 10/03, 11/03, 04/05, 02/10, 08/10, 3/12, 02/17, 08/17, 1/19, 3/20, 4/20

REVIEWED BY:

Director of Emergency Services
Medical Director of Emergency Services
Director- Nursing Home Administrator
Executive Vice President of Operations and Strategic Planning
Vice President Patient Care Services/CNO
Bellevue Woman’s Center Administrator
Director of Quality
Senior Director of Facilities and Support Services
Patient Experience Officer
Executive Vice President of Operations and Strategic Planning
Director of Nursing
Nurse Educator