POLICY NAME: PATIENT VISITATION AND FAMILY PARTNERSHIP
(PREVIOUSLY – VISITORS ACCESS)

POLICY NUMBER: A 05-07
ISSUE DATE: FEBRUARY 1989
REVISED DATE: MARCH 2015, JUNE 2018, JUNE 2021

PURPOSE:
The University of Chicago Medicine strives to provide a safe and healing environment for patients and family members and other “partners of care” as defined by the patient and family. We recognize the importance of family members and significant others in the care and recovery of the patient therefore encouraging patient-directed visitation. This is defined as unrestricted visiting environment in which the patient (or health care proxy) establishes visitation guidelines that best suits the individual circumstances. UCMC does not restrict, limit, or otherwise deny visitation privileges based on age, race, religion, ethnicity, culture, language, sex, gender identity, sexual orientation, and physical or mental disability. These provided guidelines serve to welcome family as partners in the healing process.

DEFINITIONS:
Visitors may include, but are not limited to, spouses, domestic partners, both different-sex and same-sex significant others and parents, other family members, friends, and persons from a patient’s community.³

Sexual orientation: Sexual orientation is the preferred term used when referring to an individual's physical and/or emotional attraction to the same and/or opposite gender. "Gay," "lesbian," "bisexual" and "straight" are all examples of sexual orientations. A person's sexual orientation is distinct from a person's gender identity and expression.³

Gender identity: The term "gender identity," distinct from the term "sexual orientation," refers to a person's innate, deeply felt psychological identification as a man, woman or some other gender, which may or may not correspond to the sex assigned to them at birth (e.g., the sex listed on their birth certificate).³

Women’s Care Center: The areas of the hospital including Comer Family Birth Center, T3 North Mother-Baby, the General Care Nursery.

Comer Children’s Hospital: The areas of the hospital including Comer 6, Comer 5, PICU, CICU, NICU, TICU, Comer Emergency Department.

POLICY:
The University of Chicago Medical Center shall provide visitor and vendor access in a professional and courteous manner, encompassing the principles of patient- and family- centered care while ensuring a safe and secure environment for patients, visitors and staff by:

- Welcoming friends and family/caregivers of inpatients access to inpatients in Mitchell, Comer, The Center for Care and Discovery (CCD), emergency departments, and pre-surgical and procedure areas.
Access will be through specific entrances: Mitchell Lobby, Comer Lobby, CCD East and West Lobbies, Parking Garage B Bridge, and the emergency department main entrances.

Visitor passes will be issued to all approved visitors to inpatient units through the designated entrance points.

Vendor badges will be required for all vendor representatives (refer to policy A05-08).

Employees, volunteers, and contractors, including BSD employees, will be required to wear relevant ID badges with photo.

PROCEDURES:

1. Friends and family/caregivers of patients of UCM will be welcome to visit 24 hours per day/7 days per week, except in circumstances listed in this policy.

2. Patients may receive visits from visitors of their choice. Patients have the right to withdraw or deny consent to visitation at any time. Any visitor restriction placed by a patient will remain in effect for a minimum of 48 hours before it can be changed/rescinded. Patients who lack capacity may receive visits from family, friends, and other individuals, consistent with the UCM non-discrimination policy.

3. UCM is committed to ensuring that all authorized visitors enjoy full and equal visitation privileges consistent with patient preferences. UCM does not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation and physical or mental disability.

4. For patient and staff safety, UCM has established maximum visitor counts in designated patient care areas to ensure a healing environment of care. In summary, adult visitors at any one time are limited to the following:

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5. In an effort to meet the patient’s care and recovery needs, members of the health care team are encouraged to continuously communicate the plan of care and negotiate the role and support the needs of the family with that plan. Visitation is available to families through strong collaboration with the patient’s nurse.

A. Staff will assist the family by assessing the patient’s condition, care plan, and/or other
roommate/unit conditions to coordinate family presence and participation.

B. Staff will make best efforts to collaborate with patient/family on issues impacting visitation predicated on a variety of factors; post-surgery recovery, changing health care status, infection control restrictions, and others.

C. In the event that the patient wishes to have a break from or even deny entrance to select family members or guests, he or she should be encouraged to inform the nurse of this request.

D. Changing or emergent patient care needs may interrupt family presence and guest visitation, with clear communication from nursing/designee about when the visit may be resumed.

E. UCM reserves the right to place appropriate restrictions on visitation – up to and including total restriction on visitation – to ensure optimal patient care and staff safety.

6. Each visitor will be issued a visitor pass by UCM Public Safety located at the entrance points. The visitor pass will contain the following information: visitor photo; unit/room # being visited; date and time of visitor badge issuance.

7. Children are allowed to visit when directly supervised by an adult, other than the patient. There may be more specific requirements in specialty areas. Parents must sign a declaration indicating that all immunizations for the child are current and he/she has no signs/symptoms of infection; “Screening for Infectious Disease Form.” Visiting children with disruptive behavior may be asked to leave the patient care area with the supervising adult.

8. Visitors to CCD 10 East and Comer 6 will be asked to complete a health screening form before they enter a patient room. This form is dispensed and collected by the patient’s nurse at each visit to determine if it is safe for the patient for them to visit; free from contagious conditions (see attached form). The nurse may deny access to the patient room if the answer to any of the questions is yes or if the screening form is not complete.

9. Adult Emergency Department: no more than two adult visitors may be at the bedside in the ED except in the instance of a patient’s demise or impending death. Children should be at least 12 years of age to visit, and only in the company of a responsible adult, other than the patient. If a patient arrives with a child under 12 and no other resources for the child, the patient shall still receive medical treatment. Communication to the patient is to try and secure resources for the child.

10. Perioperative/procedure areas: no more than two adult visitors at the bedside except in the instance of a patient’s demise or impending death. Children less than 12 years may be allowed to visit in prep areas with a responsible adult and explicit approval from the direct patient care giver and/or charge nurse. Children 12 years of age and over will be allowed to visit in the company of responsible adult. No children under 12 should be allowed to visit in post recovery areas. If a patient arrives with a child under 12 and no other resources for the child, the patient will need to contact a responsible adult to secure childcare, prior to receiving medical treatment.

11. Comer Children’s Hospital and Women’s Care Center: Visitors to Women’s and Children’s areas will be asked to present photo identification (i.e. driver’s license or state ID) for verification. All visitors will be checked against the visitor list and visitor restriction list. Please see attachments A & B for details on visitation specific to these areas.
12. If, for reasons of patient safety, it is determined by a member of the health care team that restriction of visitor(s) is in the best interest of the patient, authorized UCM personnel can place these restrictions. Authorized personnel to include: patient’s primary nurse or the charge nurse of the unit; Patient Care Manager/Director; assigned social worker; Public Safety; Administrator On Call (AOC) or any member of the Senior Management Group; and House Operations Administrator (HOA) when present. This will be communicated to the patient/family and to the public safety officers at the entrance points to deny visitor entrance to the patient care area.

13. If for reasons of infection control for the benefit of patient or visitor health, an infection control practitioner or physician can restrict access by notifying the patient/family and the public safety office of the appropriate restriction(s).

14. Public Safety staff will maintain a current roster of active restrictions at Mitchell, Comer, CCD, and Emergency Department entrances at Public Safety desks.

15. There may be specific environmental situations which may restrict access due to infection control concerns. These will be posted at all entrances and the public, patients, and staff notified of the restrictions (example: influenza season).

**Enforcement:** Medical Center Public Safety will enforce the policy at the entrances to Mitchell, Comer, CCD, and the Emergency Departments.

**PROMOTING A HEALING ENVIRONMENT WITH FAMILY PARTNERS:**

A healing environment respects the patient’s need for quiet and restorative rest. Throughout the day, and especially at night, respect for this calm, quiet atmosphere shows consideration for patients, family, guests and staff.

A. Staff is expected to respect the restful needs of patients by reducing unnecessary noise in patient care areas including adjacent corridors and at the nurse’s station.

B. Proactive discussion at the time of admission with ongoing supportive review of guidelines with family and guests will assure each patient and family’s privacy and that their cultural, spiritual, and emotional needs are respected.

**III. Behavioral Expectations**

A. All staff members have an obligation to assure verbal and non-verbal behaviors are respectful, inclusive of employee as well as patient, family and guest behaviors. Continuous attention to noise levels at nursing stations, hallways, lounges, and support areas as well as patient rooms relays the message that all are cognizant of the impact of noisy environments.

B. Patients, families, and guests are expected to monitor the tone, volume, appropriate language, timing of their discussions, phone calls, radio, television, and laptop usage to assure the patient’s privacy and that rest is respectfully considered.

C. Risky, threatening or escalating behaviors should be reported to Public Safety immediately at x2-6262. A collaborative effort will be made between the nursing team, Patient and Family Insights, and Public Safety to de-escalate and bring resolution to issues of concern.
ATTACHMENTS:
Attachment A: Women’s Care Center Visitation
Attachment B: Comer Children’s Hospital Visitation
Attachment C: Health Screening Form 10E
Attachment D: Visitor Management System – Standard Work

INTERPRETATION, IMPLEMENTATION, AND REVISION:
Patient Care Services and UCM Public Safety are responsible for the interpretation, implementation and revision of this policy

REFERENCES: (to outside sources, if applicable)
1. Advancing Effective Communication, Cultural Competence, and Patient- and Family Centered Care – A Roadmap for Hospitals (http://www.jointcommission.org/assets/1/6/aroadmapforhospitalsfinalversion727.pdf) – The Joint Commission (pg. 61)
4. IAHSS Healthcare Security Industry Guideline 04.03.04 – Visitor Control-Patients; International Association for Healthcare Security & Safety (http://www.iahss.org)

CROSS-REFERENCES: (to other UCM policies, if applicable)
1. A 05-08
2. Public Safety Policy: 01.130

__________________________________
Thomas Jackiewicz
President
ATTACHMENT A

Women’s Care Center Visitation

Visitation guidelines in the Women’s Care Center, the areas of the hospital including Comer Family Birth Center, T3 North Mother-Baby, the General Care Nursery is as follows:

- We welcome one visitor at a time to be with the patient while in Comer Family Birth Center triage.
- We welcome up to 3 visitors at a time in the Comer Family Birth Center rooms to support the patient during her labor experience.
- If the laboring mother requires surgery, she may have one person accompany her to surgery and remain in the PACU following the procedure.
- We welcome up to three visitors at a time at the bedside in the Mother Baby Unit. One visitor (designated by patient each day) may have 24-hour visitation privileges as long as they are 18 years old or older or the father of the baby. All other visitors may visit between the hours of 9AM and 9 PM.
- Children of the mother &/or siblings of the newborn may visit between 9AM and 9PM, but must have accompanying supervision from an adult (18 years old or older) other than the patient the entire time the children are present. Other children (i.e. cousins, laboring mother’s siblings, family friends) under the age of 16 years are not allowed in the Comer Family Birth Center or Mother/Baby departments.
- All visitors coming in contact with the newborn will be instructed on performing hand hygiene before and after contact with the infant including after diaper changes.
- To meet the individualized emotional, psychological, safety, and physical needs of each patient, the number and age of visitors and hours of visitation may need to be amended through consensus between the nurse manager, charge nurse and the physician.
ATTACHMENT B:

Comer 5/6 Visitation Guidelines

- Upon admission to the Comer unit, the parent/legal guardian will be given a yellow band and will designate to whom the second band will be given. The yellow band indicates the caregiver is welcome at bedside 24 hours’ day/7 days a week.
- Siblings/visitors under 18 years of age are welcome from 8am-9pm with adult supervision.
- Up to four visitors are welcome at the bedside between 8am-9pm. If an exception is needed for an emergency outside of visiting hours, the request will be reviewed by the floor manager or charge nurse for approval.

Comer Pediatric Intensive Care Unit (PICU) Visitation Guidelines

- Upon admission to the Comer unit, the parent/legal guardian will be given a yellow band and will designate to whom the second band will be given. The yellow band indicates the caregiver is welcome at bedside 24 hours’ day/7 days a week.
- Siblings/visitors under 18 years of age are welcome from 8am-9pm with adult supervision.
- Up to four visitors are welcome at the bedside between 8am-9pm.
- Visitation may be limited at times when high level of care is needed for a patient.

NICU/CTCU Sibling Visitation Guidelines

- Comer’s NICU/CTCU Sibling Visitation Program is intended for our patients’ siblings who are 3 years old and above.

- Siblings are allowed to visit 7 days a week from 12pm-7pm and 8pm-9pm. The number of visitors at the bedside during a sibling visit shall not exceed 4, with no more than 2 adults. The sibling(s) must be accompanied by a yellow banded caregiver.

- The initial sibling visit should be coordinated by the NICU/CTCU nurse and a Child Life Specialist. Subsequent visits will be coordinated with the NICU/CTCU nurse. Parents/caregivers must complete a sibling/visitor checklist 24 hours prior to the visit. The completed form should be given to the nurse for review and approval of visit. A binder for these records will be kept at the unit’s Patient Service Coordinator desk.

- Parents and siblings must adhere to the NICU/CTCU hand washing and infection control policies.

- Siblings 3-5 years old may visit for a maximum of 30 minutes, and siblings 6-11 years old may visit for a maximum of 60 minutes. Siblings 12 years of age or older may visit for longer periods of time. If there are siblings that fall into different age groups, the length of the visit will be determined by the age of the youngest sibling.
• The appropriateness and length of sibling visit is left to the discretion of the child life specialist, social worker, nurse and/or manager working with the patient.

• Parents will be responsible for the behavior and safety of siblings while inside of the NICU/CTCU and at the patient’s bedside.

• Sibling visitation – even scheduled visits – can be postponed or cancelled without prior notice based on clinical condition of the baby or other babies in that pod.

• Sibling visitation for all children under 12 years of age will be suspended during Flu season or at the discretion of the Infection Control Department. Sibling visitation may be suspended at any time per management discretion.
ATTACHMENT C
SCREENING FOR VISITORS TO 10 EAST

PLEASE HELP KEEP OUR PATIENTS SAFE & HEALTHY

The University of Chicago Medical Center recognizes that family and friends are important to our patient’s well-being and recovery. Patients on this unit may easily develop a serious infection from visitors who have an infection, even if only a cold. Please answer the following questions to determine whether it is safe to visit.

Name of Visitor: _____________________ Name of Patient: ______________________

Please put a check as appropriate to the following questions:

1. In the past 3 weeks have you had contact with a person who is ill with chickenpox, measles, mumps, or whooping cough (also known as pertussis), such as in daycare, school, at home or work?

   YES ______ NO ______

2. Have you been sick with fever, diarrhea or vomiting in the past 3 days or currently have any cold symptoms including fever, cough, sore throat, or runny nose in the past 3 days?

   YES ______ NO ______

   If yes, please explain: ________________________________________________________________
   ________________________________________________________________

Visitor Signature: _______________________________ Date: _________________________________

Approved to enter unit? YES ______ NO ______

(Reviewer – if answer is NO, then visitor should not enter unit until 24 hours after symptoms resolve)

Reviewer Signature: _______________________________ Date: _________________________________
UNIVERSITY OF CHICAGO MEDICAL CENTER

ATTACHMENT D

VISITOR MANAGEMENT SYSTEM – STANDARD WORK

University of Chicago Medicine
Public Safety Department
Standard Work

Title:        Visitor Management System – Standard Work
Date Issued:  1 June 2018
Date Revised: 10 June 2021

Policy

UCM Public Safety will administer a computerized Visitor Management System to aid in monitoring all visitor access to designated patient care areas. All authorized visitors will be issued and must prominently display a visitor badge for the duration of their visit to UCM.

Process

- Upon entry, all visitors over the age of 18 must present a state-issued photo ID (Driver’s License or State ID Card) to the Public Safety officer at the security desk.
  - If visitor does not have Photo ID:
    - No Restriction on the Patient Room.
    - Public Safety officer will take visitor photo at the desk and manually create a visitor badge (if visitor count does not currently exceed maximum limit).
    - Restriction on the Patient Room.
    - Public Safety officer will take visitor photo at the desk; visitor will be asked to have a seat in lobby until visitor identity can be verified. Public Safety will verify visitor identity by either 1) voice verification with patient by telephone and/or 2) showing visitor photo to patient for approval to visit.

- Visitor driver’s license/ID will be scanned into the system by the Public Safety officer.

- If visitor name is restricted, a warning notification will appear on screen. The Public Safety officer will deny entry to that visitor.

- Child Visitors:
  - Visitors under the age of 18 will be allowed, within guidelines of hospital administrative policy A05-07, Patient Visitation and Family Partnership Policy.
  - Minor children will not be required to present photo ID, but will be issued a duplicate visitor badge of the responsible adult escorting them.
  - Exception to the child visitor guideline will be made for individuals under age of 18 who are parents of babies/children in Comer Children’s Hospital (recognized by yellow wrist band).
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Visitor counts per patient room shall not exceed the above-listed counts, unless an exception is made by an authorized manager. Any exceptions must be noted in the Public Safety Daily Activity Report and dispatch log, to include name and position of individual authorizing exception.

If visitor count is shown on the system at visitor count limit, no further visitor badges will be issued. Current visitors must check out before any new visitor badges can be issued on a one out/one in basis.

Visitor Badge Color Code:
- Visitor Badges shall be color coded by building to provide enhanced visibility.

The designated building color codes are as follows:
- RED – Adult Emergency Department.
- BLUE – Center for Care & Discovery.
- GREEN – Mitchell Hospital.
- PINK – Comer Children’s Hospital Inpatient Units.
- PURPLE – Comer Emergency Department.

All visitor badges must be returned to the Public Safety desk or designated collection boxes. Visitor badges will be ‘checked out’ in the system regularly, to reflect a more accurate visitor count.