

Policy

Guidelines for Participation of Patients' Primary Supports and Guidelines for Visitors

[UW Hospital and Clinics](#)

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Manual: [Hospital Administrative](#)

Section: [Patient Support \(Hospital Administrative\)](#)

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I. PURPOSE

UWHC promotes and supports a patient- and family-centered approach to care. The purpose of this policy is to provide guidelines regarding persons spending time with hospitalized patients. It also provides a mechanism to issue identification to authorized individuals visiting a patient. This policy specifically differentiates between visitors and primary supports. Primary supports are persons designated by the patient or the patient's representative and are not necessarily blood relatives. They are encouraged to be involved and supportive of the patient and are integral to the patient's healing process. With the concurrence of the primary nurse, primary supports are generally permitted to have greater access to the patient than visitors

II. PHILOSOPHY

The diagnosis and treatment of illness and disease can result in a range of stressful circumstances and change for patients, as well as their families and significant others. Most patients and families require assistance and support, at different times and in different ways, from people important to them. This support may involve someone to assist in decisions about medical care, someone to provide companionship, or someone to provide care in the home after treatment. For some people, their primary support may come from immediate family members. For others, the primary support may include other relatives, neighbors, friends, co-workers, a partner or clergy.

Staff members can help primary supports and visitors to offer effective assistance and emotional support to the patient. Clear explanations from staff members about what primary supports and visitors can do to help the patient, where they can be on the unit, and any limitations on their participation should be provided.

Guidelines for the participation of persons spending time with the patient should be flexible in order to respond to the diverse and changing needs and preferences of each patient. Time and treatment alter what patients want. Patients may need help in modifying the visiting schedule or expectations about time spent with primary supports and visitors.

III. DEFINITIONS

- A. Primary support: Primary support is defined by the patient as the group of significant people who normally provide the patient with physical, psychological, or emotional support. A patient's primary supports are defined by the patient and are not limited to relatives. When the patient is unable to define primary supports, the patient's representative will provide this definition.
- B. 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.
- C. Adult: An adult is a person 18 years of age or older.

IV. GENERAL GUIDELINES

With the support of the primary nurse, primary supports can usually come to the hospital at any time, at the discretion of the patient, or at the discretion of the patient's representative if the patient is a minor or does not possess decision-making capacity.

The patient or patient's representative may make visitation limitations in conjunction with the primary nurse and the health care team.

Hours for visitors (not primary supports) are 8 am to 9 pm. There are no age limitations on visitors. Children younger than 16 must be accompanied and supervised by an adult who is not a patient. Visitors requiring overnight accommodations should be referred to the Housing Coordinator (3-0315) for assistance with reservations at a nearby facility.

All persons in the hospital after 9 pm must wear an identification badge.

Neither primary supports staying overnight nor their belongings should obstruct health care providers' access to or ability to care for the patient. Patients and visitors are responsible for all personal belongings. University of Wisconsin Hospital and Clinics is not responsible for replacing lost or misplaced items, so it is recommended that only essential items be brought to the hospital.

V. INFECTION CONTROL CONSIDERATIONS

Primary supports and/or visitors with active tuberculosis, chickenpox, shingles, measles, mumps, acute respiratory illness, colds, flu, fever, diarrhea, or certain skin infections should not come to the hospital. In addition, primary supports or visitors who have been exposed to chickenpox, measles, mumps, or pertussis (whooping cough) should not visit the hospital until they have consulted with their primary care provider to determine whether they are susceptible to the infection. If they are susceptible, they should not visit the hospital for three weeks following their last exposure. If there is a question about whether a person should be allowed to visit, Infection Control should be consulted. In the event of an end-of-life or emergent situation, where the question arises of possible exception(s) to these restrictions, Infection Control consultation should be obtained and Patient Relations notified.

VI. PROCEDURE

- A. Primary Supports: Upon admission or anytime during the patient's hospitalization, the patient or the patient's representative (in the case of minors or patients without decision making capacity) may determine who the patient's primary supports are. Typically, this will include a small number of people. Due to space limitations, the number of overnight primary supports staying in the patient's room must be limited.
 1. In order to stay in the hospital after hours, primary supports will receive a card from unit staff which they must exchange for an identification badge from staff at the Security Office. A badge given to primary supports will be valid for one week and will include an expiration date. Badges must be relinquished when directed by security staff.
 2. At 6:30 pm, the Message Center will announce that individuals who are authorized to be staying with a patient after visiting hours will need to have a badge and that all who need a badge should inquire about the procedure with unit staff before 8 pm.
- B. Visitors
 1. At 8:45 pm and again at 9 pm, the Message Center will announce the end of visiting hours.

"Attention, visiting hours are now over. Individuals authorized to stay with patients after visiting hours, please be sure to prominently display your badge. If you are authorized to stay with the patient and do not have a badge, please check with unit staff about how to get a badge. We wish all of our patients a good night's rest and their visitors a safe trip home."
 2. The patient's nurse will be responsible for clearing unauthorized visitors from her/his patients' rooms by 9 pm. Security is responsible for checking waiting areas. Staff should maintain an awareness of individuals in patient rooms and

waiting areas.

3. Visitors (not primary supports) coming to the hospital after 9 pm must have approval of the hospital staff on the unit caring for the patient. Visitor badges are provided by Security and are valid only for one night.

C. American Family Children's Hospital

1. One parent, guardian or designee (18 years of age or older) may stay overnight in the patient's room. If the primary nurse, after discussion with the patient/parents, believes additional overnight guests would better meet patient/family needs, she/he will discuss the case with the Clinical Nurse Manager or Director of Nursing or their designee. With their approval, additional overnight guests may be permitted.
2. The parent, guardian or designee staying over will be expected to sleep on the cot or sleep chair using the provided bedding. The parent, guardian or designee will be expected to wear appropriate sleepwear. Neither the individual staying overnight nor their belongings should obstruct the health care providers' access to or ability to care for the patient.
3. When the patient is 18 years of age or older, she/he can designate the individual authorized to stay overnight (overnight guest must be 18 years of age or older). For purposes of this policy, an emancipated minor will be treated as a patient who is 18 years of age or older. An emancipated minor generally is defined as a minor who is or has been married or who otherwise has established that he or she has been freed from the care and custody of his or her parents (with the parents' consent, i.e., not a run-away) with little likelihood of returning. If there is any doubt about whether a minor is emancipated, contact the Legal Department (261-0025) or, during non-business hours, page the attorney-on-call through the paging operator (262-2122).
4. Families, primary supports, and/or visitors are discouraged from sleeping overnight in the lounge or waiting areas, and will be offered assistance in finding suitable lodging.
5. Upon arrival to the AFCH, family and visitors will complete a health screening with security or the guest services staff. If the adult states that they and/or their child(ren) do not have symptoms, security will issue a colored wrist band. The wrist band denotes they have been cleared to visit the patient and participate in playroom activities. The color of the wrist bands will change weekly.
6. If the adult and/or sibling does present with symptoms, hospital security will contact the patient's nurse. The nurse will advise on the adult/sibling visit. If it is deemed that visiting the patient would not pose a risk, the adult will be informed of the limits of the visit, i.e. only the patient's room and not the playroom to protect other patients and siblings. The parent/caregiver/visitor will be issued a yellow wrist band as a way to identify limits of the visit, i.e. interactions to be with the patient only.
7. Parents of siblings visiting Tyler's Place will be asked daily if there have been any health changes since their last visit. If there is a change in the sibling's health, the parent/sibling will be directed to security. Security will then contact the primary nurse for guidance on visiting the patient.
8. Adults/siblings will be screened at security on a weekly basis and reissued a new color wrist band at that time. Color of wrist band will change on Monday morning at 8:00 am.

D. Psychiatric Unit

1. Due to space limitations, care plans, and safety issues, it is not always possible to accommodate overnight stays in the psychiatric unit. When the primary nurse determines that an overnight stay is appropriate, one adult primary support may be permitted to stay overnight in the patient's room.
2. Primary supports who are interested in staying overnight should inform the nursing staff as soon as possible during the day to help facilitate arrangements.

E. Forensic Patients

1. The forensic unit and forensic patients have visitation guidelines tailored to the special circumstances of the patient population. Forensic unit staff should be consulted for any questions about visitation for these patients.
- F. Exceptions to Guidelines and Restrictions on Visitation
- No exceptions to this policy shall be made regarding the requirement that all primary supports and visitors wear badges authorizing them to be in the building after 9 pm. Persons refusing to wear a badge will be refused visitation. When officially informed of such orders, UWHC will comply with court orders or other legal documentation that restricts or limits visitors. If the validity or applicability of the documentation is in question, please contact the Legal Department (261-0025) or page the attorney on call (262-2122). During regular visiting hours, UWHC will not deny visitation to any person identified by the patient as a person with whom the patient wishes to visit, except UWHC reserves the right to deny visitation in the following circumstances (this determination to not allow visitors is discouraged and should typically only be made for good reason such as those described below):
1. The hospital or health care provider determines that the patient may not receive any visitors;
 2. The hospital or health care provider determines that the presence of the person would endanger the health or safety of the patient.
 3. The hospital or health care provider determines that the presence of the person would interfere with the operations of the hospital, including but not limited to where the person's behavior is unreasonable and disruptive or abusive to patient, other visitors, or employees of UWHC.
 4. The patient has subsequently expressed that he or she no longer wishes to visit with the person (the hospital shall not deny visitation based on a claim by someone other than the patient or the health care provider that the patient no longer wishes to visit with that person).
 5. Outside of regular visiting hours, the hospital may deny visitation to any individual whose presence it determines is not in the best interest of the patient or is disruptive of hospital operations, or for any other legally valid reason.
 6. UWHC reserves the right to exclude anyone from its facilities at any time for infection control or operational reasons, or for any other lawful reason.
 7. Decisions to restrict visiting should be documented in the medical record and/or the records of the security department, except when alternatives are authorized by the Legal Department.

VII. GUIDELINES FOR HEALTHCARE PROVIDERS

- A. The primary nurse (or team nurse if the primary nurse is not available) should review the primary support and visitor guidelines with the patient on or shortly after admission so the patient may make choices about primary supports and visitors. The nurse should let the patient know that they are free to make changes to their choices at any time. The nurse should also discuss the balance between providing support to the patient and allowing the patient sufficient rest and privacy. When appropriate, the nurse may also discuss the risk of caregiver fatigue.
- B. The primary nurse will document the patient's primary support and visitor preferences in the medical record.
- C. The primary nurse should offer information to primary supports and visitors (according to the patient's wishes) so they can become knowledgeable about how they can be most helpful to the patient.
- D. The healthcare team should be flexible in order to respond to the needs and preferences of each patient and because time and treatment alters patients needs and/or wants. The team should help patients to modify the visiting schedule or expectations when needed (for example, when the patient needs a rest period).
- E. When potential problems are identified, staff should utilize a multidisciplinary approach to problem solving and are encouraged to seek consultation early. Consultation is available from any of the following:

1. Managers and Coordinators
2. Clinical Nurse Specialists
3. Geriatric Care or Acute Care for the Elderly (ACE) Team
4. Health Psychology
5. Palliative Care
6. Patient Relations
7. Social Work
8. Spiritual Care.

VIII. REFERENCES

4.34 Patient Rights and Responsibilities
9.58 Workplace Violence Reporting, Investigation & Discipline

IX. COORDINATION

Sr. Management Sponsor: Sr. VP Patient Care Services and CNO
Author: Director of Nursing, Director of Quality Resources

Review/Approval: Director of Admissions, Patient Care Policy and Procedure Committee,
Medical Board

SIGNED BY:

Donna K. Sollenberger,
President and CEO

Kurt Hansen, MD
Chair, Patient Care Policy and Procedures committee