



*Last Revised 02/2023*

## **Visitation Policy**

### **POLICY**

Monadnock Community Hospital ("MCH") will respect the right of all patients, subject to his or her consent, to receive the visitors whom he or she designates, including but not limited to: a spouse, a domestic partner (including a same sex domestic partner), another family member, friend, or caregiver. All visitors will enjoy full and equal visitation privileges consistent with patient preferences, and in accordance with this policy. MCH will not discriminate, restrict, limit, or otherwise deny visitation privileges on the basis of the visitor's or patient's race, color, national origin, religion, sex, gender identity, sexual orientation or disability, and patients are entitled to privacy for visits. Any imposed restrictions to patients' visitation rights will be made on the basis of clinical necessity as outlined in this policy.

### **PURPOSE**

To provide guidance on patients' visitation rights, as well as identification of appropriate Support Persons who may exercise patients' visitations rights if patients are incapable of speaking for themselves.

### **DEFINITIONS**

**Support Person:** An individual chosen by the patient, or who would reasonably be chosen by the patient if the patient had the capacity to make such a designation, to assist the patient in making decisions about who may visit the patient during the course of the patient's stay. The Support Person may, but does not have to be, a Personal Representative of the patient. Typically, the Support Person will be a member of the patient's traditional or non-traditional family, or a friend. The Support Person's role is limited to designating who may visit the patient; Support Persons do not have the right to make medical decisions on behalf of the patient unless they are also appointed as Personal Representatives recognized by New Hampshire law.

### **PROCEDURE**

1. Implementation
  - A. All staff who play a role in facilitating or controlling visitor access to patients will be trained so as to assure appropriate implementation of the visitation policies, and will not apply unnecessary restrictions or limitations on patients' visitation rights. The staff will be informed of appropriate procedures as part of their training on the unit in which they will be

working.

2. Designation of Support Persons:

- A. A competent adult patient may designate one or more Support Persons who are authorized to act as the patient with respect to the patient's visitation rights. It is MCH's policy to recognize a Support Person if identified by the patient verbally to a staff person or provider, or in a writing such as an advanced directive or signed statement.
- B. MCH will facilitate expeditious and non-discriminatory resolution of disputes about whether an individual is the patient's Support Person.

1. Incompetent Adult Patients:

- a. If the patient has not designated a Support Person while competent, MCH will accept the representation of an individual who claims to be the incompetent patient's Support Person if the individual is the patient's Guardian or Agent under an advanced directive, a member of the patient's traditional or non-traditional family, resides at the same address as the patient, shares ownership of the same property or business with the patient, or supplies other proof from which it can reasonably be determined that the patient would trust the individual to act as a Support Person. If there is a reasonable question about the validity of the individual's representation, or two or more persons both claim to be the patient's Support Person, documentary proof may be required from the individual claiming to be a Support Person.
  - 1. Proofs may include, but is not limited to, the following: advanced directives, drivers' licenses, State identification cards, bank statements, deeds, and leases.
  - 2. If an individual provides an advance directive designating an individual as the patient's support person, MCH must accept this person as a Support Person and provide the visitation policy and rights to this person as needed.

2. Minors:

- a. A patient who is a minor may have a parent, guardian, or person standing in loco parentis visit while receiving care.
- b. If a minor is receiving treatment for which the minor is capable of consenting (e.g., substance abuse treatment, treatment for sexually transmitted diseases, reproductive healthcare), or is emancipated, the minor may designate one or more Support Persons.
- c. If the minor is receiving treatment that requires the consent of a parent/guardian, either the parent/guardian or an individual identified by the parent/guardian may act as a Support Person for the minor patient.

C. MCH's Refusal of a Support Person:

- 1. MCH may elect not to treat a person as the Support Person of a patient if there is reasonable belief that the patient has been or may be subjected to domestic violence, abuse, neglect or any other criminal act by the individual who seeks to act as the Support Person. Or, if treating such individual as the Support Person could

endanger the patient and MCH, in the exercise of professional judgment, decides that it is not in the best interest of the patient to treat the individual as the patient's Support Person.

- a. In such cases, the refusal must be documented in the patient's medical record, along with the specific basis for the refusal.
- b. Upon request, the patient or Support Person will be provided with the reason for denial or revocation or visitation rights.

### 3. Patients' Right to Determine Visitors

- A. MCH will inform each patient or Support Person about the patient's visitation rights consistent with this policy in advance of furnishing patient care, whenever possible; for instance, this may not be possible for an emergency admission.
  1. The information must be written in a language or manner that the patient or the Support Person understands, and must be sufficiently detailed to allow a patient to determine what the visitation hours are and what restrictions, if any, apply.
  2. Clinical reasons for any restrictions will be addressed, including how they are aimed at protecting the health and safety of all patients
  3. The medical record will contain documentation that the required notice was provided to the patient or Support Person
- B. Each patient or Support Person will be informed of the right, subject to his or her consent, either orally or in writing, to receive visitors whom he or she designates. This includes, but is not limited to, a spouse, domestic partner (including a same-sex domestic partner), another family member, friend, or caregiver, who may visit the facility while the patient is receiving care.
  1. Each patient will be free to communicate with, associate with, and meet privately with anyone, including family and resident groups, and to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients.
  2. Each patient is also entitled to receive representatives of approved organizations as provided in RSA 151:28.
- C. Each patient or Support Person also has the right to withdraw or deny consent for visitor(s) at any time, either orally or in writing.

### 4. Restrictions on Visitation

- A. MCH is not required to allow a visitor to enter an operating room, isolation room, isolation unit, behavioral health setting or other typically restricted area, or to remain present during the administration of emergency care in critical situations.
- B. MCH is not required to allow a visitor access beyond the rooms, units, or wards in which the patient is receiving care, or beyond general common areas in the health care facility.
- C. MCH may require visitors to comply with reasonable safety protocols and rules of conduct; this may include requiring visitors wear personal protective equipment provided by the facility, or provided by the visitor and approved by the facility.
- D. The Hospital may reasonably set visitation hours, which may differ by unit or department if there is a clinical rationale for this differentiation.

- E. Restrictions or limitations regarding a visitor is allowed under certain circumstances, including:
  - 1. If the presence of visitors would be medically or therapeutically contraindicated in the best clinical judgement of health care professionals, such as:
    - a. Patient risks infection from the visitor, or the visitor risks infection from the patient
    - b. Patient or patient's roommate's need for privacy and rest, including reasonable limits on the number of visitors at one time or a child visitor without supervision of another capable adult
    - c. A public health emergency, such as an infectious disease outbreak within the hospital or community
  - 2. If the presence of visitors would interfere with the care of, or rights of, any patient, such as:
    - a. The patient or Support Person requests that specific persons be denied visitation rights, or revoke visitation rights
    - b. Presence of any legal process, such a restraining order, that limits contact between the patient and visitor or staff
  - 3. If visitors are engaging in disruptive, threatening, or violent behavior toward any staff member, patient, or other visitor, such as:
    - a. Unreasonably loud, rude, or verbally abusive conduct
  - 4. If visitors are noncompliant with written hospital policy.
- F. If an individual visiting or trying to visit a patient is denied visitation rights, or has visitation rights revoked, he or she will be asked to leave the premises and an incident report will be completed.
- G. A list of individuals who are restricted from visiting particular patients or the hospital in general, will be kept on the unit(s) as appropriate. If a staff member is informed or recognizes that a person on the list is or is trying to visit the patient, or if there is a reasonable belief that the individual poses an immediate threat of harm to any person, the security officer will be contacted. Staff members should coordinate with security on the best approach for confronting the individual under the circumstances.
- H. Any restrictions or limitations on visitation will be noted in the patient's electronic medical record.

## 5. Special Considerations

- A. Terminally Ill Patients:
  - 1. The patient shall be entitled to have the patient's parents, if a minor, or spouse, or next of kin, unmarried partner, or a personal representative chosen by the patient, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for the patient's care.
- B. Department Variations:
  - 1. The appropriateness of visitors may vary by department or unit, if there is sufficient clinical and therapeutic justification. In such cases, the separate policy will address the clinical rationale for this differentiation explicitly.
- C. Law Enforcement:

1. If a patient is in police custody, or is a prisoner transported from a correctional facility to MCH for treatment, visitation rights will be determined by the police or correctional authorities.

**References:**

42 CFR Parts 485.635(f)

NH RSA 151:21, XV and XVIII

NH RSA 151:28

Visitation (Birthing Suite) Policy

Visitor and Vendor Control Policy (OR) policy

Visitor (Perioperative) Policy

Visitors in the Emergency Department Policy

Visitation Levels During a Public Health Emergency