



## POLICY AND PROCEDURE

### SCOPE

This policy applies to all Brooks' workforce members which for the purposes of this policy refers to all directors, officers, managers, employees, medical staff, contractors, volunteers, students and others associated or affiliated with Brooks University Crossing Skilled Nursing Facility.

Any workforce member found to have violated this policy may be subject to disciplinary action up to and including termination of employment or termination of services agreement/contract as may be applicable.

### PURPOSE

The purpose of this policy is to define a mechanism for identifying and monitoring visitors and vendors.

### POLICY

1. The resident may have immediate access to any representative of the State; any representative of the Office of the State Long Term Care Ombudsman; the resident's individual physician; any representatives with the protection and advocacy systems designated by the State of Florida and established under the Developmental Disabilities Assistance, Bill of Rights Act of 2000 and the Protection and Advocacy for Mentally Ill Individuals Act of 2000.
2. The resident may have immediate access to a resident representative; immediate family and other relatives of the resident subject to the resident's right to deny or withdraw consent.
3. The resident may have immediate access to others who are visiting with the consent of the resident, in accordance with regulations outlined by Florida Statute Section 408.823 any time.
4. The resident may have immediate access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.
5. The resident has the right to receive the visitors whom he or she designates including but not limited to a spouse (including a same sex spouse, a domestic partner (including a same sex domestic partner, another family member, or a friend, and his or her right to withdraw at any time.
6. Visitation privileges will not be restricted, limited or otherwise denied based on race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
7. Residents' families and friends are encouraged to visit regularly and maintain contact by letter or telephone when visiting is not possible.

<b>Subject:</b> Visitation Rights of Residents & Guidelines	<b>Policy #:</b> UC ADMIN-026
<b>Document Owner:</b> University Crossing	<b>Last Review/Update:</b> 10/2022 / 10/2022
<b>Approved By:</b> Tremaine Shuler, Administrator Dawn Gonzalez Rubio DON Chonglun Xie, MD Medical Director	<b>Effective Date:</b> 05/2019

## PROCEDURE

1. Public visitation and general access to patients is regulated to provide the most effective environment for care management and safety for patients and staff.
2. In collaboration with the medical and nursing staffs, visiting hours are recommended from 8:00 a.m. to 8:00 p.m.
3. All visitors must sign in at Front Desk indicating whether a meal will be consumed during their visit.
4. Special events or larger groups, visitation can occur in community areas.
5. Visitors are expected to maintain a volume respectful of the guest during their presence in the neighborhoods.
6. Children under the age of twelve (12) years may visit; however, the following restrictions apply:
  - a. A responsible adult is expected to accompany and supervise the child.
  - b. If the child leaves the patient's room, the responsible adult must accompany the child.

In the event that the guidelines are not followed, or the child's behavior is disruptive, the nurse manager or designee may require that the child leave the unit with the responsible adult.
7. All visitors are expected to abide by any isolation restrictions.

### SARS-COV-2 General Precautions

1. Every Visitor who are feeling unwell or experiencing symptoms such as fever, cough and/or loss of taste or smell are discouraged from visiting residents. Routine screening for individuals without symptoms is not required.
2. Physical distancing is encouraged and signs are posted throughout hospital.
3. Visitors are encouraged to remain in rooms when on the units.
4. Visitors are asked to wear masks according to any recommended isolation guidelines.
5. Visitor Restrictions subject to change based on Community Transmission rates, Hospital Surge and/or DOH, CDC, and state requirements. Future visitation restrictions aimed at the least restrictive measures necessary to keep our patients safe with alternative options including but not limited to window visits, outdoor visits, decreased visitation hours and/or decreased number of visitors or designated visitors.
6. Patients and Visitors will be educated on infection control and any visitor restrictions via Brooks Rehabilitation Facility Web Pages, Signage, verbal notification &/or handout/flyers.

### General Guidelines for Visitors visiting residents on Contact Isolation for a MDRO

1. All visitors are encouraged to wear appropriate PPE when in contact patients' rooms especially when participating in patient's personal care and/or caregiver is vulnerable to infection or in contact with someone at home who is vulnerable to infection.
2. Visitors to contact rooms may not visit other patient's rooms unless full compliance with transmission based precautions in place by visitor.

3. Frequent hand hygiene is encouraged for all visitors and signs are throughout the hospital.
8. Exceptions to these rules may be made by the administrator, DON or designee. In the event of difficulty regarding enforcement of these policies, Administration shall be contacted. Exceptions of these rules are communicated to appropriate parties.
9. All staff members assume the responsibility for the first line enforcement of these policies.
10. In circumstances wherein public or media problems may develop, the Manager of Marketing at the Brooks Corporate Marketing Department is contacted.
11. If visitation is restricted, the patient's chart is tagged for "Restricted Visitors" and a sign is placed on the door of the patient's room directing all visitors to check with the nurse. This process is used for patients under legal custody or patients who are designated "confidential".
12. If the patient requests "no visitors," Admissions will indicate this in the computer.

#### Overnight Patient Visitors

1. If the patient is in a private room, a family member/designee may request to stay, or nursing staff may request, someone to stay with the patient.
2. The overnight visitors are approved by the nurse manager or the supervisor. The nurse lists them at the unit secretary's desk. The family member/visitor who stays overnight must participate in the care of the patient and must be able to care for themselves.
3. Overnight visitor must be 18 years or older with a picture ID.
4. Should any family/friend staying overnight interfere with the patient's care, the nurse manager or supervisor will ask the visitor to leave.
5. Any exceptions to these rules will be at the discretion of the nurse manager/ supervisor and communicated to the appropriate parties.

#### Contractors/Vendors

1. Contractors/Vendors and non-patient visitors should have a scheduled appointment.
2. Upon arrival, all contractors/vendors and/or non-patient visitors are expected to sign in at the front reception desk. Individuals are issued "Contractors/Vendor" badges and directed to the appropriate persons. If a prior appointment was not made, the receptionist contacts the staff member to determine his/her availability. Established patient appointments and other management commitments take precedence over unscheduled calls by vendors.
3. While on facility property, contractors/vendors and/or non-patient visitors must adhere to the appointed schedules.
4. If physicians request medical/service representatives to meet with specific staff members, it is the responsibility of the representatives to notify staff of the physicians' requests and to schedule appointments prior to the visits.
5. The appropriate manager, prior to assembly, approves Contractors/Vendors displays in the facility.
6. The appropriate individual is notified immediately of any delivery made to the facility. All deliveries are removed from public areas and properly stored in a timely manner.
7. The exchange of information, product knowledge, and procedural knowledge is encouraged. However, it must be presented in a manner, which does not hamper operations nor disrupt the care of patients.

8. The contractor/vendor badge must be turned in at the front desk when leaving the building.

## REFERENCES

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Center for Disease Control and Prevention (2022). Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

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