

Los Angeles County Department of Public Health

Policy and Guidance for Visitors in Healthcare Settings



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<http://publichealth.lacounty.gov/acd/index.htm>

Policy and Guidance for Visitors in Healthcare Settings



OVERVIEW

This document provides Los Angeles County Department of Public Health's guidance on visitor restrictions in healthcare settings as they relate to infection prevention. Healthcare settings include acute care hospitals, long term acute care facilities, and skilled nursing facilities.

The Centers for Medicare and Medicaid (CMS) recognize the importance of visitation and the right for the patient to designate who may and may not visit the patient in healthcare settings. CMS also recognizes there may be times where visitation may be restricted for care or infection prevention issues.¹ Open visitation policies are associated with decreased patient anxiety and increased patient and family satisfaction.² In addition, research shows having family and friends participate can enhance the patient/family experience, prevent readmissions, and have other positive responses including cost savings for the facility.³

Frequently, hospitals will have restrictions on the hours for visitation, the number of visitors at the bedside at any one time, and/or have more restrictive policies when visiting specific units (e.g. critical care). Healthcare settings may also have different visitation policies based on locations within the facility. These may be less or more stringent than the overall policy, such as not allowing sibling visitors of certain age in pediatric units or more restrictive hours in intensive care units. However, units and hospitals that have moved to open visitation have had no increase in healthcare onset infections.^{4,5,6} Healthcare facilities may place limits on visitors for reasons including restriction during invasive procedures, issues of privacy and comfort when patients are accommodated in semi-private settings, or at the request of the patient. Visitation policies in Los Angeles County range from less than 12 hours a day with no restrictions as to location, to 24-hour per day access and no child under the age of 18 in any setting. Many healthcare

¹ Federal Register. Medicare and Medicaid Programs: Changes to the Hospital and Critical Access Hospital Conditions of Participation to Ensure Visitation Rights for All Patients. A Rule by the Centers for Medicare & Medicaid Services on 11/19/2010. <https://www.federalregister.gov/documents/2010/11/19/2010-29194/medicare-and-medicaid-programs-changes-to-the-hospital-and-critical-access-hospital-conditions-of> Accessed July 2018.

² Shulkin D, O'Keefe T, Visconi D, Robinson A, Rooke AS, Neigher W. Eliminating visiting hour restrictions in hospitals. *J Healthc Qual.* 2014 Nov-Dec;36(6):54-7. <https://oce.ovid.com/article/01445442-201411000-00007/HTML>

³ Institute for Patient- and Family-Centered Care (IPFCC). Better Together: Partnering with Families. IPFCC Challenges Hospitals to Eliminate Restrictive Visiting Policies. <http://www.ipfcc.org/bestpractices/better-together.html> Accessed July 2018.

⁴ Adams S, Herrera A, Miller L, Soto R. Visitation in the intensive care unit: impact on infection prevention and control. *Crit Care Nurs Q.* 2011 Jan-March;34(1):3-10. Abstract: <https://www.ncbi.nlm.nih.gov/pubmed/21160294>

⁵ Fumagalli S, Boncinelli L, Lo Nostro A, et al. Reduced cardiocirculatory complications with unrestricted visiting policy in an intensive care unit: results from a pilot, randomized trial. *Circulation.* 2006 Feb 21;113(7):946-52. <http://circ.ahajournals.org/content/113/7/946>

⁶ Roland P, Russell J, Richards KC, Sullivan SC. Visitation in critical care: processes and outcomes of a performance improvement initiative. *J Nurs Care Qual.* 2001 Jan;15(2):18-26. Abstract <https://www.ncbi.nlm.nih.gov/pubmed/11125694>

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settings have limitation on children visitors out of concern that children may pose an infectious risk to the patients. This document seeks to provide evidenced-based recommendations as they pertain to infection prevention and visitation.

Examples of facility policies are included in the Appendix.

PATIENT CENTERED AND FAMILY CENTERED CONCEPTS

Patient and family centered care is defined by the Institute for Patient and Family Centered Care as, “an approach to the planning, delivery, and evaluation of healthcare that is grounded in mutually beneficial partnerships among healthcare providers, patients, and families.”⁷ It redefines the relationships in healthcare. Patient and family centered practitioners recognize the vital role that families play in ensuring the health and well-being of infants, children, adolescents, and family members of all ages. They acknowledge that emotional, social, and developmental support are integral components of healthcare. They promote the health and well-being of individuals and families and restore dignity and control to them. Patient and family centered care is an approach to healthcare that shapes policies, programs, facility design, and staff day-to-day interactions. It leads to better health outcomes and wiser allocation of resources, and greater patient and family satisfaction.

Core Concepts of Patient and Family-Centered Care:

- **Dignity and Respect**: Healthcare practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.
- **Information Sharing**: Healthcare practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. In order to effectively participate in care and decision-making, patients and families receive timely, complete, and accurate information.
- **Participation**: Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
- **Collaboration**: Patients, families, healthcare practitioners, and leaders collaborate in policy and program development, implementation, and evaluation; in healthcare facility design; and in professional education, as well as in the delivery of care.³

⁷ Institute for Patient- and Family-Centered Care. Changing Hospital “Visiting” Policies and Practices: Supporting Family Presence and Participation. Executive Summary. <http://www.ipfcc.org/resources/visiting.pdf> Accessed July 2018.

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VISITOR SCREENING

Healthcare facilities should place a strong emphasis on the screening of visitors for communicable diseases. This may be passive with the use of signage reminding family and visitors not to enter if ill, or more active via the use of screening tools to assess the presence of infection such as visitor log attesting good health, or a formal checklist to be reviewed by trained staff.⁸

Healthcare facilities should consider more stringent visitor screening activity when there is increased respiratory illness in the community, evidence of ongoing transmission of novel infections in the community, or outbreaks (e.g. measles). This could include enhanced signage and a face-to-face screening of all visitors by facility staff.

If the visitor will be rooming in with the patient, their immunizations should be up to date, including an annual influenza immunization. Caretakers should be educated on which type of influenza vaccine to take as the use of live attenuated influenza vaccine is contraindicated for caretakers of immunocompromised patients.⁹

TOILET AND SHOWER FACILITIES

Because of the likelihood of spreading community associated infections such as norovirus, respiratory syncytial virus, and foodborne illnesses, consider restricting casual (non-screened) visitors from using patient toilets and showers. However, a carefully screened visitor should not present a greater risk to the patient and should be able to use the toilet and shower.

VISITORS AND TRANSMISSION BASED PRECAUTIONS

If the patient is on contact precautions and the visitor has close personal contact such as feeding and holding the patient, personal protective equipment (PPE) including gloves and gown is recommended.⁸ There should be a strong emphasis on visitor hand hygiene when entering and exiting the room. Visitors should be taught the importance of hand hygiene, through passive signage and one-on-one instruction.

There is no clear evidence for or against usage of PPE by visitors and its impact on transmission disruption in the healthcare setting.

⁸ Centers for Disease Control and Prevention (CDC). Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007). <https://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>. Accessed July 2018.

⁹ Centers for Disease Control and Prevention (CDC). Prevention and control of seasonal influenza with vaccines. Recommendations of the Advisory Committee on Immunization Practices — United States, 2013–2014. MMWR Recomm Rep. 2013 Sep 30;62(RR-07):1-43. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm>

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Visitors, especially close family members, whose family member has an aerosol transmissible disease such as whooping cough, or tuberculosis, should be screened for exposure history, and signs and symptoms of infection. Potentially infectious visitors should be excluded until they receive appropriate medical screening, diagnosis, or treatment.⁸ In cases where, in the opinion of the health provider, exclusion of symptomatic visitors would be detrimental to the patient and /or family, (e.g. end of life situation), the symptomatic visitor must take appropriate precautions, such as wearing a surgical mask while in the healthcare facility, and remain in the patient's room.

ROOMING-IN VISITORS

It is unreasonable to request a visitor to wear PPE (e.g. mask, gowns, and gloves) for extended periods of time. Hand hygiene on entering and exiting the room should be an expectation and strongly reinforced. The healthcare facility may consider having the visitor follow whatever precautions it requires of its isolation patients when they leave the room at least in the patient care areas of the facility.

SERVICE ANIMALS AS VISITORS

Service animals must be accommodated according to the Americans with Disabilities Act (ADA); however, it is reasonable to restrict these animals from the hospital's designated restricted access areas if for example, "a) The area is required to meet environmental criteria to minimize the risk of disease transmission, b) All persons in the affected space pay strict attention to hand hygiene and have an absence of dermatologic conditions, and c) Barrier protective measures (e.g. using gloves, wearing gowns and masks) are indicated for persons in the affected space."¹⁰

EXOTIC ANIMALS AS SERVICE ANIMALS

Reptiles and non-human primates may present an infection control threat as they usually cannot be trained to be continent and may harbor infections that are transmissible to humans (e.g. giardia, herpes B, or salmonella).¹¹ Visitation by such service animals is discouraged. Dirty or obviously ill animals (e.g. skin infections, diarrhea) should be not enter the facility until cleared by a veterinarian.

¹⁰ Centers for Disease Control and Prevention (CDC). Guidelines for Environmental Infection Control in Health-Care Facilities. <https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html> Accessed July 2018.

¹¹ Duncan SL. (2000). APIC State-of-the-Art Report: the implications of service animals in healthcare settings. *Am J Infect Control.* 2000 Apr;28(2):170-80.

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CHILDREN VISITORS

In a study on North Carolina's hospital isolation practices, most hospitals have age restricted visitation policies with 12 years of age as the most common cut off age; however, ranges from 6 to 18 years of age were also noted.¹²

A review of the literature offers little evidence to suggest that children pose a greater risk to patient than adult visitors.¹³

We recommend, in the absence of evidence suggesting an absolute cut off age of children visitors, facilities focus on screening of all visitors, regardless of age, for communicable diseases and immunization history, taking into consideration local events (e.g. respiratory disease activity, measles outbreaks, clusters of infections associated with a specific age group), and overall patient and visitor safety. Screening may be passive such as signage instructing those with influenza like syndromes not to enter, or an activity such as screening of all visitors at the entrance point and having them sign an attestation they feel well that day and a minimum respiratory hygiene and cough etiquette should be enforced in healthcare facilities.

¹² Kang J, Weber DJ, Mark BA, Rutala WA. Survey of North Carolina hospital policies regarding visitor use of personal protective equipment for entering the rooms of patients under isolation precautions. *Infect Control Hosp Epidemiol* 2014 Mar;35(3): 259-64. Abstract <https://doi.org/10.1086/675293>

¹³ Falk J, Wong S, Dang J, Comer L., LoBiondo-Wood G. Using an evidence-based practice process to change child visitation guidelines. *Clin J Oncol Nurs*. 2012 Feb;16(1):21-3. Abstract <https://www.ncbi.nlm.nih.gov/pubmed/22297002>

APPENDIX

Visitation Policy Samples

POLICY 1: Visitors, visiting hours, and traffic control will be defined and/or monitored in all services to provide a safe, healing environment for the patient and family

PROCEDURE:

- The treatment and Surveillance Committee Chairman, or the Infection Preventionist, may restrict traffic or visitors for epidemic control when deemed necessary, or, on the advice of the Public Health Agency.
- Signs will be posted at hospital entrances requesting ill visitors not to visit until well.
- It is the responsibility of all patient caregivers to be aware of signs of illness in visitors and notify the nurse of such.

If visitors exhibit signs of illness such as fever, cough, runny nose/congestion or children visitors exhibit signs of childhood communicable disease, the nurse shall:

- If deemed a communicable illness explain to visitor or parents that to protect the patient, the ill visitor must leave the hospital and not visit until well.
- Contact the Infection Preventionist, or if unavailable, the House Supervisor if visitor or parents refuse to cooperate.

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POLICY 2: To describe the standard for infection control practices pertaining to visitors.

PERSON(S) RESPONSIBLE: Infection Prevention Manager

SCOPE: All hospital departments

DEFINITIONS: Not applicable

PROCEDURE/GUIDELINES: Infection prevention policies and procedures for visiting patients must be followed by all visitors to provide and promote a safe environment for all patients and staff.

- A. Because certain types of high-risk patients may be more prone to acquire infectious diseases, visitors are restricted by age in certain clinical areas of the hospital. Special consideration may be requested from the Infection Prevention Committee Chairperson or by the attending physician to waive these restrictions.
- B. Visitors must be free of any communicable disease. Patients should be made aware of the importance of restricting visitors that have signs and symptoms of a communicable illness.
- C. Adequate hand washing and bathroom facilities should be available for all visitors.
- D. To facilitate traffic control as well as to promote infection control, and to the extent possible, visitors should be limited to two per visit.
- E. Isolation patient's visitors should be restricted to adult family members and visitation should be discouraged if patient is likely to be highly communicable. For patient and visitor protection, all family members will receive instructions on proper isolation procedures prior to entering an isolation room (for example, personal protective equipment, hand hygiene).
 - a. Such clearance will require one-on-one education of the visitor by Infection Prevention or the staff nurse.
 - b. In certain circumstances where a visitor is ill and not following our Respiratory Hygiene /Cough Etiquette policy, they may be asked not to visit and/or to leave the hospital so that they not spread infectious diseases to others.
 - c. Visitors should be instructed to refrain from sitting on the patient's bed, using patient's bathroom or using the patient's personal belongings.

Occasionally, visitors may not be required to follow full isolation measures. Such exceptions must be approved on a case by case basis with Infection Prevention Department or the staff nurse.