PATIENT VISITATION POLICY

MCP 00-10B-02

VA Greater Los Angeles Healthcare System
Los Angeles, CA 90073

Signatory Authority:
VA Greater Los Angeles Healthcare System (VAGLAHS) Director

Responsible Owner:
Associate Director, Patient Care Service/Nurse Executive

Rescinded Document:
MCP 00-10B-02, Patient Visitation Policy, dated February 2012

Effective Date:
July 2020

Recertification Date:
July 2025

1. POLICY

This medical center policy (MCP) establishes the plan to enable family and friends to visit hospitalized Veterans maintaining a healthy, welcoming environment with optimal healing potential. This policy also establishes privacy and security for the Veteran patient while limiting visitation restrictions that would impair therapeutic effectiveness.

2. JUSTIFICATION

This policy follows VHA Handbook 1004.02 to define local policy mandates in Veterans Health Administration for a family member that may be the surrogate decision-maker, if authorized to make care decisions for the individual should s/he lose decision-making capacity or choose to delegate decision making to another. The medical center allows a family member, friend or other individual to be present with the patient for emotional support during the patient's stay. The medical center allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on others' rights or safety or is medically or therapeutically contraindicated.

3. RESPONSIBILITIES

a. **The Care Team:** e.g., physician, physician assistants, nurses, social workers, nursing assistants and restorative health technicians are responsible for:

(1) Enforcing this policy on their respective ward. The attending physician, in consultation with the Nurse Manager/Charge Nurse, will make the final decision as to whether a veteran patient may have visitors if there is conflict or concerns between staff.

(2) Ensuring that visitors and family members can visit with the patient contingent upon the physical condition or emotional status of the patient. The care team is also responsible for providing necessary precautions and education to ensure safety of visitors, Veterans and staff.

b. **Clinical/Allied Health Staff**: is responsible for implementing and abiding by this policy, ensuring that visitors and family members are allowed to visit with the patient, contingent upon the physical condition and emotional status of the patient, and that the patient's wish for visitors/family/support person is granted as best as possible and according to Health Insurance Portability and Accountability Act (HIPAA) regulations.

c. **All GLAHS Employees**: have direct responsibility for implementing this visitor policy.

4. PROCEDURES

a. All visitors must enter the facility through the designated access points.

b. Children under the age of 18 years are not allowed entrance to any of our facilities at this time. Exceptions to this policy may be made by contacting the Chief of Staff or Associate Director for Patient Care Services.

c. Veterans who require care in our facilities may not bring children under the age of 18 into any of our facilities. Should such Veterans present requesting non-emergency care, they should be refused entrance and instructed to call their PACT team for further guidance.

d. For Veterans who arrive at our facility for emergency care with children under the age of 18:

i. Veteran should be admitted to the Emergency Department.

ii. GLA staff should make all reasonable efforts to assist the Veteran in identifying a responsible adult who can care for the child/children during the emergency visit.

iii. Should efforts fail to identify an adult to care for the child/children, VA Police should be notified to take the child/children into protective custody.

iv. VA Police should contact the Los Angeles County Child Protection Hotline: (800) 540-4000.

e. All visitors are encouraged to knock before entering the patient's room to protect privacy.

f. Visitors will be given instructions regarding specific precautions they must take when visiting patients, including special considerations related to Veterans in isolation,

requirements for hand-hygiene and personal protective apparel/equipment, and related information.

g. To limit the nurses' time away from performing their assigned duties and responsibilities, family members may be asked to appoint one person to serve as a designated spokesperson. The designated spokesperson will obtain information about the patient's condition and relay it to the rest of the family and friends.

h. Information given over the phone will be done in accordance with HIPAA regulations. Telephone inquiries are permitted 24 hours a day.

5. INPATIENT VISITATION UNDER A PUBLIC HEALTH EMERGENCY WITH SOCIAL-DISTANCING GUIDANCE

i. Visitation is prohibited with the exception of Veterans who are at the end-of-life, defined as having a prognosis of hours to short-term days.

ii. Compassionate visitation exceptions will be considered on a case-by-case basis only with recommendation from the Attending Physician or Nurse Manager, and concurrence of the Chief of Staff.

iii. Visitors are to be screened at the building entrance with a series of questions and, if indicated, a measurement of body temperature. No visitor will be permitted to enter the facility if manifesting symptoms of or unprotected exposure to communicable infectious disease.

iv. Visitors will be provided with a mask and will be required to perform hand hygiene when entering the facility.

v. Each Veteran will be permitted a maximum of three visitors, with visitors to be selected by Veteran and family when more than three individuals are involved. In case of conflict regarding who shall be included, the Veteran or, when necessary, the Veteran's health-care proxy, will be the final arbiter.

vi. Visitors will be able to visit one or two persons at a time, as determined by nursing input.

vii. No visitor may visit for longer than three hours in one visit.

viii. When it is determined that the Veteran has a prognosis of hours to short term days, visits will be allowed each day until the Veteran's passing. If, after three days, a Veteran's clinical condition stabilizes, the clinical team will consider reverting to the standard no-visitation policy.

ix. Upon a Veteran's death, the same designated visitors may come to the unit to say goodbye if they are able to safely arrive within two hours of notification.

x. After-death visit will be shorter, no more than one-hour total for all visitors, to allow for appropriate post-mortem care and removal of Veteran's remains from the unit.

6. DEFINITIONS

a. **Family** is defined as a group of two or more persons united by blood, adoptive, marital, domestic partnership or other legal ties. The family may also be a person not legally related to the individual e.g., a significant other, friend or caregiver, whom the patient considers to be family.

b. **Visitor**: someone who has come to GLAHS for the expressed purpose of supporting or having direct non-care/service contact with the Veteran patient.

c. **Care Team:** Persons employed by GLA making decisions regarding the care of the patient. Members of the Care Team include but are not limited to physician, physician assistants, nurses, social workers, nursing assistants and restorative health technicians.

d. **Social-distancing**: This is also known as "physical distancing," which means keeping space between yourself and other people outside of your home. To practice social or physical distancing:
(1) Stay at least 6 feet (2 meters) from other people.
(2) Do not gather in groups.
(3) Stay out of crowded places and avoid mass gatherings.

7. REFERENCES

a. VHA Handbook 1004.02 Advance Care Planning and Management of Advance Directives, December 2013

b. MCP 00-10B-02, patient Visitation Policy, February 2012

8. RESCISSION

MCP 00-10B-02, Patient Visitation Policy, February 2012

9. REVIEW

This policy should be reviewed biennially by the Chief of Staff or his designate to ensure accuracy.

10. RECERTIFICATION

This MCP is scheduled for recertification on or before the last working day of June 2025. This MCP will continue to serve as local policy until it is recertified or rescinded. In the event of contradiction with national policy, the national policy supersedes and controls.

11. SIGNATORY AUTHORITY

Steven E. Braverman, MD
Greater Los Angeles Healthcare System Director
Date Approved: 7/20/2020

NOTE: *The signature remains valid until rescinded by an appropriate administrative action.*