

**ANTELOPE VALLEY MEDICAL CENTER
ADMINISTRATIVE POLICY & PROCEDURE MANUAL**

POLICY NUMBER: RI.1.4

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SUBJECT: VISITATION

REFERENCE(S): California Code of Regulations, TITLE XXII, Sections 70577(k)(1)(c), 70707 (b) (17) and 70709
CMS, Conditions of Participation, 42 CFR, Section 482.13(h)
RI.01.01.01, EP28, The Joint Commission, January 13, 2018 July 11, 2022

PURPOSE: To provide guidelines for visiting patients that promotes patient safety and healing.

AFFECTED AREAS/DEPARTMENT: All

POLICY:

I. VISITOR EXPECTATIONS:

- A. Visitors must register at a Visitor Information Desk to obtain a visitor pass before being allowed access to patient care units. Visitors to the Main Hospital shall register in the main Visitor Information Desk by the guest elevators. In the event that visitor desk is closed, visitors shall enter and register through the Emergency Department.
- B. Visitors are expected to display their visitor pass at chest level at all times. Visitors without an appropriate visitor pass will be re-directed to an information desk.
- C. Visitors that are under the age of 16 must be accompanied by an adult. In the Women and Infants Pavilion, visitors under the age of 16 are limited to siblings of the baby.
- D. Visitors must wear shirt, pants and shoes at all times.
- E. Visitors are prohibited from smoking, vaping, marijuana use or chewing tobacco on hospital property.
- F. Visitors are prohibited from bringing any contraband items, such as alcohol, drugs, or weapons into the hospital.
- G. Visitors are prohibited from using beds, bathrooms, chairs, or other furnishings provided for patient use due to the possibility of transmission of viruses or infections.
- H. Videography, photography, filming and audio recording of any kind are strictly prohibited unless authorization and consent are properly obtained. See policy RI.3.1 entitled VIDEOGRAPHY, PHOTOGRAPHY, FILMING AND AUDIO RECORDING.
- I. Service animals are allowed to visit patient's rooms as long as it will not be harmful to patients or interfere with treatment. See Infection Control Manual policy IC.2.22 entitled SERVICE ANIMAL GUIDELINES. See Infection Control Manual policy IC.1 entitled Infection prevention and control Program

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Plan.

- J. Visitors are not to cause any disruptions to the hospital's healing environment. This includes any conduct that is disruptive, disorderly or violent.

Visitors that fail to follow the above-enlisted expectations will be asked to leave the premises. When staff is concerned about their own safety and the safety of others due to abusive or assaultive behavior, they should initiate a Code Gray by dialing 3333.

- II. Visiting hours are 8:00am to 8:00pm unless otherwise specified in the attached grid (See Attachment A).
- III. Number of visitors per patient vary by department. General guidelines for each unit are outlined in the attached grid but are subject to change due to unique patient needs, conditions and/or circumstances. These exceptions must be approved by the patient's assigned Registered Nurse in coordination with the Unit Charge Nurse and the Security department.
- V. Visitors requesting to visit patients with a Do Not Announce (DNA) flag shall not be provided any information. See policy RI.6.2 entitled CONFIDENTIAL REGISTRATIONS.
- VI. Visitors *may be* asked to wait in the appropriate waiting area when patient care is to be administered or when requested by the patient.
- VII. The hospital reserves the right to make exceptions to this visitation policy in circumstances when it would be beneficial for the patient to have family at the bedside.
- VIII. The hospital reserves the right to impose additional limitations on visitation at any time when it could interfere with the care of the patient or with the safety of others on hospital premises. Reasons for limiting or restricting visitation may include, but are not limited to: infection control (i.e., flu season), disruptive behavior of visitors, patient need for rest or privacy, civil disturbances, hospital lockdowns, etc. a national, state or local emergency, or an executive decision made by the Hospital Safety Officer or Administrator On-Call in conjunction with the Executive Management Team.

RESPONSIBILITY FOR REVIEW AND MAINTENANCE OF THIS POLICY IS ASSIGNED TO: Chief Executive Officer or designee

