

Visitation rights

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Purpose

To outline the procedures to be followed to ensure the visitation rights of patients; set forth any clinically necessary restrictions or limitations that may be needed to be placed on such rights in order to advance the care, safety, and well-being of patients and visitors; and define the procedures for designation of a support person for the patient.

Responsibility

Hospital Governing Body

Policy

The hospital shall adopt policies and procedures regarding the visitation rights of patients, which will include routine visitation hours (including any exceptions), any clinically necessary or reasonable restrictions or limitations that the hospital may need to place on such rights and the reasons for the clinical restriction or limitations. The procedure for informing the patient or support person of visitation rights upon admission will be outlined in the hospital policy. These policies will be consistent with the *Medicare Hospital Conditions of Participation (CoPs)*, as described in *42 CFR, Part 482.13*.

The hospital will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. All visitors will be treated equally in keeping with visitation privileges consistent with patient preferences.

Children under the age of 16 must be accompanied by an adult other than the patient, unless otherwise directed by state law. Children cannot be left in the care of a patient.

A patient who believes that his or her visitation rights have been violated may file a complaint utilizing the hospital's grievance process.

- I. The hospital must have a process for informing each patient (or support person, where appropriate) of their rights to:
 1. Visitation, including any clinical restriction or limitation on such rights
 2. Designate a support person (support person could be friend, family member, or other individual who is there to provide support to the patient during the course of stay)

3. Receive visitors including, but not limited to, a spouse, domestic partner regardless of sex, other family member, or friends
4. Restrict, withdraw or deny such consent for visitation at any time

II. Hospital may limit/restrict visitation based on:

1. Any valid court order limiting or restraining contact
2. Behavior presenting a direct risk to the patient, the hospital staff, and others in the immediate area
3. Behavior destructive of the functioning of the patient care area
4. Patient's risk of infection by the visitor
5. Visitor's risk of infection by the patient
6. Extraordinary precautions because of a pandemic or infectious disease outbreak
7. Substance abuse protocols requiring restricted visitation
8. Patient's need for privacy or rest
9. Need for privacy or rest of another patient in shared room
10. Patient care treatment
11. The potential to interfere with the care of other patients
12. Requests by the patient, other patient or hospital safety concerns

III. The patient may designate his or her support person in various ways, such as:

1. Oral designation of a support person is sufficient in most cases
2. When the patient is incapacitated and two or more individuals claim to be the patient's support person, documentation may be utilized to indicate a relationship such as:
 - Shared residence
 - Financial interdependence
 - Marital/relationship status
 - Acknowledgement of a committed relationship, advance directives, powers of attorney, etc.
3. State laws governing visitation, designation of support persons, or any related topic should be followed, if such laws provide for rights more expansive than, or are otherwise not inconsistent with, *Federal CoPs*.

References

Code of Federal Regulations, 42 CFR 482.13(h) 42 CFR 485(f)

Procedure

Alabama Law: SB 113, Ala. Act 2023-24

Alabama Senate Bill 113, referred to as the Harold Sachs and Anne Roberts Act, requires each licensed facility to outline in-person and clergy visitation requirements, the designation of an essential caregiver, and the order of priority of an incapacitated patient. Each AL facility will be required to submit a copy of their policy to the AL

Department of Public Health upon licensure renewal and provide the policy on their website homepage. The Act added Section 22-21-437 to the Code of AL 1975.

- I. All visitors who are 18 years of age or younger must be accompanied by an adult during visitation.
- II. In-person visitation will be required in the following circumstances, unless the patient objects:
 1. End-of-life situations;
 2. A patient who was living with family before being admitted to the health care facility's care and is struggling with the change in environment and lack of in-person family support;
 3. A patient is making one of more major medical decisions;
 4. A patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died;
 5. A patient needs cueing or encouragement to eat or drink, which was previously provided by a family member or caregiver;
 6. A patient who used to talk and interact with others is seldom speaking;
 7. The patient is a pediatric patient; and
 8. Visitation by a member of the clergy.
- III. Visitors' rights and responsibilities include, but are not limited to:
 1. Infection control and screening protocols, including personal protective equipment, as may be required by the facility;
 2. Education on the permissible length of visits, visiting hours, and the number of visitors;
 3. No requirement to submit proof of any vaccination or immunization; and
 4. Consensual contact between the patient and the visitor.
- IV. An essential caregiver:
 1. May be a family member, friend, guardian, or other individual;
 2. Must be allowed in-person visitation rights for at least two (2) hours daily, in addition to any other visitation authorized by the facility; and
 3. May share this role on a rotating schedule with other essential caregivers designated by the patient in which the patient may choose a different caregiver each day, but no more than one caregiver at any given time.
- V. In the event the patient is incapacitated and is unable to designate an essential caregiver, the following individuals will appoint a caregiver on behalf of the patient, in the following order of priority:
 1. The patient's guardian.
 2. The patient's durable power of attorney.
- VI. If the patient does not have a guardian or durable power of attorney, a family member will appoint an essential caregiver on behalf of the patient, in the following order of priority:
 1. The patient's spouse.
 2. The patient's child or children, provided the child or children has reached 19 years of age or older.

3. The patient's parent or parents.

4. The patient's sibling or siblings.

VII. The facility's Quality/Risk Director will be responsible for ensuring that the facility staff adhere to these visitation procedures.