I. **Purpose of Policy**
   The purpose of this policy is to ensure all patients of Mt. Ascutney Hospital and Health Center (MAHHC) enjoy equal visitation privileges consistent with patient preferences and subject to the MAHHC justified exceptions.

II. **Policy Scope**
   This policy applies to MAHHC, its physicians, clinical staff members, and all personnel involved in the decision-making process with respect to patient visitation.

III. **Definitions**
   **Exceptions to Family Presence or Visitor** - Clinically necessary or reasonable restrictions or limitations may be imposed by MAHHC on a patient’s visitation rights. Such restriction or limitation may be necessary to provide safe care to patient or other patients.
   **Patient** - Anyone in a hospital bed or at an outpatient visit.
   **Family** - A group of individuals with continued legal, genetic, and/or emotional relationships as defined by the patient or patient’s representative.
   **Visitor/Guest** - An individual welcomed by the patient or family regardless of relationship as defined by blood or law.
   **Partner in Care** - A family member, friend, or other individual who is present to provide support to the patient during the course of the patient’s stay at the Hospital and may exercise the patient’s visitation rights on patient’s behalf if patient is unable to do so. Such an individual may be but does not need to be an individual legally responsible for making medical decisions on the patient’s behalf.

IV. **Policy Statement**
   Mt. Ascutney Hospital is committed to patient safety and a culture of trust. We recognize that families (and/or support persons as defined above) play an important role in the healing process and are vital members of the healthcare team. This policy is intended to respond to the diverse and individual needs and preferences of each patient, as well as foster the safety of patients, families, and staff. Whether the visitor is a family member, spouse, domestic partner, or as defined above, they will be given equal access to the patient. Family and visitors will not be restricted, limited, or otherwise denied visitation privileges on the basis of race, color, origin, religion, sex, gender identity, sexual orientation or disability. Family presence will be balanced with patient and staff safety while protecting the confidentiality and privacy of all patients. We will adhere to this policy in order to ensure the promotion and consistency of patient and family centered care.
   - Patients, their families, or identified support persons are considered essential members of the healthcare team.
   - Visitation for inpatients (and boarding ED patients) is allowed daily 8 am-8 pm
   - Children 11 and under must be accompanied by an adult, other than the patient, at all times.
   - Visitors under the age of 18 will not be allowed to stay overnight.
Patients and visitors will be respectful of the number of visitors and the noise level in a room or location in order to ensure a healing environment.

Visitors must be free from any contagious disease that could adversely affect the health of the patient. There may be circumstances when a screening tool may be utilized by Infection Control (i.e. outbreak or cluster of disease).

For dual occupancy rooms, visitor presence will be dependent on the space available and the needs and preference of both patients.

Alternative methods of visitation may be available during times when in person visitors are restricted, such as an infectious disease outbreak. Alternative visitation may include:

- Video visits.
- Written correspondence (electronic or mail).
- Courtyard visits, weather permitting

Exceptions may include, but not limited to one or more of the following:

- A court order limiting or restraining contact.
- Behavior presenting a direct risk or threat to the patient, MAHHC staff, or others in the immediate environment.
- Behavior disruptive to the functioning of the teams caring for patients.
- Reasonable limitations on the number of visitors at any time.
- Patient’s risk of infection from the visitor.
- Visitor’s risk of infection from the patient.
- Extraordinary protections because of pandemic or infectious disease outbreak.
- When the organization needs to address critical incidences or events affecting normal operations.
- Patient’s need for privacy or rest.
- When the patient is undergoing a clinical intervention or procedure and the treating healthcare professional believes it is in the patient’s best interest to limit visitation during the clinical intervention or procedure

V. References


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<th>Responsible Owner (role):</th>
<th>Alonzo Tapley</th>
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<th><a href="mailto:Alonzo.tapley@mahhc.org">Alonzo.tapley@mahhc.org</a></th>
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<tr>
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<td>CNO</td>
<td>Amy Visser-Lynch</td>
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