I. **POLICY**

At Tallahassee Memorial HealthCare (TMH), it is our desire to create an environment that fosters supportive patient- and family-centered care, positive health outcomes and the safety and security of patients, their families, guests, our colleagues and community while promoting a healing environment for our patients. We recognize having care partners and family support is vital to the healing process and encourage family and guests to visit patients, subject to patient and family preference and in accordance with the guidelines described below.

II. **DEFINITIONS**

A. **“Close Contact”** is someone who is less than 6 feet away from a patient for a cumulative total of 15 minutes or more over a 24-hour period. For example, two individual 10-minute exposures with a 24-hour period is 20 minutes. Note: Colleagues are deemed to be in “close contact” with a patient when they enter a patient room and when engaging in direct patient care activities.

B. **“CDC Guidelines”** means applicable guidance for healthcare settings published by the Centers for Disease Control and Prevention

C. **“Family”** is a group of individuals with a continuing legal, genetic and/or emotional relationship with the patient including but not limited to a spouse, domestic partner (including same sex partner), children, parents, siblings, grandparents, other family member or family friend. Patients define their “family” or “essential caregiver” and how they will be involved in care, care planning and decision-making. TMH respects and values family as integral partners in providing excellent care.

D. **“Guest”** is a visitor of the patient or family.

E. **“Mask”** is defined as surgical mask, KN95, N95 or H600 when providing direct patient care.

III. **PROCEDURE**

A. COVID-19 positive patients under isolation status are not allowed visitors. Exceptions will be made for patients who are underage, at end of life or have extenuating circumstances. The [COVID-19 End-of-Life Policy can be found here](link).
B. The number of people welcomed at the bedside at any one time will be determined in collaboration with the patient, family and interdisciplinary care team.

C. In situations where there are shared rooms, this decision will include input from both patients and their families. To ensure safety, considerations will also be given to the physical limitation of the space.

D. The patient has the right to receive Family members and Guests whom they designate and may withdraw or deny such consent at any time.

E. Family members and Guests will not be restricted on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

F. Family members and Guests who are feeling unwell, have an infection or have symptoms of respiratory illness or flu-like illnesses should not visit patients in the hospital. In this instance, the interdisciplinary team may support family presence through other means using available technology (e.g. telephone, internet).

G. For the safety of our patients, Family members and Guests are required to perform hand hygiene with soap and water or alcohol-based hand rub upon entering and leaving the patient’s room.

H. Children (i.e. <12 years) supervised by an adult may visit patients in the Main Hospital (unless Visitation and Mask Response Level is “High”).

I. There may be interruptions to Family member and Guest presence to protect the privacy rights of other patients or to maintain safety and security.

J. Individuals who have concerns regarding the application of this policy and procedure should refer the issue to a member of the unit based interdisciplinary team. If the issue cannot be resolved at the unit level, it may be referred to Patient Experience, Risk Management, the Administrator on Call or Security as needed.

IV. PROCESS

A. VISITING HOURS

1. **Main Hospital:** Family members and Guests are welcome between the hours of 7 am and 9 pm, according to patient/family preference.
   a. Exceptions will be made for end-of-life situations.
2. **Neonatal Intermediate Unit (NICU II) and Neonatal Intensive Care Unit (NICU III):** Parents of infants are welcome to visit 24 hours a day/seven days a week.
3. **Behavioral Health Center:** Visiting hours are Monday - Sunday from 6:30 pm - 8 pm and additional hours on Saturday/Sunday from 2:30 pm - 4:30 pm.
4. **Rehabilitation Center**: The Tallahassee Memorial Rehabilitation Center has its own [Visitor Policy, which can be found on TMH.ORG](#).

**B. HOSPITAL ACCESS**

1. The Dozier Atrium entrance is open during business hours, Monday - Friday from 7 am - 9 pm and can be accessed via the P2 Parking Garage. For end-of-life situations after 9 pm, visitors will be able to enter after checking in with security.

2. The M.T. Mustian Center Lobby (for surgical patients) entrance is open to Family and Guests from 7 am - 9 pm daily.

3. The M.T. Mustian Center (for Intensive Care Units) entrance is open for Family and Guests from 7 am - 9 pm daily and can be accessed via the P5 Parking Garage, Level G. For end-of-life situations after 9 pm, visitors will be able to enter after checking in with security.

4. The Magnolia Lobby entrance is only open to colleagues via an employee badge.

5. The Women’s Pavilion is open 24 hours a day, seven days a week and can be accessed via the P5 Parking Garage. Family members and Guests are required to check in at the Security Desk to obtain access to visit a patient.

**C. VISITATION**

TMH monitors several local indicators and data from the Centers for Disease Control & Prevention’s (CDC) “COVID-19 Community Levels” to determine the prevalence of COVID-19. Using this data and applying CDC Guidelines for healthcare settings, TMH will assign a Visitation and Masking Response Level which defines family and guest access and masking requirements in the hospital. The level will be updated periodically as the data are revised.

**Below is a guide to each level and how it will impact the mask and visitor policies.**

1. **“High”**

   a. Visitation is limited to one person (either Family member or Guest) at a time with the following exceptions:

      i. **Children’s Center & PICU**: Each child admitted will be allowed two visitors at a time, limited to the child’s parents, and may have one care partner stay overnight.

      ii. **Women’s Pavilion (Labor & Delivery, Antenatal Care and Family Care Units)**: Patients will be allowed one primary
visitor for duration of their stay. A second identified care
partner can be selected by the mother and annotated on the
patient’s chart to rotate with the primary visitor as needed. The
patient’s care partner may stay overnight.

iii. NICU: Each infant admitted will be allowed two visitors at a
time, limited to the child’s parents. If only one parent, then a
second identified care partner should be selected by the parent
and annotated on the patient’s chart.

iv. Behavioral Health Center: One visitor per patient, per day with
no rotation allowed.

b. A hospital inpatient may have one visitor stay overnight if the visitor is
checked in through the screening process before 9 pm. The visitor cannot
leave during the night and return. If the visitor chooses to leave, they cannot
return until visiting hours begin again at 7 am. Exceptions will be addressed
on a case-by-case basis (including end-of-life, specific care givers and special
needs).

c. A sitter hired by the patient or patient’s family is not deemed a visitor, but part
of the care provider team serving the patient.

d. A member of clergy or a religious leader may visit a patient in addition to one
visitor per day.

e. For Labor & Delivery, a doula is not deemed a visitor, but part of the care
provider team serving the patient.

f. No visitors under age 16, barring extenuating circumstances.

2. “Medium”

a. There are no limitations on the number of visitors with the following
exceptions:

i. Intensive Care Unit (ICU) patients may have two visitors at a
time on a rotating basis.

ii. Children’s Center & PICU: Each child admitted will be
allowed two visitors at a time, limited to the child’s parents and
may have one care partner stay overnight.

iii. Women’s Pavilion (Labor & Delivery, Antenatal Care and
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iv. NICU: Each infant admitted will be allowed two visitors at a
time, limited to the child’s parents. If only one parent, then a
second identified care partner should be selected by the parent
and annotated on the patient’s chart.

v. Behavioral Health Center: One visitor per patient, per day with
no rotation allowed.
3. “Low”

a. There are no limitations on the number of visitors with the following exceptions:
   i. Intensive Care Unit (ICU) patients may have two visitors at a time on a rotating basis.
   ii. Neonatal Intermediate Care Unit (NICU II) and Neonatal Intensive Care Unit (NICU III) may have two visitors at a time. All visitors must be accompanied by a parent and at least 18 years of age.
   iii. Pediatric Intensive Care Unit (PICU) patients may have two visitors at a time.
   iv. Children’s Center (pediatric patients) may have four visitors at a time.
   v. Behavioral Health Center patients may have one visitor per patient, per day with no rotation allowed.

D. MASKING REQUIREMENTS

HIGH:
Colleagues, Family members, Guests and Visitors are required to wear masks in all TMH facilities.

MEDIUM

MAIN HOSPITAL: Colleagues, Family members, Guests and Visitors must practice masking as outlined below.

<table>
<thead>
<tr>
<th>Mask Required</th>
<th>Examples:</th>
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<tbody>
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<td>When colleagues and providers are providing direct patient care or transporting patients.</td>
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<td>Upon patient request</td>
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<td>Personal Choice to Wear a Mask</td>
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<td>Meeting Areas</td>
<td>Examples: Colleagues’ offices, conference rooms, the Auditorium.</td>
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<td>Non-Patient Care Areas</td>
<td>Examples: Any area not frequented by the public or patients.</td>
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<td>Any patient with a weakened immune system which can be caused by certain medicines, treatments, diseases or conditions, such as AIDS, cancer, diabetes, malnutrition and certain genetic disorders.</td>
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LOW
TMH will continue [Standard Precautions](#) for all patients.

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V. **RESPONSIBILITIES**

Administrators, Department Directors, Managers are responsible for assuring that this Policy is disseminated to all workforce members and that all workforce members comply with its contents. The Compliance Officer is responsible for ensuring all workforce members adhere to this policy and procedure.

Original with Signature on File in Administration

G. Mark O’Bryant
President/CEO

Policy and Procedure Review and Revision History:
(September 1987)

Revised: March 8, 1993  
Revised: March 19, 1993  
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Revised: June 9, 1997  
Revised: April 18, 2003  
Revised: October 10, 2005  
Revised: March 9, 2009  
Revised: January 10, 2011  
Revised: November 25, 2013  
Revised: November 2, 2015  
Medical Executive Committee Review: November 3, 2015  
Reviewed: October 17, 2016  
Revised: May 8, 2019 Old number 40-42; Renumbered 070.100.01  
Revised: May 16, 2022 Renamed Visitation and Mask Policy