TALLAHASSEE MEMORIAL HEALTHCARE  
TALLAHASSEE, FLORIDA

POLICY AND PROCEDURE NO. 070.100.019

Created: September 1987
Revised: October 5, 2022

VISITATION AND MASK POLICY

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

B. “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.

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

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

III. PROCEDURE

A. The COVID-19 Visitation Policy can be found here.

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 under the age of 12 years will not be permitted except under special circumstances. All children over age 12 must be accompanied by an adult. The patient being visited may not serve as the responsible adult for child visitors. If the hospital level is “high,” no children will be allowed.

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 (CDC) to determine the prevalence and risk of communicable diseases. Using this data, 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 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.

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 (per NICU visitation guidelines). All visitors must be at least 18 years of age. Only parents after 9 pm.
      iii. Pediatric Intensive Care Unit (PICU) patients may have two visitors at a time. Only parents after 9 pm.
      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, Patients, Family members, Guests and Visitors are required to wear masks in all TMH facilities.

**MEDIUM**

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

<table>
<thead>
<tr>
<th>Mask Required</th>
<th>Examples:</th>
</tr>
</thead>
<tbody>
<tr>
<td>When colleagues and providers are providing direct patient care or transporting patients.</td>
<td>Patient rooms, nurse’s stations, all procedure rooms, when transporting patients.</td>
</tr>
<tr>
<td>Public Spaces</td>
<td>Examples:</td>
</tr>
<tr>
<td></td>
<td>Waiting rooms, atriums, lobbies, hallways, elevators and stairwells.</td>
</tr>
<tr>
<td>Upon patient request</td>
<td></td>
</tr>
<tr>
<td>If you have cold-like symptoms such as coughing, sneezing, sore throat</td>
<td></td>
</tr>
<tr>
<td>*At the discretion of leadership, a department may be required to mask for a certain period of time.</td>
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**Mask Requested**

<table>
<thead>
<tr>
<th>Mask Requested</th>
<th>Colleagues should escalate questions or disputes about masking to their manager or nursing supervisor on duty.</th>
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<tbody>
<tr>
<td>We request that patients and visitors wear a mask when a colleague or provider enters the patient room and when patients are being transported.</td>
<td></td>
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## Personal Choice to Wear a Mask

<table>
<thead>
<tr>
<th>Meeting Areas</th>
<th>Examples: Colleagues’ offices, conference rooms, the Auditorium.</th>
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<tr>
<td>Non-Patient Care Areas</td>
<td>Examples: Any area not frequented by the public or patients.</td>
</tr>
<tr>
<td>Seated at a table eating</td>
<td></td>
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### OUTPATIENT PRACTICES AND EDUCATIONAL CLASSES: Colleagues, Patients, Family members, Guests and Visitors must practice masking as outlined below.

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<td>Caring for an Immunocompromised Patient</td>
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<tr>
<td>Cancer Center</td>
</tr>
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<td>TMH Physician Partners, Maternal-Fetal Specialists</td>
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### Personal Choice to Wear a Mask

- All other areas not listed above.

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**LOW**

TMH will continue Standard Precautions for all patients.

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

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### OUTPATIENT PRACTICES AND EDUCATIONAL CLASSES:

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<tbody>
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<td>Caring for an Immunocompromised Patient</td>
<td>Any patient with a weakened immune system which can be caused by certain medicines, treatments, diseases or conditions.</td>
</tr>
<tr>
<td>Upon patient request</td>
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</tr>
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<td>If you have cold-like symptoms such as coughing, sneezing, sore throat</td>
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### 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.
Policy and Procedure Review and Revision History:
(September 1987)

Revised: March 8, 1993
Revised: March 19, 1993
Reviewed: July 15, 1994
Revised: June 9, 1997
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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
Reviewed: July 1, 2022
Revised: Oct. 3, 2022