



VISITATION GUIDELINES & POLICY
Updated December 9, 2020

Our first priority at Madison Hospital is to *be safe, be caring and be kind*. With that in mind we have updated our visitation guidelines for family members and support persons. Thank you for your cooperation as we work to keep your patient, your family members and our staff safe.

To enter our facilities you must:

- Be 16 years of age or older with a valid ID.
- Check in and out at facility entrances.
- Be screened upon entry for symptoms of illness. Anyone exhibiting symptoms cannot enter.
- Wear a mask/face covering, observe social distancing and sanitize hands frequently.

To keep you informed

- Upon admission, a point of contact and communication plan will be set with a family member or support person age 16 and over. If the patient is unable to communicate directly with the family member by phone, daily updates will be provided by staff if desired.
- The patient will provide a password for identification so that communication can take place between the hospital staff and family members.
- Family call in times for updates: **10:00-11:00am** and **8:00-9:00pm**. Call **256-265-2012** and ask for the nursing station. You will be asked to provide the patient's name and room #.
- Virtual visitation is available.

Non COVID-19 patients No visitors allowed. Patients with disabilities or where having a family member present would benefit the patient's clinical care may be approved by the Unit Director.

COVID-19 positive patients (including patients who are under investigation for COVID-19), visitation is restricted to end-of-life care or special circumstances. If supporting a COVID-19 patient, compliance with personal protective equipment is required. Special circumstances may include patients with disabilities or where having a family member present would benefit the patient's clinical care. If supporting a COVID-19 patient, compliance with personal protective equipment is required.

Emergency Department

- No visitors allowed. Patients with disabilities or where having a family member present would benefit the patient's clinical care may be approved by the ED Coordinator.

Procedural Areas (Imaging, Surgery, etc.)

- No visitors allowed. Patients with disabilities or where having a family member present would benefit the patient's clinical care may be approved by the Coordinator.

Adults

- One to 2 persons are allowed during end-of-life care.
- It is important to stay in the room except for basic personal needs (ex: food/restroom).
- Please leave personal items in vehicle. No suitcases or bags allowed.
- Room size limits the use of additional chairs.
- Any approved family member that leaves the facility at 9pm will not be allowed re-entry until 5am the next day.

Pediatric Patients

- Pediatric patients having surgery may have (1) parent/caregiver at a time at the bedside.

Mother-Baby, Labor & Delivery

- One (1) support person is allowed per patient.

Support Person/Caregiver Questionnaire

KEEP THIS PAPER WITH YOU AT ALL TIMES

This form is to be filled out on a daily basis.

We understand the important role family and loved ones have in supporting our patients. Extra precautions have been put into place during this national pandemic to protect the well-being of all patients and employees by limiting traffic in and out of the hospital, wearing appropriate PPE (personal protective equipment), practicing good hand-hygiene and maintaining social distancing.

Caregivers are required to be screened upon arrival and are not allowed to frequently exit the facility; you must stay with the patient for extended periods of time. Although we strongly recommend limiting outside exposure to your loved one, we understand there will be reasons when you will have to leave. This form will need to be presented to the screener upon re-entry.

NAME OF PATIENT:	DEPARTMENT OR ROOM NUMBER:
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	DAY 1		DAY 2		DAY 3	
	YES	NO	YES	NO	YES	NO
Have you ever been tested for COVID 19? If yes, when _____ results _____						
Has anyone in your household, or other close contact ever been tested for COVID 19? If yes, when ____						
Have you experienced any of the following in the last 14 days? If the answer is "yes" to any of the items, you will be denied entry.						
• Fever greater than 100.4 F						
• Difficulty breathing/ Shortness of Breath						
• Muscle Pain or Headache						
• Cough or Chills or Shaking or Sore Throat						
• New loss of taste or smell						
• Vomiting or Diarrhea						

Support Person/Caregiver must follow all prescribed guidelines, including wearing a mask or appropriate face covering, safe social distancing and frequent handwashing.

Support Person/Caregiver Name (Please print) _____

Signature _____

Date _____

SEE OTHER SIDE