

UMHHC Policy 03-07-021

VISITATION and FAMILY PRESENCE POLICY

I. POLICY STATEMENT, PURPOSE AND SCOPE

To establish standards which facilitate a safe, secure, healing, and supportive environment for patients, their families, and their visitors during hospitalization by encouraging and supporting the presence and participation of persons who play significant roles in the physical and emotional care of patients.

This policy defines the

- difference between families and visitors
- difference between authorized and unauthorized visitors
- parameters for visitation and family presence
- procedures used to identify family members and visitors

This policy provides the structure for care and support to take place with

- maximal provisions ensuring a safe and secure environment for treatment and healing
- maximal provisions ensuring a safe and secure environment for staff, faculty, patients and families.

The University of Michigan Health System (UMHS) is committed to Patient and Family-Centered Care principles that are grounded in mutually beneficial partnerships among patients, families, and staff. UMHS welcomes family members and visitors to facilitate a healing environment for the patient. Family presence is encouraged throughout the diagnostic, treatment and recovery processes. UMHS personnel will make every reasonable effort to facilitate the access to our hospitals by family members and visitors, while simultaneously ensuring the health and well-being of patients, family members, visitors, and staff.

II. DEFINITIONS

Family is determined by the individual patient, parent, legal guardian or personal representative. Thus, a patient may designate an individual who they are not legally related to as a family member. In pediatrics, particularly with infants and young children, family members are determined by the patient's parent or legal guardian. In the case of a patient who has been deemed incompetent, or is unable to speak for himself/herself and who has properly executed an Advance Directive, family is determined by the patient advocate. See UMHHC Policy 03-07-010 on Advance Directives.

Visitors are defined as any other individual who does not play a significant role in the on-going care of the patient.

Child is defined as an individual less than 18 years of age except for emancipated minors.

Universal Wait Spaces: Public areas where family members and visitors from multiple units congregate to wait. These areas and rooms provide a resource for extended families and visitors who need to remain close to the patient after visiting hours due to the patient's medical condition or other extenuating circumstances. It is important that these rooms provide a quiet and restful place after visiting hours for these families and visitors.

Patient & Family Centered Care (PFCC): An approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among patients, families, and health care providers. PFCC applies to patients of all ages and may be practiced in any health care setting.

C.S. Mott Children's and Von Voigtlander Women's Hospitals Guest Services Specialist: (formerly known as Security Screeners) hospital personnel who work at security welcome desks performing the following functions: greeting patients, family, visitors, staff and volunteers; coordinate and manage visitation restrictions; assisting with parking information and validation, way-finding, infection control screening, identification and badging; and providing overall customer service.

C.S. Mott Children's and Von Voigtlander Women's Hospitals Security Welcome Desk: Workstations located at all entrances—2nd floor Main, 2nd floor Taubman connector, 3rd floor from parking connector, Emergency Department, and all inpatient units (floors 7-12)—that serve as reception and information desks for families/visitors entering Children's and Women's. These desks issue ID badges as well as offer parking validation and infection control screening for those wishing to enter patient care areas. Desks are staffed seven days a week.

Restricted Visitor: Visitors or family members who are denied visitation because of legal, safety, security (e.g., parents denied visitation by Child Protective Services, non-custodial parent who has threatened abduction or harm, etc.) or communicable disease, or because the person is denied visitation by the patient/family/guardian.

III. POLICY STANDARDS, PROCEDURES/ACTIONS FOR FAMILY PRESENCE AND OTHER VISITORS

A. Family Presence

1. At least one adult family member will be welcomed at the patient's bedside 24 hours a day, 7 days a week to promote communication, to meet the cognitive and emotional needs of the patient and family, and to enhance the family caregiver's knowledge and skill (Dougherty, 2010; Lam & Beaulieu, 2004; Verhaeghe, Defloor, Van Zuuren, Duijnste, & Grypdonck, 2005).
 - a. The number of family members per patient is dependent on the patient, family, or guardian's request (Kirchhoff & Faas, 2007), the patient's medical, emotional and psychological needs, the level of unit activity, and available space.

- b. Patient/family/guardian-designated family members may be present at the bedside during procedures based upon the wishes of the patient and family.
 - c. To ensure the safety of pediatric patients, family members are required to obtain and wear a badge identifying themselves.
 - i. Badges are issued at C.S. Mott Children's and Von Voigtlander Women's Hospitals Security Welcome Desks.
 - ii. Badges should be turned in when the patient is discharged. The inpatient unit is responsible for instructing the primary support person(s) to turn in their IDs at the Security Welcome Desk upon the discharge of the patient.
 - d. To ensure patient and family safety and to provide high quality patient care, there are times when it is not possible for family to be present with the patient. An example of such a time is a surgical operation or at designated times on secure inpatient psychiatry units.
 - e. Inpatient Psychiatry Units: Please see Policy #02-004-0009 – Psychiatric Inpatient Access to Mail, Visitation and Telephones for the inpatient psychiatry unit's visiting policy – <http://www.med.umich.edu/i/psych/policy/pdf/02/004/02-004-0009%20Pt.%20Access%20to%20TMV.11.pdf>
2. As needed, nursing, social work and/or security will work with the family to assist with accommodating large families and/or groups in universal wait spaces.
 - a. The house manager can be engaged in this process.
 3. As soon as possible, the patient/family/guardian will complete the appropriate document designating family and friends.
 - a. For a patient in C.S. Mott Children's Hospital or the Von Voigtlander Women's Hospital, a Patient/Parent Choice Form should be taken to one of the Security Welcome Desks where an appropriate badge will be issued (See Exhibit 1).
 - i. Security should be notified of all visitor restrictions and changes in custodial status that develop by calling the Facility Control Center at 936-7890 who will update the Visitor Restriction Spreadsheet and notify Guest Services Specialists at a Security Welcome Desk.
 - b. For a patient in University Hospital, Cardiovascular Center, a Family and Friends List for Current Inpatient Admission should be obtained. (See Exhibit 2). http://www.med.umich.edu/i/him/Forms/OtherThanConsents/Institutional/70-0011_FamilyAndFriendsListForCurrentINPATIENTadmission.pdf
 - c. For a patient in the ambulatory care setting, a Family and Friends List for Outpatient Clinics should be obtained. (See Exhibit 3). http://www.med.umich.edu/i/him/Forms/OtherThanConsents/Institutional/70-10010_FamilyAndFriendsListForOutpatientClinicsOnly.pdf
 - d. For information about sharing patient information, please refer to UMHS Policy 04-04-312 – Disclosures to Family and Friends of Patients <http://www.med.umich.edu/i/policies/umh/01-04-312.htm>

4. Patient/family/guardian-designated family members are welcome to participate in patient-family centered medical rounds and nursing rounds and other care conferences that relate to the plan of care for the patient.
5. For guidelines on sharing a bed with a patient, please refer to Pediatric Parent/Child Bed Sharing Policy for more details.
<http://www.med.umich.edu/i/policies/pediatric/pdfs/Bed%20Sharing%20Guidelines.pdf>.

B. Visitors

1. Visitors are welcome during the regular visitation hours of 9am to 9pm. Exceptions to these hours are granted on a case-by-case basis by the patient's care team in collaboration with the patient/family/guardian.
 - a. To ensure the safety of pediatric patients, visitors are required to obtain and wear a badge identifying themselves.
 - i. Badges are issued at C.S. Mott Children's and Von Voigtlander Women's Hospitals Security Welcome Desks.
2. The number of visitors per patient is dependent on the patient, family or guardian's request (Kirchhoff & Faas, 2007), the patient's medical, emotional and psychological needs, the level of unit activity, and available space.
3. Hours for visitors will also be adhered to in the Universal Wait Spaces and consultation rooms located in UMHS. Security officers and/or Guest Services Specialists will perform a check of these areas as soon as possible following the end of visiting hours and frequently during the night to ensure rules governing usage, noise, lights and TV are being adhered to. If issues of overcrowding or noncompliance with usage expectations arise, these issues will be resolved jointly by the unit staff, Social Worker, Community Relations and Security Services.
4. Visitors may be asked to leave the patient's bedside during medical rounds, nursing shift change, care provision, and resuscitation events unless the patient or family indicates they would like the visitor to stay.

C. Children (Family and Visitors)

1. Children may visit during regular visiting hours (9am-9pm).
 - a. Children are allowed to visit family members in the intensive care setting to promote coping for the child (C. Clarke & Harrison, 2001; C. M. Clarke, 2000) and promote normalcy for the patient/family (C. Clarke & Harrison, 2001; Verhaeghe et al., 2005).

2. The length of the visit will be determined by the chronological and developmental age of the child, the condition of the patient and the patient/family/guardian's wishes, as well as the unit's activities (Kean, 2010; Kirchhoff & Faas, 2007).
3. All visiting children must remain under the supervision of an adult (other than the patient and the healthcare team). Parents, guardians, or other supervising adult are responsible for the behavior of visiting children at all times.
 - a. Older children (e.g., older teens) may be independently present at the bedside of a patient when requested by the patient/parent/guardian.
 - b. During labor and delivery, this adult must be someone other than mom's primary support person.
4. Thought should be given to preparing the child for the visit, especially in the intensive care unit (C. Clarke & Harrison, 2001; C. M. Clarke, 2000; Kean, 2010). Members of the health care team (e.g. social worker, child life specialist, nurse) are available to assist in preparing children for visiting the hospital. Developmentally appropriate reference tools are available to aid in preparation (See Exhibit 3).
5. Children are not generally permitted to spend the night unless there are special circumstances that would be in the best interests of the patient and/or child (e.g. end of life, trauma, special life events, etc.). This is a collaborative decision with the healthcare team and patient/family.
 - a. When a nursing mother is a patient (in an area outside of obstetrics) the infant may stay in the room but another adult must also be present. The patient is required to complete a form that acknowledges their responsibilities to ensure appropriate care for the infant. The form can be found at: http://www.med.umich.edu/i/nursing/clinical/documentation/Forms/Womens/35-10004_AcknowledgementofMothersResponsibilityForInfantsCare.pdf.
 - b. When primary caregiver of a patient is a mother who is the sole source of nutrition for another child, the nursing infant can remain with the mother.

D. Cultural Considerations

1. The patient's cultural and religious beliefs will be honored while providing care for the patient and family to the extent possible.
 - a. The Office of Decedent Affairs (ODA) is available to assist with information and resources addressing customs and practices of various cultures and religious groups. ODA may be contacted at: 734-232-4919 or online at: <http://www.med.umich.edu/socialwork/oda/index.htm>
 - b. Interpreter Services may also be a resource for language translation as well as addressing cultural diversity. Interpreters may be reached at 734-936-7021 or online at: <http://www.med.umich.edu/interpreter/about/contact.htm>
 - c. Spiritual Care is available to provide consultation and support for all religious and spiritual care needs. Spiritual Care may be reached at 734-936-4041 or

online at: <http://www.uofmhealth.org/patient+and+visitor+guide/counseling-spiritual>

2. Staff is encouraged to have direct conversations with patients/family members regarding individual cultural and religious needs, requests and accommodations. If a request cannot be specifically accommodated for safety reasons, every effort should be made to help the patient and family understand the reason and need for modification, and to identify satisfactory alternatives.

E. End of Life Considerations

1. Access to the patient at the end of life will be unlimited to enhance emotional well-being and coping for family members (Kirchhoff & Faas, 2007).
 - a. Additional resources are available at C.S. Mott Children's and Von Voigtlander Women's Hospitals to help family members rapidly return to the bedside when unexpected end of life situations occur. Unit staff should notify Guest Services Specialists front desk at 763-4120 as soon as possible to help expedite the family's entrance to the hospital.
2. Information and resources for when a loved one has died, and assisting children with death and grief may be found on the website of the Office of Decedent Affairs (ODA) at: <http://www.med.umich.edu/socialwork/index.htm>

F. Family Presence during Resuscitation/Codes

1. Family members may choose to remain with the patient- at, or near the bedside, during resuscitation efforts providing that resuscitative efforts can be carried out appropriately (AACN Practice Department Editors & Cox, 2007; Kosowan & Jensen, 2011; Sanford, Pugh, & Warren, 2002).
2. A staff member will be identified to educate, assist, coordinate and support the family member surrounding their desired level of participation while ensuring the safety of patient, family, and staff.
 - a. Social work is available to provide support and assistance during these times.
 - b. Social work is an active member of the hospital emergency response team (i.e. code team). Their primary role is to assist the family during the code. Social work may act as the liaison between the medical team and family to insure that family is informed and their wishes honored as possible.
 - c. Family members may decide to not be present during a resuscitative, in which case, they should be walked to a safe, private space by staff. They should be kept informed of the patient's status.

G. Family and Visitor Restrictions

1. The patient/family/guardian has the right to define who the patient's family is as well as the right to designate a person as a restricted visitor as they desire. See UMHHC Policy 06-01-001 Patient Rights and Responsibilities for more detail.
2. Visitors and/or family members may be denied hospital entry in the event of legal, safety, security, and/or communicable disease concerns.
 - a. Family member presence and/or visitation may be restricted when individuals are unable to meet behavioral expectations (see "Expectations for Families and Visitors" section found below).
3. To ensure patient confidentiality, there may be times when families and visitors are asked to vacate an area.
4. If it becomes necessary to restrict visitation or family presence, a collaborative approach between family and staff will be undertaken to establish guidelines.

H. Expectations for Families and Visitors

1. Family members and visitors should not possess signs/symptoms of a communicable disease (e.g. fever, cough, sore throat, etc.) when visiting a patient.
 - a. When staff observes that families and/or visitors are displaying symptoms of a communicable disease, staff should address the issue with the family/visitor to ensure patient and staff safety/health and may require the family member or visitor to leave the premises.
2. Family members and visitors are expected to treat patients, visitors, and staff at UMHS with respect. Violent, threatening, and/or disruptive behaviors will not be tolerated.
 - a. When staff encounter violent and/or threatening behaviors they will follow: UMHHC Policy 04-06-038 Handling Violence in the Workplace or UMHHC Policy 62-10-004: Management of Threatening or Violent Behavior by Admitted Patients or Families.
3. Family and visitors should only enter the patient's room that they are visiting. Patients/families/guardians should notify healthcare staff when they have an undesired visitor.
 - a. In C.S. Mott Children's and Von Voigtlander Women's Hospitals, the ID badge designates they have been screened.

I. Semi-Private Room Considerations

1. Patients may stay in semi-private rooms, which may require additional sensitivity to respect the privacy of the other patient, the patient's family members, and /or visitors.

- a. Family members and/or visitors may be asked to leave a patient's room when the patient's roommate requires care, sensitive discussion, or other times as designated by health care staff.
 - b. Family members may be offered a place to sleep other than the patient's bedside (e.g. lounge) when there is a roommate present.
 - c. Family members and visitors should be sensitive to the volume of their conversations and try to maintain a low level of noise.
 - i. During the night time (after 9p), family members may be asked to silence their phones and pagers or have phone conversations in a different location so that sleep disturbance is minimized.
2. The presence of families and visitors of patients being housed in bay-like areas (e.g., PICU, PCTU, NICU, PACU), may also be influenced by care being provided to other patients (e.g., resuscitation efforts, etc.).

J. Infection Control Expectations for Families and Visitors

1. All persons must wash their hands thoroughly or use an alcohol based hand rub upon entering and exiting a patient room/area.
2. In the setting of a community-wide increase/outbreak of a communicable disease UMHS reserves the right to perform health screenings on all family/visitors **and/or** place additional restrictions on visitation to limit exposure to communicable diseases.
3. Health screenings may be performed at any time in accordance with the Infection Control Screening Policy for Family and Visitors (See Exhibit 4).
 - a. Health screenings will be performed by staff at the Security Screening Desks for the C.S. Mott Children's Hospital or the Von Voigtlander Women's Center.
 - i. If the answer to any of the Health Screening questions is "yes", the individual may not go onto the inpatient floor. Any child not passing the health screen must be taken home or remain in non-patient care areas with a responsible adult.
4. In general, visitation is not restricted for patients in precautions (e.g. contact, protective, etc.). Visitors are required to follow the appropriate infection control policies. Information on restrictions and the use of personal protective equipment when visiting a patient in precautions can be found in UMHS Infection Control policies.
 - a. Contact Precautions:
http://www.med.umich.edu/i/policies/ice/ICM_ip/contact.htm
 - b. Droplet Precautions:
http://www.med.umich.edu/i/policies/ice/ICM_ip/droplet.htm

- c. Respiratory Isolation:
http://www.med.umich.edu/i/policies/ice/ICM_ip/ri.htm
- d. Protective Precautions:
http://www.med.umich.edu/i/policies/ice/ICM_ip/protect.htm
- 5. Education for family and visitors can be found on the:
 - a. Infection Control website: <http://www.med.umich.edu/i/ice/ptedu.htm>.
 - b. Patient Education Clearinghouse:
http://sitemaker.umich.edu/umhs.patiented/search_by_topic

IV. EXHIBITS

- Exhibit 1 - C.S. Mott Children's and Von Voigtlander Women's Hospitals Visiting Plan Form
- Exhibit 2 - Family and Friends List for Current Inpatient Admission
- Exhibit 3 – Family and Friends List for Outpatient Clinics Only
- Exhibit 4 - Table of Developmental Considerations
- Exhibit 5 - Infection Control Screening Questions

Exhibit 1 – C.S. Mott Children’s and Von Voightlander Women’s Hospitals Visiting Plan Form

UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CENTERS C.S. Mott Children’s and Women’s Hospital VISITING PLAN	NAME: REG #: DOB:
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NOT A MEDICAL RECORD DOCUMENT

C.S. MOTT CHILDREN’S AND WOMEN’S HOSPITAL VISITING PLAN

A new form must be completed with each new admission.

Please review the choices below and select the option that best meets your family’s needs.

- ☐ **OPEN VISITING PLAN:** I/We choose this plan, which allows any visitor to see me/my child at the bedside during unit visiting hours. (For example: relatives, friends, neighbors, co-workers, clergy)
- ☐ **PARENTS/GUARDIANS ONLY PLAN:** (ONLY for use in the Pediatric Intensive Care Unit, Pediatric Cardio-Thoracic Unit and Neonatal Intensive Care Unit.) We choose this plan which allows visitors to see our child only when a parent/guardian is present.
- ☐ **RESTRICTED VISITORS**:** We choose this plan which restricts certain individuals from visiting our child.

**** If this option is selected, the patient’s nurse must call Security at 936-7890 and inform them of the restrictions ****

PROOF PDF

Please complete this plan as soon as possible and return to your child’s nurse. You may change your plan at any time.

Please print names of all parents or legal guardians

Please print names of all parents or legal guardians

Please print names of all parents or legal guardians

Please print names of all parents or legal guardians

Parent or legal guardian’s signature (one required)

Date/Time

Make copies of form and supply to: Nurse, Clerk, and Patient or Patient’s Family to take to badging station with appropriate ID in order to receive appropriate Mott identification tag.

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NOT A MEDICAL RECORD DOCUMENT

Form #99-10018 / HIM: 03/11

Formerly: 2202548

Exhibit 2 – Family and Friends List for Current Inpatient Admission

UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CENTERS	NAME
Family and Friends List For Current INPATIENT Admission	MRN
	BIRTHDATE

Family Members and Friends Involved In Patient Care For Current Inpatient Admission

This form does not give the people listed below the right to access medical information or medical records. To give a UMHS employee authorization to electronically access the patient's electronic medical record, please fill out the form titled "AUTHORIZATION FOR EMPLOYEE TO VIEW ELECTRONIC HEALTH RECORD".***

This form documents my request to allow family members and/or friends to be involved in **verbal** discussions regarding my health care. The people listed below may receive any **verbal** information needed to participate in my care or to help me make decisions. By signing this form, I permit staff at the University of Michigan Health System (UMHS) to discuss information about me like diagnoses, test results, and treatment options with the people listed below for my current inpatient admission.

- I understand that signing this form is voluntary and that information about my current inpatient admission may be released to family members or others without this form, if allowed by federal and state law.***
- I understand that listing people on this form does not give them the right to receive or copy my medical records.
- It does not allow them to consent for health care services on my behalf.
- I understand this form is NOT to be used to request a restriction of my information.

NAME	PHONE	RELATIONSHIP

The following information has special protection under Michigan law and will be made available to the people I've listed above only if I indicate my approval by initialing the line(s) below:

_____ HIV/AIDS or other communicable diseases including sexually transmitted diseases,
 _____ venereal disease, tuberculosis, and hepatitis
 _____ Substance abuse services
 _____ Mental health services

I can update or revoke this form by completing a new form and providing it to the unit nurse at any time during my admission. I understand this form is only valid for this admission.

Signature of Patient or Legally Authorized Representative (if patient is unable to sign)

Date (mm/dd/yyyy)

Printed Name of Legally Authorized Representative (*proof of power of attorney or legal guardianship required*)
 Relationship: ☐ Spouse ☐ Parent ☐ Next-of-Kin ☐ Legal Guardian ☐ DPOA for Healthcare

* For AUTHORIZATION TO RELEASE COPIES OF A MEDICAL RECORD and other required forms, go to:

<http://www.usfmhealth.org/Patient+and+Visitor+Guide/medical-records> or call (734) 936-5490.

**For AUTHORIZATION FOR EMPLOYEE TO VIEW ELECTRONIC HEALTH RECORD go to:

<http://www.med.umich.edu/him/ROI/index.html>

***Refer to our Notice of Privacy Practices at: http://www.med.umich.edu/hipaa/npp_official.htm.

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70-10011	VER: A/12 HIM: 02/12	Medical Record		Family and Friends List For Current INPATIENT Admission
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Exhibit 3

UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CENTERS Family and Friends List For Outpatient Clinics Only	NAME
	MRN
	BIRTHDATE

Family Members and Friends Involved In Patient Care For Outpatient Clinics Only

This form does not give the people listed below the right to access medical information or medical records. To give a UMHS employee authorization to electronically access the patient's electronic medical record, please fill out the form titled "AUTHORIZATION FOR EMPLOYEE TO VIEW ELECTRONIC HEALTH RECORD".***

This form documents my request to allow family members and/or friends to be involved in **verbal** discussions regarding my health care. The people listed below may receive any **verbal** information needed to participate in my care or to help me make decisions. By signing this form, I permit staff within outpatient clinics (including the emergency department and the observation unit) at the University of Michigan Health System (UMHS) to discuss information about me with the people listed below. This information may include diagnoses, test results, treatment options and other information from previous outpatient or inpatient services.

- I understand that signing this form is voluntary and that information may be released to family members or others without this form, if allowed by federal and state law.***
- I understand that listing people on this form does not give them the right to receive or copy my medical records.
- It does not allow them to consent for health care services on my behalf.
- I understand this form is NOT to be used to request a restriction of my information.

NAME	PHONE	RELATIONSHIP

The following information has special protection under Michigan law and will be made available to the people I've listed above only if I indicate my approval by initialing the line(s) below:

- ☐ HIV/AIDS or other communicable diseases including sexually transmitted diseases,
 venereal disease, tuberculosis, and hepatitis
☐ Substance abuse services
☐ Mental health services

I can update this form at any time by completing a new form and either giving it to my provider or forwarding it to: University of Michigan Health System, Health Information Management – Release of Information, North Campus Administrative Complex, 2901 Hubbard, Box 2435, Ann Arbor, MI 48109-2435 (Fax 734-936-8571). I can revoke or cancel this form at any time by sending written notification to the same address (or fax). This form does not expire unless revoked or updated.

Signature of Patient or Legally Authorized Representative (if patient is unable to sign)

Date (mm/dd/yyyy)

Printed Name of Legally Authorized Representative (proof of power of attorney or legal guardianship required)

Relationship: ☐ Spouse ☐ Parent ☐ Next-of-Kin ☐ Legal Guardian ☐ DPOA for Healthcare

* For AUTHORIZATION TO RELEASE COPIES OF A MEDICAL RECORD and other required forms, go to:

<http://www.uofmhealth.org/Patient+and+Visitor+Guide/medical-records> or call (734) 936-6490.

**For AUTHORIZATION FOR EMPLOYEE TO VIEW ELECTRONIC HEALTH RECORD go to:

<http://www.med.umich.edu/him/ROI/index.html>

***Refer to our Notice of Privacy Practices at: http://www.med.umich.edu/hipaa/npp_official.htm.

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70-10010	VER: B/12 HIM: 02/12	Medical Record		Family and Friends List For Outpatient Clinics Only
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Exhibit 4

Table of Developmental Considerations

Age	Developmental Stage	Understanding About Illness and Death	Nursing Interventions
Infants and Toddlers (0-3)	Trust vs. Mistrust (Erikson), (McCue, K., Bonn, R., 1996) Autonomy vs. shame and Doubt (Erikson), (McCue, K., Bonn, R., 1996) and Sensorimotor and Preoperational (Piaget) (C. Clarke & Harrison, 2001; McCue, K., Bonn, R., 1996)	Senses separation and may experience anxiety. Unable to determine permanence. Lack of understanding of concept of death. (C. Clarke & Harrison, 2001; C. M. Clarke, 2000; McCue, K., Bonn, R., 1996)	Keep visits brief and supervised. Provide quiet, distracting toys. Facilitate closeness with patient if possible. (C. Clarke & Harrison, 2001; McCue, K., Bonn, R., 1996)
Preschool (3-6)	Initiative vs. Guilt (Erikson), (McCue, K., Bonn, R., 1996) Preoperational (Piaget) (C. Clarke & Harrison, 2001; McCue, K., Bonn, R., 1996)	Magical thinking. May believe bad thoughts or actions cause death. Does not understand permanence of death. (C. Clarke & Harrison, 2001; C. M. Clarke, 2000; McCue, K., Bonn, R., 1996)	Give child an animal or doll to care for. Allow artistic play at the bedside if possible Give clear and concise explanations and assure that child did not cause illness. (C. Clarke & Harrison, 2001; McCue, K., Bonn, R., 1996)
School Aged (6-12)	Industry vs. Inferiority (Erikson) (McCue, K., Bonn, R., 1996) Concrete Operational (Piaget)(C. Clarke & Harrison, 2001; McCue, K., Bonn, R., 1996)	Understands permanence of death by age 8 – 10. May have exaggerated fears about illness or death happening to him/her. (C. Clarke & Harrison, 2001; C. M. Clarke, 2000; McCue, K., Bonn, R., 1996)	Allow child to have jobs to help loved one (i.e. hand massage, straighten bed clothes). Give clear answers to questions. (C. Clarke & Harrison, 2001; McCue, K., Bonn, R., 1996)
Adolescents	Identity vs. Role Confusion (Erikson) (McCue, K., Bonn, R., 1996) Formal Operational (Piaget) (C. Clarke & Harrison, 2001; McCue, K., Bonn, R., 1996)	Capable of understanding concepts of illness and death. May feel guilty due to developmental process of separating from family. (C. Clarke & Harrison, 2001; McCue, K., Bonn, R., 1996)	Be available for questions and provide clear and complete information Encourage journaling. (C. Clarke & Harrison, 2001; McCue, K., Bonn, R., 1996)

Exhibit 5: Infection Control Screening Questions

Please ask anyone wishing to enter patient care areas in C.S. Mott Children's Hospital and Von Voigtlander Women's Hospital the following Health Screening questions.

1. Have you had a fever in the last 48 hours AND a sore throat, cough, headache, or body aches?
2. Do you have any of the following symptoms **TODAY**?
 - cough symptoms
 - cold symptoms
 - fever
 - rash/skin sores
 - vomiting
 - diarrhea
 - pinkeye
3. Have you been exposed to any of the following illnesses in the last **MONTH**?
 - chickenpox
 - pertussis/whooping cough
 - measles
 - mumps
 - rubella

If the answer to any of the Health Screening Questions is "yes," the individual may not go onto the inpatient floor. Any child not passing the health screen should not enter patient rooms. They may remain in non-patient care areas with a responsible adult. Thank you for your assistance!

November 2011

V. REFERENCES AND RESOURCES

Related Policies

- A. UMHHC Policy 03-07-010 on Advance Directives
<http://www.med.umich.edu/i/policies/umh/03-07-010.html>
- B. UMHHC Policy 04-06-038 Handling Violence in the Workplace
<http://www.med.umich.edu/i/policies/umh/04-06-038.htm>
- C. UMHHC Policy 62-10-004: Management of Threatening or Violent Behavior by Admitted Patients or Families <http://www.med.umich.edu/i/policies/umh/62-10-004.html>
- D. UMHHC Policy 06-01-001 Patient Rights and Responsibilities
http://www.med.umich.edu/i/policies/umh/06-01-001%20Exh%20A%20final_rev28mar2011.pdf
- E. UMHHC Policy 04-06-007 Infection Control for Animals, Including Pets
http://www.med.umich.edu/i/policies/ice/ICM_ptcare/animal.htm
- F. UMHS Policy 01-04-312 – Disclosures to Family and Friends of Patients
<http://www.med.umich.edu/i/policies/umh/01-04-312.htm>
- G. Pediatric Medical-Surgical Joint Practice Policy: Pediatric Parent/Child Bed Sharing Guidelines
<http://www.med.umich.edu/i/policies/pediatric/pdfs/Bed%20Sharing%20Guidelines.pdf>
- H. Infection Control Policy VI-62: Contact Precautions
http://www.med.umich.edu/i/policies/ice/ICM_ip/contact.htm
- I. Infection Control Policy Droplet Precautions:
http://www.med.umich.edu/i/policies/ice/ICM_ip/droplet.htm
- J. Infection Control Policy VI-54: Respiratory Isolation:
http://www.med.umich.edu/i/policies/ice/ICM_ip/ri.htm
- K. Infection Control Policy VI-57: Protective Precautions
http://www.med.umich.edu/i/policies/ice/ICM_ip/protect.htm
- L. Infection Control for Animals at UMHHC
http://www.med.umich.edu/i/policies/ice/ICM_ptcare/pettherapy.pdf
- M. Regional Infectious Containment Unit (RICU) Plan
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