

In brief

Hospital visitor policies

31 January 2022

Summary

- The purpose of hospital visitor policies is to organise care, promote patient and family wellbeing, and in pandemics limit the spread of infection and reduce the use of personal protective equipment.^{1, 2}
- Hospital visitor policies may include restricting visitors, requiring visitor registration and screening, and limiting visitor movement. Key organisations such as the World Health Organization and the US Centers for Disease Control and Prevention recommended restrictions on visitors during COVID-19 in certain circumstances.^{3, 4}
- Visitor restrictions may have a negative impact on the wellbeing of patients and family members and increase the workload of healthcare workers.
- Peer reviewed and grey literature is mostly limited to descriptive studies with no evaluation of outcomes.
- Visitor management technology, including mobile applications and QR-code check in, facilitates real-time monitoring of visitors and a clear record of contacts.

Background

Limiting the number of visitors to hospitals is an effective strategy for the prevention of potential exposure and spread of COVID-19.⁵ Many hospitals around the world barred or limited visitors during peak pandemic periods, with varying requirements for mask-wearing, hand hygiene, and COVID-19 screening or testing. Visitor registration systems or management software may be used to screen and track visitors.

Evidence

Policies during COVID-19

Peer reviewed literature

- A [tertiary hospital in Singapore](#) required all visitors to register entry and exit using the national digital contact-tracing tool. Over an 8-week period, all visitors intending to visit for more than 30 minutes had to provide a negative rapid antigen test on the day of their visit. COVID-19 was identified in less than 0.01% of visitors.⁶
- In a [hospital in China](#), maintaining a visitor record and setting visitor limits was recommended for the post-pandemic period.⁷
- [Visitor policies in Canadian hospitals](#) during COVID-19 restricted visitors and limited visitor movement within facilities.⁸
- The University Hospitals of Geneva developed the [ExpectingU app](#) to monitor visitor access using QR codes. The app helped accelerate visitor verification and improved visitor flow.⁹

- A [review of evidence from low- and middle-income countries](#) recommended restrictions on visitors, screening for symptoms, and visitor logs.¹⁰
- A [visitation management plan](#) developed in Taiwan included: access control of visitors; restricted visiting hours; limits on the number of visits and visitors; quarantine checkpoints; mask-wearing and hand hygiene.¹¹
- Some [hospitals in Taiwan developed reservation systems](#) for visitors using mobile applications and Google forms. The Taiwanese government also allowed medical staff to access the travel records of visitors through the National Health Insurance system.¹²
- A large academic medical centre in Taiwan deployed a [computerised system for registration](#) of ward visitors comprised of three parts: online registration form; registration database; and entrance check-in interface. The system facilitated real-time monitoring of visitors and a clear record of contacts.¹³
- A [review of practical approaches to hospital visitation](#) during the pandemic suggests a stepwise approach to reduce anxiety, limit distress and prevent moral injury.¹⁴
- There is some evidence that [limitations on visitors may have a negative impact on patients, families and healthcare workers care and wellbeing](#) and increase workload for healthcare workers.¹⁵⁻¹⁷
- A [review of the consequences of visitor restrictions](#) reported physical and mental health impacts on patients. These included reduced nutrition intake, decreased activity, increased reporting of physical pain and symptoms, loneliness, depressive symptoms, reduced cognitive ability and overall dissatisfaction.¹⁸
- The impacts on healthcare workers included the burden of ethical dilemmas, learning new technical skills to facilitate social interaction, increased demand for communication with families, and providing social support to family members and patients.¹⁸
- A review of 65 hospital visiting policies in the US reported [setting-specific exceptions](#) to visitor restrictions. These included paediatrics, obstetrics/gynaecology, emergency department, behavioural health, inpatient rehabilitation, surgery, and outpatient clinics. A number of hospitals also permitted visitors with a 'unique status', for example faith leaders.¹⁹
- In the US, visitor restriction policies take into account the requirements of the Rehabilitation Act 1973 that patients with cognitive impairment or intellectual disability have adequate support including visiting caregivers where required.¹⁹

Grey literature

- The [US Centers for Disease Control and Prevention](#) recommends non-American facilities restrict visitors during periods of widespread community transmission and screen for symptoms. Recommendations vary depending on the level of community transmission or patient COVID-19 status but may include:
 - designating a visitors' entrance
 - providing alternatives for patient interaction, including remote communications
 - scheduling visits
 - restricting movement of visitors
 - limiting visitors to COVID-19 patients who are isolated to essential visitors, including those providing patient care and/or caring for paediatric patients.³
- The [World Health Organization](#) also recommends limiting visitors and maintaining a visitor log.⁴

- The [Public Health Agency of Canada](#) published visitor restriction recommendations prepared by the National Advisory Committee on Infection Prevention and Control including:
 - limiting visitors to essential only
 - limiting visitor movement
 - mask wearing and hand hygiene
 - screening all visitors.²
- An [article on visitor management in hospitals and healthcare facilities](#) outlines visitor management technology, such as contactless QR-code check-in, to promote safety and security, as well as facilitate COVID-19 contact tracing.²⁰

Policies in non-COVID-19 settings

Peer reviewed literature

- A [rapid review of hospital intensive care visiting policies](#) found that policies should be based on patient outcomes and used as guidelines rather than rules.²¹
- A [children's hospital in Cincinnati](#) implemented visitor restrictions during the peak winter respiratory season. Families were required to identify a fixed list of up to six nonparent, nonlegal guardian visitors. A 37% reduction in healthcare acquired respiratory viral infections was reported following the restrictions.²²
- Two [neonatal intensive care units](#) in the UK reported restricting visitors to parents only during a worldwide pandemic resulted in a 39% reduction in nosocomial viral respiratory tract infections in neonatal patients.²³
- A [Hematopoietic Stem Cell Transplant unit policy](#) of restricting visitors under 12 years of age to reduce transmission of community respiratory viruses to patients did not result in a decrease in the rate of transmission.²⁴
- [Age-based restrictions](#), limiting the number of visitors, hand hygiene and visitor screening for paediatric patients may reduce transmission of healthcare-associated viral infections.²⁵
- A [guidance statement from the Society for Healthcare Epidemiology of America](#) recommended:
 - isolation precautions for hospital visitors may not be practical for parents or guardians with extended stay in a patient's room
 - family members who have had extended household exposure to a patient's respiratory or airborne illness should not be required to wear masks or respirators. Visitors without extensive exposure should wear masks or avoid visiting
 - visitors having contact with multiple patients should use personal protective equipment.²⁶

Grey literature

- An [article on the benefits and drawbacks](#) of open and restricted visiting hours concluded blanket restrictions on visiting are incompatible with person-centred care but some restrictions may be warranted to protect patient interests.²⁷
- A [blog on hospital visitor management](#) outlines six 'best practices':
 - document all entrances and develop a plan for how to secure them
 - implement a visitor management system to capture visitor details
 - require all visitors to wear a visitor badge
 - provide clear information and communication
 - use watch lists to screen guests
 - use visitor data mining to identify visitor trends.²⁸

- Some [healthcare facilities use visitor management software](#) to screen, badge and track every visitor and vendor. Visitor registration systems should:
 - be automated and easy to use
 - integrate visitor management software with other systems
 - [capture a variety of visitor data](#) e.g. who the guest is visiting, destination (floor, ward, building), and category of visitor (patient visitor, vendor, contractor, volunteer)
 - create automatic alerts e.g. maximum visitor limits
 - enable long-term visitor badges for family members
 - support customisation
 - consider self-registration kiosks.^{29, 30}

To inform this brief, PubMed and Google searches were conducted using terms related to hospital visitor policies and COVID-19 or NOT COVID-19 on 1 December 2021. A further search was conducted using terms related to hospital visitor policies and wellbeing on 27 January 2022.

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