

## OUTDOOR VISITATION DURING COVID

*In light of the COVID-19 pandemic, indoor visitation has been restricted, as outlined below. When appropriate this facility will allow its residents the opportunity for outdoor visits. Due to the continued nature of the COVID-19 Pandemic, and the ever-changing dynamics, these guidelines may be amended by the facility, at any time with or without notice.*

*The facility has made this document available in an effort to familiarize families and residents with the current visitation guidelines. As always, please reach out to the Administrator if you have any questions or specific needs.*

**OUTDOOR VISITATION:** Prior to your visit, please contact the facility to ascertain the status of the resident and if the resident is available for an outdoor visit. In addition, please review and comply with the guidelines from the CDC and CMS regarding COVID-19.

Please contact the facility to schedule a visit as designated outdoor visitation space is by appointment only and will be assessed to determine the number of simultaneous visitations that can be accommodated.

Visitation is currently restricted to 2 visitors per resident. Our facility honors each resident's right to have and choose visitors and will consult with the resident as to their preferences. These consultations also serve as a personalized communication with the resident to explain how visitation will work and what the resident can expect.

Prior to transporting a resident to the designated outdoor visitation space, the visitors will be screened for infectious communicable disease, including COVID-19 symptoms. Any visitor with COVID-19 symptoms of (subjective or objective fever equal to or greater than 100.4° or as further restricted by facility policy, chills, cough, shortness of breath or difficulty breathing, sore throat, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea) will not be permitted to visit with a resident.

**The Visit:** Upon arrival at the facility for a scheduled visit:

- The visitors should check-in by calling the facility or notifying a staff member.
- A staff member will greet the visitors outside and conduct a screening.
- If the visitors pass the screening, they will be directed to the designated visitation area.
- The resident will then be transported to the visitation area, in a manner to minimize the resident's exposure to any high-traffic areas.
- There will be a physical barrier of at least six feet between the resident and the visitors, such as a table. That barrier and any chairs used for visitation will be disinfected before and after each visitation.
- During the visit, masks are required, and a staff member will supervise to assure physical separation is maintained and masks are worn.

**MONITORING:** Visitors should monitor for signs and symptoms of COVID-19 for at least 14 days after visiting the facility. If symptoms occur, they should to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on any findings.

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**LIMITS ON VISITATION:** A resident with a suspected or confirmed case of COVID-19, or who is in quarantine may not be visited except for an end of life situation. A resident who has been diagnosed with COVID-19 may be visited only after they have met the criteria or discontinuation of isolation as defined in guidance from NJDOH and CDC.

Food is not permitted during the visits. Visitors may bring items for the resident but must leave the package at reception or another location, as directed by the facility,

The facility will provide appropriate hydration for the resident during the visits and visitors may bring their own water, however it may not be shared with the resident.

**INDOOR VISITATION:** Under limited circumstance, certain visitors (such as in end of life situations) may be permitted to enter the facility after undergoing screening (which may include a COVID Test) and will be required to wear a cloth face covering or facemask . In addition, the facility may require the visitor to use additional forms of personal protective equipment (PPE), as determined by the facility.

Such indoor limited visitation, should be limited to the resident's room or designated space (e.g., reduce walking the halls, avoid going to dining room, etc.) and other spaces as may be necessary and approved by the facility. In addition, the visitor shall restrict physical contact with anyone other than the resident while in the facility, for example, practice social distance (remain six feet apart) with no handshaking or hugging.

**CONSENT:** Prior to the visit, the facility must receive a signed informed consent from the resident and each visitor. If the resident or visitor is unable to consent, the consent shall be signed by an authorized representative of such, with a copy provided to the visitor and resident

The informed consent shall include that they are aware of the risk of exposure to COVID-19 during the visit, that they will strictly comply with the facility policies during the visitation, and that the visitor will notify the facility if they test positive for COVID-19 or exhibit symptoms of COVID-19 within fourteen days of the visit.

*Source: Executive Directive No. 20-025 Protocols and Conditions for Visitation of pediatric, developmentally disabled and intellectually disabled residents of long term care facilities licensed pursuant to N.J.A.C 8:39. Signed by Judith Persichilli, RN, BSN, MA Commissioner Dated July 15, 2020*

*Please note: Regulations and guidance from CMS, CDC and Local and state agencies are constantly changing. This facility intends to comply with all such regulations and guidance and will comply with all such regulations and guidance.*

July 2020

**COVID VISITATION CONSENT AND DISCLAIMER**

**Resident Name:** \_\_\_\_\_

**Visitor Name:** \_\_\_\_\_

\_\_\_\_\_

**Date and time of Visit:** \_\_\_\_\_

\_\_\_\_\_ (Resident name,) is having an outdoor visitation by  
\_\_\_\_\_.

I (we) are both aware of the possible dangers of exposure to COVID-19 and we will follow the rules set by the facility in regard to outdoor visitation.

I (we) are both not subject to any voluntary or mandatory quarantine order.

I (we) have both not been exposed to someone with COVID-19 within the last 14 days.

I (we) are both aware of the possible dangers of exposure to COVID-19 and we will follow the rules set by the facility in regard to outdoor visitation.

I (we) will notify the facility if I (we) test positive for COVID-19 or exhibit symptoms of COVID-19 within fourteen (14) days of the visit.

**Signature of Resident or (authorized representative):**

\_\_\_\_\_

**Signature of Visitor(s):**

\_\_\_\_\_

\_\_\_\_\_