

## VISITATION PLAN

<b>Facility/Community:</b>	<b>Date:</b>
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(Page 1 of 3)

	State:	County:	Color (if applicable)
	<b>Baseline Testing:</b>		
	Resident	Initiated	Completed NA Other: _____
	Staff	Initiated	Completed NA Other: _____
	<b>Ongoing Surveillance Testing:</b>		
	Resident	Initiated	Completed NA Other: _____
	Staff	Initiated	Completed NA Other: _____
	<b>Suspected Resident/Staff Testing:</b>		
	Resident	Initiated	Completed NA Other: _____
	Staff	Initiated	Completed NA Other: _____
	No new active cases in prior 14 days.		
	Visitation discontinued due to new active case of Covid-19 on: _____		
	Visitation discontinued per state guideline for suspected case of COVID-19 _____		
	Visitation Type:	Outdoor	Indoor
	Outdoor Designated Visitation Area Location:		Other: _____
	Indoor Designated visitation area location (excludes patient care areas, if allowed per state guidelines)		Other: _____
	Designated Visitation Supervisor - Identified on the Resident Visitation Schedule Log		
	<b>Visitation Priority:</b>		
		<ul style="list-style-type: none"> <li>• COVID-19 Negative</li> </ul>	
		<ul style="list-style-type: none"> <li>• COVID-19 Recovered</li> </ul>	
		<ul style="list-style-type: none"> <li>• Dx of disease causing progressive cognitive decline, feelings of loneliness expressed</li> </ul>	
	Weekday visitation hours _____		
	Weekend visitation hours _____		
	Number of visitors - restricted to two (2) per day or a state requirement that is stricter. _____		

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Max number of visitors allowed per facility per day or as specified by state guideline. _____	
Visitors 18 years of age or older only.	
<b>Visitor Pre-Screening to include symptom and temperature screening:</b>	
	<ul style="list-style-type: none"> <li>If required by state guidelines, complete phone screen 24-hours before visit</li> </ul>
	<ul style="list-style-type: none"> <li>In person prior to visit</li> </ul>
Visitor education regarding COVID-19 and visitor guidelines provided prior to visit.	
<b>Food or Drinks:</b>	
	<ul style="list-style-type: none"> <li>Permitted, but must meet diet consistency per MD order and cannot share food/drink</li> </ul>
	<ul style="list-style-type: none"> <li>Prohibited</li> </ul>
	<ul style="list-style-type: none"> <li>Hydration available for resident during visit</li> </ul>
<b>Social Distancing:</b>	
	<ul style="list-style-type: none"> <li>At least 6 ft.</li> </ul>
	<ul style="list-style-type: none"> <li>No contact</li> </ul>
	<ul style="list-style-type: none"> <li>If required by state guidelines social distance calculator used</li> </ul>
Hand hygiene must be completed just prior to visit and post visit.	
<b>Personal Protective Equipment:</b>	
	<ul style="list-style-type: none"> <li>Patient/Resident and visitor both masked during visit or per state recommendation if additional is required</li> <li>Staff continue to follow universal masking and eye protection during visit</li> </ul>
<b>Visitation Area Sanitation:</b>	
	<ul style="list-style-type: none"> <li>Approved CDC cleaner prior to and post visit including high touch areas and surfaces</li> </ul>
<b>Additional State Specific Requirements:</b>	

## VISITATION PLAN

<b>SIGNATURES</b>	
Administrator:	Date:
Medical Director:	Date:
Director of Nursing:	Date:
Infection Preventionist:	Date:
Plan reviewed and adopted by Infection Control Committee:	Date:
Plan reviewed and adopted by Quality Assurance and Performance Improvement Committee:	Date: