

VISITATION PLAN

Facility/Community:	Date:
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	State:	County:	Color (if applicable)
	Baseline Testing:		
	Resident	Initiated	Completed NA Other: _____
	Staff	Initiated	Completed NA Other: _____
	Ongoing Surveillance Testing:		
	Resident	Initiated	Completed NA Other: _____
	Staff	Initiated	Completed NA Other: _____
	Suspected Resident/Staff Testing:		
	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		
	Visitation Priority:		
		<ul style="list-style-type: none"> • COVID-19 Negative 	
		<ul style="list-style-type: none"> • COVID-19 Recovered 	
		<ul style="list-style-type: none"> • Dx of disease causing progressive cognitive decline, feelings of loneliness expressed 	
	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.
	Visitor Pre-Screening to include symptom and temperature screening:
	<ul style="list-style-type: none"> If required by state guidelines, complete phone screen 24-hours before visit
	<ul style="list-style-type: none"> In person prior to visit
	Visitor education regarding COVID-19 and visitor guidelines provided prior to visit.
	Food or Drinks:
	<ul style="list-style-type: none"> Permitted, but must meet diet consistency per MD order and cannot share food/drink
	<ul style="list-style-type: none"> Prohibited
	<ul style="list-style-type: none"> Hydration available for resident during visit
	Social Distancing:
	<ul style="list-style-type: none"> At least 6 ft.
	<ul style="list-style-type: none"> No contact
	<ul style="list-style-type: none"> If required by state guidelines social distance calculator used
	Hand hygiene must be completed just prior to visit and post visit.
	Personal Protective Equipment:
	<ul style="list-style-type: none"> Patient/Resident and visitor both masked during visit or per state recommendation if additional is required Staff continue to follow universal masking and eye protection during visit
	Visitation Area Sanitation:
	<ul style="list-style-type: none"> Approved CDC cleaner prior to and post visit including high touch areas and surfaces
	Additional State Specific Requirements:

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SIGNATURES	
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: