

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:			
	• COVID-19 Negative		
	• COVID-19 Recovered		
	• 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:	

VISITATION PLAN

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: