

FACILITY NAME: ___Silver Creek Assisted Living St. Cloud___

POLICY TITLE: VISITATION POST COVID LOCKDOWN

RESPONSIBLE PERSON:

The administrator or designee is responsible for ensuring that staff adhere to policy and procedure.

REGULATION:

No health care facility in Florida may require a vaccine as a condition to visitation and must allow for consensual physical contact between patients and their loved ones.

Health care facilities must allow in person visitation in all the following circumstances, unless the resident, client, or patient objects:

- End-of-life situations.
- A resident, client, or patient who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support.
- The resident, client, or patient is making one or more major medical decisions.
- A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
- A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
- A resident, client, or patient who used to talk and interact with others is seldom speaking.
- For hospitals, childbirth, including labor and delivery.
- Pediatric patients.

POLICY

The Assisted Living will resume consensual visitation to family and friends with heightened universal precautions between the hours of 9am to 9pm after checking in at the front desk or with an authorized staff member.

The community will welcome no greater than a party of 3 to visit with their loved one(s).

The community will either direct the visitor to the posted procedures or provide them with a handout.

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PURPOSE

1. To ensure that safety is carried out during a pandemic transition.
2. To increase resident and family social bonding.
3. To help resume normalcy to minimize resident feelings of isolation and depression.

PROCEDURES (as per the state of Florida, mask wearing may be optional and used at discretion of the visitor and resident). During a Pandemic PPE's will be enforced.

1. Take temperature of both resident and family to measure that it is below 99 degrees.
2. Have family complete questionnaire regarding COVID contact.
3. Provide directives to the family either by phone before arriving or verbally when entering the facility.
4. Provide directives to the resident to practice universal precautions when visiting with family and/or friend.
5. Universal Precautions to practice for both residents and family/friends
 - a. Wash hands
 - b. Social distance at a minimum of 6 feet apart
 - c. Wear face coverings or mask
 - d. Do not allow for exchange of fluids (sharing foods, drinks, utensils, etc.)
6. After visitation both family and resident will wash hands and sanitize completely.
7. Family will sign out at the front desk.

Note: Demented residents may be fragile and may not be able to follow directives, in such a situation, the resident will be supported by a care staff member.

VIOLATION OF POLICY AND PROCEDURE

If a visitor violates the procedures, the visitation can be suspended.

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VISITATION VISITOR RESPONSIBILITIES

VISITATION INFECTION CONTROL RULES

1. Wash hands or sanitize before signing in.
2. Sign In and answer questionnaire if applicable
3. Use social distances of 6 feet apart
4. Use face covering or mask.
5. Do not bring food or beverages into the facility
6. Do not engage with other residents (only your family member or patient)
7. Discard face mask and gloves in a trash bin on the premises
8. Consult with front desk / administrator with any questions.

(ex: privacy room to meet with resident, status of care, etc.)

VISITATION HOURS AND NUMBER OF VISITORS

The hour for visitation is between 9:00 a.m. to 9:00 p.m.

The visitation will be for a minimum of 2 hours to ensure other family visitation can occur. If more time is needed, please request with the administrator or management.

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VISITOR VISITATION ACKNOWLEDGMENT PAGE

I, _____ am a visitor, visiting my friend /
loved one named _____
acknowledge that I have read the Visitation Policy and Procedures. I will
carry them out while I am visiting with my loved ones.

_____ Date: _____
Visitor's Signature