

Compassionate Care Visitation

Policy & Procedure

Policy:

It is the policy of this center to follow CDC and CMS guidelines regarding Compassionate Care Visitation.

Procedure:

1. Compassionate Care Visitation will be provided upon request by a resident or designated responsible party.
2. Visitation will be limited to a specific area, private resident room or another private location.
3. Each visitor will be screened for fever or respiratory symptoms prior to accessing resident care areas.
4. Any individual with symptoms of COVID-19 infection (refer to visitor screening log) will not be permitted to enter the facility or to visit with a resident.
5. Visitors will provide contact information on the screening log to assist in contact tracing if needed.
6. Visitors will be asked to sign a "Visitor Waiver" prior to entering the visitation area. If visitor refuses to sign, document the refusal and maintain documentation in the visitation file.
7. Visitors will perform hand hygiene prior to entering resident care areas.
8. Facemasks will be provided to each visitor if they do not arrive with a face covering/mask.
9. Visitors will be restricted to the resident's room or other designated, private location.
10. Privacy will be maintained during the visitation unless otherwise contraindicated due to the resident's medical status.
11. Visitors will be reminded to frequently perform hand hygiene and will have access to hand sanitizer or handwashing sinks.
12. Visitors will be asked to inform the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting.
13. Staff will screen any individuals who had contact with the symptomatic visitor for their level of exposure and follow guidance from the Medical Director and local health department.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

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I have read, understand and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____

SAMPLE

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