

We believe that because Visitors have the potential to be exposed COVID-19 when visiting the facility, they should be informed of the potential exposure and knowingly assume the risk of COVID-19 exposure.

Policy:

To prevent the possible exposure and spread of COVID-19, [Facility Name] will continue to utilize the most current guidelines of regulatory and other guiding agencies to assure protection of the residents and staff.

Procedure:

1. Send written communication to families of all residents detailing how and when visitation restrictions are being modified, including a detailed explanation of the Infection Prevention and Control measures that all Visitors will be required to adhere to, along with the Informed Consent and Assumption of Risk form;
2. Ask all Visitors if they have any questions about the Facility's Infection Prevention and Control protocols, the Facility's PPE requirements, the Visitor's risk of exposure to COVID-19 and the precautions that the facility is taking;
3. Refer questions that a Visitor may have regarding COVID-19 and/or the Informed Consent and Assumption of Risk form to the DON or Administrator;
4. Request all Visitors sign the Informed Consent and Assumption of Risk form at the time of entry to the Facility;
5. Request that the Visitor provide contact information in the event that public health officials are interested in contacting the Visitor for contact tracing and/or COVID-19 testing;
6. If a Visitor refuses to sign the Informed Consent and Assumption of Risk form (or provide contact information):
 - a. Write the date, time, and the word "DECLINED" on a blank Informed Consent and Assumption of Risk form (or on the Contact information line), ask the Visitor to initial next to the word, "DECLINED";
 - b. Retain the DECLINED form with the executed forms in the COVID-19 file.
7. Maintain copies of all Informed Consent and Assumption of Risk forms in the COVID-19 files.
8. If a Visitor refuses to comply with the Facility Infection Prevention and Control protocols, including the wearing of PPE at all times while in the Facility, the Visitor shall not be allowed to enter the Facility.

Notes:

State Health Department, Centers for Disease Control (CDC), Centers for Medicare and Medicaid Services (CMS), and County Department of Health are all agencies helping provide guidance during this time.

_____ (initial) I understand my signature below acknowledges the information contained in this VISITOR INFORMED CONSENT & ASSUMPTION OF RISK will be given to me upon my initial visit to the community only, that I will not be asked to sign a VISITOR INFORMED CONSENT & ASSUMPTION OF RISK for future visits regardless of whomever I may be visiting, and that I hereby agree that the terms, conditions and assumption of risk detailed herein apply to today's visit, and each and every time I visit in the future.

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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.

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

I understand my signature below acknowledges the information contained in this consent will be given to me upon my initial visit to the community only.

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____

SAMPLE

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[Facility Letterhead]

PLEASE PRINT LEGIBLY

Name _____ Mobile Phone _____ Home Phone _____

Address _____ City _____ State _____ ZIP _____

Email _____

INFORMED CONSENT:

I acknowledge that I have been fully informed of all of the following:

1. That there is a risk that by entering [Facility Name] hereinafter "FACILITY" I could be exposed to the COVID-19 virus;
2. That as FACILITY caregivers are providing care and assistance to residents, FACILITY caregivers must be in close contact with residents. While FACILITY caregivers are trained to mitigate the risks of virus transfer, caregiver assistance necessarily involves close contact or actual physical contact with residents, as well as shared contact among surfaces.
3. Although all staff members, including caregivers, take precautions to minimize the risk of virus transfer, at this time it would appear that the risk of COVID-19 transmission cannot be fully eliminated and that FACILITY cannot guarantee that it can provide an environment that is free from the risk of COVID-19 transmission.
4. That FACILITY cannot guarantee that I will not contract the COVID-19 virus from contact with a FACILITY resident or staff member, or from touching a surface within the FACILITY.
5. That I understand that if I were to contract the COVID-19 virus I could become ill and possibly die.
6. That I am aware that my name may be given to public health officials for contact tracing which could result in public health officials asking me to be tested for COVID-19 should new cases develop in the facility.

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FACILITY LETTERHEAD

ASSUMPTION OF RISK:

Upon signing this Agreement and forever thereafter, I agree that if chose to enter FACILITY, I assume the risk that I may be exposed to, and possibly contract, the COVID-19 virus and possibly die, as a result of my presence in the FACILITY.

I agree that I am knowingly and voluntarily assuming all risk to myself, known and unknown, associated with the potential exposure to the COVID-19 virus, up to and including death.

I further expressly agree that the foregoing Informed Consent and Assumption of Risk is intended to be as broad and inclusive as permitted by the law of the state of _____, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This Informed Consent and Assumption of Risk constitutes the sole and entire agreement between FACILITY and myself with respect to its subject matter and supersedes all prior and contemporaneous understandings, both written and oral, with respect to said such subject matter.

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FACILITY LETTERHEAD

I AGREE TO FOLLOW ALL FACILITY INFECTION CONTROL PROTOCOLS, INCLUDING SCREENING AT THE TIME I ARRIVE AT THE FACILITY;

I AGREE TO WEAR PPE AT ALL TIMES WHILE IN THE FACILITY AND UNDERSTAND THAT MY FAILURE TO DO SO WILL RESULT IN MY IMMEDIATE REMOVAL FROM THE FACILITY.

I ACKNOWLEDGE THAT I HAVE THE LEGAL AUTHORITY TO SIGN ON MY BEHALF.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS MEANING. I HAVE BEEN ADVISED THAT I SHOULD CONSULT MY LAWYER PRIOR TO EXECUTING THIS AGREEMENT.

I FURTHER ACKNOWLEDGE THAT I HAVE READ AND VOLUNTARILY SIGNED THIS AGREEMENT AND THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAS BEEN MADE.

Visitor Name (PRINT) _____

Visitor Signature _____ Date _____

Visitor contact information if follow up requested by Health Department (phone/email):

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