

VISITATION ACKNOWLEDGEMENT

By signing below, I _____, while visiting resident _____, will abide and follow all provisions and stipulations put into place by **The Terrace of St. Cloud**.

The Facility has developed and implemented a visitation policy which takes into consideration acquisition and transmitting of infectious diseases, such as COVID-19. COVID-19 is highly contagious and most often causes respiratory [symptoms](#) (such as fever; chills; cough; shortness of breath or difficulty breathing; new loss of taste or smell) that can feel much like a cold, a flu, or pneumonia.. According to the CDC, some people become severely ill. Some people including those with minor or no symptoms may suffer from [post-COVID conditions](#) or “long COVID”; older adults and people with [certain underlying medical conditions](#) are at increased risk of severe illness from COVID-19. The conditions include but are not limited to:

- Chronic Kidney, Liver, Lung, or Heart Disease;
- Diabetes (type 1 and 2)
- Immunocompromised state (weakened immune system)
- Overweight or Obesity
- Smoker (current or former)

While the facility implements an infection prevention and control program in accordance with CDC recommendations and all applicable state, federal and local laws, rules, and regulations, any visitor is at risk of acquiring an infectious disease, such as COVID-19, and/or transmitting COVID-19 or any other infectious disease to others including your loved one and those with whom you may live or work. **Any infectious disease, such as COVID-19, has the potential to cause serious complications which includes death.**

To aide in protecting yourself and others, the CDC provides recommendations on prevention steps through such indicators as your [COVID-19 Hospital Admission Levels](#), Florida Department of Health and your local health departments.

Prevention steps include use of masks under specified conditions; avoidance of close contact with anyone who is ill or who is positive for an infectious disease; washing your hands often; covering coughs and sneezes and monitoring your health. The CDC strongly urges every eligible individual to stay up-to-date with vaccinations to help protect yourself, your loved ones and others around you. The facility will be happy to provide information on vaccination.

In accordance with CMS regulation, state guidance, the facility will post guidance on all entrance doors indicating that all visitors experiencing signs or symptoms of or has a diagnosed infectious disease that can be spread through droplet¹ or airborne² transmission will be requested to defer non-urgent, in-person visitation until they meet CDC criteria for healthcare settings to end isolation³. In an effort to promote safety, visitors who have had close contact with someone experiencing signs or symptoms of or has a diagnosed infectious disease that can be spread through droplet or airborne transmission will be asked to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance such as:

- When the visitor and/or resident who the visitor is there to see is unable to be tested or wear source control;
- When the visitor and/or resident who the visitor is there to see is moderately to severely immunocompromised
- The resident who the visitor is there to see resides on a unit with others who are moderately to severely immunocompromised;
- The resident who the visitor is there to see resides on a unit experiencing ongoing communicable disease, infection, or illness, such as SARS-CoV-2, transmission that is not controlled with initial interventions

Visits are conducted in designated areas (both indoors and outdoors) and, under certain circumstances may be conducted in the resident’s room. Visitors are provided education on identification of general signs and symptoms of infectious disease, such as SARS-CoV-2; infection control precautions/use of PPE in accordance with facility policy; use facemasks or tissues to cover nose and mouth when coughing or sneezing; and to dispose of contaminated items in waste receptacles; hand hygiene and use of alcohol-based hand rub as a preferred method; limiting surfaces touched while in the facility; minimizing movement throughout the building; and importance of vaccination and remaining up to date with all recommended vaccine doses.

¹ Droplet-pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking

² Airborne-pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster).

³ [Ending Isolation and Precautions for People with COVID-19: Interim Guidance](#)

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Visitors are requested to immediately inform the facility if they develop a fever or symptoms consistent with any infectious disease, such as SARS-CoV-2, and/or test positive for any infectious disease, such as SARS-CoV-2, within fourteen (14) days of a visit to the facility.

During periods when the [COVID-19 Hospital Admission Level](#) is high, and/or a significant increase in the spread of an infectious disease is identified, visitors will be encouraged to wear a facemask while in the facility in accordance with CDC guidelines. The [COVID-19 Hospital Admission Level](#) may be found on the CDC website [COVID-19 by County](#). All residents and visitors may choose to continue utilizing facemasks as a personal preference. Face coverings or masks will be necessary for use while in the facility, in accordance with CDC guidelines such as:

1. during outbreaks of an infectious disease that can be spread through droplet or airborne transmission, which includes COVID-19, in the facility;
2. recommendations from the CDC, state and/or local health departments, or public health authorities;
3. individual facility circumstances such as:
 - a. when visitation which takes place in a room with roommate(s) present;
 - b. when visitation is taking place with multiple different residents/visitors at the same time; or
4. for visitors with a confirmed infectious disease that can be spread through droplet or airborne transmission, such as SARS-CoV-2 infection, or compatible symptoms who are unable to defer in-person visitation until they meet CDC criteria for healthcare settings to end isolation due to urgent circumstances, the visitor will be required to wear a face mask; and
5. for visitors who have had close contact with someone infectious disease that can be spread through droplet or airborne transmission, such as SARS-CoV-2 infection, or compatible symptoms who are unable to defer in-person visitation until 10 days after their close contact if they meet the CDC healthcare guidance noted above, the visitor will be requested to wear a face mask.

You will be asked to sign in on a "Visitor's Log". You may also be requested to provide personal identification upon entrance. The Facility shall **NOT** compel visitors to provide proof of vaccination or immunization status. In addition, the facility shall **NOT** deny visitation based on a visitor's vaccination or immunization status.

Please acknowledge understanding of each section by initialing:

_____ **(Initial)** In order to comply with CMS direction and regulations and State law, residents (or their representative on the resident's behalf), including residents who are positive for infectious disease, such as SARS-CoV-2, and/or require transmission-based precautions or isolation, and their visitors when alone in the resident's room or in a designated visitation area, may choose not to wear face coverings or masks and may choose to have close contact (including touch). Residents (or their representative) and their visitors are hereby advised of the risk to both the resident and visitor of acquiring and transmitting any infectious disease, such as COVID-19, and the potentially serious consequences of such. The facility still recommends that all individuals maintain social distance; wear a well-fitting face mask and perform hand-hygiene before and after the visit.

_____ **(Initial)** Per CMS regulation, except under very limited circumstances (such as direction or recommendation by state, federal or local health officials, disasters, civil unrest), indoor visitation will not be suspended during a facility outbreak. Please be advised visitation during an outbreak may substantially increase your risk of acquiring and transmitting an infectious disease, such as COVID-19. Use of source control, as noted above, is recommended for visitors during a facility outbreak.

_____ **(Initial)** While ***NOT*** recommended, CMS requires that residents who are on transmission-based precautions (TBP) or isolation due to an infectious disease that can be spread through droplet or airborne transmission, such as COVID-19, be permitted to receive visitors. In these cases, the resident is to wear a well-fitting facemask (if tolerated). Before visiting residents, who are on TBP or isolation due to infectious disease that can be spread through droplet or airborne transmission, such as COVID-19, visitors are hereby advised that visitation substantially increases your risk acquiring and transmitting an infectious disease and the potentially serious consequences of such. The use of source control, as noted above, is necessary in order to visit the resident. The facility strongly urges individuals who visit residents on TBP or quarantine due to infectious disease that can be spread through droplet or airborne transmission, such as COVID-19, be up-to-date their vaccines, as defined by the CDC; do not have an underlying medical condition, as those defined by the CDC; and are not moderately or severely immunocompromised.

_____ **(Initial)** Visitors with a confirmed infectious disease that can be spread through droplet or airborne transmission, such as SARS-CoV-2 infection, or compatible symptoms who have not met CDC criteria for healthcare settings to end isolation, as well as visitors who have had close contact with someone with an infectious disease that can be spread through droplet or airborne transmission, such as SARS-CoV-2, who are within 10 days

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after their close contact if they meet the CDC healthcare guidance noted above, who are unable to defer in-person visitation due to urgent circumstances will be required to wear a face mask at all times; and such visits are to be conducted in a designated area. Visitors are hereby advised that visitation substantially increases your risk of transmitting an infectious disease, such as COVID-19, to your loved one and others in the facility and serious consequences may result.

_____ (Initial) For visitors with a child (under age of 18), the adult accompanying the child assumes all responsibility for the child's adherence to infection control policies. The child will, at all times, be under the supervision of the adult. The adult visitor assumes all responsibility for the health of the child.

_____ (Initial) For visitors with a child (under age of 18), the adult visitor attests there is **NO** reason to believe the child has infectious disease and that the child has **NOT** tested positive for any infectious disease.

Visitors may opt-out of utilizing face coverings or facemasks if an alternate method of infection control or infectious disease prevention is available except when the resident and/or visitor has tested positive for or diagnosed with an infectious disease that can be spread through droplet or airborne transmission; are symptomatic and/or when the resident is on transmission-based precautions (TBP) or isolation due to infectious disease that can be spread through droplet or airborne transmission, such as COVID-19.

Should you have any questions or concerns, please contact the Administrator or Director of Nursing for assistance.

ACKNOWLEDGEMENT AND UNDERSTANDING OF VISITATION POLICY AND RISK:

The facility has provided education on infection control which included effective handwashing, donning of personal protective equipment (PPE) also called source control, and social distancing and I understand these infection control measures. I agree to adhere to proper infection control policies and practices and facility policies; follow staff instruction on use of PPE/source control; and comply with the facility's visitation policy. I will not walk around the facility unattended and will visit in the designated area. I will report any symptoms of illness before, after (up to 14 days) or during my visit immediately to the Administrator and/or Director of Nursing at **The Terrace of St. Cloud**.

I understand the facility may restrict or revoke visitation for failure to follow infection prevention and control requirements; violation of the facility's visitation policy; disruptive, threatening, violent, or abusive behavior by a visitor or failure to follow directions of facility staff.

I acknowledge and understand the facility's visitation policy and risks associated with visiting in a health care facility and I assume all responsibility for my health and well-being and that of the resident I am visiting. I agree to adhere to all safeguards put into place by **The Terrace of St. Cloud** and understand that in not doing so, I am putting my health and the health of others at risk.

Printed Name of Visitor

Date

Visitor's Signature

Facility Witness Signature with Title