**COVID-19** **Visitation Guidance -** Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. (per CMS **QSO-20-39-NH**)

1. All visitors will need to be screened when they arrive. Any visitor that is not feeling well such as fever, cough, chills, shortness of breath, headache, new loss of smell or taste, diarrhea or have any other COVID symptom, tests positive for COVID or meets the criteria for quarantine should not enter the facility.
2. I am aware that the resident that I am entering the facility to visit has the right to deny or withdraw consent for visitors at any time.
3. As a visitor, if I decline to disclose my vaccination status, I will be required to wear a face covering or mask at all times.
4. In counties that have substantial to high community transmission, visitors and residents **MUST** wear a face covering or mask at all times. The mask must cover the mouth and nose.
5. Visitors **MUST** sanitize their hands before **AND** after visits. (The use of an alcohol-based hand rub is preferred).
6. There can be physical contact if your loved one has been fully vaccinated. If you and a resident (who is unvaccinated) choose to have physical contact, you must be aware that it increases risk of severe illness or death due to Covid-19.
7. I am aware that I should go directly to the resident’s room or designated visitation area. I will not be permitted to roam the facility at any time during my visit.
8. My visits may occur in a manner **ONLY** that does not place other residents at risk. If resident’s roommate is unvaccinated or immunocompromised (regardless of vaccination status) visitation will **NOT** be able to be conducted in room.
9. Food or Drink is not allowed during the visit. If you would like to drop off food items for your loved one, it will need to be labeled and dropped off at the main entrance.
10. The number of visitors are not limited, but in order to physically distance 6 feet apart, and not increase risk to others, the visitation space should be taken into consideration related to the number of visitors at one time.
11. I, as the visitor have been made aware of visiting a resident who is quarantined or on Transmission Based precautions and I am aware of the precautions necessary in order to visit that resident. I must wear a well-fitting face mask and other appropriate PPE (personal protective equipment) in that environment to reduce risk of Covid-19 transmission.
12. I, as the visitor have been made aware of the potential risk of visiting the facility during a Covid-19 outbreak.
13. Visitors are provided with information on COVID-19 signs and symptoms, infection

Control precautions, use of face covering or mask, specified entrances/exits, hand hygiene and importance of vaccinations. (Hand out provided).

**By Signing below I acknowledge that I have read and understand the above rules in its entirety and agree to abide by them.**

**Resident I am visiting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room # \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Visitor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_/\_\_\_\_\_\_/2021**