By signing below, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, while visiting resident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will abide and follow all provisions and stipulations put into place by **THE TERRACE OF JACKSONVILLE**

COVID-19 is a disease caused by a virus named SARS-CoV-2. It is highly contagious and has quickly spread around the world. COVID-19 most often causes respiratory [symptoms](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) (such as fever; chills; cough; shortness of breath or difficulty breathing; new loss of teste or smell) that can feel much like a cold, a flu, or pneumonia. COVID-19 may attack more than your lungs and respiratory system. Other parts of your body may also be affected by the disease. According to the CDC, most people with COVID-19 have mild symptoms, but some people become severely ill. Some people including those with minor or no symptoms may suffer from [post-COVID conditions](https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html)  or “long COVID”; older adults and people with [certain underlying medical conditions](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html) are at increased risk of severe illness from COVID-19. The conditions include but are not limited to:

* + Chronic Kidney, Liver, or Lung- Disease;
  + Dementia or other neurological conditions
  + Diabetes (type 1 and 2)
  + Heart Conditions; Stroke or cerebrovascular disease, which affects blood flow to the brain
  + 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 COVID-19 and/or transmitting COVID-19 to others including your loved one and those with whom you may live or work. **A COVID-19 infection, as well as other communicable diseases, infections, or illness, have 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](https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html). Prevention steps include use of masks under specified conditions; avoidance of close contact with anyone who is ill or who is positive for a communicable disease, infection or illness; 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, and the facility’s visitation policy, the facility will post guidance on all entrance doors indicating that all visitors experiencing symptoms of respiratory infection; symptoms compatible with any communicable disease, infection, or illness; experiencing a temperature equal to/or greater than 100 degrees; has a positive viral test for SARS-CoV-2; tested positive for any communicable disease, infection, or illness; and/or visitors who are noted with signs/symptom of illness will be requested to defer non-urgent, in-person visitation until they meet CDC criteria for healthcare settings to end isolation. Additionally, in an effort to promote safety, visitors who have had close contact with someone with a communicable disease, infection, or illness, such as SARS-CoV-2 infection, 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 signs and symptoms of communicable disease, infection, or illness, 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.

Visitors are to immediately inform the facility if they develop a fever or symptoms consistent with communicable disease, infection, or illness, such as SARS-CoV-2, test positive for COVID-19 or any communicable disease, infection, or illness, within fourteen (14) days of a visit to the facility. During periods when the [COVID-19 Hospital Admission Level](https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html) is high, and/or a significant increase in the spread or a with communicable disease, infection, or illness is identified, visitors will be required to wear a facemask while in the facility in accordance with CDC guidelines. The [COVID-19 Hospital Admission Level](https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html) may be found on the CDC website COVID-19 by County. While the facility does promote that the safest practice is for residents and visitors to wear face coverings or masks while in the facility during visitation, when the county’s [COVID-19 Hospital Admission Level](https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html) is not high, and or an increase in the spread of any communicable disease, infection, or illness is not identified, the facility will not require that visitors wear face coverings or masks while in the facility except as follows:

1. during outbreaks of any communicable disease, infection, or illness, such as SARS-CoV-2, in the facility;
2. recommendations from the CDC, state and/or local health departments, or public health authorities;
3. individual facility circumstances such as:
   1. when visitation which takes place in a room with roommate(s) present;
   2. when vitiation is taking place with multiple different residents/visitors at the same time; or
   3. in small areas where social distancing is unable to be accommodated
4. for visitors with confirmed SARS-CoV-2 infection, or any other communicable disease, infection, or illness; 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 NIOSH-certified disposable N95 respirator; and
5. for visitors who have had close contact with someone with SARS-CoV-2 infection or any other communicable disease, infection, or illness 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 required to wear a NIOSH-certified disposable N95 respirator

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, regardless of the community level, residents (or their representative on the resident’s behalf), including residents who are positive for SARS-CoV-2 infection, communicable disease, infection, or illness and/or 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 communicable disease, infection, or illness, 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 a communicable disease, infection, or illness, such as COVID-19. Use of source control, as noted above, is necessary and required in order to visit the resident during a facility outbreak.

**\_\_\_\_\_\_\_\_\_ (Initial)** While ***NOT*** recommended, CMS requires that residents who are on transmission-based precautions (TBP) or isolation due to communicable disease, infection, or illness, 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 communicable disease, infection, or illness, such as COVID-19, visitors are hereby advised that visitation substantially increases your risk acquiring and transmitting any communicable disease, infection, or illness, and the potentially serious consequences of such. The use of source control, as noted above, is necessary and required in order to visit the resident. The facility strongly urges individuals who visit residents on TBP or quarantine due to communicable disease, infection, or illness, such as COVID-19, be up-to-date their vaccines, as defined by the CDC; do not have an underlying medical condition, as defined by the CDC; and are not moderately or severely immunocompromised.

**\_\_\_\_\_\_\_ (Initial) Visitors with confirmed SARS-CoV-2 infection,** **communicable disease, infection, or illness, or compatible symptoms who have not meet CDC criteria for healthcare settings to end isolation, as well as visitors who have had close contact with someone with SARS-CoV-2 infection, communicable disease, infection, or illness who are within 10 days 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 NIOSH-certified disposable N95 respirator at all times; and such visits are to be conducted alone in a designated area. Visitors are hereby advised that** **visitation substantially increases your risk of transmitting a communicable disease, infection, or illness, 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 communicable disease, infection, or illness and that the child has **NOT** tested positive for any communicable disease, infection, or illness.

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, wear a mask in accordance with CDC recommendations and facility policy, follow staff instruction on use of PPE/source control, practice social distancing with residents, staff and other visitors; 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 illness symptoms before, after (up to 14 days) or during my visit immediately to the Administrator and/or Director of Nursing at **THE TERRACE OF JACKSONVILLE**.

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 JACKSONVILLE** and understand that in not doing so, I am putting my health and the health of others at risk.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Visitor Date

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Visitor’s Signature Facility Witness Signature with Title