

VISITATION PLAN (SNF)

Center:	Date:
----------------	--------------

(Page 1 of 3)

	State:	County:	County Positivity Rate Color:
	Baseline testing of staff completed: _____		
	Baseline testing of patients completed: _____		
	No new active cases of COVID-19 in patients or employees identified in previous 14-days (considered for indoor visitation only).		
	Visitation discontinued (indoor only) due to new active case of COVID-19 on: _____		
	Visitation discontinued per state guideline for suspected case of COVID-19 on: _____		
	Center is not currently in process of outbreak testing.		
	<p>Employee testing conducted per current county positivity rate. Testing is completed per CMS requirements and designated county positivity rate that is updated weekly.</p> <ul style="list-style-type: none"> • Low (green ● = < 5% or with 20 tests in past 14 days) <ul style="list-style-type: none"> - visitation should occur according to the core principles of COVID-19 infection prevention. • Medium (yellow ● = 5-10%; OR with < 500 tests and <2,000 tests/100k and >10% positivity over 14 days) <ul style="list-style-type: none"> - visitation should occur according to the core principles of COVID-19 infection prevention. • High (red ● = >10% and not meet criteria for green or yellow) <ul style="list-style-type: none"> - in person visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention. 		
	Center staff screening and temperature recording completed upon entrance and exit of center.		
	<p>Outdoor visitation is preferred. Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual patient's health status (e.g., medical condition(s), COVID-19 status), or a center's outbreak status, outdoor visitation should be facilitated routinely.</p> <p>Designated outdoor visitation area: _____</p>		
	Indoor visitation in area that can be accessed without traveling through patient care areas. Designated indoor visitation area: _____		
	Visitation scheduled to accommodate COVID-19 negative and COVID-19 recovered patients.		
	Virtual visits scheduled for patients in transmission-based precautions.		
	In-room visitation can be arranged for compassionate care / end-of-life patient situations.		
	Visitation scheduled by responsible party at least 24 hours in advance.		

Date: 09/23/20

PRIVILEGED WORK DOCUMENT

©2020 HCR Healthcare, LLC

VISITATION PLAN (SNF)

	Visitation limited to _____ minutes per visit to accommodate scheduling as many visitations as possible.
	Visitor screening, temperature recording, education and review of <i>Visitor Guidelines</i> completed upon arrival to center.
	Designated Visitation Supervisor - Identified on the <i>Visitation Schedule Log</i> .
	Weekday visitation hours _____
	Weekend visitation hours _____
	Number of visitors per patient - restricted to one visitation session of up to one (1) visitor per patient per day as the schedule allows or a state requirement that is stricter
	<p>Max number of visits per center per day based upon space available to hold visits, square footage of space, one supervisor for each visitation location, maintenance of social distancing.</p> <ul style="list-style-type: none"> • Maximum number visits conducted simultaneously is _____ • Maximum number of visitors/center at one time is _____
	Visitors 18 years of age or older EXCEPT in cases of compassionate care or end-of-life.
	Visitation areas sanitized before and after each visit with EPA approved disinfectant.
	Food/drinks may be brought in for patient but cannot be consumed or shared during visit.
	Social distancing of at least six (6) feet maintained during visit. No physical contact allowed except in cases of compassionate/end-of-life visits.
	Hand hygiene must be completed by visitor, patient and staff just prior to visit, anytime there is a breach in infection control practices and post visit.
	Patient and visitor both masked for duration of visit. Staff continue to follow universal masking and eye protection during visit.
	Visitors observed not to follow visitor guidelines, may be redirected or visit terminated.
	Additional State Specific Requirements:

VISITATION PLAN (SNF)

SIGNATURES	
Administrator:	Date:
Medical Director:	Date:
Director of Nursing:	Date:
Infection Preventionist:	Date:
Plan reviewed and adopted by Infection Control Committee:	Date:
Plan reviewed and adopted by Quality Assurance and Performance Improvement Committee:	Date: