



Visitation Policy

Policy Statement – Update December 05, 2022

Circle of Life Assisted Living Communities follow CDC recommended guidance for long term care facilities as their states and local communities progress through the post COVID phase. This policy addresses visitation of all visitors for all residents. Visits will be conducted in a manner that adhere to the core principals of COVID 19 infection prevention and does not increase risk to other residents.

Policy Interpretation and Implementation

Visitation is now allowed for all residents at all times while adhering to the core principles of infection control and guidance from CDC and the State of Florida Department of Health.

- Counsel patients and their visitor(s) about the risks of an in-person visit.
- Visitation can be conducted in dedicated areas in the facility - based on a facility's structure and residents' needs, such as in resident rooms, common areas, and outdoors.
- Must record daily the entry of visitors and the name of the resident visiting on Visitor's Log.
- Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets, when appropriate.
- Regardless of how visits are conducted, certain core principles and best practices reduce the risk of COVID-19 transmission:

Core Principles of COVID-19 Infection Prevention

- Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facility. Facilities should screen all who enter for these visitation exclusions.
- Masks are not required for visitors or staff but will be provided upon request
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Physical distancing at least six feet between people, in accordance with CDC guidance, is encouraged
- Instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, infection control precautions, social distancing reminders, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- Cleaning and disinfecting high frequency touched surfaces in the facility
- Appropriate staff use of Personal Protective Equipment, including masks are required during an outbreak
- 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.

Indoor Visitation

Facility will conduct indoor visitation at all times and for all residents as permitted under the regulations. Although there is no limit on the number of visitors that a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.

Indoor Visits for resident on transmission-based precautions (TBP)

Before visiting residents, who are on TBP or quarantine, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors should adhere to the core principles of infection prevention. Facility may offer well-fitting facemasks or other appropriate PPE, if available. However, facility is not required to provide PPE for visitors. While not recommended, residents who are on TBP or quarantine can still receive visitors. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated).

Indoor Visitation during an Outbreak Investigation

While it is safer for visitors not to enter the facility during an outbreak investigation, visitors may still be allowed in the facility. Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles

of infection prevention. If residents or their representative would like to have a visit during an outbreak investigation, they should wear face coverings or masks during visits, regardless of vaccination status, and visits should ideally occur in the resident's room. Facility may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation.

Compassionate Care Visits

Compassionate care visits are allowed at all times.

Communal Activities, Dining and Resident Outings

Facility must permit residents to leave the facility as they choose. Should a resident choose to leave, the facility should remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices.

Outdoor Visitation

Outdoor visitation is permitted at all times, even during an outbreak. When conducting outdoor visitation, all appropriate infection control and prevention practices should be followed during an outbreak. When the facility is not in an active outbreak there are no restriction for outdoor visitation.

Entry of Healthcare Workers and Other Providers of Services During an Outbreak

All healthcare workers, including providers from agencies assist with discharge planning to the community, should be permitted to come into the facility as long as they meet the screening criteria for visitation. In emergencies, EMS personnel do not need to be screened, so they can attend to an emergency without delay. All staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and wear appropriate personal protective equipment.

Essential Caregiver Designation - A designated Essential Caregiver is defined as an essential visitor who is visiting to provide direct care to the resident.

Visit Length – no time limit

Consensual Physical Contact – all physical contact must be consensual between the two parties

The administrator is responsible for ensuring the policy is enforced

In person visitation is allowed in all the following circumstances, unless the resident, client, or patient objects:

- **End of Life Situation**
- **A resident, client, or patient who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support**
- **The resident, client or patient is making one or more major medical decisions**
- **The resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died**
- **A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver**
- **A resident, client or patient who used to talk and interact with others is seldom speaking**