



Visitation Policy

The Visitation Policy is designed to promote resident, visitor, and employee safety and compliance with applicable laws and regulations. The community does not restrict visitation.

As per Florida Statute 408.823, the Executive Director is responsible for ensuring that staff adhere to the policies and procedures.

General Guidelines:

1. If the individual is a first-time visitor, offer them Infection Control Training and Education.
2. Screening Process/personal protective equipment, and infection control protocols
 - a) Ensure hand sanitizer is available for staff, visitors, and residents throughout the community
 - b) Screenings are no longer required for entrance to the community.
 - c) Face mask use for residents and visitors is optional, regardless of vaccination status, unless the resident or visitor is ill or symptomatic.
 - d) If the individual's loved one is in Isolation, they are required to wear a N-95 mask, gown, and face shield. *An N95 mask may be offered upon request*
 - Provide the individual with any personal protective equipment (PPE) needed prior to permitting entry
 - f. If their loved one is in quarantine, the individual is required to wear a N-95 mask

- If they do not have one, provide them with one prior to permitting entry
- g. Hand hygiene should be performed by the resident and the visitors before and after contact.
- h. Visits for residents who share a room should ideally not be conducted in the resident's room. If in-room visitation must occur (e.g., the resident is unable to leave the room), an unvaccinated roommate should not be present during the visit. If neither resident is able to leave the room, communities should enable in-room visitation while maintaining recommended infection prevention and control.

See AHCA 59A-35.125 Standards for the Appropriate Use of Facial Coverings for Infection Control.

(3) Health care practitioners and health care providers may choose to require a visitor to wear a facial covering only when the visitor is:

(a) Exhibiting signs or symptoms of or has a diagnosed infectious disease that can be spread through droplet or airborne transmission, (b) In sterile areas of the health care setting or an area where sterile procedures are being performed, (c) In an in-patient or clinical room with a patient who is exhibiting signs or symptoms of or has a diagnosed infectious disease that can be spread through droplet or airborne transmission, or (d) Visiting a patient whose treating health care practitioner has diagnosed the patient with or confirmed a condition affecting the immune system in a manner which is known to increase risk of transmission of an infection from employees without signs or symptoms of infection to a patient and whose treating practitioner has determined that the use of facial coverings is necessary for the patient's safety.

- i. Visitors are not compelled to submit proof of any vaccination or immunization, and consensual physical contact between a resident and the visitor is allowed
- j. Residents can visit with any person of his or her choice, at any time between the hours of 9:00 a.m. and 9:00 p.m. at a minimum.
- k. There is no limit on the number of visitors allowed per visit
- l. The Executive Director is responsible for ensuring that staff adhere to the policies and procedures.
- m. Visitors are not required to submit proof of any vaccination or immunization, and consensual physical contact between a resident and the visitor is allowed

Screening, personal protective equipment, and other infection control protocols for visitors:

Visitors are required to sign-in into visitor log. Visitors who exhibit signs or symptoms of infectious disease that can be spread through droplet or airborne transmission should not enter the Community until the condition resolves to prevent the spread of the infection. This is not pertinent to essential caregivers.

All visitors are required to perform hand hygiene by using hand sanitizer/handwashing upon entering the facility. A hand sanitizer is available at the sign-in station at all times and is easily accessible to all visitors.

The Community caregivers on duty clean and disinfect all surfaces identified as being touched with high frequency (doorknobs, tables, sitting areas) regularly throughout their shifts.

This policy does not prohibit visits to Residents who are showing symptoms of or tested positive for communicable disease or being under quarantine. The Community will provide the visitors with infection control education and PPE in accordance with the most recent CDC guidelines.

Essential Caregivers

A resident or their responsible party may designate anyone they choose as an Essential

Caregiver. There are no limits on the number of identified Essential Caregivers per resident.

Special Circumstances

In the event a Local, State or Federal agency might require restriction, the Essential Caregiver will be allowed in all the following circumstances, unless the resident objects:

1. End-of-life situations
2. A resident who was living with family before moving into the community is struggling with the change in environment and lack of in-person family support
3. The resident is making one or more major medical decisions
4. A resident is experiencing emotional distress
5. A resident is grieving the loss of a friend or family member who recently died
6. A resident needs queeuing or encouragement to eat or drink which was previously provided by a family member or caregiver
7. A resident, client, or patient who used to talk and interact with others is seldom speaking. During these times, visits must be conducted in the resident's room

For more information about visiting Florida communities generally, please visit acha.myflorida.com/visitation/. If you believe that your or your loved one's rights are being violated, please contact AHCA by calling the toll-free Complaint & Information Call Center at 1- 888-419-3456, or by completing an online com

VISITOR EDUCATION

STANDARD PRECAUTIONS

- Every visit should sign in and out in the visitor log
- Regular hand washing/hand antiseptic will be adhered to before, during and after the visit
- Standard Precautions eliminates the need to routinely place residents in private rooms for infection control purposes.

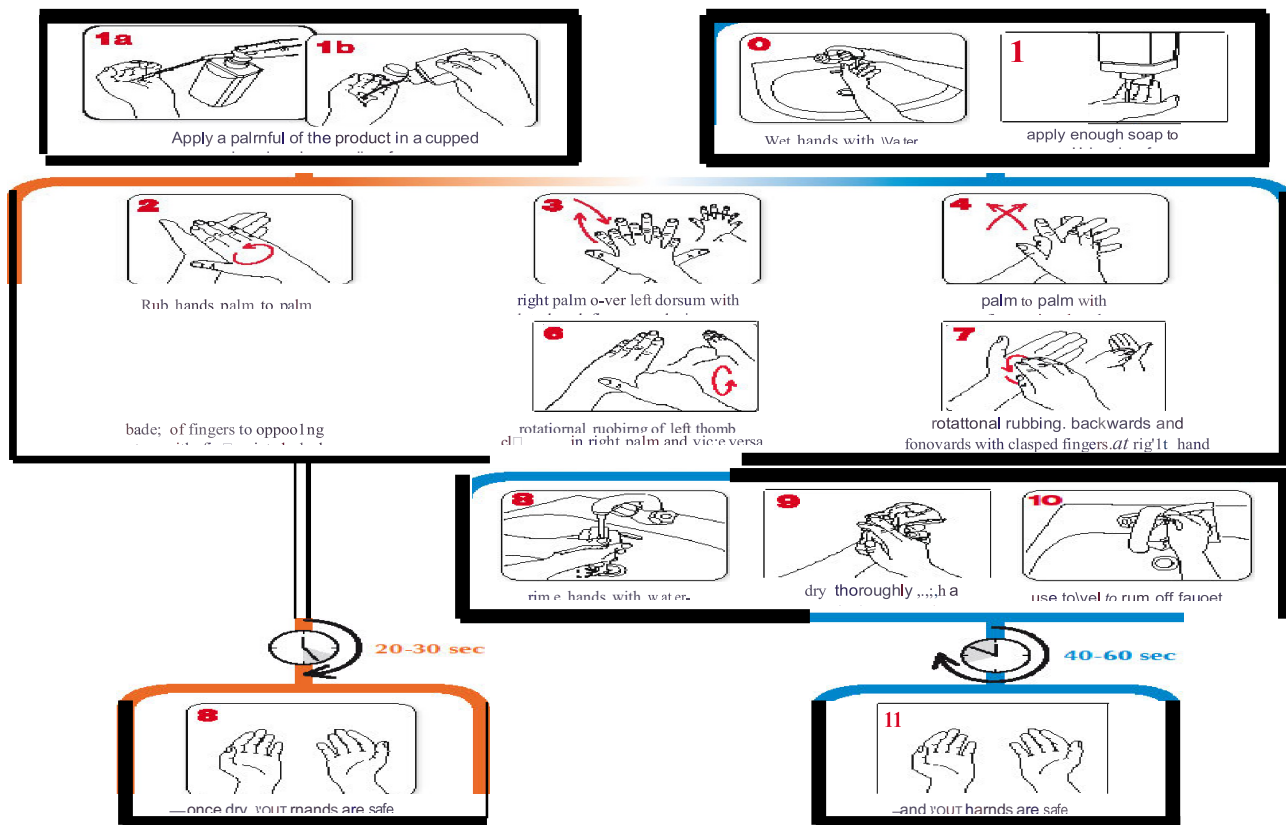
Handwashing for Visitors

Handwashing facilities will always be available for use by visitors.

Alcohol-based gels will be available to all visitors. Handwashing and cleansing with an alcohol-based sanitizer are acceptable methods for hand hygiene. Handwashing with soap and warm water should be performed to remove dirt, blood, and body fluids.

Visitors will clean their hands before and after visit, and as needed during the visit. Proper Handwashing Technique:

- Remove all jewelry, including rings.
- Run the faucet so that the water is lukewarm and wet the hands.
- Use a small amount of liquid soap to cover the hands and wrists. Soap the forearms, if necessary, to cleanse beyond the area of contamination.
- Use friction. Rub one hand upon the other, and interlace the fingers of both hands, using a back-and-forth motion for at least 20 seconds.
- Rinse your hands and wrists under running water. Always hold the hands so that they are lower than the elbows to allow water to flow from the fingertips.
- Dry your hands with a clean paper towel.
- Use a paper towel to turn off the water faucet.
- Visitors will be required to practice hand hygiene before, during, and after visits



Source control refers to use of well-fitting cloth masks, facemasks, or respirators to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. In addition to supplying source control, these devices also offer varying levels of protection for the wearer against exposure to infectious droplets and particles produced by infected people. Ensuring a proper fit is important to optimize both the source control and protection offered. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare community, visitors should wear their own well-fitting form of source control upon arrival to and throughout their stay in the community. If they do not bring their own, they should be offered an option that is equivalent to what is recommended for people in the community.

In the event of a viral outbreak the visitor will be subject to the appropriate PPE as required to mitigate and prevent spread of the virus. Community staff will instruct on the proper PPE for the individual situation.

When visiting a resident that is quarantined due to an active contagion period the visitor will be required to wear full PPE. Community staff will instruct on proper donning and doffing of the PPE. The PPE recommended when caring for a resident with suspected or confirmed Infection includes the following:

Respirator

- Put on an N95 respirator (or equivalent or higher-level respirator) before entry into the resident room or care area, if not already wearing one as part of extended use [strategies to optimize PPE supply](#). Other respirators include other disposable filtering facepiece respirators, powered air purifying respirators (PAPRs), or elastomeric respirators.

- N95 respirators or respirators that offer a higher level of protection should be used when performing or present for an aerosol generating procedure. See appendix for respirator definition.
- Disposable respirators should be removed and discarded after exiting the resident's room or care area and closing the door unless implementing extended use or reuse. Perform hand hygiene after removing the respirator or facemask.
- ☐ If reusable respirators (e.g., powered air-purifying respirators [PAPRs] or elastomeric respirators) are used, they should also be removed after exiting the resident's room or care area. They must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.

Eye Protection

- Put on eye protection (i.e., goggles or a face shield that covers the front and sides of the face) upon entry to the resident room or care area. ☐ Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face do not protect eyes from all splashes and sprays.
- Ensure that eye protection is compatible with the respirator so there is not interference with proper positioning of the eye protection or with the fit or seal of the respirator.
- Remove eye protection after leaving the resident room or care area, unless implemented extended use.
- Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use unless following protocols for extended use or reuse.
- Gloves

- Put on clean, non-sterile gloves upon entry into the resident room or care area. ☐ Change gloves if they become torn or heavily contaminated.
- Remove and discard gloves before leaving the resident room or care area and immediately perform hand hygiene.

Gowns

- Put on a clean isolation gown upon entry into the resident room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the resident room or care area. Disposable gowns should be discarded after use. Reusable (i.e., washable or cloth) gowns should be laundered after each use.

How do put on PPE

1 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



2 Put on Gown

Tie at neck and waist.



3 Put on Mask / N95 Respirator



Secure ties, loops or straps and mould metal piece over nose.



Perform a seal check for N95 respirators.

4 Put on Protective Eyewear



Place eye protection over face and eyes and adjust to fit.

5 Put on Gloves

Pull glove over the cuff of the gown.

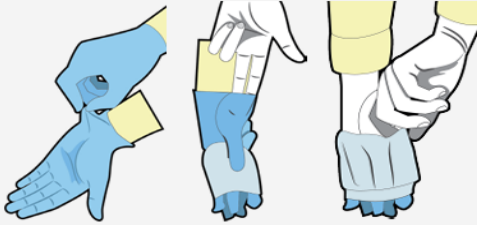


For more information, please contact Public Health Ontario's Infection Prevention and Control Team at ipac@oahpp.ca or visit www.publichealthontario.ca.

How to take off PPE

1 Remove Gloves

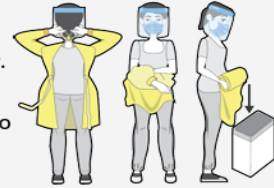
Take care not to touch your bare skin to the outside of the glove.



2 Remove Gown

Undo ties and pull gown away from body.

Carefully roll gown inside out, dispose into waste container.



Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.

3 Remove Protective Eyewear

Do not touch the front.

Carefully remove eyewear by pulling up and away from face and dispose into waste container.



4 Remove Mask / N95 Respirator

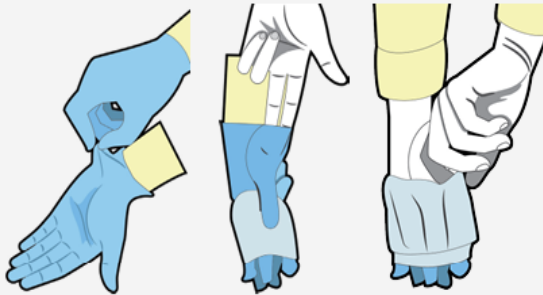
Take off using the ear loops/straps, pull forward away from face and dispose into waste container.



Perform Hand Hygiene

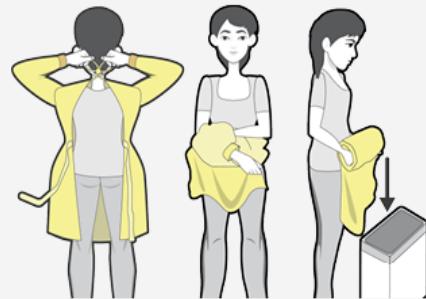
Use alcohol-based hand rub, or soap and water if hands are visibly soiled.

1 Remove Gloves



Take care not to touch your bare skin to the outside of the glove.

2 Remove Gown



Undo ties and pull gown away from body.

Carefully roll gown inside out, dispose into waste container.



Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.