



Still Hopes Episcopal Retirement Community Guidelines for Outdoor Visitation

Outdoor visitation will begin 10/07/2020. Window visits and End of Life/Compassionate Care indoor visitation will continue as requested and needed.

Visitation Criteria

All visits will be coordinated via scheduling links below.

Skilled Nursing Neighborhoods: Jane Bruce Guignard Neighborhoods and Sanders R. Guignard Rehabilitation Suites: <https://calendly.com/stillhopesvisitation/outdoor-visitation-b>

Assisted Living Neighborhoods: Rose Gardens and River Banks Neighborhoods: <https://calendly.com/stillhopesvisitation2/assistedliving>.

Please click on this link to request a time.

Visitation schedule:

Monday and Wednesday: 8AM-11:30AM and 1PM-4:00PM

Saturday 1PM-4PM

Visits will be 15 minutes long with the resident under a covered area outside. This visit must be scheduled at least 48 hours in advance to assure proper staffing and preparation. It may take several days to schedule a visit based on availability of staff and resident condition so please be mindful that a team member may call to reschedule if there is an issue.

- **Visitation time will begin strictly at the designated time to allow as many residents as possible to visit with their loved ones and clean between visits.** If a resident's visitor or resident is late to the scheduled time, the appointment cannot be extended unless there was a cancellation. Time frames will be strict. Please arrive 10 minutes early to have symptom screening completed and turn in signed policy.
- Visitation spaces are clearly marked to indicate the positions for the resident and visitor during the visit to be at least six feet apart. If there are any hearing ailments that prevent the resident from hearing six feet apart, a phone or iPad on a stand will be utilized to enhance hearing.
- Still Hopes aims to allow each resident and visitor to have a visit before visitations are repeated. Repeat visits will be scheduled once everyone who wishes to visit has had the opportunity.
- Staff will sanitize the designated outdoor visitation spaces with EPA-registered disinfectant at least before and after each visit. Cleaning of these spaces will be completed by housekeeping on an increased basis in addition to team members whom are helping with visitation disinfecting before and after each visit.

- If there is any likely exposure, a deep clean of the entire area will be completed.
- Team members aiding in visitation are trained in patient safety and infection control measures and enforce social distancing and masks requirements for the duration of the visit. The team member will stay in eyesight of the resident while providing distance necessary for the privacy of the visit and conversation. The team member will ensure that residents remain in their designated outdoor visitation location for the duration of the visit and will not permit residents to approach or enter any vehicles with their visitors.
- Team members will provide appropriate personal care and supervision to residents taking into consideration their individual needs and conditions, including need for sunscreen, hydration, appropriate clothing for the weather, heat sensitivity, and wandering and other behaviors.
- Still Hopes is only designating outdoor spaces for the visits, visitors do not have to enter the building at any time to visit with a resident.
- Team members aiding with visitation will have an iPad and thermometer to ask screening questions for COVID-19 signs and symptoms, and checking temperatures to assess for fever (100°F or greater). This will occur outdoors before the visit begins.
- Visitors will be expected to arrive 10 minutes before their scheduled visit to assure a thorough check-in process. Visitors will be assessed before the visit, this information will be inputted into an online form that can be accessed by appropriate Still Hopes personnel. Documentation will include at least:
 - The date of visit
 - Check-in and check-out times
 - Visitor's signature (electronic signatures accepted)
 - Visitor contact information (i.e., full name, address, telephone number, and email address)
- Failure to adhere to visitation guidelines and policies may result in suspension of visitation, isolation of the resident for up to 14 days, and additional COVID-19 testing of the resident.

Resident Criteria

- Residents that are currently in isolation due to recently testing positive for COVID-19, have signs and symptoms of COVID-19, or currently are in a quarantine or observation period are not eligible for outdoor visits.
- Residents that are not currently but have previously tested positive for COVID-19 are permitted only if they no longer require transmission-based precautions in accordance with CDC and DHEC guidelines.
- Residents must have the ability to safely transition, with or without staff assistance, from their room to the outdoor visit location and remain safe in the designated location.

- Residents must not be transported through any space designated as COVID-19 care space or space where residents suspected or confirmed to be infected with COVID-19 or under quarantine are present. Residents residing on a unit that is under isolation are not allowed to have outdoor visitation.
- Residents must wear a surgical face mask, unless a contraindication is present, at all times during the visit, including the transition to and from the outdoor visitation location. Residents must be positioned at least six feet away from visitors at all times.
- If residents are unable to adhere to the social distancing guidelines or if the visit creates a stressful environment, a window visit may be more appropriate and Still Hopes team members can help arrange a window visit.

Visitor Criteria

- Only **two visitors** are permitted to visit a resident per visit. Information will be collected from all visitors.
- Visitors should be restricted to children **12 years or older**.
 - Children must be accompanied by their guardian at all times. The child's guardian is responsible for ensuring the child follows safety measures, including social distancing and wearing a surgical face mask for the duration of the visit.
- Visitors may bring pets if the visitor maintains control of the pet for the duration of the visit. The pet should remain in a carrier, in the visitor's grasp, or on a leash at all times.
- **Visitors must wear a surgical face mask over their mouth and nose for the duration of the visit, including to and from their vehicle.** Face shields may not be used in lieu of surgical face masks for visitors, though they may be used in addition to the mask or covering if the visitor so chooses. Mask with exhalation valves are not allowed. We will provide a surgical mask if you do not have one.
- Visitors must strictly maintain social distancing for the duration of the visit, including remaining at least six feet away from residents. A clearly marked area will be designated to ensure that residents and visitors do not break social distancing guidelines.
- **Visitors are not permitted to have any physical contact with residents, including hugging, kissing, holding hands, or any other physical contact.**
- Visitors must use alcohol-based hand rub sanitizer upon entering and exiting the outdoor visitation location.
- Visitors are only permitted in the designated outdoor visitor screening location and the designated outdoor visitation location. Visitors are not permitted to enter the facility's buildings at anytime including to use the restroom.
- Visitors must only visit the resident they intended to visit at the designated outdoor visitation location.

We will Temporarily Suspend Visitation

- If **one or more** cases are identified in residents and/or staff members, visitation must be suspended until CMS testing protocols are completed. Visitation may resume if fewer than three total cases have been identified or if the positive test are in a separate licensed area than the resident receiving visitors.
- If **three or more cases** are identified in staff members and/or residents within a 14-day period, visitation must be suspended. Visitation may resume 14 days after the identification of the last case.
- It is up to the discretion of Still Hopes management to suspend visitation based on test results, weather conditions, staffing, and resident/ visitor adherence to visitation policies.

Inclement Weather:

- We will move visitation to the Greenway parking garage if we have enough advance notice for inclement weather. If no advance notice is possible, we will reschedule or offer a window visit in the Greenway Parking Garage.

**Note: A resident that previously tested positive and now retests positive within three months of original positive test, is not considered a new case. It is unknown at this time whether an individual can be re-infected. This guidance may be updated as more information is learned on viral persistence and risk for reinfection.

**PLEASE READ THE CONSENT FORM BELOW AND BRING A SIGNED COPY
TO YOUR SCHEDULED VISIT.**



VISITOR INFORMED CONSENT & ASSUMPTION OF RISK

PLEASE PRINT LEGIBLY

Name _____ Mobile Phone _____ Home Phone _____

Address _____ City _____ State _____ ZIP _____

Email _____

INFORMED CONSENT:

I acknowledge that I have been fully informed of all of the following:

- (a) That there is a risk that by entering on to Still Hopes Retirement Community AL/SNF grounds, hereinafter “FACILITY”, or entering in to FACILITY I could be exposed to the COVID-19 virus;
- (b) That as FACILITY caregivers are providing care and assistance to residents, FACILITY caregivers must be in close contact with residents. While FACILITY caregivers are trained to mitigate the risks of virus transfer, caregiver assistance necessarily involves close contact or actual physical contact with residents, as well as shared contact among surfaces.
- (c) Although all staff members, including caregivers, take precautions to minimize the risk of virus transfer, at this time it would appear that the risk of COVID-19 transmission cannot be fully eliminated and that FACILITY cannot guarantee that it can provide an environment that is free from the risk of COVID-19 transmission.
- (d) That FACILITY cannot guarantee that I will not contract the COVID-19 virus from contact with a FACILITY resident or staff member, or from touching a surface while visiting the FACILITY;
- (e) That I understand that if I were to contract the COVID-19 virus I could become ill and possibly die;
- (f) That I am aware that my name may be given to public health officials for contact tracing which could result in public health officials asking me to be tested for COVID-19 should new cases develop in the facility.

ASSUMPTION OF RISK:

Upon signing this Agreement and forever thereafter, I agree that if I choose to visit FACILITY, I assume the risk that I may be exposed to, and possibly contract, the COVID-19 virus and possibly die, as a result of my presence at or in the FACILITY.

I agree that I am knowingly and voluntarily assuming all risk to myself, known and unknown, associated with the potential exposure to the COVID-19 virus, up to and including death.

I further expressly agree that the foregoing Informed Consent and Assumption of Risk is intended to be as broad and inclusive as permitted by the law of the state of South Carolina, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This Informed Consent and Assumption of Risk constitutes the sole and entire agreement between FACILITY and myself with respect to its subject matter and supersedes all prior and contemporaneous understandings, both written and oral, with respect to said such subject matter.

I AGREE TO FOLLOW ALL FACILITY INFECTION CONTROL PROTOCOLS, INCLUDING SCREENING AT THE TIME I ARRIVE AT THE FACILITY;

I AGREE TO WEAR PPE AT ALL TIMES WHILE AT OR IN THE FACILITY AND UNDERSTAND THAT MY FAILURE TO DO SO WILL RESULT IN MY IMMEDIATE REMOVAL FROM THE FACILITY PROPERTY.

I ACKNOWLEDGE THAT I HAVE THE LEGAL AUTHORITY TO SIGN ON MY BEHALF.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS MEANING. I HAVE BEEN ADVISED THAT I SHOULD CONSULT MY LAWYER PRIOR TO EXECUTING THIS AGREEMENT.

I FURTHER ACKNOWLEDGE THAT I HAVE READ AND VOLUNTARILY SIGNED THIS AGREEMENT AND THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAS BEEN MADE.

Visitor Name (PRINT) _____

Visitor Signature _____ Date _____

Visitor contact information if follow up requested by Health Department (phone/email):
