Infection Control Guidelines

• We recommend a maximum of two visitors per resident.
• Visitation is encouraged between the hours of 8am and 8pm.
• Residents and visitors are required to wear a surgical face mask for the duration of the visit when the visit is being conducted in a shared room.
• Residents and visitors are required to wear a surgical face mask when the facility is in active outbreak status and when the county positivity rate is substantial or higher.
• The only exception to the mask mandate is fully vaccinated non-immunocompromised residents in a private room whose visitors are also vaccinated.
• Hand hygiene must be performed prior to and immediately following each visit.
• Visitors are to maintain at least a six-foot distance from all residents and staff.
• Physical touch is permitted during visitation if both the visitor and resident are fully vaccinated and the resident agrees.
• Visits are only permitted to take place in the residents’ room or the designated visitation area located on unit 2A.
• Visitors who are positive for Covid-19, exhibiting symptoms of Covid-19 or who meet criteria for quarantine due to a high risk exposure to Covid-19 are prohibited from visiting.
• Weather permitting, outdoor visitation is preferred.
• For residents in semi-private rooms, there may be circumstances where visitation must occur in the designated visitation area.

Outbreak Status

• Charlotte Hall Veterans Home (is / is not) in outbreak status.

Violation of Visitation Policy

• Failure to comply will result in the immediate termination of the current visit.
  o The CHVH staff member will notify Administration of any noncompliance whereby they will determine if future visitation will be permitted.

Vaccination status

Please circle one:  I am fully vaccinated (proof required)  I have not been vaccinated

Photo Policy

• During visits families are welcome to take pictures of their family member(s) however, please remember per the photo policy, photographs taken of any CHVH staff member or other resident goes against HIPPA and is strictly prohibited. If it is found that, you have taken any pictures and/or videos that violate this policy can result in termination of visits.

Acknowledgement

• By signing below, I acknowledge that I have read, fully understand, and fully agree to adhere to the guidelines outlined above.
• I have been notified about the potential for COVID-19 exposure in the facility and agree adhere to the core principles of COVID-19 infection prevention.

Visitor’s Name (printed)                        Visitor’s Signature

CHVH Resident Name (Printed)                            Date