

Name of the Resident: \_\_\_\_\_



VISITING DURING INDOOR/OUTDOOR VISITS/END OF LIFE/COMPASSIONATE  
CARE/AND ESSENTIAL CARE GIVERS

Informed Consent:

Date: \_\_\_\_\_

I, \_\_\_\_\_ is aware of the possible dangers of exposure to COVID-19 for both the resident and/or myself.

I attest that I will follow the rules set by Heath Village regarding outdoor/ end of life/compassionate care/and essential care giver visitation.

\_\_\_\_\_ I must go through the *screening process for COVID-19*.

● If I meet the screening criteria and I can visit with the resident, I must read and understand the following information provided:

\_\_\_\_\_ I understand and adhere to the handwashing guidelines.

> For inside visits, handwashing stations are in the following areas:

\*We have sinks in each resident's room. Hand sanitizers by each entrance to the Meadows, MFH and one halfway down the hallway each unit. There are also hand sanitizers near each nurse's station.

> For outside visits, hand sanitizer is located within the outdoor visitation area.

\_\_\_\_\_ I will limit any touching of surfaces.

\_\_\_\_\_ A well-fitted face mask/ eye protection is optional.

\_\_\_\_\_ I must use additional PPE according to current facility policy while in the resident's room or outside visitation area as needed.

\_\_\_\_\_ I will limit my movement within the facility to the resident's room area or assigned visiting area. Only depending on the cases during an outbreak

\_\_\_\_\_ I will limit my physical contact with anyone other than the resident while in the facility or outside designated visiting area. (No handshaking or hugging and remaining six feet apart)

- Educational material has been provided to you on COVID-19, wearing facial masks, eye protection and handwashing.
- Dog/ cats are allowed to visit, proceed directly to the room your visiting, ensure that does not interfere with resident care, vaccines are up to date and submitted to activity department, email to [cstukes@heathvillage.com](mailto:cstukes@heathvillage.com)

I am aware of the risk of exposure to COVID-19; I will strictly comply with the facility policies during outdoor/end of life/compassionate care/and nonessential care giver visitation. I will notify the facility if I test positive for COVID-19 or exhibit symptoms of COVID-19 within 14 days of the visit.

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Revised 5/8/24