Acknowledgement of Visitation Core Principles and COVID Infection Prevention

In accordance with CMS regulation 42 CFR 483.10(f)(4), F563 Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations.

Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission:

Core Principles of COVID-19 Infection Prevention

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID- 19 signs and symptoms, infection control precautions, 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 often, and designated visitation areas after each visit
- Appropriate use of Personal Protective Equipment (PPE)

These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for nursing homes, and will be adhered to at all times.

Visitors who are unable to adhere to the core principles of COVID-19 infection prevention will not be permitted to visit or will be asked to leave.

Resident Name _____

Date of Visit _____

Visitor's Contact Information:

_____	_____	_____
Street Address	City, State, Zip Code	Phone Number

☐ Visitor Acknowledges Understand of Core Principles:

_____	_____	_____
Print Name	Signature	Date

This consent documents your approval to undergo routine COVID testing at the intervals set forth by federal regulations.

You can call Bishop Spencer Place to inquire as to the current testing frequency by calling 816-595-5020.

☐ Resident Consent:

I give Bishop Spencer Place permission to perform tests for COVID.

_____	_____	_____
Print Name	Signature	Date

– OR –

☐ DPOA/Responsible Party Consent:

As the responsible party for _____ (resident) I give Bishop Spencer Place permission to perform tests.

_____	_____	_____
Print Name	Signature	Date

– OR –

☐ Staff Consent:

I give permission for BSP to test me as a staff member.

_____	_____	_____
Print Name	Signature	Date

BSP Staff Member Assisting Visitor:

_____	_____	_____
Print Name	Title	Date