

Outdoor Visitation Information

Dear Carneys Resident,

Our facility will begin to schedule appointments for outdoor visitation and will allow 2 visitors per resident.

A resident who is suspected or confirmed to be infected with COVID-19, or quarantined for an exposure to a COVID-19 case cannot be visited until after they have met the criteria for discontinuation of isolation as defined in guidance from NJDOH and CDC, except for an end of life situation.

Prior to transporting a resident to the designated outdoor visitation space, our facility will screen the visitors for infectious communicable disease, including COVID-19 symptoms. Any visitors with symptoms of COVID-19 infection (subjective or objective fever equal to or greater than 100.4° or as further restricted by facility policy, chills, cough, shortness of breath or difficulty breathing, sore throat, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea) will not be permitted to visit with a resident.

Visitors may bring their own water which cannot be shared with the resident. Food is not permitted during the visits. Visitors may bring items for the resident but must leave the package at reception or another location, as directed by the facility.

- Someone from the facility will greet the visitors outside and conduct a screening.
- If the visitors pass the screening, they will be brought to the visitation area in front of the building
- The resident will be brought to the visitation area.
- There will be a six feet physical barrier between the resident and the visitors.
- For the visit itself, everyone needs to be masked, and a staff person will supervise to assure that physical separation is maintained and masks are worn.
- When the visitation ends, the visitors will be escorted out, and the resident brought back inside.

The facility must receive informed consent from the visitor and the resident in writing that they are aware of the possible dangers of exposure to COVID-19 for both the resident and the visitor and that they will follow the rules set by the facility in regard to outdoor visitation and that the visitor will notify the facility if they test positive for COVID-19 or exhibit symptoms of COVID-19 within fourteen days of the visit (if the resident is unable to consent then the consent needs to be signed by the authorized representative) with a copy provided to the visitor and resident.

Visitor Name:		Date:	
Resident Name being visited:			
Self-Declaration by Visitor			
1.	Have you or any household members had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes No		
2.	Have you experienced any cold or flu-like symptoms in the last 14 days:	YES	NO
A.	Fever equal to or greater than 100.4		
B.	Chills		
C.	Cough		
D.	Shortness of breath or difficulty breathing		
E.	Sore Throat		
F.	Fatigue		
G.	Muscle or body aches		
H.	Headache		
I.	New loss of taste or smell		
J.	Congestion or runny nose		
K.	Nausea or vomiting		
L.	Diarrhea		
3.	Have you been diagnosed with COVID-19? If so facility will be evaluated if visitor has met criteria for discontinuation of isolation per guidance issued by NJDOH and CDC		
4.	I have read the visitor guidelines provided and agree to adherence to such		
5.	I have been instructed on hand washing protocols and agree to adherence of such.		
6.	I agree to maintain the 6 ft social distancing guidelines set forth		

Temperature of visitor: _____

Signature of Visitor: _____ Date: _____

Signature of Screener: _____ Date: _____

Outdoor Visitation Consent

Date of Visit: _____

Resident name _____, is having an outdoor visitation
by _____, and _____.

I (we) are both aware of the possible dangers of exposure to COVID-19 and
we will follow the rules set by the facility in regard to outdoor visitation.

I (we) will notify the facility if I (we) test positive for COVID-19 or exhibit
symptoms of COVID-19 within fourteen (14) days of the visit.

Signature of Resident or (authorized representative)

Signature of Visitor(s)
