

ACKNOWLEDGEMENT

1. I understand that, in response to the outbreak of COVID-19, the Massachusetts Department of Public Health (DPH) issued a guidance recommending the closing of skilled nursing facilities to visitors. This facility has been closed to visitors since March 11, 2020.
2. I also understand that effective June 3, 2020, DPH is relaxing its COVID-19 policy against visitors in nursing homes. This facility is obligated to follow DPH's policy.
3. I acknowledge that if I seek to visit my loved one, any such visit must be conducted in accord with these DPH-imposed requirements:
 - a. All visits must be scheduled in advance.
 - b. The facility may limit the length of any visit, and/or may set visiting hours.
 - c. Any person visiting the facility will be screened for fever or respiratory symptoms. The facility will refuse entry to any visitor with a fever over 100°, who exhibits a cough, or who has had shortness of breath, sore throat, muscle ache, chills or new onset of loss of taste or smell.
 - d. No visitor will be admitted to the facility without a mask. A cloth mask is sufficient for visitors.
 - e. A resident who is suspected or confirmed to be infected with COVID-19 cannot receive visitors. A resident who has tested negative or has recovered from COVID-19 may receive visitors.
 - f. All visitation must be conducted in a designated outdoor space and is, thus, subject to the weather
 - g. No more than two (2) people may visit the resident at any time.
 - h. There is to be no physical contact between the resident and the visitors. Visitors must remain six (6) feet from the resident at all times.
 - i. A staff member trained in patient safety and infection control must remain with the resident at all times during the visit.
4. I understand that I must immediately notify the facility if I develop symptoms of COVID-19 such as fever, cough, shortness of breath, sore throat, muscle soreness, chills or new onset of loss of smell or taste within 2 days after exiting the facility or designated outdoor space. I will provide them with the date I was in the facility, the names of individuals I was in contact with, and the locations within the facility I visited.
5. I understand that if I fail to follow any of the requirements above, the facility may terminate my visit and ask me to leave the premises.
6. I understand that the facility will still have a variety of electronic methods available for residents' use so that they can continue to be in contact with their families via electronic means.
7. I also understand that the facility reserves the right to revise or rescind visitation policy at any time based on public health concerns, changed guidance of public health authorities, or the best interests of the residents.

Resident Being Visited

Date of Visit

Signature of Visitor

Printed Name of Visitor