VISITATION
POLICY AND PROCEDURE

<table>
<thead>
<tr>
<th>Department(s)</th>
<th>Administration, Environmental Services, Hospital Police, Nursing, Public Relations, Social Services, Therapeutic Recreation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject</td>
<td>Skilled Nursing Facility Visitation</td>
</tr>
<tr>
<td>Date Issued</td>
<td>07/08/2021</td>
</tr>
<tr>
<td>Supersedes</td>
<td>06/01/2021</td>
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<tr>
<td>Review Date(s)</td>
<td>08/21/2020 08/31/2020 09/04/2020 09/17/2020 11/06/2020 11/17/2020 02/23/2021 04/30/2021</td>
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</tbody>
</table>

PURPOSE
- To reflect updated guidance from the New York State Department of Health (NYSDOH) on the expansion of visitations, personal caregiving visitors, and compassionate care visitors
- To facilitate visitation during a public health emergency
- To facilitate visits with our residents in an environment where the health and safety of residents, staff, and visitors is maintained

PERSONS RESPONSIBLE
- It is the responsibility of Administration, Environmental Services, Hospital Police, Nursing, Public Relations, Screening Attendants, Social Services, and Therapeutic Recreation to ensure compliance with this policy

GUIDANCE
As per the “Health Advisory: Revised Skilled Nursing Facility Visitation” (Advisory) issued by the NYSDOH on July 8, 2021, the Facility may expand visitation and/or activities

- Visitation can be conducted through different means based on McKinney’s structure and residents’ needs (such as in resident rooms, dedicated indoor visitation spaces, and designated outdoor spaces)
- Visits should be conducted with an adequate degree of privacy
- Visitors must be able to adhere to the core principles of infection prevention and control policies and staff are expected to provide monitoring for those who may have difficulty adhering to such core principles
○ Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor’s vaccination status)

○ Hand hygiene

○ The use of face coverings or masks (covering both mouth and nose)
  ▪ Surgical facemasks will be provided by the facility

○ 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, and hand hygiene)

○ Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit

○ Appropriate staff use of Personal Protective Equipment (PPE)

○ Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)

○ Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see QSO-20-38-NH)

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

**OUTDOOR VISITATION**

- Outdoor visitation is preferred whenever practicable, even when the resident and visitor are fully vaccinated against COVID-19
  - Fully vaccinated refers to a person who is \( \geq 2 \) weeks following receipt of the second dose in a two-dose series, or \( \geq 2 \) weeks following receipt of one dose of a single dose vaccine, per the CDC’s Public Health Recommendations for Vaccinated Persons

- For outdoor visits, the facility should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available

- When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to
INDOOR VISITATION

- The facility should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (exception: compassionate care visits are permitted at all times)

- These scenarios include limiting indoor visitation for:
  - Unvaccinated residents if the nursing home’s COVID-19 county positivity rate is >10% AND <70% of residents in the facility are fully vaccinated
    - For county positivity rates, go to https://data.cms.gov/stories/s/COVID-19-NursingHome-Data/bkwz-xpvg
  - Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue to Transmission-Based Precautions; OR
  - Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine

- The facility should consider how the number of visitors per resident at one time and the total number of visitors in the facility at one time may affect the ability to maintain the core principles of infection prevention

  - Consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors
    - Any visitation schedule should allow residents to receive visitors for their desired length of time, to the extent possible, in consideration of the core principles of infection control
  - Limit visitor movement in the facility
  - If possible, for residents who share a room, visits should not be conducted in the resident’s room
  - For situations where there is a roommate and the health status of the resident prevents her/him from leaving the room, the facility should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention
  - If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after
  - If both the resident and their visitor(s) are fully vaccinated, and the resident and visitor(s) are alone in the resident room or designated visitation room, the resident
and visitor may choose to have close contact (including touch) without a mask or face covering

- Regardless, visitors should physically distance from other residents and staff in the facility.

**INDOOR VISIT DURING AN OUTBREAK**

- An outbreak exists when a new nursing home onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff)

- With the appropriate safeguards, visitation can still occur when there is an outbreak, but there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility

- When a new case of COVID-19 among residents or staff is identified, the facility should immediately begin outbreak testing and suspend all indoor visitation (except required visitation under federal disability rights law), until at least one round of facility-wide testing is completed

- Visitation can resume based on the following criteria:
  - If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then indoor visitation can resume for residents in areas/units with no COVID-19 cases
    - The facility should suspend indoor visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing
  - If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then the facility should suspend indoor visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing
  - If subsequent rounds of outbreak testing identify one or more additional COVID-19 cases in other areas/units of the facility, then the facility should suspend indoor visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing
  - Compassionate care visits and visits required under federal disability rights law should be allowed at all times, for any resident (vaccinated or unvaccinated), regardless of the above scenarios

**VISITOR TESTING AND VACCINATION**

- Visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation
  - This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems
PERSONNAL CAREGIVING AND COMPASSIONATE CAREGIVING VISITS

- “Personal Caregiving Visitor” means a family member, close friend, or a legal guardian of a resident designated by a resident (or by a resident’s lawful representative) to assist with personal caregiving or compassionate caregiving for the resident

- Personal caregiving is defined as care and support of a resident to benefit a resident’s mental, physical, or social well-being

- Compassionate caregiving is defined as personal caregiving provided in anticipation of the end of a resident’s life or in the instance of significant mental, physical, or social decline or crisis

- Personal Caregiving Visitors
  - During a public health emergency, the facility must continue to allow residents to access their designated personal caregiving visitors, notwithstanding any restrictions or prohibitions relating to residential health care visitation resulting from the declared public health emergency
  - Restrictions to personal caregiving visitors includes the following:
    - If the facility has reasonable cause to believe that a resident will not benefit from accessing their designated personal caregiving visitors (and such reasoning has been documented in the resident’s individualized comprehensive plan of care)
    - The facility may temporarily suspend or limit personal caregiving visitors to protect the health, safety, and welfare of residents if:
      - The declared public health emergency is related to a communicable disease and it is determined that the local infection rates are at a level that presents a serious risk of transmission of the communicable disease with the facility
      - The facility is experiencing inadequate staffing and has reported the staffing shortage to the Department of Health and any other agencies as required by law
      - An acute emergency situation exists (e.g., loss of heat, loss of elevator service, or loss of an essential service)
    - In the event the facility suspends or limits personal caregiving visitation, the facility must notify residents, all designated personal caregiving visitors, and the applicable NYSDOH regional office of the suspension or limitation and the duration within 24 hours of implementing the suspension or limitation
Each day of the suspension or limitation the facility must document the specific reason(s) for the suspension or limitation in an administrative record

During the suspension or limitation of personal caregiving visitation, the facility must provide a means for all residents to engage in remote visitation with their designated personal caregiving visitor(s)

- The facility may prohibit a personal caregiving visitor from entering if the facility has reasonable cause to believe that permitting the personal caregiving visitor to meet with the resident is likely to pose a threat of serious physical, mental, or psychological harm to the resident

- The facility must document the date and reason for the visitation refusal in the resident’s individualized comprehensive plan of care and on the same date of the refusal communicate its decision to the resident and their designated representative

- The facility may refuse access or remove from the premises any personal caregiving visitor who is likely to cause physical injury to any facility resident or personnel

- At the time of admission or readmission, residents (or their designated representatives in the event the resident lacks capacity) are asked which individuals the resident elects to serve as their personal caregiving visitor during declared public health emergencies
  - A resident is entitled to designate at least two personal caregiving visitors at one time

  - The facility maintains a written record of the resident’s designated personal caregiving visitors in the resident’s individualized comprehensive plan of care

- At least on a quarterly basis and upon a change in a resident’s condition, the facility will inquire of all current residents (or their designated representative if the residents lack capacity) whether the facility’s current record of designated personal caregiving visitors remains accurate or whether the resident (or their designated representative if the resident lacks capacity) wishes to make any changes to their personal caregiving visitor designations

  - The facility updates the resident’s individualized comprehensive plan of care with the date the facility sought updates from the resident and indicates any changes to the resident’s personal caregiver visitor designations
The facility requires all personal caregiving visitors to adhere to infection control measures established by the facility (as discussed in this policy).

The facility requires all personal caregiving visitors to adhere to the admittance health screening process established by the facility (as discussed in this policy).

The frequency and duration of personal caregiving visits and limitations on the total number of personal caregiving visitors allowed to visit the resident and the facility at any one time will be determined by the nature of the declared public health emergency.

- In establishing frequency and duration limitations, the facility must ensure that residents are able to receive their designated personal caregiving visitors for the resident’s desired frequency and length of time.

- Restrictions on the desired frequency and duration must be:
  - Attributable to the resident’s clinical or personal care needs
  - Necessary to ensure the resident’s roommate has adequate privacy and space to receive their own designated personal caregiving visitors
  - Because the desired frequency or duration would impair the effective implementation of applicable infection control measures

Compassionate Caregiving

- Compassionate caregiving visitation is permitted at all times, regardless of any general visitation restrictions or personal caregiving restrictions in effect in the facility, and must include the following safeguards:
  - The facility requires compassionate caregiving visitors to be screened for signs and symptoms of COVID-19 and exposure to COVID-19 prior to entering the building
  - Considerations for appropriate infection control and prevention measures if physical contact is necessary (i.e., contact would be beneficial for the resident’s mental or psychosocial well-being) including appropriate use of personal protective equipment and adhering to hand hygiene protocols
  - Method(s) to determine the compassionate caregiver’s appropriate donning of PPE and compliance with acceptable infection control and prevention measures
Examples of compassionate care situations include, but are not limited to:

- End of life

- A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support

- A resident who is grieving after a friend or family member recently passed away

- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration

- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past)

**REQUIRED VISITATION**

- The facility shall not restrict visitation without a reasonable clinical or safety cause

- Residents who are on transmission-based precautions for confirmed or suspected COVID-19 or exposure to COVID-19 as defined by the Centers for Disease Control should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions

  - This restriction should be lifted once transmission-based precautions are no longer required per CDC guidelines

**ACCESS TO THE LONG-TERM CARE OMBUDSMAN**

- The facility must provide representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident

- In-person access may be limited due to infection control concerns and/or transmission of COVID-19, such as the scenarios stated above for limiting indoor visitation or where the representative of the Long-Term Care Ombudsman Program screens positive for signs or symptoms of COVID-19; however, in-person access may not be limited without reasonable cause

- If in-person access is deemed inadvisable (e.g., the Ombudsman has signs or symptoms of COVID-19), the facility must, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology
**FEDERAL DISABILITY RIGHTS LAWS AND PROTECTION AND ADVOCACY PROGRAMS**

- The facility must allow immediate access to a resident by any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), and of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000)

**SURVEY CONSIDERATIONS**

- Federal and state surveyors are not required to be vaccinated and must be permitted entry into the facility unless they exhibit signs or symptoms of COVID-19 upon screening

**ENTRY OF HEALTHCARE WORKERS AND OTHER PROVIDERS OF SERVICES**

- Health care workers who are not employees of the facility but provide direct care to the facility’s residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy, etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or showing signs or symptoms of COVID-19 after being screened
  - EMS personnel do not need to be screened

**RESIDENT REQUIREMENTS**

- Residents must wear a surgical facemask which covers both the nose and mouth during visitation, if medically tolerated
  - Surgical facemasks will be provided by the facility

**NUMBER OF VISITORS PERMITTED**

- Only two visitors will be allowed per resident at any one time
  - No more than 20% of the residents will have visitors at any one time

**LOCATION OF VISITS**

- Outdoor visitation site is limited to the McKinney Gardens located in the back of the facility, weather permitting
  - Preferred indoor visitation sites include the Chapel, Lobby Alcove, or the unit Family Conference Rooms
  - Compassionate care visits may be conducted in a resident’s room while adhering to the core principles of COVID-19 infection prevention
DAYS AND HOURS IN WHICH VISITS TO A RESIDENT MAY BE SCHEDULED

- Monday through Sunday

- Preferred visiting times are 10:00 AM – 12:00 PM and 1:30 PM – 4:00 PM (with the last appointment scheduled to take place at 3:30 PM)
  - Arrangement for visits to take place outside of the preferred visiting hours can be made

LENGTH OF TIME PERMITTED FOR EACH VISIT TO A RESIDENT

- The visitation schedule allows residents to receive visitors for their desired length of time, to the extent possible in consideration of the core principles of infection control and as necessary to respect the privacy of other residents in the event a resident shares a room

SCHEDULING A VISIT TO A RESIDENT

- Visitors must call the Department of Therapeutic Recreation at 718-245-7120 on Monday through Friday from 9:00 AM to 4:00 PM to schedule a visit

- Therapeutic Recreation maintains the scheduling log and assignment of the indoor and outdoor visiting sites

COVID-19 SCREENING AND REGISTRATION OF A VISITOR

- See Attachment #1: “Visitor Screening and Registration Process Steps”

- Visitors must enter the Facility at the main entrance (594 Albany Avenue)

- Visitors are required to perform hand hygiene, utilizing the hand sanitizing dispenser located at the entrance

- Visitors are provided a surgical facemask by the Screening Attendant

- Visitors are screened for signs and symptoms of COVID-19 prior to access to the building/resident access; a temperature check is administered by the Screening Attendant
  - If the recorded temperature is at 100.0°F or above, visitation is not permitted
  - If the recorded temperature is below 100.0°F, the screening questionnaire is administered
    - Visitors record their reported body temperature on the Screening Questionnaire
    - Screening Attendant requests the visitor to complete the front and backside of the Screening Questionnaire/Visitor Registration Form
      - See Attachment #2: “Coronavirus-19 Screening Questionnaire”
  - Visitor completes the screening questionnaire and returns it to the Screening Attendant
Screening Attendant reviews the completed screening questionnaire
- If the responses to all of the screening questions is “no” and all of the information fields on the Visitor Registration Form are completed, visitation is permitted
- If the response to one or more of the screening questions is “yes”, and/or not all of the information fields on the Visitor Registration Form are completed, the screener must obtain assistance before registering/screening the visitor can continue
- If a visitor refuses to complete the Screening Questionnaire and/or the Visitor Registration form, visitation is not permitted

- Screening Attendant provides the visitor with a COVID-19 informational flyer ("Visitor Expectations")
  - See Attachment #3: “Visitor Expectations”

- Screening Attendant directs the visitors to the visitation site

- Screening Attendant files the completed the Screening Questionnaire

TRANSPORTING A RESIDENT TO THE VISITATION SITE
- Nursing staff or Therapeutic Recreation staff provides a surgical face mask to the resident and transports the resident to the visitation site

- If the visitation is taking place in a resident’s room, Nursing staff will provide a surgical face mask to the resident and ensure visitors are wearing the required personal protective equipment

TRANSPORTING A RESIDENT BACK TO THE UNIT AFTER THE VISIT HAS ENDED
- Nursing staff or Therapeutic Recreation staff transports the resident back to his/her upon completion of the visit

SUPERVISION OF THE VISITATION SITE
- If the visit is occurring in the McKinney Garden, Chapel, or Lobby Alcove, a McKinney staff member is stationed near the visitation site to ensure compliance with core infection control and prevention measures

- If the visit is occurring on the unit or in a resident’s room, Nursing will provide supervision as needed/warranted

WHEN MAY A SCHEDULED VISIT BE CANCELED
- Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave
• Outdoor visits may be canceled due to weather considerations, an individual resident’s health status, or facility outbreak status

• Indoor visits may be canceled due to an individual resident’s health status or facility outbreak status

<table>
<thead>
<tr>
<th>Regulatory Reference(s)</th>
<th>• Health Advisory: Revised Skilled Nursing Facility Visitation, 07/08/2021</th>
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</thead>
<tbody>
<tr>
<td>Resource(s) Used</td>
<td>• Centers for Disease Control and Prevention <a href="https://www.cdc.gov/coronavirus">https://www.cdc.gov/coronavirus</a></td>
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<tr>
<td></td>
<td>• “COVID-19 Safety Plan” Facility policy</td>
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<td></td>
<td>• “Guidance and Management for COVID-19 in Long-Term Care Facilities” Facility policy</td>
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<tr>
<td></td>
<td>• McKinney Annual Pandemic Emergency Plan</td>
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<td></td>
<td>• New York State Department of Health <a href="https://www..nyc.gov/site/doh/covid">https://www..nyc.gov/site/doh/covid</a></td>
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<td></td>
<td>• NY Forward Safety Plan</td>
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Attachments:
• Attachment #1: Visitor Screening and Registration Process Steps
• Attachment #2: Visitor Screening Questionnaire
• Attachment #3: Visitor Expectations (for distribution during on-site visit)

Visitation Work Group Members
• David Weinstein, CEO/LNHA, Administration
• Lajenna Bartley, Emergency Preparedness Coordinator, Administration
• Raul Bartolome, Director, Engineering and Maintenance
• Stephen Catullo, Deputy Executive Director, Administration
• Angela Cooper, Director, Public Relations, Marketing, Volunteers
• Daveth Forbes, Director, Quality Management and Regulatory Affairs
• Barry Felton, Captain, Hospital Police
• Sara Freizer, Director, Social Services
• Wayne Griffith, Director, Environmental Services
• Robert Holland, Chief Medical Officer, Medicine
• Janet Larghi, Director, Therapeutic Recreation
• Christopher Molano, Director, Central Stores
• Ann Whyte-Akinwooye, Chief Nurse Officer, Nursing
## Attachment #1: Visitor Screening and Registration Process Steps

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td>Greet visitor</td>
</tr>
</tbody>
</table>
| **Step 2** | Request visitor to sanitize hands  
  - If visitor sanitizes hands, go to Step 3  
  - If visitor does not sanitize hands, visit is not permitted |
| **Step 3** | Provide visitor with a surgical mask  
  If visitor already has a mask and/or face shield, request that he/she wear the face mask McKinney is providing  
  - If visitor agrees to wear McKinney face mask, go to Step 4  
  - If visitor will not wear McKinney face mask, visit is not permitted |
| **Step 4** | Take temperature  
  - If temperature is less than 100°F, go to Step 5  
  - If temperature is 100°F or higher, visit is not permitted |
| **Step 5** | Request visitor to complete Screening Questionnaire/Visitor Registration Form  
  - If the response is “No” to all of the screening questions and all of the information fields on the Visitor Information Form are completed, go to Step 6  
  - If the response is “Yes” to screening questions #1, #2, or #3, visit is not permitted  
  - If the response is “Yes” to screening questions #4 or #5, the screening must obtain assistance before process further  
  - If visitor refuses to complete the Screening Questionnaire and/or the Visitor Registration Form, visitation is not permitted |
| **Step 6** | McKinney staff member provides Visitor Fact Sheet to the visitor to a resident  
  - Go to Step 7 |
| **Step 7** | Inform visitor of the designated visitation space  
  - Go to Step 8 |
| **Step 8** | File completed Screening Questionnaire |
McKinney offers the COVID-19 vaccination to all staff. Staff are asked to speak with the OHS team for information on how to receive the COVID-19 vaccination.

**CORONAVIRUS-19 SCREENING QUESTIONNAIRE**

<table>
<thead>
<tr>
<th>Enter Today's Date:</th>
<th>Enter the Time:</th>
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<tbody>
<tr>
<td></td>
<td>_____ ☐ AM ☐ PM</td>
</tr>
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</table>

**My Name is (please print):**

**My body temperature is:**

_____°F

☐ I am an EMPLOYEE

List your Department:

☐ I am a Visitor

List the name of the person/resident you are visiting:

.......................................................................................................................

☐ I am a Vendor that works for (list name of Company):

List the name of the person/resident you are visiting:

.......................................................................................................................

List the Department you are visiting:

.......................................................................................................................

**Screening Questions**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1. Have you had any symptoms of COVID-19 in the past 14 days?</td>
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<tr>
<td>Temperature greater than 100°F, Chills, Cough, Shortness of Breath or Difficulty Breathing, Fatigue, Muscle or Body Aches, New Loss of Taste or Smell, Sore Throat, Congestion or Running Nose, Nausea or Vomiting, Diarrhea</td>
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<tr>
<td>2. Have you had a positive result from a COVID-19 test that tested saliva or used a nose or throat swab (not a blood test) in the past 14 days?</td>
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<tr>
<td>3. Have you had close contact with a confirmed or suspected COVID-19 case (other than a resident in this facility) in the past 14 days?</td>
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<tr>
<td>(if “yes”, screener must obtain assistance before processing further)</td>
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<tr>
<td>4. Have you traveled in the United States in the past 14 days?</td>
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<tr>
<td>(if “yes”, screener must obtain assistance before processing further)</td>
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<tr>
<td>5. Have you traveled outside of the United States in the past 14 days?</td>
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<tr>
<td>(if “yes”, screener must obtain assistance before processing further)</td>
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</table>
McKinney offers the COVID-19 vaccination to all residents. More information is available by speaking to a resident’s physician or nurse.

<table>
<thead>
<tr>
<th>To be completed by those who are visiting a resident (compassionate care visitors; family visitors)</th>
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<tbody>
<tr>
<td>Your Street Address</td>
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<tr>
<td>Your City</td>
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<tr>
<td>Your State</td>
</tr>
<tr>
<td>Your Zip Code</td>
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<tr>
<td>Your Daytime Telephone Number Area Code Telephone Number</td>
</tr>
<tr>
<td>Your Evening Telephone Number Area Code Telephone Number</td>
</tr>
<tr>
<td>Your Email Address</td>
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My signature is an acknowledgment that I received a copy of the Visitor Fact Sheet: [sign name]

Updated 07/08/2021
Help prevent the spread of respiratory diseases like COVID-19.

- Stay home when you are sick, except to get medical care.
- Wash your hands often with soap and water for at least 20 seconds.
  (or use an alcohol-based hand sanitizer that contains at least 60% alcohol)
- When in public, wear a mask over your nose and mouth.
- Do not touch your eyes, nose, and mouth.
- Stay at least 6 feet (about 2 arms’ length) from other people.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.
  (or cough or sneeze into the inside of your elbow)

Adopted from cdc.gov/coronavirus 08/06/2020
Signs and Symptoms of COVID-19

Seek immediate medical attention if you have signs or symptoms of COVID-19.

Always call before visiting your doctor or health facility.

Adopted from cdc.gov/coronavirus

How to Wash Your Hands

1. Wet your hands with clean, running water and apply soap.
2. Lather your hands by rubbing them together with soap. Lather the backs of your hands, between your fingers and under your nails.
3. Scrub your hands for approximately 20 seconds.
4. Rinse your hands under clean, running warm water.
5. Dry your hands using a clean towel or air dry them.