

Visitation – Independent Living

Visitation protocols at Juliette Fowler Communities for Independent Living will respond to Dallas County's posted COVID-19 Risk Level and will be adapted from the guidelines mandated by Texas Health & Human Services for Skilled Nursing and Assisted Living.



The objectives for visitation at Fowler are as follows:

1. To mitigate risk of COVID-19 for residents and staff at Fowler
2. To maintain critical family connection
3. To support the overall health and wellness of our residents

Based on the Current Risk Level, Fowler will transition to an Essential Visitor Visitation protocol for Independent Living.

Essential Visitors

As defined by Health and Human Services, an Essential Visitor can be a family member or other outside caregiver, including a friend, volunteer, private personal caregiver, or court appointed guardian, who is at least 18 years old and has been designated by the resident or legal representative to provide regular care and support to a resident.

- 1) Resident may designate up to two Essential Visitors, over and above Essential Care Providers, ie. home health, hospice, etc. The designated Essential Visitors may be changed monthly through notification to your manager.

- 2) Only one Essential Visitor at a time may visit a resident.
- 3) Only one visit per week per Essential Visitor.
- 4) Each visit is limited to two hours or less, at the facility's discretion. For an extended timeframe, please speak to your manager who will assess on a case by case basis.
- 5) The visit will be in the resident's apartment. Visitors may not enter or congregate in common areas.
- 6) Essential Visitors must maintain physical distancing between themselves and all other residents and staff.
- 7) The resident must wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit.
- 8) The Essential Visitor must wear a facemask and any other appropriate PPE recommended by CDC guidance and the facility's policy at that time while in the facility.
- 9) The Essential Visitor is required to provide identification at each visit.
- 10) The Essential Visitor must sign an agreement to leave the facility at the appointed time unless otherwise approved by the facility.

COVID-19 Screening

All Essential Visitors will be screened and require a negative COVID test. The screening questions asked will include:

In the last 14 days, have you:

- 1) Had a fever of 99.6 or above? We will take your temperature.
- 2) Had any of the following signs or symptoms:
Chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or chest pain?
- 3) Had contact with someone who has confirmed COVID-19 or is ill with a respiratory illness?
- 4) Had a positive COVID-19 test result in the last 14 days?

If your screen indicates a potential for COVID-19, your visit will be cancelled and rescheduled for a later time.

You are required to self-monitor and tell us if you develop any of the symptoms listed above.

COVID-19 Testing

A negative COVID test is required within 14 days of all visits. Documentation of a negative result is required. The visitor is responsible for scheduling and securing a COVID test – this will not be provided at Fowler.

Infection Control

Residents who are COVID-19 positive **MAY NOT** receive visitors except under special circumstances, such as end of life visits.

- 1) Enter and exit only through designated entrances/exits.
- 2) You must wash your hands or use hand sanitizer before and after each visit.
- 3) You must wear a surgical mask, not cloth mask.
- 4) You must wear the other PPE as required at the time you are entering. You will receive training on how to put these on during your first visit and as needed.
- 5) You must socially distance from other residents and staff.
- 6) You will be escorted to the visit and escorted back out of the building.
- 7) You must stay in the resident's apartment until you are ready to leave, or the allotted visitation time has come to an end.
- 8) Use proper cough and sneeze etiquette: turn your head away from anyone and cough or sneeze into the bend of your elbow.



Consent & Attestation

_____ I agree to follow the policies, procedures, and requirements of the facility, including, but not limited to, those included in this booklet.

_____ I understand that if the person I want to visit is positive for COVID-19, I will not be able to visit except under certain circumstances.

_____ I understand that if I have a positive screen or a positive COVID-19 test, I will not be able to visit.

_____ I agree to leave the facility from scheduled visits at the appointed time, unless approved by the facility.

_____ I agree to not participate in visits if I have signs and symptoms of COVID-19, have an active COVID-19 infection, or other communicable disease. I will self-monitor.

_____ I have been trained on proper PPE usage.

_____ I understand that the facility may cancel the essential caregiver visit if the essential caregiver fails to comply with the facility's policies, procedures, and requirements.

Printed Name _____

Signature _____

Date _____



Assumption of the Risk and Waiver of Liability:
COVID-19

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Juliette Fowler Communities (“Community”) has implemented protective measures to mitigate the spread of COVID-19; however, we cannot guarantee that you will not become infected with COVID-19 during your visit to the Community.

I acknowledge that visiting the Community is voluntary. I acknowledge the contagious nature of COVID-19, and I voluntarily assume the risk that I may be exposed to or infected with COVID-19 when visiting the Community. I understand that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 while visiting the Community may result from the actions or omissions of myself and/or others, including, but not limited to Community employees, agents and representatives, volunteers, other residents and their families and/or any other individual who may be present during my visit to the Community.

With full awareness and appreciation of the risks involved, I, hereby forever release, waive, and discharge the Community, its board members, officers, agents, servants, independent contractors, affiliates, employees, successors and assigns (collectively the “Released Parties”) from any and all liability, claims, demands, actions, and causes of action whatsoever, that may be sustained by me or my family resulting from my visit to the Community and any resulting COVID-19 infection, whether caused by the acts, omissions, and/or negligence of the Released Parties, or otherwise (the “Released Claims”). Furthermore, I covenant not to sue the Released Parties in regard to the Released Claims. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Released Parties.

Printed Name _____

Signature _____

Date _____