



**Department  
of Health**

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Stephanie McCloud, Director

**AMENDED DIRECTOR'S ORDER**

**Re: Amended Director's Order to Permit Access to Ohio's Residential Care Facilities, with Exceptions**

I, Stephanie McCloud, Director of the Ohio Department of Health (ODH) pursuant to the authority granted to me in R.C. 3701.13 and R.C. Chapter 3721, to prevent the spread of contagious or infectious diseases, hereby **ORDER** all Residential Care Facilities as defined in R.C. 3721.01 the following:

1. Since the release of the last Order, millions of vaccinations have since been administered to residential care facility residents and staff, and these vaccines have been shown to help prevent COVID-19 infection. In support of Ohio's continued commitment to provide vaccination to all older adults, recognition of the importance of safely reuniting families to combat isolation caused by the COVID-19 pandemic, and of providing opportunities for social interaction to improve overall health and well-being, this Order shall replace all prior Orders regarding visitation in Ohio's residential care facilities (hereafter RCF or facility). Accordingly, it shall permit access to personnel who are necessary for the operations of RCFs and permit access to visitors in the limited circumstances set forth below.
2. Personnel who are necessary for the operations of the RCFs include, but may not be limited to, staff, contracted and emergency healthcare providers, hospice personnel providing core services, clergy, hair salon personnel, contractors conducting critical on-site maintenance, and governmental representatives and regulators and their contractors. Governmental representatives include employees of the Secretary of State, local Boards of Election, and precinct election officials. No visitors of residents shall be admitted to any RCF, except for as explained below.
3. All individuals and personnel must be screened for COVID-19 each time they enter the facility. Screening guidance is available from the U.S. Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) as well as from ODH. Per the CDC, screening should include questions about exposure to COVID-19 and assessing the visitors and personnel for cough, shortness of breath, and body temperature of 100.0 degrees Fahrenheit or higher. This Order does not apply to exigent circumstances, to emergency medical services first responders, and similarly-situated individuals.
4. RCFs should attempt to have as few of points of entry as possible. ODH recommends that RCFs, where possible, have a designated entry point. This does not apply to emergency ingress or egress of the facilities.
5. Individuals granted access to an RCF should provide the RCF with name and contact information. It is the responsibility of RCFs to log each visitor including telephone number and address. The

log shall be retained in accordance with state and federal record retention requirements. Logs shall be made available upon request to residents, visitors, ODH, and any representative of the Office of the State Long-Term Care Ombudsman.

6. Residents must be allowed to discharge from RCFs at any time and in accordance with applicable state law. RCFs shall comply with infection control precautions located in Ohio Administrative Code 3701-16-12(C).
7. RCFs are required to regularly report visitation information to the State via an online dashboard. Visitation information shall be regularly reported to the State in accordance with guidelines developed by ODH and the Ohio Department of Aging (ODA). RCFs required to report shall continue to report via an online dashboard at <https://coronavirus.ohio.gov/>.
8. RCFs shall permit residents to have visitors in accordance with the guidelines and exceptions set forth below. RCFs shall do the following as they prepare for and assess their readiness to commence visits:

**Facility planning:**

- A. RCFs shall carefully consider all implications for resident physical and mental well-being when determining how to facilitate visitation.
- B. RCFs shall evaluate all the following as a part of developing a comprehensive plan to facilitate, implement, and oversee visitation:
  - Case status in surrounding community;
  - Case status in the facility;
  - Staffing levels;
  - Access to adequate testing for residents and staff;
  - Personal protective equipment supplies; and
  - Local hospital capacity.
- C. RCFs shall be in substantial compliance with the testing requirements in accordance with testing orders issued by the Director of Health.
- D. RCFs shall develop visitation policies consistent with the requirements in this Order. Policies shall be made available upon request to residents, visitors, ODH, and any representative of the Office of the State Long-Term Care Ombudsman.
- E. RCFs shall remind and educate residents and visitors about the risks of the spread of COVID-19 and the appropriate safety measures to take to protect themselves.

**General Visitation requirements:**

- A. RCFs shall screen visitors for COVID-19 symptoms, including symptoms assessment and questions about exposure to COVID-19.

- B. RCFs shall maintain a log of visitors that includes, at a minimum, name and contact information. The log shall be retained in accordance with state record retention requirements, and made available upon request to residents, visitors, ODH, and any representative of the Office of the State Long-Term Care Ombudsman.
- C. RCFs shall require visitors to wear a face covering during the entire visit and residents, where possible, should also wear a face covering during the visit. For purposes of this Order, a face covering is defined as a surgical or procedural mask supplied by the RCF. RCFs may not permit any visitation to occur if visitors are not wearing a face covering.
- D. All visitors shall be able to facilitate social distancing, be able to wear a face covering, and not be a distraction to other residents, visitors, or staff.
- E. No more than two visitors shall be permitted per resident per visit.
- F. If more than one resident has a visitor, or a resident has multiple visitors, the RCF shall provide enough space to permit visitors and residents to maintain appropriate distance from each other the entire visit. Social distancing shall be adhered to regardless of where the visit takes place.
- G. RCFs shall encourage residents and visitors to have a contact-free visit. However, 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. Regardless, visitors should physically distance from other residents and staff in the facility.

---

- H. Fully vaccinated refers to a person who is  $\geq 2$  weeks following receipt of the second dose in a 2-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.
- I. Visits must be scheduled with the RCF in advance. Visitors will be provided a time for the visit as well as the length of the visit in advance of the visitation date. Visitors shall be allotted a minimum of 30 minutes for each visit. Visits do not commence until residents and visitors are reunited.
- J. Hand sanitizer shall be made available to visitors and residents for use before, after, and during the visit. Items and surfaces such as wheelchairs, tabletops, or other touched items shall be cleaned and disinfected between visits.
- K. RCFs are encouraged to test visitors, if feasible. If so, facilities should prioritize testing visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days). Similarly, visitors are encouraged to become vaccinated, if feasible.

**Outdoor visitation requirements:** In addition to all other visitation requirements herein, the following shall apply to all outdoor visitations:

- A. While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, to the extent feasible, RCFs should first consider outdoor visitation even when the resident and visitor are fully vaccinated against COVID-19, where practicable.
- B. RCFs may facilitate indoor and outdoor visitations concurrently.
- C. Contingency plans shall be made to address adverse weather as well as accommodations to provide for outdoor visit areas that provide shade for residents that may have sun-sensitivity.

**Indoor visitation requirements:** In addition to all other visitation requirements herein, the following shall apply to all indoor visitations:

- A. RCFs shall allow indoor visitation at all times and for all residents (regardless of vaccination status), except for circumstances when visitation should be limited due to a high risk of COVID-19 transmission. (note: compassionate care visits should be permitted at all times). Factors that may be considered are outlined in Paragraph 8(B).
- B. Visitors shall be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and shall adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.
- C. Visitors shall be escorted to and from the designated visitation area by staff of the RCF using the most direct route.
- D. ~~Visitation must occur in a designated visitation area. A designated visitation area shall include a private single resident room. Related residents, such as spouses or siblings, sharing a resident room may participate in visitation together.~~

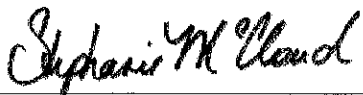
**Compassionate Care Visitation Requirements:** Compassionate care visitation shall comply with all of the visitation requirements in this Order, except as provided in this section. The following shall apply to all compassionate care visitations:

- A. RCFs shall allow compassionate care visits at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.
- B. Compassionate care situations do not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:
  - A resident, who was living with their family before recently being admitted to an RCF, 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;
  - A resident who has been re-admitted to the facility following an acute care admission to the hospital;
  - A resident who has a new order for an anti-psychotic, an anti-depressant, or an appetite stimulant;
  - A resident whose dementia has dramatically progressed;
  - A resident who is no longer responding to loved ones during virtual visits; and/or
  - Family members mention that they notice a change in the resident's appearance, grooming, or cognition during window or virtual visits.
- C. All compassionate care visits shall be conducted using social distancing; however, 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. Regardless, visitors should physically distance from other residents and staff in the facility and they shall follow all appropriate infection prevention guidelines.
- D. Through a person-centered approach, RCFs should work with residents, families, caregivers, resident representatives, clinicians and the Office of the State Long-Term Care Ombudsman program to identify the need, length, and frequency for compassionate care visits.
- E. Anyone that can meet the resident's needs such as family members, clergy, or lay persons offering religious and spiritual support shall be permitted to participate in compassionate care visits.

**Other requirements:** In addition to all other visitation requirements herein, facilities shall adhere to all relevant CDC guidance for dining and communal activities.

Accordingly, this Order shall replace all prior Orders regarding visitation at Ohio's Residential Care Facilities. This Order shall be effective immediately and remain in full force and effect unless the Director of the Ohio Department of Health rescinds or modifies this Order at a sooner time and date.



Stephanie McCloud  
Director of Health

March 22, 2021

Date

## **Helen Purcell**

### **Policies and Procedures**

**Department: Nursing**

Subject: COVID-19 Resident Outings Policy

Date: 4/1/2021

Policy Effective Date: **Immediately**

#### **COVID-19 Resident Outings Policy**

It is the policy of the Helen Purcell Home to strive to minimize and/or prevent the spread of the Coronavirus (COVID-19) through our facility. Helen Purcell is following the policies of the Ohio Department of Health and the recommendations of the Muskingum County Department of Health, the Center for Disease Control, and our Medical Director as they relate to Residential Care Facilities.

#### **The following procedures are to be followed:**

1. Residents who are fully vaccinated are permitted to leave the facility for less than 24 hours for medical visits or community outings with family or friends. Fully vaccinated refers to a person who is  $\geq 2$  weeks following receipt of second dose in a 2-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.
2. The resident/family or friend must notify the Director of Resident Health or the Nurse on duty in advance with the circumstances around taking the resident out of the facility. A determination based on an assessment of risk whether the resident will have a 14-day quarantine upon returning to facility.
3. Residents who leave the facility will be educated on infection control procedures, as well as those taking them outside the facility; the importance of mask wearing, social distancing and regular hand hygiene.
4. In most circumstances, quarantine will not occur for those leaving the facility for less than 24 hours for medical visits or community outings with family or friends, as long as there is no close contact with an individual that has confirmed COVID-19. Each resident's situation will be evaluated by the facility for residents leaving the facility, based on an assessment of risk. If uncertainty exists about adherence to guidelines of infection control, by the resident or those, they are around then a 14-day quarantine will be implemented upon the resident returning.
5. If residents leave with family or friends, staff should ask them to let you know if anyone in their "party" contracts COVID within 14 days of their interaction.
6. If a resident leaves facility overnight they will quarantine for 14 days upon their return and may be subject to having a COVID-19 test at their expense.

**Helen Purcell**

**Policies and Procedures**

**Department: ALL**

Subject: COVID-19 Outside Visitation Policy

Date: 5/29/2020

Revised: 3/25/2021

Policy Effective Date: **Immediately**

**COVID-19 Outside Visitation Policy**

It is the policy of the Helen Purcell Home to strive to minimize and/or prevent the spread of the Coronavirus (COVID-19) through our facility, while letting family and friends visit their loved ones. Helen Purcell is following the policies of the Ohio Department of Health, and the recommendations of the Muskingum County Department of Health, the Center for Disease Control, and our Medical Director as they relate to Residential Care Facilities.

---

**The following procedures are to be followed:**

1. All visits must be scheduled through Life Enrichment. Please contact Donna Nash, Life Enrichment Director at 740-453-1745 ext. 103. A minimum of 24 hours' notice must be given to visit.
2. Visitation will be between the time of 9 a.m. and 4:30 p.m. with the last visit ending at 4:20 pm. Visitors will be allotted at a minimum of 30-minute for each visit, but the length of time will be dependent upon the available time slots and staff availability.
3. Due to staff availability visitation days will be Tuesday, Wednesday, Friday, and the 2<sup>nd</sup> & 4<sup>th</sup> Saturday each month.
4. Visit appointments will be scheduled according to availability. Appointments may be limited if necessary, to assure all residents have an opportunity for visitors.
5. No more than two visitors at one visit. All persons visiting must be able to facilitate social distancing be able to wear a face covering, and not be a distraction to other residents, visitors or staff.
6. Both residents and visitors will wear a surgical/procedure mask provided by Helen Purcell for the duration of the visit.
7. Visitors will not be permitted a visit without a surgical/procedure mask.
8. Visitors and resident are encouraged to maintain at least 6 feet between themselves and the resident at all times during the visit. However, if the resident is fully vaccinated, they

can choose to have close contact (including touch) with their visitor while wearing a *well fitting surgical/procedure mask and performing hand-hygiene before and after*. Fully vaccinated refers to a person who is  $\geq 2$  weeks following receipt of second dose in a 2-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. Regardless, visitors should physically distance from other residents and staff in the facility.

9. If a resident is unable to wear a face covering, such as a Memory Care resident, increasing the social distance between resident and visitor will take place.
10. Prior to exiting vehicle visitors are asked to call 740-624-5550 to complete screening questions when arriving at the facility. Once screening is completed staff will ask visitors to report to the Portico entrance on north side of building and have temperature taken prior to entering the facility.

Visitors will be screened for the following symptoms:

- Fever 100.4 or greater (Fever can be measured or subjective)
- Cough worsening from baseline or new
- Shortness of breath worsening from baseline or new
- Chills/Shaking or new
- Sore throat worsening from baseline or new
- Muscle aches/headache
- Loss of taste or smell
- Nausea/Vomiting, Diarrhea
- Congestion/runny nose

Any time, any of the above symptoms are present visitation will be rescheduled.

11. Residents and visitors should remain in the visit area for the duration of their visit.
12. A resident who is COVID-19 positive or suspected COVID-19 and who is in quarantine may not participate in visitation, except for end-of-life situations and with appropriate PPE. End of life visitation will still be permitted inside the facility. See COVID-19 End-of-Life Policy (103).
13. All visitors will be asked to use hand sanitizing station before and after the visit. All residents will sanitize their hands prior to building re-entry.
14. Surfaces in the visitation area will be sanitized according to CDC guidelines between visits. This includes seating, tabletops, and any other surfaces likely to be touched during the visit.
15. No food/beverage or tobacco shall be permitted during visitation. All items brought from home for a resident will need to be taken to the Main Entrance (Olive Street Entrance) and staff will deliver per Helen Purcell protocols.
16. Visitations will take place for ALL residents on the Round Porch on the north side of our building facing Norwood Blvd.
20. Visits will be permitted for all residents (regardless of vaccination status), except for circumstances when visitation should be limited due to high risk of COVID-19 transmission. Contributing factors for high risk of COVID-19 are:
  - Case status in surrounding community;
  - Case status in the facility;
  - Staffing levels;
  - Access to adequate testing for residents and staff;



- Personal protective equipment supplies; and
- Local hospital capacity.

Ensuring the health and wellness of our residents is always, especially now our top priority.

21. Visitors shall be notified about potential for COVID-19 exposure in the facility, and shall Adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of surgical/procedure masks.
22. Contact logs of all visitors will be maintained according to state and federal retention requirements, to facilitate contact tracing.
23. Failure to comply with these policies could result in future visitation requests being disallowed for the non-compliant individuals.

**\*\*\*THIS POLICY IS SUBJECT TO CHANGE\*\*\***

## **Helen Purcell**

### **Policies and Procedures**

**Department: ALL**

Subject: COVID-19 Inside Visitation Policy

Date: 10/9/2020

Revised: 3/24/2021

Policy Effective Date: 10/12/2020

Revised Effective Date: 3/24/2021

#### **COVID-19 Inside Visitation Policy**

It is the policy of the Helen Purcell Home to strive to minimize and/or prevent the spread of the Coronavirus (COVID-19) through our facility, while letting family and friends visit their loved ones. Helen Purcell is following the policies of the Ohio Department of Health, and the recommendations of the Muskingum County Department of Health, the Center for Disease Control, and our Medical Director as they relate to Residential Care Facilities.

---

#### **The following procedures are to be followed:**

1. All visits must be scheduled through Life Enrichment. Please contact Donna Nash, Life Enrichment Director at 740-453-1745 ext. 103. A minimum of 24 hours' notice must be given to visit.
2. Visitation will be between the time of 9 a.m. and 4:30 p.m. with the last visit ending at 4:30 pm. Visitors will be allotted a minimum of a 30-minute time period and will be dependent upon staff availability.
3. Due to staffing visitation days will be Tuesday, Wednesday, Friday, and the 2<sup>nd</sup> & 4<sup>th</sup> Saturday each month.
4. No more than two visitors at one visit. All persons visiting must be able to facilitate social distancing, be able to wear a face covering and not be a distraction to other residents, visitors or staff.
5. Prior to exiting vehicle visitors are asked to call 740-624-5550 to complete screening questions when arriving at the facility. Once screening is completed staff will ask visitors to report to the Portico entrance on north side of building and have temperature taken prior to entering the facility.

Visitors will be screened for the following symptoms:

- Fever 100.4 or greater (Fever can be measured or subjective)
- Cough worsening from baseline or new

**\*\*\*THIS POLICY IS SUBJECT TO CHANGE\*\*\***

- Shortness of breath worsening from baseline or new
- Chills/Shaking or new
- Sore throat worsening from baseline or new
- Muscle aches/headache
- Loss of taste or smell
- Nausea/Vomiting, Diarrhea
- Congestion/runny nose

Any time, any of the above symptoms are present visitation will be rescheduled.

6. Visitations will take place in a designated visitation area. A designated visitation area shall include a private single resident room. Visitors will enter the building using the Yale Avenue entrance.
7. Visits will be permitted for all residents (regardless of vaccination status), except for circumstances when visitation should be limited due to high risk of COVID-19 transmission. Contributing factors for high risk of COVID-19 are:
  - Case status in surrounding community;
  - Case status in the facility;
  - Staffing levels;
  - Access to adequate testing for residents and staff;
  - Personal protective equipment supplies; and
  - Local hospital capacity.

Ensuring the health and wellness of our residents is always our top priority.

8. Contact logs of all visitors will be maintained according to state and federal retention requirements, to facilitate contact tracing.
9. Both residents and visitors will wear a surgical mask supplied by Helen Purcell prior to and for the duration of the visit. Residents and visitors should have a contact-free visit. However if a 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. Regardless, visitors should physically distance from other residents and staff in the facility. Fully vaccinated refers to a person who is  $\geq 2$  weeks following receipt of second dose in a 2-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.
10. If a resident is unable to wear a face covering, such as a Memory Care resident, increasing the social distance between resident and visitor will take place.
11. Residents and visitors shall be escorted to/from visitation area by a staff member and should remain in the visit area for the duration of their visit.
12. A resident who is COVID-19 positive or suspected of COVID-19 and who is in quarantine may not participate in visitation, except for end-of-life situations and with appropriate PPE. End of life visitation will still be permitted. See COVID -19 End of Life Policy (103).
13. Compassionate Care Visits are separate from Inside Visitations. See COVID -19 Compassionate Care Policy (106).
14. Hand sanitizer shall be made available to visitors and residents for use before, after and during the visit.
15. Surfaces in the visitation area will be sanitized according to CDC guidelines between

**\*\*\*THIS POLICY IS SUBJECT TO CHANGE\*\*\***

visits. This includes seating, tabletops, restroom and any other surfaces likely to be touched during the visit.

16. No food/beverage or tobacco shall be permitted during visitation. All items brought from home for a resident will need to be taken to the Main Entrance (Olive Street Entrance) and staff will deliver per Helen Purcell protocols.
17. Failure to comply with these policies could result in future visitation requests being disallowed for the non-compliant individuals.
18. A restroom will be available during inside visitation.
19. Visitors shall be notified about potential for COVID-19 exposure in the facility, and shall Adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of surgical/procedure masks.

**Helen Purcell**  
**Policies and Procedures**

**Department: ALL**

Subject: End-of-Life Visitation during the COVID-19 Pandemic Policy

Date: 7/13/20

Policy Effective Date: **Immediately**

**Revised 3/26/2020**

**End-of-Life Visitation during the COVID-19 Pandemic Policy**

It is the policy of the Helen Purcell Home to strive to minimize and/or prevent the spread of the Coronavirus (COVID-19) through our facility during End-of-Life Visitations. End-of-life situations are defined as a substantial change in condition indicating end-of-life is approaching. Helen Purcell is following the policies of the Ohio Department of Health, and the recommendations of the Muskingum County Department of Health, the Center for Disease Control, and our Medical Director as they relate to Residential Care Facilities.

**The following procedures are to be followed:**

1. Staff shall notify family several days and up to a week in advance and shall not wait until resident is actively dying. Some indications of end of life includes the following:
  - Loss of appetite (no eating or drinking)
  - Increased sleeping
  - Delirium
  - Unexplained agitation
  - Mottling of skin
  - Significant decline in cognition
  - Increased depression accompanying other indications
2. All visits will be scheduled through Life Enrichment or Nursing Staff if Life Enrichment is not available with “immediate family” – immediate family is defined as spouse, child, grandchild 12 years or older, step or foster child, son/daughter in-law, sibling, step-relatives, and legal guardian.
3. No more than two visitors at one visit. All persons visiting must be able to facilitate social distancing be able to wear a face covering, and not be a distraction to other residents, visitors or staff.
4. All visitors will be screened, and temperature taken upon arrival.

5. If a visitor has symptoms or has tested positive for COVID-19, the visit will be rescheduled.
6. If a visitor is visiting a resident that is COVID-19 positive the visitor would be required to wear the following Personal Protective Equipment:
  - N-95 face mask
  - Gown
  - Gloves
  - Face shield
7. Visitors would be limited to children and resident's spouse (if applicable) on COVID-19 positive residents.
8. Contact logs of all visitors will be maintained according to state and federal retention requirements, to facilitate contact tracing

---

**\*\*\*THIS POLICY IS SUBJECT TO CHANGE\*\*\***

**Helen Purcell  
Policies and Procedures**

**Department: ALL**

Subject: COVID-19 Compassionate Care Policy

Date: 10/9/2020

Policy Effective Date: 10/12/2020

Revised 3/26/21

**COVID-19 Compassionate Care Policy**

It is the policy of the Helen Purcell Home to strive to minimize and/or prevent the spread of the Coronavirus (COVID-19) through our facility, while letting family and friends visit their loved ones. Helen Purcell is following the policies of the Ohio Department of Health, and the recommendations of the Muskingum County Department of Health, the Center for Disease Control, and our Medical Director as they relate to Residential Care Facilities.

While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations.

Examples of other types of compassionate care situations include, but are not limited to:

- A resident, who was living with their family before recently being admitted to the facility, 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).
- A resident who has been re-admitted to the facility following an acute care admission to the hospital.
- A resident who has a new order for an anti-psychotic, an anti-depressant, or an appetite stimulant.
- A resident whose dementia has dramatically progressed.
- A resident who is no longer responding to a loved ones during virtual visits; and/or
- Family members mention that they notice a change in the resident’s appearance, grooming, or cognition during window or virtual visits.

Allowing a visit in these situations would be consistent with the intent of, “compassionate care situations.” Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident’s needs, such as clergy or lay persons offering religious

and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

**The following procedures are to be followed:**

1. Compassionate Care Visits will be recommended by nursing staff with the Director of Resident Health and Medical Director's oversight.
2. All visits must be scheduled through Life Enrichment. Please contact Donna Nash, Life Enrichment Director at 740-453-1745 ext. 103. A minimum of 24 hours' notice must be given to visit.
3. Compassionate Care Visits shall not be conducted on a routine basis, nor shall these visits be used to substitute regular routine visits.
4. No more than two visitors at one visit. Visitations may be scheduled for a minimum of 30-minute time period and will be dependent upon staff available to perform the required monitoring of the visit. All persons visiting must be able to facilitate social distancing and be able to wear a face covering, and not be a distraction to other residents, visitors or staff.
5. All visitors will be screened, and temperature taken upon arrival.
6. Both residents and visitors will wear a surgical mask supplied by Helen Purcell prior to and for the duration of the visit. Residents and visitors should have a contact-free visit. However if a 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. Regardless, visitors should physically distance from other residents and staff in the facility. Fully vaccinated refers to a person who is  $\geq 2$  weeks following receipt of second dose in a 2-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.
7. If a visitor has symptoms or has tested positive for COVID-19, the visit will be rescheduled.
8. If a visitor is visiting a resident that is COVID-19 positive the visitor would be required to wear the following Personal Protective Equipment:
  - N-95 face mask
  - Gown
  - Gloves
  - Face shield
9. Visitors would be limited to children and resident's spouse (if applicable) on COVID-19 positive residents.
10. Contact logs of all visitors will be maintained according to state and federal retention requirements, to facilitate contact tracing



# *Helen Purcell*

*Founded 1885*

To: ALL

Date: March 25, 2021

RE: COVID Quarantine Change for New Residents

New residents who are fully vaccinated (14 days post vaccine series) and have no known COVID exposure, or symptoms, may move directly to their new apartment, without quarantine. They also will be allowed to visit family by following the current visitation rules.