

Title: COVID19 Visit Guidelines: Family Home Visits – 7/23/20

Review: This policy will be reviewed with staff, family members, and the people we support (as applicable) prior to any planned visit.

Policy: The purpose of this policy is to provide guidelines so that the people we support can spend time with their families in a safe way, while still keeping the people they live with safe. The policy outlines expectations and will provide guidance to staff on how to support people receiving services to safely visit family members at the family home while mitigating his/her risks in response to the COVID-19 pandemic. We are asking that the people we support and their families adhere to these guidelines. These guidelines are consistent with NYS and OPWDD rules/regulations. The **“COVID19 Family Home Visit Log”** and the **“COVID19 Family Home Visit Attestation”** templates will be used to support the requirements of these guidelines.

The Residence Manager (R.M.), or Assistant Director (A.D.), will be responsible for ensuring all people involved in a visit are aware of the expectations contained within these guidelines. This includes an expectation to review safety expectations and needed information with the family. This also includes working with the person we support to help them fully understand the safety expectations so that they can help make it a safe visit for everyone.

In order to ensure everyone’s safety, the following conditions would require off-site visits to/with families to be delayed until a later time:

- 1. The region where the person receiving services, or the region where the visit is to occur, is no longer in Reopening - Phase 4**
- 2. The person receiving services is suspected or confirmed to have COVID19**
- 3. The person receiving services is currently under “droplet precautions” due to potential exposure or due to displaying symptoms**
- 4. Family members who would participate in the visit are suspected or confirmed to have COVID19, members of the family household have been exposed to person(s) with COVID19 within the prior 14 days, members of the family household have displayed symptoms of COVID19 in the preceding 14 days, or members of the family household have traveled out of country or to a state identified on the NYS Travel Advisory**
- 5. If Lexington’s Director of Medical Services believes that a specific COVID19 related health situation within a residence is such that the risk is too high for any off site visits to occur for anyone living in the home**

For everyone’s safety the expectations for visits are as follows:

- 1. No more than 1 off-site visit every 14 days**
- 2. Visits exceeding a 48 hour duration will require self-quarantine and COVID testing upon return. Testing will occur shortly after return home and then approximately 7 days later. Quarantine will continue until the first negative test result returns.**
- 3. Visits for less than a 48 hour duration will require standard screening procedures to be completed upon the person returning (temperature and symptom checks)**
- 4. Families will need to provide their own transportation for the visit. If unable to accommodate this families are asked to discuss with the Residence Manager for further consideration.**
- 5. If the person we support displays any COVID-19 symptoms or is exposed to anyone suspected of having COVID-19 during the course of the visit the family is expected to notify the residence in a timely manner. The residence will then consult with the Nursing Department to determine best approach to take upon the person’s return.**

How to schedule a visit off Lexington property:

1. All visits will be pre-scheduled/planned in advance with the Residence Manager (or Assistant Director in his/her absence), and communicated to the other staff working in the home via the Shift Change Form and House Rec Calendar (if in use). **The R.M. or A.D. will ensure that none of the conditions noted above exist when scheduling a visit with family members.**
2. The Residence Manager will be responsible for "**COVID-19 Family Home Visit Attestation**" for the scheduled visit. This form will contain specific details about the scheduled visit including start/stop date, expected pick up / drop off time, and expectations to be met by individual and family during visit. This will be kept in the Family Visit binder until the date of the actual visit.
3. Just prior to the visit beginning the Residence Manager or Shift Supervisor will ensure the following is completed (staff will use the "**COVID19 Family Home Visit Log**" to document the following):
 - a. A symptom and temperature check will be completed for the individual. **If COVID-19 symptoms are noted or if the individual's temperature exceeds 100 degrees the planned visit will need to be rescheduled.** Should this be the case the R.M. or Shift Supervisor will explain the reason for the need to reschedule to the family member.
 - b. The person preparing to visit with their family will be supported to thoroughly wash / sanitize their hands just prior to leaving on the visit.
4. The "**COVID-19 Family Home Visit Attestation**" will be shared with the family member at the start of the visit. Staff supporting the individual will review expectations again with the family member. Specific expectations that the family member should understand and agree to support include:
 - a. Throughout the duration of the visit mask use is expected during all times when 6 ft. social distancing cannot be maintained in public, unless medically unable to wear a mask (if masks are needed for family or individual Lexington will provide)
 - b. Social distancing should be maintained whenever possible through the course of the visit
 - c. Handwashing / Hand sanitizing should occur throughout the course of the visit
 - d. Families will be encouraged to only travel to the family home during the course of the visit to minimize risk from exposure. Each address, including that of the family home, the individual visits through the duration of the family visit must be recorded on the "**COVID-19 Family Home Visit Attestation**", and
 - i. Names of people the person had close contact with at each address will also need to be recorded on the "**COVID-19 Family Home Visit Attestation**"
 - ii. This form will go with family for the duration of the visit and then returned upon completion of the visit. If the form is lost staff will attempt to gather the needed information upon the person's return to his/her residence.
5. Prior to the person we support leaving with their family member, staff will confirm that the person will not be exposed to COVID-19 during their visit. **(If any potential risks are identified the visit will need to be rescheduled).** Staff will ask the family member the following series of questions:
 - a. Is anyone in the family household currently under isolation for COVID-19?
 - b. Has anyone in the family household had a known exposure to COVID-19 in the preceding 14 days?
 - c. Has anyone in the household exhibited any of the following symptoms within the preceding 14 days: cough, fever > 100, sore throat, shortness of breath, headache, chills, muscle pain, and/or new loss of taste or smell?
 - d. Has anyone in the family household traveled out of country or to a state identified on the NYS Travel Advisory?Staff will document responses to these conditions on the "**COVID-19 Family Home Visit Log**". Family member will attest to each on the "**COVID-19 Family Home Visit Attestation**"
6. At the conclusion of the visit the R.M. or Shift Supervisor will ensure the following occurs:
 - a. Facilitate a brief discussion with the individual and family member about how the visit went, and document anything of significance on the "**COVID-19 Family Home Visit Attestation**"

- b. Ensure that the family member returns the **“COVID-19 Family Home Visit Attestation”** and ensure that the family member provided the required information on the form
- c. A symptom and temperature check for the person we support is completed shortly after the arrival back to the certified residence, documented on the **“COVID-19 Family Home Visit Log”**.

Approved by: _____ Date: _____