

Visitor Name: _____
(Please Print)



Health Care Center Visitation Agreement

The following visitation guidelines have been established to decrease the risk of spreading COVID 19. Your signature validates that you have reviewed, understand, and agree to follow these guidelines.

1. Visitors will contact the Health Care Center Reception team at 410-394-3005 to schedule a visit. Visits are made first-come-first served.
2. There will be a maximum of 2 visitors per resident for a 45-minute visit in the resident's room. There may be a maximum 2 sets of visitors at any one scheduled visitation time.
3. Visits will be scheduled daily at 9 am, 10 am, 11 am, 2 pm, 3 pm, 4 pm, 6 pm, and 7 pm daily.
4. Visitors who arrive late for their appointment time may not be guaranteed a full 45-minute visit.
5. All visitors will complete the campus screening at the Health Care Center entrance.
6. All visitors will sign in on the "Visitor Log" at Health Care Center Reception.
7. Visitors will use alcohol-based hand sanitizer prior to entering the elevator
8. After screening, the Reception team member will direct you to the elevator and the 2nd floor. Visitors will not be escorted to or from resident suites.
9. When arriving to the Health Care Center, you will walk directly to the residence you are scheduled to visit. Visitors will not visit any other areas.
10. Masks will always be worn covering the mouth and nose by visitors while in common areas of the Health Care Center.
11. While alone in the visitation location, *fully vaccinated residents* and *fully vaccinated visitors* can choose to have close contact (including touch) and **not** wear masks.
12. While alone in the visitation location, *fully vaccinated residents* can choose to have close physical contact (including touch) with their *unvaccinated visitors* while BOTH the resident and the visitor **continue** to wear masks
13. Visitors will use the residents "call" button for necessary assistance.
14. Should the need arise, visitors will be escorted to and from the public bathrooms by staff.
15. At the end of the visit, all visitors will proceed directly to the elevator and to the exit at the Health Care Center Reception area.
16. At the end of the visit, the visitors will return directly to the elevator doors of the Health Care Center. Visitors leaving from the HCC conference room will also leave

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with an escort. Visitors are responsible for the monitoring and adhering to the scheduled time.

17. All visitors will sign out at the Health Care Reception desk "Visitor Log" prior to departing.

By signing below, I certify that I understand and will comply with the procedures enumerated above, and with any additional regulatory requirement related to infection control that may be applicable. If I am unclear on the guidelines, I will seek active guidance from the facility's infection control prevention staff and management. I further attest that I will only come on campus after I complete all daily screening requirements (questionnaire, temperature check, etc.), and I am deemed appropriate to enter. I understand that my privileges to enter the campus may be revoked at any time and without notice should I incur in any infection control violation or any other infraction that puts residents, associates, and/or property at risk.

Date: _____

Visitor's Name: (Reviewed Verbally)

(Please Print)

Associate Name:
