

UNIVERSAL INSTITUTE POLICIES AND PROCEDURES

SUBJECT: Resident/Visitor Day & Overnight Visits – Interim Policy

Formulated Date: 6/10/20	Reviewed Date: 7/2/20; 7/7/20; 7/23/20	Revised Date: 7/2/20; 7/10/20; 7/23/20
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Position(s) Responsible for Review and Revision: President and Chief Executive Officer of Universal Institute, Corporate Compliance Officer of Universal Institute and the Corporate Compliance Committee of Universal Institute

APPROVED BY:

Corporate Compliance Committee: Approved by remote committee – 6/11/2020; 7/2/2020; 7/10/20; 7/23/20
President & CEO – 6/11/2020; 7/2/2020; 7/10/20; 7/23/20
Board of Directors- 6/11/2020, 7/2/2020; 7/10/20; 7/23/20

Policy: In response to the Covid-19 pandemic, Universal Institute is more committed than ever to keeping our employees and clients as healthy and safe as possible.

Purpose: To outline steps to be taken in order for clients living in residential facilities to restart home visits with family/friends.

The NJ Division of Developmental Disabilities (DDD) has approved indoor visitation, with specific guidelines and requirements, beginning on July 26, 2020. All visits must be scheduled in advance with the group home manager as there is a strict limit of 2 visitors (total) allowed in the home at one time. The new guidelines from DDD include new requirements for outdoor visits as well (see below – Procedure for Outdoor Visits). At this time DDD has not provided any guidelines pertaining to overnight visits or community visits. The procedures set forth by Universal Institute (outlined below) will remain in effect at this time. However, due to the fluid nature of the pandemic overnight visits and community visits may be subject to change or cancellation in the future.

Procedure for Visits Within the Residence

Visits within the residence are required and shall only occur when there have been **no residents or staff of the home who have tested positive for COVID-19 in the last 28 consecutive days or are currently displaying symptoms. Should a new positive case be identified, visitation within the residence shall be suspended until 28 days have passed.** There must also be adequate physical space in the residence to accommodate other residents and allow the required social distancing to occur during the visit. If this criteria are not met, an alternate indoor location may be identified by the provider or an outdoor visit shall be provided.

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Indoor Visit Requirements (Regardless of Location) In order for visits to occur,

- The individual or their guardian, if they have a guardian are required to sign the Guardian Consent for Visitation During the COVID-19 Pandemic
- Each visitor must sign the Visitor Agreement before meeting with the resident.
- All visits must be scheduled in advance with the residential provider.
- No more than two visitors shall be permitted at any one time.
- The provider may place limits on the duration, time of day and days of the week visits may take place. **All visits will be for one (1) hour maximum.**
- Each person participating in a visit must adhere to the protocols described in Screening of Visitors and Staff in Residential Settings.
- Each participant will maintain a distance of at least six feet apart from each person they do not reside with. It is recognized that a resident may not understand social distancing. If a resident does initiate physical contact with someone they do not reside with during the interaction it should be brief.
- Each participant must wear a face covering. Visitors should inquire with the provider if they need to bring their own face covering or if it will be provided. The resident should be encouraged to wear a face covering. It is understood that they may not tolerate/be medically advisable for them to do so.
- After a visit in a space controlled by the provider concludes, the provider shall clean and disinfect all areas and surfaces that visitors were in contact with, following CDC guidelines.
- To the best of their knowledge, no resident, current staff of the home or person(s) planning to visit have been in close contact (within six feet for 10 minutes) within the last 14 days with someone who recently tested positive for COVID-19 (i.e. in the past two weeks).
- All participants are required to monitor themselves for signs and symptoms of COVID-19 for at least 14 days after the visit. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the provider of the date they visited. The provider should immediately screen the resident who had contact, and take all necessary actions based on any findings.
- Those persons participating in the visit may want to bring item(s) or food for the resident. Any items and packaging for the resident should be disinfected before being provided to the resident. It is recommended that food items be purchased in a sealed package from a grocery store with proper disinfection of the packaging before use. Those disinfecting the item/packaging must wash their hands after completing.

Procedure for Outdoor Visits at the Group Home

Visits outside of the residence are required, weather permitting, and **shall only occur when it has been at least 14 days since a resident or staff of the home tested positive for COVID-19 and no residents or staff of the home are currently displaying symptoms.** Outdoor visits may occur where visits within the residence or other indoor location are not possible or when otherwise practical. Visits should occur in an outdoor area agreed upon by the provider with sufficient space and seating to allow individuals who have not been residing together to be at least six feet apart. This could be on the property of the home or in a public setting (such as a park) that is not over-crowded. Outside temperature, weather conditions, availability of restrooms and other facilities should be considered in planning. The residential provider shall provide transportation

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for the resident. When planning activities, consider those that are appropriate to the needs of the individual and that lend themselves to social distancing.

Requirements for Outside visits at the Group Home:

1. The individual or their guardian, if they have a guardian are required to sign the Guardian Consent for Visitation During the COVID-19 Pandemic
2. Each visitor must sign the Visitor Agreement before meeting with the resident.
3. All visits must be scheduled with the house manager.
4. All visits will be limited to one (1) hour.
5. All visitors must complete a screening form prior to the visit.
6. All visitors must get their temperature checked prior to their visit.
7. All visitors must perform hand hygiene with alcohol-based rub prior to & after the visit.
8. All visitors must wear a face mask/cover at all times during the visit.
9. No physical contact between client and visitor is allowed.
10. All visitors must maintain 6 foot social distance AND must keep their mask on for the entire visit.
11. No visitors under the age of 18.
12. No pets allowed.
13. All visitors must sign the Attestation Form each time they visit.
14. To the best of their knowledge, no resident, current staff of the home or person(s) planning to visit have been in close contact (within six feet for 10 minutes) within the last 14 days with someone who recently tested positive for COVID-19 (i.e. in the past two weeks).
15. All participants are required to monitor themselves for signs and symptoms of COVID-19 for at least 14 days after the visit. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the provider of the date they visited. The provider should immediately screen the resident who had contact, and take all necessary actions based on any findings.
16. Visitors who do not follow these procedures will not be allowed to visit until further notice.

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Due to the recent increase in Covid-19 cases and the additional quarantine restrictions from the State of NJ, Universal Institute has made the decision to apply further restrictions to the home visitation policy. AT THIS TIME WE ARE STRONGLY DISCOURAGING OVERNIGHT/WEEKEND VISITS. However, if you still decide to take your family member home for the weekend, in addition to the procedure below, the client MUST BE TESTED FOR COVID-19 on the Monday following the weekend and RESULTS MUST BE GIVEN TO UNIVERSAL INSTITUTE BEFORE THE CLIENT CAN RETURN. THE CLIENT WILL NOT BE ALLOWED BACK IN THE GROUP HOME WITHOUT TEST RESULTS. IF THE TEST RESULTS ARE POSITIVE THE CLIENT WILL BE QUARANTINED IN THEIR ROOM FOR 14 DAYS. PLEASE TAKE INTO CONSIDERATION THAT IF YOUR FAMILY MEMBER RETURNS TO THE HOME AND IS POSITIVE ALL OTHER VISITATION MUST BE CANCELLED FOR THE ENTIRE GROUP HOME FOR 28 DAYS FOR INDOOR VISITS AND FOR 14 DAYS FOR OUTDOOR VISITS

Procedure for Overnight Visits:

1. All persons who will be in contact with the client must be free from the following symptoms for 7 days prior to the visit: fever, cough, shortness of breath, difficulty breathing, chills, and/or loss of taste of smell.
2. All persons who will be in contact with the client must wear a mask the entire time they are with the client.
3. Anyone who has been in contact with someone who is positive for Covid-19, in the previous 14 days of the visit, must not have any contact with the client.
4. Social distance of 6 feet must be maintained between all parties visiting except for one or two care-givers who will provide the client with assistance as necessary.
5. When arriving to pick up the client you will have your temperature taken and you will be asked to complete a screening.
6. If you have a fever of 99.9 or higher you will not be permitted to take the client out.
7. If you answer YES to any of the questions, a manager will be contacted for further discussion regarding the client going on the visit.
8. While the client is out of the residence, all current orders from the State of NJ must be followed.

Procedure for Community Visits:

1. All visits into the community must be scheduled with the house manager.
2. All community visits will be limited to three (3) hours.
3. All visitors must complete a screening form prior to the visit.
4. All visitors must get their temperature checked prior to their visit.
5. All visitors must perform hand hygiene with alcohol-based rub prior to & after the visit.
6. All visitors must wear a face mask/cover according to CDC and State guidelines during the visit.
7. All visitors must sign the Attestation Form each time they visit.
8. Visitors who do not follow these procedures will not be allowed to visit until further notice.

Attestation Form to be signed by every visitor at every visit:

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Guidelines for Resident/Visitor Day & Overnight Home Visits

Guidelines include but are not limited to:

1. All residents **must** be tested for COVID-19 prior to their return from overnight home visits. All test results must be submitted to the Manager prior to their return. If a resident tests positive for COVID-19, they cannot return until they test negative.
2. Day visits can only be held outside on the group home/apt. property or in the community where CDC guidelines are followed.
3. Indoor day visits are not allowed (group home/apt. or private home).
4. Only **2** visitors can visit at a time.
5. Outdoor day visits on group home/apt. property cannot exceed **1** hour.
6. Outdoor day visits in the community cannot exceed **3** hours.
7. All visitors **must** complete a screening form prior to the visit.
8. All visitors **must** get their temperature checked prior to their visit.
9. All visitors **must** perform hand hygiene with alcohol-based rub prior to & after the visit.
10. All visitors **must** wear a face mask/cover at all times during the visit.
11. All visitors **must** maintain social distancing guidelines (6 ft.).
12. All visitors **must** refrain from hugging & kissing the resident.
13. All visitors **must** report if they are experiencing any COVID symptoms during their visit.
14. No Visitors under the age of 18 allowed.
15. No pets allowed.

Visitor Attestation

I acknowledge the guidelines presented to me and will strictly comply with all of the above-mentioned agency guidelines during visitation. I am aware that my failure to comply with the guidelines may result in the termination of future visits.

#1 Visitor's Signature & Date: _____

Visitor Attestation

I acknowledge the guidelines presented to me and will strictly comply with all of the above-mentioned agency guidelines during visitation. I am aware that my failure to comply with the guidelines may result in the termination of future visits.

#2 Visitor's Signature & Date: _____

Resident's Name (print) & Date: _____

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Guardian Consent for Visitation During the COVID-19 Pandemic July 23, 2020

Resident Name: _____ Date of Birth: _____

Universal Institute is resuming visitation to _____
(Residential Agency Name Residence/Program Name)

(Residence/Address)

Indoor visitation will be provided when no residents or staff of the home have tested positive for COVID-19 in the last 28 consecutive days or are currently displaying symptoms. When this standard is not met, outdoor visitation will be provided contingent on weather conditions. Consent from the individual or their guardian, if they have a guardian, are required for any of these visits to occur.

Per the Centers for Disease Control and Prevention (www.cdc.gov/coronavirus/2019-ncov/faq.html) COVID-19 is thought to spread:

- Mainly from person to person, through respiratory droplets produced when an infected person coughs, sneezes, or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Spread is more likely when people are in close contact with one another (within about 6 feet).

The virus may be spread in other ways:

- It may be possible that people can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

The residence is taking precautions to lower the risk of transmission of COVID-19, but cannot entirely eliminate any risk. By signing this document, I consent to visitation by the individuals I indicate below. Should I choose to remove someone from this list or elect to not allow visitation, I will contact the residence to update this information.

Individuals for whom I allow visitation are listed here (Please print - Include additional sheets of paper as needed):

_____	_____
_____	_____
_____	_____

Guardian Printed Name

Guardian Signature

Date

Guardian Printed Name

Guardian Signature

Date

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Visitor Agreement

I, _____ am visiting with: _____
(Visitor Name) (Resident Name)

at: _____
(Program Address)

I understand that indoor visits shall only occur in circumstances when there have been no residents or staff of the home who have tested positive for COVID-19 in the last 28 consecutive days or are currently displaying symptoms. When this standard is not met, outdoor visits will be provided contingent on weather conditions. Detailed information is available at:

- www.nj.gov/humanservices/ddd/documents/covid19-residential-visitation-guidance.pdf
- and
- www.nj.gov/humanservices/ddd/documents/COVID19-residential-screening-policy.pdf

I have requested to visit with the aforementioned resident and hereby agree to comply with the following:

1. Visits must be prescheduled. I have scheduled a visit for this date: _____
2. Visitors must participate in COVID-19 pre-screening.
3. A maximum of two visitors are permitted at any one time. Each visitor must execute this form.
4. The visit will be time-limited and take place at a space identified by the residence.
5. Visitors must limit their movement in the residence to the identified space.
6. Visitors must wear a face covering at all times while visiting.
7. All visitors must maintain social distancing of at least six feet throughout the visit.
8. Physical contact between resident and visitor(s) is not permitted (hugging, handholding, etc.).
9. When the visit ends, the visitor will inform Agency Staff and exit the residence.

By signing below, I agree to comply with the terms above. I also acknowledge the risk of COVID-19 exposure during my visit. I agree to notify the residence if I, or someone I have been in close contact with (within six feet for 10 minutes or more), tests positive for or exhibits symptoms of COVID-19 within 14 days of my visit.

(Visitor Printed Name)

(Visitor Signature)

(Telephone Number)

(Date)

(Visitor Printed Name)

(Visitor Signature)

(Telephone Number)

(Date)