



ICF Residential Visitation Plan Updated 8.13.21

In order to slow the spread of COVID-19, we ask that you read and follow the ICF Licensed Residential Visitation Plan below. As a CDPH licensed facility, visitation guidelines will continue to be modified as updates are provided from CDC, DDS and the local public health department. Visits are now allowed both indoors and outdoors, although outdoor visits continue to be preferred.

The following guidelines will help ensure the health and safety of the residents while at the same time increasing contact with family and friends:

General visitation guidelines (for all visits):

- All visits should be scheduled in advance with the Residential Supervisor whenever possible to ensure staffing and space are available. Last minute visit requests may require on call approval to ensure that the visit can be accommodated.
- Visits must be staggered to ensure there are not too many visitors at one time, due to small space and staffing support. Large gatherings and visitors from more than 3 households continue to be discouraged.
- The number of visitors at any given time may depend upon the size and space of each home. The maximum number of visitors will depend on the ability to socially distance (6ft) in each space or room.
- Upon arrival, all visitors must complete a screening check, which includes a temperature check, symptom check and COVID-19 questionnaire, before being cleared for the visit. Contact information must be provided as visitors must be contacted in the event of an outbreak.
- If a visitor is not cleared for the visit, they will be asked to schedule another visit in the future.
- Visitors must wear a facemask (except when eating) throughout the visit if they are not vaccinated.
- Visitors must use hand sanitizer upon entering the home or visitation area.
- Visitors must socially distance (6 ft) during the visit if they are not vaccinated or are in the same area as unvaccinated persons.
- If all parties (both resident and visitors) have been fully vaccinated, a hug/touch is permitted. A vaccination card should be shown to staff upon arrival.

Indoor visitation:

- Visitor must be fully vaccinated or have proof of a negative COVID-19 test within 72 hours prior to the visit. (AFL 21.14.1)
- Visitor must wear a mask during their entire visit while inside the residential facility.
- The movement indoors will be limited due to shared space. When possible, visitors will be encouraged to enter one way and exit another and will not be able to walk freely through the home.
- When indoor visitors are present, windows or doors may be open in order to increase ventilation.
- Visitors are able to have privacy during the visit as long as the guidelines are followed. Visitors who are unable or unwilling to follow the infection prevention procedures may not be permitted to visit or may be asked to leave.
- Visits are allowed in a resident's room. If the room is a shared space, the visit may be held in an alternative designated indoor space or outside.

Outdoor visitation and offsite visits:

- Dining is allowed but masks are required when not eating, unless both client and visitor is fully vaccinated.
- Residents may leave the home with a visitor. This includes overnight home visits. When away from the home, family and friends are asked to adhere to all current COVID-19 prevention guidelines – which includes avoiding crowds and poorly ventilated spaces.
- During a visit away from the home, the family/friends will be responsible for protecting the health and safety of the resident. Contact with people from multiple households and those who have not been fully vaccinated is discouraged.
- Current travel recommendations – delay travel until fully vaccinated, and wear a mask indoors while on public transportation, regardless of vaccination status. <https://covid19.ca.gov/travel/>
- Upon return, the resident will be screened for any COVID-19 related symptoms and potential exposure to COVID-19. If the resident returns with any COVID-19 related symptoms, if it is determined that precautions were not followed, if the resident had prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with a COVID-19 positive person or suspected COVID-19 positive person, the resident may have to quarantine for up to two weeks.
- If the resident is not fully vaccinated but was away from the facility for more than 24 hours, the resident should be quarantined for two weeks. (AFL 20-22.8)
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>

While we know that the visit restrictions may be challenging, we appreciate your support in keeping our staff and persons served safe and healthy. This plan may be modified based on regulations and Public Health Department guidance.



We know that being together as friends and family is important and we are committed to helping everyone stay connected. We look forward to continuing to work together to facilitate visits.

Thank you for your patience and cooperation during this challenging time. We know that the extra precautions can be tiring but we appreciate your partnership in keeping yourself, persons served and staff safe. We will get through this together.

If you develop symptoms or test positive for COVID-19 within 14 days of an in-person-visit, please contact OPTIONS immediately via email at fwalker@optionsfs.org or by telephone at (805) 674-6764.

Please visit our website at www.optionsfs.org for the latest updates and information.

With gratitude,

OPTIONS Family of Services



ICF Licensed Residential Home Visitor Questionnaire (Fill out prior to on-site or off-site visit)

Please read and answer the following questions:

- Yes No I have read and understand the visitor plan expectations.
- Yes No I will follow the visitor plan expectations as outlined.
- Yes No My temperature was taken upon arrival to the premises.
- Yes No Do you have a cough, shortness of breath or difficulty breathing, muscle pain, sore throat or a new loss of taste or smell?
- Yes No Have you had contact with anyone who has tested positive for the COVID-19 virus within the past 14 days?
- Yes No Have you had contact with anyone suspected of having the COVID-19 virus within the past 14 days?
- Yes No Have you completed the COVID-19 vaccine(s)?
If yes, has it been at least 14 since you completed the vaccine(s)? Yes No
- Yes No I understand that if I develop symptoms or test positive for COVID-19 within 14 days of my visit, that I am to contact OPTIONS immediately to alert them of a potential exposure.
- Yes No Am I taking the resident for an off-site visit?
- Yes No Has the resident been fully vaccinated? (at least 2 weeks since their final vaccine)
I understand that if a resident is not fully vaccinated and they are away from the ICF facility for more than 24 hours they will be required to quarantine for two weeks upon return to the facility?
Yes No
What date and time will the off-site visit begin? _____
What date and time do I plan to return the resident to the facility? _____
- Yes No I have been provided with a contact number for OPTIONS.

Name of resident/person served _____

Name of visitor (please print) _____ Signature of visitor _____

Contact number of visitor _____ Date _____

I have reviewed the guidelines and screening with this visitor and resident	Staff signature: _____
---	------------------------



ICF Licensed Residential Home Visitor Questionnaire

(Fill out upon return from off-site visit)

Please read and answer the following questions:

Yes No We followed the visitor plan expectations as outlined during the off-site visit.

Yes No Is Resident/Person Served fully vaccinated?

What date and time did resident/person served return to the facility? _____

Is the date and time of return within 24 hours of departure from the ICF? Yes No

Yes No My temperature (person served) was taken upon arrival back to the premises. Record temperature _____.

Yes No Does person served have a cough, shortness of breath or difficulty breathing, muscle pain, sore throat or a new loss of taste or smell?

Yes No Did person served have contact with anyone who has tested positive for the COVID-19 virus within the past 14 days while on the off-site visit?

Yes No Did person served have contact with anyone suspected of having the COVID-19 virus while on the off-site visit?

Yes No I understand that if I (visitor) develop symptoms or test positive for COVID-19 within 14 days of my off-site visit, that I am to contact OPTIONS immediately to alert them of a potential exposure.

Yes No I have been provided with a contact number for OPTIONS.

Name of resident/person served _____

Name of visitor (please print) _____ Signature of visitor _____

Contact number of visitor _____ Date _____

I have reviewed the questionnaire and screening with this visitor and resident	Staff signature:
--	------------------