Rapha's House Visitation Policy

Rapha's House, LLC's *Visitation Policy* is designed to promote resident, visitor, and staff safety and to be in compliance with applicable laws and regulations as per **Florida Statute 408.823**:

- The Administrator is responsible for ensuring that staff adhere to the policies and procedures.
- In-person visitors can be suspended from visitation if Rapha's House, LLC's policies and procedures are violated.

Community Access Procedure

- Upon arrival and every visit requires the visitor to sign in on the Visitor Log.
- Visitors will be instructed and given the Visitation/Infection control guidelines (visual aids).
- Visitors will be screened, and issued Personal Protective Equipment (PPE) if requested prior to entry.
- Visitors will be required to practice hand hygiene before, during, and after visits.
- Upon exiting and after every visit requires the visitor to sign out on the Visitor Log.

Staff General Guidelines

- Visitation hours will normally be open daily from 0900-2100 hours.
- Ensure hand sanitizer is available for staff, visitors, and residents throughout the community.
- Ensure hand hygiene is performed by the resident and the visitors before and after contact.
- Ensure screening for entrance to the community and document Visitor Log.
- Visitors are not required to submit proof of any vaccination or immunization status.
- Visitors shall support universal source control (proper fitting mask).
- There is no limit on the number of visitors allowed per visit.
- Consensual physical contact between a resident and the visitor is allowed.
- If the visitor's loved one is in Isolation or quarantine, they are required to wear a N-95 mask, gown, and face shield (offered upon request).
- Visits for residents who share a room should ideally not be conducted in the resident's room
 unless the resident is unable to leave the room, and a unvaccinated roommate should not be
 present during the visit.
- If neither resident is able to leave the room, allow in-room visitation while maintaining recommended infection prevention and control.

• Visitors must immediately inform the staff if they develop symptoms or test positive for any infectious disease or virus within 7 days of their visit.

Essential Caregivers

- A resident or their responsible party may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver.
- In-person visitation by the essential caregiver is permitted for at least 2 hours daily in addition to any other visitation.
- Essential caregivers are not required to provide necessary care to a resident.

Special Circumstances

In the event a State Agency might require restriction, the Essential Caregiver will be allowed in all the following circumstances, unless the resident objects:

- End-of-life situations.
- A resident who was living with family before moving into the community is struggling with the change in environment and lack of in-person family support.
- The resident is making one or more major medical decisions.
- A resident is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
- A resident is grieving the loss of a friend or family member who recently died.
- A resident needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
- A resident, client, or patient who used to talk and interact with others is seldom speaking.
- During these times, visits must be conducted in the resident's room.

Visitor Education Standard Precautions

- Regular hand washing before, during and after the visit.
- Eliminates the need to routinely place residents in private rooms for infection control purposes.

Hand-washing Techniques for Visitors

- Remove all jewelry, including rings. Run the faucet so that the water is lukewarm and wet the hands.
- Use a small amount of liquid soap to cover the hands and wrists. Soap the forearms, if necessary, to cleanse beyond the area of contamination.
- Use friction. Rub one hand upon the other, and interlace the fingers of both hands, using a backand-forth motion for at least 20 seconds.
- Rinse your hands and wrists under running water. Always hold the hands so that they are lower than the elbows to allow water to flow from the fingertips.
- Dry your hands with a clean paper towel. Use a paper towel to turn off the water faucet.
- Hand washing and cleansing with an alcohol-based sanitizer are acceptable methods for hand hygiene.

Universal Source Control

- Use of well-fitting cloth masks, face masks, or respirators to cover a person's mouth and nose to
 prevent spread of respiratory secretions when they are breathing, talking, sneezing, or
 coughing.
- Also offers varying levels of protection for the wearer against exposure to infectious droplets and particles produced by infected people.
- Ensuring a proper fit is important to optimize both the source control and protection offered.
- Because of the potential for asymptomatic and pre-symptomatic transmission, source control
 measures are recommended for everyone.
- Visitors should wear their own well-fitting form of source control upon arrival to and throughout their stay.
- If they do not bring their own, they will be offered an option that is equivalent to what is recommended for residents and staff.
- Staff will instruct on the proper PPE for the individual situation.

 When visiting a resident that is quarantined due to an active contagion period the visitor will be required to wear full PPE. Staff will instruct on proper donning and doffing of the PPE.

Recommended PPE with suspected or confirmed Infection includes the following

Respirator

- Put on an N95 respirator before entry into the resident room or care area.
- Disposable respirators should be removed and discarded after exiting the resident's room or care area and closing the door unless implementing extended use or reuse.
- Perform hand hygiene after removing the respirator or face mask.

Eye Protection

- Put on eye protection (i.e., goggles or a face shield that covers the front and sides of the face) upon entry to the resident room or care area.
- Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face do not protect eyes from all splashes and sprays.
- Ensure that eye protection is compatible with the respirator so there is not interference with proper positioning of the eye protection or with the fit or seal of the respirator.
- Remove eye protection after leaving the resident room or care area, unless implemented extended use.
- Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to
 manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be
 discarded after use unless following protocols for extended use or reuse.

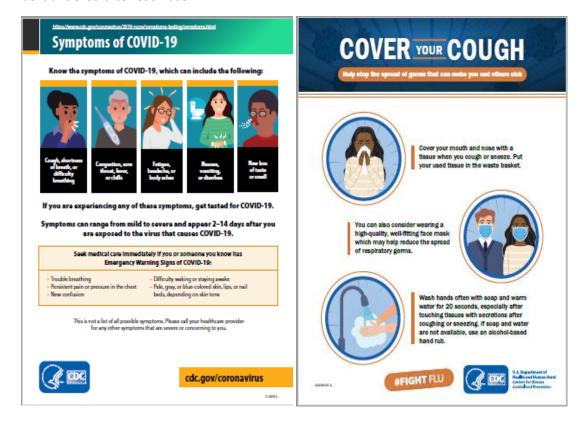
Gloves

- Put on clean, non-sterile gloves upon entry into the resident room or care area.
- Change gloves if they become torn or heavily contaminated.
- Remove and discard gloves before leaving the resident room or care area, and immediately perform hand hygiene.

Gowns

- Put on a clean isolation gown upon entry into the resident room or area.
- Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the resident room or care area.

• Disposable gowns should be discarded after use. Reusable (i.e., washable or cloth) gowns should be laundered after each use.







HOW TO USE YOUR N95 RESPIRATOR | COVID-19 |

Wear your NGS properly so It is effective

HRGs must forms seal to the face to weak properly. This is expectedly important for people at increased risk for severe disease. Wearing an HRG can make it harder to breaties. If you have heart or largy problems, talk to your doctor before

Some MGC may contain biss in the stops. If you have natural rather biss of lengths, see the manufacturers' website for information about your specific model.

Your NEE may look different the site see in these pictures. As long as your MRE has two head straps (a steam is ups), these back instructions apply.





It is best to put on your NBS with clean, dry hands.



Always inspect the MIS for damage before use. If it appears damaged dirty, ordanic, do not use it.

Put on the N95









4 Keep Your N95 Snug

Your NSS must from a seal to you face towark properly. Your beauth must pass through the NSS and not around its edges. Jamelry, glasse, and facial hale can cause gots belowen your face and the edge of the mask. The HSS node better if you are clear lateral to page can also come if your MSS is toold you cannel, or these not page can ender can.





5 Remove the N95





When to Replace Your N95

Do set with your MSE or put It in the over or interceive to try to startize it.
Replace the MSE when the stages are stretched cetand it so longer the arruph against your tace or when it becomes wet, drift, or chanaged. Throw it is the trush.

You can find specific manufacturer's instruction of or your NRS model at the manufacturer's websits or on the CDC COVID-19 website.

This information is also available at: https://bit.ly/lirt.7tpC

