

“A Country Inn that happens to be a Nursing Home”



SM*

Nursing & Convalescent Home

78 Sliker Road, PO Box 398 Califon, (Hunterdon) NJ 07830
phone: 908-832-2220 fax: 908-832-6565

web site: www.littlebrooknursinghome.com

Policies and Procedures

Department: Nursing Number:
Effective Date: 09/01/2022 Revised Date:
Subject: COVID19 INFORMED CONSENT FORM

Purpose: Secure informed consent from those seeking outdoor/indoor/end of life/compassionate care/hospice and essential care giver visitation

Procedure:
Name of the Resident: _____

Date: _____

I, _____, am aware of the possible dangers of exposure to COVID-19 for both the Resident and/or myself.

I attest that I will follow the rules set by Little Brook regarding outdoor/indoor/end of life/compassionate care/hospice and essential care giver visitation.

I understand that I must go through the screening process for COVID-19. If I meet the screening criteria and I can visit with the Resident, I must read and understand the following information provided:

1. I understand and adhere to the handwashing guidelines (sheet provided). For inside visits, handwashing stations are in the following areas:
 - a. each Resident's room.
 - b. Hand sanitizers at the entrance of the facility. There are also hand sanitizers at the nurse's station and throughout the facility.
 - c. I will wear a well-fitted N-95 face mask, gloves, gown and eye protection/eye shield
2. For outside visits:
 - a. Hand sanitizers are located in the outdoor visitation areas
 - b. I will limit any touching of surfaces.
 - c. I will wear a well-fitted N-95 face mask, gloves, gown and eye protection/eye shield
 - d. I must use additional PPE according to current facility policy while in the Resident's room or outside visitation area.
 - e. I will limit my movement within the facility to the Resident's room area or assigned visiting area.
 - f. I will limit my physical contact with anyone other than the Resident while in the facility or outside designated visiting area. (No handshaking or hugging and remaining six feet apart. NO eating or drinking).

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¹ www.medicare.gov/nursinghomecompare/search.html?



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I acknowledge that educational material has been provided to you on COVID-19, wearing facial masks, eye protection and handwashing.

I am aware of the risk of exposure to COVID-19; I will strictly comply with the facility policies during indoor/outdoor/end of life/compassionate care/hospice and nonessential care giver visitation. I will notify the facility if I test positive for COVID-19 or exhibit symptoms of COVID-19 within 14 days of the visit.

YES/ NO – “Fully vaccinated” refers to a person who is more than or at 2 weeks following receipt of the second dose series, or more than or 2 weeks following a receipt of one dose of the single dose vaccine, per the CDC’s Public health recommendation for vaccinated persons.
YES/ NO – Up to date with all recommended COVID-19 vaccine dose. “Up to date “ refers to a person that is less than 50y.o.following the first booster dose of COVID-19 vaccine, or if over 50y.o. or immune-compromised immediately following the 2nd booster of COVID-19 dose vaccine if 4 months have passed since the first booster dose.

Sign: _____

Print: _____

Date: _____

Witness: _____

Revised: 09/01/22

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