

Elwyn Visitation Protocol – PCH and ICF Residential Programs

This Visitation Protocol to Elwyn’s residential facilities and community homes will be implemented when the area the residence is in is identified by the Governor to be in the green or third phase + 28 days for congregate care settings and the facility has been approved to proceed into steps 2 and 3 as noted below.

Effective Date: 8/19/2020, if in Step 2, for Step 2

NOTE: Visitation Protocol is only in effect as long as the Personal Care Home (PCH) or ICF/IID is in the 2nd or 3rd Step for home visits/LOAs in the reopening plan, according to the type of visit. Please verify specifics with your program’s administrator*.

All participants, staff and visiting family members/other visitors must sign and abide by this Visitation Protocol to ensure the health and safety of everyone due to the COVID-19 pandemic. Any staff, family member or visitor must inform Elwyn personnel if they have symptoms or have been tested positive for COVID-19.

Any participant, staff or family member or visitor will have their temperature taken. If above 99 Fahrenheit, the temperature will be rechecked and, if confirmed ≥ 99.5 Fahrenheit, entry denied, while the person is moved outside or to await pick up in an isolated space, wearing a mask. The identified person will be informed of timeframe and protocol for re-entry.

Name of Residential Location: Elwyn Media Campus & Community ICFs/IID

Visiting Hours: between the hours of 10am -7pm

Phone Number to Schedule Visitation listed below. If you have questions, please contact Director of Operations*:

| | | | |
|-------------------|---|---|--------------|
| Cottage 1 | - | 610-891-2378 | *Gayle Thom |
| Cottage 2 | - | 610-891-2382 | *Gayle Thom |
| Cottage 3 | - | 610-891-2388 | *Gayle Thom |
| Cottage 5 | - | 610-891-2396 | *Gayle Thom |
| Evergreen | - | 610-891-2364 | *Jill Rogers |
| Glenview | - | 610-891-2375 | *Jill Rogers |
| Sun Center | - | 610-891-2514 | *Jill Rogers |
| Wechsler | - | A side 610-891-2983/B side 610-891-2991 | *Jill Rogers |
| (Maris A | - | 610-891-2130) | *Jill Rogers |
| Chichester | - | 610-833-2469 | *Gayle Thom |
| Nether Providence | - | 610-874-9381 | *Gayle Thom |
| Winding Way | - | 610-558-3342 | *Gayle Thom |

Elwyn Visitation Protocol – PCH and ICF Residential Programs

1. Visits That Occur Inside the Residence – can occur ONLY when in step 3
 - a) All visits are to be scheduled ahead of time with a minimum of 36 business hours of notice.
 - b) All visits are to occur during established visiting hours for in-person visits.
 - c) Visitation times will be staggered so that there are not more than four (4) visitors in the home or building at any one time during visiting times. For a smaller community home, no more than two (2) visitors can be present at the same time.
 - d) The number of visitors cannot exceed two (2) per individual.
 - e) No visitor under the age of 18 will be permitted.
 - f) Visits are limited to no more than 90 minutes.
 - g) Please do not bring coolers and bags of groceries, snacks or drinks to the visit.
 - a. Any new items brought (e.g.: clothing, electronics, etc.) for the individual must first be given to staff for disinfection, as appropriate.
 - h) Social distancing will be required to be upheld through the visit.
 - a. No contact.
 - b. 6' of space in between individual and visitors.
 - c. Visit must be kept to the identified neutral area (visits are not allowed in individual bedrooms).
 - i) Masks must be worn through the visit and on Elwyn premises. All guests are requested to bring use their own mask. Visitors cannot visit without a mask.
 - j) Hand washing and/or hand sanitizer will be available and is to be used before entry into the premises and upon departure.
 - k) Visits are prohibited when
 - a. Someone has symptoms or has tested positive for COVID-19 (visitor or home where visiting) in the past 14 days or
 - b. If visitor has been exposed to someone with COVID-19 in the past 14 days or
 - c. If visitor is demonstrating symptoms of COVID-19 or any other illness in the past 14 days or
 - d. If visitor has traveled within the last 14 days to any restricted country as identified by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html#travel-1>) or engaged in cruise ship / river cruise travel or
 - e. If visitor has traveled within the last 14 days to a state/territory in the United States with > 10 cases of COVID-19 per 100,000 individuals over a 7 day moving average, as defined by the Harvard Global Health Institute's dashboard: <https://globalepidemics.org/key-metrics-for-covid-suppression/>.
 - l) Screening Protocol must be followed as described below.
 - m) Elwyn reserves the right to terminate or deny visitation privileges to anyone who does not comply with the steps noted in this protocol.
 - n) Visits Outside the residence (yard) must also be scheduled, adhering to wearing masks, following social distancing guidelines, and follow screening protocols.
 - o) All visit requests will be reviewed and a representative from the residence will contact with timeframe and next steps, as appropriate.
 - p) No visits shall occur without following this protocol.

Elwyn Visitation Protocol – PCH and ICF Residential Programs

2. Check-In & Screening Protocol

- a. Upon entry to the residence, staff member, family member or visitor will be greeted and screened.
- b. Greeter will have hand sanitizer available – use hand sanitizer prior to touching mask or pen and after putting mask on or writing/signing.
- c. Greeter will provide a mask if one is not being worn – a mask must be worn by all staff, visitors, family members and visitors on Elwyn premises.
 - i. Visitors without a mask or observed removing their mask will be required to end their visit.
- d. Greeter will take the temperature and record it.
- e. Greeter will ask screening questions and record the answers.
- f. Greeter will ask the visitor/family member/staff person for a signature, attesting to the accuracy of the information.
- g. Greeter will disinfect visitor's wheelchair/walker prior to entry to residence.
- h. Greeter will direct the visitor/family member to the identified neutral area for the visit.

3. Visits That Occur Outside the Residence (Yard) – can occur when in Step 2

- a. Follow Check In and Screening Protocol as noted above.
- b. Remain in the identified area during visitation.
- c. Use full PPE if within close proximity (less than 6 feet) during the visit

4. Longer Distance Drive visits – can occur when in step 3

- a. When visitors wish to take individuals on community outings that include a longer distance drive but will not include visitors' physical presence in the home, visitors and individuals should:
 - i. Only visit Counties that are in the Green Phase
 - ii. Do NOT visit states with > 10 cases of COVID-19 per 100,000 individuals over a 7-day moving average, as defined by the Harvard Global Health Institute's dashboard: <https://globalepidemics.org/key-metrics-for-covid-suppression/>. If unsure, the home will have the current list for your review.
 - iii. Follow all social restrictions in place by the state government
 - iv. Wear cloth or surgical masks when within six feet of others
 - v. Continue to practice social distancing
 - vi. Select outdoor activities that will minimize exposure to other people such as visiting a park or other open areas
 - vii. Continue hand washing practices when practicable or use hand sanitizer

5. Leaves of Absence or Home Visits – can only occur when in step 3

- i. Leaves of Absence or Home Visits can be scheduled after the effective date of this Protocol
 1. Those with whom the individual will have contact during the home visit must be screened for COVID-19
 2. If applicable, within 24 hours of the planned return, a COVID-19 screening must be done for the individual remotely
 3. Upon the individual's return to the residence, a COVID-19 screening must be done for the individual
- ii. To minimize risk, home visits are requested to be no longer than 3 days and 2 overnights
- iii. Only visit Counties that are in the Green Phase
- iv. Do NOT visit states with > 10 cases of COVID-19 per 100,000 individuals over a 7-day moving average, as defined by the Harvard Global Health Institute's dashboard:

Elwyn Visitation Protocol – PCH and ICF Residential Programs

<https://globalepidemics.org/key-metrics-for-covid-suppression/>. If specific state information is needed, the home will have the current list for your review.

- v. If the home visit includes visiting a state/territory currently listed on the Harvard Global Health Institute's dashboard as a "hot spot" or a state/territory is added to the list during the visit, the individual will not be able to return to the Elwyn residence and must quarantine at the family home for 14 days from the last day he or she was in a "hot spot" state. The individual must be tested for COVID-19 and be negative and free of symptoms before returning to Elwyn's residence.
- vi. Follow all social restrictions in place by the state government.
- vii. Wear cloth or surgical masks when within six feet of others.
- viii. Continue to practice social distancing.
- ix. Select outdoor activities that will minimize exposure to other people such as visiting a park, outside dining or other open areas.
- x. Continue hand washing practices when practicable or use hand sanitizer.
- xi. If any close contact of the individual shows symptoms of COVID-19 or is tested for, or positive for, COVID-19 during the individual's visit, Elwyn must be immediately notified. The individual will not be able to return to the Elwyn residence until at least 14 days from the last day of symptoms in the infected person at the home residence. Additionally, the individual must be tested for COVID-19 and be negative and free of symptoms before returning to Elwyn's residence.
- xii. If an individual is required to be tested for COVID-19 (due to visiting a restricted state/territory, showing symptoms of COVID-19 while on home visit or coming in contact with someone showing symptoms/recently tested positive for COVID-19) and tests positive for COVID-19 they will need to follow CDC guidelines including a 14 day quarantine at the family home beginning with the date of onset of symptoms or exposure. At the 14-day mark, if the individual has been symptom free without medication remediation for three days, they may return to the Elwyn residence, pending medical clearance by their provider.
- xiii. If anyone shows symptoms of COVID-19 or is tested for, or positive for COVID-19 during the individual's visit, Elwyn must be immediately notified.

6. Conclusion of Visit

- a. Once the visit has concluded, Greeter will escort visitor/family member to the exit and provide hand sanitizer.
- b. Visitors will be asked to report any incidents during the visit, especially those off premises.
- c. As prior to visit, once the visit has concluded, program staff will sanitize all high touch surfaces the visitor/family member may have come into contact with. This includes, but is not limited to, chairs, tables, wheelchairs, door handles, bathroom surfaces, etc.
- d. Visitors should monitor their temperatures and symptoms for 48 hours after visiting, and are asked to contact Elwyn if symptoms develop.
- e. Should anyone in the residence test positive for COVID-19 within 48 hours of the visit, Elwyn staff will notify visitors who may have been close contact exposures.



Four Things We All Must Do To Keep COVID-19 Away



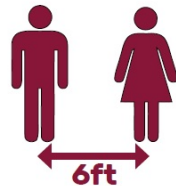
Mask Up!

- All employees and visitors must wear a face mask covering their mouth and nose



Wash Hands and Disinfect

- Wash your hands at least every two hours
- Wash your hands every time you go into and out of a group environment
- Wash your hands before eating or touching your face
- Wash your hands after using the bathroom
- Disinfect high-touch surfaces daily



Social Distancing

- Maintain social distancing of 6 feet



Screen for Symptoms

- Everyone - employees, residents/clients, and visitors - must be screened at least daily for symptoms of COVID-19
- If symptoms or temperature $\geq 100^{\circ}$ F orally (or $\geq 99.5^{\circ}$ F temporal / axillar), go home and call your medical provider

Elwyn Visitation Protocol – PCH and ICF Residential Programs

My signature below confirms that I have reviewed and understand the above protocol.

In addition, if I am a family member or visitor, by signing below, I also understand and agree to the following:

I understand that Elwyn will never be able to completely eliminate the risk that COVID-19 may be present at its location(s) and therefore, I understand that by entering Elwyn’s property, I may be exposing myself to and/or increasing the risk of contracting COVID-19; however, I am voluntarily and knowingly assuming the risk of contracting COVID-19 arising out of my presence at Elwyn’s property.

I understand that given the nature and manner in which COVID-19 is transmitted, as well as its presence in the communities in which Elwyn’s properties are located, Elwyn must protect itself from liability for personal injuries and illnesses sustained or contracted, by any person entering its buildings.

TO THE FULLEST EXTENT PERMITTED BY LAW, I WAIVE ANY AND ALL CLAIMS, DEMANDS, COMPLAINTS, ALLEGATIONS, AVERMENTS AND OTHER DISPUTES I OR MY AGENTS, SERVANTS, HEIRS, ASSIGNS, REPRESENTATIVES OR SUCCESSORS MAY HAVE OR MAY IN THE FUTURE HAVE IN CONNECTION WITH THE EXPOSURE, INFECTION AND/OR SPREAD OF COVID-19 IN ANY WAY ARISING FROM MY PRESENCE ON ELWYN’S PROPERTY, INCLUDING BUT NOT LIMITED TO ALL ACTS, OMISSIONS OR NEGLIGENCE OF ELWYN, TOGETHER WITH ITS OFFICERS, DIRECTORS, EMPLOYEES, SHAREHOLDERS, THEIR RESPECTIVE AGENTS, INSURERS, HEIRS, SUCCESSORS, ATTORNEYS, CORPORATE AFFILIATES AND PREDECESSORS (COLLECTIVELY REFERRED TO AS “ELWYN RELEASED PARTIES”).

FURTHERMORE, I RELEASE ELWYN RELEASED PARTIES FROM ANY AND ALL CLAIMS, DISPUTES, CAUSES OF ACTION, DEMANDS, COMPLAINTS, ALLEGATIONS, DEBTS, JUDGMENTS, ARBITRATIONS, LAWSUITS OR FORMS OF MEDIATION IN ANY WAY ARISING FROM MY PRESENCE ON ELWYN’S PROPERTY TO THE FULLEST EXTENT PERMITTED BY LAW, EVEN FOR AND WHETHER OR NOT DUE IN WHOLE OR IN PART TO ANY ACTS, OMISSIONS, NEGLIGENCE, STRICT LIABILITY OR OTHER LIABILITY PRODUCING CONDUCT ON THE PART OF ELWYN RELEASED PARTIES.

It is my intention in signing this Waiver and Release to give up forever any and all claims against Elwyn Released Parties for any reason relating to exposure, infection and/or spread of COVID-19. I have signed this Waiver and Release with the full and complete understanding that I do so knowingly and voluntarily.

Name: _____

Signature: _____ Date: _____

This Visitation Protocol may be modified based on future changes to visitation guidance issued by the Pennsylvania Department of Health, Office of Developmental Programs or Department of Human Services.