**All Staff Resident Visitation Competency Checklist**

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**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hire Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Skill Area** | | **Evaluation**  **(Check One)** | | **Method of Evaluation**  **(Check One)**  D = Skills Demonstration  O = Performance Observation  W = Written Test  V = Verbal Test | | | | **Verification**  **(Initials/Date)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Competency**  **Demonstrated/**  **Meets**  **Standards** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| **All Staff** | All staff verbalize that the facility must allow indoor visitation at all times and for all residents as permitted under the regulations |  |  |  |  |  |  |  |
| **All Staff** | Staff verbalize the protocol used to screen resident visitors prior to visit and can document information for each visitor |  |  |  |  |  |  |  |
| Staff are able to verbalize that visitors who have a positive viral COVID-19 test, present with symptoms of COVID-19 or who have had close contact with someone with COVID-19 will not be permitted to enter the facility |  |  |  |  |  |  |  |
| Staff are able to verbalize the Core Principles of COVID-19 Infection Prevention |  |  |  |  |  |  |  |
| Staff monitors and verbalizes how to coach visitors in proper use of face coverings/masks and completion of hand hygiene |  |  |  |  |  |  |  |
| Staff verbalize:   * Face coverings/mask recommendations when facility’s county COVID-19 community transmission is high * Face coverings/mask recommendations when facility’s county COVID-19 community transmission is not high * Physical distancing in large groups and at peak times of visitation * Face coverings/mask use and physical distancing during outbreak investigation * Education on risks of transmission and PPE when visiting a resident on TBP or quarantine * When visitor(s) and resident are alone in resident’s room or visitation area, both may choose not to wear masks and may choose to have close contact including touch   + Advise resident and visitor of risk of physical contact prior to visit * If roommate is present during visit, recommend visitor to wear face covering or mask * Face covering/mask when visiting a resident at increased risk for severe disease or immunocompromised |  |  |  |  |  |  |  |
| Staff verbalizes understanding of the facility Visitation Plan and ways to implement it |  |  |  |  |  |  |  |
| Staff knows where the designated visit locations are |  |  |  |  |  |  |  |
| Staff verbalizes the need to assist residents to the designated visit location if visitation is not occurring in resident room |  |  |  |  |  |  |  |
| Prior to and following resident/guest visits staff verbalizes knowledge of cleaning and disinfection procedures |  |  |  |  |  |  |  |
| Following training staff verbalize the need to follow Standard precautions and other transmission-based precautions |  |  |  |  |  |  |  |
| Staff demonstrate ability to document resident/guest visits into the medical record |  |  |  |  |  |  |  |
| Staff verbalize requirements for visitation from:   * Ombudsman * Protection & Advocacy Program |  |  |  |  |  |  |  |
| Staff demonstrate PPE application and removal and purpose for type of precaution needed |  |  |  |  |  |  |  |
| Staff know how, when and to whom employee and resident symptoms of COVID-19 are reported |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

**\*I certify that I have received orientation in the above-mentioned areas.**

**\*Employee:**

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**Initials**  **Signature**  **Date**

**Evaluator/Trainer:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Initials Signature Date**

***(PLACE IN EMPLOYMENT FILE)***

**References and Resources:**

* Centers for Medicare & Medicaid Services. QSO-20-39-NH, September 17, 2020, Revised 09/23/2022: Nursing Home Visitation – COVID-19 (Revised): <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>
* Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy 6/29/22: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>
* Centers for Medicare & Medicaid Services. Long Term Care Critical Element Pathways, Infection Prevention, Control & Immunizations, CMS 20054, 10/2022: <https://www.cms.gov/files/zip/ce-pathways.zip>
* Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic), Updated Sept. 23, 2022: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>