

The Bryan's Chateau Assisted Living

Personal Care Made Easy

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VISITATION POLICY/NO PATIENT LEFT ALONE ACT

Policy:

It is the policy of **THE BRYANS CHATEAU ALF, LLC** to comply with this the "No Patient Left Alone Act".

On April 6, 2022, Governor Ron DeSantis signed SB 988, which guarantees Florida families, the fundamental right to visit their loved ones receiving care in hospitals, hospice, nursing homes, assisted living facilities, and intermediate care facilities for the developmentally disabled. (Long term care facilities). No health care facility in Florida may require a vaccine as a condition of visitation and every health care facility must allow their residents and patients to be hugged by their loved ones.

All residents are allowed to be hugged by their loved ones.

All hospitals, hospices, and long-term facilities visitation policies and procedures must allow for in-person visitation in all of the following circumstances, unless the resident, client, or patient objects. This policy allows:

- . End -of- life situations.
- . A resident, client, or patients who were living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support.
- . A resident, client, or patient is making one or more major medical decisions.
- . A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
- . A resident, client, or patient 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
- . For hospitals, childbirth, including labor and delivery.
- . Pediatrics Patients.

Visitation Policy

- . The Administrator is responsible for ensuring that staff adheres to the policies and procedures.

- . In-person visitors can be suspended from visitation if The Bryans Chateau LLC policies and procedures are violated.

Community Procedure

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

Daily visits to residents in the facility will be allowed. Visiting hours will not be restricted, except by resident when it is the residents' choice. The community will encourage regular family involvement with the resident and shall supply opportunities for family participation in activities at the facility.

During a declared public health emergency related to a communicable disease of public health threat, the community will allow the resident to have visits consistent with guidance from the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, and subject to compliance with any executive order, order of public health, Department guidance, or any other applicable federal or state guidance having the effect of limiting visitation. During a declared public health emergency at the time, unless the Agency, DC and Department of Health mandates a different number of visitors or no visitations at all at the facility.

The facility will always follow the Agency, Department of Health requirements and the CDC guidelines in the event the said regulatory agency or agencies limits visitation such as but limited to:

- . Video Conferencing
- . Audio Chats
- . Window Visits

Visitors should still be screened and restricted from visiting if they have: **current signs and symptoms of any communicable disease.**

The Facility can refuse a visitor who does not pass the screening or refuse to comply with these policies and procedures.

Visitors and residents (if tolerated) should wear a well-fitting cloth mask, facemask, or respirator when situation warrants. Hand hygiene should be performed by the resident and the visitors before and after contact.

A resident whose circumstances are different are different from those described in point 1 could receive visit of families and friends between 9 am and 9 pm according to 59A-36.

A resident has the option to designate a visitor who is a family member, friend, guardian or other individual as essential caregiver and the facility must allow in- person visitation for at least 2 hours daily in addition to any other visitation authorized by the facility. If they need assistance with becoming an essential caregiver they should see administrator.

Our community has policies and procedures that will meet or exceed the standards included in 400.022(1)(b) pertaining to Resident Rights, which are posted within the community

During a declared public health emergency related to a communicable disease of public health threat the residents are encouraged to receive any number of visitors desired. This facility always prioritizes the resident's rights, their safety and emotional wellbeing.

The facility may authorize prior request of residents or family members in consideration to specific circumstances that visitation be other times.

The facility will have a room or designated area where residents and visitors can stay comfortable and have proper privacy. The facility will not require visitors to be vaccinated but will continue requiring screening for fever, signs and symptoms of each visitor.

The facility will have available for visitor the policies and procedures including infection control protocol, visitors will be required to adhere to the policies and procedures. The Administrator and all staff at the facility will ensure that these policies and procedures are followed, and residents and their families can contact wishes in a safe environment.

If you feel as if you have met resistance from a hospital, hospice, or long-term care facility when attempting to visit with loved ones, you may file a complaint with the Agency for Health Care Administration (AHCA) for further review and action online at www.ahca.myflorida.com/vistation or call the dedicated phone line for visitation related complaints (888) 419 3456.

Do's & Don'ts

For wearing procedure masks in non-surgical healthcare settings



Procedure mask

(also called an isolation mask)

Disposable mask that protects the wearer from droplets that might be infectious. A version of this mask with a built-in face shield to protect against splashes is also available.

The Occupational Safety & Health Administration (OSHA) may update guidance related to masks as emerging pathogens arise and new recommendations are developed. Be on the lookout for updates by visiting the OSHA website or consult your facility's infection prevention or occupational health department.

Learn more: www.osha.gov/SLTC/respiratoryprotection/guidance.html

Do

- ✓ Make sure to wear your mask to protect yourself from infectious droplets that may occur when patients cough, sneeze, laugh, or talk.
- ✓ Check to make sure the mask has no defects, such as a tear or torn strap or ear loop.
- ✓ Bring both top ties to the crown of head and secure with a bow; tie bottom ties securely at the nape of neck in a bow.
- ✓ Remove the mask when no longer in clinical space and the patient intervention is complete.
- ✓ For ear loop mask, remove the mask from the side with your head tilted forward. For tied masks, remove by handling only the ties, and untie the bottom tie followed by the top tie.
- ✓ Properly dispose of the mask by touching only the ear loops or the ties. Perform hand hygiene before and after removing a surgical mask or any type of personal protective equipment such as your gloves and gown.

Don't

- ✗ DON'T use for protection against very small particles that float in the air (e.g., TB, measles, or chickenpox).
- ✗ DON'T wear if wet or soiled; get a new mask.
- ✗ DON'T crisscross ties.
- ✗ DON'T leave a mask hanging off one ear or hanging around neck.
- ✗ DON'T reuse; toss it after wearing once.
- ✗ DON'T touch the front of the mask, as it is contaminated after use.



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IN HEALTHCARE



AORN

Do's & Don'ts

For wearing procedure masks in non-surgical healthcare settings

RESOURCES

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Food and Drug Administration, "Personal Protective Equipment for Infection Control-Masks and N95 Respirators," Last updated: 7/9/15. Available at: <http://www.fda.gov/medicaldevices/productsandmedicalprocedures/generalhospitaldevicesandsupplies/personalprotectiveequipment/default.htm>.

Occupational Safety and Health Administration, Hospital Respiratory Protection Program Toolkit, "Resources for respirator program administrators," May 2015. Available at: <https://www.osha.gov/Publications/OSHA3767.pdf>.

The National Institute for Occupational Safety and Health, "How to Properly Put On and Take Off a Disposable Respirator," February, 2010. Available at: <http://www.cdc.gov/niosh/docs/2010-133/>.

www.apic.org/InfectionPreventionandYou

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Do's&Don'ts

DO'S AND DON'TS FOR WEARING GLOVES IN THE HEALTHCARE ENVIRONMENT

The Occupational Safety & Health Administration (OSHA) may update guidance related to gloves as emerging pathogens arise and new recommendations are developed. Be on the lookout for updates by visiting the OSHA website or consult your facility's infection prevention or occupational health department. Learn more: https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

The FDA has proposed a ban on most powdered medical gloves in an effort to protect patients and healthcare personnel from a danger they may not even be aware of. See the link for the news release: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm491466.htm>

RESOURCES

*The Centers for Disease Control and Prevention, "Guideline for hand hygiene in healthcare settings," October 2002. Available at: <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

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The Joint Commission, "Glovesick," July 2014. Available at: <http://www.jcrinc.com/assets/1/7/ECNews-Jul-2014.pdf>

The Department of Labor, Occupational Safety & Health Administration, Letter of Interpretation, April 2, 2007. Available at: https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=25742



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Do's & Don'ts

DO'S AND DON'TS FOR WEARING GLOVES IN THE HEALTHCARE ENVIRONMENT

Types of gloves encountered in the healthcare setting

STERILE GLOVES

Indicated for performing any sterile procedure including but not limited to vaginal delivery, invasive radiological procedure, central vascular device dressing change, and accessing implanted central venous access ports.



NON-STERILE GLOVES

(e.g., nitrile, latex, medical vinyl)

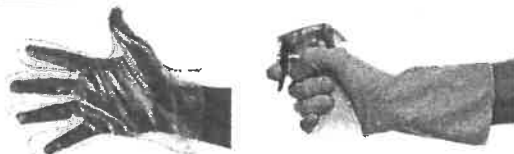
Indicated in situations when there is potential for contact with infectious material (e.g., blood, other body fluids, microorganisms).



NON-MEDICAL GLOVES

(e.g., vinyl)

May be used for food handling and some housekeeping procedures (e.g., cleaning and disinfection).



UTILITY GLOVES

(e.g., facility, maintenance, central sterile processing)

Used for manual cleaning of instruments and decontamination with harsh chemicals.



Do

- ✓ **DO** wear gloves to reduce the risk of contamination or exposure to blood, other body fluids, hazardous materials, and transmission of infection.
- ✓ **DO** clean hands before putting on gloves for a sterile procedure (e.g., insertion of catheter or other invasive device).
- ✓ **DO** clean hands after removing gloves.
- ✓ **DO** clean hands and change gloves between each task (e.g., after contact with a contaminated surface or environment).
- ✓ **DO** make sure that gloves fit you properly before performing any tasks.
- ✓ **DO** ensure the correct type of glove is available if you have skin sensitivity or allergy issues.
- ✓ **DO** wear gloves in hemodialysis settings for any contact with the patient or the patient's equipment.
- ✓ **DO** follow your facility's policy on glove use and remember to consult CDC* and WHO* hand hygiene guidance.

Don't

- ✗ **DON'T** re-use or wash gloves (except for utility gloves after being properly cleaned).
- ✗ **DON'T** substitute glove use for hand hygiene.
- ✗ **DON'T** use non-approved hand lotions.
- ✗ **DON'T** use gloves if they are damaged or visibly soiled.
- ✗ **DON'T** touch your face when wearing gloves.
- ✗ **DON'T** wear the same pair of gloves from one patient to another.
- ✗ **DON'T** wear gloves in the hall; consult your facility's policy for exceptions.
- ✗ **DON'T** forget to remove and dispose of gloves properly.

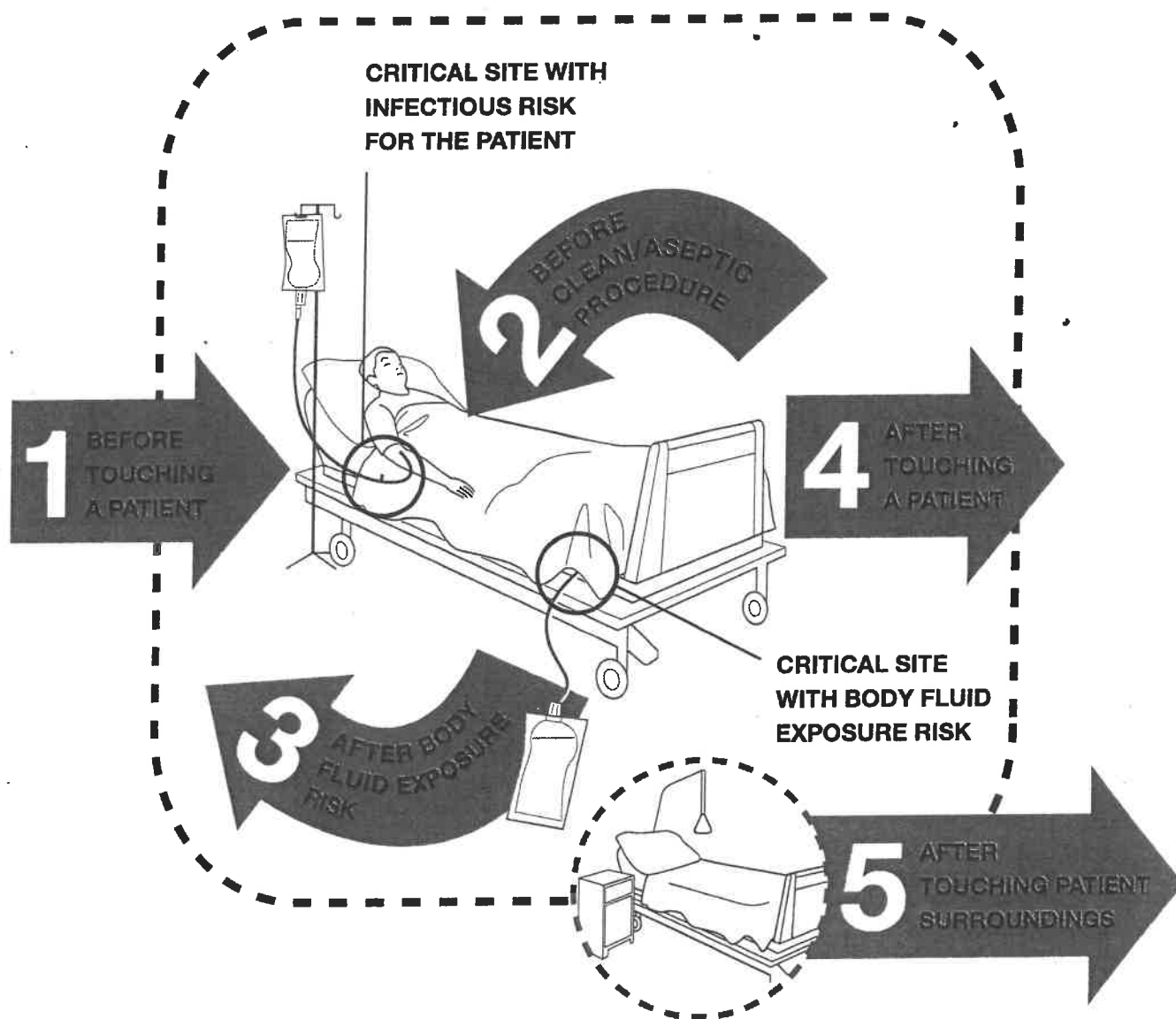


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WHEN?

YOUR 5 MOMENTS FOR HAND HYGIENE*



***NOTE:** Hand hygiene must be performed in all indications described regardless of whether gloves are used or not.



World Health
Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

Hand Hygiene: Why, How & When?

WHY?

- Thousands of people die every day around the world from infections acquired while receiving health care.
- Hands are the main pathways of germ transmission during health care.
- Hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections.
- This brochure explains how and when to practice hand hygiene.

WHO?

- Any health-care worker, caregiver or person involved in direct or indirect patient care needs to be concerned about hand hygiene and should be able to perform it correctly and at the right time.

HOW?

- Clean your hands by **rubbing them with an alcohol-based formulation**, as the preferred mean for routine hygienic hand antisepsis if hands are not visibly soiled. It is faster, more effective, and better tolerated by your hands than washing with soap and water.
- **Wash your hands with soap and water** when hands are visibly dirty or visibly soiled with blood or other body fluids or after using the toilet.
- If exposure to potential spore-forming pathogens is strongly suspected or proven, including outbreaks of *Clostridium difficile*, hand washing with soap and water is the preferred means.

1 Before touching a patient

WHY? To protect the patient against colonization and, in some cases, against exogenous infection, by harmful germs carried on your hands

WHEN? Clean your hands before touching a patient when approaching him/her*

Situations when Moment 1 applies:

- Before shaking hands, before stroking a child's forehead
- Before assisting a patient in personal care activities: to move, to take a bath, to eat, to get dressed, etc
- Before delivering care and other non-invasive treatment: applying oxygen mask, giving a massage
- Before performing a physical non-invasive examination: taking pulse, blood pressure, chest auscultation, recording ECG

2 Before clean / aseptic procedure

WHY? To protect the patient against infection with harmful germs, including his/her own germs, entering his/her body

WHEN? Clean your hands immediately before accessing a critical site with infectious risk for the patient (e.g. a mucous membrane, non-intact skin, an invasive medical device)*

Situations when Moment 2 applies:

- Before brushing the patient's teeth, instilling eye drops, performing a digital vaginal or rectal examination, examining mouth, nose, ear with or without an instrument, inserting a suppository / pessary, suctioning mucous
- Before dressing a wound with or without instrument, applying ointment on vesicle, making a percutaneous injection / puncture
- Before inserting an invasive medical device (nasal cannula, nasogastric tube, endotracheal tube, urinary probe, percutaneous catheter, drainage), disrupting / opening any circuit of an invasive medical device (for food, medication, draining, suctioning, monitoring purposes)
- Before preparing food, medications, pharmaceutical products, sterile material

3 After body fluid exposure risk

WHY? To protect you from colonization or infection with patient's harmful germs and to protect the health-care environment from germ spread

WHEN? Clean your hands as soon as the task involving an exposure risk to body fluids has ended (and after glove removal)*

Situations when Moment 3 applies:

- When the contact with a mucous membrane and with non-intact skin ends
- After a percutaneous injection or puncture; after inserting an invasive medical device (vascular access, catheter, tube, drain, etc); after disrupting and opening an invasive circuit
- After removing an invasive medical device
- After removing any form of material offering protection (napkin, dressing, gauze, sanitary towel, etc)
- After handling a sample containing organic matter, after clearing excreta and any other body fluid, after cleaning any contaminated surface and soiled material (soiled bed linen, dentures, instruments, urinal, bedpan, lavatories, etc)

4 After touching a patient

WHY? To protect you from colonization with patient germs and to protect the health-care environment from germ spread

WHEN? Clean your hands when leaving the patient's side, after having touched the patient *

Situations when Moment 4 applies, if they correspond to the last contact with the patient before leaving him / her:

- After shaking hands, stroking a child's forehead
- After you have assisted the patient in personal care activities: to move, to bath, to eat, to dress, etc
- After delivering care and other non-invasive treatment: changing bed linen as the patient is in, applying oxygen mask, giving a massage
- After performing a physical non-invasive examination: taking pulse, blood pressure, chest auscultation, recording ECG

5 After touching patient surroundings

WHY? To protect you from colonization with patient germs that may be present on surfaces / objects in patient surroundings and to protect the health-care environment against germ spread

WHEN? Clean your hands after touching any object or furniture when leaving the patient surroundings, without having touched the patient*

This Moment 5 applies in the following situations if they correspond to the last contact with the patient surroundings, without having touched the patient:

- After an activity involving physical contact with the patients immediate environment: changing bed linen with the patient out of the bed, holding a bed rail, clearing a bedside table
- After a care activity: adjusting perfusion speed, clearing a monitoring alarm
- After other contacts with surfaces or inanimate objects (note – ideally try to avoid these unnecessary activities): leaning against a bed, leaning against a night table / bedside table

***NOTE:** Hand hygiene must be performed in all indications described regardless of whether gloves are used or not.

HAND HYGIENE AND MEDICAL GLOVE USE

- The use of gloves does not replace the need for cleaning your hands.
- Hand hygiene must be performed when appropriate regardless of the indications for glove use.
- Remove gloves to perform hand hygiene, when an indication occurs while wearing gloves.
- Discard gloves after each task and clean your hands – gloves may carry germs.
- Wear gloves only when indicated according to Standard and Contact Precautions (see examples in the pyramid below) – otherwise they become a major risk for germ transmission.

The Glove Pyramid – to aid decision making on when to wear (and not wear) gloves

Gloves must be worn according to **STANDARD** and **CONTACT PRECAUTIONS**. The pyramid details some clinical examples in which gloves are not indicated, and others in which clean or sterile gloves are indicated. Hand hygiene should be performed when appropriate regardless of indications for glove use.

