

28th April 2020

Dear Relatives and Resident Representatives,

As previously advised, LHI's Pandemic Response Team have agreed to safely ease the restrictions on visits for family members of residents without compromising the health and safety of residents and staff and this will be effective from Wednesday 29th April.

All visitors must complete and sign the attached Declaration and have their temperature taken before they can proceed to the area where their relative resides.

The following entrance points to the Residential Care Homes are to be used:

Glynde Edward Street entrance. Entrance from the Avenue Road is not permitted
Hope Valley Reception/Administration entrance.

Consistent with the SA Department of Health Directive, anyone visiting a resident living in our residential care homes will need to comply with the following requirements:

- Visits should be limited to a short duration – 30 minutes maximum
- Only one social support visit is permitted per day, of one person or two persons visiting together. These visitors may include immediate social supports (for example, family members or close friends) or advocacy support
- Visits should be conducted in the resident's room or outdoors. No visits are allowed in communal areas.
- Social distancing of 1.5 metres should be adhered to wherever possible
- Cough etiquette and thorough hand hygiene practices should be followed at all times.

Visiting hours will be limited to the following hours:

- Monday to Friday – 10 am to 12 noon and 1 pm to 3 pm
- Saturday 9 am to 12 noon
- Sunday 1 pm to 4 pm

As from 1st May 2020 all visitors must show proof that they have had the 2020 seasonal influenza vaccination (**documented evidence will need to be sighted**). Once we have assessed that the evidence you have provided is sufficient, you will be issued with a card that you can carry with you to show at future visits.

We are also still facilitating Skype and FaceTime calls between relatives and their loved ones. Please contact the following Lifestyle areas if you want to use this method to keep in contact:

Glynde 8336 0118 or gresmail@lhi.org.au
Hope Valley 8265 8006 or hvresmail@lhi.org.au

COVID-19 represents a very real threat to the health and safety of all within the LHI community, particularly those living in our residential care homes. We therefore appreciate your cooperation in assisting us to reduce the likelihood of any resident or staff member being exposed to the virus.

Yours sincerely,

Megan Britt
GM Residential Care HV

Yasmine Ruyssen
GM Residential Care Glynde

COVID VISITOR SCREENING DECLARATION

COVID-19 represents a very real threat to the health and safety of all within the LHI community, particularly those living in our residential care homes. We therefore appreciate your cooperation in assisting us to reduce the likelihood of any resident or staff member being exposed to the virus.

We require all contracted Allied health staff, contractors and visitors to only enter the home after signing the form below and abiding by the processes in place. This form needs to be completed each time the person is on site.

I hereby confirm that I:

- have not returned from overseas or travelled on a cruise ship in the past 14 days
- have not returned from interstate in the past 14 days
- have not had contact with a confirmed or suspected case of COVID-19 in the past 14 days
- do not have a fever, sore throat, cough, shortness of breath or other flu-like symptoms
- will practice social distancing, cough etiquette, and routine hand sanitizing when visiting the home
- have received the 2020 Influenza vaccine (evidence must be sighted by the staff member co-signing this form)

For Resident visitors only; **In addition** to the above confirmation, I hereby confirm that I:

- will make my way directly to the room of the person I am visiting, not visit other residents in communal living and dining rooms and limit my visit to 30 minutes

Thank you for your cooperation.

Visitor Declaration

Name: (Please Print): _____

Phone number: _____

Date of visit: ____/____/____

Time of visit: _____

Reason for visit: _____

By my signature I acknowledge that I have read, understand and agree to abide by the guidelines that have been put in place for the safety of all.

Signed: _____

Temperature taken on arrival is below 37.5 Yes No

Evidence of 2020 Influenza vaccination sighted Yes No

Staff Name: _____ Staff signature: _____