

Guardian Consent for Visitation During the COVID-19 Pandemic

Resident Name: _____ Date of Birth: _____

_____ is resuming visitation to: _____
Residential Agency Name Residence/Program Name

Residence/Program Address

Indoor visitation will be provided in accordance with Division policy. Consent from the individual or their guardian, if they have a guardian, are required for any of these visits to occur. The below information is from the Centers for Disease Control and Prevention's (CDC) [How COVID-19 Spreads](#).

How COVID-19 Spreads

COVID-19 is thought to spread mainly through close contact from person to person, including between people who are physically near each other (within about 6 feet). People who are infected but do not show symptoms can also spread the virus to others. [Cases of reinfection with COVID-19 have been reported but are rare](#). We are still learning about how the virus spreads and the severity of illness it causes.

COVID-19 spreads very easily from person to person

How easily a virus spreads from person to person can vary. The virus that causes COVID-19 appears to spread more efficiently than influenza but not as efficiently as measles, which is among the most contagious viruses known to affect people.

COVID-19 most commonly spreads during close contact

- People who are physically near (within 6 feet) a person with COVID-19 or have direct contact with that person are at greatest risk of infection.
- When people with COVID-19 cough, sneeze, sing, talk, or breathe they produce *respiratory droplets*. These droplets can range in size from larger droplets (some of which are visible) to smaller droplets. Small droplets can also form particles when they dry very quickly in the airstream.
- Infections occur mainly through exposure to respiratory droplets when a person is in close contact with someone who has COVID-19.
- Respiratory droplets cause infection when they are inhaled or deposited on mucous membranes, such as those that line the inside of the nose and mouth.
- As the respiratory droplets travel further from the person with COVID-19, the concentration of these droplets decreases. Larger droplets fall out of the air due to gravity. Smaller droplets and particles spread apart in the air.
- With passing time, the amount of infectious virus in respiratory droplets also decreases.

COVID-19 can sometimes be spread by airborne transmission

- Some infections can be spread by exposure to virus in small droplets and particles that can linger in the air for minutes to hours. These viruses may be able to infect people who are further than 6 feet away from the person who is infected or after that person has left the space.
- This kind of spread is referred to as *airborne transmission* and is an important way that infections like tuberculosis, measles, and chicken pox are spread.

- There is evidence that under certain conditions, people with COVID-19 seem to have infected others who were more than 6 feet away. These transmissions occurred within enclosed spaces that had inadequate ventilation. Sometimes the infected person was breathing heavily, for example while singing or exercising.
 - Under these circumstances, scientists believe that the amount of infectious smaller droplet and particles produced by the people with COVID-19 became concentrated enough to spread the virus to other people. The people who were infected were in the same space during the same time or shortly after the person with COVID-19 had left.
- Available data indicates that it is much more common for the virus that causes COVID-19 to spread through close contact with a person who has COVID-19 than through airborne transmission¹.

COVID-19 spreads less commonly through contact with contaminated surfaces

- Respiratory droplets can also land on surfaces and objects. It is possible that a person could get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes
- Spread from touching surfaces is not thought to be a common way that COVID-19 spreads

Public Health Recommendations for Vaccinated Persons

Currently authorized vaccines in the United States are highly effective at protecting vaccinated people against symptomatic and severe COVID-19. Additionally, a [growing body of evidence](#) suggests that fully vaccinated people are less likely to have asymptomatic infection and potentially less likely to transmit COVID-19 to others. At this time, people are considered fully vaccinated for COVID-19 ≥2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥2 weeks after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen).

How long vaccine protection lasts and how much vaccines protect against emerging COVID-19 variants are still under investigation. Until more is known and vaccination coverage increases, some prevention measures will continue to be necessary for all people, regardless of vaccination status.

Vaccinated and un-vaccinated people should continue to follow [guidance](#) to protect themselves and others, including wearing a well-fitted [mask](#) meeting CDC criteria, [physical distancing](#) (at least 6 feet), avoiding crowds, avoiding poorly ventilated spaces, covering coughs and sneezes, [washing hands](#) often, and following any applicable workplace guidance. All persons should still watch for [symptoms of COVID-19](#), especially following an exposure to someone with suspected or confirmed COVID-19. If symptoms develop, all people – regardless of vaccination status – should isolate and be clinically evaluated for COVID-19, including COVID-19 testing, if indicated. All persons should also continue to follow current [CDC](#) and [NJDOH](#) travel guidance.

Fully vaccinated residents of non-healthcare congregate settings (e.g., group homes) should continue to quarantine for 14 days and be tested for COVID-19 following an exposure to someone with suspected or confirmed COVID-19².

The residence is taking precautions to lower the risk of transmission of COVID-19, but cannot entirely eliminate any risk. By signing this document, I consent to visitation by the individuals I indicate below.

¹ Pathogens that are spread easily through airborne transmission require the use of special engineering controls to prevent infections. Control practices, including recommendations for patient placement and personal protective equipment for health care personnel in healthcare settings, can be found in Section 2 of [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic](#).

² www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

Should I choose to remove someone from this list or elect to not allow visitation, I will contact the residence to update this information.

Individuals for whom I allow visitation are listed here (Please print - Include additional sheets of paper as needed):

_____	_____
_____	_____
_____	_____
_____	_____

_____	_____	_____
Guardian Printed Name	Guardian Signature	Date

_____	_____	_____
Guardian Printed Name	Guardian Signature	Date

_____	_____	_____
Resident Printed Name	Resident Signature	Date