



# New Hampshire Veterans Home

139 Winter Street  
Tilton, NH 03276

Margaret D. LaBrecque  
Commandant



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July 8, 2020

Dear Residents and Families –

We are happy to be following up with you after Governor Sununu announced the beginnings of in-person nursing home visits. As presented by the Governor, visits are now able to be scheduled in controlled settings for facilities not experiencing a COVID-19 virus outbreak. We continue to be vigilant about the health and safety of our veterans and staff and developed new, in-person visiting policies and procedures to comply with the Centers for Disease Control and Prevention (CDC) and the NH Department of Health and Human Services (DHHS) directives. Below are the details.

**Please keep this letter. It contains important information to reference *prior to, during, and after* your visit.**

**Who is able to visit? Where will visits be held?**

Residents who are able to wear a face covering over their nose and mouth for a 30-minute visit and comply with hand hygiene are able to visit loved ones during these limited visits. One of two types of visits will be scheduled: **outdoor** under our pavilion, or **indoor** in our Town Hall (if needed due to disability).

Up to two visitors who are over the age of 12 are welcome to visit at a time. Please be sure all visitors, including youth and young adults, are able to wear a face covering for the 30-minute visit. Special family circumstances may enable us to permit a child under the age of 12 to visit; this can be reviewed and possibly approved by the Nurse Manager.

**What will visitors need to do to keep veterans safe?**

We know how tempting it is to give your loved one a hug or hold their hand. As mentioned above, we are following CDC and DHHS directives that prohibit physical contact and require at least six feet of space be consistently maintained between visitors, staff and residents at all times. Designated seating will help remind everyone present of the safe distances. Additionally, NH Veterans Home staff will be present to ensure that the social distancing space is maintained. Please be aware that if any member of the party is unable to maintain the visitation guidelines, the visit may be terminated.

To ensure we are compliant with the directives for all to follow, visitors also agree to:

- schedule a visit in advance with Recreation Therapy by submitting a completed N-G 157 Limited Visitation Declaration Form **for each visitor** (two copies of the form are enclosed).
- provide contact information to enable accurate public health contact, should the need arise.
- sanitize their hands:
  - before and after the visit, and
  - before and after touching their eyes, nose, mouth, or face, or adjusting their face mask.
- wear a cloth face covering over their **nose and mouth** at all times during the visit.
  - visitors are asked to arrive wearing a face covering / mask; if you do not have one, the Home will provide one.
- leave four-legged family members at home; pets just don't understand socially distancing.
- refrain from bringing outside food or drink into the facility
- be screened for COVID-19 symptoms and risk factors at the time the visit is scheduled **and** upon arrival for the visit; questions include:

*Continued on reverse...*

- **Do you have any of the following symptoms:** fever (100' or higher), respiratory symptoms such as runny nose, nasal congestion, sore throat, cough, or shortness of breath; whole body symptoms such as muscle aches, chills, severe fatigue, new gastrointestinal symptoms (nausea, vomiting, diarrhea); or changes to the sense of taste or smell.
- **Have you had COVID-19?** If you have, please ensure at least 3 days (72 hours) have passed since your fever has subsided without the use of fever-reducing medicines and improvement in respiratory symptoms (e.g., cough, shortness of breath,); and, at least 10 days have passed since symptoms first appeared.
- **Have you been in close contact with** someone who is suspected or confirmed to have **COVID-19** in the past 14 days?
- In the past 14 days, **have you traveled:** internationally (outside the U.S., including Canada); by cruise ship; or domestically (within the U.S.) outside of NH, VT, or ME on public transportation (e.g., bus, train, plane, etc.)?

**When are visits and how are they scheduled?**

We are excited to announce that visits will begin **Tuesday, July 14<sup>th</sup>**! The current schedule is:

Tarr Residents	<i>Monday – Friday: 10 a.m., 1 p.m., 6:30 p.m.</i> <i>Saturday &amp; Sunday: 1 p.m.</i>
LEDU Residents	<i>Monday – Friday: 11 a.m., 2 p.m., 6:30 p.m.</i> <i>Saturday &amp; Sunday: 11 a.m.</i>

Please note that this schedule is subject to change to accommodate future needs. When you are ready to schedule your visit, complete the enclosed Limited Visitation Declaration form(s) and submit via email or mail to Carolee Sliker, Recreation Therapy Secretary (contact information is listed on the form). Additional forms are available on our website at [www.nh.gov/veterans](http://www.nh.gov/veterans). If you need to speak with Carolee, she can be reached at (603) 527-4816.

**Where do I go for my scheduled visit?**

When you arrive for your visit, drive to the rear of building (entrance on Colby Road).

- Visitors scheduled for **outdoor visits** take the second entrance from Colby Road, and park in Pavilion parking lot, then walk to the Pavilion and wait to be greeted.
- Visitors scheduled for **indoor visits** take the first entrance from Colby Road, park in the parking lot, then walk to the paved pathway to the sliding glass doors and wait to be greeted.

**Other important information:**

A NHVH staff person will be respectful of your privacy while remaining close by if any assistance is needed. The staff person will ensure safety is maintained for the duration of the visit, including ensuring masks are worn, participants practice good hand hygiene, and social distancing is maintained. We will also clean and disinfect all surfaces before and after each visit.

After visiting, we ask that you self-monitor for possible COVID-19 symptoms and let Angela Hawthorne, our Infection Control Nurse, know **immediately** if you do experience these symptoms within two days of your visit. Angela can be reached at (603) 527-4864.

Please note that our ability to schedule visits depend on many factors, including how your veteran is feeling, visiting space availability, and staff availability. We continue to receive CDC and DHHS updates and will make changes to visits whenever needed.

We know how excited your loved one will be to see you! In addition to your veteran, we also look forward to seeing you.

Sincerely,



Margaret D. LaBrecque  
Commandant



New Hampshire Veterans Home  
Limited Visitation Declaration Form

N-G 157

**INSTRUCTIONS:** Each visitor must complete a copy of this form and submit it to NHVH using the contact information listed at the bottom of this form.

Pre-Visit Screening:

I agree to complete the NHVH screening (below) and answer follow up questions if needed. In addition, I agree to receive a second screening on the day of the visit which includes having my temperature taken prior to my resident visit.

\_\_\_\_\_  
(initials)

1. I have not had any of the following symptoms:

Y or N Fever (feeling feverish or a documented temperature of 100° degrees Fahrenheit or higher);

Y or N Respiratory symptoms such as runny nose, nasal congestion, sore throat, cough or shortness of breath;

Y or N Whole body symptoms such as muscle aches, chills and severe fatigue;

Y or N New gastrointestinal symptoms such as nausea, vomiting or diarrhea;

Y or N Changes in sense of taste or smell.

2. Please respond to the following questions to identify potential COVID-19 exposure:

Y or N Have you been in close contact with someone who is suspected or confirmed to have COVID-19 in the past 14 days? (Note: healthcare workers caring for COVID-19 patients while wearing appropriate PPE should answer 'No' to this question.).

Y or N Have you traveled in the past 14 days: internationally (outside the U.S., including Canada); by cruise ship; or domestically (within the U.S.) outside of NH, VT, or ME on public transportation (e.g., bus, train, plane, etc.).

Y or N Have you had COVID-19? If you have, please ensure at least 3 days (72 hours) have passed since your fever has subsided without the use of fever-reducing medicines and improvement in respiratory symptoms (e.g., cough shortness of breath,); and at least 10 days have passed since symptoms first appeared.

\_\_\_\_\_  
(initials)

Additional Declarations:

1. I agree to comply and adhere to the requests made by the NHVH Screener/Monitor at the time of and during visit to protect and safeguard all parties involved with the scheduled visit. If I do not comply with requests, my visit and further visits may cease.

\_\_\_\_\_  
(initials)



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2. I will notify Screener/Monitor if I become ill anytime during the visit. \_\_\_\_\_  
(initials)
3. I agree to notify NHVH if I develop any signs and symptoms of COVID-19 as outlined above in my screening within 2 days after visiting (Notify: Angela Hawthorne, Infection Control Nurse at 603-527-4864 or [angela.hawthorne@nhvh.nh.gov](mailto:angela.hawthorne@nhvh.nh.gov)). \_\_\_\_\_  
(initials)

Signature & Submission

Resident Visiting: \_\_\_\_\_  
Please Print

Visitor Name: \_\_\_\_\_  
Please Print

Visitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Visitor Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Submit this form to Carolee Sliker, Recreation Secretary at [carolee.sliker@nhvh.nh.gov](mailto:carolee.sliker@nhvh.nh.gov) or by mail at 139 Winter Street, Tilton NH 03276. Should you have any questions, Carolee can be reached at (603) 527-4816.

Extra copies of this form can be downloaded from the NHVH website at [www.nh.gov/veterans](http://www.nh.gov/veterans).