



Visitation Guidelines

- Each patient is allowed one visitor for their entire admission. This person cannot change out with another person.
- There may be considerations for more visitors depending on patient status. Please check with nursing staff for determination.
- Up to four (4) visitors may be allowed at a time during non-COVID end-of-life situations
- COVID-positive patients may have one visitor during end-of-life situations. This person cannot change.
- Clergy and lay persons offering religious or spiritual support are allowed to visit in addition to the number of visitors allowed above.

Requirements of Visitors

- Visitors (age two and above) must wear a mask at all times. Masks may be removed only for a brief time while actively eating or drinking. Neck gaiters, bandanas and vented masks do not provide enough protection from infection and are not approved for use as a face mask.
- Visitors must pass a health screening. Any overnight visitors who are staying another day must return to the hospital's main lobby for another health screening by 10:00 a.m. daily.
- Visitors must not gather in the lobby, waiting rooms, or dining areas
- Minor family members of non-COVID patients may be allowed to visit only during end-of-life situations. They must be accompanied by an adult (other than the patient) at all times.
- Visitors may not use a CPAP machine while in the hospital as this puts those around them at an increased risk of infection.
- Visitors required or recommended to quarantine by the Arkansas Department of Health (ADH) due to illness, potential exposure, travel or other reason are not allowed until cleared by the ADH.
- You must immediately report to staff if you develop any symptoms of COVID-19 such as fever, cough, shortness of breath, sore throat, chills, muscle aches, loss of taste or smell
- If while you are visiting, you learn that you have been exposed to a known or suspected person with COVID-19, let the nursing staff known immediately.

I have read and understand this information and agree to abide by this agreement and all other ACMC policies.

Visitor signature

Witness Signature

Visitor name (Print)

Visitor phone number

Date