

**Outdoor Visitation – CMS Guidelines
COVID-19 Public Health Emergency**

Policy & Procedure

Policy:

It is the policy of this facility to adhere to CDC guidelines and best practices for outdoor visitation to support each resident's quality of life. The facility will not restrict visitation without a clinical or safety reason and visits will be person-centered with consideration of the residents' physical, mental and psychosocial well-being.

Guidelines:

- Visiting will be permitted when there has been no new onset of COVID-19 cases in the past 14 days and the facility is not currently conducting outbreak testing.
 - County positivity rate will not be a consideration for outdoor visitation.
- Outdoor visits pose a lower risk of transmission due to increased space and airflow and will be held whenever practicable.
- Weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual resident's health status (e.g., medical condition(s), COVID-19 status), or a facility's outbreak status, will be considered prior to allowing outdoor visitation.
- Visitors must adhere to the core principles of COVID-19 prevention and staff will monitor for those unable to fully comply with the core principles, such as children.
- Core principles include but are not limited to:
 - Screening with denial of entry for those with signs or symptoms
 - Hand hygiene (use of alcohol-based hand rub is preferred)
 - Face covering or mask (covering mouth and nose)
 - Social distancing at least six feet between persons
 - Instructional signage throughout the facility
 - Cleaning and disinfecting high frequency touched surfaces
 - Appropriate use of Personal Protective Equipment
 - Effective cohorting of residents
 - Resident and staff testing conducted as required
 - Respecting facility time restrictions to allow others to visit their loved ones
- Visits will be pre-scheduled and the length of time allowed may be limited to ensure all residents are able to receive visitors.
- The number of visitors per resident at one time will be limited to ____ per resident.
- The number of visitors in the facility outdoor designated area at one time will be limited to ____.
- Residents who are on transmission-based precautions for COVID-19 will only receive virtual visits, "window visits", or in-person for compassionate care situations.

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- **While not required**, if the facility is located in a county experiencing medium or high positivity rates, the facility may test visitors who visit regularly (e.g., weekly), although any visitor may be tested with consent.
- The facility may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) with proof of negative test results and date of test.
- The facility will ensure items in visitation spaces are cleaned and disinfected routinely.

Procedure:

1. Outdoor, in person visits with residents will be scheduled in advance and are dependent on permissible weather conditions, facility policy on the number of visitors at one time, availability of outdoor space and appropriate staffing to meet resident care needs.
2. Each visitor will arrive with a face covering or mask and perform hand hygiene on arrival.
 - a. Facemasks will be provided if they do not arrive with a face covering/mask.
3. Each visitor will be screened for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms).
 - a. Those with signs or symptoms will be denied entry.
4. Visitors will provide contact information on the screening log to assist in contact tracing if needed.
5. Visitors will be asked to sign a “Visitor Waiver” prior to entering the visitation area. If visitor refuses to sign, document the refusal, and maintain documentation in the visitation file.
6. Visitors will be reminded to adhere to the core principles and staff will monitor for those who may have difficulty adhering to the core principles, such as children.
7. Core principles include but are not limited to:
 - a. Screening with denial of entry for those with signs or symptoms
 - b. Hand hygiene (use of alcohol-based hand rub is preferred)
 - c. Face covering or mask (covering mouth and nose)
 - d. Social distancing at least six feet between persons
 - e. Instructional signage throughout the facility
 - f. Cleaning and disinfecting high frequency touched surfaces
 - g. Appropriate use of Personal Protective Equipment
 - h. Effective cohorting of residents
 - i. Resident and staff testing conducted as required
 - j. Respecting facility time restrictions to allow others to visit their loved ones

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8. Residents will wear masks (if able) and will be transported to outdoor visitation areas without going through a designated COVID-19 care space or space where residents suspected or confirmed to be infected with COVID-19 are present.
9. Visitors will have limited movement in the facility and will go directly to the designated visitation area.
 - a. Visitors should not move through areas/corridors where residents suspected or confirmed to be infected with COVID-19 are present.
10. Privacy will be maintained during the visitation unless otherwise contraindicated due to the resident's medical status.
11. Hand sanitizer will be provided at each designated outdoor visitation space and visitors will be required to perform hand hygiene prior to visiting with residents.
12. A designated staff member trained in patient safety and infection control measures will remain in the designated visitation area with the resident during each visit.
13. Staff, residents, and visitors will always wear a face mask during the visit.
14. Upon exit, visitors will be reminded that if they develop signs and symptoms of COVID-19 within 2-14 days after visiting the center they should immediately notify the center of the date they visited.
 - a. Any individuals who had contact with the visitor will be screened for the level of exposure and discussed with the Medical Director/health department for guidance.

Nursing Home Visitation - COVID-19. September 17, 2020.

<https://www.cms.gov/files/document/gso-20-39-nh.pdf>

Frequently Asked Questions (FAQs) on Nursing Home Visitation. June 23, 2020.

<https://www.cms.gov/files/document/covid-visitation-nursing-home-residents.pdf>

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I have read, understand and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____

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**Indoor Visitation - CMS Guidelines
COVID-19 Public Health Emergency**

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Policy

It is the policy of this facility to adhere to CDC guidelines and best practices for indoor visitation to support each resident's quality of life. The facility will not restrict visitation without a clinical or safety reason and visits will be person-centered with consideration of the residents' physical, mental and psychosocial well-being.

Guidelines:

- Visiting will be permitted when there has been no new onset of COVID-19 cases in the past 14 days and the facility is not currently conducting outbreak testing.
- Visitors must be able to adhere to the core principles of COVID-19 prevention. Staff will monitor visitors who are unable to adhere to the core principles, such as children.
- Core principles include but are not limited to:
 - Screening with denial of entry for those with signs or symptoms
 - Hand hygiene (use of alcohol-based hand rub is preferred)
 - Face covering or mask (covering mouth and nose)
 - Social distancing at least six feet between persons
 - Instructional signage throughout the facility
 - Cleaning and disinfecting high frequency touched surfaces
 - Appropriate use of Personal Protective Equipment
 - Effective cohorting of residents
 - Resident and staff testing conducted as required
 - Respecting facility time restrictions to allow others to visit their loved ones
- The number of visitors per resident at one time will be limited to ____ per resident.
- The number of visitors in the facility at one time will be limited to ____.
- Visits will be scheduled and the length of time allowed may be limited to ensure all residents are able to receive visitors.
- Visits with residents in shared rooms will not be conducted in the resident room but rather in a designated visitation area.
 - If the health status of a resident prevents them from leaving their room, an in-room visit will be coordinated.
- Indoor visiting will be determined by the county COVID-19 positivity rate, found on the COVID-19 Nursing Home Data site <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>:
 - Low (<5%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits).
 - Medium (5% – 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits).

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- High (>10%) = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies
- Residents who are on transmission-based precautions for COVID-19 will only receive virtual visits, “window visits”, or in-person for compassionate care situations.
- Visitors visiting a resident in transmission-based precautions receiving compassionate care will adhere to transmission-based precautions.
- **While not required**, if the facility is located in a county experiencing medium or high positivity rates, the facility may test visitors who visit regularly (e.g., weekly), although any visitor may be tested with consent.
- The facility may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) with proof of negative test results and date of test.

Procedure

1. Visits are scheduled with the facility staff.
2. Visitation will be limited to a specific area, private resident room, or another private location.
3. Each visitor will arrive with a face covering or mask and perform hand hygiene on arrival.
 - a. Facemasks will be provided if they do not arrive with a face covering/mask.
4. Each visitor will be screened for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms).
 - a. Those with signs or symptoms will be denied entry.
5. Visitors will provide contact information on the screening log to assist in contact tracing if needed.
6. Visitors will be asked to sign a “Visitor Waiver” prior to entering the visitation area. If visitor refuses to sign, document the refusal, and maintain documentation in the visitation file.
7. Visitors will be reminded to adhere to the core principles and staff will monitor for those who may have difficulty adhering to the core principles, such as children. Core principles include but are not limited to:
 - a. Pre-entrance screening for COVID-19 symptoms
 - b. Hand hygiene (use of alcohol-based hand rub is preferred)
 - c. Face covering or mask (covering mouth and nose) at all times during the visit
 - d. Social distancing at least six feet between persons
 - e. Respect to facility visitation times to allow others to visit their loved ones

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8. Visitors will perform hand hygiene prior to entering resident care areas.
9. Visitors will have limited movement in the facility and will go directly to the resident's room or designated visitation area.
 - a. Visitors may not move through areas/corridors where residents suspected or confirmed to be infected with COVID-19 are present.
10. Privacy will be maintained during visits unless otherwise contraindicated due to the resident's medical status.
11. Upon exit, visitors will be reminded that if they develop signs and symptoms of COVID-19 within 2-14 days after visiting the center they should immediately notify the center of the date they visited.
 - a. Any individuals who had contact with the visitor will be screened for the level of exposure and discussed with the Medical Director/health department for guidance.

Nursing Home Visitation - COVID-19. September 17, 2020.

<https://www.cms.gov/files/document/gso-20-39-nh.pdf>

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**Compassionate Care Visitation – CMS Guidelines
COVID-19 Public Health Emergency**

Policy & Procedure

Policy:

It is the policy of this center to adhere to CDC and CMS guidelines regarding Compassionate Care Visitation. Compassionate visits may be permitted to assist in maintaining and/or improving the health of a resident experiencing a physical/psychosocial decline.

General Considerations:

- While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life. Examples of other compassionate care situations include, but are not limited to a resident who:
 - Previously living with family recently being admitted to a nursing home and is struggling with the change in environment and lack of physical family support.
 - Is grieving after the recent death of a friend or family member.
 - Previously had family and/or caregiver(s) provide cueing and encouragement with eating or drinking and is experiencing weight loss or dehydration.
 - Used to talk and interact with others, and is now experiencing emotional distress as evidenced by seldom speaking, or crying more frequently when rarely cried in the past, etc.
- In addition to family members, compassionate care visits can be conducted by any individual who can meet the resident’s needs, such as clergy or lay persons offering religious and spiritual support.
- Visits will be conducted using social distancing; however, if during a compassionate care visit, a visitor and/or the facility identifies a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time.
- Residents who are on transmission-based precautions for COVID-19 should be encouraged to receive virtual visits or “window visits” if possible. If in-person compassionate care visits are permitted, strict adherence to transmission-based precautions will be required and monitored.
- The facility will consult with state leadership, families, and ombudsman, as needed to help determine if a visit is recommended for compassionate care.

Procedure:

1. Compassionate Care Visitation will be provided upon request by a resident or designated responsible party using a person-centered approach.
2. Visitation will be limited to a designated area within the center or the private resident room.

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3. Each visitor is required to wear a face covering or mask and perform hand hygiene on arrival.
 - a. Facemasks will be provided if they do not arrive with a face covering/mask.
4. Each visitor will be screened for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms).
 - a. Those with signs or symptoms will be denied entry.
5. Visitors will provide contact information on the screening log to assist in contact tracing if needed.
6. Visitors will be asked to sign a “Visitor Waiver” prior to entering the visitation area. If visitor refuses to sign, document the refusal and maintain documentation in the visitation file.
7. Visitors will be reminded to adhere to the core principles and staff will monitor for those who may have difficulty adhering to the core principles, such as children.
8. Core principles include but are not limited to:
 - a. Screening with denial of entry for those with signs or symptoms
 - b. Hand hygiene (use of alcohol-based hand rub is preferred)
 - c. Face covering or mask (covering mouth and nose)
 - d. Social distancing at least six feet between persons
 - e. Instructional signage throughout the facility
 - f. Cleaning and disinfecting high frequency touched surfaces
 - g. Appropriate use of Personal Protective Equipment
 - h. Effective cohorting of residents
 - i. Resident and staff testing conducted as required
 - j. Respecting facility time restrictions to allow others to visit their loved ones
9. Compassionate care visits with residents in transmission-based precautions requires visitors to adhere to transmission-based precautions.
10. Visitors will perform hand hygiene prior to entering resident care areas.
11. Visitors will have limited movement in the facility and will go directly to the resident’s room or designated visitation area.
 - a. Visitors should not move through areas/corridors where residents suspected or confirmed to be infected with COVID-19 are present.
12. Privacy will be maintained during visitation unless otherwise contraindicated due to the resident’s medical status.
13. Upon exit, visitors will be reminded that if they develop signs and symptoms of COVID-19 within 2-14 days after visiting the center they should immediately notify the center of the date they visited.

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- a. Any individuals who had contact with the visitor will be screened for the level of exposure and discussed with the Medical Director/health department for guidance.

Nursing Home Visitation - COVID-19. September 17, 2020.

<https://www.cms.gov/files/document/gso-20-39-nh.pdf>

Frequently Asked Questions (FAQs) on Nursing Home Visitation. June 23, 2020.

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Core Principles for Visitors

- Enter only through designated entrances
- Follow facility screening guidelines (i.e., temperature check, etc.)
- Perform hand hygiene frequently (alcohol-based hand rub is preferred)
- Keep your face covering or mask (covering mouth and nose) on at all times
- Maintain social distancing of at least six feet between you and any other person
- Limit your movement to only the designated room/area
- Respect visitation times to allow others to visit their loved ones

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Frequently Asked Questions (FAQs) on Nursing Home Visitation

On September 17, 2020, CMS released new guidance for nursing home visitation during the COVID-19 Public Health Emergency that supersedes this guidance. See CMS memorandum [QSO-20-39-NH, Nursing Home Visitation-COVID-19](#).

1. What steps should nursing homes take before reopening to visitors?

Nursing homes should continue to follow CMS and CDC guidance for preventing the transmission of COVID-19, and follow state and local direction. Because nursing home residents are especially vulnerable, CMS does not recommend reopening facilities to visitors (except for compassionate care situations) until phase three when:

- There have been no new, nursing home onset COVID-19 cases in the nursing home for 28 days (through phases one and two)

- The nursing home is not experiencing staff shortages
- The nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents
- The nursing home has adequate access to testing for COVID-19
- Referral hospital(s) have bed capacity on wards and intensive care units

2. The reopening recommendations maintain that visitation should only be allowed for “compassionate care situations.” Do compassionate care situations only refer to end-of-life situations?

While end-of-life situations were used as examples of compassionate care situations in previous CMS memoranda, the term “compassionate care situations” does not exclusively refer to end-of-life situations. For example, for a resident who was living with their family before recently being admitted to a nursing home, the change in their environment and sudden lack of family can be a traumatic experience. Allowing a visit from a family member in this situation would be consistent with the intent of the term “compassionate care situations.” Similarly, allowing someone to visit a resident whose friend or family member recently passed away, would also be consistent with the intent of these situations.

CMS cannot define each situation that may constitute a compassionate care situation. We encourage facilities to consult with state leadership, families, and ombudsman, to help determine if a visit should be conducted for compassionate care. Also, while CMS acknowledges that compassionate care situations may extend past end-of-life situations, we still believe these visits should not be routine, and allowed on a limited basis as an exception to restricting visitation. We also remind facilities and visitors that all actions to prevent the transmission of COVID-19 should be taken when these visits are allowed. These actions include screening all visitors for symptoms of COVID-19, practicing social distancing, performing hand hygiene (e.g., use alcohol-based hand rub upon entry), and both residents and visitors wearing a cloth face covering or facemask for the duration of their visit.

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To help with these visits, nursing homes may decide to create safe spaces within the facility, such as see-through separation walls or other such areas so that residents may physically see their family members (if outside visitation is not conducted). Nursing homes may also consider setting up appointment times to ensure control of the number of visitors at any given time. Additionally, when facilitating visits, facilities should continue to limit the number of visitors allowed in the building at the same time, and limit the number of individuals visiting with any one resident (e.g., two visitors for one resident visit).

3. Can facilities use creative means, such as outside visits, to begin to allow for visitation within the CMS and CDC guidelines; even before reaching phase three?

Yes, the reopening guidance does allow for some flexibility for controlled visitation prior to phase three. CMS recognizes the toll of separation from family and other loved ones while at the same time recognizing the need to balance the safety of residents and staff. CMS encourages creative means of connecting residents and family members. For example, there may be safe ways for families to see their loved ones outside the facility. Facilities can create spaces for residents without COVID-19, including those who have fully recovered, to participate in outdoor visitation sessions with their loved ones, such as in courtyards, on patios, or even in parking lots.

Facilities should still ensure all actions for preventing COVID-19 transmission are followed. These actions include, screening all visitors for symptoms and fever, asking both residents and visitors to wear a cloth face covering or face mask, performing hand hygiene (e.g., use alcohol-based hand rub), maintaining social distancing at all times, and ensuring the items in visitation spaces are cleaned and disinfected routinely. If outdoor visitation is conducted, facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing). We also recommend limiting the number of individuals visiting with any one resident (e.g., two visitors for one resident visit).

As more information becomes available at the national, state and local levels, facilities are encouraged to work with their state officials to determine the appropriate level of visitation restrictions within available guidelines from the CDC.

4. Can nursing home residents participate in communal activities before reaching phase 3 of the nursing home reopening plan?

The current CMS guidance is not intended to completely restrict communal activities, except in the case of a resident with symptoms consistent with COVID-19 or a confirmed case. The May 18, 2020 [reopening recommendations](#) notes that residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet). Group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation, suspected or confirmed COVID-19 status) with social distancing among residents, appropriate hand hygiene, and use of a cloth face covering or facemask. Facilities may be able to offer a variety of activities while also taking the necessary precautions. For example, book clubs, crafts, movies, and Bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission. CMS sponsors partnership calls in which a number of nursing homes from across the country have shared creative activities that engage residents while still observing infection control practices.

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5. What factors should nursing homes consider when making decisions about visitation?

CMS encourages that any decisions to relax requirements or conduct creative alternatives within nursing homes be made in coordination with state and local officials after a careful review of facility-level, community, and state factors/orders. Additionally, state and local officials should consider the following as a part of a comprehensive reopening plan:

- Case status in surrounding community
- Case status in the nursing home(s)
- Staffing levels
- Access to adequate testing for residents and staff
- Personal protective equipment supplies
- Local hospital capacity

These factors should help guide reopening decisions, and decisions related to creative ways to facilitate visitation. For example, a facility with multiple COVID-19 cases should still use caution when deciding to facilitate outdoor visitation. As facilities explore these options, they are still responsible for preventing the transmission of COVID-19.

6. Should residents or visitors who have tested positive for COVID-19 participate in visits?

Residents who are in isolation for observation, for having symptoms consistent with COVID-19, or having been confirmed with COVID-19, should not have in-person visits. Similarly, any visitor that has tested positive or has symptoms consistent with COVID-19, should not come to the facility [and refer to CDC guidance for when they can be around others](#). If a visitor has tested negative for COVID-19, that reduces some of the risks for allowing creative visitation.

However, since the time between a negative test and a visit can vary, all actions to prevent the transmission of COVID-19 should still be followed for visitors that have tested negative (e.g., social distancing, face coverings, hand hygiene, etc.).

For residents who are unable to participate in outdoor visits, including residents with symptoms consistent with COVID-19, or who have tested positive for COVID-19, there are still ways to connect with loved ones. For example, CMS notified state survey agencies that Civil Money Penalty (CMP) reinvestment funds may be used for programs that provide residents with adaptive communicative technologies so that they may enjoy virtual visits. Also, facilities can have staff assist residents with sending or reading texts or emails with family. Lastly, we remind facilities and families to leverage the LongTerm Care Ombudsman Program to help families stay connected with their loved ones. More information on these items can be found in a Frequently Asked Questions (FAQ) document published on April 24, 2020 (see questions 2 and 3 of the FAQ attached to [CMS memorandum QSO-20-28-NH](#)). The CDC also has recommendations for how individuals can [support their loved ones in a nursing home](#).

7. Are nursing homes required to allow visits from the ombudsman when requested by a resident?

Under sections 1819(c)(3)(A) and 1919(c)(3)(A) of the Social Security Act (the Act), and implementing regulations at 42 CFR 483.10(f)(4)(i)(C), a nursing home is required by law to provide the state ombudsman immediate access to any resident. In [CMS memorandum QSO-20-14-NH](#), we stated that residents still have the right to access the Ombudsman program. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (e.g., by phone or other format) with the Ombudsman program or any other individual listed in 42 CFR 483.10(f)(4)(i). Since ombudsmen are critical resources for residents and their families, nursing homes should facilitate their in-person access as soon as is practicable. Nursing homes are also required under 42 CFR 483.10(h)(3)(ii) to allow the ombudsman to examine the resident's medical, social, and administrative records as otherwise authorized by State law. Also, while CMS waived certain requirements related to discharging a resident, such as notifying the Office of the State Long-Term Care Ombudsman prior to discharge, those waivers are only to be used for the purposes of cohorting residents to prevent transmission of COVID-19.¹ For all non-cohorting discharges, facilities must comply with all discharge requirements. For example, per 42 CFR 483.15(c)(3), before a facility transfers or discharges a resident, the facility must notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. Facilities that do not comply with these and all other requirements that have not been waived under section 1135 of the Act are subject to deficiency citation and enforcement action.

More information about CMS' reopening recommendations can be found in [CMS memorandum QSO-20-30-NH](#). Facilities should also contact their state or local health department for questions related to preventing the transmission of COVID-19. The [CDC website](#) continues to offer guidelines for managing and preventing the transmission of COVID-19 in nursing homes.

¹ "COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers" is located at <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf> CMS memorandum QSO-20-25-NH, "2019 Novel Coronavirus (COVID-19) Long-Term Care Facility Transfer Scenarios" is located at <https://www.cms.gov/files/document/qso-20-25-nh.pdf>.