Visitor Sign In Sheet- PLEASE WASH YOUR HANDS!!

Remember: Do not shake hands with, touch, or hug individuals

Date	Name	Time In	Time Out	Resident Visited	What areas of the facility were you in today?	Have you had *at least two of these symptoms* : fever, repeated shaking with chills, headache, diarrhea, chills, muscle pain, sore throat, vomiting, new loss of smell/taste?of smell/taste?	Visited another setting with confirmed COVID-19?
						YES / NO	YES/ NO
Phone number		**Cough/Shortness of Breath**					
		YES / NO					
Date	**Name**	**Time In**	**Time Out**	**Resident Visited**		YES/ NO	YES/NO
Phone number		**Cough/Shortness of Breath**					
		YES / NO					
Date	**Name**	**Time In**	**Time Out**	**Resident Visited**		YES/ NO	YES/ NO
Phone number		**Cough/Shortness of Breath**					
		YES / NO					
Date	**Name**	**Time In**	**Time Out**	**Resident Visited**		YES/ NO	YES/NO
Phone number		**Cough/Shortness of Breath**					
		YES / NO					
Date	**Name**	**Time In**	**Time Out**	**Resident Visited**		YES/ NO	YES/NO
Phone number		**Cough/Shortness of Breath**					
		YES / NO					
Date	**Name**	**Time In**	**Time Out**	**Resident Visited**		YES/ NO	YES/NO
Phone number		**Cough/Shortness of Breath**					
		YES / NO					
Date	**Name**	**Time In**	**Time Out**	**Resident Visited**		YES/ NO	YES/NO
Phone number		**Cough/Shortness of Breath**					
		YES / NO					

Please monitor yourself for signs and symptoms of respiratory infection (fever, cough, shortness of breath)

Should any symptoms occur, please notify us immediately at _____.

Updated 4/30/20

HealthCap
RISK MANAGEMENT & INSURANCE

COVID-19

Visitor Restrictions

- Restrict all visitors and non-essential health care personnel, except in end-of-life situation (case by case basis).
- Screen all visitors for fever or respiratory symptoms. Visitors with symptoms of infection should not be permitted to enter the facility at any time.
- Visitors permitted must wear a facemask at all times.
- Require handwashing prior to entering resident care areas.
- Provide hand sanitizer stations at each entrance and resident care areas.
- Restrict visitor to resident's room or other location designated by the facility.
- Advise visitors to monitor for signs and symptoms of respiratory infection for at least 14 days after visits.
- Provide contact information to visitors to report any signs of infection post visit.
- Visitors should immediately notify the facility of the visit date, the resident name and the location of the visit (room, library, etc.).
- In the event this occurs, immediately screen anyone with reported contact, and initiate actions based on CDC guidelines.

HealthCap
RISK MANAGEMENT SERVICES

COVID-19 SCREENING FOR VISITORS AND STAFF
POLICY AND PROCEDURE

Policy:
This facility restricts visitors and non-essential healthcare personnel, except certain compassionate care situations. **All individuals** (staff, other health care workers, family, visitors, government officials, etc.) entering the building will be screened using the most updated guidelines provided by CMS and the CDC.

Procedure:
All individuals entering the building will be asked the following questions:

1. Have you washed your hands or used alcohol-based hand rub?
   ☐ YES ☐ NO-please ask them to do so
2. Have you had any of the following respiratory symptoms?
   ☐ Cough
   ☐ Shortness of breath

   OR at least TWO of these symptoms?
   ☐ Fever
   ☐ Repeated shaking with chills
   ☐ Headache
   ☐ New loss of taste or smell
   ☐ Diarrhea
   ☐ Chills
   ☐ Muscle pain
   ☐ Sore throat
   ☐ Vomiting

   - If YES to any of these symptoms, the individual is restricted from entering the building
   - If NO to all, proceed to **question # 3 for staff and question #4 for all others**

3. For **Staff and Health Care Providers (HCP)** (e.g. agency staff, regional or corporate staff, health Care workers such as hospice, EMS that provide care to residents):

   3A**. Check temperature and document results** ☐ Fever present?
   - If YES, restrict from entering building.
   - If NO proceed to step 3B.

   3B**. Ask if they have worked in facilities or locations with recognized COVID-19 cases.**
   ☐ If YES, ask if they worked with a person (s) with confirmed COVID-19
   - If YES, require them to wear PPE including mask, gloves, gown before having any contact with residents and proceed to step 4
   - If NO, proceed to step 4

4. **Allow entry to building and remind the individual to:**
   ☐ Wash their hands or use ABRH throughout their time in the building
   ☐ Not to shake hands with, touch or hug individuals during their visit.

SAMPLE

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

Visitors	Staff
Permitted for certain compassionate care situations Must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility.	**When there are cases in the community but none in the facility:** Consider implementing universal use of facemask for all HCP while in the facility.
	When there are cases in the facility or sustained transmission in the community: Implement universal use of facemask for all HCP while in this facility. Consider having HCP wear all recommended PPE, (gown, gloves, eye protection, N95 respirator or, if not available a facemask) for all residents, regardless of presence of symptoms. Implement protocols for extended use of eye protection and facemask.

_____ _____

Administrator Signature Date

_____ _____

Medical Director Signature Date

_____ _____

Participating Health Care Provider Signature Date

SAMPLE

The information on this Employee Health Log contains health related information that is protected by federal and state laws and may be protected health information under HIPAA privacy law provisions. Dissemination or disposal of protected health information may be done only in compliance with HIPAA and other applicable laws.

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