

**COVID-19 SCREENING PROTOCOLS FOR VISITORS,  
STAFF AND ALL PERSONS ENTERING FACILITY  
POLICY AND PROCEDURE**

**Policy:**

This facility restricts visitors and non-essential healthcare personnel, except certain compassionate care situations until the state or local officials permit limiting visiting with the Opening of America guidance. **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.

**General Considerations:**

- No one should enter the facility if they are not feeling well.
- **All individuals entering the building will consent to a temperature check**
- Everyone will wear a cloth face covering or facemask to enter the facility.
- Everyone will be asked to perform hand hygiene with alcohol-based hand rub prior to the screening process.
- Everyone entering the facility will maintain 6 feet of social distancing while completing screening process.
- Confidentiality will be maintained with the screening process.
- Everyone entering and exiting the building, must sign in and out, noting the areas of the facility they were in.
- Visitors and others should be restricted to the residents' room or other designated location.

**Procedure:**

**In addition to temperature checks, all individuals entering the building will be asked the following questions:**

1. Have you had any of the following respiratory symptoms?
  - Cough
  - Shortness of breath

**OR any of these symptoms?**

<input type="checkbox"/> Fever	<input type="checkbox"/> Chills
<input type="checkbox"/> Repeated shaking with chills	<input type="checkbox"/> Muscle or body aches
<input type="checkbox"/> Headache	<input type="checkbox"/> Sore throat
<input type="checkbox"/> New loss of taste or smell	<input type="checkbox"/> Nausea/vomiting
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Congestion or runny nose	
- If YES to any of these symptoms, the individual is restricted from entering the building, including staff.
- If NO to all, proceed to question # 2

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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.*

2. Ask if they have had a known exposure to someone with COVID-19.
  - If YES, restrict from entering building.
  - If NO proceed
3. Check temperature and document results  Fever present?
  - If YES, restrict from entering building.
  - If NO proceed.
4. Ask all healthcare personnel, including staff, if they have had exposure to other facilities with recognized COVID-19 cases.
  - a. 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 #5
    - If NO, proceed to step 5
5. Allow entry to building and remind the individual to:
  - b. Wash their hands or use ABHR throughout their time in the building
  - c. Not to shake hands with, touch or hug individuals during their visit.
  - d. Maintain social distancing of 6 feet as able.
  - e. Keep face covering/facemask on while in facility.

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Visitors	Staff
<p>Permitted for certain compassionate care situations</p> <p>Must wear a facemask when entering the building and at all times.</p> <p>Restrict their visit to the resident's room or other location designated by the facility.</p> <p>Social distancing of 6 feet</p> <p>Hand hygiene</p>	<p>Universal source control:</p> <ul style="list-style-type: none"> <li>• Facemask on entry (can be cloth for administrative staff with no direct resident contact)</li> <li>• Hand hygiene</li> </ul> <p>Maintain social distancing of 6 feet when possible.</p> <p>Proper PPE as recommended by residents' condition.</p>

_____	_____
Administrator Signature	Date
_____	_____
Medical Director Signature	Date
_____	_____
Participating Health Care Provider Signature	Date

The information on the Employee Sign In Sheet 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.

Resources: Preparing for COVID-19 in Nursing Homes; May 19, 2020;  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Nursing Home Reopening Recommendations for State and Local Officials; May 18, 2020;  
<https://www.cms.gov/files/document/qso-20-30-nh.pdf>

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## Visitor Sign In Sheet- PLEASE WASH YOUR HANDS!!

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

Date	Name	Time In	Temp	Time Out	Resident Visited	What areas of the facility were you in today?	Have you had <i>any</i> of these symptoms : fever, chills, headache, diarrhea, muscle or body aches, fatigue, sore throat, nausea or vomiting, new loss of smell/taste, congestion or runny nose?	Visited another setting with confirmed COVID 19?
<b>Phone number</b>								
Cough/Shortness of Breath/Difficulty Breathing								
YES / NO								
Date	Name	Time In	Temp	Time Out	Resident Visited			
<b>Phone number</b>								
Cough/Shortness of Breath/Difficulty Breathing								
YES / NO								
<b>Phone number</b>								
Cough/Shortness of Breath/Difficulty Breathing								
YES / NO								
Date	Name	Time In	Temp	Time Out	Resident Visited			
<b>Phone number</b>								
Cough/Shortness of Breath/Difficulty Breathing								
YES / NO								
<b>Phone number</b>								
Cough/Shortness of Breath/Difficulty Breathing								
YES / NO								
Date	Name	Time In	Temp	Time Out	Resident Visited			
<b>Phone number</b>								
Cough/Shortness of Breath/Difficulty Breathing								
YES / NO								
<b>Phone number</b>								
Cough/Shortness of Breath/Difficulty Breathing								
YES / NO								
Date	Name	Time In	Temp	Time Out	Resident Visited			
<b>Phone number</b>								
Cough/Shortness of Breath/Difficulty Breathing								
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 \_\_\_\_\_.

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>