## Guidance On Screening Of Visitors for COVID-19

#### Who To Screen?

Anyone who is coming into the facility including:

- Staff
- Essential outside contractors
- Visitors (restricted to compassionate care only)

#### What To Do?

Post signage that everyone entering the building is to be screened. Limit movement in the facility to those areas that are necessary for the purpose of the visit. Log all visitors. Designate a staff member who will screen for:

- Symptoms consistent with COVID-19, including:
  - Fever (>100.4 F)
  - Cough (note: a cough is defined as new onset of cough within the previous 14 days)
  - Shortness of Breath
- Contact with a COVID-19 patient within the previous 14 days

Anyone who has symptoms consistent with COVID-19 or contact with a known COVID-19 patient in the previous 14 days should not be permitted into the facility.

#### All Visitors Should Be Educated On:

- Hand hygiene (have visitors demonstrate hand hygiene entry);
- Limit touching of surfaces;
- Limiting movement to area of business only;
- Limit physical contact, and clean hands before/after (hand sanitizer or washing hands);
- Contact the facility if they become ill with COVID within 14 days after visit.

### What Facilities Can Do To Help?

While physical distancing is encouraged, social interactions are still encouraged, including virtual interactions.

Think about designating a room close to the entrance for essential visits. This room would be disinfected after each meeting.

#### What Can Families And Loved Ones Do?

While physical distancing is promoted, phone calls and electronic visits are encouraged. Think about if your loved one may be able to stay with family during this time period.

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Name of Visitor:	Example screening:	
Access to this facility is limited to staff and visitors that do not have signs and symptoms of possible COVID-19.  Check all that apply below:  You do not have a cough (note: a cough is defined as new onset of cough within the previous 14 days)  You do not have a fever over 100.4° F. Temperature on entry:  You are not experiencing any shortness of breath  You have not had contact with someone with suspected or confirmed COVID-19 within the past 14 days.  You do not have a household member with fever or respiratory symptoms.  Help us practice good infection prevention to keep residents, visitors and staff safe. During your visit you agree to:  Stay in designated area for the duration of your visit  Practice good hand hygiene  Limit touching of surfaces to only what is necessary  Limit physical contact and practice good hygiene before/after  Reach out to a staff member if you have any questions or concerns  Gontact us at  if you are diagnosed with COVID-19	Name o	f Visitor: Date of visit:
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