

Compassionate Care Visitor Checklist – COVID-19

In order to enhance the safety and well being of all we serve, all visitors are asked to complete the following document prior to Compassionate Care visitation. These requirements are in place to demonstrate compliance with all federal and state regulations relating to the health and safety of those we serve during the COVID-19 pandemic.

Visitor’s Name(s): _____ **Person Visiting:** _____

Screening Questions:

- 1.) Are you experiencing any signs or symptoms of COVID-19 or other respiratory infection? **YES / NO**
- 2.) Have you been exposed to anyone who has COVID-19 in the last 14 days? **YES / NO**
- 3.) Have you been exposed to a COVID-19 outbreak or a mass gathering in the last 14 days? **YES / NO**
- 4.) Do you have a fever or temperature above 100 degrees Fahrenheit? **YES / NO**
- 5.) Are you under quarantine or have you been advised to quarantine at this time? **YES / NO**
- 6.) Do you consent to screening and/or testing for COVID-19 symptoms? **YES / NO**
- 7.) If accompanied by a minor, do you agree to all guidelines on their behalf? **YES / NO / NA**
- 8.) Have you been vaccinated for COVID-19? (If yes, please provide copy of record) **YES / NO**

Visitation Requirements:

- Visitors must wear masks upon arrival and for the duration of the visit.
- Visitors agree to perform hand hygiene upon arrival and as necessary during the visit.
- Visitors agree to practice 6’ social distancing for the duration of the visit.
- Visitors agree to remain within the visited resident’s room for the duration of the visit.
- Visitors agree to avoid all commons areas and will take a direct path between resident’s room and entry/exits.
- Visitor agrees to being escorted by staff when moving through hallways and public spaces.
- Visitors who develop any respiratory symptoms within 14 days after visiting agree to notify Bethany Home Nursing Administration immediately.

By signing this, I agree to abide by all regulatory requirements for visitation, and give consent for COVID-19 testing for myself and any accompanying minor:

Visitor Signatures: _____ **Date:** _____

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STAFF SECTION:

Staff Signature: _____ Date: _____

Visitor Temperature: _____ Below 100F? **Y / N** Vaccination Record Presented/Copied? **Y / N**

Passed Screening: **Y / N** **If Form has responses marked in red,**

COVID Test Administered? **Y / N** Result: **Positive / Negative** **deny entry and ask family to reschedule**

Visitor informed of all precautions and agrees to abide by them: **Y / N** **for another date.**