UPDATE 4.2.20

VISITOR/EMPLOYEE MONITORING TOOL
(COVID-19)

The Visitor and Employee monitory tool should be used in events such as a COVID-19 to help prevention of spreading the virus. Below are instruction for using the tool. You will also need separate binders for visitor and employee logs. Each page should be used for an individual, so that we may understand each individual's visitation and screening.

1. Select a place close to entrance for screening. Do not hand out the questionnaire.

2. Screener should use protective clothing and be ask the visitor/employee all questions.

3. Screen for symptoms of respiratory illness using the appropriate visitor or employee log. Answer all questions and make answers legible.

4. If visitor/employee answers **NO** to ALL screening questions, the screener should complete a screening label for employee/visitor to wear. Employee may begin work shift and visitor may proceed to only their necessary visiting location.

5. If a visitor answers YES to any of the screening questions, they will not be permitted into the community.

6. If an employee answers YES to any of the screening questions the employee should not work. The employee should self-isolate at home. Contact the supervisor and infection prevention. Infection Prevention should notify the local health department.

7. If the employee does NOT have a fever, new or worsening cough, shortness of breath, or a sore throat, but, is experiencing mild respiratory illness the employee may work if they have been fever-free for 72 hours and their symptoms are improving. While at work, the employee must don a facemask. The facemask must be worn at all times except when the employee is at the nurses' station.

READ BELOW to EMPLOYEE:
IF developing ANY NEW symptoms (cough, shortness of breath, fever) please do the following:

- **IF at Work**: Immediately STOP direct patient care, perform hand hygiene, put on a surgical mask, notify your supervisor or house Supervisor, and wait for instructions.
- **IF at HOME: STAY HOME**, self-isolate and follow the Health Department instructions, and let your manager know you are not coming to work.

VISITOR SCREENING QUESTIONNAIRE:
COVID-19

TO BE FILLED OUT BY SCREENER

Name: _____ **Company:** _____

Date: _____ **Time:** _____ am/pm Screener Name: _____

● **Temp:** _____   ● **Pulse Oximeter reading** ____**% Room Air -OR- O2** _____ **Liters/Minute**

Resident(s) Visitor is Seeing: _____

Any person answering YES to any of the following questions will __NOT__ be permitted entry into the community.

Have you ever been diagnosed with COVID-19? __ Yes   __ No

- If yes, have you had 2 negative test results separated by 24 hours? __ Yes   __ No

Have you been in contact with any person(s) known to be infected with COVID-19? __ Yes   __ No

Do you work at another health care facility? __ Yes   __ No

    If yes, Have any patients /residents been diagnosed with COVID-19? __ Yes   __ No

    If yes, have you had direct exposure/or done direct care with this individual? __ Yes   __ No

Do you have any of the following?

	Yes	No	Comments
Had fever or felt feverish			
New or worsening cough			
Shortness of breath			
Sore throat			

Have you had any of the symptoms above in the last 14 days? __ Yes   __ No

Have you traveled through any airport within the past 14 days? __ Yes   __ No

Have you traveled on a cruise ship within the last 14 days? __ Yes   __ No

If Access is Granted:
Have you washed your hands or used alcohol-based hand rub (ABHR) on entry?
__ Yes   __ No (please ask them to do so)

I agree that the above answers are true and correct. I agree to notify community management immediately of any changes to the above questions.

Visitor Verbally Acknowledges the above statement: __

Screener Signature: _____

__RATIONALE:__ COVID-19 is extremely dangerous for our residents with early estimates of at least a 15% mortality rate for older adults 80+ years old. Many populations outside of the elderly do not show any symptoms but are able to transmit the virus to others. Ensuring our residents are cared for in a safe and healthy environment is our first priority.

EMPLOYEE SCREENING QUESTIONNAIRE: COVID-19

TO BE FILLED OUT BY SCREENER

Name: _____

Date: _____ **Time:** _____ am/pm Screener Name: _____

• **Temp:** _____ • **Pulse Oximeter reading** _____% Room Air -OR- O2 _____ **Liters/Minute**

Department: _____ Shift: _____

Any person answering YES to any of the following questions will <u>NOT</u> be permitted entry into the community.

Have you ever been diagnosed with COVID-19? __ Yes __ No

- If yes, have you had 2 negative test results separated by 24 hours? __ Yes __ No

Have you been in contact with any person(s) known to be infected with COVID-19? __ Yes __ No

Do you work or visit in another health care facility? __ Yes __ No

    If yes, Have any patients /residents been diagnosed with COVID-19? __ Yes __ No

    If yes, have you had direct exposure/or done direct care with this individual? __ Yes __ No

Do you have any of the following?

	Yes	No	Comments
Had fever or felt feverish			
New or worsening cough			
Shortness of breath			
Sore throat			

Have you had any of the symptoms above in the last 14 days? __ Yes __ No

Have you traveled through any airport within the past 14 days? __ Yes __ No

Have you traveled on a cruise ship within the last 14 days? __ Yes __ No

If Access is Granted:
Have you washed your hands or used alcohol-based hand rub (ABHR) on entry?
__ Yes __ No (please ask them to do so)

Remember to:
- **Wash your hands or use Alcohol Based Hand Rub per our policy and procedures.**
- **Alert your supervisor and Executive Director of any resident or staff member who is presenting with an illness.**

I agree that the above answers are true and correct. I agree to notify community management immediately of any changes to the above questions.

Employee Verbally Acknowledges the above statement: __

Screener Signature: _____

__RATIONALE:__ COVID-19 is extremely dangerous for our residents with early estimates of at least a 15% mortality rate for older adults 80+ years old. Many populations outside of the elderly do not show any symptoms but are able to transmit the virus to others. Ensuring our residents are cared for in a safe and healthy environment is our first priority.