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?
   □ Fever
   □ Repeated shaking with chills
   □ Headache
   □ New loss of taste or smell
   □ Diarrhea
   □ Congestion or runny nose
   □ Chills
   □ Muscle or body aches
   □ Sore throat
   □ Nausea/vomiting
   □ Fatigue

- 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
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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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.

7/20/20

<table>
<thead>
<tr>
<th>Visitors</th>
<th>Staff</th>
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<tbody>
<tr>
<td>Permitted for certain compassionate care situations</td>
<td>Universal source control:</td>
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<tr>
<td>Must wear a facemask when entering the building and at all times.</td>
<td>• Facemask on entry (can be cloth for administrative staff with no direct resident contact)</td>
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<tr>
<td>Restrict their visit to the resident’s room or other location designated by the facility.</td>
<td>• Hand hygiene</td>
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<tr>
<td>Social distancing of 6 feet</td>
<td>Maintain social distancing of 6 feet when possible.</td>
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<tr>
<td>Hand hygiene</td>
<td>Proper PPE as recommended by residents’ condition.</td>
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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.


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

If any symptoms occur, please notify us immediately at ___________________________.


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Visitor Sign In Log - PLEASE WASH YOUR HANDS!!

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Time In</th>
<th>Time Out</th>
<th>Resident Visited</th>
<th>Temperature</th>
<th>Cough/Shortness of Breath/Difficulty Breathing</th>
<th>Phone Number</th>
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The information on this Visitor Sign In Log contains health-related information that is protected by Federal and State laws and may be protected health information under HIPAA Privacy Law provisions. Updated 7/22/20

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19? contract COVID with another setting with similar outcomes or mortality, please update the chart and inform the facility of the exposure.

Today?

What means of the facility were you in?

Where did you need to go today?