VISITATION CHECKLIST

# RESIDENT

|  |  |
| --- | --- |
| YES | NO | COVID-19 negative, no recent exposure and no signs or symptoms? |
| YES | NO | COVID-19 Vaccinated? |
| YES | NO | Fully Vaccinated - Indoor or outdoor allowed |
| YES | NO I N/A | Not vaccinated - Outdoor visitation recommended |
| YES | NO | Can the resident wear a mask?  If No, social distance 12 feet |
| YES | NO | Hand hygiene before and after visitation |
| YES | NO | Toileting offered prior to visitation? (To ensure visitation time is not interrupted and visitors do not leave room) |

# VISITOR

|  |  |
| --- | --- |
| YES | NO | Did the visitor fill out the COVID-19 point of entry screening?   * + Are the criteria met? If no, offer window visit or virtual visit. |
| YES | NO | Is the visitor wearing a Mask appropriately?   * + - * Provide the mask to the visitor to wear if they did bring any. |
| YES | NO | Educate the visitor regarding the risks of visitation |
| YES | NO | Explain the visitation policy and guidelines |
| YES | NO | Direct visitor to a hand washing station or hand sanitizer |
| YES | NO | Visitor has badge/disposable sticker indicating they are a visitor |
| YES | NO | Escort the visitor to the designated area (before and after visitation) |
| YES | NO | Perform hand hygiene on exiting |

# FACILITY

|  |  |
| --- | --- |
| YES | NO | Is the visit scheduled per facility policy? |
| YES | NO | Designated visitation area is clean and has furnishings that encourage social distancing |
| YES | NO | Hand Sanitizer readily available, masks available as needed |
| YES | NO | Monitor visitation while providing privacy to residents and family member. |
| YES | NO | Have a designated staff to clean high touch surface areas with approved disinfectant after visit. Restock with sanitizer and masks as needed. |
| YES | NO | Escort Visitor out of building |
| YES | NO | Provide phone number of facility to visitor and remind them to call if they develop s/s of COVID or test positive for COVID in the next two weeks. |
| YES | NO | Allow time for air exchange between visits in same room |
| YES | NO | Document the visit in case contact tracing needs to occur. |

Can Visitation Proceed? Yes No

Type: Indoor Outdoor Virtual Window

Masks needed? Resident Yes No Visitor Yes No

Visitation Approval Signature (if required by facility): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_