



# VISITOR SCREENING FORM AND QUESTIONNAIRE

EFFECTIVE August 10,2021: Garden House is complying with visitation guidelines as directed by Dr. Rick Rosen MD, San Luis Obispo Public Health Deputy

**Have you had known contact with another person who IS POSITIVE or CONTACT WITH A PERSON who LIVES WITH someone who has TESTED POSITIVE for Covid-19 within the last 14 days, regardless of whether the person is symptomatic or asymptomatic?**    0    yes    o    no

**If you choose yes, you must postpone your visit for at least 3 weeks from the date of your last exposure to that person**

## SECTION 1: SCREENING: TO BE FILLED OUT BY STAFF

1. Visitor Temp (If the visitor's temperature is over 100.0°F, they are NOT permitted to visit): \_\_\_\_\_

**BOTH the Visitor and the Resident (as tolerated) must wear a well-fitting surgical face covering, whether indoors, outdoors, for outings and walks.**

**You do not need to social distance if you are wearing your mask properly and use hand sanitizer**

### Indoor/Patio Visitation:

1. Visitor performs hand hygiene, hand sanitizer at the door
2. Garden House booties over shoes (Indoor only)
3. Garden House surgical mask to wear
4. Visitor is directed to the door they will be entering through or patio

### Going on a drive:

1. Visitor performs hand hygiene, hand sanitizer at the door
2. BOTH the Visitor and the Resident (as tolerated) must wear a well-fitting surgical face covering.

### Taking resident on a walk:

1. Visitor performs hand hygiene, hand sanitizer at the door
2. BOTH the Visitor and the Resident (as tolerated) must wear a well-fitting surgical face covering.

## SECTION 2: TO BE FILLED OUT BY VISITOR

In ALL CASES, for the protection of all of our residents — visitation will be permitted in designated areas including outdoor space, the resident's own room (if a private room), or other designated private visiting area. Visits should be conducted with a maximum of two visitors at a time and should exclude children that cannot maintain social distancing.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Resident Visiting: \_\_\_\_\_ Purpose of Visit: \_\_\_\_\_

In the past 14 days, have you had and of the following? **If you exhibit any of these symptoms, you will NOT be permitted to visit.**

- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Y                     | N                     | Y                     | N                     | Y                     | N                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- All visits must be scheduled during designated visiting times.
- All visitors must wear a mask AT ALL TIMES within the facility. We will provide you with a clean surgical mask to wear.
- All visitors must maintain 6-foot social distancing in all areas from **all other** individuals other than the person they are visiting while within the facility.
- All visitors must remain in the private visiting area at all times and are not allowed in any common areas during visitation must use the walkie talkies to communicate to staff that they are ready to leave or need something.
- Any visitors who are unable to adhere to COVID-19 infection prevention and control measures will be asked to leave.

1. Have you or someone you live with travelled within California to an area beyond your work, home or necessity needs (groceries, etc.), especially to an area under travel advisories or where COVID-19 cases are widespread? If yes, please indicate where: \_\_\_\_\_
2. Have you or someone you live with travelled outside California within the last 14 days? If yes, please indicate where: \_\_\_\_\_
3. Have you or someone you live with had contact with someone in the past 48 hours with a confirmed diagnosis or is under investigation for COVID-19, or is ill with respiratory illness?  yes  no
4. Have you or someone you live with had a positive COVID test within the past 14 days?  yes  no

If yes answer questions a-c

- a. If yes, are you 10 days past symptoms onset? And have been fever free for over 24 hours?  yes  no
- b. Have your symptoms been improving?  yes  no
- c. Have you been fever free WITHOUT the use of fever reducing medications?  yes  no

**IF YOU ANSWERED YES TO QUESTION 2 OR NO TO ANY OF A-C YOU ARE NOT PERMITTED TO VISIT.**

5. Have you or someone you live with worked in or visited another health care setting that has confirmed COVID-19 cases:  yes  no
6. If yes, did you/they wear appropriate PPE during your visit to the health care setting?  yes  no
7. **If no, did you/they have direct contact or were within 6 ft of a COVID positive person for 15 minutes or more?**  **yes**  **no**

**If YES to question 7, you will not be permitted to visit.**

**I agree to the following:**

**INITIALS**

I understand that by visiting Garden House or taking a resident out for a walk/drive that there is an increased risk to not only the resident you are visiting, but all of our residents. \_\_\_\_\_

I understand that if I become symptomatic, the resident I visit will need to be isolated until I receive a negative test result. \_\_\_\_\_

I understand if I receive a positive COVID test within 7 days of visiting the facility the resident I visit will be isolated until they receive 2 negative COVID tests AND that Garden House will have to go into lockdown and all residents and staff will be tested weekly until the facility is cleared. \_\_\_\_\_

I understand that even if I have had COVID before or have been vaccinated, I can contract Covid-19 \_\_\_\_\_

I understand that a face shield cannot be worn in place of a surgical mask. \_\_\_\_\_

I understand that I should quarantine immediately and notify the Garden House Administrator if I develop symptoms, someone I have had close contact with or someone I live with develops symptoms and/or tests positive within 10 days after a visit to Garden House. \_\_\_\_\_

I, (print first and last name) \_\_\_\_\_, hereby agree to abide by the rules set forth by Garden House. I promise to put the safety of the residents and staff first.

**If I am caught not following the rules, I understand I will be asked to leave**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_