

COVID-19: Screening Checklist for Visitors and Residents (Revised 6-1-21)

individuals (family, visitors, residents) entering the building must be asked the following questions. Residents will be screened upon return from social visits in addition to screening of temperature and COVID-19 sign and symptoms that is done daily for infection control purposes.

1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry?

- YES NO – please ask them to do so

2. Have you traveled internationally to a CDC restricted country* within the last 14 days?

- YES NO

If Yes, **(for Visitor): Have you been tested 3-5 days after arrival in New York?**

- YES NO

3. Have you been vaccinated? If no: encourage to become vaccinated when they have the opportunity, as vaccination can help prevent the spread of COVID-19.

- YES NO

4. Have you had close contact with someone with COVID-19 infection in the prior 14 days regardless of the visitor's vaccination status? If yes for visitor: deny access

- YES (if yes for visitor deny access) NO

5. Ask the individual if they have any of the following respiratory or GI symptoms?

- Fever
 Sore throat
 Cough
 New shortness of breath
 Nausea
 Emesis
 Diarrhea

If YES to any, **(for Resident)** follow proper infection control procedures with the use of PPE, quarantine to their room and notify Administration. If NO to all, proceed to question #3A. If YES to any, **(for visitor)** restrict from entry.

3A. Check temperature and document results

_____ : (recorded temp)

- Fever present? (100.0 or higher)

If YES, **(for resident)** quarantine resident to their room and notify administration. If YES, **(for visitor)** restrict from entry.

4. Allow entry to building and remind the individual to:

- Wash their hands or use Alcohol Based Hand Rub throughout their time in the building.
 Not shake hands with, touch or hug individuals during their visit.
 Resident should have mask and wear within 6 feet of resident
 Visitors that are permitted must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility.

Visitors, including representatives of the Office of the State Long-Term Care Ombudsman and Settlement Providers should neither be required to be tested nor vaccinated (or show proof of such) as a condition of visitation.

Signature: _____ **Date:** _____