

# Family Visit Log – Updated 7/23/20

Visitor(s) Name(s): \_\_\_\_\_ Visit Date: \_\_\_\_\_

Visit Time Frame: \_\_\_\_\_ Planned Location: Outdoors \_\_\_\_, Window \_\_\_\_, Other \_\_\_\_\_

Employee greeting Visitor(s) will ensure all screening questions are answered.

Screening Process: 1. Symptom question Yes / No (Justification for the rule)

1. Is temperature greater than 100\* Yes / No (*Temperature > 100 is one of the most common symptoms of the virus*)
2. Have you tested positive for Covid-19 through a diagnostic test in the past 14 days? Yes / No (*14 days is the key period of time for contagion to occur*)
4. Have you traveled out of the United States in the last 14 days? Yes / No (*Recommended question given exposure potential when traveling*)
5. Have you had close or proximate contact with someone who was COVID19 positive within the last 14 days? Yes / No (*Need to negate exposure to anyone during contagious period*)
6. Do you have any of the following symptoms: fever > 100 within the last 72 hours, persistent cough, sore throat, congestion, shortness of breath, diarrhea for > 48 hours, vomiting for > 48 hours, or loss of taste/smell? Yes / No (*Most common symptoms associated with COVID19*)
7. Has the Visitor(s) traveled out of the country or to one of the states identified in NYS's Travel Advisory Yes/No (*Adhering to NYS rules and minimizing exposure potential*)
  - **If Visitor(s) answered "Yes" to any of the questions above then the visit will need to be rescheduled or occur as a "Window Visit".**

Expectations for visit: 1. Expectation (Justification)

1. Surgical mask, provided by Lexington, will be worn by Visitor(s) throughout visit, unless both parties remain > 6 ft. away from each other. (*Protect people we support from COVID19 positive Visitor and vice versa*)
2. Social distancing will be maintained throughout visit (*Droplets are known to travel 6 feet*)
3. Lexington will provide hand sanitizer so that thorough hand sanitization is completed prior to visit (Effective containment strategy)
4. Consumption of food or drink is discouraged, but not prohibited. (*Eating/Drinking requires mask removal and increased exposure potential*)
5. Visitor(s) will not be allowed to enter the home for any reason at this time (*Need to minimize exposure to everyone else we support and employee from this home*)

I can attest that I understand and agree to the expectations for my visit:

Visitor Signature \_\_\_\_\_ Time Visit Started: \_\_\_\_\_

I can attest that the above expectations were followed for the duration of my visit to the best of our ability:

Visitor Signature: \_\_\_\_\_ Time Visit Ended: \_\_\_\_\_

## Employee Use Only

**Cleaning & Disinfection:** Area is to be cleaned/disinfected before and after the visit

I verify that I ensured the location of the visit was cleaned and disinfected prior to and after the scheduled visit.

\_\_\_\_\_  
Residence Manager or Shift Supervisor Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_