

DAVCO Homes, Inc. COVID-19 Policy Acceptance Form

There is an inherent risk of exposure to COVID-19 in any place where people are present. Residents are potentially at high risk of becoming seriously ill with COVID-19. Our policies and procedures are based on what is currently known about the transmission and severity of COVID-19. Compliance with these policies and procedures will reduce the risk of transmission of COVID-19 but will not eliminate the risk to residents, staff or visitors. By entering the facility, the undersigned acknowledges the inherent risk of exposure to COVID-19 to himself/herself, other residents, staff and other visitors.

Signature

Date

DAVCO Homes, Inc. COVID-19 Visitor Attestation Form

Purpose: Our facility is committed to the safety of our residents, staff, and visitors.

Policy: All visitors pledge to self-monitor and self-report to avoid exposures to communicable diseases such as COVID-19

We ask the following of visitors and others who are entering and interacting within the facility to commit to the following precautions and practices:

1. Handwashing: While you are here but also while you are not here, we ask you to wash your hands frequently or use hand sanitizer when soap is not available
2. Avoid individuals who have any of the following COVID-19 symptoms:
 - a. Fever
 - b. Cough
 - c. Shortness of breath
 - d. Difficulty breathing
 - e. Chills
 - f. Rigors
 - g. Headache
 - h. Sore throat
 - i. Muscle aches
 - j. Change in sense of smell or taste
3. Avoid individuals who have traveled internationally within the last 14 days to areas where COVID-19 case have been confirmed
4. Avoid individuals who have been in a setting where COVID-19 cases have been confirmed.
5. Avoid gathering of people.
6. Not visit our facility if you or someone in your household is ill or has been diagnosed with COVID-19.
7. Not visit our facility if you have been in contact with anyone who is ill or has been diagnosed with COVID-19.
8. Wear a mask when you are in our facility and when in the community.
9. Observe social distancing when visiting with our residents and when out in the community.
10. Report contact with any individual with suspected or confirmed infection with COVID-19 to the administrator of the facility.

As part of our protection activities, we ask for the practices to be attested to by your signature. In addition, we will be asking you to submit to having your temperature taken when you come to visit.

Signature

Date



Kentucky Public Health
Prevent. Promote. Protect.

Health and Travel Screen

- Visitor
- Outpatient
- Staff Member
- Other _____

Name: _____

Date: _____

1. Do you currently have any of the following symptoms? (mark all that apply):

- Cough
- Difficulty Breathing/Shortness of Breath
- Fever
- Sore Throat

Current Temperature: _____

2. Reason for today's visit? _____

3. Have you traveled outside of the country in the past 14 days?

- Yes
- No

If yes, where did you travel? _____

4. Has anyone that you have been in close contact with traveled out of the country recently?

- Yes
- No

If yes, where did they travel? _____

5. Have you been in contact with anyone who has been diagnosed with or suspected to have COVID-19 in the past 14 days, or are you residing in a community where community-based spreading of COVID-19 is occurring?

- Yes
- No

FOR STAFF USE ONLY:

This screening has been reviewed in its entirety. If any symptoms are marked in Question 1 **AND** any "yes" answers are provided on questions 2-4, the nursing supervisor has been notified.

Employee Name: _____

Signature: _____