



PREVENTATIVE MEASURES NOTICE UPDATE
March 12, 2020

Guidance for Infection Control and Prevention of Coronavirus Disease

To protect and limit our residents from exposure to the Coronavirus Atterdag Village has taken preventative measures using the recommendations and guidelines received from CMS (Centers for Medicare & Medicaid Services), Department of Health & Human Services and Leading Age. Due to our potentially fragile senior population, we are erring on the side of caution. While we recognize and respect people's independence, we have the entire community's health and safety in mind. We value your support and adherence to the following policies we have set in place.

- All Visitors are asked to drive directly up to the Assisted Living Building, ground floor. The Treatment Room has been designated as our **Visitor Check-In Office for screenings**. This office is located toward the left of the Community Center. A Visitor Check-In sign is posted in the window of the office. Please call (805) 688-3263 prior to your arrival if you need directions.
- **The Visitor Check-in Office is open from 1 PM to 6 PM for screening 7 days a week.** However, once you have been screened you are welcome to extend your visit past 6 PM.
- Visitor check-in is required for all visitors, family members and associated caregivers
- Visitor check / screening includes completing a questionnaire having temperature checked and witnessed hand washing. The registration attendant will issue a visitor badge once screening has been determined to be successful.
- All visitors must wear a Visitor's Pass while on site.
- **Daily screening** is required of all visitors.
- Visitors are not allowed in dining rooms during meal hours.
- **All visitors should wash hand before and after visiting with residents.**
- **All residents returning to the Community after leaving for any reason should wash hands and sanitize. Avoid touching face.**

Thank you, again, for helping us to take every measure possible to keep our residents healthy and safe. If you have any concerns or questions, please contact me.

A handwritten signature in blue ink, appearing to read "Chris Parker".

Chris Parker
Executive Director/Administrator



SCREENING QUESTIONNAIRE

DATE: _____ TIME: _____

VISITOR NAME: _____

NAME OF RESIDENT VISITING: _____

BUILDING/APT/ROOM OF RESIDENT: _____

<i>Have you had a temperature greater than 100.4 in the last 14 days?</i>	Yes No	Today's Temp _____
<i>Have you had any respiratory symptoms in the last 14 days? (Cough, Shortness of breath)</i>	Yes No	
<i>Have you traveled outside of the United States within the last 14 days?</i>	Yes No	
<i>Have you had contact with a person diagnosed with COVID-19 in the last 14 days?</i>	Yes No	

I verify the above information is true.

Visitor Signature: _____

For AVS Staff to complete:

Witness hand washing	Staff Initials:
Visitor Pass Approved	YES NO
Day Visitor Pass Logged	YES