

Good afternoon Alpine families. Things are starting to brighten here at Alpine. We are being told that starting **Monday April 19th** we will be able to allow in person visits. These visits will run from **1 pm to 6 pm Monday through Friday and Saturday's noon to 4 pm**. This will allow our activities department to still run an activity for our residents every morning. All scheduled visits will be cancelled as of Monday April 19th. If you have a scheduled visit prior to Monday and you decide you want to cancel that appointment, please let our activity department know.

Visits: Do NOT need to be scheduled in advance.

Limited to **1** person at one time.

Hand hygiene before and after visits.

Social distancing must be maintained.

Cloth/surgical mask must be worn @ all times.

All visitors need to come through main entrance.

All visitors are screened upon entering facility. (see attached form)

Anyone with any screening questions with a "yes" answer to the screening or quarantine questions will be asked not to visit. So, if you are not feeling well, please refrain from coming into visit.

Visitors must stay in the room for the duration of the visit, unless using the bathroom or bringing your loved one outside.

Hand Hygiene: Please use the alcohol-based sanitizer located at the main entrance before entering from foyer to building. Upon leaving again, use the alcohol-base dispenser located along the hallways or in the front foyer as you leave the building.

If we receive any information from RIDOH that would curtail future unscheduled visitation than we will send a group email to all family members listed in our system that in person visitation is paused and why it is paused. Typically, this would be if more than one person (staff or resident) tested positive for covid on our weekly scheduled surveillance testing.

Anyone not following the CDC's core principals for social distancing and hygiene would be asked to leave.

Sincerely,

Alpine Administration

COVID-19 SCREENING TOOL FOR NURSING HOMES

VISITOR SCREENING ONLY!

UPDATED APRIL 13, 2021

NAME OF VISITOR: _____ DATE: _____ TIME IN: _____ TIME OUT: _____

RESIDENT VISITED: _____ ROOM NUMBER: _____

PLEASE LET US KNOW IF YOU OR SOMEONE IN YOUR HOME HAS HAD ANY OF THE FOLLOWING SYMPTOMS THAT ARE **ABNORMAL** FOR YOU/THEM

SYMPTOM SCREENING QUESTIONS	YES	NO
COUGH		
DIARRHEA		
FEVER (TEMPERATURE OF 100 DEGREES F OR HIGHER) OR CHILLS		
HEADACHE		
MUSCLE OR BODY ACHES		
NAUSEA OR VOMITING		
RECENT LOSS OF TASTE OR SMELL		
RUNNY OR STUFFY NOSE		
SHORTNESS OF BREATH OR DIFFICULTY BREATHING		
SORE THROAT		

- If you answer YES to ANY of the symptom screening questions, the person should be excluded from the facility and contact their healthcare provider for evaluation.

QUARANTINE SCREENING QUESTIONS	YES	NO
HAS ANYONE IN YOUR HOUSEHOLD BEEN DIAGNOSED WITH COVID-19 <u>IN THE LAST 14 DAYS?</u>		
HAVE YOU BEEN TOLD TO QUARANTINE <u>IN THE LAST 14 DAYS</u> BY ANY PUBLIC HEALTH AUTHORITY? IF SO, WHEN DOES/DID YOUR QUARANTINE END?		
HAVE YOU BEEN IN CLOSE CONTACT (LESS THAN 6 FEET FOR 10-15 MINUTES) WITH SOMEONE WHO HAS TESTED POSITIVE FOR COVID-19, WITHOUT WEARING APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT (PPE)?		
HAVE YOU TRAVELED TO RHODE ISLAND FROM ANY "HOTSPOT" BY ANY MODE OF TRANSPORTATION?		

- If the answer to any quarantine questions is yes, the person should be excluded from the facility.

Please list the names of healthcare facilities you have visited or worked in the last 14 days:

Please call the RI Department of Health at 401-222-2577 for COVID-19 testing for staff who are ill.

-----OFFICIAL USE ONLY-----

TEMPERATURE: _____

CLEARED TO ENTER THE FACILITY: _____ YES _____ NO

HAVE YOU BEEN FULLY VACCINATED? _____ YES _____ NO OTHER _____

STAFF SIGNATURE: _____