



COVID-19 VISITOR GUIDELINES AND SCREENING INFORMATION

Before visiting your loved one at the Birnhak Transitional Care Center at Lankenau Medical Center, we ask that you please review the visitor guidelines outlined on the next sheet. These guidelines were developed following recommended CDC and PA Department of Health protocols and are designed to keep both you, your loved one and all of our residents and staff members as safe as possible. Failure to follow the guidelines can result in suspension of visiting privileges.

Visits may be scheduled by calling 484.328.5900.

As of July 15, 2020, if you are visiting from the following states: Alabama; Arizona; Arkansas; California; Florida; Georgia; Idaho; Iowa; Kansas; Louisiana; Mississippi; Nevada; North Carolina; Oklahoma; South Carolina; Tennessee; Texas; and Utah, you must self-quarantine for 14 days before visiting our campus. This list is in accordance with Pennsylvania Department of Health travel recommendations and is subject to change at the Department's direction.

Additionally, all visitors must fill out a symptom screener before each visit with their loved ones.

When you arrive, your temperature will be taken at the door. You can find the screener on the third page. To save time at your visits, please print and fill out the sheet before you arrive.

Visitor Guide

Help us ensure the safety of our residents by following these guidelines for visitation:

Modified Scheduled Visitation

- Visits will be held in designated “neutral zone” areas with no more than two visitors.
- Visits may be scheduled by calling 484.328.5900.
- To access the TCC as a visitor, please enter the building through the ground floor of the Medical Science Building.
- At the time of the appointment, your loved one will be escorted and accompanied to the defined visiting area and escorted back to their room by an assigned staff person or designee.
- Visitors agree to the following:
 - Screening prior to entry via temperature below 100 and review of symptoms or other appropriate screening questions to assist in identifying active virus.
 - Visitors may also be asked to present a recent negative test result, as applicable.
 - Visitors must wear mask at all times while on campus. The mask must be worn properly – covering the entire nose and mouth. The resident will also be required to wear a mask during an outdoor visit. Additional PPE may be required depending upon the recommendation of the infection preventionist.
 - Visitors will be required to sanitize their hands upon entering the facility to reach the outdoor destination.
 - Visitors may only travel to the designated visitor area, and shall lose visiting privileges if they are identified as having disregarded safety standards established within this guideline.
 - Visitors are encouraged to use the restroom before arriving to the campus, and will be accompanied by TCC staff to use the restroom if necessary before or after their visit.
 - Following the visitation time, visitors are to exit the building promptly and inform TCC front desk staff that they are leaving the building.
 - Visitors are to refrain from physical contact with the resident during the visit, and refrain from eating or drinking during the visit to promote adequate mask wearing.



Visit Screener

PRINT VISITOR NAME _____ Visit Date/Time _____

RESIDENT NAME: _____

Temperature on arrival _____
>100 identified - may not visit at this time

Please **circle** answers to following questions:

1. Do you have any of the following symptoms?
a. fever, sore throat, cough, shortness of breath?

YES NO

2. Are you experiencing one or more of the following: intense fatigue, body aches, loss of taste, loss of smell?

YES NO

If YES to either (1 or 2) of the above - may not visit at this time

3. Have you had contact within the last 14 days with someone with confirmed COVID-19?

YES NO

If YES, was proper PPE worn at time of interaction?

YES NO

4. Have you traveled outside of the state within the past 14 days?

YES NO

If YES, please provide location: _____ Travel to designated states/countries within 14 days- may not visit at this time.

I affirm that the answers provided above are true and understand that Abramson Senior Care relies on this information to assure patients, residents and staff remain safe. I have reviewed the visitor guide and agree to abide by the standards established for the visit and failure to follow the guidance for a safe visit shall preclude me from making further outside visits during this pandemic period.

Signature: _____