|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Print Name of Visitor  and  Resident visited | Date | Time in | Time out | PPE worn | Infection Control Breach?\* | Phone Number | Comments |
| Visitor: |  | \_\_:\_\_  am  pm | \_\_:\_\_  am  pm | Mask Gown  Gloves | Yes  No |  |  |
| Resident: |
| Visitor: |  | \_\_:\_\_  am  pm | \_\_:\_\_  am  pm | Mask Gown  Gloves | Yes  No |  |  |
| Resident: |
| Visitor: |  | \_\_:\_\_  am  pm | \_\_:\_\_  am  pm | Mask Gown  Gloves | Yes  No |  |  |
| Resident: |
| Visitor: |  | \_\_:\_\_  am  pm | \_\_:\_\_  am  pm | Mask Gown  Gloves | Yes  No |  |  |
| Resident: |
| Visitor: |  | \_\_:\_\_  am  pm | \_\_:\_\_  am  pm | Mask Gown  Gloves | Yes  No |  |  |
| Resident: |
| Visitor: |  | \_\_:\_\_  am  pm | \_\_:\_\_  am  pm | Mask Gown  Gloves | Yes  No |  |  |
| Resident: |
| Visitor: |  | \_\_:\_\_  am  pm | \_\_:\_\_  am  pm | Mask Gown  Gloves | Yes  No |  |  |
| Resident: |

This log should be completed by all visitors to help healthcare providers protect visitors, residents and staff and keep track of individuals who may have been exposed during a visit.

\*A breach in infection control could occur if PPE is not used correctly, not worn when warranted or PPE not working properly. If a breach occurs, monitoring for 14 days for signs/symptoms of COVID-19 infection should occur.