

Date: _____

COVID-19 SAFETY REVIEW – VISITORS

Prior to visiting any resident for the first time after this policy is released, and at least once every month thereafter:

<u>For Caregivers/General Visitors/Personal Care Service Providers:</u>			
<i>The caregiver/general visitor/personal care service provider verbally attests that they have:</i>			
1.	Read/Re-Read the following documents:		
	I. The home's visitor policy	Yes	No
	II. Public Health Ontario's document entitled Recommended Steps: Putting on Personal Protective Equipment (PPE)	Yes	No
2.	Watched/Re-watched the following Public Health Ontario videos:		
	I. Putting on Full Personal Protective Equipment	Yes	No
	II. Taking off Full Personal Protective Equipment	Yes	No
	III. How to Hand Wash	Yes	No

Name: _____

Signature: _____

Time: _____