The [**COVID-19 Visiting Record**](https://covid19.chconnect.org/documents/support/COVID-19%20Visiting%20Record.docx) (formerly, the COVID-19 Visitor Checklist) was optimized to provide direction on required documentation for Essential, Non-Essential, and Overnight Visits. More information on the update can be found [**here**](https://covid19.chconnect.org/october-visiting-record-feedback-update/).

This Visiting Record is for planning, approving, and documenting visits during COVID-19. Please click [**here**](https://covid19.chconnect.org/documents/support/COVID-19%20ODB%20Visiting%20Record%20Instructions.pdf) for the **Instructions Guide** on how to complete the Visiting Record. If the ODB is down, complete this record on paper or in the electronic MS Word form and then update the ODB when it is live.

Please refer to the [**COVID-19 Visiting Guide for Locations**](https://covid19.chconnect.org/documents/support/COVID-19%20Visiting%20Guide%20For%20Locations.pdf)for visitor definitions, visit guidelines, etc.  
  
Note: Visits in the community (e.g., in parks, at restaurants, at the malls, a short day visit to a family member's home, etc.) are tracked in Support Notes, not on the Visiting Record form. If people using services go into the community, teams can help support or encourage them to track who they have been in contact with and where they have gone using the [**Where I've been Timeline**](https://covid19.chconnect.org/documents/educate/COVID-19%20Where%20I've%20Been%20Timeline.docx)tracker. The tracker will help people who use our services to retrace their steps and track their contact with others, in the event they feel sick or develop symptoms.

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| **Name of Person Supported:** |  | **Location:** |  |

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| **TYPE OF RECORD:** |  | ESSENTIAL RE-OCCURRING VISIT | *Planning for visits at Christian Horizons support locations.* |
|  | OVERNIGHT VISIT | *Staying with family or friends overnight.* |
|  | NON-ESSENTIAL FAMILY/FRIEND OR ONE-TIME ESSENTIAL VISIT | *Single use tracking for infrequent visits at Christian Horizons support locations.* |

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| **ESSENTIAL RE-OCCURRING VISIT** |
| For **essential re-occurring visits** at Christian Horizons support locations, this record is to be completed and approved **ONCE** in advance of the first visit. Documentation of subsequent visits is to be recorded in Support Notes. Active screening for every visit will continue to be tracked on the [Screening Tracking Form](https://covid19.chconnect.org/documents/support/COVID-19%20Screening%20Protocol.pdf). If and when there is a change in essential visitors, complete a new Visiting Record to document the change. |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  | |  | | **Date of First Visit** |  | **Start Time** |  | **End Time** | | |  |  |  | | | | | **Visitor Name** |  | **Contact information** | | | | |  |  |  | | | | | **Second Visitor Name** *(if applicable)* |  | **Contact information** | | | | | **Purpose for visits:**  **Outline the anticipated frequency of visits if they follow a consistent schedule (e.g., each Tues morning, 3rd Monday of each month at 1:00 PM, etc.)?**  Employee(s) confirmed they have reviewed the visit requirements as outlined in the [COVID-19 Visiting Guide for Locations](https://covid19.chconnect.org/documents/support/COVID-19%20Visiting%20Guide%20For%20Locations.pdf) with the visitors prior to initial Essential Re-Occurring visit.  Visitors confirmed they understand the different requirements MCCSS have in place for visits where all parties are fully vaccinated and visits where not all parties are fully vaccinated. The visitors also acknowledged that they will follow the guidance that is appropriate to their situation during the visits.  **General notes/comments about the visit:** | | | | | | |  |  |  | | | | | **Name of Employee Completing the Form** |  | **Date Record Completed** | | | | |  |  |  | | | | | **Name of Supervisor Reviewing/Approving** |  | **Date Reviewed/Approved** | | | | |

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| **OVERNIGHT VISIT** |
| To be completed for **EVERY** **overnight visit** occurring outside of Christian Horizons support locations. |
| **PRE-VISIT:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | **Visit Start Date** |  | **Start Time** |  | **Visit End Date** |  | **End Time** | |  |  |  |  |  |  |  | | **Family/Friend Name** *(Main Contact)* | | |  | **Contact information** | | |   Families or friends have received [**COVID-19 Visiting Guide for Families and Friends**](https://covid19.chconnect.org/documents/support/COVID-19%20Visiting%20Guide%20For%20Families%20And%20Friends.pdf) and [**Going Out Safely Guide**](https://covid19.chconnect.org/documents/educate/GoingOutSafelyGuide.pdf), and have been made aware of **MCCSS Guidelines for** [**Overnight Visits**](https://covid19.chconnect.org/documents/support/COVID-19%20Visiting%20Guide%20For%20Locations.pdf) including following enhanced precautions 14-days upon returning from overnight visits for people using services who are not fully vaccinated.  Families or friends have received a copy of the [**Where I’ve Been Timeline**](https://covid19.chconnect.org/documents/educate/COVID-19%20Where%20I've%20Been%20Timeline.docx) tracker and are reminded to support their loved one to trace contacts by completing the tracker in the event of possible COVID-19 exposure.  Employees have confirmed that both the person and their family member(s) or friend(s) have been actively screened for signs and symptoms of COVID-19 using [**Christian Horizons Screening Protocol**](https://covid19.chconnect.org/documents/support/COVID-19%20Screening%20Protocol.pdf) before an overnight visit commences.  **POST-VISIT:**  Please note any updates or issues/concerns that have arisen regarding the visit:  Employee received a completed copy of the **Where I’ve Been Timeline** tracker following the overnight visit.  The person returning home following an overnight visit was actively screened for signs and symptoms of COVID-19 before entry and supported to get tested, if the person wishes.  The person, who is not fully vaccinated, returning home from an overnight visit is being supported to follow the 14-days of enhanced precautions.   |  |  |  |  | | --- | --- | --- | --- | |  |  |  | | | **Name of Employee Completing the Form** |  | **Date Record Completed** | |  |  |  | | | **Supervisor Review/Approval** |  | **Date Reviewed/Approved** | | |

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| **NON-ESSENTIAL FAMILY/FRIEND OR ONE-TIME ESSENTIAL VISIT** | | | |
| To be completed for **EVERY non-essential family and friend visit or for essential visits** that occur one-time (not re-occurring) at Christian Horizons support locations. | | | |
|  | NON-ESSENTIAL FAMILY/FRIEND VISIT |  | ONE-TIME ESSENTIAL VISIT |
| **PRE-VISIT:**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | |  |  | | | |  | |  | | | **Date of Visit** | | |  | **Start Time** | | | |  | **End Time** | | | | Drive-by  Outdoor (porch, backyard)  Indoor | | |  | |  | | | | | | | | **Type of Non-Essential Family/Friend Visit** | | |  | | **Designated Visit Area** | | | | | | | |  |  |  | | | |  | ☐ Yes ☐ No *(discontinue visit)* | | | | | **Visitor Name** |  | **Contact information** | | | |  | **Passed Active Screening** | | | | |  |  |  | | | |  | ☐ Yes ☐ No *(discontinue visit)* | | | | | **Second Visitor Name** *(if applicable)* |  | **Contact information** | | | |  | **Passed Active Screening** | | | | |  | | | | | | | | | | | | | **Name of Employee(s) supporting the visit** | | | | | | | | | | | |   **Purpose for visit:**  Visitors have been made aware of the guidelines and the details of the visit (including a 48-hour advance notice for visit planning, schedule, expectations around active screening, PPE, physical distancing and no physical contact, no access to onsite washrooms).  Visitors have been made aware that any gifts for their loved one will be gratefully received in advance of the visit in order to be sanitized .  Employee(s) assigned to supporting the visit confirmed they have reviewed and aware of the visiting plan.  Employee(s) confirmed that visitor(s) passed active screening before the visit commences. Visit will discontinue if visitor(s) fail active screening.  Employee(s) confirmed they have reviewed the visit requirements as outlined in the [COVID-19 Visiting Guide for Locations](https://covid19.chconnect.org/documents/support/COVID-19%20Visiting%20Guide%20For%20Locations.pdf) with the visitors prior to the visits.  Visitors confirmed they understand the different requirements MCCSS have in place for visits where all parties are fully vaccinated and visits where not all parties are fully vaccinated. The visitors also acknowledged that they will follow the guidance that is appropriate to their situation during the visits.  **DURING THE VISIT:**  Employee remained within eyesight of the visit to ensure expectations are followed.  Employee ensured that the environment was as welcoming and gracious as possible given the expectations.  **POST-VISIT:**  Employee confirmed that the visit progressed as planned.  *If the visit did not go as planned, please note the issues/concerns and contact the Program Manager/Team Leader immediately.*  **Please note any concerns expressed by the visitor, person using services, or others in the home, or any comments about the visit in general:**   |  |  |  | | --- | --- | --- | |  |  |  | | **Name of Employee Completing the Form** |  | **Date Record Completed** | |  |  |  | | | **Name of Supervisor Reviewing/Approving** |  | **Date Reviewed/Approved** | | | | | |