



INA GRAFTON GAGE HOME

Essential Caregiver Request Form

Resident Name: _____ **Rm #:** _____ **Date:** _____

Requested by (Name): _____ **Relationship:** _____

Essential Caregiver Name: _____ **Phone #:** _____

List Care Services that will be provided for the resident by the essential care giver:

Specify Visit time: (Start time): _____ (End time): _____

Specify Day of the week: Mon Tue Wed Thurs Fri Sat Sun

Are you interested in assisting us during a COVID-19 Outbreak: Yes No

I understand that the essential caregiver will:

- Demonstrate and verbally attest that they have tested negative for COVID-19 within the previous 2 weeks (if Home is in the green or yellow level) or last week (if Home is in the orange, red and grey level and not subsequently tested positive)
- Will work ONLY in one health care facility
- Will provide support ONLY to one resident on one unit
- Will complete education on COVID related material provided by the Home which includes donning and doffing of PPE, physical distancing measures and how to perform proper Hand Hygiene.
- Will follow Public Health's and Home's direction during an outbreak
- Will comply with the Home's infection, prevention, and Control (IPAC) protocols
- Will wear a surgical face mask for the entire visit, and a face shield or goggles when required by the Home

- Encouraged to have the annual Flu shot unless contraindicated
- Read the home's visitor policy prior to visiting the resident for the first time.
- Re-read the home visitor policy monthly after the initial visit

I, POA : _____ understand that non-adherence to the above requirements will result in the discontinuation of the essential visits.

Signature: _____ Date: _____

I, Essential Caregiver : _____ understand that non-adherence to the above requirements will result in the discontinuation of the essential visits.

Signature: _____ Date: _____

Office Use Only

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Specify Reason: _____
Signature: _____ Date: _____