

# Essential Caregiver Request Form

Essential Caregiver Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_ Applicant email: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Rm #: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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 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: \_\_\_\_\_

Scan/submit to: Marie-Anne Smart- [msmart@iggh.org](mailto:msmart@iggh.org)

Office Use Only

Approved: Yes No If No, Specify Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_