

Essential Care Giver Request Form

Resident Name: _____ Rm #: _____ Date: _____

Requested by (Name): _____ Relationship: _____

1. Essential Care Giver Name: _____ Phone #: _____

E-mail: _____

Please indicate the day of visit: Mon. Tue. Wed. Thurs. Fri. Sat. Sun

Visitation Time, From: _____ to: _____

2. Essential Care Giver Name: _____ Phone #: _____

E-mail: _____

Please indicate the day of visit: Mon. Tue. Wed. Thurs. Fri. Sat. Sun

Visitation Time, From: _____ to: _____

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

I understand that:

When Home (Kensington Gardens) is **not in Outbreak, and in Orange – Restrict, Red-Control or Lockdown**

- a) A maximum of **1 caregiver** per resident can visit at a time if resident is **not self-isolating** or symptomatic
- b) A maximum of **1 caregiver** per resident may visit at a time if resident **is self-isolating** or symptomatic

When Home (Kensington Gardens) **is in Outbreak**

- a) A maximum of **1 caregiver** per resident may visit at a time

Caregiver will:

- a) Provide proof of testing negative for covid-19 within the previous week (7 days) and verbally attest to not subsequently tested positive
- b) Not visited another Home that is in outbreak or not visited resident who is self-isolating or symptomatic

- Caregiver will work **ONLY** in one health care facility
 - a) A caregiver may not visit any other resident or home for 14 days after visiting another
 - Resident who is self-isolating or symptomatic
 - Home is in Outbreak
- Caregiver will provide support to **ONLY** one resident on one RHA
- Caregiver will complete education on Covid-19 related material provided by the Kensington Gardens; including but not limited to on how to safely provide direct care, including putting on and taking off required PPE and hand hygiene
- Caregiver will comply with Kensington Gardens Visitors Policy and Infection Prevention and Control (IPAC) protocols, including proper use of masks

I, POA Name: _____ understand that non-adherences to the above requirements will result in the discontinuation of the services.

Office Use Only

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

Please submit your request for essential caregiver to Victoria Vadori at vvadori@kensingtonhealth.org

Caregiver Definition:

A caregiver is a type of essential visitors who is designated by the resident and/or substitute decision-maker and is visiting to provide direct care to the resident (e.g. supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision making).

- Caregivers must be at least 18 years of age.
- A maximum of 2 caregivers may be designated per resident.
- A resident and/or their substitute decision-maker may change a designation in response to a change in the:
 - Resident’s care needs that are reflected in the plan of care.
 - Availability of a designated caregiver, either temporary (e.g., illness) or permanent.
- Examples of caregivers include family members who provide meaningful connection, a privately hired caregiver, paid companions and translators.