



Process to Become an Essential Caregiver

ECGs must be up to date with their vaccines (i.e. 2 vaccines + booster +14 days past booster) **and** must show proof of vaccination.

A verbal or written request (email) for designation to become an ECG should be made to the Director of Care or Associate Director of Care in the Home (the decision is entirely the remit of the resident and/or their SDM and not the Home).

For Long Term Care Essential Caregiver requests, please contact:

- Heather Van Cauwenberghe, DOC – hvancauwenberghe@elliottcommunity.org
- Chris Pagnan, ADOC – cpagnan@elliottcommunity.org

For Retirement Home Essential Caregiver requests, please contact:

- Paula Lannutti, DOC – plannutti@elliottcommunity.org

The DOC or designate will connect with the individual to discuss the process and to provide a copy of the visitor policy that includes links to mandatory training requirements and a self-declaration. The self-declaration will be kept on file at the home.

All Essential Caregivers will be given an identification badge that is to be worn and visible at all times during the visit.

Education Requirements for Essential Caregivers:

- Prior to the first visit, the Home will provide training to essential visitors on how to safely provide direct care, including donning and doffing PPE and hand hygiene.
- Prior to the first visit and monthly thereafter, the Home will ask all essential visitors to read the homes visiting policy and online training and verbally attest that they have done so.
- Visiting policies are on the website – www.elliottcommunity.org

Training will include the following resources:

- <https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>
- <https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>
- <https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/factsheet-covid-19-hand-hygiene.pdf?la=en>



Self-Declaration

Expectations for Visiting the Elliott Community as an Essential Care Giver

I, _____, hereby declare that (please check all boxes):

- I have read The Elliott Community's "Visitor Policy" and I agree to adhere to the requirements within it.
- I will review the policy monthly.
- I have completed the required training prior to my first visit.

I understand that failure to adhere to the "Visitor Policy" may result in having my visit ended and may affect my ability to visit in the future.

Name: _____

Contact Number: _____

Signature: _____

Date of Declaration: _____