

| Date:                       | Name of Resident:  |
|-----------------------------|--------------------|
| Your Name:                  | Your Phone Number: |
| Your Address:               |                    |
| Your Email Address <u>:</u> |                    |

## What is an Essential Caregiver?

An essential caregiver must be at least 18 years of age. The decision to designate an individual as an essential caregiver rests entirely with the resident or their substitute decision-maker (as appropriate). Examples of essential caregivers could include family members, privately hired caregiver, paid companion etc.

This designation must be completed in writing to the Home in advance and the applicant must complete the required Infection, Prevention and Control education.

A resident or their substitute decision-maker (as appropriate), may change a designation in response to a change in the resident's care needs that is reflected in the plan of care; availability of a designated caregiver (either temporary or permanent, i.e. due to Illness).

I understand in my role as a non-vaccinated essential caregiver I am permitted into the Home following confirmation of a negative COVID test as outlined in the JMPC Visiting Policy and confirmation of passing the active screening tool prior to each visit.

I understand that my decision to not receive the required COVID-19 vaccines means I will confine my visit with the resident to Macdonald Hall (on the first floor) only.

If a resident is self-isolating or symptomatic I will be unable to visit.

Essential caregivers must not consume food or drink during their visit and must wear a mask covering their nose and mouth at all times.

| Please complete this document and return via email to:   |                              |       |  |
|--|------------------------------|-------|--|
| Bobbie-Joe Blackburn:  | bblackburn@lennox-addington. | on.ca |  |
| Or fax to:   | 613-354-7387                 |       |  |
| Or drop the form off to the S  | Screener at our front door   |       |  |
| Thank you in advance for you   | our cooperation.             |       |  |
| Should you have any questions please do not hesitate to call during business hours and we will direct your call to the appropriate person. |                              |       |  |
| Thank you,   |                              |       |  |
| Angela Malcolm<br>Director, Long Term Care S   | Services                     |       |  |
| Reviewed By:   |                              | Date: |  |