



## Essential Caregiver Agreement

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

Designated Essential Caregiver Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Wesleyan Homes, Inc., d/b/a The Wesleyan, and Essential Caregiver enter into this Essential Caregiver Agreement (“Agreement”) as required by the Texas Health and Human Services Commission (“HHSC”) as a prerequisite to Essential Caregiver being able to visit the Facility during the COVID-19 pandemic under emergency rules promulgated by HHSC.

HHSC defines “essential caregiver” as, “a family member or other outside caregiver, including a friend, volunteer, private personal caregiver or court appointed guardian, who is at least 18 years old and has been designated by the resident or legal representative to provide regular care and support to a resident.”

I acknowledge and agree to the following:

\_\_\_\_\_ (Initials) I have been designated by Resident or Resident’s legal representative as Resident’s Essential Caregiver.

\_\_\_\_\_ (Initials) I have been provided training on proper personal protective equipment (PPE) usage and infection control measures, including and not limited to hand hygiene and cough and sneeze etiquette.

\_\_\_\_\_ (Initials) I understand and agree that I will not be permitted to visit the Resident unless I provide valid proof of a negative Antigen or PCR COVID-19 test performed no more than **7 days** before my visit hereunder.

\_\_\_\_\_ (Initials) I have been informed of and agree to follow the Facility’s essential caregiver visitation policies and procedures, including the following:

- I will wear a Facility-approved facemask over my nose and mouth and any other appropriate PPE recommended by the CDC and the Facility at all times.
- I will follow all screening protocols, answer all screening questions honestly and accurately, and I will use only the designated entrances and exits as directed by the Facility.
- I will follow all Facility procedures for signing in and out for visitation.
- I will adhere to visiting in designated areas identified by the Facility if unable to visit in Resident’s room, and I will allow myself to be escorted to and from the designated visitation area, whether the Resident’s room or otherwise, before and after my visit.
- I will interact only with Resident described herein, and I will maintain physical distancing from all other residents and Facility staff.
- I agree to leave the Facility at the end of my appointed time.

- I agree to self-monitor for signs and symptoms and COVID-19 and report such signs or symptoms immediately to the Facility Administrator.
- I agree to not participate in visits if I have signs/symptoms of COVID-19, active COVID-19 infection, a COVID-19 positive test in the last 10 days or other communicable diseases.
- I agree not to participate in visits if the Resident has an active COVID-19 infection.

I certify and attest that the information I have provided in regards to my identity is accurate, and I certify and attest that I have provided and/or will provide valid COVID-19 test results each time such results are provided hereunder. I understand and agree that my actions are critical in protecting the Facility and I will adhere to all guidance related thereto. I understand and agree that if fail to comply with the Facility's policies or this Agreement, the Facility may cancel my visitation until further notice, and that the Facility will not be liable for my failure to comply with this Agreement or its policies related to essential caregiver visitation. I understand and agree that this Agreement and my ability to visit hereunder is contingent upon current HHSC rules relating to COVID-19, which are subject to change.

### **ESSENTIAL CAREGIVER**

\_\_\_\_\_  
Signature of Essential Caregiver

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

### **THE WESLEYAN**

\_\_\_\_\_  
Signature of Administrator / Designee

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

**(File Agreement and Acknowledgement of Education in Resident EMR)**