



Essential Caregiver Visitation Acknowledgment Form

Date issued: 9/2/20 | Revised: 5/2/2022

I, \_\_\_\_\_ accept the designation as an essential caregiver for \_\_\_\_\_ (resident name).

My visits as an essential caregiver are subject to HarborChase of \_\_\_\_\_ infection control and education standards. I acknowledge receiving the policies and procedures and agree to abide by them at all times. My visits as an essential caregiver may be scheduled and may be no less than two hours per day. Essential Caregiver visits cannot occur if the resident personally objects/declines your visit no matter the circumstance per 408.823 of F.S "the visitation policies and procedures required by this section must allow in-person visitation in all the following circumstances unless the resident objects: 1. End-of-life 2.resident who was living with family before being admitted to the community is struggling with the change in environment and lack of in-person family support 3. The resident is making one or more major medical decisions. 4. A resident is experiencing emotional distress or grieving the loss of a friend or family member who recently died. 5. A resident needs cueing or encouragement to eat or drink with was previously provided by a family member or caregiver. 6. A resident who used to talk and interact with others is seldom speaking"

Review and initial below in acknowledgement of understanding and compliance to mandatory requirements and adherence to infection control practices:

\_\_\_\_\_ I have been advised of and acknowledge increased frequency and duration of close contact create higher risk of exposure to COVID 19

\_\_\_\_\_ I will inform the community if I develop a fever or symptoms consistent with COVID-19 within 24 hours of last visit. I acknowledge my obligation and agree to immediately notify ED or designee if I experience symptoms of a respiratory infection, cough, fever, shortness of breath or difficulty breathing, congestion or runny nose, sore throat, chills, headache, muscle pain, repeated shaking with chills, new loss of taste or smell, nausea or vomiting, diarrhea; symptoms possible related to a contagious infection, or if I test positive for COVID-19 within fourteen (14) of a visit.

\_\_\_\_\_ I have been provided education to signs and symptoms of COVID 19, hand-washing practices, proper use of PPE, social distancing and am satisfied with the training provided and do not have any questions regarding any of these topics.

\_\_\_\_\_ Handwashing competency demonstrated to designated trainer

\_\_\_\_\_ PPE donning/doffing competency demonstrated to designated trainer

\_\_\_\_\_ I have reviewed and signed "Pledge of Love"

\_\_\_\_\_ I understand if I fail to follow the community's infection prevention and control requirements or other COVID 19 related rules of the community-after attempts to resolve concerns- I may have my visitation restricted or revoked.

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

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