



The purpose of the Partner in Care/Essential Support Person Program is to support their loved one by supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connections, relational continuity and assistance in decision-making. In order to maintain the safety of all residents and staff of PEI Atlantic Baptist Home, maintaining social distancing and following infection control guidelines is of utmost importance. By signing this document, the Partner in Care agrees to the following guidelines as outlined below. If unable to follow these guidelines, the Partner in Care may be asked to leave the facility until contacted by Management.

Partner in Care Guidelines:

1. The Partner in Care must provide their full name and contact information to the facility and be screened for COVID-19 upon entry to the facility
2. Must be asymptomatic for COVID-19
3. A partner in care may be closer than 2 meters to their designated resident as necessary during visits.
4. The Partner in Care is expected to wear a medical grade mask at all times while inside PEI Atlantic Baptist Home.
5. The Partner in care will perform Hand Hygiene before and after any brief physical contact with the resident.
6. The Partner in Care will ONLY be allowed to visit in the residents designated room. If assistance is required, they are to ring the call bell and wait for staff to respond.
7. The Partner in Care is not permitted to use resident washrooms. If required, will need to use the designated visitor bathroom located by Hemlock.
8. The Partner in care is only allowed to support ONE person in ONE facility at a time.

Partners in Care are NOT permitted entry under the following circumstances:

1. If the Partner is symptomatic or has a diagnosis of COVID-19
2. If the Partner is required to self isolate under a CPHO order
3. If the resident is a confirmed/suspected COVID-19 case

By Signing below I _____ agree to follow all guidelines understanding that they may change based on CPHO directives.

Signed:_____ Date:_____

Witness signature:_____ Date:_____