



## SRR's FAMILY DESIGNATED CAREGIVER (DCG) FORM

### SRR Essential Visitors

Under Directive #3, a home's visitor policy must specify that essential visitors be defined as including a person performing essential support services (e.g., food delivery, inspector, maintenance, or health care services (e.g., phlebotomy)) or a person visiting a very ill or palliative resident.

Essential visitors include support workers and caregivers as defined in this policy. However, an essential visitor does not need to be a support worker or caregiver, as long as they meet the definition under Directive #3.

A **support worker** is a type of essential visitor who is visiting to perform essential support services for the home or for a resident at the home.

- Examples of support workers include physicians, nurse practitioners, maintenance workers or a person delivering food, provided they are not SRR staff as defined in the LTCHA.

A **caregiver (DCG)** is a type of essential visitor who is designated by the resident and/or their substitute decision-maker and is visiting to provide direct care to the resident (e.g. supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making).

- Caregivers must be at least 18 years of age.
- A maximum of 2 caregivers may be designated per resident at a time. SRR has put into place a procedure for documenting caregiver designations. The decision to designate an individual as a caregiver is entirely the remit of the resident and/or their substitute decision-maker and not the home.
- A resident and/or their substitute decision-maker 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 (for example, illness) or permanent
- Examples of caregivers include family members who provide meaningful connection, a privately hired caregiver, paid companions and translators.

If you would like to be a DCG, please complete the information below identifying the caregiver(s) and return the completed signed form to the Director of Resident Care or the Resident Care Services Coordinator.



## CAREGIVER DESIGNATION

|  |  |                           |  |
|--|--|---------------------------|--|
| RESIDENT NAME:                         |  | Suite #:                  |  |
| Designated Caregiver #1                |  | Relationship to Resident: |  |
| E-Mail Address:                        |  |                           |  |
| Telephone:                             |  | POA Care [ ] Finance [ ]  |  |
| Designated Caregiver #2                |  | Relationship to Resident: |  |
| Email Address:                         |  |                           |  |
| Telephone:                             |  | POA Care [ ] Finance [ ]  |  |
| Designated By: [ ] Resident / [ ] SDM  |  |                           |  |
| Resident Signature:<br>(if applicable) |  |                           |  |
| SDM's Signature:<br>(If applicable)    |  |                           |  |
| Date:                                  |  |                           |  |
| Care Plan:                             |  |                           |  |
| Initial:                               | <i>I agree to the guidelines &amp; routine swabbing and attest results</i> |                           |  |
| Initial:                               | <i>I agree to the guidelines &amp; routine swabbing and attest results</i> |                           |  |

