



County of Simcoe
 Long Term Care
 and Seniors Services
 1110 Highway 26
 Midhurst, Ontario L9X 1N6

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DESIGNATION OF ESSENTIAL CAREGIVER

Resident Name: _____ Room #: _____

Substitute Decision Maker (SDM) _____ Verified: Yes/No

Name of Designated Individual: _____

Contact Information: _____

REASON FOR DESIGNATION: Please indicate:

- Support feeding
- Cognitive stimulation
- Communication
- Meaningful connection
- Relational continuity
- Assistance in decision making
- Other: _____

The following indicates requirements/expectations for Designated Caregivers:

- Must only visit with the one resident they are intended to visit
- Must wear all required PPE at all times
- Must maintain physical distancing from all other residents and staff
- Must follow all Infection Prevention and Control processes as outlined by the Home
- Must provide proof of Covid-19 results as determined by the policy

Any non-compliance with the Home’s policies regarding safe visits and expectations may result in the discontinuation of visits of the non-compliant visitor.

Signature of SDM/Resident: _____ Date: _____

Signature of Designated Caregiver: _____ Date: _____

Signature of Senior Manager: _____ Date: _____