

Acknowledgement and Agreement of COVID-19 Guidelines for Essential Caregiver

**Below are the guidelines set by the CDC and THHS that must be followed:**

A COVID-19 questionnaire including temperature check will be required outside prior to entry into the facility for every visit.

SCREENING PROTOCOLS- If you have any of the sign/symptoms of the below, you WILL NOT be allowed in the facility as per CDC guidelines:

* FEVER -of 100.4 or greater
* SIGN/SYMPTOMS -such as chills, body aches, cough, sore throat, shortness of breath, new onset of loss of taste or smell, unusual diarrhea, nausea or vomiting
* EXPOSURES-confirmed exposure or pending results with COVID-19 in the past 14-day
* TRAVEL-out of the country within the past 14-days

**Essential Caregiver Must:**

* Be at least 18 years of age
* Self-monitor for symptoms
* Not participate if symptoms occur
* Wear a badge to identify self
* Demonstrate and document proper PPE training with facility staff, ie. Administrator or Wellness Director
* Perform proper hand hygiene using antibacterial solution prior to entry and exit.
* Will wear full PPE if resident has unknown or positive COVID-19 (mask, gloves, gown and face shield))
* Resident is allowed only two Essential Caregivers that may visit at the same time
* Maintain 6 ft social distancing from staff or residents not providing services to
* Wear an approved facemask at all times while in facility and may not remove face mask to eat or drink
* Resident must wear mask during visit if tolerated

-By signing this acknowledgment you are agreeing to follow the Health and Human Services, CDC guidelines and facility policies.

-As we appreciate your services, in order to keep our residents safe, failure to follow these guidelines will result in immediate cancellation of your services and you will not be allowed back into the facility.

Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of resident you are visiting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_