

Health Record #: _____	Complete or place barcoded patient label here
Patient Name: <i>(Print first, last)</i> _____	
DOB: <u>dd</u> / <u>mm</u> / <u>yy</u>	Age: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
OHIP #: _____	Version Code: _____
Account #: _____	Date of Admission: <u>dd</u> / <u>mm</u> / <u>yy</u>

Essential Care Partner Commitment Form

An Essential Care Partner (ECP) is a support person identified by the patient or their Substitute Decision Maker (SDM) as essential to the patient's safety, well-being, and overall care experience. An ECP may be a family member, friend, neighbour, paid support personnel, or another trusted individual chosen by the patient.

Patients may designate up to two (2) Essential Care Partners. Only one ECP may visit at a time. Essential Care Partners have expanded visitation access, including access during outbreaks and outside of standard visiting hours. ECP presence is coordinated in collaboration with the care team to best support the patient's care and safety needs.

All Essential Care Partners are asked to review and agree to the following commitments:

1. Before Visiting the Hospital

Before each visit, I will self-screen for symptoms. I will not come to the hospital if, within the last 10 days, I have experienced new or worsening symptoms that are not related to other known causes or conditions, including:

- Cough
- Shortness of Breath
- New loss or decrease of taste or smell
- Muscle aches or joint pain
- Extreme tiredness
- Sore throat or difficulty swallowing
- Runny or stuffy nose not related to allergies
- Headache
- Nausea, vomiting, or diarrhea
- Abdominal pain
- Pink eye (conjunctivitis)

2. Upon Arrival at the Hospital

When I arrive at the hospital, I will:

- a. Clean my hands using the provided hand sanitizer and continue to perform hand hygiene throughout my visit.
- b. Sign in and out when entering and exiting the unit
- c. Wear all required personal protective equipment (PPE), as indicated by posted signage and unit requirements.
- d. Remain on the assigned patient care unit and do not visit other patients or move between units, including to visit other Essential Care Partners.
- e. Adhere to all Southlake Health policies, procedures, and guidelines, recognizing these may change, and always comply with instructions from the care team to support patient safety.

3. Training and Conduct

I commit to reviewing and completing all required training and materials available through the Southlake Essential Care Partner Program, including:

- a. Complete the Personal Protective Equipment and Additional Precautions training module (MS Sway).
- b. Reviewing the Essential Care Partner Handbook.
- c. Following Southlake Health's Code of Conduct.
- d. Adhering to all patient care unit-specific guidelines.
- e. Following Essential Care Partner guidelines and expectations at all times.



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4. After Leaving the Hospital

If I test positive for COVID-19 or any other communicable disease within 10 days after visiting the hospital, I will notify Southlake Health as soon as possible to support contact tracing and prevent the spread of infection.

- If I visited an inpatient unit, I will contact the unit directly.
- If I accompanied a patient to an appointment, I will contact the department I visited.

Acknowledgement

I understand that during a hospital or community outbreak, ECP access may be modified in accordance with Southlake Health's Infection Prevention and Control measures and program requirements.

I understand that failure to comply with these commitments may result in being asked to leave the hospital and/or having my Essential Care Partner privileges revoked, at the discretion of the care team.

At the conclusion of the patient's hospital stay, I will return the ECP identification badge to the unit.

If I have concerns regarding decisions related to my ECP status, I may contact the Patient Experience Office at 905-895-4521, ext. 2104 or email PatientExperience@Southlake.ca.

Patient Name: *(print first, last)* _____ MRN: _____

Essential Care Partner Name: *(print first, last)* _____

I confirm that I have read, understand and agree to all commitments outlined above in support of patient safety and collaboration with Southlake Health and the care team.

ECP Signature: _____ Date: dd / mm / yy _____

Note: This form confirms that the approved Essential Care Partner(s) will adhere to the expectations listed above for the duration of the patient's current hospital stay. This document will remain part of the patient's health record following discharge.

Please submit to a member of the care team for approval.

For questions, please contact: patientexperience@southlake.ca or (905) 895-4521 ext. 2104

