



DESIGNATED CARE PARTNER CONTRACT

This contract is between _____
(Name of Designated Care Partner - Print)

and Hôtel-Dieu Grace Healthcare (HDGH).

As a Designated Care Partner (DCP) for _____,
(Patient Name)

- I will complete mandatory infection control training including the proper use of personal protective equipment prior to coming to hospital;
- I am physically, cognitively and emotionally able to provide the care elements that have been identified for the patient listed herein;
- I have read, understand and agree to the HDGH Coordinated Care Policy;
- I will be screened for signs and symptoms of illness, including COVID-19, prior to every entry into hospital;
- I will use a designated washroom facility;
- I will follow infection control practices such as hand hygiene, respiratory etiquette and safe physical distancing while on site;
- I will wear picture identification at all times;
- I understand that it is mandatory to wear a mask inside hospital buildings at all times and I will do so, this includes but is not limited to the patient's room and while travelling inside the hospital;
- I understand and agree to abide by public health recommendations for physical distancing when outdoors. While outdoors if I cannot maintain a safe physical distance of two (2) meters (six (6) feet) or more I will wear a mask

I have read, understand and agree to the above-listed requirements. I also understand that failure to meet these expectations may jeopardize the safety and wellness of others and will result in immediate termination of the relationship between me and this provider/organization.

Signed this ____ day of _____, 2020

Designated Care Partner Signature

Witness signature: