

Slovenian Linden Foundation o/a Dom Lipa ESSENTIAL CAREGIVER CONTRACT

(*) Denotes required.

*Resident's First and Last Name: _____

*Caregiver's First and Last Name: _____

*E-mail Address: _____

*Type of care provided (please describe): _____

*Where care will be provided (Resident's Room Number): _____

1) Prior to visiting any resident for the first time, and at least once every month thereafter, the home will ask Essential Caregivers to verbally attest to the home that they have read/re-read the home's [visitor policy](#).

*** I have read and understood Dom Lipa's Essential Caregiver Policy (Date and Initials required):**

Date	Initials

2) IPAC and PPE training:

Essential Caregivers will follow guidance from the following **Public Health Ontario resources**

<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/long-term-care-resources>)

*Guidance document entitled **Recommended Steps: Putting on Personal Protective Equipment (PPE)**

<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps>

*Video entitled **Putting on Full Personal Protective Equipment.**

<https://www.publichealthontario.ca/en/Videos/l/2021/IPAC-FullPPE-On>

*Video entitled **Taking off Full Personal Protective Equipment.**

<https://www.publichealthontario.ca/en/Videos/l/2021/IPAC-FullPPE-Off>

*Video entitled **How to Hand Wash.**

<https://www.publichealthontario.ca/en/Videos/l/2021/IPAC-Handwash>

*** I have completed IPAC and PPE training (Date and Initials required)**

Date	Initials

For more information, please visit <https://domlipa.ca/visitation-protocols/>

NOTE:

The contract **must** be submitted to info@domlipa.ca or at the reception. Please note that the contract is **valid from January 1, 2026 to December 31, 2026.**

*Thank you for practicing and keeping all the measures for the residents, staff, and your safety.
It is greatly appreciated!*

*Essential Caregiver's Signature: _____

*Date: _____