



## SHORT-STAY ABSENCE CHECKLIST & SIGN-OFF FORM

September 2, 2020

This form needs to be completed for every short-stay absence where a family member is taking their son, daughter or sibling home for a short visit or into the community for an appointment or errand.

Name of Individual \_\_\_\_\_ Date of Request \_\_\_\_\_

Family Member(s) \_\_\_\_\_

### Checklist

- Alcohol based hand sanitizer needs to be available and used frequently. The person needs to be reminded about hand washing and hand sanitizing, especially after being in a community setting and touching objects.
- For transportation, the person needs to sit in the back seat - both the driver and the person need to wear masks, open windows for good ventilation.
- The family/friends must wear masks along with the person. This must take place at all times at home (since close contact will be unavoidable) and in the community.
- If there is a meal at the family home, then arrangements need to be made to have the person sit and eat at least 2-metres away from others.
- If the person has difficulty wearing a mask when in the family home, it is even more important that all other family members wear masks consistently and properly.
- If the person cannot tolerate wearing a mask and you have an appointment or errand with them, please call in advance to ensure they are aware to avoid being denied entry.
- Physical distancing must be maintained - at least 2 metres. Close contact should be avoided. It is important to avoid crowded places and interactions with multiple people.
- Call before you leave (your home or appointment) so the staff can be ready to welcome your family member back to the location. The staff will ask you about your visit – this is important to understand any challenges to plan for future visits. In addition, the staff will ask you screening questions about your family member – this is necessary for them to safely re-enter the location.
- Family agrees to notify the Supervisor immediately if during the absence they may have been exposed to COVID-19.
- If after the visit, the family discovers that their family member may have been exposed to someone with a possible or confirmed case of COVID-19, family agrees to notify the Supervisor as soon as they learn this information.

**I acknowledge that I have read and understand the above checklist and agree to abide by the points**

Signature of Family Member \_\_\_\_\_ Date \_\_\_\_\_

Signature of Staff that Reviewed with Family \_\_\_\_\_ Date \_\_\_\_\_