The COVID-19 Visitor Restrictions have been temporarily implemented to protect us all from potential exposure to coronavirus. We always have a philosophy of Patient and Family Centred Care and we want to partner with you to provide the best care we can. Thank you for all you’re doing to work through this with us and keep everyone safe.

<table>
<thead>
<tr>
<th>Staff and Health Care Providers in the Saskatchewan Health Authority, commit to:</th>
<th>Family Members/Support Person entering Saskatchewan Health Authority facilities commit to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Partnering with family members/support people in the care provided to all patients, residents &amp; clients.</td>
<td>• Undergoing screening each time entering the facility/home.</td>
</tr>
<tr>
<td>• Minimizing the spread of COVID-19 in our facilities through supporting safe physical presence of designated family members/support persons as outlined in the Policy Directive for Family Presence during a Pandemic.</td>
<td>• Physical distancing, respecting traffic signage within the facility/home, wearing a mask and practicing good hand hygiene.</td>
</tr>
<tr>
<td>• Reviewing the current Policy Directive for Family Presence during a Pandemic with an overall commitment to returning to open family presence as soon as it is safe to do so.</td>
<td>• Avoiding unnecessary interaction with others outside of your family home in an effort to lower your risk of infection and following current public health orders regarding public gatherings.</td>
</tr>
<tr>
<td>• Make as few trips into the facility/home as possible and keep traffic within the facility/home to an essential minimum.</td>
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</tr>
</tbody>
</table>

**Together, we commit to:**

- Work together to find creative solutions to maintain connections and partner in care with physical presence isn’t possible.
- Treat all patients, clients, residents, families and staff with kindness, respect and dignity; follow all public health orders, provincial laws and Saskatchewan Health Authority’s policies.

**Location/Unit:** __________________________

**Name of SHA Staff Member:** __________________________

**Name of Designated Family Member/Support Person:** __________________________

**Date:** __________________________

If you have questions about the care of __________________________ (name of patient/resident/client)

you can contact __________________________ at __________________________

(name of SHA staff member/manager/unit leader) (phone number)

between the hours of __________________________ on __________________________

(specify hours) (days of the week)

If you have other concerns that you would like to follow up on, you can call __________________________ anytime.

(Local Quality Care Coordinator number)