

## Agreement to COVID-19 Infection Control Protocols

### 預防新冠病毒措施同意書

I, \_\_\_\_\_, agree to practice the following protocols at all times when visiting my loved one, \_\_\_\_\_, in Villa Cathay Care Home. I understand that the precautions and protocols are set up for the health and safety of my loved one, other residents, and the staff in Villa Cathay. I will refrain from visiting if I cannot follow the infection control and prevention protocols set forth by Villa Cathay Care Home.

#### **General Requirements**

- By following the protocols outlined in this agreement, I understand I am taking my shared responsibility to keep the visitation program safe so that all residents can continue to receive visits from their families.
- When there is an outbreak in Villa Cathay, I understand my social visitation will immediately be suspended until further notice. If my loved one required palliative care at this time, I understand Villa Cathay will arrange compassionate visit.
- All residents in Villa Cathay are vulnerable to COVID-19 and other infectious diseases. In my daily life, I will keep my risk of COVID-19 to minimal as my risk directly affects the health and safety of my loved one. I understand that residents in long-term care home have underlying health conditions including cognitive impairment. They will have a hard time keeping social distance from each other or take infection prevention and control measures on their own. Thus, I will play a part in preventing COVID-19 and other virus from coming into Villa Cathay unknowingly. How seriously I manage my own risk to contagious diseases will directly affect the health and safety of my loved ones and all other residents.
- I understand that I am required to wear the mask provided by Villa Cathay in all common areas and when interacting with staff and others, whether I am fully vaccinated or not. I agree to wear a mask at all times with the resident I visit unless I can provide formal proof of BC immunization record that I have been fully vaccinated.
- I will practice hand hygiene and respiratory etiquette, follow the provincial Public Health Order and advisory. If I come into contact with people who are ill, suspected to be ill, waiting for a pending COVID-19 test result, traveler who arrived in Vancouver for less than 14 days, or may have been exposed to any of the situation above, I will postpone my visit for 14 days to ensure that I am well before I visit.
- If I am ever involved in an outbreak or a public exposure, I will notify Villa Cathay as soon as I find it out. I agree that in such case, my visit should be rescheduled for the safety of my loved one. If I become aware of an exposure or a possible exposure after my visit, I will also notify Villa Cathay immediately regardless of if I experience any symptoms or not. I understand this notification will allow Villa Cathay to take proper action proactively in order to safeguard my loved ones and other residents.
- My family and myself will collaboratively evaluate each of our risk and coordinate amongst the family members and friends the most suitable visiting arrangement that supports our loved one's health care condition. I understand that visitors should stay updated with the latest COVID infection and control protocols and follow all the required practices to keep elders in Villa Cathay safe.
- During my visit, I will endeavor to maintain a safe distance with other persons. For example, when the care team assists my loved one, I will stay by the door of my loved one's suite to not only maintain a safe distance but also to honor my loved one's privacy.

## Agreement to COVID-19 Infection Control Protocols

### 預防新冠病毒措施同意書

- During my visit, I agree to only stay in the designated visiting area. I will not visit any common areas or other floors in Villa Cathay Care Home. I also agree to only visit the elder whom I come for and will not contact other residents unless prior formal arrangement is made with the Villa Cathay team in writing.
- On the date of the visit, I will go to Villa Cathay directly from home. I understand the risk of the community transmission. Going to other places, such as the grocery store, right before my visit increases the risk of me to be exposed and carry the virus unknowingly to my loved one.
- I will refer to the Villa Cathay Food Guideline should I decide to bring any outside food to my loved one.

#### Health Screening

I understand that all visitors have to accept a standard symptom screening before my visit, at each visit, and possibly during the visit.

- I will complete the “**Enhanced Symptom Screening Form**” and return it to Villa Cathay (email: [contact@villacathay.ca](mailto:contact@villacathay.ca) or fax: 604-254-5230) if I have not been to Villa Cathay in the past 14 days. I will answer all the questions truthfully and take the screening seriously.
- I agree to receive the standard visitor symptom screening at each visit and answer all questions truthfully. Villa Cathay will be unable to let me in without completing the symptom screening. If my body temperature is higher than 37.5 °C or have any symptoms, Villa Cathay will not allow my visit.
- When I experience any flu- or COVID related symptoms, I will not visit. When people whom I live with or whom I work closely with have such symptoms, I will postpone my visit. I will notify Villa Cathay immediately if my symptoms start or the suspected COVID-19 symptoms of my close contact came to my attention after my visit. This will help Villa Cathay take the needed precautionary measures for my loved one and other residents.
- If my loved one is ill or has any concerning symptoms, I will postpone my visit until he/she recovers.

#### Infection Control Protocols

To keep all residents in Villa Cathay safe, all visitors must follow every infection prevention and control measures, including wearing the proper personal protective equipment when required. These are the common practice of all employees of Villa Cathay Care Home, and I agree to:

- Upon arrival, I will wear a medical mask provided by Villa Cathay. For the safety of my loved one, if I am not fully vaccinated, I will wear my mask correctly during the entire visit and must not take off my mask during my stay in Villa Cathay. Before having direct care to my loved one, I will wash my hands thoroughly and wear a pair of disposable gloves.
- Villa Cathay will provide a medical face mask for visitor’s use upon arrival. I will use the mask correctly and cover my nose and my chin.
- I will practice hand hygiene diligently as it is fundamental to infection control. No PPE substitutes the importance of hand hygiene. Every time before I touch my loved one, I will wash my hands.
- I am aware that staff will escort me to and from the designated visit area. This is to help Villa Cathay keep track on the visitor’s whereabouts and can keep a good record of contact.
- Upon entering my loved one’s room, I will wash my hands again in his/her en-suite washroom to keep my loved one safe.
- I will refer to the attached Personal Safety Information Sheet and practice the recommendation to minimize the risk of COVID-19 for my loved one.
- I understand that I have to sanitize all items myself, including personal belongings such as cell phones and bags, that will be taken to my loved one’s in the lobby.

## Agreement to COVID-19 Infection Control Protocols

### 預防新冠病毒措施同意書

#### Communication with the Care Team and Visitation Hours

- I understand that the care team needs to dedicate their time to the needed intense and increased monitoring for all residents. The care team will attend to all urgent matters. If my question is not time sensitive, I agree to send in my question via the family email to set up an appointment for discussion.
- The allied care team can only go to a limited number of floors each day to minimize cross-floor travel. I agree to set up an appointment before my visit when I need to meet the physiotherapist, dietitian, recreation therapist, or social worker in-person.
- I agree to contribute to a friendly, respectful, and constructive care environment, which is crucial for the care team to stay effective and efficient under the stress and pressure of the COVID pandemic. I will do my part to have courteous interactions and will refrain from acting in ways that could be easily misunderstood as aggressive or violent. I support Villa Cathay to stop people who act aggressively from further visits.
- Although scheduling an appointment is not required, I understand it will be very helpful if I can let the staff know ahead of time and help contribute to a smooth screening process. As the appointment is not required, to help maintain the safe distancing in the lobby while waiting for screening, I agree to wait outside when there are already more than 6 visitors at the lobby.
- When I am ready to leave the designated visiting area, I will notify a Villa Cathay team member for assistance and will not leave the designated visiting area on my own.
- I understand the importance of following all COVID visitation protocols stated in this agreement and all relevant documents. Breach of the protocols could pose risks to my loved one, other residents, the Villa Cathay staff, and will affect the safe continuation of the visitation of all other visitors. I will do my part to safeguard my loved one and keep the visitation safe.

#### **Please check boxes below:**

I confirm that I have read and understand the protocols listed above.

I agree to follow all the protocols above and I understand that violation of any protocols listed will result in suspension of my future visits.

\_\_\_\_\_  
Signature

Name:

\_\_\_\_\_  
Date

## Agreement to COVID-19 Infection Control Protocols

### 預防新冠病毒措施同意書

本人同意，於華宮安老院探訪我親人的期間，將全程遵守以下措施協議以確保我親人以及其他長者與工作人員的安全與健康。本人若無法配合探訪時間或遵循所有措施，將不能探訪。

#### 一般措施

- 本人同意遵守本協議中所述的措施，我了解所有訪客都須盡己之力，一同確保探訪的安全，讓所有長者都能繼續接受家人的探視。
- 當華宮安老院有任何新冠肺炎疑似個案時，所有探訪將立即中止直至另行通知。如我的摯愛需要臨終照顧，華宮安老院會安排臨終探訪。我同意並將遵守華宮安老院的探訪安排。
- 華宮安老院的所有長者都容易感染 COVID-19 和其他傳染病。在我的日常生活中，我會盡力將自身的 COVID-19 風險降到最低，以防影響親人的健康和 safety。我瞭解長期護理院的所有長者都有潛在的健康狀況，包括認知障礙，因此，長者要保持社交距離或者獨立執行感染預防和控制措施相當困難。因此，避免將 COVID-19 或其他病毒帶進華宮安老院是維持長者安全的首任務，這對我的親人和所有其他長者的健康至關重要。
- 在華宮的所有公共區域以及與工作人員互動時，無論是否已完成兩劑疫苗的注射，所有訪客都必須戴上醫療用口罩。我明白並同意，在本人可以提供卑詩省正式的疫苗注射前，我在華宮探訪期間會全程正確配戴口罩。
- 我會確實執行手部衛生和咳嗽禮節，遵循省府公共衛生令和指引。如我有任何身體不適，或曾與疑似患病的人有接觸、正在等待 COVID-19 測試結果、與到達溫哥華少於 14 天的旅客有接觸，或者可能遇到上述任何情況，我會等待接觸日期的 14 後才預約探訪。
- 訪客若於任何公眾地方受疫情影響，如曾到過有確診個案的食肆或有家人在受到感染的學校，請務必在第一時間通知華宮安老院，我會等待接觸日期的 14 後才預約探訪，以確保您在華宮的家人免受威脅。如果訪客在探訪後才得知曾受疫情影響，不論自身有否症狀，也請務必在第一時間通知華宮，以便院方可以儘快採取相關措施，保護我的長者和其他長者。
- 請訪客與長者的其他家庭成員及訪客，根據長者的身體狀況，協調最適合的探訪時間。請所有訪客都密切留意疫情防治措施的最新消息，並確實遵守所有的措施，以確保所有華宮長者的安全。
- 在探訪期間，請隨時維持安全距離，例如，當我們的團隊為您家人提供照顧時，請您移駕到門口，讓您在能與其他人保持安全的社交距離，且可尊重您家人的隱私。
- 探訪只能在指定的探訪地點進行。不能到其他公共區域或公共設施。除非與華宮的團隊事先商量並有正式的書面協議，我將只會探望一位長者，不會接觸其他長者。
- 在探訪日當天，請儘可能從您家中直接來到華宮，避免到其他地點之後才來訪，以減少社區傳播的風險，降低長者的感染風險。
- 若訪客需要帶外來食物給長者，請依照華宮的食物指引並制定安全計劃。

# Agreement to COVID-19 Infection Control Protocols

## 預防新冠病毒措施同意書

### 症狀篩檢

每位華宮安老院的訪客，在探訪之前、抵達華宮、及探訪的期間(如適用)，都必須進行症狀篩檢。

- 如您在過去十四天沒有到過華宮，請填妥「症狀篩檢表」，並通過電郵 [contact@villacathay.ca](mailto:contact@villacathay.ca) 或傳真(604-254-5230) 交回。在核對完您的篩檢表後，我們的團隊會為您安排探訪。
- 為了您親人的健康，如果您有任何感覺不適，請留在家中並停止探訪，直到完全康復。
- 您每次到訪時，我們都會在大堂為您進行新冠病毒的症狀篩檢及測量體溫。當您通過症狀篩檢後，我們的團隊會帶您到您家人的房間。如果我的體溫高於攝氏 37.5 度或有其他新冠病毒症狀，我將不能探訪。
- 如果我的長者生病或有任何相關症狀，探訪將被暫停，直到我的家人康復為止。

### 感染預防與控制

所有訪客皆需要遵守院內的感染控制措施。這些措施包括：

- 當到達華宮時，我會配戴由華宮提供的醫用口罩。如我尚未完成接種兩劑新冠疫苗，我會在探訪全程戴好醫用口罩，不會除下口罩。當我需要為長者提供護理時，我會洗淨雙手後戴上即棄手套，以保護我的長者和自己。
- 當我配戴口罩時，我會確保口罩可以全程覆蓋我的鼻子至下巴。
- 請確實遵守手部衛生，用肥皂和水洗手 20 秒，手部衛生是最有效的疾病預防措施。每次我接觸我的長者前，我也會徹底清潔雙手。
- 請按照院內的指示方向出入，並跟從員工的指示帶您進出指定地點。在您探訪期間，請與他人保持安全距離。切勿私自離開探訪區域，使用其他公共空間，亦不能到其他樓層或接觸其他長者。
- 當您到達長者的房間，請在洗手間洗手後，才再接觸您的親人。
- 請參閱「個人衛生簡訊」，以降低風險。
- 我明白我需要在華宮大堂將所有將帶到長者房間的物件(包括私人物件如手提電話及背包等)徹底消毒後，才能帶到長者的房間。

### 與照顧團隊的溝通和探訪時間

- 為降低新冠病毒對長者的威脅，我們的護理團隊必須採取加強的症狀檢測及感染預防與控制，因此，護士們可以與您討論護理計劃的時間很有限。若您需討論的事宜非急迫，我們懇請您與護理人員提前預約。當然，對於緊急狀況或您親人無預警的變化，請儘快通知我們團隊，我們會即刻處理。

## Agreement to COVID-19 Infection Control Protocols

### 預防新冠病毒措施同意書

- 我們的跨護理專業團隊，如物理治療師、營養師、康樂治療師及社工，因感染預防的措施，每天只能到固定的樓層，避免跨樓層的傳播風險。若您需要與任何一位會面，請預約，協助我們的團隊做出適當的安排。
- 請您協助保持照顧氣氛的友好、尊重和愉悅。這將支持我們的團隊繼續為所有長者提供至需要的照顧。我們希望可以跟您保持禮貌的互動，任何訪客若有可被視為有侵略性的言語或行動將導致探訪的停止，並不能再次探訪。
- 雖然探訪無須事前預約，請訪客盡可能告知前來探訪的時間，以協助探訪過程的順暢。由於無須預約，訪客可能需要在大堂輪候，等待症狀篩檢，當大堂的訪客人數超過六人時，請訪客在門外等候，以保持安全距離。
- 本人明白華宮的首要務是儘可能支持每位長者的需要，並確保探訪方案可以安全進行，
- 在您離開指定探訪地點前，請通知我們的團隊，讓專人帶您離開，切勿自己離開指定探訪地點。
- 如違反上述任何協議，可能會為您的親人、其他長者、及我們的團隊帶來風險，屆時您探訪將會被終止。請訪客了解省政府的探訪政策亦要求所有訪客遵守院舍要求的防疫措施。

請您詳細閱讀以上的措施，並在探訪前了解並同意會遵循以上措施才預約探訪。

- 我確認我已詳細閱讀並理解以上列出的所有措施。
- 我同意遵守上述所有措施。我了解如我違反以上條款時，我將不能再次探訪。

本中文翻譯旨在協助家人了解華宮安老院的新冠病毒防疫措施。

請您閱讀後在英文版上簽名，如兩版有出入，以英文版為準。



## Visitor COVID-19 Risk Assessment 訪客 COVID-19 風險評估

Today's Date  
今天日期: \_\_\_\_\_

**Instructions:** Please complete this form prior to your first visit.  
指示：請在首次預約探訪前填寫此份表格。

<b>Name of Visitor 訪客名字:</b>			
<b>Tel &amp; Email 電話及電郵:</b>			
<b>Relationship with Resident: 與長者關係:</b>			
<b>Resident's Name 長者名字:</b>		<b>Room # 房間號碼:</b>	

<p><b>Please provide the date of your 2<sup>nd</sup> dose of the COVID-19 vaccine.</b> 請提供您接種第二劑新冠疫苗的日期</p>	<p><input type="checkbox"/> Not yet 尚未接種</p> <p><input type="checkbox"/> Date 日期: _____</p>
<p><b>How many people are in your immediate household?</b> 連您在內，與您住在一起的人有多少名？</p>	<p><input type="checkbox"/> More than 2 多過兩人      <input type="checkbox"/> Less than 2 少於兩人</p>
<p><b>Has everyone in your household completed the COVID-19 vaccination?</b> 與您同住的家人是否所已完成接種兩劑新冠疫苗？</p>	<p><input type="checkbox"/> No 不是      <input type="checkbox"/> Yes 是</p>
<p><b>In the past 7 days, have you met anyone other than your immediate household members?</b> 在過去七天，您曾否與非與您同住的人接觸？</p>	<p><input type="checkbox"/> Yes 有      <input type="checkbox"/> No 沒有</p>
<p><b>Does any of your household member have contact with people outside of your immediate household in the past 7 days?</b> 在過去七天，與您同住的人曾否與非同住的人接觸？</p>	<p><input type="checkbox"/> Yes 有      <input type="checkbox"/> No 沒有</p>
<p><b>Have you or any of your household member been to a place where there was a confirmed COVID-19 case?</b> 在過去七天，您或與您同住的人，曾否到過有新冠病毒確診的地方？</p>	<p><input type="checkbox"/> Yes 有</p> <p><input type="checkbox"/> No 沒有</p> <p><input type="checkbox"/> Not Sure 不清楚</p>

**Please check if you or any of your household member have interacted with any of these persons in the past 7 days (please select all that applies):**

您或與您同住的人，在過去七天，請選擇曾接觸的人士 (可選擇多過一項)

- anyone with flu-like symptoms  
有感冒症狀人士
- anyone infected with COVID-19  
曾確診新冠病毒人士
- anyone waiting to be tested  
正前往測試人士
- anyone waiting for a result  
正等候測試結果人士

If your answers are mostly the first answer of each question, or have selected any response on the last question, we recommend you only book a visit 14 days after today's date.

如果您選擇的答案，大部份都是每條問題的第一個答案，或者最後一條問題，選擇了任何答案，那麼請等待 14 天後，才再預約探訪。

**Please provide names of any children under 18 years who will be joining your visit.**

如有 18 歲以下的孩子一同前來探訪，請提供他們的資料。

**Child's Name:**

孩子的名字：

**Child's Age:**

孩子的年齡：

**Date of the child's 2<sup>nd</sup> dose of the COVID-19 vaccine**

孩子接種第二劑新冠疫苗的日期

Not yet 尚未接種

Date 日期: \_\_\_\_\_

**School Name 學校名字:**

**Child's Name:**

孩子的名字：

**Child's Age:**

孩子的年齡：

**Date of the child's 2<sup>nd</sup> dose of the COVID-19 vaccine**

孩子接種第二劑新冠疫苗的日期

Not yet 尚未接種

Date 日期: \_\_\_\_\_

**School Name 學校名字:**

Please submit the completed questionnaire to: [contact@villacathay.ca](mailto:contact@villacathay.ca) to request a visit booking. If you have any questions, please call 604-215-3150.

請將填妥問卷電郵至 [contact@villacathay.ca](mailto:contact@villacathay.ca)，預約探訪。如有問題，請電 604-215-3150。



## ENHANCED SCREENING QUESTIONNAIRE FOR VISITORS

### 訪客症狀篩檢表

Visitor Name 訪客姓名: \_\_\_\_\_ Tel 電話: \_\_\_\_\_

Name of my loved one 長者的姓名: \_\_\_\_\_ Room No. 房間號碼: \_\_\_\_\_

**1. Please take a body temperature prior to your visit.**

請在探訪前先自行測量體溫

- a. If your body temperature is 37.5 degree C or below, please proceed to question #2  
若您的體溫是低於攝氏 37.5 度或以下，請繼續問題 2
- b. If your body temperature is 37.5 degree C or above, please see your health care provider.  
Meanwhile, please self-isolate at home until you receive further medical advice.  
若您的體溫是攝氏 37.5 或以上，請諮詢您的醫生。在得到醫生的指示之前，請先在家中自我隔離。

**2. Are you experiencing any of the following symptoms (new or worsening)**

請問您是否有以下的病徵(新出現或症狀加重)

- |                           |         |                                |                                |
|---------------------------|---------|--------------------------------|--------------------------------|
| a. Loss of taste/smell    | 失去味覺或嗅覺 | <input type="checkbox"/> Yes 有 | <input type="checkbox"/> No 沒有 |
| b. Loss of appetite       | 沒胃口     | <input type="checkbox"/> Yes 有 | <input type="checkbox"/> No 沒有 |
| c. Fatigue                | 倦怠      | <input type="checkbox"/> Yes 有 | <input type="checkbox"/> No 沒有 |
| d. Fever                  | 發燒      | <input type="checkbox"/> Yes 有 | <input type="checkbox"/> No 沒有 |
| e. New or worsening cough | 開始咳嗽或加重 | <input type="checkbox"/> Yes 有 | <input type="checkbox"/> No 沒有 |
| f. Stuffy or runny nose   | 鼻塞或流鼻水  | <input type="checkbox"/> Yes 有 | <input type="checkbox"/> No 沒有 |
| g. Sore throat            | 喉嚨痛     | <input type="checkbox"/> Yes 有 | <input type="checkbox"/> No 沒有 |
| h. Painful swallowing     | 吞嚥時會疼痛  | <input type="checkbox"/> Yes 有 | <input type="checkbox"/> No 沒有 |
| i. Difficulty breathing   | 呼吸困難    | <input type="checkbox"/> Yes 有 | <input type="checkbox"/> No 沒有 |
| j. Nausea and/or vomiting | 想作嘔或嘔吐  | <input type="checkbox"/> Yes 有 | <input type="checkbox"/> No 沒有 |
| k. Muscle aches           | 肌肉疼痛    | <input type="checkbox"/> Yes 有 | <input type="checkbox"/> No 沒有 |
| l. Chills                 | 發冷或打冷顫  | <input type="checkbox"/> Yes 有 | <input type="checkbox"/> No 沒有 |
| m. Headache               | 頭痛      | <input type="checkbox"/> Yes 有 | <input type="checkbox"/> No 沒有 |

If **YES to any of these symptoms**, do not proceed with visit, please see your care provider.

若您有任何以上的症狀，請勿探訪，請先連絡您的醫生尋求指示

If **NO** proceed to *remaining questions*. 若您無任何以上症狀，請繼續下頁問題

3. **Date of your 2<sup>nd</sup> dose of COVID-19 Vaccine 您接種第二劑新冠疫苗的日期** \_\_\_\_\_

4. **Have you ever been diagnosed with COVID-19? 您有否曾確診過新形冠狀病毒?**

Yes 有, When 何時: \_\_\_\_\_  No 沒有

5. **In the last 14 days, to your knowledge, have you been in contact with anyone with COVID-19 or who has symptoms of COVID-19?**

在過去十四天，您有否曾與任何確診新形冠狀病毒的人，或有新冠肺炎症狀的人接觸？

Yes 有  No 沒有

6. **In the last 14 days, have you been told to self-isolate in accordance with Public Health Directives or be in self-monitoring because of a close contact with someone in isolation?**

在過去十四天，公共衛生部門是否曾指示您需要自我隔離，或曾與需要自我隔離過監測者有過接觸？

Yes 有  No 沒有

7. **In the last 14 days, have you taken an airplane, cruise, or been to a place outside of the Lower Mainland where there are confirmed cases?**

在過去十四天內，您有否曾搭乘過飛機、郵輪、或到訪過低陸平原以外有確診個案的地區？

Yes 有  No 沒有

If **YES to question 4 to 7**, please do not proceed with visit. For the health and safety of your loved one, please wait for 14 days and confirm that you have not been affected before scheduling a visit.

若您在第4至7題回答「有」，請暫勿探訪。為了您家人的安全與健康，請您先靜待十四天的自我隔離期滿，再行安排探訪。

8. **In the last 14 days have you visited/worked/volunteered at another healthcare facility including long term care/assisted living or hospital?**

在過去的 14 天內，您有否曾在其他醫療機構（包括長期護理/輔助生活或醫院）訪問/工作/擔任義工？

Yes 有  No 沒有

If “Yes” to the above, please list the name of the site as well as the last date you visited/worked/volunteered below: 如您的答案是“有”，請列出機構名字以及最後一次訪問/工作/做義工的日期: \_\_\_\_\_

**I certify that the above is true to the best of my knowledge.**

我確認以上的資料均屬實。

\_\_\_\_\_  
Signature 簽名

\_\_\_\_\_  
Date 日期