



# ABSENCE

## Authorization & Request Form During the COVID-19 Pandemic

(Effective June 9, 2021)

Date: \_\_\_\_\_

Resident Name: \_\_\_\_\_

If Applicable,  
Substitute Decision Maker/Power of Attorney Name: \_\_\_\_\_

Authorized Individual (s) For Pick Up for Short Stay Absences:

Name:	Address:	Phone:	Relationship to Resident
1.			
2.			
3.			
4.			
5.			

### RESIDENTS WHO ARE FULLY IMMUNIZED are permitted on Social and Temporary Absences where:

- **Short Stay Social Absences (during the day)** are social absences which includes absences for all reasons not listed under medical, compassionate/palliative and/or essential absences that do not include an overnight stay.
- **Temporary absences** are for personal reasons which include 2 or more days and one or more night(s). Homes must review and approve all temporary absences based on a case-by-case risk assessment as outlined in Directive #3.

Residents or their Substitute Decision Maker are to inform the charge nurse of their Home Area of their planned short stay absence by 10am the morning of the scheduled absence if the absence is requested to occur after 12pm. For those absences that will occur in the morning prior to 12 noon please contact the charge nurse the day before →

Residents or their substitute decision maker will consult the charge nurse on the time of pick up and drop off so all parties are aware. The Resident will be ready and waiting at the front entrance for pick up. The authorized pick up individual must wear a mask and the Resident must wear a surgical procedural mask for the entire time of their absence. When drop off occurs the Resident will be escorted back to their room following screening.

- Request for Temporary Absence  
(Subject to approval based on a case-by-case risk assessment)

Date of Pick Up: \_\_\_\_\_ Date of Return: \_\_\_\_\_

All residents returning from a temporary absence are required to actively screen and have a laboratory based PCR Covid-19 Test upon their return and remain in isolation on droplet and contact precautions while there test result is pending.

In signing the below you attest that the above individuals are authorized to pick up the Resident for Short Stay Absence and that all parties will abide by requirements and/or the request for Temporary Absence.

Resident Name      Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

SDM/POA      Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

- Temporary Absence Approved  
Only SDM/POA can pick up following approval

- Temporary Absence Denied  
Must communicate the reasoning in writing, including the rationale for the decision

RC Management/NP      Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

- Form reviewed and filed in Resident Chart

RC Management/NP      Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_