

Essential Care Partner (ECP) Training Checklist

Patient: _____

Designated ECP: _____

Complete the following checklists with the Patient and their ECP:

A) Identify ECP and determine their interest and prior knowledge.

1. The patient or SDM identified an ECP from their circle of care who is willing to provide support.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. The ECP is currently on the approved visitor list. ** Approved ECPs will need to have their names on the visitor list. ECPs must show proof of vaccination and pass screening in order to enter the building.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. The ECP is interested in helping with patient care needs while they are in the hospital.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. The ECP is already providing care support for the patient.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Information provided about **Safety and Infection Control Practices**

The ECP demonstrated proper hand-washing and hand-sanitizing techniques.

The ECP demonstrated how to put on and take off a mask.

Skills checked and education provided by:

Staff Name:

Profession:

For more information, visit the ECP Training Hub website or scan the QR code.

B) Confirm care activities that the ECP will support.

Instructions: For each activity:

1. Ask the Patient: "Would it be okay for your ECP to help you with this care activity?"
2. Assess the ECP's comfort and skill: "Have you helped with this care activity before? Can you show me how to do this activity?"
3. Teach the ECP how to do the care activity.
4. Use teach-back principles to ensure ECP demonstrates the skill. **When the ECP correctly demonstrates the care activity, check it off and write your name and profession.**

For more information and tools about these activities, [visit the ECP Training Hub website or scan the QR code.](#)

My ECP will help me with...

Communication with the Health Care Team and Family/Friends

Raising issues with health care team

Notes:

Skills checked and education provided by:

Staff Name:

Profession:

Supporting virtual calls and calls with family/friends

Notes:

Skills checked and education provided by:

Staff Name:

Profession:

Meal Support/Nutrition/Hydration

Oral (by mouth) feeding and drinking

Remember: Always check with the patient's nurse or other healthcare team member each day before providing any food. Patients may have restrictions before certain tests and procedures.

Notes:

Skills checked and education provided by:

Staff Name:

Profession:

My ECP will help me with...

Toileting Support

Going to the toilet

Notes:

Skills checked and education provided by:

Staff Name:

Profession:

Using a bedpan

Notes:

Skills checked and education provided by:

Staff Name:

Profession:

Transferring to and from commode

Notes:

Skills checked and education provided by:

Staff Name:

Profession:

Changing briefs/underwear

Notes:

Skills checked and education provided by:

Staff Name:

Profession:

Changing linens

Notes:

Skills checked and education provided by:

Staff Name:

Profession:

Hygiene/Oral Care/Dressing

Bathing

Notes:

Skills checked and education provided by:

Staff Name:

Profession:

My ECP will help me with...	
<input type="checkbox"/> Hygiene care (brush/comb hair, foot care, nail care, shave, wash face) Notes:	<input type="checkbox"/> Skills checked and education provided by: Staff Name: Profession:
<input type="checkbox"/> Brushing teeth/Cleaning dentures Notes:	<input type="checkbox"/> Skills checked and education provided by: Staff Name: Profession:
<input type="checkbox"/> Changing gown or getting dressed Notes:	<input type="checkbox"/> Skills checked and education provided by: Staff Name: Profession:
Positioning and Mobility	
<input type="checkbox"/> Preventing falls based on individualized and universal falls prevention plan Notes:	<input type="checkbox"/> Skills checked and education provided by: Staff Name: Profession:
<input type="checkbox"/> Assist with positioning (turning/moving around in bed) Notes:	<input type="checkbox"/> Skills checked and education provided by: Staff Name: Profession:
<input type="checkbox"/> Assist with transferring from bed Notes:	<input type="checkbox"/> Skills checked and education provided by: Staff Name: Profession:
<input type="checkbox"/> Assist with mobility Notes:	<input type="checkbox"/> Skills checked and education provided by: Staff Name: Profession:

My ECP will help me with...	
Additional Activities	
	<input type="checkbox"/> Skills checked and education provided by: Staff Name: Profession:
	<input type="checkbox"/> Skills checked and education provided by: Staff Name: Profession:

C) Establish communication plan, check-ins, and additional support for the ECP.

<input type="checkbox"/> The ECP has been provided information about their primary contact. **Write care provider's name, discipline and contact on patient whiteboard.	<input type="checkbox"/> Information provided by: Staff Name: Profession:
<input type="checkbox"/> The ECP and care provider have scheduled regular check-ins. **Schedule regular meetings based on the patient and ECP's needs. Invite the ECP to ask questions - this is important as some ECP's may feel worried about taking time away from the care provider's busy schedule.	
<input type="checkbox"/> The ECP has been provided information about where to get supplies on the unit.	
<input type="checkbox"/> The ECP knows to contact the nurse when they are leaving the hospital for a break. Where to go for breaks:	

Emergency Colour Codes

While you are at the hospital, you may hear emergency colour codes on the overhead announcements. The hospital staff are trained to respond to these codes. If you hear a code, please stay in the room until you get further instructions.

<u>In case of FIRE</u>	In case of an emergency dial 5555	
R emove occupants	Fire	code red
E nclose area	Evacuation	code green
A ctivate alarm	Bomb Threat	code black
C all 5555	Missing Person	code yellow
T ry to fight fire if safe to do so	Hazardous Spill	code brown
	Violent Person	code white
	Violent Person - Weapon (non-firearm)	code white caution
	Hostage	code purple
	Active Shooter	code silver
	Mass Casualty Incident	code orange
	Cardiac Arrest Medical Emergency	code blue
	Infrastructure Loss	code grey