

Care Partners



**WE ALL
MUST DO IT**

KEEP
DISTANCE

WEAR FACE
COVERING

WASH
HANDS

What is a Care Partner?

Care Partner arrangements are in addition to the normal visiting arrangements as defined in the Department's visiting guidance documents for:

- Hospitals & Hospices
- Care Homes

It is important to highlight that having a Care Partner arrangement put in place should not be viewed as simply another opportunity to visit - a Care Partner supports their relative/loved-one with an identified need such as encouraging them to eat and drink, or engaging in meaningful social interactions to maintain good mental health.

A Care Partner is a defined practical role to provide additional support to Hospital/Hospice patients and CareHome residents. Care Partner arrangements are not for everyone. A Care Partner is complementary to the care delivered by the staff in the care setting.

It is individualised and tailored to the needs of the patient/resident. A Care Partner will normally be a close family member or friend who has a long standing relationship with the person and plays an essential role on a regular basis on maintaining their health and wellbeing. Each patient/resident should normally be facilitated with up to two Care Partners, who can share the responsibility as appropriate; where special circumstances suggest it appropriate that additional care partners are necessary this should be discussed and agreed with the care setting.

How can I become a Care Partner?

When your relative/loved-one is admitted to hospital/hospice OR care home, the issue of becoming a care Partner will be discussed with you. It is important that the patient/resident, relative/loved-one and person in charge of their care (Nurse-in-charge, or Care Home manager) discuss the benefits of any Care Partner arrangement. The person in charge will support you and your relative/loved-one to establish the Care Partner arrangement. The person in charge should explore with you the care/support required for your relative/loved-one and how to safely manage any risks associated with the role.

What can I expect as a Care Partner?

1. It is important to recognise the role of the Care Partner is more than visiting your relative/loved-one and therefore there are very important arrangements you will need to follow to ensure the safety of you, your relative/loved-one, other patients/residents, staff and the wider healthcare community.
2. The person in charge will undertake a Risk Assessment before you can become a Care Partner. In partnership with you & the patient/resident this assessment will identify infection control risks, safety measures and training needs to ensure everyone is safe.
3. A Care Partner will be required to undertake regular COVID-19 testing to reduce the risk of transmission. It is strongly encouraged that Care Partners undertake a Lateral Flow Test before each visit. Although testing provides some level of reassurance all

other measures to reduce the risk of transmission must also be followed. You will be required to declare if you have developed any signs or symptoms of COVID-19; if you feel unwell you should not attend and seek further guidance if you need to isolate.

4. You may also be asked to complete a screening survey on each visit. This may include recording your temperature to provide assurance you are well.
5. You will be required to agree a plan in relation to the Care Partner arrangement in order that expectations are clear, understood by you and the Hospital/Hospice/Care Home, and to ensure safety.
6. You will be required to agree the frequency and how long each Care Partner session will be. This requires consideration of the whole healthcare setting. If for any reason you are unable to attend it is important you inform the Hospice/Ward/Care Home at the earliest opportunity.
7. You are required to adhere to social distancing arrangement throughout the healthcare setting (with exception of any tasks to support your relative), to wash your hands when required and on entering and exiting the premises. Hand sanitising will be available and is in addition to washing your hands.
8. Your Care Partner visits should be confined to the patient/resident's own ward or room as far as possible. You must only enter and exit through an agreed route and only meet with your relative in the designated location. If you require any assistance staff will be available to help you.
9. You may be required to wear appropriate Personal Protective Equipment (PPE) for the period of time you are there. This includes safely putting on and taking off PPE, which is sometimes referred to as "Donning & Doffing". Training will be made available on this process or you can access free training on <https://youtu.be/9PCqT3aS8d8>
10. You should only bring those items to the facility that the patient/resident needs and these should be identified to staff on arrival. You should not bring in food or snacks.
11. It is important to look after yourself and to be sure that you are well enough to take on this role. Being a Care Partner is rewarding however it can be an additional pressure on you and your family so if possible you can share the role with one other family member (as above, additional care partners can be considered if this is deemed in the interests of the resident/patient); however only one Care Partner can attend at any given session. Children under 18 would not normally be considered appropriate as Care Partners, but this can be discussed and agreed with the person in charge at the outset.
12. Care Partners' will deliver a wide range of assistance to their loved-ones, including the following illustrative examples (list not exhaustive):
 - A birth partner supporting a woman during hospital visits and throughout the maternity pathway
 - A person supporting a resident/patient receiving end-of-life care – we expect this to be defined as flexibly and compassionately as possible, to support

residents/patients at the end of life spending meaningful time with their loved ones in their final days, weeks or months

- Supporting someone with a mental health issue, delirium or dementia, or a learning disability or autism, where not being present would cause the patient to be distressed
- Encouraging the resident/patient to eat, drink and take care of personal hygiene issues.
- Accompanying a child in hospital
- Providing support in situations where someone is receiving information about life-changing illness or treatments.
- In these and other similar situations where support from another person is essential for advocacy and wellbeing, family support should be facilitated.

When There Is An Outbreak

When the Ward or Care Home is experiencing an outbreak situation, given that routine testing of care partners is in place, if you are infection free you can continue with existing care partner arrangements, in cooperation with the care facility. However, you must consider the risks associated with visiting a healthcare setting experiencing an outbreak, and the potential for you becoming infected.

All care partners must understand that their presence increases their relative/friend's person to person contacts and as such must be considered an increased risk to the patient/resident in this pandemic period.

Moving from Hospital to Care Home (or vice-versa)

If your loved one has to be transferred from hospital to a care home (perhaps as part of a step-down process) or vice-versa, your care partner status will continue unbroken. This will allow you to continue to provide the help and support necessary for your loved one regardless of any requirement for them to self-isolate in the new setting. Discussions will need to be held with the person in charge to confirm arrangements.

All Care Partner arrangements should be regularly reviewed to ensure they are beneficial to all involved. For the most up to date guidance and information go to:

www.health-ni.gov.uk/Covid-19-visiting-guidance

If for any reason you are not happy with the Care Partner arrangement or in relation to a decision regarding a CarePartner for your relative you should first speak to the person in charge to identify a resolution made in the best interest of the patient/resident and their community in the healthcare setting.

