

Partners in Care Program

Alzheimer's Queensland believe that visitors and connections with loved ones are vitally important to all people but to our clients who reside in our residential care communities these connections are crucial to maintain their emotional and mental wellbeing.

To support connections when COVID-19 visitor restrictions are in place we are inviting you to be part of the Partnerships in Care Program. The program enables **one** nominated family member/friend or volunteer per resident to become an essential care partner for a resident.

Under Queensland Government guidelines, we are able to permit essential care partners to visit and deliver care during some visitor restrictions.

Please note:

- *People who work in a role that has higher risk of COVID-19 exposure (e.g., flight crew, health care worker or support role in a health/aged care setting), will not be eligible to participate in this program.*
- *If your family member is in a shared room, other considerations apply. Please discuss directly with your local team about whether the essential care partner role will be possible.*

What does this mean?

Being an essential care partner means you are a part of your family member's care plan and will help them with day to day activities during COVID-19 restrictions. This may include things like helping at mealtimes or with general personal care, emotional support, and leisure activities.

Any tasks will be discussed with you based on what will most benefit your family member. You will not be asked to undertake clinical or specialised tasks or to interact with any other resident. Please let a team member know if another resident needs assistance.

What will you need to do?

As an essential care partner, you will need to:

- Adhere to the agreed upon time and duration of the essential care visit
- Follow site screening including providing proof of COVID-19 vaccinations.
- Complete a Rapid Antigen Test immediately prior to entry to the facility (one will be provided)

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- Comply with PPE requirements. During restrictions this includes wearing a full sleeve gown. N95 masks, gloves, and eyewear at all times. All PPE will be provided.
- Participate in PPE training and site orientation

- Be able to communicate clearly with team members and follow their direction at all times.
- Visit your family member in their room, walking directly from entry to their room and directly back out when leaving
- Check with a team member before bringing any items into the community that present an infection risk such as flowers, food, soft toys, blankets, and animals
- Notify us if you become unwell or infected with COVID-19. You will need to seek testing and follow Queensland Health advice. Please contact us once you have recovered/being cleared of COVID-19 to confirm next steps.

Important considerations

- You must be fully vaccinated for COVID-19 including booster dose
- You will need to be physically capable to perform the agreed tasks and be able to dedicate the time during the day to support your family member
- The essential care partner role takes effect once risk assessments have been undertaken and site management plans are in place
- The role is available to one family member only for each resident. Under the program guidelines the role cannot be shared
- Because essential care partners provide care when there are COVID-19 cases in our community, it is important to understand you may be at increased risk of exposure to infection. Following Alzheimer's Queensland protocols will minimise the risk to you. You will need to consider how the risk of becoming infected may impact on your own personal life and wellbeing. If you have underlying medical conditions or have other caring responsibilities, this role may not be appropriate to you.
- You understand that you are not obliged to be an essential care partner, and your loved one will still receive the level of care they need. It is your decision to participate to provide this additional support.
- You can notify Alzheimer's Queensland at any time if you no longer wish to participate in the program.

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Your essential care partner agreement

You have read and understand the information above about the role, responsibilities, and important considerations of being an essential care partner.

You understand that if you do not follow all the roles and responsibilities of being an essential care partner as described above, or the level of risk arising from your continuation as an essential care partner is unacceptable, your role as an essential care partner may cease.

The agreement is for the following days of the week

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Times and duration of visits

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Activities to be undertaken

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.....

Name of essential care partner

Signature

Date: _____

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Consent of resident/authorised representative:

I agree to _____ assuming the essential
name of essential care partner
care partner role until such time as I advise otherwise.

Name of Resident/Authorised
Representative

Signature

Date: _____

Agreement of Director of Care:

Name

Signature

Date: _____