

Looking after someone with health conditions in a COVID-19 environment

Advice for anyone who is looking after a relative or a friend with a health problem. If they need to go into hospital or a care home, or need extra care at home in the next few months, this information will help you to know what to expect, and to prepare for the new environment.

The COVID-19 pandemic has put us all in a situation where many things have changed and are still changing fast. It highlights how fragile life can be so it is best to be prepared.

To help you, we've put together some information on:

1. Safety of hospital admission
2. What to take and why, especially if visits are not possible or restricted
3. Special diets, cultural, or religious considerations
4. Communication and advocating about medical care in advance
5. Deciding when to look after someone at home
6. The practical, emotional, and pastoral support available
7. What to do if someone dies

1. Should I be worried about the person I am looking after being admitted to hospital?

During the height of the coronavirus pandemic in the UK, the policy was to discharge as many people as possible from hospital, wherever it was considered medically safe; and to avoid admitting people unless essential. Reducing avoidable admissions also helped to protect people living in the community from being exposed to higher levels of the virus in the hospital and to allow hospital staff to focus to those with COVID-19.

The NHS and other organisations are now worried that people who need specialist care are avoiding seeking help. It has always been the case that people should avoid going into hospital if the treatment can be carried out elsewhere and that people should be discharged as soon as safe, and that remains the same.

The risk of contracting COVID-19 cannot be eliminated, but hospitals have different areas and systems in place for separating people with suspected and confirmed cases and others. They are also taking all necessary hygiene steps to avoid any transmission of infection between patients.

You will want to think about the risks of going into hospital if the person you are looking after is ill, but also think about the risks of not getting the right medical help. Your GP, nurse and other advisors can help. If the person you are caring for really does not want to go to hospital under any circumstance, it is best to make a

written record of this. Signing and dating a ReSPECT document as part of a discussion with your GP or senior nurse can help guide your decision making.

2. What should they take with them if they are admitted to hospital?

As part of their infection control measures, hospitals and care homes have restricted visitors, and in most cases where a person has a confirmed case of COVID-19, no visitors are permitted (unless it's an end-of-life situation). This means you might need to think very carefully about what goes in the 'hospital bag' before the person is admitted so they have all they might need from the start. If you think it is likely that the person you are caring for will need to go into hospital, have a bag ready to be quickly packed.

Things to think about are: medication, spare glasses, hearing aid batteries, any false teeth, a mobile and charger, iPad/tablet, magazines and reading material, photographs, supplies of clean jumpers, pants, nightwear and dressing gowns, and so on. It may only be possible to remove these from the ward when the patient is discharged from a COVID environment, so don't pack anything you might also need at home.

Check that the person being admitted knows how to use and charge up the mobile or other device. Do you need to show them how to use it? Is there anything you need to write down for them – a telephone number if they don't have these in their phone, or things they need to remember to tell to medical staff about their condition and needs?

3. Does the person you are looking after have any special cultural, dietary, religious or spiritual needs?

Diet is important in making people feel and get better, so if the person you look after needs a special diet make sure the ward or home knows. Special meals can often be provided but you might want to consider packing something non-perishable that is appetising. If you are worried that the person you care for is not eating, then please tell staff. Visitors play an important role in ensuring the patient eats and drinks but if visiting is restricted, it is possible that the patient may miss out.

Hospitals and care homes do have pastoral support, which may be religious or secular. Due to COVID-19, this may be provided remotely, by phone or video.

4. What do I need to check as soon as the person I am looking after is admitted to the ward?

It would be wise to anticipate that visiting will be restricted (even if it turns out to be not the case) and that patients and staff can be moved from one ward to another more than usual.

Questions you may want to ask include:

- Who can visit? When?
- What are the hygiene and isolation arrangements?
- Is the person you are caring for being nursed in the Critical Care Unit, where there may be strict and particular rules, or another ward?
- If I am able to visit, will I need to use Personal Protective Equipment?
- What are the distancing arrangements? Can I get close to my loved one or do I need to communicate at a distance, or remotely?
- How can I communicate with consultants and nurses? How will I be involved in care and decisions, if needed, to advocate for the person?
- Are there restrictions using mobile phones? Is there signal on the ward?
- Can patients receive post and parcels, and what is the likely delay period?
- What are the discharge arrangements? How will I be involved? How can I find out about the extra support available?

Think about and making important life and death decisions early.

If someone is admitted to hospital or a care home, there is a lot going on and many sensitive decisions may need to be made about treatments. It is good if you can discuss with the person you are caring for whether they want to be resuscitated if their heart stops (CPR). You and they may want to think about whether they have other active treatments such as ventilation, which can be traumatic and distressing for vulnerable people and may not work. Their wishes are best recorded in an Advance Care Plan or ReSPECT, which guide decision-making. The only legally binding document and process is the separate, Advanced Decision to Refuse Treatment (ADRT). If this has been completed before going into the hospital or home, please make sure it goes in with the patient and that staff know about it upon arrival and it is recorded.

5. What happens if I decide to care for my relative/friend at home?

This may be your choice, especially if either of you have already had COVID-19. You are entitled to ask for help from services and if your decision means that you are unable to leave the house or find it difficult, there are still some paid carers available. Organisations like the unpaid Carer's Hub and the Alzheimer's Society offer information and phone support. There are also volunteers available who can collect medicines, shopping or other essential items, and offer emotional support and befriending for you.

You are entitled to expect that any paid carers and reputable organisations' volunteers wear protective clothing and use hand sanitisers, and keep a physical distance unless it's absolutely not possible in order to do their tasks.

Support is available to help you provide care at home:

- **Community Advice & Support Hub** can help with food shopping, deliveries and medication. Go to www.brighton-hove.gov.uk/coronavirus-help or call 01273 293117
- **NHS** guide to supporting visitors during end of life care can help. Look at www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0393-clinical-guide-for-supporting-compassionate-visiting-arrangements-11-may-2020.pdf
- **Hospital Discharge Wellbeing Service** provides support for the first few days after discharge. Call the Healthwatch Team on 01273 234 041 or email HDWellbeingService@healthwatchbrightonandhove.co.uk
- **"Stop Look Care"** offers tips on recognising medical symptoms. Go to www.brightonandhoveccg.nhs.uk/your-care/supporting-carers
- **Carers Hub** can help you to set up an Emergency Back-Up Plan (in case you get ill yourself). Go to www.carershub.co.uk or call 01273 977000
- **Pastoral care** interfaithcontactgroup.com/category/words-of-connection
- **Ageing Well Brighton & Hove** offer support for people aged 50+. Go to www.ageingwellbh.org, call 07770 061072 or email ageingwellbh@impact-initiatives.org.uk
- **The ReSPECT** plan <https://www.resus.org.uk/respect/>

6. What do I do if the person I have been looking after dies?

A GP or hospital doctor can complete the Medical Certificate of Cause of Death unless there were unexpected circumstances, when a coroner or police officer will need to make further inquiries of you.

Apart from the distress and trauma that family and friends experience when someone dies, during the COVID-19 people have had extra emotional stress; if in hospital, maybe not seeing their relative/friend until near the end, and then not being able to arrange the sort of funeral service they wish. There is a lot of wellbeing and bereavement support available for you if and when you want it.

For information about end of life care and bereavement support, go to: www.hospiceuk.org/what-we-offer/clinical-and-care-support/what-to-expect/caring-for-your-dying-relative-at-home-with-covid-19

