



Guidance for Registered Providers and Persons In Charge in relation to the Provision of Escorts with Residents attending Hospital (2022) issued jointly with the National Ambulance Service and Dublin Fire Brigade.

Background:

The Ambulance Service staff will often advocate for an escort to accompany a resident being transferred to a hospital, particularly those being referred through ED. This will generally be for those who are likely to have difficulty communicating or be distressed by the experience and will likely benefit from a friendly familiar face who can support them in making sure their voice is heard, comfort needs supported and that the experience is less stressful for them. It is appreciated that this also challenges staffing levels and can impact on the care and attention available to residents and that a balance needs to be struck. The provision of an escort necessitates the backfilling of their position in the vast majority of nursing homes which can also result in additional costs incurred by the nursing home. In many cases due to the emergency nature of the transfer it is not possible to arrange another staff member leaving the nursing home to operate with lower than optimum staffing levels. This is not likely to be an issue with the acutely unwell as the clinical care needs will take precedence but will often be a consideration with moderately or low acuity needs.

NHI sought legal advice in 2015 on this issue and particularly where duty of care begins and ends during the emergency transfer of nursing home residents to hospital. Unfortunately, it was not possible to provide any definitive legal advice as there was no specific legislative, regulatory or guidance documentation to support this area. Clinical practice guidelines for the Pre-Hospital Emergency Care Council (PHECC) recommends that the most qualified clinician at an emergency incident takes the lead. The legal opinion therefore was that the

merits or practice of, requesting and sending an escort (which in many cases would be a Healthcare Assistant who is neither qualified nor regulated) would seem questionable.

NHI confirmed with the relevant services that there was no explicit policy for requesting escorts and that each case should be considered on its own merits; at a minimum the nursing home should utilise the national transfer document and have it completed and available for paramedics. Safety in care must be the priority determinant. Any issues such as fall risks, capacity issues and infectious status must also specifically be brought to the attention of ambulance crews in a clear manner to protect residents from harm, ideally prior to transfer – this can be achieved by notifying the call taker when an ambulance is called and informing the crew before interaction with the resident.

Nursing homes have reported that escorts were required to spend anywhere from 4-8hours in the hospital with the average time being 7.4 hours. Almost all of the escorts were required to remain with the resident until a decision had been made to either admit or discharge the resident or until a family member arrived to take over the care. Nursing homes reported that some escorts were only permitted to leave the hospital when the resident was transferred to and settled on the ward environment. In some instances, the staff member was not in a position or restricted from taking adequate rest breaks and therefore in breach of employment law requirements.

Guidance:

Ultimately, the decision to send an escort rests with the individual nursing home and will depend on the unique set of circumstances in each individual case, taking cognisance of both the resident and service needs. Particular consideration may be required at times of extraordinary service pressures such as during an infection outbreak within the nursing home

or increased demand on acute hospitals during critical periods. Current hospital turnaround times for ambulance service are averaging 60 minutes which in practice means that a resident will unfortunately often be waiting uncomfortably and with potential for deterioration.

Considerations:

- The Nursing Home should consider a policy of 'family first' whereby it is standard practice to request a family member to accompany residents requiring admission to hospital as a first line. There must be confirmation and there should be reasonable prospect that a family member will attend in a suitable timeframe.
- This policy should be communicated to all residents and relatives/ significant others on enquiry/ at the time of admission to the nursing home.
- Where there is no family available or where a family member cannot commit to attending, then the Nursing Home should agree with that resident, what the preferred action would be, should a transfer be required.
- If an escort is requested/ required and the Nursing Home intends to charge a fee for this service, then this must be documented in the resident's contract of care as required under regulation 24 (2) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and revised as necessary.
- Given that in the vast majority of cases a Healthcare Assistant (HCA) acts as the preferred staff member to accompany residents, a fee reflecting the average hourly rate of a HCA could be considered for this purpose.
- Nursing Homes should utilise the national transfer document and ensure it is populated at the time of transfer to communicate necessary clinical information with paramedics and hospital staff. Access the National Transfer Document [here](#).

- The Nursing home may decide to include further instructions about the specific policy on the provision of escorts and the time they are permitted to remain with the resident.
- The primary purpose of an escort provided by the nursing home would generally be:
 - for the comfort of the resident and
 - Temporary support of the resident through the often intimidating and distressing transport and transfer phase.
- Escorts should be advised to make known to the hospital staff on arrival, whether family are intending to take over care or what the maximum wait time for the escort is (as decided by the nursing home) – this is so that hospital staff are aware if they require to make alternative arrangements to assist in the supervision and support of individual residents. Ultimately it is the hospitals responsibility to provide for a patient who is admitted temporarily to ED or another preadmission facility.
- The maximum wait time for escorts is recommended to reflect no more than the Accident and Emergency target wait times of 4-6hours.