

# Developing a Caregiver Contract

## Identify daily needs and care duties

Developing a clear contract is important. This page helps you identify the types of assistance you need which can help you develop an informed contract for caregiving services. The table below shows common needs with descriptions. Check the boxes that align with the care needs.

Care provider Duties & Descriptions	
Meals	Assist with food preparation, monitoring intake of food and water, and ensuring adherence to a medical diet.
Feeding	Provide support with eating, such as using utensils, managing food or liquid in the mouth, and addressing difficulties with chewing or swallowing.
Grooming/hygiene	Assist with personal hygiene tasks such as washing hands and face, brushing teeth, and brushing hair.
Bathing	Provide assistance with entering and exiting the tub, using assistive devices if necessary, and help with washing the body and hair.
Dressing	Assist with putting on undergarments, clothes, shoes, and selecting appropriate clothing for the weather.
Mobility in bed	Assist with getting in and out of bed, turning in bed, and sitting up.
Stairs	Provide assistance with walking up and down stairs or stepping onto a stool.
Toileting	Assist with getting on/off the toilet, personal hygiene, managing incontinence, and changing diapers or depends.
Health and monitoring	Provide support with daily health monitoring, recording health measurements, and performing range of motion exercises as prescribed.
Social engagement	Assist with social engagement, including conversations, games, puzzles, and participation in in-home or out-of-home activities.
Transferring	Assist with sitting and standing, and help with transitions to/from walkers, wheelchairs, or other mobility aids.
Walking	Provide assistance with walking short or long distances, with or without support devices.



Medication support	Assist with monitoring and logging health measurements such as blood pressure, weight, and blood glucose. Provide reminders or observe the care recipient taking medications that have been pre-dosed by the client, family, nurse, or pharmacist.
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### Select the type of care provider needed

When considering the client needs outlined above, it is essential to understand the types of care providers and their scope of practice, particularly if you are receiving funding from a government payer such as HID, Future Care, War Vets, or Financial Assistance. Refer to the table below for details on care provider categories defined by government payers.

The caregiver's skill level and qualifications should match the client's care needs. Ensure that the caregiver you hire is both appropriate for the required care and operates within their scope of practice.

- Category 1: Personal Caregiver or Family Caregiver:** These are persons who may not have any formal training and are not registered under a local professional body. Personal/Family Caregivers can provide companionship, prompting, cueing, minimal hands-on assistance with activities of daily living (ADLs), meal preparation and cleaning.

Skill level	Scope of Practice
<ul style="list-style-type: none"> <li>- Provide personal caregiving tasks</li> <li>- No professional licensing or training requirements</li> </ul>	<ul style="list-style-type: none"> <li>- Offer minimal help or supervision for bathing, dressing, grooming, toileting, eating, and walking for non-frail, non-medically complex individuals.</li> <li>- Assist with meal preparation and cleanup.</li> <li>- Provide companionship through conversation and recreational activities.</li> <li>- Help with light housekeeping tasks like changing bed linens, taking out trash, and tidying up.</li> <li>- Assist with transportation needs.</li> </ul>

- Category 2: Skilled Caregiver:** These are persons with formal training that are registered as Nursing Associates or Geriatric Aides with the Bermuda Nursing and Midwifery Council. Skilled Caregivers can provide the same services as Personal/Family Caregivers, *and* as hands-on care, monitoring of health conditions, and simple wound care.

Skill level	Scope of Practice
<ul style="list-style-type: none"> <li>- Provide skilled caregiving tasks</li> <li>- Certificated training</li> <li>- Licensed with the Bermuda Nursing and Midwifery Council (BNC)</li> </ul>	<ul style="list-style-type: none"> <li>- Can perform any of the personal caregiving tasks</li> <li>- Hands on care for frail or bedridden for bathing, dressing, toileting, and mobility assistance such as transfers from chair to bed.</li> <li>- Monitor for changes in health conditions.</li> <li>- Training approved by Bermuda Nursing Council.</li> <li>- May provide dressing changes to simple wounds but not complex.</li> </ul>

- Category 3: Registered Nurse (RN) or Enrolled Nurse (EN):** These are persons who are professionally trained and registered as Registered Nurses or Enrolled Nurses with the Bermuda Nursing and Midwifery Council. RNs and ENs can provide the same services as a Skilled Caregiver, *and* conduct care assessments/planning, prepare and administer medications, and provide nursing treatments.

The Scope of Practice Guidance for Skilled Caregivers, Registered Nurses, and Enrolled Nurses can be found on the Bermuda Nursing and Midwifery Council [website](#).

There are important things that can help you have a clear caregiver contract. See the tips below which include information that is important to include.

### Assess time requirements

In this section you should identify how many days per week assistance is needed. Do you need 3 days per week? If so, how many hours. It is common to have specific peak times that care support is required, however some clients may require all day assistance. Use the template below to pencil in the hours and days that may work best for the established needs and budget.

Weekly Schedule							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Night							

### Suggested considerations

These are things to consider for the care provider during a shift and in the overall contract. These suggested considerations are based on experiences and concerns of previous care recipients and care providers. Clarify these prior to developing the contract.

Additional considerations – as relevant based on specific nature of caregiving needs and circumstances			
Supplies and breaks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food is provided for the care provider when eating with the client
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Care provider may use client’s belongings as part of care provision (e.g. Phone, TV, Car)
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Breaks are allowed if the care provider is working for _____ hours during their shift.
Care Provider Accommodations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The care provider has a live in arrangement with the client (this contract should be specific to a live in contract)
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Visitors for the care provider are allowed during their time caring for the client
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The care provider will receive assistance with the cost of benefits such as insurance and tax obligations

## Inclusion checklist

### Tips on creating your agreement:

- Customize the agreement so it is appropriate for you and your care provider
- Completing the list of tasks above as they will assist in identifying tasks, the provider type, work hours and additional considerations.
- Include all details verbally agreed upon/during the hiring process.
- Make two copies of the agreement: one for the client and one for the care provider.

What to include in the agreement:	
Care Provider Details	<input type="checkbox"/> Name of the care provider <input type="checkbox"/> Contact details of care provider (phone #, email address, etc.)
Client Details	<input type="checkbox"/> Type of care provider (Personal caregiver, Skilled caregiver) <input type="checkbox"/> Clients name <input type="checkbox"/> Clients Responsible party (if different from the client) <input type="checkbox"/> Emergency Contact (responsible party)
Hours	<input type="checkbox"/> Expected number of hours for each week <input type="checkbox"/> Anticipated schedule (days and times) <input type="checkbox"/> Hourly rate
Payments	<input type="checkbox"/> Health insurance reimbursement rate (if applicable) <input type="checkbox"/> Client payment <input type="checkbox"/> Pay period (i.e weekly, every two weeks, monthly) <input type="checkbox"/> Sick day agreement
Benefits	<input type="checkbox"/> Benefits covered
	<input type="checkbox"/> Any applicable additional considerations.

The sample contract is available on the next page to help you have an idea of how you can lay out your contract. Be sure to review the information above to help you understand what should be included and how to fill out the information if you choose to use the template. The contract should be reviewed by the client/client representative and the caregiver assisting with care to ensure all agree with the terms and are able to provide the requested assistance. The caregiver may negotiate the terms of the agreement, and the signed agreement should be the final draft that used. This template and document are for support purposes and the health council is not responsible for contract negotiations, payments for care services, quality of care services provided based on contracts, nor any litigation related to the use of the templates or complaints or issues related to caregiving services.