Essential Caregiver Guidance for Long-term Care Facilities

6/30/2021


Since mid-March 2020, visitor restrictions have been in place in long-term care (LTC) facilities including nursing homes, Housing with Services (HWS) with an arranged home care provider, and assisted living facilities. Visitor restrictions were put in place to help prevent the spread of COVID-19.

The Minnesota Department of Health (MDH) recognizes the importance of social distancing and physical separation to help keep residents safe. MDH also acknowledges the unintended consequences of prolonged physical separation and isolation on a resident’s overall health and well-being. Although technology can help decrease loneliness for some residents, technology is not a sustainable replacement for in-person contact. The struggle to maintain connections with loved ones is especially true for residents with cognitive impairments, visual and/or hearing difficulties, and mobility limitations.

Family members and other close, outside caregivers have a critical role in the care and support of residents, including advocating for their health and well-being. It is strongly recommended LTC facilities develop a process to designate essential caregivers (EC):

- A person who was previously actively engaged with the resident.
- A person who is providing companionship and/or assistance with a resident’s activities of daily living.

LTC facilities are not required to implement an EC program, but this guidance provides recommendations for facilities that choose to. The goal of designating ECs is to help ensure high-risk residents continue to receive individualized, person-centered care.

MDH will consider essential caregiver visits as a type of compassionate care visit. While not required, MDH encourages facilities in medium or high-positivity counties to test visitors, if possible. If so, facilities should prioritize visitors that visit regularly (e.g., weekly). Facilities may also encourage visitors to be tested on their own. All other components of this guidance remain unchanged.
Essential caregivers are important

- They detect concerns and advocate on behalf of the resident.
- They observe and communicate important details and changes in a resident’s condition or behaviors.
- They assist the resident in management of complex or critical information.
- They provide emotional support and help honor the resident’s personal values and preferences of care.
- They alleviate caregiving tasks for staff and providers.
- They preserve and promote quality of life for residents.
- They help promote or maintain a sense of continuity, identity, and **autonomy** for residents.

Guidance for facilities electing to designate ECs

- Facilities must establish policies and procedures for designating and using ECs.
- Consult the facility’s Administrator, Director of Nursing, Social Services Director, or other designated facility staff to help determine who meets the criteria of an EC.
- The resident must be consulted about their wishes to determine whom to designate as the EC.
  - Considerations for ECs:
    - Family members
    - Outside caregivers
    - Friends
    - Volunteers who provided regular care and support to the resident prior to the pandemic
- Residents may want to designate more than one EC, based on their past involvement and needs (e.g., more than one family member previously split time to provide care for the resident). In these unique situations, facility staff should work cooperatively with the resident and family to create a schedule to accommodate the ECs.
- Facilities should work with the resident and EC to identify scheduled times for the EC to be in the facility.
- Facilities should consider the number of designated ECs and other visitors in the building at the same time when scheduling EC visits.
- Resident health care or psychological conditions can change so facilities should work cooperatively with the EC to provide care and emotional support in the same manner as prior to the pandemic, or in whatever manner necessary to fulfill the resident’s needs. The facility should designate a central point of entry where the EC signs in and is screened for symptoms of COVID-19 prior to entering the building, in the same manner as facility staff.
- The facility should follow CDC guidance for staff, residents, and visitors.
The EC must wear all necessary personal protective equipment (PPE) while in the building and must wash or sanitize their hands regularly.

The facility should ensure hand sanitizing stations and alcohol-based hand rubs are accessible. For additional guidance, visit COVID-19 Personal Protective Equipment (PPE) Grid for Congregate Care Settings (www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf).

The facility must educate the EC on how to put on and take off necessary PPE. This can be accomplished by hanging posters throughout the facility that demonstrate key instructions to reinforce safe practices.

The EC must inform the LTC facility if they develop a fever or symptoms consistent with COVID-19 within 14 days of a visit to the resident.

The facility must allow evening and weekend visits that accommodate the EC, who may be limited by work or child care barriers.

Facilities should direct the EC to provide care in the resident’s room, or in facility-designated areas to limit movement in the facility.

The EC may take the resident outside for a walk during their time with the resident. Pushing the resident in a wheelchair is acceptable as long as the EC is wearing appropriate personal protective equipment and the resident is wearing a facemask, as tolerated.

The EC must stay at least 6 feet apart from staff and other residents while in the building.

While an EC is considered compassionate care, MDH recommends that the EC not provide high-contact care activities during a resident’s quarantine or isolation period.

Facilities should not restrict visitation without a reasonable clinical or safety cause. Prior to any restriction, the facility, EC, and resident should discuss any concerns.

More information

If you have questions or concerns, please email health.fpc-web@state.mn.us.

The Alzheimer’s Association has developed guidelines to help LTC facilities keep residents connected with family and friends, and other important tips on providing quality centered dementia care. Visit Coronavirus (COVID-19): Tips for Dementia Caregivers in Long-Term or Community-Based Settings (www.alz.org/professionals/professional-providers/coronavirus-covid-19-tips-for-dementia-caregivers).

Facilities should ensure residents, and their loved ones, have access to the Office of Ombudsman for Long-Term Care. Anyone can call 651-431-2555 or 1-800-657-3591 to request advocacy services.