

Essential Caregiver Guidance for Long-term Care Facilities

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 mitigate and 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. This is especially true for residents with cognitive impairments, visual and/or hearing difficulties, and mobility limitations as they struggle to maintain connections with loved ones.

Recognizing the critical role family members and other close, outside caregivers have in the care and support of residents, and recognizing how they advocate for the resident, it is strongly recommended LTC facilities develop a process to designate essential caregivers (EC) where appropriate. An EC could be an individual who was previously actively engaged with the resident or is committed to providing companionship and/or assistance with activities of daily living. LTC facilities are not required to implement an EC program, but this guidance provides recommendations for those facilities that choose to do so. The goal of such a designation is to help ensure these high-risk residents continue to receive individualized, person-centered care.

Why 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/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/maintain a sense of continuity, identity, and **autonomy** for residents.

Guidance for facilities electing to designate ECs

- Facilities must establish policies and procedures for how to designate and utilize an EC.
- 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. Consider persons such as a family member, outside caregiver, friend, or volunteer who provided regular care and support to the resident prior to the pandemic.
- Residents may express a desire 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 work out a schedule to accommodate the ECs.
- Work with the resident and EC to identify a schedule of up to three hours per day, or until caregiving tasks are completed, for the EC to be in the facility.
- Ensure scheduling of EC visits considers numbers of EC in the building at the same time. The facility may establish time limits as needed to keep residents safe.
- Utilize the EC to provide care and emotional support in the same manner as prior to the pandemic, or in whatever manner necessary, as resident health care or psychological conditions may have changed.
- Designate a central point of entry where the EC signs in and is actively screened for symptoms of COVID-19 prior to entering the building, in the same manner as facility staff.
- The EC must wear all necessary personal protective equipment (PPE) while in the building (minimally eye protection and face mask), and must perform frequent hand hygiene. The facility should ensure hand sanitizing stations and alcohol-based hand rubs are accessible. For additional guidance, see [Contingency Standards of Care for COVID-19: Personal Protective Equipment for Congregate Care Settings \(https://www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf\)](https://www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf).
- The facility must educate the EC on how to don/doff necessary PPE appropriately. This can be accomplished utilizing posters demonstrating key instructions to reinforce safe practices.
- The EC must inform the LTC provider 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.
- Direct the EC to provide care in the resident's room, or in facility-designated areas within the building. The EC must limit movement in the facility. The EC may take the resident outside for a walk during their time with the resident; pushing a wheelchair while the EC is wearing appropriate PPE, and the resident is wearing a face covering, as tolerated, is an acceptable activity.
- The EC must maintain social distancing of at least 6 feet with staff and other residents while in the building.

- The EC should not take the resident out into the community except for essential medical appointments.
- The EC must not be allowed to visit a resident during a resident's 14-day quarantine, and must not visit when a resident is positive for COVID-19 or symptomatic, unless the visit is for compassionate care.
- The LTC facility may restrict or revoke EC status if the EC fails to follow social distancing, use of PPE, or other COVID-19 related rules of the facility. Prior to restriction/revocation, the facility, EC, and resident should discuss in attempt to mediate the concerns.

Facilities electing to implement an EC program have until July 25, 2020, to draft policies and prepare for implementation of the program. Facilities do not need to wait until July 25, 2020, to implement their program if the necessary policies and arrangements are in place before that date. If you have questions or concerns about this timeline, email health.fpc-web@state.mn.us.

The Alzheimer's Association has developed guidelines to help providers keep residents connected with family and friends, and other important tips on providing quality centered dementia care. See [Coronavirus \(COVID-19\): Tips for Dementia Caregivers in Long-Term or Community-Based Settings \(https://www.alz.org/professionals/professional-providers/coronavirus-covid-19-tips-for-dementia-caregivers\)](https://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 at 651-431-2555 or 1-800-657-3591 to request advocacy services.



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Contact health.communications@state.mn.us to request an alternate format.

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