

# North Shore Living Town Hall Meeting

## ➤ Welcome

## ➤ Essential Caregiver Program

- Guidance from Minnesota Department of Health
  - North Shore Living must develop policies
  - Utilize the Essential Caregiver to provide care and emotional support in the same manner as prior to the pandemic
  - The resident must be consulted about their wishes to determine whom to designate as the Essential Caregiver
  - Work with the resident and Essential Caregiver 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.
  
- North Shore Health Draft Policies
  - Definition?
    - An Essential Caregiver is an individual who provided regular care and psychosocial support to a resident while physically present in North Shore Living
  - How many?
    - Each resident may have up to two Essential Caregivers
  - Where?
    - Resident room or Beauty Shop
  - How Long?
    - Up to 2 hours
  - Expectations?
    - Review
  
- Thoughts, Ideas, Questions

## ➤ Other Visit Opportunities

- Virtual Visits and Outdoor Visits Remain

## ➤ Other Questions

# 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.

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## 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](mailto: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.



Minnesota Department of Health | [health.mn.gov](http://health.mn.gov) | 651-201-5000  
625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975

Contact [health.communications@state.mn.us](mailto:health.communications@state.mn.us) to request an alternate format.

07/10/2020



**PURPOSE:**

To facilitate the use of an Essential Caregiver in North Shore Living during the COVID-19 pandemic, the Essential Caregiver will participate in the in-person care of a resident for those residents who require psychosocial support as a result of social isolation related to COVID-19.

**POLICY STATEMENTS:**

1. North Shore Health will establish an Essential Caregiver Program.
2. An Essential Caregiver is an individual who provided regular care and psychosocial support to a resident while physically present in North Shore Living.
3. Each Resident is allowed to designate up to two Essential Caregivers. Documentation regarding the involvement of Essential Caregivers will be maintained in each Resident's chart.
4. Essential Caregivers must complete a Contact Information sheet, sign the Essential Caregiver Expectations sheet, complete Personal Protective Equipment (PPE) training and agree to participate in Point Prevalence Survey Testing. Documentation completed and provided by the Essential Caregiver will be maintained in Administration.
5. Essential Caregiver visits will be between the hours of 10:00 a.m. and 8:30 p.m. one per day per resident.
6. Visits by the Essential Caregiver will occur only in the resident's room or in the beauty shop.
7. Pets (one dog or cat) are allowed. The pet must be kept under control the control of the Essential Caregiver at all times.
8. Essential Caregiver visits may be suspended at any time as determined by North Shore Living's Administrator and/or Directors of Nursing.

**PROCEDURE:**

1. Essential Caregiver Determination:
  - a. An individual (family member, outside caregiver, friend, or volunteer) will express interest in being designated as an Essential Caregiver.
  - b. The resident and/or family members will be consulted and discuss their choice for who will be the Essential Caregiver and what services or activity the Essential Caregiver will provide.
  - c. The prospective Essential Caregiver will complete the required information and submit to the Social Worker or the Directors of Nursing.
  - d. The Interdisciplinary Team will review the information and make the determination of an Essential Caregiver.
2. Essential Caregiver Expectations:
  - a. Complete training for the use of PPE and demonstrate competency.

- b. Wear PPE (surgical mask and eye protection) at every visit. PPE must be worn at all times while in North Shore Living.
    - i. North Shore Health will provide PPE (surgical masks and face shields) to each Essential Caregiver. Paper bags will be given to store surgical masks. Surgical masks can be worn five times or unless visibly soiled.
  - c. No food or drink is to be consumed while in North Shoe Living.
  - d. Perform frequent hand hygiene with alcohol-based hand rub.
  - e. Screen for signs of COVID-19 prior to entering the building.
  - f. Limits visits to once per day to maximum of two hours.
  - g. Complete the visit only in the resident's room or the Beauty Salon by prior arrangements with the Activity Department.
  - h. Maintain 6-foot distance from other residents and staff.
  - i. Participate in Point Prevalence Survey Testing.
  - j. Inform North Shore Living if they develop a fever or symptoms consistent with COVID-19 within 14 days of a visit to the resident.
  - k. Not take the resident into the community.
3. Essential Caregiver Visits:
- a. Upon arrival to North Shore Health put on PPE.
  - b. Complete the screening form for COVID-19 at the entry.
  - c. Obtain badge that allows access to the Care Center from the Front Entrance Screener who will verify the Essential Caregiver is named on the approved list.
  - d. Proceed immediately to the resident's room. If prior arrangements have been made with the Activities Department, the Essential Caregiver may use the beauty shop.
  - e. Stay no longer than two hours. Visits may be shorter than two hours but a maximum of two hours.
4. Essential Caregiver Visit Suspension:
- a. Essential Caregiver fails to follow expectations for visits.
  - b. Care Center Resident fails to follow expectations for visits.
  - c. Essential Caregiver becomes ill.
  - d. Resident develops COVID-19.
  - e. Two or more residents/employees test positive for COVID-19.
5. North Shore Living will communicate with Essential Caregivers regularly about any changes to policies, procedures, or COVID-19 status in your building.

**REFERENCES:**

Essential Caregiver guidance (Minnesota Department of Health, July 10, 2020)



## Essential Caregiver Commitment

### As an Essential Caregiver, I commit to the following:

- Assist in preserving and promoting quality of life for North Shore Living residents to meet the psychosocial wellbeing of my loved one.
- Screen for signs of COVID-19 prior to entering the building.
- Complete training for the use of PPE and demonstrate competency.
- Wear PPE (surgical mask and eye protection) at every visit and at all times while in North Shore Living.
- Not to consume food or drink while in North Shore Living.
- Perform frequent hand hygiene.
- Limit visits to once per day to a maximum of two hours.
- Complete the visit only in the resident's room or the Beauty Salon by prior arrangements with the Activity Department.
- Maintain 6-foot distance from other residents and staff.
- Participate in Point Prevalence Survey Testing.
- Inform North Shore Living if I develop a fever or symptoms identified by CDC consistent with COVID-19 within 14 days of a visit to the resident.

**I understand that failure to adhere to these expectations will result in the suspension of the visits as an Essential Caregiver.**

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**Signature**

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**Date**



# Essential Caregiver Information Sheet

Date: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Room Number: \_\_\_\_\_

Essential Caregiver: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Contact Information:**

Mailing Address:

\_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ (Cell/Home)

\_\_\_\_\_ (Cell/Home)

E-Mail Address:

\_\_\_\_\_

Name of Household Members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

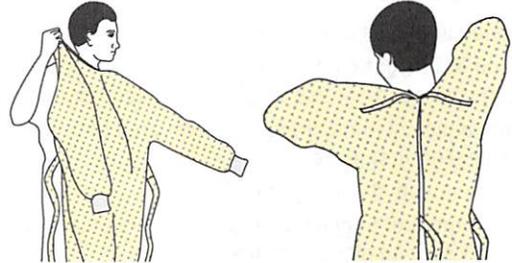
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## SEQUENCE FOR **PUTTING ON** PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



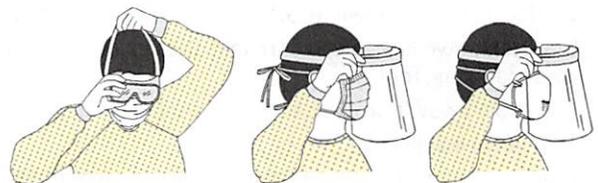
### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



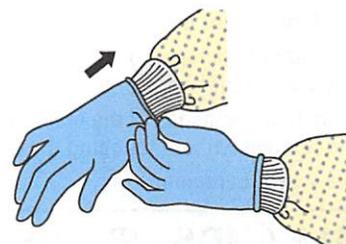
### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

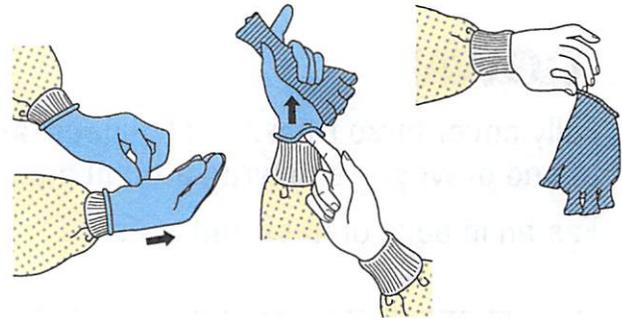


# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

## 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



## 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



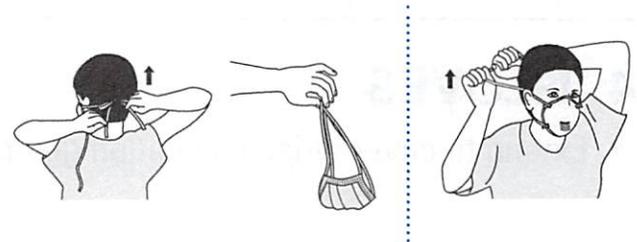
## 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

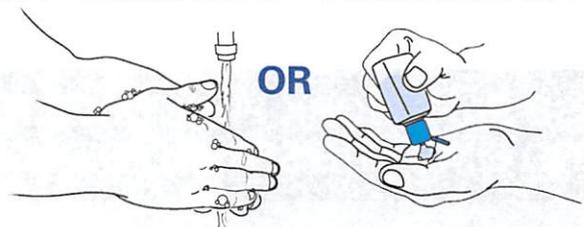


## 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



## 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



MASK OUT COVID:

# How to Wear Your Facemask the Safe, Smart Way

When worn properly, a facemask is an important way to prevent the spread of COVID-19.

## THE RIGHT WAY



Make sure your facemask completely covers your nose and mouth and is secured snugly under your chin.

Wash your hands before you put on, and after you take off, your mask.



Touch only the ties or ear loops when putting on or taking off your facemask.

If your mask has a metal wire running along the top edge, mold it over the bridge of your nose to help contain droplets.



Launder your cloth facemask between uses, especially when visibly soiled.

Store masks in a clean environment.



## THE WRONG WAY

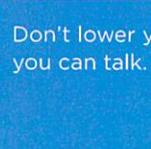


Don't touch the outside of your mask while you are wearing it.

Don't reuse disposable masks. Throw away after single use.



Don't wear a mask that's too loose or slides down your face.



Don't lower your mask so you can talk.



Don't rest your mask around your neck or under your chin.



Don't hang your mask off your ear.



For more information, review the CDC's recommendations [HERE](#)



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# Infection Control Hand Hygiene Competency

Hand Hygiene competency

Soap and water

Alcohol Based Hand Sanitizer

Essential Caregiver Name: \_\_\_\_\_ Date: \_\_\_\_\_

Return Demonstration	<input type="checkbox"/> Initial
	<input type="checkbox"/> Annual
	<input type="checkbox"/> Other

Hand Hygiene with Soap and water	Competent	
	yes	No
Checks that sink area is supplied with soap and paper towels		
Turn on faucet and regulates water temperature		
Wets hands and applies enough soap to cover all surfaces		
Vigorously rubs hands for 15 seconds including, palms, backs of hands, fingers, thumbs and wrists		
Dries hands and wrists thoroughly with paper towel		
Discards paper towel in wastebasket		
Uses paper towel to turn off faucet to prevent contamination to clean hands		
Hand Hygiene with ABHS		
Applies enough product to adequately cover all surfaces of hands		
Rubs hands including palms, back of hands, fingers, thumbs, and wrists until all surfaces dry		
General Observations		
Direct Care provider-no artificial nails (counsel if does)		
Nails are clean, well-groomed and kept short		
Skin is intact without open wounds or rashes		
Comments of follow up:		

Essential Caregiver signature: \_\_\_\_\_

Validator Signature: \_\_\_\_\_



**Personal Protective Equipment (PPE) Competency  
Validation COVID 19**

**Donning and Doffing  
Standard Precautions and Transmission Based Precautions**

Return demonstration	<input type="checkbox"/> Initial
	<input type="checkbox"/> Annual
	<input type="checkbox"/> Other

Essential Caregiver Name: \_\_\_\_\_

Donning PPE	Competent	
	YES	NO
1. Perform Hand Hygiene		
2. <b>Don Gown:</b> Fully covering torso from neck to knees arms to end of wrists		
3. Tie/fasten in back of neck and waist		
4. <b>Don Mask:</b> Secure ties/elastic bands at middle of head & neck		
5. Fit flexible band to nose bridge		
6. <b>Don Goggles or Face Shield:</b>		
7. <b>Don Gloves:</b> Extend to cover wrist of gown		
<b>DoFFing PPE</b>		
8. <b>Remove Gloves:</b>		
9. Hold removed glove in gloved hand		
10. Slide fingers of ungloved hand under remaining glove at wrist		
11. Peel glove off over first glove		
13. Discard gloves in waste container		
14. Perform Hand Hygiene		
15. <b>Remove Gown:</b> Unfasten ties/fastener		
16. Pull away from neck and shoulders, touching inside of gown only		
17. Turn gown inside out		
18. Fold or roll into bundle and discard/place in laundry if washable		
19. Perform Hand hygiene		
20. Exit Care Center		

21. Perform Hand Hygiene at station outside Care Center door		
22. Check out of North Shore Health at the screening station. Exit building		
23. Remove Goggles or Face shield: Place in brown paper bag until next visit		
24. Perform hand hygiene with Alcohol Based Hand Sanitizer		
25. Remove Mask: Place in brown paper bag		
26. Perform Hand Hygiene with Alcohol Based Hand Sanitizer		

**Comments or follow up actions:**  
 How to wear your facemask and care for it-APIC -infographic  
 CDC proper sequence for Don/Doff PPE-infographic

Essential Caregiver Signature: \_\_\_\_\_

Validator Signature: \_\_\_\_\_