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Letters to the Editor

## Essential Family Caregivers in Long-Term Care During the COVID-19 Pandemic



Four decades ago, my parents were not permitted to hold their dying infant because they were “visitors” to the intensive care unit. I learned from them that our health care policies sometimes carry huge human costs. As a geriatrician and medical director of a long-term care (LTC) facility, I have learned that family members are not merely visitors; family members are critical partners in our care. The practice of social distancing and physical separation is important to keep our residents in LTC facilities safe in the COVID-19 pandemic, but the time has come to revise our policies allowing family presence at the bedside of loved ones.

Centers for Disease Control and Prevention guidelines from March 13, 2020, state that visitors should be excluded from LTC facilities except in cases of compassionate care, such as end-of-life situations.<sup>1</sup> Many facilities have adapted current protocols allowing family visitation only when imminent death is expected within 1 to 3 days. Family is not synonymous with visitor. My 10-year-old daughter and her dance troupe are visitors, and social isolation should limit their performance in our building. The daughter who feeds her bedbound mother lunch or the husband who combs and braids his wife’s hair every morning, despite her anoxic injury that prevents her spoken word, are not visitors in our buildings. Technology can help decrease resident loneliness, but cognitive limitations and mobility impairment have increased the isolation of some of our bedbound residents, especially those with severe cognitive impairment. Maintaining connections between residents and their loved ones has safety, socio-emotional, and ethical components.<sup>2</sup>

Our facility has recognized the critical role that family members play as partners in the care of our residents. We continue to limit the number of persons coming into the building through restricted visitors and volunteers, but we are now designating Essential Family Caregivers (EFCs). These EFCs are not there for social visits, but instead provide services that otherwise would require a private duty caregiver, such as one-on-one direction or especially time-intensive hand feedings. EFCs are brought into the building under the same specific protocols used with staff (see [Table 1](#)).

Compassion, as well as optimal geriatrics care, requires that family members be allowed at the bedside of their loved ones not only in the final hours of life. In the months stretching out ahead of us in the prevention of COVID-19, we must keep our residents

**Table 1**

The EFC in LTC: Balancing COVID Risk Reduction With Resident-Centered Care

- Single family member designee
- Provide care that would otherwise require private duty caregiver
- Joint decision of director of nursing and medical director
- Daily visits <2 hours
- Masks at all times in building
- Temperature and screening questionnaire on arrival
- Training in hand hygiene handled by nursing leadership

safe from the risk of circulating virus. We also must promote person-centered geriatric care allowing family presence as essential caregivers.

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### References

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## Use of Gerontechnology to Assist Older Adults to Cope with the COVID-19 Pandemic



Although people of all ages are at risk of contracting COVID-19, figures clearly showed that people older than 60 are more susceptible to the disease and presented the highest mortality.<sup>1</sup> Aggressive containment measures, such as national lockdown, social distancing, and quarantine, have been placed by many countries to mitigate the spread of the contagious disease. Strict public health measures can protect older people against infection but may inadvertently induce negative consequences,

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