

The Joint Commission supports family presence in health care during adverse conditions

Prompted by the COVID-19 outbreak, health care organizations across the globe have instituted health and safety restrictions to slow the spread of the infection and its threat to those who are most susceptible to the virus.

Health care and other essential staff continue to work around the clock — many risking their own health in adverse conditions — to care for people affected by the coronavirus. However, many of the stringent safety measures established to mitigate the risks of contagion have unintentionally caused patients, staff, and care partners to suffer isolation, hardship, and emotional vulnerability when compassionate care is most needed.

The Joint Commission was one of many organizations that contributed to the development and endorsed the [Person-Centered Guidelines for Preserving Family Presence in Challenging Times](#), issued on May 28, 2020, and updated Aug. 13, 2020. These guidelines to preserve family presence across the continuum of health care during challenging times — such as the current pandemic — were recommended by the Planetree International Coalition.

On June 18, 2020, The Joint Commission met virtually with its Patient and Family Advisory Council (PFAC) to share these critical recommendations with stakeholders, express its full support of the initiative and identify opportunities to collaborate with the coalition.

Without downplaying the crucial need for safety and risk mitigation, the Planetree International Coalition — composed of patients, residents, families, health care leadership, and clinicians, among others — developed guidelines to preserve family presence in health care settings. The purpose of the guidelines is to ensure that those most affected by the virus will receive the highest possible compassionate care and affirmation through sustainable contact with their care partners.

Here are the eight guidelines developed by the coalition for health care organizations:

1. Assess need for restrictions to family presence. Reassess and adjust policies as conditions change.
2. Minimize risk of physical presence. Follow infection control guidelines issued by the World Health Organization (WHO), the U.S. Centers for Disease Control and Prevention (CDC), and local and regional health authorities.
3. Communicate with compassion any facility restrictions in advance of family visits.
4. Establish and communicate compassionate exceptions to family presence restrictions, such as end-of-life situations.
5. Minimize isolation when family cannot be physically present, using virtual or other means.
6. Share decision-making with family. Inform and educate them on the risks and benefits of in-person visits with their loved one.
7. Enlist family as members of the care team who abide by established safety protocols.
8. Enhance discharge education and post discharge follow-up so families may support successful transitions of care.