Guidance Document: Isolation of Residents in Long-term Care Who are Living with Dementia

Background:

Many residents of LTC are unable to adhere to isolation requirements when symptomatic or COVID19 positive. The factors that will contribute to solutions include:

- The actual and current behaviours of the individual resident.
- The physical environment.
- The human resources available at the times of day needed.

Key stakeholders:

1. Care providers and support staff working within the home.
2. Community of all residents living in the home.
3. Individual resident and their family/ substitute decision maker.
4. Physician.
5. Organization leadership.

Competing Values (not ranked)

Public Health During a Pandemic	Dementia Care	Infection Prevention and Control

• Respect
• Protection from harm
• Fairness
• Least coercive and restrictive
• Working together
• Reciprocity
• Proportionality
• Flexibility
• Procedural justice
  o Openness and transparency
  o Inclusiveness
  o Accountability
  o Reasonableness
	• Person centred:
	  o Individualized care guidelines
	  o Respect (includes autonomy)
	  o Least coercive and restrictive
	  o Flexibility
	• Adapt the environment to maximize the persons independence
	• Consistent staff who know the resident best and have an emotional connection
		• Isolate to a private room
		• Limit contact to people wearing contact/droplet PPE
		• Declutter environment

Scenarios

1. **Prevention**:
   Start planning for those who might pose a risk -
   - Be very creative; this is the time to try things and test.
   - Identify now who would be challenged to stay in their own space.
   - Identify staff who have "superpowers" to engage, distract, redirect.
   - Talk to families and staff who know resident best for ideas of what engages and what backfires.
   - Identify areas that can be used to "cohort" residents who will not stay in their room.
   - Declutter the environment.

2. **Outbreak phase (stressed resources)**
   - Ask for help from the Rapid Response Team and Education Support Team

Practice Principles

1. Learn as much as you can about the resident's behaviour:
   - Is the behaviours actually putting other's at intolerable risk (e.g. are they touching objects or just walking around)?
   - Ask people who know the resident best about patterns:
     - When is the behaviour happening and for how long?
     - Does anything trigger the behaviours?
     - What engages the resident best (e.g. being around other people, specific objects and specific activities)?
2. Engage residents based on individual needs:
   - Focus on mitigating behaviours that are actually risky (e.g. wandering, entering resident rooms).
   - Try the obvious, have residents wear a mask and clean their hands often.
   - Promote activities that support infection control (e.g. have them wash dishes, set out a dishpan with soap and water and some plates for them to wash and dry).
2. Change the environment:
   - Make the isolation space more interesting for the resident.
   - Declutter environment outside of the isolation space to decrease the risk of contamination.
   - Disguise/hide PPE so it is not contaminated.

- Use distractions on the floor to divert a resident from moving in a specific direction (e.g. a black square may look like a hole to someone with perceptional problems).
- Create a space for those who are at-risk for spreading infections (e.g. make one neighbourhood dining room a "recreation room"; keep other people out and do enhance cleaning of this area).
- Close doors of other residents in affected areas.

3. Use your people:
    - Assign staff who are good at engaging people with dementia to these high-risk residents.
    - Redeploy to have staff at high needs time of day (e.g. have rec staff available in neighbourhoods late in the afternoon when sundowning may occur).
    - Prioritize engagement of this group above getting people dressed in the morning.

4. Do a good clinical assessment:
    - Sudden changes in behaviour can indicate illness – document this as part of a line list.
    - For new behaviours ask:
        i. What has changed?
        ii. Is the behaviour risky?
        iii. What is your plan?
5. "Communicate, communicate, communicate" with family or other substitute decision makers.

6. Physical restraint is the absolute last resort for someone physically able to move about.

    - Usual process for seeking a medical order to restrain and monitoring by staff is required.
    - Go with least restrictive first.
    - Ask for help and ideas from the Rapid Response Team or the Licensing officer.

Reference

COVID-19 Ethical Decision-making Framework:

[1] https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/ethics_framework_for_covid_march_28_2020.pdf