

Response Coordination Group (RCG)

for COVID-19 Infection Prevention & Control in

Long-term Care & Assisted Living Facilities

Rapid Response Team (RRT)

Rapid Education & Support Team (REST)

Interdisciplinary Long-term Care Team (I-LTC)

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
<ul style="list-style-type: none">• Respect• Protection from harm• Fairness• Least coercive and restrictive• Working together• Reciprocity• Proportionality• Flexibility• Procedural justice<ul style="list-style-type: none">○ Openness and transparency○ Inclusiveness○ Accountability○ Reasonableness	<ul style="list-style-type: none">• Person centred:<ul style="list-style-type: none">○ Individualized care guidelines○ Respect (includes autonomy)○ Least coercive and restrictive○ Flexibility• Adapt the environment to maximize the persons independence• Consistent staff who know the resident best and have an emotional connection	<ul style="list-style-type: none">• Isolate to a private room• Limit contact to people wearing contact/droplet PPE• Declutter environment

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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.

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- 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 perceptual 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