Version	Date	Comments / Changes
1.0	November 2020	Initial Clinical Protocol Released

1. PURPOSE

This protocol provides guidance for care teams supporting people living with neurocognitive impairment (e.g. dementia) in long-term care (LTC) who are at risk of becoming infected with and spreading Coronovirus-19 (COVID-19) to others. A balanced approach is required, that is inclusive of respecting the human rights of the person living with a cognitive impairment while balancing that with protecting other residents and care providers in the home.

2. BACKGROUND

A large proportion of adults living in LTC homes have a neurocognitive disorder (e.g. dementia)[6]. Close to 90% of people with dementia are affected by Behavioural & Psychological Symptoms of Dementia (BPSD) such as agitation, anxiety, disinhibition and delusions[7]. Due to the neurocognitive impairment, the individual may forget the COVID-19 prevention and protection measures and/or may not be able to follow direction with regards to same. Ethical and clinical decision-making is required to ensure the safety of residents and others working in or visiting LTC during a pandemic. Non-pharmacological approaches continue to be the mainstay for treating people with dementia who are restless or wander, even during COVID-19 pandemic[11 17 18].

Approximately 8 in 10 COVID-19-related deaths in Canada have occurred in LTC[5]. The fatalities at that time in LTC were associated with the high prevalence of frailty and chronic diseases of residents that contracted COVID-19[6]. As a result, residents with cognitive impairment who need support with hand hygiene, isolation and physical distancing should be identified early and have an individualized care plan developed and evaluated in an on-going basis.

The British Columbia Centre for Disease Control (BCCDC) released a document COVID-19 Ethics Analysis: Intervening When Patients or Residents Pose a Risk of COVID-19 Transmission to Others that is a key source of information guiding this work. The evidence is slowly emerging around the best infection prevention and controls measures to prevent COVID-19 exposure and transmission, in addition to updated dementia care practices during the pandemic are being shared.

3. DEFINITIONS

Behavioural & Psychological Disorders of Dementia (BPSD) - Refers to symptoms of disturbed perception, thought content, mood or behaviour that frequently occur in patients with dementia[4].

Behavioural Support Transition Neighbourhood (BSTN) – Separate neighbourhoods within Fraser Health care homes specifically for residents living with a dementia who have responsive behaviours (e.g. hitting, cursing or kicking) that are a safety concern for the resident or others[13].

Coronavirus-19 (COVID-19) - Coronaviruses are a large family of viruses found mostly in animals. In humans, they can cause diseases ranging from the common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). The disease caused by the new coronavirus has been named COVID-19[25].

Major Neurocognitive Disorder – Person shows "evidence of significant cognitive decline from a previous level of performance in one or more cognitive domains (complex attention, executive function, learning and memory, language, perceptual-motor, or social cognitions)"[1].

P.I.E.C.E.S. ™: A comprehensive, interdisciplinary approach that provides a framework that improves the detection, assessment and understanding of complex physical and cognitive/mental health needs and associated behavioural changes of older adults[23].

Pro-Attention Plan: A Pro-Attention Plan is an objective way to provide the person with needed attention at a more convenient time for the care providers and other team members. The premise of this plan is to give attention before the individual seeks out attention in ways that can be disturbing to others[23].

4. RELATED RESOURCES

Identification and Response to Behaviours of Adults in Residential Care – Clinical Practice Guideline

Management strategies for wandering and restlessness in COVID-19 positive patients with dementia

Long-Term Care, Assisted Living COVID-19 Resource Toolkit - Supporting Clients Living with Dementia

Coronavirus COVID-19 Ethics Analysis: Intervening when Patients or Residents Pose a Risk of COVID-19 Transmission to Others

5. APPLICATION PARAMETERS

This protocol provides guidance to LTC health care providers to assess residents at high risk with neurocognitive impairment who have difficulty following infection prevention control measures and intervene to meet resident needs and mitigate risk of infection spread.

This protocol can also be used by health care providers involved in facilitating placement of a person living with neurocognitive impairment who may not be able to follow direction with regards to self-isolation and other infection prevention control measures to move into LTC.

6. ASSESSMENT

Individual resident assessments by care providers is a critical step in order to identify those who are high risk for being unable to follow infection control measures to establish mitigating strategies. Identify the residents at risk in the care home to establish a proactive approach.

A transitional assessment could be completed prior to move in and inform a new resident's care plan. Refer to Transitional Care Plan During COVID-19 - Move In - Form (Appendix A).

A risk assessment brings clarity to the facts. Be clear on actual risk versus perceived risk. For example, residents at higher risk are those who:

- have a cognitive impairment
- are unable to self-isolate in their bedroom for short periods of time
- repeatedly try to enter other resident's rooms
- is physically/medically unwell
- have a behavioural disturbance (often referred to as BPSD)

A balanced approach includes respecting the human rights of the person living with a cognitive impairment while balancing that with protecting other residents and care providers in the home. Assessing risk requires careful consideration of the following:

- What is the danger we are trying to prevent?
- How likely is this to occur?
- If it does occur, what are the possible outcomes?

Conduct a comprehensive P.I.E.C.E.S.™ assessment to help detect contributing factors for wandering, restlessness, and responsive behaviours (e.g. hitting or kicking staff/others and/or shouting etc.) to create a care plan (see Residential Care - P.I.E.C.E.S.™ Assessment Worksheet).

7. INTERVENTIONS

- Refer to Management strategies for wandering and restlessness in COVID-19 positive patients with dementia developed as a Fraser Health resource
- Refer to the section Supporting Clients Living with Dementia in Fraser Health's resource Long-Term Care, Assisted Living COVID-19 Resource Toolkit
- Refer to the BCCDC's Coronavirus COVID-19 Ethics Analysis: Intervening When Patients or Residents Pose a Risk of COVID-19 Transmission to Others to ensure a balance between respecting individual resident rights and protecting other residents and/or care providers
- Consult with the resident's Most Responsible Practitioner (MRP) for guidance around resident's goals of care and to align interventions accordingly
- Use the Dementia Observation System (DOS) – Residential Care behavioural tracking sheet to analyze unmet needs and find ways to meet them
- Team to review and update the resident's RAI Care Plan
- Create an individualized RAI care plan for each resident with a neurocognitive disorder and has difficulty with self-isolating or following physical distancing requirements, respiratory etiquette and hand hygiene to decrease the risk of transmission/spread
- Important considerations to include in care planning for resident living with dementia who have difficulty staying in their room and following social distancing etc.

What kind of needs/reasons bring this person out of their room?	What helps the person return to their room?
What activities can this person engage in while in their room?	What do they need for these activities?
What kinds of reminders does this person need to stay in their room?	How will these reminders be used?
Who does this person enjoy spending time with?	How will this connection be supported?

Adapted from Dementia Isolation Toolkit Working Group, April 23, 2020

- Complete a Pro-Attention Plan (Appendix B) for residents with dementia who are high risk to wander and need additional support. An individualized Pro-Attention Plan might be helpful when staff are assigned throughout the day for purposeful interventions
- Ensure care plan options are the least coercive and restrictive
- Include family presence on a case by case basis, permitting a family member (by exception) as an essential visitor for residents with dementia
- Use technology for family visits and for stimulation if appropriate
- Bring social/stimulating activities to the resident's room

- If possible, build in times for a resident to go into the secured courtyard/patio area and or consider designating a hallway for wandering
- Be mindful that care provider's anxiety/emotions might be mirrored by residents through a behavioural response (e.g. if you're anxious & tense it will rub off). Pause and self-evaluate what energy you're bringing into each interaction
- People living with dementia might also react to (e.g. be frightened and have responsive behaviours) familiar care providers that now look unfamiliar due to a face mask, goggles & other Personal Protective Equipment (PPE)
- Staff photo IDs can be enlarged, wipeable, and worn on outside of PPE gowns
- Take extra time to explain who you are, why you are there, and seek understanding/permission before proceeding with personal care/entering the residents' personal space
- Hand hygiene is important for residents during this time and should be attempted on a more regular basis. Ask if they want to wash their hands and provide a rationale. Try a joke or sing a song about hand washing as you guide in hand washing
- Encourage/assist resident with hand washing after going to the toilet, before & after eating, after sneezing, coughing and touching their face. Try applying hand sanitizer by way of a hand massage
- Encourage resident to cough or sneeze into their arm or into a tissue/cloth then discard & wash residents hands
- If resident is coughing, try applying a procedure face mask if tolerated, especially if resident goes into common areas and or is entering other resident's rooms
- Communicate this care plan
- Keep track of how safe this plan is by evaluating response to strategies
- For a COVID-19 positive resident, use the Caring for Resident with COVID-19 Short Term Care Plan - Form (Appendix C)

Environmental Control

- A single room is preferable for residents with neurocognitive impairment. If shared accommodations unavoidable, follow the BCCDC COVID-19 Engineering Control guidelines Long-Term Care, Assisted Living COVID-19 Resource Toolkit
- Enhanced cleaning of high touch surfaces must be strictly adhered to, especially on a Behavioural Support Transition Neighbourhood (BSTN)
- Staff to carry portable alcohol-based hand rub (ABHR) versus leaving hand hygiene container in resident's room or in hallways if residents are at high risk for ingestion of hand sanitizer
- Remove all clutter from resident areas
- Avoid leaving clean or contaminated PPE around for the resident to manipulate
- Build into the daily routine a time when a resident can roam in a designated area with staff intervening to ensure physical distancing, hand hygiene, respiratory etiquette etc.
- Consider closing bedroom doors for any resident who tolerates staying in their room when another resident is roaming/wandering
- Monitor for, and take measures to, limit environmental stimuli that can contribute to anxiety, fear and behaviours (e.g. information about the pandemic via staff conversations and TV/radio broadcasting)
- Reconfigure the resident's bedroom by minimizing clutter, optimizing space with areas of interest, and move the bed to centre of room (during waking hours) to make a wandering loop
- Minimize non-essential staff traffic through the neighbourhood/units

Dedicated staff

- Assign dedicated staff to the neighbourhood/units when possible, including housekeeping, recreation and leisure activity staff

8. EDUCATION

Resident and Family

- Resident education will be provided by care staff as appropriate (e.g. LTC Visitor Poster, Respiratory Etiquette Poster, and Droplet Precautions Poster etc.) Long-Term Care, Assisted Living COVID-19 Resource Toolkit
- Any visitor deemed essential to meet resident needs, will receive training in current IPC measures in place

Staff

- Staff training includes current infection prevention and control education, dementia care strategies during COVID-19, recognition and awareness on prevention and response to trauma, ethical and clinical management resources, supporting residents' mental health and well-being and pro-attention strategies
- An education package will be available for all deployed staff

9. DOCUMENTATION

- Transitional Care Plan will be completed for new residents moving in if applicable (Appendix A)
- Document assessments and interventions in resident's health record and on the RAI Care Plan
- A Pro-Attention Plan will be completed for residents with cognitive impairment deemed at high risk for being unable to follow infection prevention and control measures (Appendix B)
- A COVID-19 Short-Term Care Plan will be completed for symptomatic residents (Appendix C)

10. CLINICAL OUTCOMES

- Residents with neurocognitive impairment will have their needs met through the least coercive and least restrictive measures
- Viral spread of COVID-19 by residents to other residents/staff/visitor will prevented as much as possible

11. REFERENCES

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12. APPENDICES

Appendix A: Transitional Care Plan During COVID-19 – Move In - Form

Appendix B: Pro-Attention Plan – Form

Appendix C: Caring for Residents with COVID-19 - Short-Term Care Plan - Form