

Caring for PALTC Residents with Dementia During the COVID-19 Outbreak

March 17, 2020

As we all work to provide the best care we can to our patients and residents and prevent the spread of COVID-19, we have developed some specific guidance on the care of residents with dementia. Given impairments with memory, language, learned motor skills, and perception, residents with dementia are profoundly impacted by the changes in daily routine, environmental changes, group activity restrictions, lack of familiar visitors, increased use of personal protective equipment, staffing shortages, and the increased emotional tone of the long-term care setting. There are no easy answers, but here are a few suggestions that may help.

Be Aware of Non-Verbal Communication

For residents with dementia who have difficulty remembering and processing verbal and written instructions, we need to consider what our tone of voice, behavior, and body language are communicating to these residents. If we are consistently fearful and frustrated, these non-verbal displays of emotion will be communicated to residents with dementia. It is common for residents with dementia to reflect the emotions that they see in the staff back to us in the form of increased behavioral symptoms, such as repetitive vocalizations, motor restlessness, resistance to care, and even physically aggressive behaviors. Even though we may feel stressed and anxious, let's use our best acting talents to remain calm when interacting with residents and staff.

Keep the "Care" in Our Care Interactions

Since large group activities and congregate dining are restricted in most post-acute and long-term care (PALTC) settings, the only social interaction that some residents with dementia may receive involves care activities, such as assistance with activities of daily living, mobility assistance, and medication administration. Avoid overstimulating conversation, doing activities for residents that they can help with themselves, and rushing through these care activities just to get them completed. If it is necessary to wear personal protective equipment such as a mask or gown when caring for residents with dementia, try a simple explanation that these items are needed right now to keep everyone healthy. While they can't see your smile behind the mask, your caring manner will still shine through with your eyes and gentle touch during care.

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Consider Using Simulated Presence

Residents with dementia often need repeated reassurance when they are worried. A phone call or videoconference a few times a week may not be sufficient for these residents. Simulated presence involves playing an individualized video or audio recording of family members and friends for the resident with dementia to see and listen to when he or she is worried or in need of reassurance. Topics for simulated presence recordings may include:

- Reassurance that the family is safe and well
- Encouragement to participate in a care activity
- Reminders about eating meals in small groups or in the resident's room
- Encouragement to wash hands, etc.

Recording these messages can also give family members the opportunity to assist remotely. They can simply record messages on their phones and send links to staff to try using with their loved ones. While this technique may not work for every resident with dementia, or every time it is used, it is another option to consider.

Say "Yes" to Help Residents Adjust to Changes in Routine

In order to prevent potential exposure to COVID 19, we are all being encouraged to practice social distancing. This generally results in PALTC residents spending the majority of time in their rooms, suspension of group dining, and canceling large group activity programs. For residents with dementia, any changes in routine can be highly disruptive. Isolation in a room may be frightening, and constant verbal redirection from staff can become frustrating for the resident and may provoke behavioral symptoms such as physical or verbal aggression, low mood, or motor restlessness.

Find ways to agree with the resident with dementia who is distressed. Rather than automatically saying "No" to a request, or immediately redirecting the resident, try to find a way to say "Yes" to at least some part of a request. (Marshall, C. *Satisfied Customers Seldom Sue: A Guide to Exceptional Customer Service in Long-Term Care*, Marblehead, MA: HCPro, Inc; 2009.) At a minimum, you can use the word "Yes" to validate the resident's concern. Try saying "Yes, it is frustrating for you not to be able to go where you want;" or, "Yes, things are really different now;" or "Yes, let's go wash your hands and then we can go back to your room."

While so many things may be different, try to keep some things as routine and consistent as feasible. Meals may be in the resident's room, but keeping the timing of meals the same, providing favorite food choices and familiar music may help. Consistent caregiving staff and routine times for activities of daily living also may help to keep some things familiar.

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Communicate with Each Other as You Address Ethical Issues

Sometimes there are no easy answers. While you wait for the results from an influenza test, you may have a resident with dementia in your facility who cannot remember to adhere to a room restriction or removes a mask when he is coughing out in the hallway even though he is afebrile and has no shortness of breath. What should you do to keep the resident, yourself and others safe? Reasoning will not work, and it would be inappropriate to initiate a chemical restraint to sedate the resident and keep him from walking, so the best thing that we can do is to work hard to maintain infection control procedures.

Try to find activities in the resident's room, provide frequent checks on the resident, go for walks together with both of you wearing masks during low traffic times of the evening or night, and practice frequent hand washing with the resident. Keep the lines of communication open with the clinical team, the infection control specialist, behavioral health and administration about what is working and what is not. Let them know of any successful interventions and monitor the resident closely for status changes that may require a transfer out of the facility.

We will all learn a great deal over the next few months about ourselves, our colleagues, our residents, and our organizations as we work together to respond to the needs of our society's most vulnerable people during this crisis. Share the successful strategies you are learning with each other, and keep trying new ways to provide the best, most compassionate care to your residents. For some, you are all they have right now.