

# COVID-19: MANAGING ISOLATION AND NON-COGNITIVE SYMPTOMS OF PEOPLE WITH DEMENTIA IN RESIDENTIAL CARE FACILITIES FOR OLDER PEOPLE

This algorithm should be read in conjunction with official HSE Guidance on [www.hpsc.ie](http://www.hpsc.ie) / [www.hselibrary.ie](http://www.hselibrary.ie)

This guidance is to address issues specifically related to implementing COVID-19 measures for people living with dementia in residential care facilities for older people. It is to support staff in the management of non-cognitive symptoms of dementia, including mobilisation, when the person is confirmed or suspected to have COVID-19 or is deemed a close contact.

Being confined to a specific area of the unit may cause or increase responsive type behaviours such as aggression or 'purposeful walking'. Where a resident is suspected of or confirmed as COVID-19 positive and requires restrictions for self-isolation, but lacks the ability to understand due to their dementia, basic principles of person centred care and risk assessment apply ensuring any restrictions are proportionate and the minimum possible in line with existing HSE Policies and Procedures.

- Create an isolation zone i.e. single room or small bay (2-4 people).
- Provide a safe area for walking if possible e.g. unoccupied corridor or space.
- The resident should be facilitated to go outside alone if appropriate or with a staff member (if this can be accommodated).

## Reduce Known Triggers

**Assess for delirium**  
**P: Pain**  
**I: Infection**  
**N: Nutrition**  
**C: Constipation**  
**H: Hydration**  
**M: Medication**  
**E: Environment**  
**Treat underlying cause.**

**Fear:** Reassure; explain why you are wearing the 'funny clothes'; utilise information about the resident e.g. 'Getting to know me profile'; ensure resident has familiar personal items in their room; assign same staff to the resident/isolation area if possible.

**Disorientation:** Use orientation clock or orientation board. Use verbal reassurance using their name. Use simple language to orientate them.

**Boredom:** Should continue to have access to activities that interest them e.g. audio books, puzzles, radio, rummage box (items that can easily be cleaned/disinfected). If resident is engaged they are less likely to engage in 'purposeful walking'.

**Loneliness:** Try to explain why family can't visit. Utilise telephone, Skype, WhatsApp where appropriate to maintain contact with family. Alternatively, ask family to record messages that can be played on TV/CD.

**Communication:** Telling someone not to worry or calm down usually doesn't help. Instead acknowledge their feelings, for example say "I see that you are upset, how can I help". Look for the trigger. Explain what is happening. Do not use confrontational language. A warm positive approach will help. Use pictures or gestures as appropriate. **If responsive, step back, allow the resident to calm down and attempt activity/care a little later.**

**Strategies**  
**Non pharmacological interventions are first line response.**

**Pharmacological Interventions:** Where non-pharmacological interventions prove ineffective and the resident is in severe distress or their behaviour poses an immediate risk to themselves or others medication may need to be considered. Extreme caution should be taken e.g. **benzodiazepines can reduce respiratory drive which could increase the risk of pneumonia/respiratory failure, although they may be very appropriate for severe respiratory distress, especially in end of life.**  
**A risk assessment should be undertaken and any intervention reviewed on a regular basis.**

**Restraint should only ever be used if there is a risk of harm to the resident or others as outlined in the HSE's policy on physical restraint.**

Where a resident with dementia is not COVID-19 positive and spends a lot of time in 'purposeful walking', an isolation zone may need to be established around any other resident who may be infected in order to prevent cross infection.

Refer to Guidelines: (1) Appropriate Prescribing of Psychotropic Medication for Non Cognitive Symptoms in People with Dementia'. Clinical Guideline No 21 (HSE, 2019) <https://healthservice.hse.ie/filelibrary/onmsd/appropriate-prescribing-of-psychotropic-medication-for-non-cognitive-symptoms-in-people-with-dementia.pdf>  
 (2) Towards a Restraint Free Environment in Nursing Homes (HSE, 2011) <https://www.hse.ie/eng/about/who/qid/socialcareaplframework/policy-on-the-use-of-physical-restraints-in-designated-residential-care-units-for-op.pdf>