COVID-19

GUIDANCE FOR SUPPORTING CLIENTS WHO WANDER AND REQUIRE PHYSICAL ISOLATION

RGP

Baycrest

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KEY RECOMMENDATIONS

- All behaviour has meaning. Look for and address underlying causes for the behaviour.
- Clients who wander should be prioritized for behaviour support due to the attendant risk of spread, whether they are positive or share space with other clients who may be positive for COVID-19.
- If possible, consider providing one-to-one support for clients who wander to ensure safety.
- Consult with your internal and external behaviour support specialist services for additional non-pharmacological and pharmacological supports, e.g. the Behaviour Support Outreach Team (BSOT), Behaviour Support Services (BSS) or LOFT services, Psychogeriatric Resource Consultants (PRCs), Geriatric Mental Health Outreach Team (GMHOT or equivalent), psychiatrists/geriatric psychiatrists.

The following recommendations can be implemented by members of the care team.

ARE THEY HUNGRY OR THIRSTY?

1. Provide favorite snacks and drinks in the client's room. For example, offer ice cream (sugar-free options are available, if client has diabetes), sandwiches, crackers, juice.
2. Offer drinks – water, juice, decaffeinated tea/coffee at regular intervals.
3. Adequate nutrition and hydration will also support clients who have delirium. (1)

DO THEY HAVE PAIN?

1. Older adults may have multiple sources of chronic pain (e.g. osteoarthritis, osteoporosis, neuropathies) and limiting their movement may increase discomfort, causing an increase in "wandering" behaviour.
2. Assess and rule out pain as a cause for their need to move. Use a validated pain assessment tool such as PAINAD. (2)
3. Provide appropriate pain medication and assess to see if this is adequate.
4. Also consider options such as positioning (if bed bound), heat or cold therapy, gentle massage.

DO THEY NEED TO USE THE TOILET?

1. Establish routine toileting to ensure comfort and continence as wandering behaviour may be triggered by toileting needs.
2. Ensure client is moving bowels regularly. Provide bowel medications to ensure regularity.

CAN I MODIFY MY COMMUNICATION?

1. Be aware of tone, body language and what staff say. Use GPA strategies. (3)

CAN I MODIFY MY COMMUNICATION?

2. The words used are also important in successfully redirecting clients with dementia – e.g. a client is more likely to respond positively to "Thank you for coming with me" or "Thank you for sitting down with me", than "Come here" or "Sit down".

ARE THEY BORED OR LONELY?

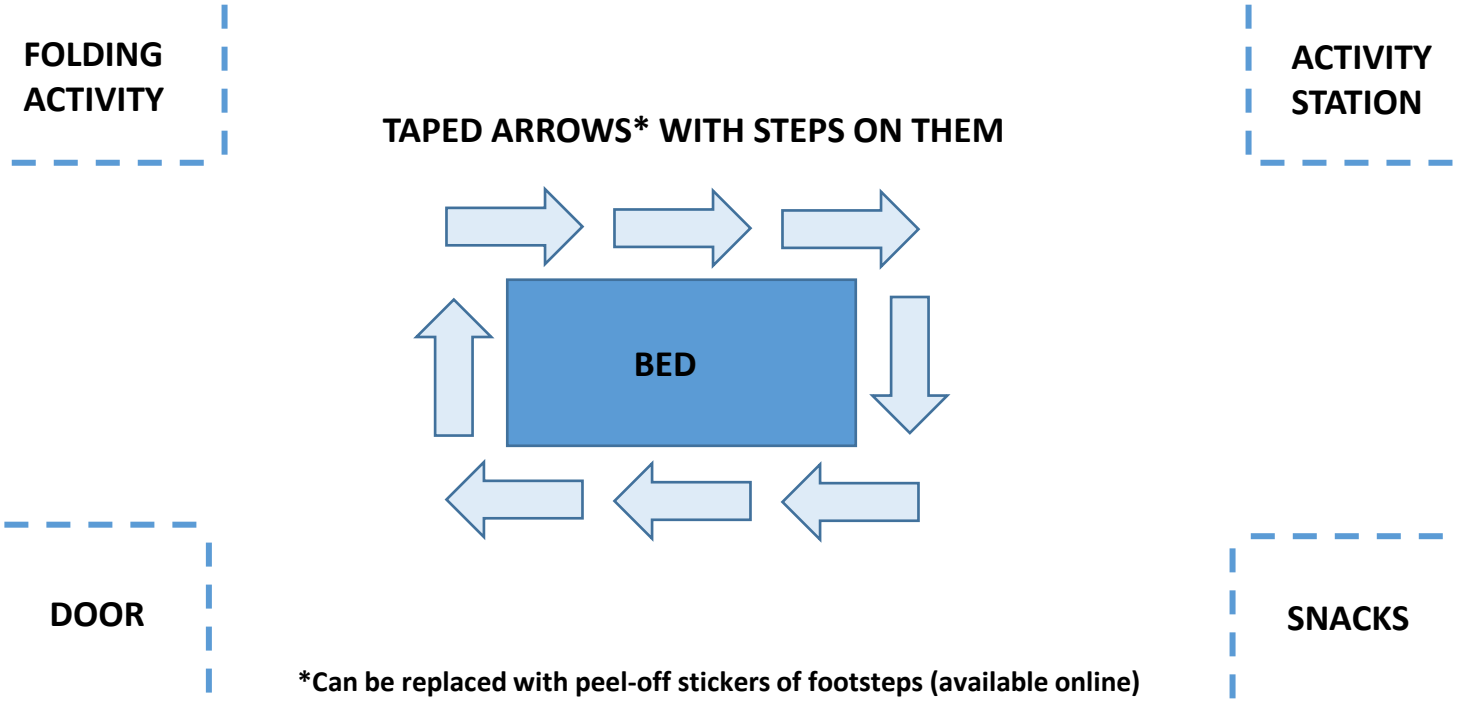
1. Declutter client's room as much as possible to create space to move.
2. Set up activity stations in the room (please see diagram below) to provide opportunities for activity and stimulation. E.g. can have towels to fold in one corner, playing cards in second, snacks in third, plastic tool/mechanic kit, robotic pet, doll, magazines etc. (4)
3. Many dementia-friendly activities are available online on iPads and tablets, e.g. viewing zoos, creating simple fish tanks, jigsaw puzzles, etc. (5, 6)
4. Provide cueing to engage client's interest and coach client to engage in activity. e.g. Gently call client by their name say, "Would you like to help me fold these towels?" Participate in activity with client to provide social engagement.
5. Discovering the client's history, previous job, prior hobbies and interests can help to set their room with engaging distractions that have a personal meaning for the client. E.g. playing music that client enjoys or playing recordings of games for baseball fan on the iPad or tablet.
6. Engage family by setting up meeting times using virtual platforms like Skype or Zoom, so client and family can interact. **This may also help families feel more engaged and decrease their anxiety.**
7. The following strategy should be considered if space and resources allow. If the client has a high need to walk and keeping them in their room would increase the risk of additional responsive behaviours (e.g., screaming or hitting out), consider scheduled walks during quieter times of the day (e.g., between mealtimes, early in the morning or later in the evening). The client should be in full contact and droplet precaution Personal Protective Equipment, as directed by Public Health, prior to leaving their room.

CAN I MODIFY THE ENVIRONMENT?

1. If possible, rearrange furniture towards the middle of the room, creating an open periphery in which the client can move safely, with activity stations set up to engage and occupy the client (see image below). (3)
2. In addition, the following strategies can be tried:
    - Place a 'STOP' sign in front of the door of the client's room.
    - Apply a yellow strip across the entrance of the rooms of residents with COVID-19.
    - Place a black mat at the doorway.
    - If possible, install a baby monitor in the client's room. This will enable staff to monitor and communicate with client without having to enter the room frequently.

EXAMPLE ROOM (PG 3)

EXAMPLE ROOM



*Can be replaced with peel-off stickers of footsteps (available online)

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