



Non-Pharmacological Approaches to Support Individuals Living with Dementia Maintain Isolation Precautions

During the COVID-19 pandemic, individuals living with dementia within hospitals, long-term care homes and retirement homes have increased physical restrictions due to infection control precautions.

Your team may be looking for additional strategies to ensure:

- 1) Individuals living with dementia do not enter rooms where isolation precautions are in effect for co-residents/patients.
- 2) Individuals living with dementia, who are on isolation precautions, stay in their own rooms.

Non-pharmacological strategies should be the first-line therapy for people living with dementia.^{1,2} This resource offers non-pharmacological approaches to consider in each of these circumstances.

These approaches have been collected from Behavioural Supports Ontario (BSO) team members from across Ontario to provide you and your team with evidence informed, practical, creative and skillful options to consider.

Foundational to all approaches are the following key principles:

- ✓ Key to success is a person-centred approach that tailors strategies to the unique individual.^{1,2,3} This involves incorporating what you know about the person and their personhood (e.g. their likes, dislikes, things that they value, previous roles/professions, their capabilities) into the approach.² It also includes trying to understand the meaning of their behaviour.^{2,3,4} The P.I.E.C.E.S.[™] framework can be used to surface this meaning. Questions to consider include:
 - Why is the individual trying to leave their room or entering others' rooms?
 - What is the purpose of these actions?
 - What is their reality?
 - How can strategies be tailored to meet their needs?
- ✓ Approaches that are selected and trialed should be based on the specific abilities/needs of the individual as well as clinical judgment and in accordance with organizational policies and public health recommendations.
- ✓ A team based approach is necessary! Ensure the whole team is aware of the risks, concerns, and strategies in place, as well as everyone's role in contributing to the plan.
- ✓ Document and communicate strategies that work or do not work (e.g. during regular huddles or check-ins as a team, evaluate whether the selected approaches are working or not). Continue to refine your plan based on these learnings.²
- ✓ Consult with your existing BSO Teams (embedded/mobile), Psychogeriatric Resource Consultants, other Clinical Educators and external teams (e.g. Seniors/Geriatric Mental Health Outreach, Specialized Geriatric Services) as they are available to help! They can assist in planning and implementing tailored strategies for each individual.



Non-Pharmacological Approaches when an Individual Living with Dementia is Entering Rooms of Others on Isolation Precautions

Optimize Physical Space³

- In accordance with public health direction/advice, consider grouping/cohorting isolation rooms in a specific area that is away from those that are more likely to enter co-residents/patients rooms.
- Provide a clear pathway and way finding for the individual to get to their room as they may be entering others' rooms because they think it is their own or they are lost. This could include signage using arrows, words or pictures directing them to their own room or arrows on the floor that guide a safe wander path.

Reduce Stimulus that Draws Individual to Isolation Rooms⁵

- Camouflage doors and/or door handles using wall paper, posters, decals or curtains.
- Consider keeping the isolation room doors closed (not locked) with use of video monitoring in place (with appropriate consents).
- Attempt to keep noise and activity outside the isolation room to a minimum.

Utilize Reminders/Cues and Communication Skills to Avoid Isolation Rooms^{3,5}

- Dependent on the individual's capabilities, provide the DementiAbility book *What is COVID-19?* to help explain the COVID-19 pandemic and why there are limitations.
- Use DementiAbility's *COVID-19 Message Boards* to provide key messages about COVID-19. The document allows teams to adapt and print them for their particular needs.
- Use visual cues at eye height to deter the individual from entering areas of concern (e.g. use of the velcro/magnet wander strips or tape across doors, red stop signs, written signage such as 'Caution: Do Not Enter' or 'Do Not Disturb' or 'We are closed').
- Add black tape (in a grid pattern) or a black mat on floor in front of doorways of isolation rooms as this may deter the individual from entering the room as the black area may be perceived as a hole by those with visual spatial limitations.
- Utilize Gentle Persuasive Approaches (GPA[®]) such as non-verbal communication skills, validation and verbal redirection to guide the individual away from isolation rooms.

Promote Exercise/Movement^{4,5}

- Support going for walks on/off the unit if appropriate.
- Provide high energy activities in the morning (e.g. exercise, lots of movement).
- Engage in activities offered within organization.

Regularly Attend to Physical Needs³

- Visual cues to a bathroom (e.g. signs with pictures, footsteps leading to the bathroom) and/or cue/assist to go to the bathroom often.
- Regularly offer drinks and food.
- Assess and treat pain.



Engage in Meaningful Activities^{2,3,4,5}

- Engage the individual in meaningful activities based on their interests in areas away from isolation rooms. The following resources provide suggestions specific to the COVID-19 pandemic:
 - The Ontario Centre for Learning Research and Innovation in Long-Term Care at Bruyère and iGen Ottawa's *Boredom Busters for Long-Term Care*.
 - DementiAbility and BSO's *Individualized Meaningful Engagement through COVID-19 & Beyond*.
 - Teepa Snow's *13 Engagement Ideas While Practicing Social Distancing*.
- Play the individual's favourite music, TV show or a movie in their own room or another safe area.
- Create an activity kit based on the individual's interests (e.g. photo album, magazines, picture books, puzzles, math sheets, items to sort/fold, cloth to wipe down surfaces).
- Engage in sensory activities (e.g. items with unique textures, aromatherapy, use of a rocking chair, play white noise).
- Invite individual to assist staff with meaningful duties (e.g. folding towels/clothing, setting a table, watering plants, dusting window ledge).
- Facilitate phone/video calls with family and friends or play pre-recorded messages.
- Facilitate writing letters or postcards to family and friends.
- Attach activity stations in the hallway along walking path (e.g. baskets with assorted soft items affixed to the walls, a blanket with zippers/buttons/snaps on the wall, puzzle table).

* Adhere to Public Health and your organization's infection control practices in relation to any shared items.

Consider Monitoring and Alert/Alarm Technology^{3,5}

- Use wander/door/floor alarms to alert staff of individual entering an isolation room.
- Use sensors with pre-recorded messages providing tailored reminders to the individual.
- Use video monitors that allow monitoring hallways or particular areas of concern (with appropriate consents).
- Use wander location technology systems (GPS technology) to monitor location of individual (with appropriate consents).

Regular Check-ins³

- Provide frequent checks and reminders.
- Use the P.I.E.C.E.S.[™] Pro-attention Plan, where team members commit to checking in on the person at specific times during their shift to promote positive interaction and meaningful engagement.

Consider Investment in Additional Resources³

- Consider additional staffing to support supervision, cuing and engagement.



Non-Pharmacological Approaches when an Individual Living with Dementia is on Isolation Precautions

Optimize the Location of Isolation Rooms

- In accordance with public health direction/advice, consider grouping/cohorting isolation rooms in a specific area rather than a few isolation rooms scattered throughout the building/unit.
- Consider benefits in proximity to team station.

Create a Comfortable and Appealing Room

- Try to make the individual's room as comfortable and appealing as possible. Examples include:
 - Pictures of family on the walls and/or pieces of their life story (e.g. pictures of places or items of significance). Photos sent digitally by family members could be printed.
 - Digital photo frame that offers pictures of family, familiar places and comforting settings.
 - Creation of a memory box (a collection of meaningful items).
 - Leave on the individual's favourite music/TV show or set them up with personal headphones.
 - Provide some of the individual's favourite items (e.g. blanket, therapeutic doll/pet).
 - Stick items to the room window to draw attention (e.g. decals) or if on ground level, add items outside (e.g. bird feeder or lawn ornaments).
 - Add plants (can be artificial) to care for within room.
- Add pictures/labels of where personal items are kept.
- Promote personal comfort (e.g. comfortable clothes/shoes, provide warm blankets).
- Ensure assistive devices in place (e.g. glasses, hearing aids) and desired items within reach (e.g. remote control, phone, tissues, food/drink).
- Ensure room is well lit (e.g. curtains open during the daytime). Curtains drawn prior to sun going down to avoid distress from misinterpretation of reflections/shadows.
- Remove items that create distress (e.g. cover bathroom mirrors).

Minimize Stimulus Outside of Room

- Attempt to keep noise and activity outside the individual's room to a minimum.

Promote a Daily Routine

- Try to establish a daily routine (e.g. in the morning provide personal care, open curtains, assist to a comfortable part of the room, engage in an activity). Post schedule in room.
- For individuals on temporary isolation (e.g. 2 weeks following a move into an organization), create a large countdown calendar and place in the individual's room. Circle the date marking the end of isolation. Each day do a countdown and strike out a day.
- Create visual cues for time of day and/or daily routine (e.g. clock with hands, calendar with pictures of upcoming meal or activities).



Promote Exercise/Movement^{4,5}

- Engage the individual in simple physical exercise in their room (e.g. a mid-morning stretch, range of motion exercises using objects in their room, chair exercises, yoga, Tai Chi).
- Ensure room is not cluttered to promote movement.
- If permitted, assist the individual in donning required personal protective equipment (PPE) and go for walk on the unit or outside.

Regularly Attend to Physical Needs³

- Visual cues to the bathroom (e.g. signs with pictures, footsteps leading to the bathroom).
- Cue/assist to go to the bathroom often.
- Regularly offer drinks and food.
- Assess and treat pain.

Engage in Meaningful Activities^{2,3,4,5}

- Engage the individual in meaningful activities based on their interests. The following resources provide suggestions specific to the COVID-19 pandemic:
 - The Ontario Centre for Learning Research and Innovation in Long-Term Care at Bruyère and iGen Ottawa's [Boredom Busters for Long-Term Care](#).
 - DementiAbility and BSO's [Individualized Meaningful Engagement through COVID-19 & Beyond](#).
 - Teepa Snow's [13 Engagement Ideas While Practicing Social Distancing](#).
- Create an activity kit based on the individual's interests that can be left in the room (e.g. photo album, magazines, picture books, puzzles, math sheets, items to sort/fold, cloth to wipe down surfaces).
- Engage in sensory activities (e.g. items with unique textures, aromatherapy, use of a rocking chair, play white noise).
- Encourage the individual to assist with daily tasks such as making their bed and putting away their laundry.
- Facilitate phone/video calls with family and friends or play pre-recorded messages.
- Facilitate writing letters or postcards to family and friends.

Utilize Reminders/Cues and Communication Skills^{3,5}

- Dependent on the individual's capabilities, provide the DementiAbility book [What is COVID-19?](#) to help explain the COVID-19 pandemic and the need for isolation.
- Use DementiAbility's [COVID-19 Message Boards](#) to provide key messages about COVID-19. The document allows teams to adapt and print them for their particular needs.
- Use visual cues at eye height to deter the individual from leaving their room (e.g. use of the velcro/magnet wander strips or tape across doors, red stop signs, written signage such as 'Alex, please stay in your room').
- Add black tape (in a grid pattern) or a black mat on floor in front of doorway as this may deter movement out of the room as the black area may be perceived as a hole by those with visual spatial limitations.



- Consider keeping the door closed (not locked) with use of video monitoring in place (with appropriate consents).
- Doors that have separate top & bottom half whereby the bottom half is closed, but the top half of door remains open.
- Utilize Gentle Persuasive Approaches (GPA[®]) such as non-verbal communication skills, validation and verbal redirection to support the individual to remain in their room.
- Create a simple script for team members to use for verbal cues to remind the individual to remain in their room or a way to reengage them in an activity available in their room. This will be different for each individual as it should be tailored to what is meaningful to the person. Consider posting the script outside the door so any team member walking by can quickly read it and be reminded of the specific words that have success with that particular person. Examples might be:
 - 'Lily, sorry, you can't come out here right now. You are sick and we don't want others to get sick. It is best if you lie down on your bed and get some rest.'
 - 'Mrs. Wong, I see your baby in there [*point to the doll*]. Oh, she is so sweet. It looks like the baby needs you. Can you go rock the baby to sleep? [*demonstrate a rocking motion*]'

Consider Monitoring and Alert/Alarm Technology^{3,5}

- Use wander/door/floor/bed/chair alarms to alert staff of movement or if the individual leaves their room.
- Use sensors with pre-recorded messages providing tailored reminders to the individual.
- Use audio call-bell system or telephone to speak to the individual.
- Use video baby monitors that allow monitoring inside of the room and two-way audio communication (with appropriate consents).
- Use wander location technology systems (GPS technology) to monitor location of individual (with appropriate consents).

Regular Check-ins³

- Provide frequent checks, reminders and stop in to see the individual. Offer emotional support and active listening.
- Use the P.I.E.C.E.S.[™] Pro-attention Plan, where team members commit to checking in on the person at specific times during their shift to offer needed support and a positive interaction.

Consider Investment in Additional Resources³

- Consider additional staffing to support supervision, cuing and engagement.

References

1. Health Quality Ontario. (2016). *Behavioural symptoms of dementia: care for patients in hospitals and residents in long-term care homes*. Retrieved from: <https://www.hqontario.ca/portals/0/documents/evidence/quality-standards/qs-dementia-clinical-guide-1609-en.pdf>
2. Registered Nurses' Association of Ontario. (2016). *Delirium, Dementia, and Depression in Older Adults: Assessment and Care*. Toronto, ON: Registered Nurses' Association of Ontario.
3. Moore, D. H., Algase, D. L., Powell-Cope, G., Applegarth, S., & Beattie, E. R. (2009). A framework for managing wandering and preventing elopement. *American Journal of Alzheimer's Disease & Other Dementias*[®], 24(3), 208-219.
4. Robinson, L., Hutchings, D., Dickinson, H. O., Corner, L., Beyer, F., Finch, T., ... & Bond, J. (2007). Effectiveness and acceptability of non-pharmacological interventions to reduce wandering in dementia: a systematic review. *International Journal of Geriatric Psychiatry: A journal of the psychiatry of late life and allied sciences*, 22(1), 9-22.
5. Siders, C., Nelson, A., Brown, L. M., Joseph, I., Algase, D., Beattie, E., & Verbosky-Candena, S. (2004). Evidence for implementing non-pharmacological interventions for wandering. *Rehabilitation Nursing*, 29(6), 195-206.

