

Advice for aged care providers – residents with dementia

14 AUGUST 2020

This advice provides information that may help to:

- i. reduce transmission of COVID-19 from resident to resident in aged residential care
- ii. maintain care and quality of life for residents with dementia or cognitive impairment.

This advice is additional to, and should be read alongside, other guidance provided for health professionals and specifically for aged residential care, which can be found on [health.govt.nz/covid-19](https://www.health.govt.nz/covid-19).

Preventing COVID-19 in residents with dementia

COVID-19 is highly contagious. We recognise that social distancing for residents with dementia may be difficult to maintain and may heighten their anxiety and agitation. Increased staffing may be needed.

You and your staff are in a good position to manage the care and wellbeing of your residents with dementia. This includes thinking about, preparing and communicating with residents and whānau about how you will manage any necessary changes should any of your residents contract COVID-19.

Creating bubbles within your facility (Alert Level 3 only)

You may like to think about creating small bubbles of residents within your facility. You could try to:

- organise activities and meal times around the bubbles
- keep the same care staff within each bubble
- maintain a regular schedule with meaningful activities for your residents with dementia.

Understanding care arrangements in place for residents

- Clarify with residents and family if there is an Enduring Power of Attorney (EPOA) in place and whether this is medically activated. If not, and you have concerns about the resident's capacity to make specific care and welfare decisions, such as whether to go to hospital or not, discuss with the resident's general practice.
- Clarify with residents and their whānau if an Advance Care Plan is in place. This may outline a decision to avoid hospitalisations or life-prolonging interventions. They may have Do Not-Resuscitate (DNR) Orders in place.
- Where the above is not in place, have conversations with the resident and whānau to establish what their wishes are and record these.

Caring for residents with dementia and COVID-19

Person-first – keep to basic principles of dementia care

- Know your residents: their likes, dislikes and triggers to behaviours that challenge.
- Understand the person's dementia type (eg, Alzheimer's, Vascular, Lewy Body, Frontotemporal), as this may help you manage and understand their behaviours and distress.
- Even during this difficult time, focus on good care and quality of life.
- Create opportunities for residents with dementia to experience 'good moments' including keeping connected with whānau, while minimising the risk of transmission of COVID-19 to other residents.
- Consider increasing Diversional Therapy/Activity Coordination hours where possible as residents may need more one to one psycho social support.
- Establish and/or facilitate regular communication with whānau from the facility and whānau member so they are kept informed about what is happening and how their whānau member is.
- Call on local experts to help you and/or support families, such as the local Dementia/Alzheimer's organisations, Nurse Practitioners (NP), general practice, geriatrician or psychogeriatrician.

Identifying residents with dementia with confirmed or suspected COVID-19

- Residents with mild dementia are likely to be able to tell you how they feel.
- Residents with moderate to severe dementia may show signs of illness through changes in behaviours, such as increased agitation, sleepiness or increased falls.
- Notify your general practice of changes in health status of residents.

Isolation and notification of suspected and known cases

- If one of your clients or residents is suspected or has a confirmed case of COVID-19 you need to notify your district health board (DHB) and Regional Public Health as COVID-19 is a notifiable disease or Healthline on 0800 358 5453.
- For suspected or confirmed cases of COVID-19 the resident should be isolated on the premises if admission to hospital is not required.
- If one or more confirmed COVID-19 cases have occurred within a residential care facility, an outbreak management team should be convened. For more information see Interim Advice for Health Professionals at [health.govt.nz/covid-19](https://www.health.govt.nz/covid-19) or Healthline on 0800 358 5453.
- Contact your Needs Assessment Service Coordination (NASC) to discuss options if needs change.
- For staff, isolate at home, or on premises if possible.
- If the above are not possible, contact your DHB and Regional Public Health to identify alternative quarantine options.

Develop a short-term care plan to maintain expert cares for residents with dementia and COVID-19

- Maintain good fluid intake, nutrition and hygiene.
- Record daily observations, eg, temperature, blood pressure, heart rate, respiratory rate, and O₂Sats.
- Closely monitor underlying conditions that could put people with dementia at greater risk, e.g. residents with diabetes should have regular blood sugar levels recorded.
- Residents' medications may need to be adjusted if underlying conditions are destabilised by COVID-19.
- Liaise closely with the resident and family for informed consent about what you're doing and why.
- Information for Hospice and Palliative Care facilities is available on [health.govt.nz/covid-19](https://www.health.govt.nz/covid-19).

Recognising delirium in residents with dementia

- If a resident with dementia exhibits any sudden change to normal behaviours and/or in level of alertness, consider delirium. For further information see [here](#) or alternative New Zealand-specific advice if available.

More information

For the latest advice, information and resources, go to health.govt.nz/covid-19 or covid19.govt.nz

The Health Quality & Safety Commission has a range of guidance for preventing and controlling COVID-19 outbreaks in New Zealand aged residential care, which can be found here <https://www.hqsc.govt.nz/our-programmes/aged-residential-care/publications-and-resources/publication/3975/>