

Coronavirus (COVID-19)

2020-04-29

GUIDELINES TO PREVENT DE-CONDITIONING IN SENIORS ISOLATED IN THEIR LIVING ENVIRONMENT IN THE CONTEXT OF A PANDEMIC, INCLUDING RPA, IR-FRT AND CHSLD

In the current pandemic context, seniors are at greater risk of motor (loss of independence), cognitive (loss of autonomy) and social (loss of social ties) deconditioning due to containment measures. This deconditioning leads to 1) balance and walking disorders leading to a high risk of recurrent falls and fractures, and 2) a decline in cognitive performance with a risk of confusion, 3) a decrease in cardiorespiratory capacity with a risk of heart failure and infection among others. All of these complications can lead to hospitalization or even death. It is therefore important to put in place interventions to prevent the de-conditioning of seniors.

According to the approach adapted to the elderly person (AAPA), six (6) areas of health are to be monitored in the elderly person. These 6 aspects are described by the acronym "ASNECS": Autonomy and Mobility, Skin Integrity, Nutrition and Hydration, Elimination, Cognitive state and behaviour, Sleep.

The interventions presented in this document therefore aim to prevent deterioration in the domains of the acronym ASNECS affected by deconditioning, namely autonomy and mobility, nutrition and hydration, and mental state and behaviour, including psychological state.

AUTONOMY ET MOBILITY

As older people are expected to stay longer in their rooms or apartments, every opportunity should be taken to move them according to their abilities and to help them maintain their usual level of independence (ability to move safely) and autonomy (ability to make an adapted decision). This is why it is necessary to :

- tour rental units or rooms, in person or by telephone, to encourage users or residents to mobilize on a regular and safe basis;
- providing assistance with mobilization and travel;
- encourage residents to carry out their basic care, such as hygiene and clothing, as well as domestic activities, or have them participate in these activities as much as possible if assistance is required.;

- ensure that staff who work with seniors and who are empowered to do so continue to support efforts to mobilize, including rehabilitation professionals, where appropriate;
- encourage all initiatives that allow seniors to maintain their autonomy and mobilize in accordance with infection prevention and control guidelines and principles..

Here are some examples of easily achievable activities that can be suggested, taking into account the level of autonomy:

- move arms and legs by yourself, standing, sitting or lying down;
- getting up five times in a row from a chair morning and night;
- if possible, stand up every hour or take advantage of the interventions required by the caregivers to mobilize and maintain balance;
- use a variety of means, including applications or online digital platforms to view videos of simple exercises to perform..

The Quebec digital fitness platform Move 50 + offers training programs available free of charge that allow confined seniors to stay active and thus minimize the risk of physical deconditioning.

See the following link: <https://move50plus.ca/>

A rehabilitation team from CIUSSS in the Mauricie-et-du-Centre-du-Québec region has also developed two simple and safe programs for clients at home, in RPA and also in IR-FTR, one program for users with a walking aid and another for users without a walking aid. Both programs are available in video and printable format (see appendix).

User with a walking aid (cane, walker, walker, walker, etc.) or user with precarious balance during transfers and while walking.

Link with video :

https://hep.physiotec.ca/program-login.php?program_id=11110855&client_id=13574082

User without a walking aid who transfers and moves around safely and independently.

Link with video :

https://hep.physiotec.ca/program-login.php?program_id=11129930&client_id=13610582

Some people will not be able to do these programs on their own. We suggest that you give the program in print to users or residents who are able to do it on their own at first, and if the time allows you to accompany users or residents in need of stimulation and supervision.

If you have any hesitation regarding the different activities, refer to the rehabilitation team or to the intervener responsible for the professional follow-up of the patient.

NUTRITION AND HYDRATION

Mealtime activity, which is usually a time of pleasure and socialization, is disrupted in a confined situation and can lead to a loss of appetite. In addition, seniors experience thirst less quickly and are at risk of dehydration. Adequate protein, energy and water intake is essential to prevent the consequences of undernutrition and dehydration. For this reason, it is important to:

- make regular rounds of rental units or rooms, in person or by telephone, or take advantage of every possible opportunity to encourage users or residents to hydrate;
- if possible, dedicate a staff member who can provide water to users or residents on a regular basis, in accordance with infection prevention and control guidelines and principles;
- encourage meals and hydration during necessary visits;
- provide the required level of assistance at each meal, when required;
- to pay particular attention to users' intake at meals or to question them regularly about what they have eaten in order to quickly detect a problem with food intake;
- to refer to the nutritionist if feeding difficulties or signs of dysphagia are observed;
- encourage any initiative that encourages users to eat and drink, in accordance with the guidelines and principles of infection prevention and control..

Here are some more specific interventions that may be suggested:

- have regular and adequate oral hygiene;
- at mealtimes, eat the main course first, as it is high in protein and promotes healing;
- take protein-rich snacks (based on nuts, legumes, dairy products, dietary supplements, etc.), if the medical condition permits. Refer to the nutritionist as needed;
- Drink a minimum of 1.5 litres of water or beverages per day, unless a medical condition requires fluid restriction;
- Drink on a regular basis;
- use communication methods such as video calling to socialize with family and friends during mealtime activities.

COGNITIVE AND BEHAVIOURAL/PSYCHOLOGICAL STATE

The pandemic context results in under-stimulation and isolation, in addition to generating a lot of stress, anxiety and even fear. These conditions increase the risk of declining cognitive performance and depressive symptomatology. For this reason, it is necessary to:

- ensure regular communication with users or residents, either in person or by telephone;
- Frequently monitor alertness, mood or any changes in mental state when communicating with the user to detect the emergence of problems such as depression or delirium;
- encourage any initiative that allows users to entertain themselves, socialize or exercise their cognitive functions, in accordance with infection prevention and control guidelines and principles..

Activities that involve memory and other mental functions, such as strategy and judgment, should be emphasized to maintain cognitive abilities. Here are a few examples:

- crossword puzzle;
- sudoku;
- learning to play a musical instrument;
- computer literacy;
- doing puzzles;
- etc.

Occupational activities that generate positive feelings and allow for entertainment are to be favoured to reduce negative emotions. Here are a few of them:

- look at photo albums or provide a digital photo frame;
- read a book, magazine or other work of interest;
- use different means of communication for the user to contact loved ones: telephone, e-mail, text messages, video calls, etc;
- discuss positive elements of their life story with a staff member during visits;
- Practicing meditation or other internalizing activities;
- Have a regular routine to keep up with the pace;
- see "Stress, Anxiety and Depression Associated with COVID-19 Coronavirus Disease".: <https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/stress-anxiety-and-depression-associated-with-the-coronavirus-covid-19-disease/>.

Exemple d'interventions de routine basées sur l'AAPA

- Find out about the person (see life history on file if available)
- Touring the rooms and interacting, asking questions about interests, checking for arousal, changes in mood, communication, etc.
- Check for sleep, family calls, pain or discomfort.
- Put the glass of water at the person's disposal.
- Check the portion eaten on the plate or platter, the appetite
- Putting the calendar on the right date to orient the person
- Provide the user with the call bell (if needed)
- Make sure that the person changes position, moves
- Provide the user with accessories that could help him/her to move around.

Exercise program for users **WITHOUT** walking aids and which carries out its transfers and movements safely and autonomously.

Maintien à domicile

Client
RPA2 sans accessoire

Notes :

1 Mini-squat



Series: 1 to 2
Rehearsals: 10 to 15
Frequency: 3 to 5 times a week

Standing in front of the counter or behind a chair with light supports:

Bend your knees as if you want to sit down and then straighten up completely.

Make sure your feet are always flat on the floor and that your knees are well aligned with your feet.

N.b.: To increase the difficulty, you can try to go lower.

Do 10 to 15 reps depending on your ability.

2 Hip flexion



Series: 1 to 2
Rehearsals: 10 to 15
Frequency: 3 to 5 times a week

Standing behind a chair or next to a counter with the necessary supports (1 or 2 hands) :

Raise the knee as high as possible keeping the back straight and lower the leg slowly.

Do 10 to 15 repetitions per leg.

Coronavirus (COVID-19)



Plantar flexion of the ankles



Series: 1 to 2
Rehearsals: 10 to 15
Frequency: 3 to 5 times a week

Standing with light supports at a chair or at the counter:
Stand on tiptoes, keeping the
Legs extended and then slowly descend.

Do 10 to 15 reps depending on your ability.

Dorsal flexion of the ankles



Series: 1 to 2
Rehearsals: 10 to 15
Frequency: 3 to 5 times a week

Stand up, with light support on a chair or counter:
Lift the front of your feet, keeping your legs straight, then slowly
lower them back down.

Do 10 to 15 reps depending on your ability.

Coronavirus (COVID-19)



Getting up and sitting down



Series: 1 to 2
Rehearsals: 10 to 15
Frequency: 3 to 5 times a week

Sitting on a fixed chair with armrests and a table in front:

To stand up:

- Place your hands on the armrests. -Hands on the armrests.
- Stand up slowly, leaning your body forward and using your hands.
- Stand up straight.

To sit down:

- Bend over slowly to place your hands on the armrests.
- Sit down slowly.
- Take care to rest your back on the backrest before repeating the exercise.

Do 10 to 15 reps depending on your ability.

Walking sideways

Frequency: 3 to 5 times a week

Standing in front of the counter with light supports :

- Walk sideways to the right and then to the left.

Walk back and forth several times according to your ability.



Coronavirus (COVID-19)



- Clench your fist



Series: 1 to 2
Rehearsals: 10 to 15
Frequency: 3 to 5 times a week

Sitting in a chair with a firm back:

-Squeeze a ball or a rolled towel tightly in your hand and hold for 5 seconds.

Exercise program for users WITH walking aids (cane, walker, walker, walker, etc.) or users with precarious balance when transferring and walking

Maintien à domicile

Client
RPA

Notes :

1 Hip flexion, sitting



Series: 1 to 2

Repeats: 10 times each side

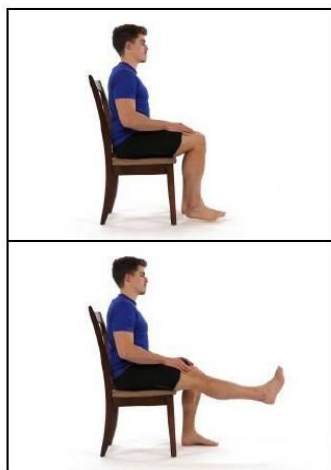
Frequency: at least 3 times a week

Sitting on a fixed chair with armrests:

- Make sure your back is straight and supported by the back of the chair.
- Slowly raise your thigh up and then lower it to the floor.

Repeat 10 times per leg.

2 Knee extension



Series: 1 to 2

Repeats: 10 times each side

Frequency: at least 3 times a week

Sitting on a fixed chair with armrests:

- Make sure your back is straight and supported by the back of the chair.
- Raise your foot by pulling your toes towards you, then lower it to the floor.

Repeat 10 times per leg.

Coronavirus (COVID-19)



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RPA

Getting up and sitting down



Series: 1 to 2

Rehearsals: 5 times

Frequency: At least 3 times per week

Sitting on a fixed chair with armrests, in front of a table:

To get up:

-Place your hands on the armrests.

- Lift yourself up by leaning your body forward with your hands.

-Stand up straight.

To sit down:

-Low down gently to place your hands on the armrests.

-Righten.

-Sit down slowly.

-Take care to rest your back on the backrest before repeating the exercise.

Do 5 repetitions, according to your abilities.

• Shoulder flexion



Series: 1 to 2

Rehearsals: 5 times

Frequency: At least 3 times a week

Sitting on a fixed chair with armrests, with your back raised:

- Make sure your back is straight.

- Join your hands together.

- Lift your hands up as painlessly as possible, then lower them.

*Do not move your head forward during the exercise.

Do 10 reps, according to your ability.

Coronavirus (COVID-19)



- Clench your fist



Series: 1 to 2
Rehearsals: 10
Frequency: 3 to 5 times a week

Sitting in a chair with a firm back:
-Squeeze a ball or a rolled towel tightly in your hand and hold for 5 seconds.

Circulatory exercise



Series: 1 to 2
Rehearsals: 15 to 20 times
Frequency: At least 3 times a week

Sitting on a fixed chair with armrests:
-Make sure your back is firmly planted against the back of the chair.
-Pull your feet towards you and point them at the back of the chair. Do 15 to 20 reps.