



## Interim guidelines for managers of group homes for seniors with neurocognitive disorders

### Primary ministerial directives

The directives issued by the Ministère de la Santé et des Services sociaux and the Director of Public Health pursuant to the Public Health Act take precedence over all other directives during the COVID-19 pandemic. The directives issued by the Premier of Québec, the Minister of Health and Social Services and the public health authorities must therefore be respected.

The information and directives presented in this document are aimed at supporting managers of group homes for seniors and their staff when dealing with elderly persons who have neurocognitive disorders such as Alzheimer's disease or other forms of dementia with respect to the prevention, propagation and consequences of COVID-19 in group homes.

These directives are to be adjusted according to the available resources and the reality of each group home.

These directives may also be applied to any person with a neurocognitive disorder.

Personnel in contact with seniors who have neurocognitive disorders (Alzheimer's disease and other forms of dementia) must follow COVID-19 virus protection measures at all times.

Measures in place for managing outings, visits and required health-related services are described in the [MSSS directives for group homes for seniors with neurocognitive disorders](#) (available in French only).



## Who is this document intended for?

The information and advice in this document is intended for managers and staff at group homes for seniors, including health professionals.

Group homes for seniors include private seniors' residences (PSRs), non-profit housing organizations or other seniors' housing organizations.

## 1. The principal signs of neurocognitive disorders

The principal signs of neurocognitive disorders in seniors may involve a variety of functions:

- **memory:** particularly recent events. Subjects may have difficulty remembering instructions on preventing the transmission of the COVID-19 virus;
- **recognizing people:** especially people they do not see regularly, such as new staff members at the home;
- **orientation in time and space:** for example, they may become lost in a less familiar environment or may be unable to distinguish between night and day;
- **day-to-day organization:** they may have difficulty organizing a routine, such as preparing meals, housecleaning, taking medication, maintaining personal hygiene, etc.;
- **comprehension and judgment:** they may have difficulty understanding the COVID-19 pandemic and the precautions to take to protect against infection. They may perform actions that could have consequences on their safety and that of others. They may have difficulty cooperating with staff.
- written and verbal **communication:** they may have difficulty reading written instructions about COVID-19. They may have difficulty expressing basic needs such as hunger, thirst, pain, etc.;
- **behaviours:** trouble sleeping, repeating words, irritability, agitation, wandering, distrust of people, etc.

The above elements enable managers and staff of group homes to target persons with neurocognitive disorders whose condition is not already known, or to better understand the behaviours of persons previously diagnosed with neurocognitive disorders.



## 2. What are the risks of COVID-19 virus propagation for persons with neurocognitive disorders?

Persons with neurocognitive disorders are more likely to contract and spread the virus if they are unable to understand and comply with instructions to stay in their room or rental unit. This may become a source of concern and stress for families and other tenants, and could hinder the application of guidelines provided by public health authorities.

## 3. Consequences of isolation measures intended to prevent COVID-19

Isolation measures intended to prevent the spread of the COVID-19 virus could have physical, psychological and social consequences on seniors with neurocognitive disorders living alone or on the people living with them.

The prohibition on visits by family caregivers not living with seniors may deny the latter a significant source of comfort and some of their basic needs may not be met. These family caregivers may become concerned about seniors who are left to fend for themselves.

Persons with mild cognitive impairments are normally able to function independently, but the disruptions brought about by COVID-19 could make them more confused, less able to apply protection guidelines and even become less independent in their daily lives.

Lifestyle changes brought about by confinement measures could cause or intensify the following problems among people with neurocognitive disorders:

- insomnia, fatigue
- insecurity, anxiety, irritability, agitation
- confusion, disorientation
- boredom, sadness, loneliness, withdrawal
- seeking attention and social contacts
- pain, discomfort
- suspicion, hostility, resistance to care
- wandering and running away
- aggression towards others: verbal (shouts, insults, threats, etc.) or physical (hitting, biting, grabbing, breaking or throwing objects)
- self-aggression: hitting one's head with one's fists or against a wall, biting oneself, tearing skin



## 4. Intervention guidelines for seniors with neurocognitive disorders during the COVID-19 pandemic

When seniors with neurocognitive disorders share their rental unit with a close relative, they are accompanied and supported in their daily lives by a person who is familiar to them. This can certainly help them adapt to the changes brought about by COVID-19.

A senior with neurocognitive disorders can begin or continue an exercise program, under the supervision of a close relative.

Exercise programs specifically for seniors are available online, such as [Move 50+](#) and [Le GO pour bouger](#), which are adapted to the physical abilities of seniors—including wheelchair users. Exercise can help prevent disruptive behaviours such as wandering.

Family caregivers may be under a great deal of pressure during the COVID-19 pandemic, and may feel overwhelmed or exhausted by the situation. This situation could have significant consequences on family caregivers' health and well-being, compromise the senior's ability to live at home, and—and in certain cases—increase the risk of neglect or abuse of persons with neurocognitive disorders. **Family caregivers, at times elderly themselves, may need more support during this challenging time. It would be helpful to refer them to support services:**

- Caregiver support: 1-855-852-7784
- [Info-Santé and Info-Social 8-1-1 phone line](#)
- [Elder Mistreatment Helpline](#)
- [Alzheimer Society](#)

**When seniors with neurocognitive disorders live alone in their rental unit**, it is recommended that they be identified in collaboration with family caregivers who do not live with them in order to arrange preventive visits by the residence's personnel or CLSC workers while respecting physical distancing guidelines. It is preferable, as much as possible, that interventions with these seniors be made by a limited number of staff in order to ensure stability and continuity and to reduce the risk of spreading COVID-19.

These regular preventive visits—daily, if possible—of persons with neurocognitive disorders who live alone are aimed at **preventing crises and providing monitoring (identifying danger signs)**. The purpose of these 5 to 10 minute visits is to:

- Listen attentively and attend to the person's concerns and needs;
- Ensure that basic personal needs are met: nutrition, hydration, elimination, hygiene, taking medications, minimal housekeeping functions, etc.;
- Ensure the person's comfort and physical safety: uncluttered, calm and well-lit environment; pain relief; suggestion to avoid substance abuse (drugs and alcohol); taking medications as prescribed; basic exercise program to the extent possible; calming music, etc.;
- Provide comfort and reassurance; recognize accomplishments; provide encouragement, compliments, thanks and congratulations;

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- Answer the person's questions, if any, and be aware that retention of information may be limited;
- Identify risky behaviours that could result in the person or their entourage becoming infected with the virus;
- Be able to provide news to remote family caregivers—weekly, by email, for example;
- Enable seniors and family caregivers to contact each other through technology such as FaceTime, Skype or Zoom;
- If a senior has been advised to isolate themselves, put a calendar up in their room so they can cross off the isolation days as time goes by.

It is important to regularly make sure that the person does not have any COVID-19-related symptoms by asking the following questions: ARE YOU EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS?

- Coughing?
- Fatigue?
- Headache?
- Fever? Shivers?
- Loss of sense of smell and/or taste?
- Muscle or joint pain?
- Runny nose?
- Sore throat?
- Diarrhea, nausea, vomiting?
- Difficulty breathing?

**If a senior in your care develops any of these symptoms, you can call toll-free, 514 644-4545 for the greater Montreal area and 1-877-644-4545 elsewhere in Québec.**

**If the senior has been wandering**, when possible:

- Find a safe place where he or she can walk safely with the supervision of a staff member, while maintaining a distance of two metres (six feet) between them. The location may be indoors or outdoors, but must not be crowded.
- Encourage the person to keep doing their regular exercises.

**If the person with neurocognitive disorders becomes agitated or even aggressive**, here are some tips and suggested responses:

- Maintain a distance of two metres (six feet) at all times.
- Pay attention to the person's verbal and non-verbal language to decode their emotions, adjust gestures/words, and avoid escalation of the behaviour.

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- Reduce environmental noise: music, TV, etc.
- Establish contact by placing yourself in front of the person and speaking in a low, reassuring manner, without raising your voice. Avoid sudden movements.
- Avoid saying “no” or asking the senior to stop the disruptive behaviour. Say “yes” as often as possible to avoid contradicting the person.
- Give simple instructions, one at a time, of just a few words by using the following strategies:
  - Avoid insisting by repeating the instruction multiple times.
  - Avoid argument, confrontation or attempting to reason with the person.
  - Show rather than explain.
  - Use diversion, talk about a significant topic to get around the problem.
- Use images (pictograms) to make yourself understood.
- If the person is physically aggressive, he or she is no longer in a position to listen to you. You must 1) wait for him or her to calm down, for the crisis to subside; 2) secure the environment (e.g., objects that may be thrown); 3) limit spoken instructions.

**Family caregivers who do not live with the senior can PREVENT AGITATION in people with cognitive disorders:**

- By maintaining regular contact by phone, tablet (iPad) or web conferencing via computer, etc., to the extent of the senior’s capacities;
- By informing the management of the rental unit:
  - of unmet needs or outside elements that cause the senior irritability or agitation;
  - of strategies and tips that work to calm them down and reassure them.

**Call 9-1-1 if the person does not calm down and becomes a danger to others or to him or herself.**

**If the behaviours become increasingly difficult to prevent or control over time, suggest that the family caregiver or the family consult with the attending physician or the front-line medical services team (CLSC or family medicine group). These professionals may, if they deem it necessary, consult with the specialized team on the behavioural and psychological symptoms of dementia (BPSD) of seniors of the CIUSSS on your territory.**

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