

**Visit the DIT website to find resources and more information about the toolkit:**

<https://dementiaisolationtoolkit.com/>



# DEMENTIA ISOLATION TOOLKIT



UNIVERSITY OF  
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# SNAPSHOT OF COVID-19 IN LTC

- In **Western countries**— approx. **50%** of all deaths

- **Ontario:**

	Ministry of Long-Term Care Daily Report	Public Health Ontario Daily Epidemiologic Summary (iPHIS)
Outbreaks in LTC Homes	159	181
Confirmed Cases for LTC Residents	2632	2352
Confirmed Cases for LTC Staff	1361	1108
Total confirmed LTC resident deaths	775	521
Total confirmed LTC staff deaths	<5	<5

[https://ltccovid.org/wp-content/uploads/2020/04/LTCcovid-country-reports\\_Canada\\_Hsu-et-al\\_updated-April-14-2020.pdf](https://ltccovid.org/wp-content/uploads/2020/04/LTCcovid-country-reports_Canada_Hsu-et-al_updated-April-14-2020.pdf)

<https://www.ontario.ca/page/how-ontario-is-responding-covid-19#section-1>

# INFECTION PREVENTION AND CONTROL

## PREVENTION

- No visitors
- Screening staff
- Staff wearing masks
- Hand hygiene
- Screening before admission
- Quarantine after admission
- Physical distancing measures

## CONTROL

- Identification of suspect cases
- Isolation of suspect and confirmed COVID-19 cases
- Wider testing of asymptomatic (staff, residents)
- Lockdown

<https://ltccovid.org/wp-content/uploads/2020/03/Summary-of-international-policy-measures-to-limit-impact-of-COVID-19-on-people-who-rely-on-the-Long-Term-Care-sector-30-March-pm.pdf>

# CONTRIBUTORS TO SPREAD

## COVID-19

- staff who worked while symptomatic
- staff who worked in more than one facility
- inadequate supplies of PPE
- limited availability of testing
- delayed recognition of cases
- difficulty identifying persons with Covid-19 on the basis of signs and symptoms alone

## OUTBREAKS MORE GENERALLY IN LTCH

- delay in recognition and notification of outbreak
- **delay in the implementation of control measures**
- **insufficient application of isolation and cohorting**

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0229911>  
<https://www.nejm.org/doi/full/10.1056/NEJMoa2005412>

# INFECTION PREVENTION AND CONTROL

- Isolation of suspect and confirmed COVID-19 cases



**HOW CAN WE  
ACHIEVE THIS  
ISOLATION WITH  
SAFETY AND  
COMPASSION?**

<https://ltccovid.org/wp-content/uploads/2020/03/Summary-of-international-policy-measures-to-limit-impact-of-COVID19-on-people-who-rely-on-the-Long-Term-Care-sector-30-March-pm.pdf>

# BARRIERS TO EFFECTIVE ISOLATION

- Moral distress →
- Policies
- Environment
- Staffing resources
- Safe equipment
- Training/procedures
- Fear →

one recognizes one's moral responsibility in a situation; evaluates the various courses of action; and identifies, in accordance with one's beliefs, the morally correct decision—but is then prevented from following through.

Fight, Flight or Freeze

**ANY OTHERS?**

# MORAL COURAGE

- To shift from prioritizing individual well-being to the collective health and safety of residents
- To face possible negative consequences/blame/shame of taking ethically correct course

**NEED TO CULTIVATE  
MORAL RESILIENCE  
IN THESE TRYING TIMES!**



# WHAT IS NEEDED?

- Evidence informed IPAC protocol defining clearly when isolation is necessary
- Ethical framework to guide decision-making
- Clarification of how response to pandemic fits within current provincial laws and regulations (ie Legal/Regulatory framework)
- Clinical guidance to support decision-making of how to implement effective isolation
- Resources (staff/equipment)

# DEMENTIA ISOLATION TOOLKIT

- Ethical/ Legal/ Regulatory Frameworks
- Clinical decision guide
- Training/educational materials
  - 7 day a week support for tool-kit via existing BSO/PRC/GMHOT
- Technology guide and support
  - Two-way video monitoring and communication systems using a tablet
- **What else should be included?**

# ETHICAL GUIDANCE TOOL

Provides a framework to help think through situations and make the best possible decisions for workers and residents.

Ethical guidance for people who work in long-term care:  
**What is the right thing to do in a pandemic?**

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Version 1.0 April 23, 2020



kite

RGP



# ETHICAL GUIDANCE TOOL

## 1. What has this pandemic changed?

- It is especially important to protect those who are **most at risk** of getting sick or dying. We also have a responsibility to make sure that restrictions on individual freedoms do not cause unnecessary harm.

**How do these changes affect what we do in long-term care?**

- In the pandemic we have to make **difficult decisions**. These decisions can affect the well-being of some residents.

# ETHICAL GUIDANCE TOOL

## 2. What is the right thing to do in a pandemic?

- We must consider what actions to take to achieve the greatest good for the greatest number of people.

Principles to consider when making a decision:

- **Proportionality**
- **Minimize Harm**
- **Reciprocity**
- **Fairness**
- **Transparency**

# ETHICAL GUIDANCE TOOL

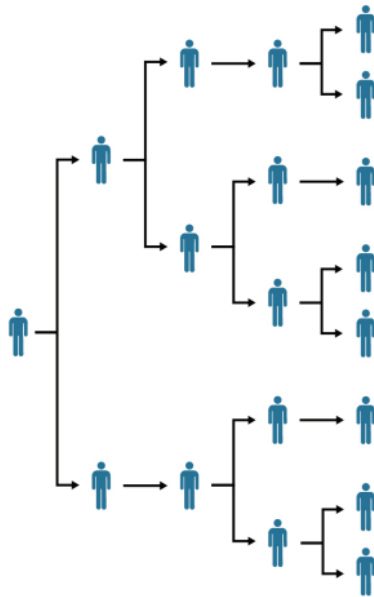
## 3. Why do we isolate people who have a contagious illness?

- Keeping people with a contagious illness separate from healthy people helps to prevent the spread of the illness.

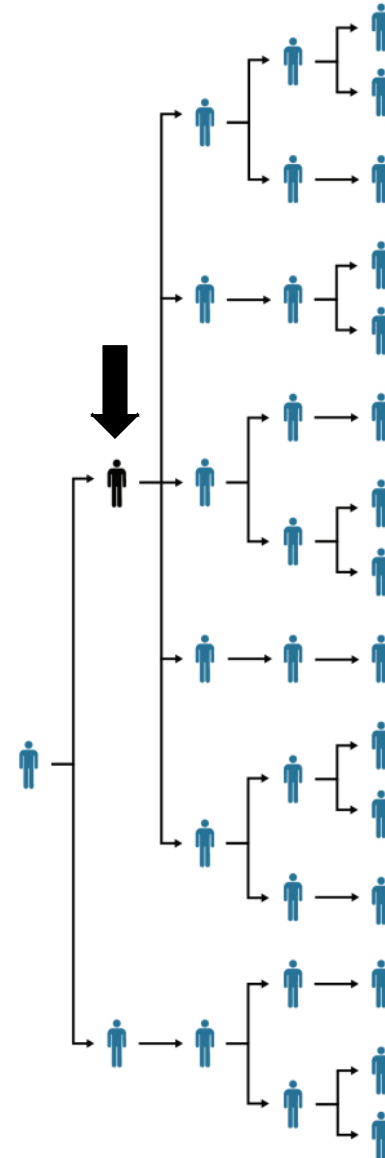
### What if we do not isolate someone who is contagious?

- The virus can be passed by coughing, sneezing, talking to others, and touching surfaces.
- Not everyone who is infected with COVID-19 shows symptoms at first.
- Some infected people do not show any symptoms.
- COVID-19 can have very severe outcomes for residents.

If each person infects 1-2 people:



If each person infects 1-2 people, except one person infects 5:



# ETHICAL GUIDANCE TOOL

## What if a resident won't stay isolated?

- We have a duty to protect these residents from doing things that may harm themselves or others. We can isolate someone who is infectious if they are unable to isolate themselves.

## How can you help someone stay in isolation?

- Develop an isolation plan to support and care for the resident. An “**Infection Control and Isolation Care plan**” addresses:
  - **Personhood**
  - **Engagement**
  - **Supporting Needs**
  - **Reminders**



# ETHICAL GUIDANCE TOOL

**What are the risks of holding someone in isolation against their will?**

- You need to make a decision about what action is proportionate to the danger and what can be done to minimize any harms.

Least  
restrictive  
to most  
restrictive

Establish necessity for isolation

Orientation, explanation, redirection, distraction

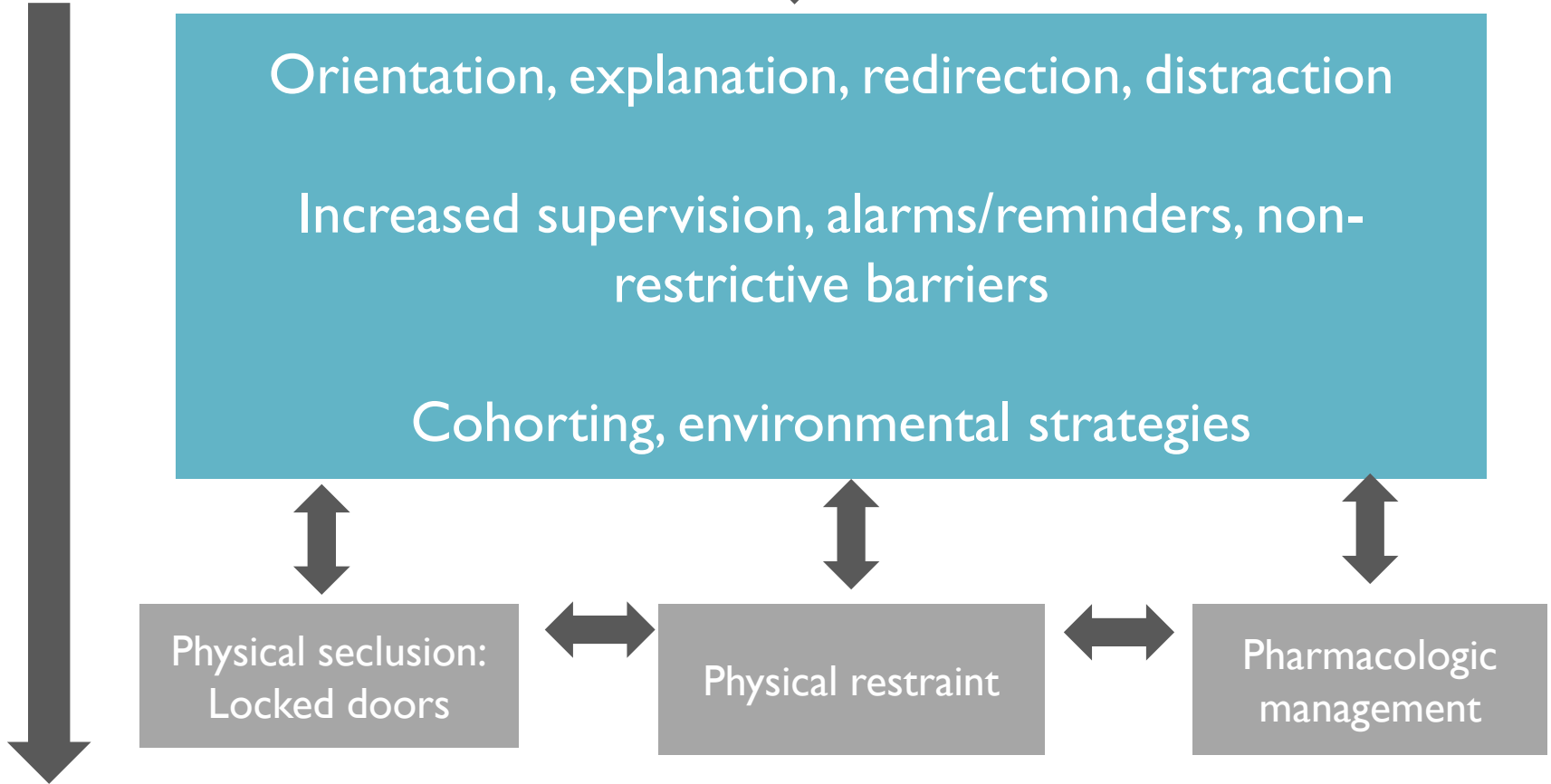
Increased supervision, alarms/reminders, non-  
restrictive barriers

Cohorting, environmental strategies

Physical seclusion:  
Locked doors

Physical restraint

Pharmacologic  
management



# Infection Control and Isolation Care Plan Worksheet:

RESIDENT NAME OR INITIALS: \_\_\_\_\_ COMPLETED BY: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_

## Infection control and Isolation care plan

### PERSONHOOD:

What information do we know about this person? (e.g. likes, dislikes, values, previous roles/professions, their capabilities, relationships/family)?

What kinds of needs/reasons bring them out of their room?

What helps them return to their room?

### ENGAGEMENT:

What activities do they enjoy?

What activities can the resident engage in while in their room? What do they need for these activities?

What do they like to talk about?

Who do they enjoy spending time with?

RESIDENT NAME OR INITIALS: \_\_\_\_\_ COMPLETED BY: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_

### SUPPORTING NEEDS:

What do they need help with?

What are their favorite foods or drinks?

What things and/or people bring them joy and pleasure?

### REMINDERS:

What do they understand about the need to stay in their room?

What kinds of reminders are effective? (write exact words to use)

What other kinds of reminders work? (Signs, barriers, alarms)

### PLANNED APPROACHES/STRATEGIES:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

# Infection Control and Isolation Care Plan Worksheet:

## **PERSONHOOD:**

What information do we know about this person? (e.g. likes, dislikes, values, previous roles/professions, their capabilities, relationships/family)?

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# Infection Control and Isolation Care Plan Worksheet:

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What kinds of reminders are effective? (write exact words to use)

What other kinds of reminders work? (Signs, barriers, alarms)

## PLANNED APPROACHES/STRATEGIES:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

# Infection Control and Isolation Care Plan Worksheet:

## **SUPPORTING NEEDS:**

What do they need help with?

What are their favorite foods or drinks?

What things and/or people bring them joy and pleasure?

# ETHICAL GUIDANCE TOOL

## 4. What can help to guide decision-making?

- In addition to the previous principles, these points can help to guide the decision making process:
  - Reasonableness
  - Responsiveness
  - Openness
  - Accountability
  - Trust



# Isolation Decision Tool:

## Isolation Decision Tool

What is the **danger(s)** you are trying to prevent? How likely is this to occur? If it does occur, what are the possible outcomes?

### APPROACHES/STRATEGIES THAT YOU HAVE CONSIDERED OR TRIED:

Approach/strategy that you have tried or are considering?	What are the risks involved in this approach/strategy?	What are benefits involved in this approach/strategy?	How effective has the approach/strategy been?

### WHO HAS BEEN CONSULTED/INVOLVED IN THIS DECISION? WHAT WAS THEIR INPUT?

STAKEHOLDER	INPUT
Public Health	
Leadership/Management	
Resident	
Substitute Decision Maker	
Team members	

# Isolation Decision Tool:

## Isolation Decision Tool

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Chosen plan of action:

How will this plan be communicated?

What will you do to minimize the risks that have been identified?

How will you keep track of how effective and safe this plan is?

When will you re-evaluate this plan?

# D.I.T. WORKING GROUP

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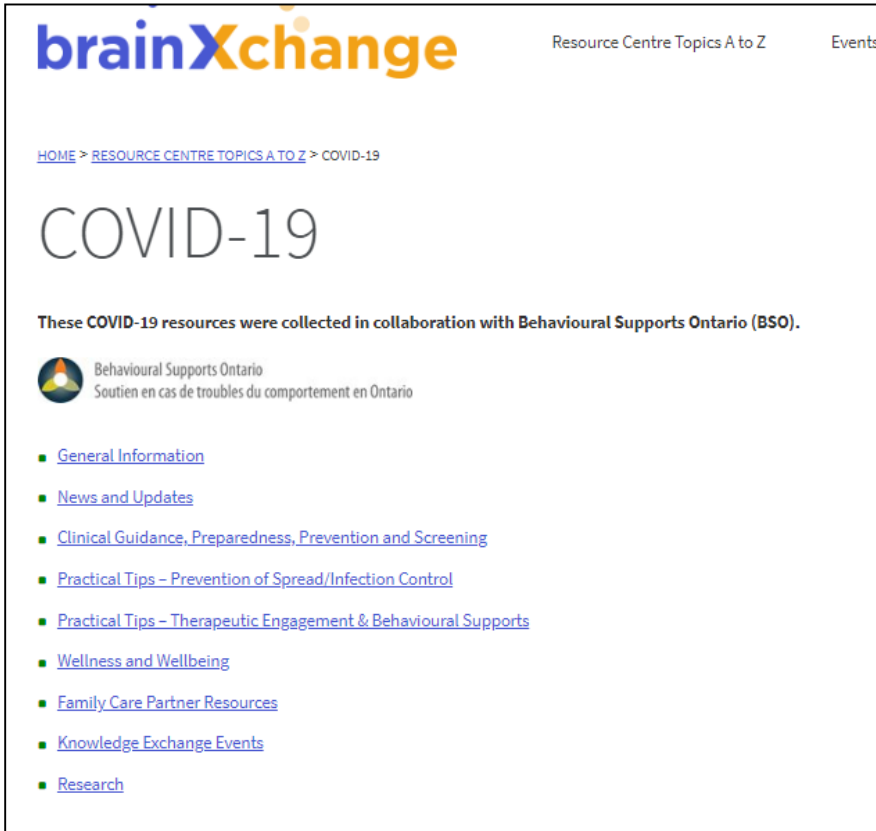
# PARTNERS



# Questions & Comments



# COVID-19 Resource Page




The screenshot shows the BrainXchange website's COVID-19 resource page. At the top left is the BrainXchange logo. To its right are the links "Resource Centre Topics A to Z" and "Events". Below the logo is a breadcrumb trail: "HOME > RESOURCE CENTRE TOPICS A TO Z > COVID-19". The main heading is "COVID-19". Below this, a note states: "These COVID-19 resources were collected in collaboration with Behavioural Supports Ontario (BSO)." This is followed by the BSO logo and name in both English and French. A list of resource categories is provided, each with a small square icon: General Information, News and Updates, Clinical Guidance, Preparedness, Prevention and Screening, Practical Tips - Prevention of Spread/Infection Control, Practical Tips - Therapeutic Engagement & Behavioural Supports, Wellness and Wellbeing, Family Care Partner Resources, Knowledge Exchange Events, and Research.

brainXchange Resource Centre Topics A to Z Events

HOME > RESOURCE CENTRE TOPICS A TO Z > COVID-19

## COVID-19

These COVID-19 resources were collected in collaboration with Behavioural Supports Ontario (BSO).

 Behavioural Supports Ontario  
Soutien en cas de troubles du comportement en Ontario

- [General Information](#)
- [News and Updates](#)
- [Clinical Guidance, Preparedness, Prevention and Screening](#)
- [Practical Tips - Prevention of Spread/Infection Control](#)
- [Practical Tips - Therapeutic Engagement & Behavioural Supports](#)
- [Wellness and Wellbeing](#)
- [Family Care Partner Resources](#)
- [Knowledge Exchange Events](#)
- [Research](#)

[www.brainxchange.ca/COVID-19](http://www.brainxchange.ca/COVID-19)



The screenshot shows a document header with the BSO logo and name in both English and French, and the date "April 2020". The title is "Non-Pharmacological Approaches to Support Individuals Living with Dementia Maintain Isolation Precautions". The text explains that during the COVID-19 pandemic, individuals living with dementia in hospitals, long-term care homes, and retirement homes have increased physical restrictions. It then lists two strategies to ensure safety: 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. The document notes that non-pharmacological strategies should be the first-line therapy and that this resource offers non-pharmacological approaches to consider. It concludes by stating that these approaches were collected from BSO team members across Ontario to provide evidence-informed, practical, creative, and skillful options.

 Behavioural Supports Ontario  
Soutien en cas de troubles du comportement en Ontario April 2020

### 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.

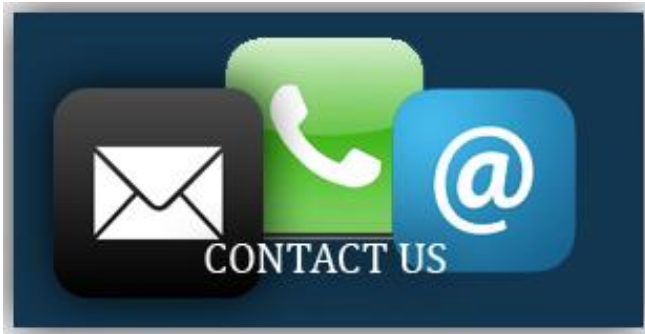
Your team may be looking for additional strategies to ensure:

- 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.<sup>1,2</sup> 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.





**Contact information:**

BSO Provincial Coordinating Office  
1-855-276-6313  
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Behavioural Supports Ontario  
Soutien en cas de troubles du comportement en Ontario