

Care Homes and Coronavirus



**Advice for Health and Social Care
Professionals who support people living
with Dementia**

This resource pack was developed by the Care Home Liaison Team within the Dementia Service at Essex Partnership University NHS Foundation Trust and Prosper team at Essex County Council.

This resource pack has been created as we recognise that all care homes are likely to be affected by the Covid-19 pandemic. Many care homes have closed their doors to visitors which means their residents have little or no access to the stimulation, routines or support they normally receive.

Staff shortages may occur and which may include activities coordinators. This could result in fewer interactions for residents who could become bored, anxious or even agitated. This is especially the case with residents who may need to be isolated.

This pack aims to provide information for health and social care staff in care homes who may be caring for individuals with a diagnosis of dementia. The aim is to provide guidance and ideas for care staff to utilise during COVID-19 pandemic.

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Walking with Purpose

One of the key symptoms of dementia is disorientation which can lead to walking with purpose or “wandering”. This behaviour is common for individuals with dementia and there are many reasons why a person might walk with purpose including:

- Stress or fear – A reaction to an unfamiliar or overstimulating environment.
- Searching – Looking for someone or something.
- Boredom – looking for something to do.
- Following past routines – going to work, shops etc.
- Basic needs – looking for food, bathroom etc.

Walking with purpose is not necessarily harmful if it occurs in a safe environment however it can pose some safety issues especially with the current pandemic.

Ways to manage an individual with dementia that may walk with purpose

- What could be causing behaviour – Is the person wandering because they may be looking for someone or something? Are they hungry or thirsty? Attempt to acknowledge any of the stressors causing restless behaviours.
- Check the person’s physical health - Are they in pain or constipated? Does the person appear unwell? Further on in the pack we will suggest ways to support your residents with this.
- Explain the current situation – Explain the situation regularly with the person with dementia as to why they are being encouraged to remain in their room or other areas

within the home. Try not to make the conversation too complicated, keeping it brief. Put up clear signs in areas such as communal spaces, corridors and bedrooms.

- Remain in contact – It is important that the residents are able to keep in touch with their family and friends. Further on in the pack we will suggest ways to support your residents with this.
- Mental Stimulation – Attempt to encourage individuals to partake in activities suitable for their needs. Get to know the resident initially, depending on their cognition and abilities they may only be able to complete activities for short periods of time. Make the activity suit the person.
- As and when required medication – Some of your residents may be prescribed as and when required medication or “PRN” to manage challenging behaviour (not recommended for people who are walking with purpose safely). It is important to remember that this should only be used as a last resort and if used monitor the resident closely. Benzodiazepines such as diazepam and lorazepam are known to cause respiratory depression so If used for a resident who has signs or a confirmed diagnosis of Covid-19 do not use these medications if the individual is in respiratory distress.

Physical Health

An individual with dementia may also have physical health conditions which can impact on the way the person with dementia presents. For example individuals with dementia are more at risk of developing infections. Infections can cause an individual with dementia to become confused and may also lead to psychosis symptoms such as hallucinations and paranoia. Infections may also cause the person to present with challenging behaviours such as aggression and walking with purpose.

When an individual is presenting with challenging behaviour it is essential to consider that physical health may be the cause.

General points to consider

- Constipation – Keep charts to monitor bowel movements. This is a good way to monitor for constipation. Remember if an individual is having frequent episodes of diarrhoea it may be overflow. Some individuals may be able to make their toileting needs known. If not look for non-verbal signs that may indicate constipation.
- Hunger and thirst – It is important to keep diet and fluid charts to monitor food and fluid intake. Offer drinks frequently and give snacks during meal times. If an individual is not eating much give foods that are high in calories.
- Pain – Some individuals may be able to make their pain needs known. If not look for non-verbal signs that may indicate pain or use tools such as the Abbey pain scale.

Vital Signs

As care home staff, checking your resident's vital signs can help external healthcare practitioners to triage and prioritise support of residents according to need.

Vital signs are the measurements of the body's most basic functions. By measuring vital signs, it helps healthcare professionals detect illness or monitor a person's health. The five main signs that all healthcare professionals look at are:

- Blood pressure
- Respiration rate
- Body temperature
- Heart rate (pulse)
- Oxygen saturation

Blood Pressure

Blood pressure is the measurement of force that the heart uses to pump blood around the body. Blood pressure is measured in millimetres of mercury (mmHg) and is given as two figures:

- Systolic pressure – the pressure when your heart pushes blood out
- Diastolic pressure – the pressure when your heart rests between beats

Everyone's blood pressure will be different but the normal ranges are considered to be 90/60mmHg to 120/80mmHg. High blood pressure is considered to be 140/90mmHg or higher. Low blood pressure is considered to be 90/60mmHg or lower.

There are two common ways to check a person's blood pressure. Some health care professionals may use a sphygmomanometer and a stethoscope to measure blood

pressure. Most care homes have access to a digital monitor which is automatic and the measurements will appear on a small screen. Using a digital monitor is easier to use than a sphygmomanometer. When checking blood pressure it is important to take 2 or 3 readings one minute apart and record all the results.



Sphygmomanometer



Digital blood pressure monitoring device

Respiration

The respiration rate is the number of breaths a person takes per minute. This is usually measured when a person is at rest and involves counting the number of breaths for one minute by counting how many the chest rises. Respiration rates may increase with fever, illness and other medical conditions. When checking respiration it is also important to note if the person is having any difficulties breathing. Normal respiration rate for an adult at rest is 12 to 16 breaths per minute.

Body Temperature

The normal body temperature of a person varies depending on gender, recent activity, food and fluid consumption and time of day. Normal body temperature can range from 36.5 degrees Celsius to 37.2 degrees Celsius for a healthy adult. Body temperature may be abnormal due to illness. For example if a patient has an infection this may cause a fever which indicates a high temperature. If a person has hypothermia this indicates a low temperature. A fever is indicated when the body temperature rises about one degree or more over the normal temperature range.

A person's body temperature can be checked in a variety ways. However the most accurate way is by using a thermometer that can be inserted into the ear. By using this type of thermometer it can quickly read the temperature of the ear drum which reflects the body's core temperature. Another quick method is by using a different thermometer that can measure the temperature of the skin on the forehead.



Ear thermometer



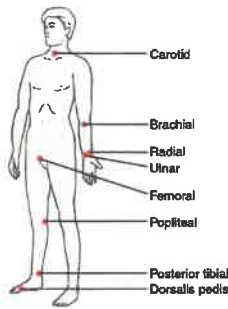
Skin thermometer (forehead)

Heart Rate

The heart rate or pulse is the measurement of how many times the heart beats per minute. As the heart pushes blood through the arteries, the arteries expand and contract with the blood flow. Checking a pulse not only measures the heart rate but can also indicate heart rhythm and strength of pulse. The normal pulse for healthy adults ranges from 60 to 100 beats per minute. The pulse rate may fluctuate or increase with exercise, illness, injury and emotions.

How to check heart rate

This can be checked on various locations on the body where the arteries are located close to the surface of the skin. The pulse can be found on the side of the neck, wrist, groin, behind the knee, ankle joint and foot. The easiest way to check a pulse is at the wrist. When checking the pulse use the first and second finger tips and press firmly on the arteries until you feel a pulse then begin counting using a clock, watch or fob watch for one minute. Remember when checking pulse concentrate on counting the beats rather than watching the clock.



Pulse locations



Wrist pulse

Oxygen Saturation

Some care homes may not have access to equipment to check oxygen levels. Unfortunately to check oxygen levels equipment is required and this cannot be done manually like checking heart rate or respiration. Oxygen is carried around the body by red blood cells. Pulse oximetry measures the amount of oxygen the blood is carrying using a sensor placed on the fingertip or earlobe. The pulse oximeter will display readings in percentages. For a healthy adult the normal reading is between 95% to 100%. If the oxygen level is lower this can indicate there may be a problem with a persons lungs. For example if the lungs are damaged the intake of oxygen will be less.

Another indicator that a person has low levels of oxygen is monitoring for cyanosis. If a person has blue or blue/grey skin on the face, fingers, lips and or tongue this may indicate that the person is not able to take in enough oxygen and will require immediate medical attention.



Pulse oximeter



Cyanosis (hands)

Delirium

Delirium is a common, serious but often treatable condition that starts suddenly in someone who is unwell. A delirium can cause an individual to become more confused than normal or distracted and it can be a very distressing time for that person. Delirium is different to dementia where symptoms occur over in a matter of hours or days.

Symptoms of delirium

- Increased levels of confusion.
- Changes in alertness – The individual may be more drowsy or agitated.
- Poor concentration or easily distracted.
- Disorientation.
- Rambling or slurred speech.
- Changes in behaviour such as verbal and physical aggression and walking with purpose.
- Changes in sleep routine.
- Experiencing hallucinations, abnormal or paranoid thoughts.
- Rapid changes in mood and emotion.

An individual with symptoms of Covid-19 or have a confirmed diagnosis may also develop a delirium.

Management of delirium

The management of delirium is broadly the same whether or not a person has dementia. It is important to find the underlying cause and treat this for example antibiotics for an infection.

- Ensure the individual is free from pain, hydrated and well nourished.

- Maintain a calm environment for example avoiding unnecessary noise and stimulation.
- Make sure hearing aids are working properly and worn.
- Wearing glasses.
- Avoid unnecessary noise at night as much as possible.
- Not moving the individual to areas that may disorientate them.

Using the following mnemonic called PINCHME can help identify potential causes of delirium:

- P – Pain
- I – Infection
- N – Nutrition
- C – Constipation
- H – Hydration
- M – Medication
- E - Environment

Meaningful Activities and Engagement

We know that boredom can be trigger for distressed and challenging behaviours such as aggression, calling out or seeking reassurance. It is important for all staff to try and think about ways in which they can make a connection with residents at this difficult time.

General tips

- Try to continue with a daily routine as this provides a sense of control that is important to many people.
- Display activities that will happen in the home on a visual activities planner and make sure that all activities that cannot take place are removed to avoid disappointment.
- Individual risk assessments should be completed to ensure that any activities are safe for people to do (taking into account their Covid-19 status and physical, cognitive, and emotional difficulties)
- Build handwashing into the start and end of activities wherever possible. Also ensure that all activity equipment is cleaned thoroughly after.
- Get to know resident first. Jot ideas down for activities on what they could enjoy and participate in depending on their cognition and abilities. Ideas for activities that could last for a long period of time and a short period of time.

Activities to keep individuals busy when care homes are closed to visitors

- Make links with primary schools and ask them for letters and pictures for the residents. Some schools remain open for children of key workers.
- Music – Making playlists, singing.
- Arts and crafts – Make a wall display to brighten up environment, colouring in.
- Chores – Some individuals may enjoy supporting with cleaning and tidying.
- Nature – gardening, bird spotting, looking for bugs.
- Exercise – Catch, skittles, chair basketball, chair exercises, target games.
- Quiz.
- Reminiscence – Print off photos or pictures and discuss with groups or individuals.
- Reading out short stories or poems out loud.
- Jigsaws, puzzles and board games.
- Sensory activities for individuals with severe dementia.
- Watching old films or television programme.

Ideas for activities for individuals who are isolated

- Television, DVDs and films. These could be suggested by relatives or even brought in by the family.
- Create and listen to a music playlist.
- Make a life story book.
- Ask relatives to send in photos for reminiscing.
- Quiz, jigsaw or other types of puzzle. Board games.
- Colouring in or arts and crafts.
- Reading stories or the newspaper (avoid anything that may be upsetting).

Supporting Relatives

Not only is this a distressing time for individuals in the care home it's also a worrying time for their loved ones. Although family and friends are unable to visit there are ways to maintain contact and keep connected.

- Send a parcel full of the individual's favourite treats such as food, drinks, smellies and magazines.
- Video calls using skype, face time etc.
- Ask relatives to send letters or cards.
- Telephone calls.
- Ask relatives to send in copies of old photos which can help with reminiscing activities and creation of life story books.
- Record voice messages which could be sent via WhatsApp.

There may be relatives that are struggling with not being able to visit. If this occurs you can signpost them to the Dementia UK Admiral Nurse helpline on **0800 888 6678**. **There are also Admiral Nurses based within the Dementia Service. Please find their contact details in useful contacts section.**

Helpful link for relatives:

<https://www.dementiauk.org/helping-families-keep-in-touch-during-covid-19/>

Useful Contacts

Mental health services are still available to support care homes whether this is over the telephone or a home visit.

**Care Home Liaison Team – Dementia Service (9am to 5pm
Monday to Friday excluding bank holidays)**

01206 228970

Dementia service helpline (24 hour)

01206 228975

**Admiral Nurses within the Dementia Service (9am to 5pm
Monday to Friday excluding bank holidays)**

01206 228944 or email epunft.admiralnursereferrals@nhs.net

**Social Care Direct (Monday to Thursday 8:45am to 5pm,
Friday 8:45am to 4:30pm)**

0345 603 7630

**The Essex Welfare Service (Monday to Friday 8am to 7pm,
Saturday and Sunday 10am to 2pm)**

0300 303 9988

Single Point - St Helena Hospice (24/7)

01206 890360

Colchester General Hospital switchboard (24/7)

01206 747474

CARE HOMES + CORONAVIRUS

ADVICE FOR HEALTH + CARE PROFESSIONALS

1100

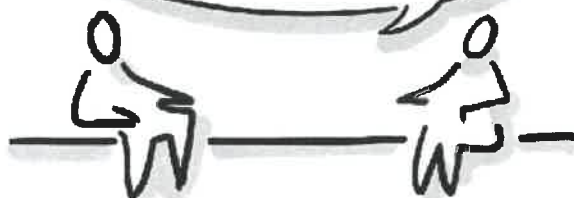
CARE HOMES IN SCOTLAND

36,000

PEOPLE LIVE IN CARE HOMES

AMONGST MOST VULNERABLE TO COVID-19

COULD BE YOUR MUM, UNCLE, GRAN...



① INVOLVE THE PERSON, FAMILY + OTHER IMPORTANT PEOPLE

DISCUSS BY PHONE OR VIDEO CHAT → TO REDUCE SPREAD OF INFECTION



WHAT MATTERS TO YOUR DAD?

PHONE NEXT OF KIN POWER OF ATTORNEY



NURSES + PROFESSIONAL FAMILY + CARERS



EXPLAIN PURPOSE OF GLOVES + MASK

② THINK AHEAD WITH ANTICIPATORY CARE PLANNING

IF YOU WERE TO BECOME SERIOUSLY UNWELL, DUE TO AN INFECTION SUCH AS THE CORONAVIRUS - HOW WOULD YOU LIKE TO BE CARED FOR?

WHAT THINGS WOULD BE IMPORTANT IF YOU WERE MORE SERIOUSLY UNWELL AND MIGHT DIE?

EXPLAIN:

- WE CAN CARE FOR YOU WELL HERE.
- HOSPITAL ADMISSION IS UNLIKELY TO HELP, AND MAY NOT BE AVAILABLE

SHARE PLAN WITH GP PRACTICE



CPR

CPR TRIES TO RESTART THE HEART + BREATHING

IT DOES NOT WORK FOR FRAIL, SICK PEOPLE

FOCUSSING ON GOOD CARE IS WHAT MATTERS

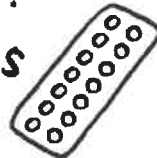


3 MORE UNWELL : REASSESS

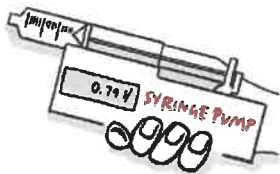
CONSIDER CAUSE FOR DETERIORATION - IS IT REVERSIBLE?

STOP UNNECESSARY MEDICATIONS

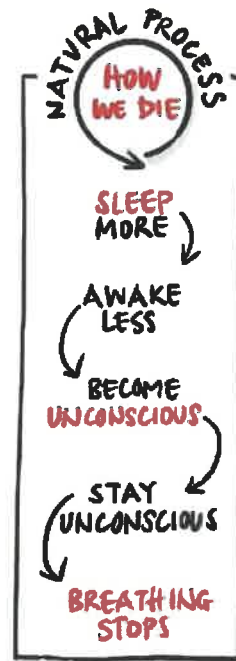
* REVIEW REGULARLY *



WE NEED TO TALK ABOUT DYING →



PRESCRIBE 'JUST IN CASE' MEDICATION - IN CASE OF DETERIORATION



4 CARING AT THE END OF LIFE



NATIONAL GUIDELINES
WWW.PALLIATIVECAREGUIDELINES.SCOT.NHS.UK

5 SEEK HELP FROM COLLEAGUES + EXPERTS

ASK FOR HELP + SUPPORT



6 CARE CONTINUES AFTER DEATH



1 INVOLVE THE PERSON, FAMILY + OTHER IMPORTANT PEOPLE



2 THINK AHEAD WITH ANTIICIPATORY CARE PLANNING



CARE HOMES + CORONAVIRUS

ADVICE FOR HEALTH + CARE PROFESSIONALS

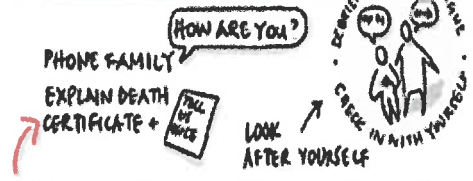
1100 CARE HOMES IN ENGLAND

36,000 PEOPLE LIVE IN CARE HOMES

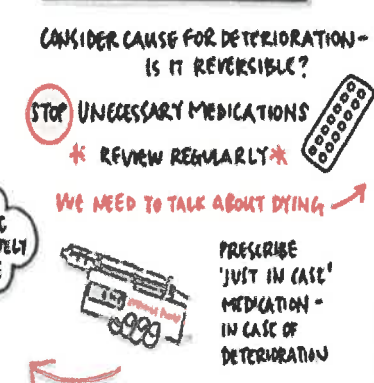
AMONGST MOST VULNERABLE TO COVID-19

COULD BE YOUR MOM, MUM, GRAND

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