

## HELPING RESIDENTS COPE WITH ISOLATION

If a resident tests positive for Covid-19, current guidelines indicate that the person should be quarantined as best as possible away from other residents who may contract the virus. This comes with challenges including difficulty explaining to a person with dementia why this has to happen, managing the infection control procedures with staff and encouraging other residents not to enter that person's bedroom. If the resident has been diagnosed with Covid-19 or is showing symptoms and the decision had been made to use source isolation techniques to protect other staff and residents, then this is likely to have a psychological impact on the resident. This guide aims to explain what psychological impacts isolation may have, both to a person with dementia and a person without dementia. It will also list some strategies that may help reduce any distress that person who is isolated in their room may experience.

### 1. Reduced social contact resulting in loneliness

Evidence shows that lack of social contact can create feelings of loneliness, low mood and may result in people becoming more withdrawn. A person may start to experience these feelings as a result of being placed in isolation and they can increase the longer a person is in isolation. Staff will have to limit the contact they have with the person in accordance with infection control guidelines and the person's family will not be able to visit due to current quarantine guidelines.

#### Strategies that could help:

1. *Maximise social contact:* When providing necessary tasks such as personal care or giving out meals try and incorporate conversations and appropriate, reassuring touch. Staff will already have to utilise PPE and stricter infection guidelines to enter the person's bedroom, so making use of the time spent in the bedroom will reduce the number of times staff will have to go back in. Maximising the social contact such as having a 5 minute chat, holding the individual's hand before or after personal care or sitting with the person while they are eating will help reduce the feelings of loneliness.
2. *Activity:* Try and have at least 1 planned activity with the person a day, even if that activity is short or only just a conversation. Further information can be seen below under Reduced Activity.
3. *Visibility:*
  - If possible, try and face the person's bed/chair towards the door so they can see people walking by.
  - If allowed by infection control guidelines, try and leave the door to the room open, but only if you are confident there is appropriate staffing to stop other residents coming in.

- Try and wave or say hello every time you walk past the person's room, so they feel that people know they are there.
- 4. *Family contact:* Encourage family member to phone/video chat/send letters to keep in contact with the person. Simulated presence may also be beneficial for a person with dementia. There is further guidance available from EBSS on simulated presence if required.

## 2. Feeling trapped

Feeling locked in a room will result in distress; this can be further exacerbated if the person has dementia and has difficulty understanding or remembering the reason why they need to stay in their room. The person may not recognise their surroundings, this confusion and disorientation can be as a result of dementia however it can also occur if the person is experiencing delirium as a result of their illness. People with and without dementia can experience delirium. There is a care plan regarding delirium available from EBSS if you feel this would be helpful. Current guidelines continue to advise against physical restraint to keep a person in their room. If a person continues to come out of their bedroom then another method of infection control will be required. There is further guidance available from EBSS regarding managing residents with Covid-19 that walk with purpose.

### Strategies that might help:

1. *Risk Assessment:* This will be required and judgement made regarding the benefit of keeping a person in their room against their wishes, especially if the person had dementia and is unable to understand need to stay in their room. Please refer to walking with purpose guidelines for further information.
2. *Signage:* Putting signs up in a person's room as a reminder for them to stay there may help, however this could also intensify feelings of being trapped. Wording should aim to be as kind as possible but remain clear and could be similar to "Jean, for safety, please stay in this room for now. Please call staff if you need anything". A picture of a stop sign could be incorporated into the signage.
3. *Personalisation:* People's bedrooms may already be personalised with their own ornaments/pictures/important items, this should be maximised so the person recognises the room as their own. They may then feel more comfortable to stay in there.
4. *Planned time outside:* If a person is becoming particularly distressed with staying in their room all the time, special consideration may be given if the person is well enough, to time outside their room in an area with staff only, this could be even out in the garden. The person can then be encouraged to return to their room after a period of time outside. Staff should adhere to infection control policies and clean any areas that the person may have been in contact with.

### 3. Reduced activity

A regular day for a resident may full of activity in the form of socialising with other residents and staff, receiving visits from loved ones, taking part in groups, watching TV, doing hobbies, or completing an assigned role in the care home. Being in isolation often directly leads to a significant reduction in these activities as a resident becomes no longer able to engage in their usual routine. This can mean being cut off from elements of daily life which usually bring the person pleasure. Over a long duration of inactivity, even more stimulating activities like reading or having a chat can begin to feel like a lot of effort, and can exacerbate feelings of loneliness. While at first this can give rise to feelings of boredom and monotony, it eventually could lead to low mood and depression. Think about whether the person is well enough to take part in activities, but social contact remains psychologically important regardless of how unwell someone is.

#### Strategies:

1. *Examine their environment:* What is in the person's direct environment? Do they have access to any forms of entertainment (e.g. Books, TV, ipad)? Are there photos/pictures on the wall? Do they have access to comfy seating? What do they have to available to them?
2. *Engage in activity:* Look at the persons care plan or 'getting to know me' sheet to find out how to engage them in more personalised activity, especially activities that they may be able to do in their bedroom. This could include reading magazines, looking at photo albums, doing a craft or watching a movie. They may need to be prompted by staff throughout the day to engage in tasks, e.g. 'Anne, I see you have some nice new wool, I wonder would you like to do some knitting?'. Prompting could be done during essential tasks, e.g. when collecting dishes after a meal.

### 4. Not understanding why they have to stay in their room

Cognitive impairment will make it very difficult for a resident with dementia to both understand and to retain the reason as to why they have to stay in their bedrooms. Often someone who has dementia will try to make sense of the situation themselves, and a number of emotive thoughts or fears could result such as 'have I done something wrong?'; 'am I seriously ill?'; 'am I in some sort of prison?'. This could spark a lot of emotions, including fear, anger, sadness, and anxiety and could result in a number of behaviours such as buzzing constantly for staff, asking lots of questions, crying or physical aggression. Therefore it is important to consider the following strategies.

#### Strategies that might help:

1. *Explain to residents why they are in their bedroom :* Open communication is crucial to provide residents with information about what is happening. Use words like 'nasty flu' or 'contagious' to explain that there is a virus, and to help them understand

what is going on. Tell the resident that the guidance is for everybody to stay in their bedroom to keep them safe. Say that the government is taking this very seriously and want to protect people with other health conditions.

Remind them that this is for their own safety. Further information on explaining the virus and maximising communication strategies can be found on our advice leaflet 'HOW TO TALK TO PEOPLE WITH DEMENTIA ABOUT COVID-19'.

2. *Notice Responses* : Notice how each resident responds to the explanation and adapt this if the usual explanation causes more distress

3. *Allow the resident a chance to calm down* : If a residents responds in anger, allow them time to cool down. Return to their room after a short period of time, acknowledge feelings of frustration and provide them with a short explanation as to why they must stay in their bedroom. Distract with a task or activity that they can do in their room.

### **GENERAL STRATEGIES**

The following strategies may be applied to assist in reducing all forms of distress during isolation.

1. *Validation*: Ask the resident how they are feeling. Validate the emotions and empathise with them e.g. 'I agree Margaret, it is quite boring here at the moment with all the activities cancelled. It is really tough. Maybe together we can come up with some activities to take your mind off it. '

2. *Apologising*: An apology allows the person to feel listened to, and shows that the staff understand how difficult this must be for them. 'I'm sorry you have to stay in your room for just now, I would feel the same way if I was in your situation'.

3. *Weigh up the options*: Does the risk of keeping someone in their bedroom against their will overcome the risk of infection? A different plan of action may be required if the distress associated with quarantine in their room is too high. This may include having a section of the care home dedicated to all residents with Covid-19 which special measures for staff working there.

*For more suggestions, support or if you have any questions about this information sheet please get in contact with the Edinburgh Behaviour Support Service on 0131 537 6044 or email us on [EBSS@nhslothian.scot.nhs.uk](mailto:EBSS@nhslothian.scot.nhs.uk)*