Helpsheet

Dementia Support Australia

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Restrictive practices: understanding and managing behaviours in a time of pandemic

The need to keep everyone safe and supported is challenging for residential care services during the COVID-19 restrictions. Dementia Support Australia (DSA) is here to support people with dementia where behaviours and psychological symptoms of dementia (BPSD) are impacting their care. This is especially important during this time.

DSA tips are:

- **Where possible** in the absence of a confirmed case of COVID-19 within your service, BPSD care plans and important routines should be maintained.
- **If a resident** is displaying changed behaviours and is suspected of having an active COVID-19 infection, your normal infection control procedures should continue to be followed. In this situation, certain types of behaviours, such as aggression and 'wandering,' may pose greater risks for the resident, other residents, staff and visitors.
- **The first question** that should be asked is 'does this particular behaviour place anyone at increased risk of infection'. If the answer is 'no,' then there is no reason, in terms of managing infection risk, to restrain a person in any way.

> "Regardless of whether your home is in lockdown or not, we are still available to support."

General advice about supporting where behaviours impact on care

- Look out for common issues - DSA has found that in many instances of altered behaviour there have been clear causes
or events that have led to the changes in behaviour. A common cause is the presence of pain, and/or delirium.
- A delirium screen should always be performed. This should comprise a check of physical observations (pulse, blood pressure and temperature), a physical examination by the person's usual doctor may include full blood evaluation, urea and electrolytes, liver function tests, mid-stream urine culture, and other investigations the doctor may feel to be relevant.
- Provide opportunities to access outdoor areas at specific times. Residents may try to gain access to outdoors on a more regular basis especially when other activities and visitors are restricted, or excursions cancelled.

Chemical and physical restraint

- **DSA does not recommend the use of chemical restraint for people living with dementia. COVID-19 is primarily a respiratory disease, and the use of medications that might cause respiratory depression or render a person immobile is likely to lead to adverse outcomes for that resident.**
- The use of physical restraint is generally not recommended, for the same reasons. Remember, however, that physical restraint can take many forms. Physical restraint ranges from the enforced isolation of a person in their room through to the highly restrictive practice of shackling a person to a chair or bed.
- If there is a concern that a resident, who is unable to voluntarily isolate themselves, may be infected with COVID-19, then the use of a 1:1 'special' is advised. DSA may be able to help on occasion with time limited 1:1 support.
- If the use of a 1:1 is not possible, the next step may be to enforce isolation within the person's own room.

  Before considering this:

  - have you sought help from DSA or another service who may be able to provide alternative recommendations
  - review your approaches to ensuring staff will be aware of the action you are undertaking should there be an emergency
  - that you have sought consent from the family and/or person responsible before taking this step
- **It is very rare for a behaviour to be present throughout the 24-hour day. If there are times when the behaviour is not present (e.g. the resident is asleep) there is no need to maintain the restrictive practice.**
- The use of other devices to enforce immobility, particularly when they are applied to a person with a potentially serious respiratory infection, will lead to adverse outcomes for that person. Before undertaking this ensure you contact DSA or a similar service for additional support and recommendations.
- Enforced immobiliy should only be considered as a last resort and in line with guidelines and specific protocol for use (consent, other options exhausted, monitor and review regularly).

The role of the general practitioner

- Cases managed by DSA are often referred by our Dementia Consultants to a DSA Clinical Associate. Our Clinical Associate team comprises specialist geriatricians or psychogeriatricians in each State and Territory who support our multidisciplinary team.
- While the general practitioner should always remain the first port of call for facilities seeking a medical review of residents with challenging behaviours, please encourage your visiting GPs to call DSA for advice on safe sedation in the event that the use of medications is deemed necessary. They can then connect with a Clinical Associate to discuss the case and what measures might safely be undertaken.

DSA continues to support your care home, via our normal referral pathways. **We are considered an 'essential service' for residential care by the Commonwealth Department of Health** and, as such, our Dementia Consultants remain able to visit to provide direct support, or phone or video conference depending on your preference. Regardless of whether your home is in lockdown or not, we are still available to support.

Version 2 Updated 17 April 2020