

CONSIDERATIONS WHEN CONCERNED ABOUT MOVING A PERSON LIVING WITH DEMENTIA INTO LONG-TERM CARE DURING COVID-19

COVID-19 poses a risk for our elderly and family members both in the community and in long-term care. As a care partner or a person living with dementia in the community, you may be worried about the risk associated with moving into a long-term care home. This may lead you to avoid applying for long-term care or consider declining a bed offer.

Below you will find a list of important things to think about before making either of these decisions. This list does not include all possible questions or considerations and not all questions will apply to you. We encourage you to use this as a guide to help you make the decision you/your family are most comfortable with and that best fits your individual circumstance.

Items for Consideration	Notes:
<p>What does this mean for your long-term care placement application?</p> <hr/> <p>What happens if you decline a bed offer in long-term care?</p> <p>Tip: Please speak with your LHIN Care/Placement Coordinator about these questions and for up to date information.</p> <ul style="list-style-type: none"> • How long do you think you can wait until another bed is offered, especially if care needs increase? • If you decline a bed in long-term care during the COVID-19 pandemic, will you lose your place on the waitlist? • How long will you have to decide? • If the bed offered is not at your first choice of long-term care home, can you wait until your first choice is offered? <hr/> <p>If you decline the bed offer, how does this impact you at home?</p> <hr/> <p>What were the reasons for applying to the long-term care home in the first place?</p> <ul style="list-style-type: none"> • What factors led you to apply for a long-term care bed? Do these factors still exist? • Has the care partner or person living with dementia's medical condition(s) changed recently? If yes, do you think that this will impact the ability to safely provide care at home? • As a care partner, can you continue to meet your own needs and those of others you provide care to (such as children) while meeting the needs of the person living with dementia? • As a care partner, what will you do if you become ill/hospitalized? <hr/>	

Can the person living with dementia continue to receive care at home at the current level of care (or an increased level) for a month or more?

- Thinking of why you applied for a bed in long-term care, can you continue to care for the person living with dementia at home?
- Does the person living with dementia have access to support (Consider: do they live alone or with family)?
- If the person living with dementia requires more PSW support than what is provided by Home and Community care, such as for incontinence, can private PSW care be accessed and afforded?
- Does the person living with dementia have difficulty with various activities of daily living (ADLs) or transfers, such as eating and swallowing or moving throughout the home? If so, can this risk be managed safely?
- Does a plan exist to ensure the person living with dementia does not leave the home unaccompanied, especially during COVID-19?

If you choose to accept the bed offer, how does COVID-19 impact care received at the LTC Home?

What supports are available to the person living with dementia and their care partner to adjust to admission into long-term care?

- Given that visiting restrictions are in effect, is the care partner prepared to leave the person living with dementia with staff on the day of admission without entering the long-term care home?
 - Is the long-term care home prepared to support the person living with dementia with access to virtual visits such as phone calls, facetime, skype etc.? How often can virtual visits occur?
 - Is the care partner able to participate in virtual visits from home?
 - Does the long-term care home consistently assign staff to care for the same residents when possible?
 - What has been done to help offset the loss of support from families and visitors?
 - What supports are available to the care partner to adjust?
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What does the long-term care home do to reduce risk of COVID-19 spread?

- Are staff actively screened when they come into the home and again when they leave the home at the end of their shift; and what does this include?
- How often are residents screened for symptoms?
- What happens if a resident has a symptom?
- How is physical distancing being addressed within the long-term care home?
- How will the staff explain, in dementia friendly way, facemasks and personal protective equipment (PPE) to the person living with dementia?
- Is there a 14-day isolation period post admission and will the person living with dementia be able to tolerate this? Will staffing levels allow for interactions (stimulation) for the person living with dementia during this 14-day isolation period?

What are the next steps?

After reviewing the questions above, you may have unanswered questions for others to help you make the choice that you are most comfortable with. You may find it helpful to list these questions below.

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2.

3.

For more information and support please contact your local Alzheimer Society.

Contact Name & Information:

References:

1. Administration for Community Living/U.S. Department of Health and Human Services. Disaster planning toolkit for people living with dementia. Retrieved from: <https://nadrc.acl.gov/node/151>
2. Alzheimer Society of Canada Disaster (2015). Be ready for an emergency department visit. Retrieved from: https://alzheimer.ca/sites/default/files/files/national/hospital/be_ready_for_an_emergency_department_visit_checklist_e.pdf

3. The Ontario Caregiver Organization (2020). COVID-19 Education and resources: Do you have a plan? Retrieved from: <https://ontariocaregiver.ca/wp-content/uploads/2020/03/Ontario-Caregiver-Organization-Caregiver-Contingency-Plan.pdf>
4. Also adapted and used with permission, Alzheimer Society of Niagara and The Alzheimer Society of British Columbia (2005).