



PURPOSE

There are unique challenges in managing COVID-19 in persons with cognitive impairment. These individuals may have difficulty wearing a mask, may not remember to wash their hands, may not cover their mouth when they cough, and may not on their own be able to abide by social distancing practices. As such, we understand the challenges long-term care facilities (LTCFs) have in preventing COVID-19 from spreading among their residents with cognitive impairment and caring for those who test positive. The following are a framework to help LTCFs prevent and mitigate the spread of COVID-19 in memory care areas. These guidelines, in addition to those provided by the [Centers for Disease Control and Prevention](#) (CDC), are to assist in the care of residents in assisted living facilities or other specialized/free standing memory care units. Care for these residents should be person-centered and individualized.

RECOMMENDATIONS

When a person in a memory care unit is suspected of having COVID-19 we recommend the following:

- Follow Indiana State Department of Health's (ISDH's) the infection control practices outlined in the ISDH longterm care [checklist](#).
- Test all the residents and staff in the memory care unit for COVID-19 as soon as possible. To facilitate rapid testing, requests for an ISDH Strike teams can be made at striketeamrequest@isdh.in.gov.
- While test results are pending residents are to be kept in the same unit but confined, if possible, to their rooms; roommates can be kept together while test results are pending.
- Once test results are back residents should be separated based on their test results.

COHORTING

Patients should be cohorted depending on COVID-19 status. Colors can be used on facility maps to help visualize testing results to facilitate moving of residents.

- **COVID-19 Positive (Red)** – These are residents who are confirmed COVID-19 positive and who, based on [CDC criteria](#), still warrant transmission based precautions. These residents should be placed in transmission based precautions (droplet and contact) and cohorted into a COVID-19 wing, floor, or building. If facilities have dedicated COVID-19 memory units, residents may continue to socialize so long as there are no COVID-19 negative residents or residents with unknown COVID-19 status in these units.
- **Unknown COVID-19 status (Yellow)**: All residents in this category warrant transmission based precautions (droplet and contact.)
 - **Waiting for test results** – These are residents whose COVID-19 status is unknown. This can include residents who have been tested and are waiting on results, or residents who are admitted, or readmitted, to a facility where they are likely to have been exposed to COVID-19 (e.g., transferred from a facility with an outbreak). Residents in this category should, if possible, be isolated from residents with a known COVID-19 status (both positive and negative). Residents in this category who have been tested and are waiting on results, may stay in their facility location until test results are back. This can include remaining with a roommate who is



known to be COVID-19 positive if no other private rooms are available. After test results are back residents should be moved to the appropriate area of the facility.

For a resident who tests negative for COVID-19, but has had a roommate who is positive, it is not recommended to place them with another roommate until 14 days after their exposure, assuming they have not developed symptoms or had a positive tests.

- **Symptom Observation** – Residents in yellow status who do not undergo testing can be transferred to the COVID-19 negative areas of the facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period can be done by the facility to increase the certainty that the resident is not infected. Residents who develop symptoms while being observed should be tested and moved accordingly.
- **COVID-19 Negative (Green)** – These include residents who are asymptomatic and not suspected to have COVID-19, asymptomatic residents who have had a negative test, and residents who have recovered from COVID-19 and meet CDC criteria for removing transmission-based precautions. If despite negative testing there remains clinical uncertainty around a resident’s COVID-19 status, the resident should be placed in isolation (yellow status) until additional testing can be done. Droplet precautions are in place for all healthcare providers and masks are to be worn during direct care due to ongoing community transmission. Standard precautions (wearing of gown and other PPE as needed per individual resident needs) should be followed.

CREATING SEPARATE MEMORY CARE AREAS

Those facilities that can separate COVID-19 positive from COVID-19 negative memory care residents into separate memory care units should do so. These units should be closed and should prevent the socializing of residents with COVID-19 from those without COVID-19. For residents with private apartments and private bathrooms, they can be cohorted in their own rooms. This depends on the following:

- They are not rooming with a resident of different COVID-19 status
- Resident can be safely isolated in their room
- Facility can use person-centered approaches to keep residents from wandering and interacting with residents with different COVID-19 status
- Providers can use appropriate PPE when interacting with resident
- Infection control measures within the area can be maintained and matched appropriately to COVID-19 status

STRATEGIES TO CARE FOR RESIDENTS OUTSIDE OF MEMORY CARE UNITS

Those facilities that cannot create separate memory care units for cohorting must move asymptomatic COVID-19 negative residents out of the memory care unit (or move out positive residents – whichever is disruptive to the least number of residents). These residents should be moved to other areas of the facility. They should be monitored for symptoms for 14 days after being moved. If possible, these residents should be placed in their own room. If that is not possible, then residents who are COVID-19 negative moving from the same memory care unit can be placed in the same room.



If testing finds that the majority of persons with COVID-19 in a memory care unit are COVID-19 negative, then the COVID-19 positive residents could be moved out of the memory care area into a COVID-19 dedicated part of the facility. Best practice dementia care is person-centered, tailored to the abilities and changing needs of the resident. Persons with dementia who experience a disruption in their environment or acute illness have a higher risk of increased behaviors. Non-pharmacologic approaches should be used to tailor care and promote safety. For example, residents who wander may need increased one-on-one supervision to prevent them from entering areas of the facility housing residents with a different COVID-19 status. In addition to facility staff, care in this setting may be augmented, at the facility's discretion and upon the approval of the resident or their representative, by an outside caregiver (e.g., family caregiver, a private personal caregiver, or a volunteer caregiver). These outside caregivers may be considered essential providers. The facility will apply similar restrictions to these caregivers as with their own essential staff including being screened upon entering the facility for any signs and symptoms of COVID-19 and standard infection control practices including proper use of PPE. The facility will take corrective action should an outside caregiver be non-compliant with the restrictions as placed on essential staff of the facility.

Special care suggestions for persons with dementia who need to be moved out of the memory care unit and adapt to a change in their environment include the following:

- Attempt to keep the living environment as familiar as possible, and including personal items and surroundings; use visual cues and signage
- Minimize changes in daily routine.
- Maintain continuity of staff and relationships as possible.
- Provide all caregivers personal information about the individual allowing for person-centered care.
- Help keep family and friends connected.
- Share photographs of family and friends; play familiar music.
- Assist with eating and drinking.
- Provide activities and a safe space for a person with dementia to walk about.
- Observe and respond to dementia-related behaviors that may be expressions of pain, hunger, fear, frustration, boredom or overstimulation.
- Provide dementia care training to caregivers assigned to residents with dementia.

If the consistent use of non-pharmacological intervention (s) is ineffective, then the use of psychotropic medication(s) (i.e., pharmacologic intervention) may be appropriate when individuals living with dementia have severe behavioral symptoms that create the potential to harm themselves or others. Continued need for pharmacological intervention(s) should be reassessed frequently and as required by the medication regimen, and/or upon a change in the resident's condition.

ADDITIONAL INFORMATION

Additional information and resources for COVID-19 are available at the links below.

- CDC reference – https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-termcare.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcarefacilities%2Fprevent-spread-in-long-term-care-facilities.html.



- CDC COVID-19 webpage: <https://www.cdc.gov/coronavirus/>
- ISDH COVID-19 webpage: <https://coronavirus.in.gov>
- Alzheimer's Association: https://alz.org/media/Documents/COVID-19-EmergencyTips_LongTermCommunityBasedDementiaCare_AlzheimersAssociation.pdf