



OALA worked in conjunction with Pam Reese, Founder of Quality Now, to provide this sample policy guidelines.

COVID-19 PANDEMIC GUIDELINES FOR MEMORY CARE

IT IS IMPORTANT TO RECOGNIZE THAT THE DEMENTIA OR ALZHEIMER'S PATIENT MAY NOT BE ABLE TO ARTICULATE THEIR SYMPTOMS, THEREFORE STAFF OBSERVATION IS ESSENTIAL IN ASSURING THE RESIDENT'S HEALTH AND WELL-BEING. THE MEMORY CARE ENVIRONMENT HAS GREATER SIMILARITIES TO A CLINICAL BASED SETTING; THEREFORE A FEW ADDITIONAL GUIDELINES MUST BE FOLLOWED.

In general, the staff working on the memory care unit should remain consistent and not cross over to other areas of the community. Staff guidelines are consistent with the staff guidelines of the staff working in the assisted living areas.

Keeping residents confined to their rooms will be difficult, the administrative team should develop internal guidelines for how to control movement on the unit and facilitate social distancing. Examples include:

- Eliminate activities that require close spacing between residents. Enable activities in larger spaces with no more than 8-10 residents at varied times throughout the day.
 - Provide in room activities when possible or provide in room activity materials if feasible.
 - Residents will be anxious without family members visiting, encourage family to come to their room windows if on the first floor. Encourage families to facetime as much as possible. Staff will have to assist in these events and can schedule calls.
 - Use music therapy and uplifting themes as much as possible to keep the Alzheimer's patients' emotions in a pleasant place.
 - Avoid gatherings in the dining room for meals, determine distancing in seating assignments. If the resident can eat in their room, this would be best, but not always possible.
-
- Each resident should have a baseline temperature taken at the beginning and end of each shift. Any variation in temperature must be reported to the nurse responsible. The nurse will then perform a physical assessment of the resident, obtaining critical assessment indicators to report to the Physician.
 - Memory care residents that are exhibiting signs of illness to include a fever, should be isolated from the healthy residents if possible. It is desirable to have the residents most at risk of COVID 19 housed together temporarily on a non-congested hall.
 - Separating staff into the healthy caregiver group and the COVID 19 care group should be determined to limit exposure to all staff and cross contamination to non-affected residents.
 - The two teams of caregivers should have separate stations of supplies and working materials. Each group is responsible to disinfect their workstations at least three times per shift.
 - Limit non-essential staff from entering resident rooms of those exhibiting symptoms. Daily cleaning and trash emptying should be completed by the caregiver team. Limit housekeeping to essential cleaning. Ensure that the housekeeper is wearing appropriate PPE and has been trained to infection control procedures.
 - Do not comingle the memory care residents with the assisted living facility
 - Activity supplies, tables, computer keyboards, telephones, med carts and all other touchable surfaces should be disinfected after use.