Infection prevention and control in aged care

Cognitive decline and dementia

Australian Government
Aged Care Quality and Safety Commission

Engage
Empower
Safeguard

The overall experience of residents

How to create an environment with strong infection prevention and control practices while continuing to provide a positive experience for people with cognitive decline and dementia.

Supporting people living with dementia and managing changing behaviours related to cognitive decline and dementia presents unique challenges. This is particularly true when looking at measures for infection prevention and control (IPC). When we need to reduce the risk of spreading infection, it's important to balance the need for controlling the infection with the resident's wellbeing and quality of life.

A person with cognitive decline and dementia may find it difficult to understand, remember, participate in, or accept precautions for infection prevention and control. This includes things like practising hand hygiene, observing IPC precautions or difficulty recognising staff wearing personal protective equipment (PPE). In an outbreak setting, this is even more challenging for them if they are in quarantine or isolation or have restrictions on visitors or restrictions on entering areas they can normally access.

Topic checklist

- ☐ Do you have IPC policies and procedures in place that include ways to encourage residents to participate in IPC, and includes consideration of people with cognitive decline and dementia?
- ☐ Does your outbreak management plan include supporting the needs of everyone at your service including people with cognitive impairment?
- ☐ Do you have communication strategies that make sure you keep residents, families, and decision makers up to date about what is happening and changing at the service in an outbreak?
- ☐ Are staff trained (or do you have access to IPC expertise) to assess infection risks and create a clinical approach that considers the risks for each resident?
- ☐ Do staff understand that they may need to monitor and repeatedly explain and remind residents about IPC procedures?
- ☐ Are staff trained to support residents to perform hand hygiene, if required?

Tips

1. Buddy regular staff with people with cognitive decline to give them a sense of familiarity. This will also help staff understand and notice any changes in the person's behaviour or health and any challenges they're having.
2. Make as few changes to a person's routine as possible.
3. Regularly remind the person who you are and explain why you're wearing PPE.
4. Base the care you give, and the IPC approaches you use, on an assessment of the person's infection risks and their likely response or level of distress.
5. Pay close attention to how the person responds to different IPC measures. If one causes distress, think about what other methods you can use.
6. Talk to the person's substitute decision maker about the current level of infection risk that is present and how this is changed with the different IPC methods.
7. Think about how a person's actions and movements may pose risks of spreading infection to others as well as of acquiring it themselves, and how different IPC methods can help
8. Continue allowing trusted and familiar people to visit using a Partnerships in care program.

Behaviour support

Behaviour support is key for residents with cognitive decline and dementia.

When managing IPC, you need to think about the things that might make the situation better or worse for each person with cognitive decline and dementia. A behaviour support plan will help you to effectively care for each person and prevent and support behaviour changes while still having effective IPC practices.

Staff need to be aware of the support each person needs and how effective that support is. You need to clearly communicate this information and it needs to be available for new staff and staff that don't regularly work with the person. Knowing what helps and settles each person and what might make them want to move about will help make sure they're happy and supported when there is an infection outbreak.

For additional resources, consider information available on behaviour support plans or access further training on dementia through the Centre for Dementia Learning.

Tips

1. Identify what might unsettle or frighten each person. Think about how IPC practices like staff wearing PPE and outbreak requirements (for example, isolation or cohorting of infected residents) may affect that.
2. Document strategies that work for each person receiving care and services and keep thinking about what else could help them or improve their life.
3. Wherever possible, allocate regular staff to care for people with cognitive decline and dementia to give them a sense of security and familiarity. This will also help staff to notice any changes in the person's behaviours and any new challenges they're having. This can also help staff understand how best to help with any distress as it occurs.
4. Listen to what the person is saying and reassure them if you can. This can include reminding and reassuring them of who you are and what is happening.
5. Create a supportive environment that reduces uncertainty, fear, unfamiliarity, boredom, loneliness and other triggers for distress, agitation, or confusion.
6. Provide a variety of safe activities that you know the person enjoys. This may prevent attempting activities that are riskier during an infectious outbreak. Be creative and have these activities ready to go for each person when you need them.
7. When you find a successful strategy to support someone, share what worked with other staff and document it in the person's behaviour support plan.
8. Identify areas that are safe for people to walk around in, including outdoors. Plan times for this and guide and go with them as appropriate.
9. Find physical activities that might help people who like to move about. Be creative!

Topic checklist

- ☐ Have you identified and documented what situations and events are more likely to cause distress for each resident? As well as actions that pose risks and actions that support the person, including during an outbreak?
- ☐ Have you put strategies in place to reduce a person's distress and unwanted activity during an outbreak?
- ☐ Have you shared this information with the rest of your care team?

Managing wandering and IPC risks in residential care

How to support people who like to wander and move around when looking at the risks and needs of IPC.

Wandering behaviours within residential aged care are common and in normal circumstances may not be a problem. In an outbreak setting they can be a significant risk for effective IPC. People with cognitive decline and dementia who wander may struggle with IPC requirements that minimise the spread of an infection. This includes things like restricted movement between different areas of a service or isolation.

An infectious person touching clean items, or any person touching contaminated items and then moving somewhere else, increases the risk of infection. There are many different reasons a person might be moving about a service such as enjoyment and exercise, boredom, looking for something, or other reasons that can occur with cognitive decline and dementia.

Topic checklist

- ☐ Have you identified and documented why and when each person might wish to move or wander?
- ☐ Have you documented strategies to support the person and enable some activity while reducing wandering, where possible?
- ☐ Think about regular toileting support, even when a person uses continence aids, they may look for a toilet.
- ☐ When there are infections or an outbreak do you need to change where items such as linen and PPE are stored? This may be helpful to avoid unintended touching and cross contamination by people moving about.

Tips

1. Identify and document the reasons the person might wander. The reasons can be different at different times for the same person. Address these reasons or put supports in place to reduce wandering and distress, and the need to move about. Identify areas where moving about can occur safely.
2. Find something the person likes to do instead, something relevant to the person. Find physical activities the person can do seated or without leaving an area.
3. Walk with the person and guide them back to their room explaining where you're going and why.
4. Put up signs, pictures, or photos to help the person work out where they are in the building and where they're trying to go.
5. Have easily accessible information for staff about people that might wander to help keep them safe and guide them back to their room when necessary.
6. Make areas that you don't want the person to go look less inviting, for example, close doors or remove chairs in common areas.
7. Put up hand hygiene signage (include pictures and wording) around the building and in the person's room by the door. Help them to do hand hygiene when needed.
8. Soap and water may be more familiar than sanitiser to some for hand hygiene.

Personal protective equipment (PPE) use

PPE can make it difficult for people with cognitive decline and dementia to recognise or understand you. This can then cause them to become confused, frightened, distressed or agitated.

Wearing PPE changes the way a person looks, which can make it very difficult to recognise someone. For people with cognitive decline and dementia, being unable to recognise you may be frightening and make everything feel unfamiliar or threatening. The use of some PPE – particularly face coverings like masks – can also make it difficult to understand verbal and non-verbal communication and cues.

Face coverings can muffle speech and hide facial expressions that a person with cognitive decline or dementia may rely on. This can also severely impact communication with people who are deaf or do not have English as their first language. People can miss out on the important reassurance of a smile or kind expression. You may need to show these in other ways.

You need to be aware of things which make the situation better or worse for each person, then plan for supports and staff awareness.

Topic checklist

- ☐ Are staff trained to identify situations when it is minimal or high risk to briefly remove their mask if this helps in communication?
- ☐ Have you talked about PPE with visitors, especially family and friends, so they can use it if required?
- ☐ Are visitors aware of strategies they can use to reassure people in care who find people in PPE distressing or confusing?
- ☐ Think about how a visitor or partner in care who only visits a single person may pose very different risks compared to a staff member moving between several areas and residents. These visits can contribute to care and reduce risks to wellbeing, behaviour, and quality of life during outbreaks.

Tips

1. Take a picture of staff members with and without PPE. Put these in visible locations or give them to people who have cognitive decline and dementia.
2. When masks are needed, if it's safe, think about briefly removing your mask to greet the person so they can see your face and smile and know who you are.
3. Give people receiving care and services information about PPE, especially masks, including how long you will need to use it and what PPE you will use. Keep reminding and reassuring people about this if they don't remember.
4. Take care to speak slowly, loudly, and clearly wherever this will help, still trying to keep your tone calm and kind.

Helping residents with cognitive impairment perform effective hand hygiene

It's important to help residents with cognitive impairment perform effective hand hygiene to reduce the risk of infection to themselves and others.

You can help residents with cognitive decline and dementia perform good hand hygiene, by reminding them to wash or sanitise their own hands or by helping them to wash or sanitise. Think about changes you can make to make this process as easy as possible. This can include considering each person's ability and their preferred method.

There are some videos available on the Commission's website on cleaning your hands and sanitising your hands.

Topic checklist

- ☐ Are staff providing direct care or lifestyle activities at the service trained in how to wash or sanitise other people's hands?
- ☐ Have you introduced hand hygiene as a standard task before mealtimes to get people used to the routine?
- ☐ Do you know who needs reminding and who needs physical assistance with hand hygiene?

Tips

1. Practise washing and sanitising someone else's hands before you do this with a resident.
2. Create a routine around handwashing. This makes it a regular activity for people with cognitive decline and dementia and can include regular prompts where needed. Make sure the equipment is handy for them.

Detecting and managing infections

People with cognitive decline or dementia may have difficulty recognising and communicating their symptoms. This means it's important for staff to identify any changes. Changed behaviours can increase the risk of infection transmission in residents who are unwell, agitated or confused. This can be challenging to manage.

It's important for you to identify changes in the person and watch for early signs of infection. Finding infection early will help stop it from spreading to other residents and becoming a wider outbreak.

People may have behaviours that increase the risk of spread of infection such as shouting, touching surfaces and equipment, or moving around spreading infection to general areas or other residents. They may also risk exposing themselves to infectious people, or contaminated spaces or surfaces. They may not be able to follow advice like performing cough etiquette or remaining in their rooms.

Topic checklist

- ☐ Do you, visitors and volunteers know what resident symptoms and signs to look out for to detect infections?
- ☐ Is there a process you follow to detect resident infections, including clinical screening, testing and escalation processes?
- ☐ Do you clean more frequently in the resident's room and their surrounding area if a resident has a suspected or confirmed transmissible infection?
- ☐ Are staff trained on infection control procedures and specific behavioural approaches to reduce infection spreading behaviours for individual residents?

Tips

1. Allocate regular staff to care for people with cognitive decline and dementia, to help staff recognise early any changes to the person's condition or behaviour.
   For example, notice if a person is 'just not themselves'.
2. Increase frequency of clinical monitoring, supervision, and meaningful individualised support in general areas to reduce the risk of residents behaving in ways that could increase the spread of infection.
3. Make sure staff know about, and are comfortable following, residents' care plan approaches to prevent, reduce and change behaviours that can spread infection. Ask for expert support and advice early if a resident's behaviour is likely to pose risks to themself or others during an outbreak. IPC aspects of the the care plan should be regularly updated during an outbreak to reflect changing infection risks.
4. A behaviour support plan which lists regular routines, preferences and behaviours may help you identify changes.
5. Look for and monitor changes which can indicate infection, including a person's:
   - ✔ activity level, withdrawal and decreased activity or increase in agitation or confusion
   - ✔ alertness
   - ✔ engagement
   - ✔ appetite
   - ✔ food and fluid intake
   - ✔ bodily functions
   - ✔ pain.
6. A behaviour support plan should take into consideration how a person responded with previous IPC approaches, what worked well and what did not. This information can be from documentation, staff who know the resident well or family.
7. Make sure clinical handover of residents, for both care staff and nurses, includes behaviours that increase infection risks and ways to reduce risk that you have in place, or you have tried.
8. When risks of spreading infection are high (for example during an outbreak) clinical screening of residents at risk will need to be undertaken (for example daily, or twice daily clinical observations and close observations of behaviour changes).
9. Increase cleaning in general areas that you observe to be frequently touched to reduce the risk of spread of infection.

Family and friends

People benefit from ongoing close relationships with family and friends even during outbreaks. As a service, it's important to support all visitors to understand IPC requirements and their role in IPC. This creates a safer environment for everyone.

A Partnerships in care program can help visitors to your service, including the family and friends of people receiving care to understand their role in IPC so that important relationships can continue. This means that anyone who comes to your service as a visitor or volunteer can continue their relationships even during infectious outbreaks.

Visitors and volunteers at your service will face many of the same challenges as staff when they visit people with cognitive decline and dementia. It's your role to support everyone to follow IPC practices. This includes hand hygiene and wearing PPE when needed. There are resources available on the Commission's website to support you and your visitors including the visiting essentials for partners in care and visiting essentials during an infectious outbreak online learning modules.

Tips

1. Provide support and instructions for visitors and volunteers on understanding and performing hand washing and sanitising themselves and others.
2. Provide instructions and information to all visitors and volunteers on PPE requirements in a way that is meaningful to them so that can understand what to do.

Topic checklist

- ☐ Do you have a formal 'partnerships in care' program?
- ☐ Is the information you provide to visitors and volunteers up to date?
- ☐ Do you have a plan for regular communication with visitors and volunteers?
- ☐ Are visitors and volunteers familiar with your IPC processes, advised when processes are changed because of increasing risk and aware of what to do when these changes happen?
- ☐ Are there supports in place for visitors and volunteers to follow IPC practices when there have been recent cases identified in the service? Or when visiting in an outbreak?
- ☐ Do you have a visitors and volunteers entry process that screens for infection?
- ☐ Is there support to help visitors and partners in care to understand risks to themselves during an outbreak, especially where they may themselves be particularly vulnerable.

Substitute decision makers

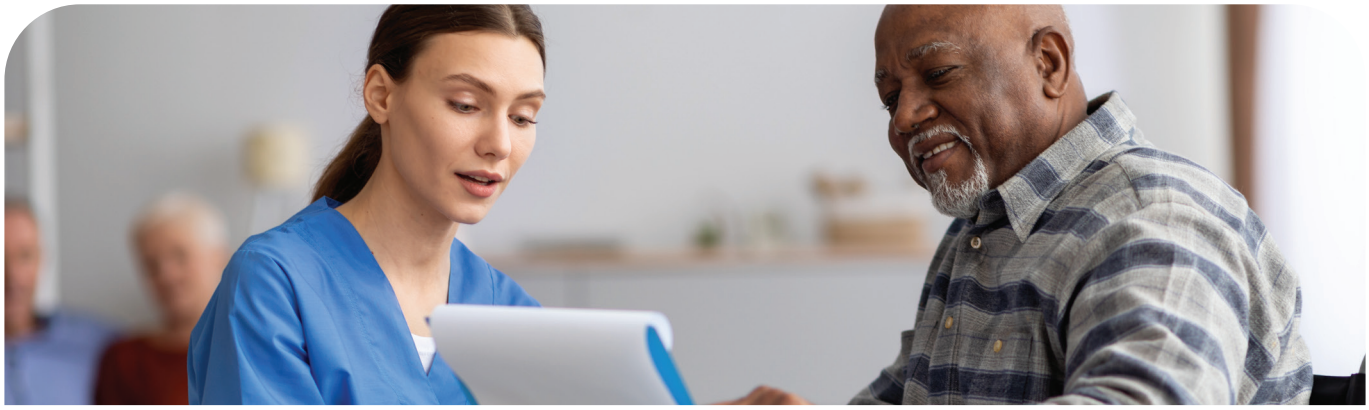
Aged care services need to make sure that they have up-to-date contact details for substitute decision makers for everyone in their care with cognitive decline and dementia who are unable to make certain decisions for themselves.

Having up-to-date information makes sure that the service can contact the correct substitute decision maker immediately when an urgent decision is needed, for example, about taking someone to hospital.
The substitute decision maker will also be able to support the service by helping to make choices with, or for, the person about the care and services they receive.

Communication with substitute decision makers

Aged care services need to communicate regularly with substitute decision makers for people in their care.

You need to make sure that substitute decision makers know about changes in the service that affect the person receiving care and services. Substitute decision makers need to understand the impacts of infections and outbreaks on the person receiving care, so they can make informed, quick decisions. This includes information on how long any IPC measures will be in place as well as strategies you're using to help the person cope throughout the process.



Topic checklist ✓

- ☐ Is all your documentation on substitute decision makers up to date?
- ☐ Do you know how to identify the correct substitute decision maker according to your jurisdiction?
- ☐ Have you checked you have current contact details for substitute decision makers within the last 6 months?

Tips

1. Review contact information and files on a regular basis, updating as needed.
2. Make sure you document decisions that are made for the person related to IPC such as vaccinations and antiviral medications.

Topic checklist ✓

- ☐ What support do you have available for substitute decision makers?
- ☐ Do you have regular updates with substitute decision makers?
- ☐ Is it clear who is responsible for communication with residents and substitute decision makers?

Tips

1. Communicate regularly with residents and substitute decision makers, using everyday language, to make sure they understand how the situation is changing.
2. Think about using communication aids like flow charts, if this is useful in the specific situation, so that substitute decision makers can quickly understand key information about the situation.

Assessing the person's vulnerability

A person's risk of catching an infection can be affected by things like:

- the type of infection
- underlying health conditions affecting immunity
- ability to comply with risk management processes
- how consistently IPC processes, like hand washing, are followed by everyone
- resident and staff vaccination
- building layout including ventilation, density, shared rooms, and bathrooms.

As risk of infection is different for each environment, doing a risk assessment for your service and each area within it is very important when looking for factors that can be modified.

The capacity of people receiving care and services to make all types of decisions is something you manage daily. There are extra things you need to think about when looking at a person's capacity related to IPC. For example, is the person able to understand you, follow directions or copy you? This can affect a person's ability to follow and understand instructions for IPC requirements like hand hygiene, isolating or reducing wandering to stop the spread of infection.

Along with capacity, you also need to think about a person's capability. For example, can the person take part in some of their own care, and can they be encouraged and supported to do this? Think about whether someone can do some things like washing or sanitising their own hands effectively, if they need some support, or if they are not able to do this at all.

Topic checklist

- ☐ Do you do regular IPC risk assessments that look at the needs, abilities, and limitations of anyone with dementia or cognitive impairment?
- ☐ Do you have processes in place that reduce related infection risk?

Tips

1. Assess and record the capacity and capability of people with cognitive decline and dementia, and review regularly as this can change, for example, with illness.
2. Use pictures and posters to remind residents about IPC processes.
3. Do activities or demonstrations to reinforce behaviours like washing and sanitising hands regularly.

Incident management and reporting

Incident management and reporting is a requirement for approved aged care providers.

Aged care services need to manage all incidents appropriately and meet the requirements of the Serious Incident Response Scheme (SIRS). Two of the types of incidents that you must report through SIRS are inappropriate use of restrictive practices and neglect. This means you need to think about how you put isolation practices in place and make sure that they're appropriate for the infection you're managing and in place for the minimum time required.

Topic checklist

- ☐ Do your staff understand that detection, reporting and all incident management requirements and processes apply equally to memory support units, to people living with dementia and all other residents? Requirements apply fully in relation to people who cannot remember incidents or cannot report one themselves.

Tips

1. Train staff in detecting neglect and inappropriate restrictive practice use for people living with dementia and understanding reporting requirements.
2. Have governance processes to ensure incident management and reporting is effective and compliant with requirements.
3. Make sure that you think about the infection you're managing and what is needed – use isolation only where it's needed, and the rationale is clear.

The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.

Last updated 5 March 2024. Updated versions with new content may become available – check back on our website regularly to ensure you are accessing the current versions. If you would like to provide any feedback in relation to this resource, please email education@agedcarequality.gov.au.

Phone
1800 951 822

Web
agedcarequality.gov.au

Write
Aged Care Quality and Safety Commission
GPO Box 9819, in your capital city