

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 UK (DS UK) 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.

DS UK tips are:

- **Where possible** i.e. 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 – DS UK 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 including 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

- DS UK 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 an adverse outcome 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.
- 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.
- 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 DS UK 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 DS UK or a similar service for additional support and recommendations.
- Enforced immobility 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).