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Ethical considerations for managing residents who lack the cognitive ability to adhere to IPAC protocols in long-term care settings

Presenting Issue: How should the situation be managed when a long-term care home resident has cognitive impairments, such as dementia, and exhibits wandering behaviours which may put the individual at an increased risk for exposure to COVID-19 or being a vector for transmission to others?

Contextual Suggestions & Practicalities:

- This analysis focuses on the ethics considerations posed during the COVID-19 pandemic pertaining to setting limits on a resident's freedom of movement, e.g. via physical, chemical, or environmental restraints
- Clinical, legal, and context specific considerations should supplement these suggestions
- Adoption of value neutral and person first language is encouraged, (e.g. inability to comply versus non-compliant; person with dementia versus demented).
- Patient cases posing these issues are complex and specialist consultation (e.g. psychiatry, geriatric psychiatry, behavioural support specialists, geriatricians, risk, legal, and ethics, etc.) is encouraged to support the local care team, where feasible
- Use of virtual or telemedicine consultation to supplement local expertise is encouraged
- Due to visitation restriction in most healthcare institutions, we cannot rely on supplementary support (e.g. family caregiver) during the pandemic; however, efforts to engage family and friends through technology should be attempted unless the harm outweighs the benefits.
- Recognize that because COVID is a novel disease, there is additional fear and uncertainty, but to the extent possible, try and treat COVID analogously to other communicable diseases that can pose comparable harm to long-term care home residents and staff.
- The ultimate goal is to strike a compassionate balance between maximizing benefits (i.e. both individual and collective safety) and minimizing harm (i.e. individual and collective).

Ethical Issues:

1) What are ethically justifiable management approaches if a resident with cognitive deficits poses a risk of harm to self or others during the COVID-19 pandemic?

2) How can we balance the interests of an individual resident against potential harms to others (including other residents and staff) in a congregate care setting for persons that are highly susceptible to significant morbidity or mortality if they contract COVID-19?

Key ethical values:
Below are several ethical values to help inform decision-making around case management.

Ethical Values	Description	Application in COVID-19 Pandemic
Respect for Persons	All persons have an inherent worth and deserve to be treated to in a manner to maximize their dignity and autonomy	• Persons with wandering behaviours that pose a risk to self or others deserve to be treated with respect and dignity • Limits to autonomy should be the least restrictive necessary to reduce potential harm • Persons with cognitive impairments may lack the ability to understand the need for isolation and may be unable to understand or articulate how this negatively impacts them. This vulnerability should help inform an incremental approach to mitigate risk. • Absent emergency situations, consent for use of restraints should be obtained
Equity	Similar cases should be treated similarly and dissimilar cases should be treated in a manner that reflects the dissimilarities	• COVID positive or suspected residents should be treated comparably to other residents that pose the same degree of harm to self or others, e.g. similar to other residents on droplet precautions • Apply a fair and consistent process for decision-making on case management • Benefits and burdens should be fairly distributed
Proportionality	Restrictions on individual liberty (e.g. restraints) should be in proportion to the probability and magnitude of risk of harm posed to self or others	• Residents that are suspected or confirmed COVID positive would pose an increased risk of harm to others • Least restrictive measures should be implemented incrementally only to the point needed to mitigate risk
Reciprocity	Supporting those who face a disproportionate burden from a limitation on movement and taking steps to minimize potential negative impacts to the extent possible	• If restrictive measures are put in place for a resident, specific efforts should be made to mitigate the burden of restrictive measures to the extent possible • For example, access virtual or other creative support approaches so that the resident does not feel isolated or abandoned. Refer to RGP-BSO Wandering Guideline for specific recommendations.
Fair Process Principles	Accountability for Reasonableness (A4R) is comprised of 5 fair process principles: Relevance; Publicity; Revision; Enforcement; and Empowerment that outlines specific conditions for *how* decisions are made.	• Applying a fair process for decision-making that is transparent, inclusive, publicly defensible, and iteratively reviewed, should guide decision-making and help foster and enhance trust.

Procedure

1) Conduct a situational assessment of the long-term care home in which the resident lives to identify the level of potential risk the long-term care home is currently facing. Consider the following:

    a. Are there any current COVID positive or suspected cases in the long term care home?
    b. Is the long term care home or the units adjacent to the resident with wandering behaviours in a declared COVID outbreak?
    c. Is the resident with wandering behaviours COVID positive or suspected?
    d. Is the resident with wandering behaviours in a shared or private room?
    e. Does staff have access to and are using appropriate PPE?

    The responses to these questions should help realistically appraise the current level of risk and by extension, potential harm.

2) Conduct or review a previously completed behavioural assessment to identify behavioural root causes or triggers for the wandering behaviours. In particular, noting if there have been any recent changes in behavior, e.g. due to increased isolation.

3) Collaboratively identify least restrictive measures such as diversion and redirection methods. If any physical, chemical, or environmental restraints are used, obtain consent from resident or if applicable, their substitute decision-maker (SDM). If there is disagreement between the healthcare team and resident/SDM on proposed plan of care, apply usual conflict resolution procedures.

4) If least restrictive measures are ineffective, consider next least restrictive steps (i.e. an incremental approach) that can be trialed.

5) Restrictions on movement via physical, chemical, or environmental restraints should be a last resort if there is no other way to proportionally address the risks posed by the wandering behaviours.

6) If physical, chemical, or environmental restraints are required, their continued use should be re-evaluated on an ongoing basis and used only as long as necessary to mitigate risk.

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Decision Making Process

Presenting Issue:
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STEP ONE
Identify the level of potential risk of harm (to self or others) is caused by the resident's behaviour

Consider such things as: (1) number of current or suspected COVID19 cases in the home, (2) the home or unit's outbreak status, (3) the resident's current status related to COVID19, (4) the resident's accommodation type (shared or private), and (5) staff members' access to and use of appropriate PPE.

The restrictiveness of the interventions used to manage the resident's behaviour should be proportional to the level of risk.

The level of risk can change, sot it must be continually re-assessed and interventions adjusted to match.

STEP TWO
Are there any **known triggers** for wandering behaviours, or any **recent changes** in behaviour?

Known triggers should be reduced and recent changes investigated prior to implementing an intervention to manage the resident's behaviour whenever possible

STEP THREE
What are the **least restrictive types of intervention** available (e.g. diversion and redirection?)

All of the least restrictive types of interventions should be attempted before escalating to a more restrictive intervention.

STEP FOUR
If least restrictive measures are ineffective, consider ***the next least restrictive types of intervention*** that can be attempted.

A more restrictive intervention should be implemented **only if** all other less restrictive interventions are known to be ineffective.

STEP FIVE
Monitor the effectiveness of the intervention on an ongoing basis, and reduce to a less restrictive intervention whenever possible

***Note: Consent must be obtained for any intervention that falls under the Health Care Consent Act. If there is a disagreement related to consent, apply usual conflict resolution procedures.*