

Information from the CDC on COVID-19 and Memory Care Units.

At least half of older adults living in long-term care facilities suffer from cognitive impairment with Alzheimer's disease or other dementias. Memory care services, designed to meet the unique needs of residents with dementia, are often provided in dedicated care units or wings of a facility. Some memory care units may be secured or provide restricted access (e.g., using a code) to control entry and exits, and have dedicated, specially trained staff or teams working with residents.

The first step in caring for people living with dementia in any setting is to understand that changes in behavior (e.g., increased agitation, confusion, sudden sadness) or worsening symptoms of dementia should be evaluated because they can be an indication of worsening stress and anxiety as well as COVID-19 or other infections.

Infection Prevention and Control (IPC) Guidance for Memory Care Units

Infection prevention strategies to prevent the spread of COVID-19 are especially challenging to implement in dedicated memory care units where numerous residents with cognitive impairment reside together. For example, residents can have a difficult time following recommended infection prevention practices such as social distancing, washing their hands, avoiding touching their face, and wearing a cloth face covering for source control. Changes to resident routines, disruptions in daily schedules, use of unfamiliar equipment, or working with unfamiliar caregivers can lead to fear and anxiety resulting in increased depression and behavioral changes such as agitation, aggression, or wandering.

Healthcare personnel (HCP) working in memory care units [in long-term care facilities including nursing homes, skilled nursing facilities, and assisted living facilities](#) should follow the IPC guidance for those specific settings, which are considered supplemental guidance to the [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#).

In addition to the current IPC guidance for long-term care facilities, nursing homes and assisted living facilities providing memory care should consider the following:

- Routines are very important for residents with dementia. Try to keep their environment and routines as consistent as possible while still reminding and assisting with frequent [hand hygiene](#), social distancing, and [use of cloth face coverings](#) (if tolerated). Cloth face coverings should not be used for anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- Dedicate personnel to work only on memory care units when possible and try to keep staffing consistent. Limit personnel on the unit to only those essential for care.
- Continue to provide structured activities, which may need to occur in the resident's room or be scheduled at staggered times throughout the day to maintain social distancing.
- Provide safe ways for residents to continue to be active, such as personnel walking with individual residents around the unit or outside.
- Limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel.
- Frequently clean often-touched surfaces in the memory care unit, especially in hallways and common areas where residents and staff spend a lot of time.
- Continue to ensure access to necessary medical care, and to emergency services if needed and if in alignment with resident goals of care.

When residents on a memory care unit are suspected or confirmed to have COVID-19

- As it may be challenging to restrict residents to their rooms, [implement universal use of eye protection and N95 or other respirators \(or facemasks if respirators are not available\)](#) for all personnel when on the unit to address potential for encountering a wandering resident who might have COVID-19.

- Consider potential risks and benefits of moving residents out of the memory care unit to a [designated COVID-19 care unit](#).
 - Moving residents with confirmed COVID-19 to a designated COVID-19 care unit can help to decrease the exposure risk of residents and HCP; however,
 - Moving residents with cognitive impairment to new locations within the facility may cause disorientation, anger, and agitation as well as increase risks for other safety concerns such as falls or wandering.
 - Additionally, at the time a resident with COVID-19 or asymptomatic SARS-CoV-2 infection has been identified, other residents and personnel on the unit may have already been exposed or infected, and [additional testing may be needed](#).
 - Facilities may determine that it is safer to maintain care of residents with COVID-19 on the memory unit with dedicated personnel.

- If residents with COVID-19 will be moved from the memory care unit
 - Provide information about the move to residents and be prepared to repeat that information as appropriate.
 - Prepare personnel on the receiving unit about the habits and schedule of the person with dementia and try to duplicate it as much as possible.
 - Move familiar objects into the space before introducing the new space to the resident. Familiar objects such as favorite decorations or pictures can help make the person feel more comfortable; this applies to their new surroundings as well if residents are moved to new spaces.