

# Caring for the wandering person during COVID-19

## “Why am I wandering or seeking to leave?”

I may be:

- hungry or thirsty
- looking for something, e.g. toilet, spouse, pet
- in pain or feel unwell
- in an unfamiliar environment
- feeling frightened, anxious or depressed
- bored
- following past routines, e.g. going to work or the shops

## Actions to help keep me safe



Top 5 | This is Me | Sunflower\*



Location signage



Redirection signage



Clocks and calendars



Familiar items e.g. photos



Communication with family and carer



Meaningful activities e.g. activity boxes



Music therapy



Movement and safe mobility



Conversations and face-to-face engagement



Drinks and snacks available



Glasses and hearing aids



Normalise sleep-wake cycle



Encourage and assist with toileting



Sensor alarms and monitoring devices



Monitor and respond to distress and anxiety now



Manage pain and discomfort



Positive body language and attitude  
*‘Understand me, don’t argue with me’*

## Principles for caring for the wandering person during COVID-19

Supporting safe and high-quality person-centred care is essential. This information is useful for hospital and residential aged care facilities.

### Important information for keeping people **S A F E**

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#### Situation triggers

Potential situation factors that can trigger behaviours are:

- limited access to interactions with people (staff and caregivers)
- seeing people in personal protective equipment (PPE) – this may be frightening
- communication difficulties in PPE masks
- bed moves to and from isolation.

Being in isolation also increases the risk of adverse events (agitation, falls).

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#### Assessment and review

When isolating individuals with suspected or confirmed COVID-19, take the following steps.

- Inform and discuss reasons for isolation with the individual, their family and carers. You may need to reinforce this information frequently if the person has cognitive impairment.
  - Clarify who will be the person responsible and who the key contact person is. Document this information in the medical record.
  - Discuss and decide with the family and carers how frequently they would like to receive condition updates.
  - Provide regular face-to-face observation and engagement with the individual.
  - Monitor behaviour, cognition, emotions.
  - Monitor vital signs, including pain.
  - Conduct regular safety huddles.
  - Assess behaviour and risk of harm.
  - Complete a behaviour management plan.
  - Decide what will trigger an escalation for medical review.
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#### Family and carers

- Encourage family and carers to note and advise of any changes in behaviour or function.
  - Engage with family and carers (via phone if they are unable to visit). Ask about:
    - any sudden change in behaviour or function to assist in determining delirium
    - what usually helps settle the person
    - what things are important to the person to assist with care (do they have a usual routine?).
  - Complete communication tool, such as TOP 5, This is Me or Sunflower.
  - If family and carers are visiting face-to-face:
    - assist and teach them in the correct use of PPE
    - reinforce the need for good hand hygiene, cough etiquette and physical distancing during their visit
  - If the family and carers are unable to visit, set up virtual interactions (phone, FaceTime).
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#### Environment

COVID-19 will force changes to the clinical environment, these may include:

- single rooms with intentional rounding
- cohort rooms with intentional rounding
- designated wards, units or areas
- maintaining physical distancing of 1.5 metres
- more frequent hand washing.

Consider requirements for closer engagement and observation in the COVID-19 context, such as skilled staff, short shifts, nurse tag in-tag out.

Consider infection control requirements, including PPE needs and individualised room set-up. Inform and discuss these changes with the individual, their family and carers.

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## Resources and tools

Identify your resource person and speak with them if you need advice on how to access any of these suggested resources.

### General resources

<b>Useful resources</b>	<p><i>Assessment and Management of People with Behavioural and Psychological Symptoms of Dementia (BPSD): A Handbook for NSW Health Clinicians</i>, NSW Ministry of Health: <a href="http://www.health.nsw.gov.au/mentalhealth/resources/Publications/assessment-mgmt-people-bpsd.pdf">www.health.nsw.gov.au/mentalhealth/resources/Publications/assessment-mgmt-people-bpsd.pdf</a></p> <p><i>Confused Hospitalised Older Person (CHOPs)</i>, ACI: <a href="http://www.aci.health.nsw.gov.au/chops">www.aci.health.nsw.gov.au/chops</a></p> <p><i>Cognitive Impairment. Australian Commission on Safety and Quality in Health Care.</i> : <a href="http://www.safetyandquality.gov.au/our-work/cognitive-impairment">www.safetyandquality.gov.au/our-work/cognitive-impairment</a></p> <p><i>Older people in hospital</i>, Department of Health &amp; Human Services, Victoria: <a href="http://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people">www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people</a></p>
<b>Training links</b>	<p><i>My Health Learning</i>, Health Education Training Institute: <a href="http://www.heti.nsw.gov.au/education-and-training/my-health-learning">www.heti.nsw.gov.au/education-and-training/my-health-learning</a> (NSW Health staff only)</p> <p>Dementia Training Australia: <a href="http://www.dta.com.au">www.dta.com.au</a></p> <p>Dementia Australia: <a href="http://www.dementia.org.au">www.dementia.org.au</a></p>

### Specific actions

<b>Activity boxes</b>	Used to engage the person in purposeful activity (magazines, puzzles, fidget boards, towel folding, toolbox). Some activities require no planning and others need a little preparation. Have some prepared options accessible to use if needed. Consider individual boxes that will be discarded.
<b>Anxiety</b>	Unfamiliar environments, people, noise and routines can cause anxiety for people. Provide reassurance and support frequently. Address underlying feelings if possible. Engage in activities. Avoid caffeinated drinks.
<b>Body language</b>	Use open body language with your interactions with the person. Approach from the front with a wave and smile (consider use of full-face shield where available, without mask). If the person is sitting or in bed do not stand over the person, meet at eye level. Consider posture, position and respect personal space. Hands open and visible.
<b>Closer observation</b>	Patients who present with confusion can sometimes behave in ways that places themselves or others at risk. Close observation or 'specialling' of these patients may be considered. Refer to local guidance.
<b>Conversations and engagement</b>	Stimulation can reduce wandering behaviours and enable trust. Engagement involves supporting nutrition, personal care, mobility and daily living. Conversations can be about their interests, preferences, likes and dislikes, personal history and so on.
<b>Communication with family and carers</b>	<p>Establish with the family and carers who is nominated as the 'person responsible' and who is the 'key contact person' to receive information and updates. Where these are different people the care team must have a written communication plan.</p> <p>Provide support in establishing virtual interactions for the family and carers. Schedule times for virtual visits. Before the scheduled time, arrange to have a device ready, link to facility wi-fi, and have support to help the person use and understand the technology. Make it a positive experience.</p> <p>Encourage the family and carers to use the REACH program if required. REACH, Clinical Excellence Commission: <a href="http://www.cec.health.nsw.gov.au/keep-patients-safe/Deteriorating-patients/reach">www.cec.health.nsw.gov.au/keep-patients-safe/Deteriorating-patients/reach</a></p> <p>Use culturally specific communication cards to prompt discussion, assist with directions and clarify needs. Communication Cards, Centre for Cultural Diversity in Ageing: <a href="http://www.culturaldiversity.com.au/service-providers/multilingual-resources/communication-cards">www.culturaldiversity.com.au/service-providers/multilingual-resources/communication-cards</a></p>
<b>Intentional rounding</b>	Intentional rounding is a structured approach whereby nurses conduct checks on patients at set times to assess and manage their fundamental care needs. <i>Intentional patient rounding: information for clinicians and health professionals</i> , Clinical Excellence Commission: <a href="http://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0007/399670/Intentional-Patient-Rounding.pdf">www.cec.health.nsw.gov.au/_data/assets/pdf_file/0007/399670/Intentional-Patient-Rounding.pdf</a>

<b>Meals and snacks</b>	Encourage and assist with eating and drinking. Eating all meals out of bed engages the person in usual tasks. Establish food likes and dislikes with the person and their family and ensure these are documented. Consider access to snacks and drinks on the ward for when the person is seeking food or drink. Finger foods may be well accepted.
<b>Monitoring devices</b>	Consider equipment, devices and tools to promote safe mobility and reduce harm from falls. There are bed and chair alarm devices that may be considered which will indicate when a patient is moving or standing. Sensor alarms need to be carefully considered if they are appropriate for the wandering patient. Some alarms may increase agitation and will not be useful or appropriate for many wandering patients.  Contact your local falls coordinator for information. Follow local infection control procedures.
<b>Movement and safe mobility</b>	Being active can reduce wandering behaviours. Encourage activities like participating in showering and other grooming and self-care activities, getting out of bed and moving around the ward with supervision or assistance if required, and participation in exercises. Consult with your allied health teams. <i>Safe mobilisation</i> , Clinical Excellence Commission: <a href="http://www.cec.health.nsw.gov.au/keep-patients-safe/Falls-prevention/Leading-Better-Value-Care/safe-mobilisation">www.cec.health.nsw.gov.au/keep-patients-safe/Falls-prevention/Leading-Better-Value-Care/safe-mobilisation</a>
<b>Music therapy</b>	Individualised music therapy can be used to engage, calm or reassure the person with something familiar. Discuss music options with the person, their family and carers. Use available technology to assist, e.g. the patient's own devices, such as tablets, phones.
<b>Pain</b>	Monitor agitation and distress as a signal of pain. Assess for acute and chronic pain using non-verbal pain tools (e.g. Abbey Pain Scale, PAINAD). Monitor with regular rounding and treat pain. Implement non-pharmacological approaches along with pharmacological interventions. Provide regular analgesia as opposed to as needed.
<b>Person centred communication and care tools</b>	<b>TOP 5:</b> is a communication tool that encourages health professionals to engage with carers to gain valuable non-clinical information to help personalise care. <a href="http://cec.health.nsw.gov.au/improve-quality/person-centred-care/top5">http://cec.health.nsw.gov.au/improve-quality/person-centred-care/top5</a>  <b>This is Me:</b> this tool, developed by Alzheimer's Society UK, is used to identify the needs, interests, preferences, likes and dislikes of people with dementia. <a href="https://www.alzheimers.org.uk/get-support/publications-factsheets/this-is-me?fileID=1604">https://www.alzheimers.org.uk/get-support/publications-factsheets/this-is-me?fileID=1604</a>  <b>Sunflower:</b> Use this tool to find out more about the older person including their interests and hobbies. The Sunflower is part of the ACI CHOPs program. <a href="https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0017/401930/ACI-Agedcare-CHOPs-Sunflower.pdf">https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0017/401930/ACI-Agedcare-CHOPs-Sunflower.pdf</a>
<b>Safety huddles</b>	Safety huddles are a brief, focused exchange of information about potential or existing safety risks, e.g. falls, delirium, nutrition, pressure injury, which may affect the person, staff and any person accessing the healthcare environment. <i>Safety huddles</i> , Clinical Excellence Commission: <a href="http://www.cec.health.nsw.gov.au/improve-quality/Safety-Fundamentals-for-Teams/safety-huddles">http://www.cec.health.nsw.gov.au/improve-quality/Safety-Fundamentals-for-Teams/safety-huddles</a>
<b>Signage and props</b>	Use signs to assist with wayfinding. For example, label the toilet door with a picture of a toilet and the word 'toilet'. Include in the room items that help with orientation such as clocks, a calendar, familiar items, such as photos of family, etc. Display calming images or artwork, e.g. landscape prints, displays on TV, disposable art.  Discuss impact of infection control processes with family and carers.
<b>Sleep-wake cycle</b>	Noise causes sleep disruptions but when reduced can lead to more sleep and less intrusive behaviours. Review the sound and light environment. Try calming music in the evening, exposure to natural light during the day and dim lighting during the night. Maintain usual sleep routines and usual sleep attire. Encourage participation in daytime activities and minimise daytime sleeping.
<b>Toileting</b>	People often wander when they are seeking the bathroom. Conduct rounding to encourage a regular toileting routine. Encourage walking to the toilet, with supervision or assistance if required.

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