

## Strategies for Mitigating the Emotional Impact of COVID-19

*March 13, 2020*

Post-acute and long-term care (PALTC) communities around the nation are currently mobilizing resources and putting strategies in place to mitigate the impact of the COVID-19 outbreak on their residents. While slowing the spread of the virus, and containing it if it is present, is undoubtedly our first priority, we must also consider the emotional and behavioral health impact of this public health crisis.

The PALTC patient and resident population, typically older people with pre-existing health conditions, and many with some form of dementia, are the most vulnerable to the wide-ranging effects of the novel coronavirus. This includes the emotional impact of isolation, quarantines, masks, gowns, special procedures, and new equipment that may trigger traumatic reactions. Additionally, the impact of disconnection from loved ones will take an emotional toll.

Residents living with dementia are at even higher risk of not responding well to changes in routines, staffing patterns, and other potential adjustments due to the virus. This increases the likelihood of behavioral symptoms and injury. Moreover, staff and families will be under heightened stress and will need clear, calm, and compassionate guidance.

To mitigate the potential emotional impact to your patients and residents, please consider these strategies when designing protocols for the COVID-19 crisis:

1. **Control the message:** Create a community message with clear talking points about COVID-19 that staff, residents, and families can rely on as the “official” voice of the community. Keep your language simple. Giving all staff members a uniform guideline to follow in their communications with residents will prevent individual staff members from providing information that may be inaccurate, anxiety-provoking, or too overwhelming for residents to process. Communications to residents should focus on the fact that the community is following procedures based on the best science available and should reassure residents that the entire community is working to keep them safe. As well, limit exposure to the 24/7 news cycle on TVs in common areas.
2. **Make alternative arrangements for family visits:** Communities should go out of their way to facilitate ongoing family contact on a cadence that mirrors previous visitation frequencies. Communities can help residents use FaceTime or similar video apps or set up a Skype-enabled computer in a private area so that family members can arrange to have a “visit” at a time that’s convenient for them and the resident. Helping residents to keep connections to their families and loved ones alive in a time of upheaval will be crucial to helping residents navigate their fears and anxieties. Social Services and Therapeutic Recreation will need to take a lead in providing family reassurance, since unit staff will be more involved in clinical duties.

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3. **Maintain activities:** Keeping to a normal routine, and keeping residents engaged in appropriate activities, will be important in helping residents maintain emotional equilibrium. Certain activities may need to be modified as a result of infection control requirements, so therapeutic recreation professionals will need to think creatively about how to keep residents as engaged as possible to mitigate the impact of isolation and restrictions.
4. **Be alert for new or worsening behavioral health issues:** If possible, involve behavioral health partners in crisis planning and management to ensure emotional perspective. Be on the lookout for spikes in anxiety, depression, paranoia, or obsessive-compulsive ideation and behavior. Residents with histories of chronic mental illness or trauma reactions may react uniquely, either to the pandemic itself or to measures that communities are taking to mitigate the spread. Ensure that residents who display new or worsening symptoms have access to behavioral health clinicians and identify the crisis management resources in your area.
5. **Special considerations for dementia residents:** Provide as much continuity in staffing as possible—this is key! Limit unnecessary interruptions such as routine labs, X-rays, vital signs, and blood sugar checks. Facilitate exercise, access to sunlight, and “favorite” foods and pastimes more liberally. Be vigilant about potential delirium by limiting non-urgent changes to medication regimen. Defer elective procedures such as nail trimming, dental cleaning, etc., if they require a major disruption to the usual routine (like gowning, masking, traveling to a different room or setting). Resist the temptation to treat “anxiety” or “agitation” with medications (which may hasten delirium), as may be requested of you in a time of stress or chaos. Be especially mindful of roommate assignments for compatibility and creating a calm environment.
6. **Support frontline staff:** Staff members, already unsung heroes in challenging roles, will bear the brunt of the virus’ impact in several ways. In addition to coping with their own concerns about the virus, including potential worries about getting sick and not getting paid, they’ll be asked to care for a vulnerable population in a new and challenging way. They may also be asked to work extra hours. Be on the lookout for burnout and exhaustion. When possible, provide treats and have a “huddle” for staff to decompress at shift change. Consider creating a slush fund to support coworkers impacted by the pandemic with small gestures of gift cards, meal delivery, etc. Take time to talk with one another and to offer support.

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## References

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