



This standard of practice is to support the PSW in providing safe, respectful and effective personal care to the public population in a dignified and ethical approach. Standards of Practice outline the expectations of the PSW and their responsibility in the delivery of care.

Alzheimer's/Dementia Care – Supporting and/or assisting a person(s) experiencing the symptoms of dementia. As the stages progress, increased and additional care will be required for this person as both cognitive and physical functions will decline.

***Alzheimer's disease (Dementia)** is a progressive disease that damages nerve cells (neurons) in parts of the brain involved in memory, learning, language, and reasoning. As the disease progresses communication between the nerve cells (neurons) breaks down. In the early stage, short term memory begins to fail. Over time, long-term memory, language, and judgment decline. Alzheimer's is the most common type of dementia in older adults. The care for a person(s) with Alzheimer's/Dementia may become very challenging and difficult. The RHP would need to be involved in the initial assessment process so that the proper staging can be done, and the Plan of Care done according to person(s) needs. * If the person(s) requires assistance with one or more ADL's, then the person(s) would need to move to the Personal Support Worker level of care.

1. Allow the person(s) to use aids such as glasses and hearing aids.
2. Speak slowly, clearly and loudly enough to be heard but in a low-pitched tone.
3. Do not yell at the person(s) to make yourself heard.
4. Provide plenty of lighting in the home (to avoid or limit Sun downing behavior).
5. Make sure the person(s) is warm. You may feel very warm but often a person(s) with Alzheimer's has an internal body temperature that is much cooler than your own.
6. Reduce the noise level in the home and environment.
7. Provide a clock and a calendar. Make sure to remind the person(s) of time, date and day. Repeat reminders may be needed.
8. Provide fluids for the person(s). Often person(s) with Alzheimer's will not take in enough fluids and



dehydration can cause an increase in confusion.

9. Do not make changes in the person(s) home. Change for the person(s) experiencing any type of confusion is upsetting and can increase their confusion and agitation.

10. Explain everything that you are going to do with them very slowly and clearly. Try to include them in the decision-making process if possible. You may have to explain things to them more than once.

11. Maintain a regular routine.

12. Follow the Plan of Care set out for the person(s) with Alzheimer's and for the confused elderly person(s).

13. Give frequent praise, reassurance and comfort through positive reinforcement.

14. Protect from wandering.

15. Get person(s) involved in an activity such as sweeping, winding ball of yarn, folding laundry, etc.

16. Most activities of daily living will have to be done for the person(s) as the disease progresses.

17. All procedures from above would be used as outlined on the Plan of Care and carried out by the PSW with proper certification. The safety of both caregiver and person(s) are of the utmost importance and communication to your appropriate supervisors (family members, care coordinator, nursing supervisor etc.) is imperative.

Early Stage of Dementia/Alzheimer's The disease at this stage is mild. Symptoms might include mild short term or recent events memory loss, disorientation, difficulty with learning, short attention spans, fluctuation in confusion from one day to the next, word searching for the right word, poor judgment, bad decisions. Mood and emotions will fluctuate, blaming others for mistakes, symptoms of depression, irritability, or defensiveness. Disinterest in everyday usual activities, such as grooming and appear to be more restless or passive than normal for this client. Remember every person(s) is individual and the time of the progression of the disease will vary from person(s) to person(s). In the early stages of the disease the person(s) may continue to be able to handle their own ADLs with queuing and reminders.



Middle Stage Symptoms from early stage intensifies and losses become too severe to ignore. Symptoms may include short-term memory loss now evolving into long-term memory loss with the person(s) unable to remember personal history and may no longer recognize family and friends. The person(s) may exhibit increased disorientation and may even wander off. They may become more restless and may continuously pace. The person(s) may have loss of impulse control (dropping filters) such as using foul language if they did not use it before, become anxious, paranoid, or suspicious. Personality changes and even violent behavior may start to occur. Repetitive behavior and saying the same thing over and over. Physically they may experience greater difficulties performing basic daily activities of living such as toileting, becoming incontinent with bowel and bladder functions, bathing, feeding and dressing oneself. May develop a fear of bathing (spatial-visual problems) and refuse to change clothing. They may experience disruption in their sleeping patterns, have large fluctuations in their appetite and language difficulties. The middle stage of the disease would require mainly a Personal Support Worker level of care.

Late Stage: The PSW will provide a large amount of care for a person(s) in the late stages of Alzheimer's disease along with a team of other care providers including but not limited to; family members and friends, nurses, physicians and even Companion / Homemakers. During the late stages most person(s) become totally dependent, and they will have lost their ability to communicate or recognize family and friends. The person(s) is usually totally incontinent, have lost their gag reflex and can become unresponsive. In this last stage, eventually the person(s) will become bedridden, have difficulty eating or swallowing, lose control of bodily functions and may experience pain, seizures and may become unconscious. This stage will end with the person(s) eventual death. The care of this person(s) would need to be more intense with many more caregivers involved as often 24 / 7 care is required as they become bedridden. In the Late stage of Alzheimer's, the symptoms may become so severe that the PSW will provide a large amount of care for a person(s) along with a team of other care providers including but not limited to; family members and friends, nurses, physicians and even Companion / Homemakers.



PSW – Personal Support Worker

RN/RPN – Registered Nurse/ Registered Practical Nurse

RHPA – Regulated Health Professions Act

ADLs – Activities of daily living

Resource – retrieved from the Alzheimer’s Society of Ontario

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MN, Mosby's Canadian Textbook for the Support Worker, 3rd Edition