

The COVID Clinical Response Committee (CCRC) has been asked to comment on the need to mask patients and residents who are ambulatory and also have cognitive or mental health issues resulting in them interacting with other patients unnecessarily (“wandering”).

1. **Where possible, we recommend patients (PUI, contacts, and patients with confirmed COVID) are appropriately isolated and their movement restricted using the least restraint approach and practices.**
2. **Isolation precautions should be in place with advice from an infection control practitioner.**
3. **We recommend against admitting patients under investigations, contacts, or patients with confirmed COVID to wards where patients are currently admitted that tend to wander.**
4. **We recommend a trial of masking patients who wander and if they are compliant, to encourage and facilitate them wearing a mask. Masks should be replaced when soiled or damaged.**
5. **We recommend facilities should create explicit strategies to promote frequent handwashing practices with residents and patients because handwashing has the highest impact on preventing onward transmission and higher impact than masking.**
6. **If a patient who tends to wander requires a nasopharyngeal swab (NPS) for COVID-19 based on existing criteria, we recommend the following:**
 1. **Seek consent (as per the Health Care Consent Act) from the capable patient or their substitute decision-maker (SDM) if the patient is incapable.**
 2. **If consent is obtained for an incapable patient, the test should be obtained by informing the patient that it must be done. The test should proceed with the least restraint possible.**
 3. **If consent is not obtained, the patient will remain in isolation.**
 4. **As they would be a potential threat to others if an NPS is pending, positive or refused, the patient and/or SDM should be informed that the patient’s movement will be restricted and the patient will be isolated.**

This decision will be revisited as requested.

IMT Report Date - April 21, 2020

Rationale

1. Equity principle requires we protect vulnerable groups including patients and residents who wander due to underlying illness towards preventing onward transmission of the virus.
2. Fairness principle requires we plan to be able to provide PPE when indicated to vulnerable groups to both protect the person and others.
3. There is little evidence to guide this practice.
4. It is expected that some patients would not comply with masking recommendations even if they were implemented.
5. Wandering patients are undoubtedly a risk to others if infection control precautions are not followed.