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Vol. 10 • Issue 5 • Page 42  
**In Safe Hands**

A customized manual for Alzheimer's and dementia care units can reduce risk and promote best practices.

By Sandra Stimson, CALA, ADC, CDP, & Fred S. Sganga, FACHE, LNHA

If you scour the state long-term care regulations, you may be alarmed to find the lack of standardization, policies and staff education regarding protocols for Alzheimer's/dementia units. Yet policy and procedure manuals for these units are the cornerstone of providing good care.

When properly used, manuals promote best practices, provide clear guidelines for implementing care and help with risk management. Additionally, they serve as the blueprints for consistent operation.

When a facility is faced with frequent staff turnover, the policy manual becomes even more important. Policy and procedure manuals govern the operation and guide the staff, while relating to the mission, vision and values of an organization.

**DEVELOPING A MANUAL**

Developing a policy and procedure manual for Alzheimer's/dementia units is difficult and time consuming, but it's an essential piece of good business and care operations. It should not replace the facility manual; it should complement it. You can either develop your own manual or purchase a generic manual that you'll customize to fit your organization and incorporate your state regulations. The following steps will help you develop your manual.

Consult available guidelines. There are currently no federal guidelines for dementia/special care units, but the Joint Commission and the Alzheimer's Association have recommendations for dementia units. The Nursing Home Consumer Guide Publication also specifies what to look for in dementia units, including policies and procedures relating to this special care population.

Each state has different guidelines. For example, Arkansas, Maine, Mississippi, Minnesota and New Jersey have extremely specific requirements, while most other states use standard guidelines that apply to the whole population of a facility.

The policy manual should address key concepts, including the following:

mission, vision and values

resident rights

monitoring safety systems, operation and wandering committee

elopement precautions

philosophy-of-care statement

commonly used definitions and abbreviations

admission and discharge criteria and agreements (see sidebar)

transfer and reversible-dementia transfer criteria

assessment protocols and tools

restraint and medication usage

behavior logs

room personalization

forms and documentation standards

dining room, nutritional and hydration goals

customized meal programs

egress control

space utilization

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fire safety and environmental concerns

disaster program

respite care

staffing patterns

family involvement and family council

pet and plant therapy, therapeutic recreational activities and volunteer management.

Assign staff responsibilities. Designate a director of the Alzheimer's/dementia unit and develop a detailed job description. Unless your state regulations specifically mandate a full-time director, use a shared job title such as unit manager or dementia coordinator.

Determine staff training requirements. The manual should also include an orientation for new employees who will be working on the unit. In addition to standard orientation, these employees should receive supplemental training on dementia-related protocols. We believe that staff training should be a minimum of seven hours, or the amount that your state regulations require. See the box for an overview of what to include in staff training. Create policies around these important topics and conduct ongoing training throughout the year.

Include a resources section. Many organizations leave out this section, but providing detailed resources will help make your manual a first-class document. With more than 60 types of dementia, it would benefit your staff to have the most up-to-date resources available. Books, journals, magazines and Web sites related to dementia care help frontline staff become better caregivers. In addition, include a list of local support groups with contact information.

Distribute the manual. All staff should know the location of the manual and be well versed in its content. The administrator and key department heads should keep copies of the manual on hand. Keep a copy on a computer disk for easy access and to make additions, deletions or revisions. Revise the manual continually to reflect the facility's population.

### **PROTECT YOURSELF**

The absence of a policy and procedure manual for Alzheimer's/dementia care may lead to serious safety, risk management and program quality issues. Without a manual, your Alzheimer's/dementia unit may face serious challenges on a daily basis.

A customized policy and procedure manual makes good sense. Providing your employees with the necessary training to carry out the policies and procedures outlined in manual is critical to your success. Providing clear, honest and explicit information can only enhance the success of your Alzheimer's/dementia unit and help you achieve the mission, vision and values of your organization.

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Fred S. Sganga is executive director of the Long Island State Veterans Home, Stony Brook, N.Y.

For more information on dementia care policies and procedures, visit [www.nccdp.org](http://www.nccdp.org).

#### Getting it in Writing

##### Admissions/Discharge Criteria

Clearly identify the type of client eligible for admission and the change in behaviors or medical status that would mandate discharge off the Alzheimer's/dementia unit or to another facility. Develop an admission and discharge agreement that responsible parties sign. Lack of such a signed agreement could lead to family misunderstandings and -possible -litigation.

Your policy and the agreement must mirror each other. Your attorney should review and finalize the agreement prior to including this document in your manual. Educate responsible parties on your eligibility criteria so there are no misunderstandings.

Some states require clear guidelines for determining admission and discharge to an Alzheimer's/dementia unit. To determine discharge, use clinical evaluations such as the Mini Mental, Global Deterioration, Functional Assessment and Geriatric Depression Scale. The medical director and the director of nursing should designate a trained staff member to administer the evaluation and determine a frequency of administration. The medical director and the director of nursing should review this policy annually at a minimum.

*Sandra Stimson & Fred S. Sganga Staff Training Topics*

diagnosis

prognosis

evaluation testing

dealing with disruptive and aggressive behaviors

depression

paranoia

hallucinations

wandering

hoarding

communication techniques

ADLs & dining programs, nutrition

family relations

intimacy and sexuality

identification of pain

cultural competence

spirituality  
end of life issues  
stress management for the caregiver activities



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