



### 1:1 Visits Process

- Each day, house calls will be done. The staff person assigned to that hall for 1:1s will make house call rounds in the morning. The activity person will go down each hall with a cart that has materials that have been sanitized. These materials will be offered to the resident from the cart, such as Word Search, Sudoku, pages to sketch, and will be left with the resident and will not leave the room.
- Before going into the resident's room, sanitize/wash your hands for each individual visit. When you give the resident the activity item, put their name on it.
- During 1:1 visits, the following will be done:
  - Sanitize/wash hands
  - Call resident by name and tell them who you are and that you are stopping by for a visit. If resident is cognitively able, ask the resident how they are doing and be prepared to spend the visit listening and providing reassurance to the resident. If can call the family, Skype with family during that visit. If resident seems to be doing okay, then topics for discussion include This Day in History, going through Activity Connection or Creative Forecasting and tell them what this day is, talking about family, reading a Bible verse. Avoid any discussion about the virus unless the resident brings it up and then you would provide reassurance. We do have a list of some suggested topics for discussion and this is the list you can refer to.
  - For residents who are cognitively impaired, call them by name and make eye contact. Tell them your name. We want to avoid any touching of residents; however, if they are upset or agitated and some form of touching their arm or hand would make them feel safe, evaluate that on a 1:1 basis. Our goal is to make the resident feel safe. Look at having a sensory box in each resident room that is just for them with their name on it. The materials in it would be sanitized and would not involve any materials that are difficult to sanitize, such as avoid stuffed animals; there could be plastic flowers if resident likes flowers, a scarf that has been sanitized; could even have a bingo card where you are going to go in and play bingo with them, for example. Visits would include singing religious songs or saying a prayer, having resident looking at pictures, bringing a radio you would sanitize between rooms and singing a song from a CD with resident, reminiscing (which could be about for instance St. Patrick's Day that they might remember for example), sitting outside if weather permits or taking resident for a walk down the hall. Skyping could be done. Can offer the resident beverages such as coffee or lemonade. Some residents will have their own iPad with headphones and using that as well.
  - Making sure you are charting on the visit. If you are seeing something out of the ordinary from a medical standpoint report it to nursing. If seeing something emotionally, report to social services.



### **Instructions for Activity 1:1s During Limited Access**

- Determine the number of residents in your facility
- Determine the number of activity staff you have working each day
- Divide the number of visits between the staff who are working
- Determine which residents need to be seen daily. This list can come from feedback from other departments in addition to the Activity Department. If there are any residents who can be seen with less frequency (such as 2x a week as their cognitive status is good and they have things to keep them busy in their room) they would be put on the list to be seen 2x per week.
- Calculate the amount of time each activity staff has available to do 1:1s. For instance, if you have a staff person who can see 10 residents in an hour, this would mean each visit would be approximately 5 minutes. So, calculate the number of people needing visits, determine the number of staff available, and determine how long each visit will be based on staff availability.
- Activity Director should bring the list of the people planned to be seen daily as well as some of those who would receive visits 2x a week and review at department head meeting.
- Assign each activity person to a hall and the people they are to see. If possible, keep the same staff seeing the same residents on each hall during this time as to minimize residents having to meet with multiple activity staff.
- For those residents who may only need the visits 2x per week, plan on dividing it so Monday, Tuesday and half of Wednesday would be time set aside for people to get that first visit of the week and then Wednesday afternoon, Thursday and Friday be the second time those 1:1 visits would be made.
- In some cases, you may have residents who are going to need visits more than once a day (i.e. they might need 1:1s twice a day).
- Make sure your department is staffed 7 days a week.



## In-Room Activity Suggestions

- Word puzzle books
- Daily puzzle pass
- Trivia of the day
- Daily news briefing – based on resident’s cognitive status
- Sing songs – play preferred music
- Name that Tune
- Chair stretching/exercises
- Reminiscing (For example, use This Day in History)
- Hangman, spelling bee, Finish the line
- Cards – keep deck or cards for each resident
- Devotionals
- Choose a book and read a piece from it each day
- Take in a snack/drink
- Travelogues – discuss vacation spots /travels
- Staycation - Visit the 50 states – one state a day
- Daily bingo call (everyone keeps card in room)
- Coloring sheets
- Personalized sensory box individualized to the resident.
- Assist in writing letters
- Assist in calling or skyping families/friends
- Caring for in-room plants
- Assist in writing Life story – Pick a topic each day (school, siblings, pets, etc.....). Keep a separate notebook for each resident – in room)
- Discuss family pictures/photo albums that resident has in-room
- Crafts that can be done in resident’s room.
- Audiobooks
- Creative writing. Each resident adds a sentence to make a story.
- Journaling – pick a topic/questions each day. Write down what resident says.
- Telling jokes
- Back rub, brush hair
- Organize items in their room or closet
- Ensure that tv/radio is set to stations that they prefer.

**\*\*\*\*\*PLEASE FOLLOW INFECTION CONTROL PROTOCOL\*\*\*\*\***