



Technical paper

**Recommendations for nursing homes and  
social health centres  
COVID-19**

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## 1. Justification

On 31 December 2019, the authorities of China reported to WHO several cases of pneumonia of unknown aetiology in Wuhan, a town in Hubei Province. A week later they confirmed that it was a new coronavirus called SARS-Cov-2. Like others in the coronavirus family, this virus causes various clinical manifestations encompassed by the term COVID-19, including respiratory conditions ranging from the common cold to severe pneumonia with respiratory distress syndrome, septic shock and multiorgan failure. The majority of cases (approximately 80%) of COVID-19 reported so far are light tables. In the case of a communicable disease, the precautionary measures should be intensified.

With the information available so far, the main mechanism of transmission is by respiratory drops greater than 5 microns (Pflügge), which do not remain suspended in the air and are deposited at less than 1 or 2 metres, and by direct contact of mucous membranes with secretions, or material contaminated by them, which can be carried in hands or objects (similar to influenza). Transmission through infected areas is likely and nosocomial transmission, especially to health workers, has been described. It is in the latter environment that prevention and control measures aimed at preventing infection in socio-health centres become important.

As far as we know, SARS-Cov-2 affects more severely those over 65 with previous cardiovascular pathology (especially hypertension and heart failure) and to a lesser extent with chronic respiratory pathology and diabetes. Mortality increases with age. Available data from a study in China show that mortality in the 60-69 age group is 3.6%, mortality in the 70-79 age group is 8% and mortality in those over 80% is 14.8%.

Residents and users of the social health centres are vulnerable to COVID-19 infection for several reasons:

Usually present base pathology or comorbidities

Usually have advanced age

Have close contact with other people (their caregivers) and other partners

They often spend a lot of time in closed environments with equally vulnerable populations.

## 2. Measures aimed at the prevention and control of infection.

The centers must develop action plans aimed at the eventual outbreak of outbreaks adapted to the characteristics of each center. This plan will include the needs of protective equipment in these situations, the provision of soap, paper and disinfectants solutions, as well as a plan of continuity of the activity before a foreseeable low of personal.

### *2.1. General information and action measures addressed to directors or responsible for the centers for the protection of the health of residents*

As a general rule, the strategies that are recommended to prevent the spread of COVID-19 in the health centers does not differ from the strategies that these centers use to detect and prevent the spread of other respiratory viruses such as the flu.

- Workers with respiratory symptoms should consult the services health / prevention / mutual services to perform an individual assessment on the relevance of the continuity of their work activities.
- Visitors, users and family members will be contacted through messages or circulars to tell them that they should not go to these centers if they have symptoms of infection acute respiratory and contact with it to make an assessment individualized in case it is essential that they come. In this sense, it they will place signs at the entrance indicating visitors and family members that they should not make visits if they are in this situation.
- Will be available at the entrance of the centers and in the waiting rooms or receptions, posters informative about hand hygiene and respiratory hygiene. It is recommended to perform training activities for the health education of residents and workers in this sense.
- Dispensers with hydroalcoholic solution, handkerchiefs will be available in these areas disposable and waste containers, with opening lid with pedal, for hygiene of hands and respiratory hygiene.
- Hydroalcoholic solution dispensers will be installed for residents (ideally both inside as outside the room). Make sure there are tissues available and all toilets have soap and paper towels to wash your hands.
- It is recommended that family members, visitors and users who come or have been in zones or places considered as risk zones in the last 14 days, do not visit the health centers unless absolutely necessary. The risk areas may vary. You should always check official and updated information.  
<https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCovChina/documentos.htm>.
- Respiratory infection symptoms of residents must be evaluated at the time of admission to the center and implement the appropriate measures to prevent infection for symptomatic residents entering.
- As a general rule, all those residents who present respiratory symptoms acute, they should restrict

their movements as much as possible and stay in a room with good ventilation (preferably outside) and ideally with a bathroom own. Departures to common areas should be restricted to the minimum possible and if they if necessary, they must wear a surgical mask. They must be strictly followed the protocols available to health centers for the prevention of airborne diseases (such as the flu). As a precaution, recommends that all residents with respiratory symptoms to be treated for a worker wear a surgical mask.

- Residents and workers must be informed about the actions being taken to protect them  
Transparency is the best ally of trust.

## *2.2 Actions before contacts and cases of COVID-19*

- In case the health authorities have not done it before, all health center that detects that a resident may have been a case contact COVID-19 will instruct this person to remain in the center or residence and they will communicate to the public health services that value said identification according to the “Procedure for action against cases of infection with the new Coronavirus (SARSCoV-2)”.  
<https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCovChina/documentos.htm>
- In the follow-up of a person classified as a probable case contact or confirmed the following will be taken into account: you should restrict your movements as much as possible possible and stay in a room with good ventilation (preferably outside) and ideally with its own bathroom during the established surveillance period. Departures to the common areas should be restricted to the minimum possible and if these were necessary, they should leave a surgical mask. An active surveillance will be carried out in search of respiratory symptoms as established.
- If a person classified as a probable or confirmed case contact meets case criteria under investigation, public health authorities will be informed and will follow up as established by them. It is not necessary to transfer to Health center if your general condition is good.
- The cases under investigation or confirmed that are treated in the residence or center Healthcare partners must remain in a room with good ventilation (preferably outside), with its own bathroom and with the door closed. Should be avoided that leave to the common areas and if these exits were essential, they should take a surgical mask you have to insist on hand hygiene before and after put on the mask
- Family visits will be suspended for as long as the patient has an indication of isolation and if these were essential, they must comply with the precautions of infection control required with the appropriate personal protective equipment.

## *2.3. General measures aimed at the protection of health’s workers*

The following considerations will be taken into account for health workers and not toilets that come into contact with the patient or his environment:

- All care workers (health and non-health) must follow strictly protective measures aimed at controlling and reducing transmission of the coronavirus. They should be protected according to the

level of risk to which they are exposed from according to what is established by the Occupational Risk Prevention services.

- Perform hand hygiene before and after contact with residents, after contact with contaminated surfaces or equipment and after removing the equipment from individual protection (PPE).
- Hand hygiene is the main measure of infection prevention and control. Shall be performed according to the correct technique (figure 1).
- In addition, hand hygiene will be performed before putting on protective equipment individual and after its withdrawal.
- If the hands are visibly clean, hand hygiene will be done with products of alcohol base; if they were dirty or stained with fluids it will be done with soap and water antiseptic.
- Having worn gloves does not exempt from performing proper hand hygiene after withdrawal. Gloves must always be changed with each resident and must be made hand hygiene after removal and before putting on new ones.
- Nails should be worn short and carefully, avoiding the use of rings, bracelets, watches doll or other ornaments.
- The number of health and non-health workers in direct contact with the resident with suspicion or disease from SARS-CoV-2.
- Signs will be placed on the door or on the wall outside the resident's room where clearly describe the type of precautions required and the required PPE.

The infection control recommendations, as well as the PIDs to be used, are included in the Protocol of Prevention and Control of infection:

<https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCovChina/documentos.htm>

- A garbage bin with a lid and pedal will be placed inside the resident's room that workers can easily rule out PPE.

#### *2.4. Cleaning and disinfection of surfaces and spaces*

- It is important to ensure proper cleaning of surfaces and spaces.
- The procedure for cleaning and disinfecting surfaces and spaces in contact with the patient shall be carried out in accordance with the usual cleaning and disinfection policy of the centre. There is evidence that coronaviruses are inactivated in contact with a solution of sodium hypochlorite at a concentration of 0.1%, 62-71% ethanol or 0.5% hydrogen peroxide in one minute. It is important not to leave moisture on the surface near the patient. Disinfectant wipes may be used.

- Standard detergents and disinfectants authorized for this purpose (with virucide effect) shall be used and disposable textile material shall be used for surfaces.
- Cleaning staff shall receive training and information prior to the first entry into the room and shall use appropriate personal protective equipment.
- The material used, which is disposable, shall be placed in a waste container with a lid and labelled with precise warnings.

### *2.5 Waste management*

- Waste generated in patient care can be disposed of in the same way that the usual waste is eliminated, with the proviso that they must be closed in a separate bag.

### *2.6. Crockery and bedding*

- No special treatment is required for the clothes worn by the patient and neither is necessary a crockery, or disposable kitchen tools. All the crockery and cutlery you use the resident will be washed in the dishwasher.
- The removal of the clothes from the patient's room will be done according to the recommendations, bagged and closed inside the room itself. The clothes should not be shaken and it is recommended to wash it with a complete cycle at a temperature between 60 and 90 degrees.

### *2.7. Identification of the contacts of the cases under investigation*

- It is important to identify all the personnel that attend to the cases under investigation, probable or confirmed infection by SARS-CoV-2. To do this, a record of all personnel who have come into contact. The risk should be evaluated in a manner individualized, but in general the usual work activity will continue and will carry out a surveillance to detect the appearance of symptoms early.

Any specific query related to the prevention and control measures of the infection transmission in the hospital can be directed to the corresponding Services of Occupational Risk Prevention.

## **3. References**

1. Sykehjem og smittevern mot covid-19.

<https://www.fhi.no/nettpub/coronavirus/helsepersonell/sykehjem-og-smittevern-motcovid-19/>

2. Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF)

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-longterm-care-facilities.html> 9

3. The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) — China, 2020