

Sharing experience

Measures for safety and protection of Care Homes against COVID-19 -UPDATE1

Recommendations proposed by three Professors of Geriatric Medicine in Europe Hubert Blain (Montpellier), Yves Rolland (Toulouse), Athanase Benetos (Nancy – EuGMS President)

In Europe the last period, safety procedures have been adopted to limit the risk of epidemic outbreak inside the Care Homes; in particular, visits from non-staff member people have been forbidden.

Besides general measures globally enforced at national level, the precise characteristics of this older and very frail population must be considered to avoid further diffusion of the epidemic and its consequences on residents' health:

- Presence of very atypical symptoms, especially at the beginning of the disease, which might delay the diagnosis of the infection;
- High possibility for care home staff to act as virus vector (being the only persons to have contact with people outside the care home);
- Ethical implications of long-term confinement of people who have already been separated from their families for weeks;
- Difficulty in isolating residents with behavioural disorders, such as « wandering » residents;
- Difficulty in managing epidemics in the care homes due to lack of HCPs and specific materials

Care homes must adopt operating procedures to avoid the extension of the epidemic from other residents having been tested positive or from the staff.

To achieve this purpose, these are the suggested measures :

- 1.** Strict application of all measures for protection and barrier, in particular the use of surgical mask for all staff members who have contact with the residents.
- 2.** Removal of care home staff positive on COVID19 for at least 7 days : to this purpose, staff members showing even just mild symptoms of COVID-19 must be systematically tested. Biological tests (such as deep nasal swab) can be done outside the care home and requested by the coordinating doctor, no other medical examination is needed.
- 3.** Isolation for at least 7 days of any resident with respiratory symptoms, fever or any atypical symptom ; nasal swab for all isolated residents with persistent respiratory symptoms or fever. Tests must be done inside the care home by mobile medical teams organised by

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Regional Public Health Authorities or hospitals. Isolation period will depend on the evolution of symptoms and on the results of the nasal swab: generally 2 weeks for residents COVID + or more if persistence of respiratory symptoms.

4. Residents positive on COVID-19 may be sent to hospitals with COVID+ departments according to their symptoms, their general health situation before the infection and availability of beds in the hospitals. This transfer is useful for both the patient and the care home, especially in case of large outbreaks in the institute.
5. Home hospitalisation teams shall be called to act in the care homes essentially for patient under palliative care.
6. Isolation of all the residents of a care home is not recommended.
7. Care homes must have access, or have at disposal, all the necessary means and equipment to enforce these measures, in particular: masks, over blouses, hydroalcoholic solution, etc.
8. Geriatric departments in University Hospitals shall provide care homes with a direct line for consultations and Q&A service.

Best practices:

Protective tools for the NHs staff: The most important tools are masks (just surgical masks) and hydro-alcoholic solutions. Of course, in case of close contact with COVID+ residents, we also need single-use blouses and special glasses or protective visors.

Comorbid residents with Corona: For the moment, only symptomatic therapies are used for the COVID+ patients. All other treatments are used only in the frame of clinical studies (hydroxychloroquine, anti-viral agents etc) The results of the upcoming studies will probably change our therapeutic strategies.

Nutrition reinforcement: Not necessary unless signs of malnutrition.

Special procedure for cleaning or disinfecting rooms: The rooms shall first be cleaned very carefully with conventional disinfectants, then there is a second phase of aerial disinfection. This terminal disinfection shall be done with specific devices and requires that the room is not occupied, that the entrances are hermetically closed and that all consumables are withdrawn. The duration of this aerial disinfection is 2 to 3 hours. Some hospitals use AEROSEPT COMPACT 250 (ANIOS), RHEA compact and CUBAIR (AIRINSPACE) devices.

Procedures for cleaning or disinfecting hallways and common areas: These areas shall be cleaned and disinfected several times a day, depending on the use and the type of patients. No specific devices for this just very careful cleaning with classical disinfectants.

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