

## Sharing experience

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

#### Recommendations proposed by three Professors of Geriatric Medicine in France Hubert Blain (Montpellier), Yves Rolland (Toulouse), Athanase Benetos (Nancy)

In France the last 3 weeks, 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 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.