

Treatment of elderly patients suffering from COVID-19 in medium and long term care facilities and Hygiene precautions

Version 2 - 28 March 2020

REMINDER

SARS-CoV-2 is transmitted by **close contact** with someone presenting with COVID-19, through the projection of droplets expelled when coughing or sneezing and **contact between contaminated hands** and the mucous membranes of the face.

Hand sanitisation is vital in preventing the transmission of SARS-CoV-2.

The patient's immediate **environment** may be contaminated, but the virus can only survive for a short while on surfaces and is eliminated by **disinfection**.

The virus is present in the stools, meaning strict precautions must be taken when changing clothes.

SPECIFICS ASSOCIATED WITH THE TREATMENT IN GERIATRIC DEPARTMENTS AND IN SECTORS FOR MULTIPLE DISABILITIES/NEURODEVELOPMENTAL DISORDERS

- Dependent patients with risks associated with the management of incontinence, the risk of projection at mealtimes, swallowing issues, etc.
- Patients with dementia who rarely adhere to hygiene measures
- Patients carrying the virus who move around spreading it
- Lower staff/patient ratios than in short-term wards
- Double rooms with rooms with shared bathrooms

CLOTHING AND HYGIENE PRECAUTIONS DROPLETS AND STRENGTHENED CONTACT

- Hospitalisation in **single bedrooms or**, if required, **in a double room with two 2 confirmed cases together.**
- **Hand sanitiser should be used before and after each time contact is made with a patient.**
- Single-use **clothing** may be offered on a daily basis.
- A **surgical mask** should be worn continuously for protection against expelled droplets and changed every four hours or once dirty from bodily fluid spatter.
- **Protective glasses** should be worn in order to avoid the risk of droplets reaching the eyes. These may be worn for a series of procedures and then disinfected once dirty (using wipes or by immersing in disinfectant).
- A **bouffant cap** protects the scalp and can be worn for series of procedures and changed if spattered by bodily fluids.
- A long-sleeve **gown** protects the clothing. It may be worn to treat two patients, provided that a single-use **apron** is used for procedures requiring close contact with the patient. An apron is not necessary if the series of procedures does not require close contact, such as vital sign measurements, meal distribution, disinfection, etc.
- **Gloves** are indicated for contact with bodily fluids (e.g. stools or urine). They must be removed at the end of the procedure and **hand sanitiser** must be used immediately afterwards. It is very important not to wear gloves for long periods of time, as it can cause contamination of the environment. They cannot be disinfected.
- **FFP2 masks** are indicated only for respiratory manoeuvres with the possibility of aerosolisation, such as nasopharyngeal aspiration, nebulisation or respiratory physiotherapy.
- In some areas, additional measures may be insisted on, such as **visors or shields**, which protect the mucous linings of the face from the risk of spatter during mouth treatments or mealtimes with patients who spit.
- Meals must be served in bed. Tableware does not require any special treatment. **it is not permitted to eat meals in wards.**
- Group activities among patients are not allowed.

UNDER ALL CIRCUMSTANCES

- Do not touch your mask once in place. Use hand sanitiser before putting the mask on and after removing it.
- Disinfect the hands with sanitiser before and after each time you come into contact with a patient.
- Wear glasses for all procedures where there is a risk of bodily fluids reaching the eyes.
- Wear gloves where there is a risk of making contact with bodily fluids and use hand sanitiser after removing the gloves.
- Avoid gathering in confined spaces (e.g. during coffee breaks or handovers) and limit the number of people, maintaining a distance of more than 1 metre.

APPENDICES

Index of additional heightened precautionary measures against droplets and contact V8 and V8a.
Tutorial videos, available on [SharePoint Infection Prevention](#)
Organisation of a Covid unit in Care of the Older Adult

REFERENCES

Opinion of Sf2h (French society of hospital hygiene, infection control and care) regarding the prolonged use or re-use of surgical masks and FFP2 respiratory protective equipment for healthcare professionals, dated 14 March 2020
Opinion of Sf2h regarding the indications of surgical masks and FFP2 respiratory protective equipment for healthcare professionals, dated 4 March 2020
Prevention of infection by the inhalation of air or droplets. SF2H 2013.
OPINION NO. 2018-01/Sf2h dated 23 March 2018 regarding the selection and adapted use of respiratory protective equipment. Sf2h 2018.
Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19). Interim guidance. WHO, 27 February 2020.
Opinion on the clinical criteria of patients infected with SARS-CoV-2 leaving isolation, French High Commission for Public Health (HCSP) 16 March 2020

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Amendments dated 28/02/2020: Appendix titles