

HEALTH CARE GUIDELINES TO THE REHABILITATION HOMES IN TAMIL NADU

World Health Organisation (WHO) has declared the recent COVID-19 epidemic affecting many countries in the world including India as a Public Health Emergency of International Concern (PHEIC).

As people living in residential/rehabilitation homes are at higher risk for any communicable disease like COVID-19 infection, and we are all facing the unprecedented challenges of COVID-19, the in charge person of these homes are held responsible for maintaining a stable physical and mental status of the inmates. Due to the close proximity of living in residential / rehabilitation homes, special precautions are to be taken to protect both the inmates and employees of these homes. World health organization (WHO) has recommended the following guidelines to safeguard the residents of these homes. Those guidelines are as follows:

I. Maintenance of high standard of hygiene and sanitation.

- Encourage hand washing with soap and water for a minimum of 20 seconds.
- Employees should perform hand hygiene
 - At the beginning of the work day,
 - Before and after touching the inmates,
 - Before and after preparing food,
 - Before eating,
 - Before and after using the toilets.
- To encourage covering the face by a clean hand kerchief to prevent respiratory droplet infection.
- Posters regarding hand hygiene should be pasted around the campus.
- Maintain High Standards of Hygiene during food preparation, Sanitation, Laundry and waste management.

II. Physical Distancing in the rehabilitation homes

- Physical Distancing in the rehabilitation homes should be enforced to reduce the spread of COVID-19.
 - Enforce the minimum of one metre distance between the inmates.
 - For group activities, ensure physical distancing. If not feasible cancel group activities.

- Stagger meals to ensure physical distance maintained between inmates.
- Restrict the number of visitors – Alternatives to visitors include use of telephones, video call, use of plastics / glass barriers between the residents and visitors.

III. Assessment of Health Status

- Ensure proper nutritious food and frequent intake of adequate amount of water.
- Each resident / inmate should be assessed twice daily for the development of fever $\geq 38^{\circ}\text{C}$, Cough or Shortness of breath.
- Any new resident at the time of admission should be assessed for fever $\geq 38^{\circ}\text{C}$, Cough or Shortness of breath.

IV. Prospective Surveillance for employees should be established

- Employees should report and stay at home if they have fever or any respiratory illness.
- Follow up of employees with unexplained absence to determine their health status.
- Monitor employees who is visibly ill at work and their contact with inmates.

V. Prospective Surveillance for visitors should be established

- All visitors should be screened before being allowed into the rehabilitation homes for fever, cough or shortness of breath.
- Visitors with fever or any respiratory illness should be denied entry into rehabilitation homes.
- Visitors with close contact to a confirmed case for COVID-19, recent travel to an area with community transmission should be denied entry into rehabilitation homes.

VI. Source control (Care for COVID-19 patients and prevention of onward transmission)

- Thermometer and BP cuff should be cleaned and disinfected before reuse with another inmate.
- Restrict sharing of personal devices (Books, Electronic Gadgets, Mobility devices) with other residents.

- Notify the local health authorities about any suspected case and isolate the residents with onset of respiratory symptoms.
- Mask should be given to the suspected inmate / resident and others staying in the home.
- Ensure the suspected inmate is tested for COVID-19 infection according to local surveillance policies.
- World Health Organisation recommends that if COVID-19 is positive for an inmate they should be shifted to a tertiary care centre.
- Sanitary workers who are handling soiled bedding, laundry etc should wear Long Sleeve gowns, gloves, mask, face shield/goggles and boots/shoes.

VII. Monitoring of elderly people

- Elderly people particularly living with Co-Morbidities present with Non Specific signs and symptoms in response to COVID-19 infection including reduced alertness, reduced mobility or Diarrhoea. Sometimes they do not develop any fever. These changes in the older people should alert the staff for any possibility of new COVID-19 infection.
- Elderly people especially in isolation and those with cognitive decline, dementia and those who are highly care dependant may become more anxious, angry, stressed, agitated and withdrawn. Hence close monitoring is essential for elderly people.
- Mental well-being of the elderly people can be elevated by encouraging their hobbies like reading books, painting and listening to music.
- Enforce to take medicines regularly.

VIII. Environmental Cleaning and Disinfection.

- Hospital grade cleaning and disinfecting agents are recommended for all horizontal, frequently touched surfaces (eg: door handles, bed, phones and light switches, walking cane, wheel chair, bed pan) and bathrooms being cleaned twice daily and also when soiled.
- Initially the surfaces can be cleaned with detergent or soap water followed by hospital grade disinfectant. If hospital grade disinfectants are not available the rehabilitation homes may use diluted concentration of bleach to disinfect the environment.

IX. Laundry

- Soiled linen should be disposed off after carefully removing any solid excrements.
- Machine washing with warm water at 60°C-90°C with laundry detergent is recommended.
- If machine washing is not possible linens can be soaked in hot water and soap in a large drum. The drum should then be emptied and linens should be soaked in 0.05% of chlorine for 30 minutes. Finally the laundry should be cleansed with pure water.

X. Restriction of Movement / Transport

- If an inmate is suspected for COVID-19 infection his movement / transport is restricted to essential diagnostic and therapeutic centre only.
- While transporting the suspected inmate should wear a mask and adhere to respiratory hygiene.
- If COVID-19 test is positive, the inmates should be isolated.
- World Health Organisation also recommends additional isolation for two weeks after the symptoms resolves.

XI. Support Health Care Workers and Care Givers

- As much as possible the staff should be protected from stress, both physically and psychologically, so that they can fulfill their roles in the context of high work load and in case of any unfortunate experience as a result of stigma or fear in their family or community.
- Regular monitoring of all staff for their well-being by giving them adequate rest and alternate arrangements as and when needed.
- Staff need to ensure that safety measures are in place to prevent excessive worries or anxiety within the rehabilitation Homes.