

Caring for Older Persons in A Retirement Home/Long Term Care Facility

New Admission (N)

Returning Resident(R)

Pre-Existing Residents(P)

COVID POSITIVE (+)

COVID NEGATIVE(-)  
(admitted with symptoms & swabs were negative)

Check-list Prior to Receiving : \*

- What was patient treated for?
- Does the hospital treat COVID cases / PUIs
- Is there a known case of COVID/PUI in the same ward/cubicle that patient was in?
- 1<sup>st</sup> Swab taken (RT-PCR nSARS-COV2)  
Date : .....
- Last swab taken (RT-PCR nSARS-COV2)  
Date : .....
- Last contact with possible case:  
Date : .....  
( Preferably to have a 14-days from e exposure, if unable to – ensure there is a latest swab prior to receiving )
- Last swab ( 24-48H) prior to discharge :  
Date taken: .....
- Results : .....
- Note patient’s vitals prior to discharge
- Any respiratory symptoms?
- If patient has a cough/low grade temp/ diarrhoea- these should resolve first before receiving preferably

Check-list Prior to Receiving :

- 1<sup>st</sup> Swab taken (RT-PCR nSARS-COV2)  
Date : .....
- Last 2 swab taken (RT-PCR nSARS-COV2)  
Dates : .....
- Is patient on any oxygen supplementation?
- Is patient on tracheostomy?
- How are patient’s basic and instrumental activities of daily living?
- Any pressure sore
- Has District Health Officer been notified?  
-If Yes : Contact :  
( this assists if other residents develop symptoms suggestive of COVID, the DHO should be contacted urgently)
- Note patient’s vitals prior to discharge
- Any residual respiratory symptoms?
- Any diarrhoea ?
- Does patient require suctioning/chest physiotherapy ?

Check-list Prior to Receiving :

- What was patient’s final diagnosis?
- Has symptoms resolved completely?
- 1<sup>st</sup> Swab taken (RT-PCR nSARS-COV2)  
Date : .....
- 2<sup>nd</sup> Swab taken (RT-PCR nSARS-COV2)  
Date : .....
- How are patient’s basic and instrumental activities of daily living?
- Any pressure sore
- Has District Health Officer been notified?  
-If Yes : Contact :
- Note patient’s vitals prior to discharge
- Any residual respiratory symptoms?
- Any diarrhoea ?
- Does patient require suctioning/chest physiotherapy ?

Any respiratory symptoms? \*\*  
Any contact with visitor/staff who are being investigated

**All New Admissions/Returning COVID Negative Patients should be treated as a potential COVID**

To request for medical discharge summary for residents from group N/R

14-days strict home surveillance needs to be done ( see attachment)

- Day 1 is considered the next day from discharge
- monitor patients symptoms
- monitor patient's vital signs

Patients from Group N, R (-) MAY BE COHORTED TOGETHER

Ideally each group of patients ( N/ R ) should be isolated in a single room

-if no such facilities available, may be cohorted together but maintaining at least 2metres from each other

Ideally each group of patients ( N/ R ) should not be sharing common areas ie dining / toilets

-if no such facilities available, may use common area maintaining distancing of 2 meters each ( dining ) and regular cleaning of the toilets and do not share utensils, tableware and personal hygiene items

If patients from N/R needs suctioning and more assistance in their ADLs ( pressure sore, trachy mask, NG feeds)

- best to have one or two dedicated care-givers ONLY who then isolates from the other staffs
- these group of patients may be cohorted together but recommendation is SINGLE ISOLATION ROOM FOR EACH
- the care-givers for this group need to ensure proper PPE donning and doffing and proper doffing areas
- \*\*suctioning, feeding someone who may potentially spit, chest physio, patient on some form of oxygen supplementation, patient on home CPAP, oral toileting = Aerosol-Generating Procedure

IF any residents become symptomatic, alert DHO/ bring to nearest hospital

- updates family members via telephone
- strictly NO VISITORS ALLOWED

Avoid movement of these Residents

They are best kept cohorted/ separated from the groups R and N

These residents should have own dedicated care-givers/ staffs who isolates from groups N/R care-givers

If any off the these residents become symptomatic, alert DHO/ bring to nearest hospital

We encourage use of a tablet to allow family of resident to communicate via telecommunication --if this is shared, needs to wiped down AFTER EACH USE using recommended, clinically proven disinfectant/wipes

All attending staffs should also be MONITORED DAILY FOR SYMPTOMS AND VITALS ( see attachment)

**NURSING HOME DAILY SURVEILLANCE TOOL- RESIDENTS**

Date of Discharge:

Day of Surveillance :

(counted from the very next day of discharge, example resident was discharged on 1<sup>st</sup> March 2020, this surveillance starts from 2<sup>nd</sup> March 2020 for that resident)

Staff In Charge :

DHO Contact :

Day	Symptoms ( Please tick (v) if present)								
	Fever ( Temp > 37.5)	Cough (If yes, ensure patient is On a surgical facemask)	SPO2 check	Shortness of breath	Sore throat/ Runny nose	Loss of appeti (change from yesterday)	Diarrhoea (soft/loose stools > 3x/ day in the absence of any laxative usage)	Not being his/her usual self ? Sleep pattern has reversed ? (DELIRIUM)	Others
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									

\*\*Equipment that come in contact with patients ie BP sets, SPO2 probe and contact -thermometer ( conventional) – MUST BE WIPED AFTER EACH USE  
If there is a ‘yes’ for any of the days in any of the columns, inform the DHO right away.

**NURSING HOME DAILY SURVEILLANCE TOOL- CARE-GIVERS**

Date :

Staff's name :

Day of surveillance :

(counted as the same day the staff starts looking after a resident eg : Mr X a new admission on 1<sup>st</sup> March 2020, staff Y attended to Mr X

→ the surveillance for staff Y with regards to Mr X starts on 1<sup>st</sup> March 2020 till 14 days at least

If staff Y also looks after an old returning resident, Mr Z from eg 15<sup>th</sup> March 2020

→ the surveillance for staff Y with regards to Mr Z starts on 1<sup>5th</sup> March 2020 till 14 days at least

( best to have a separate sheet for each staff/resident)

Resident Cared for :

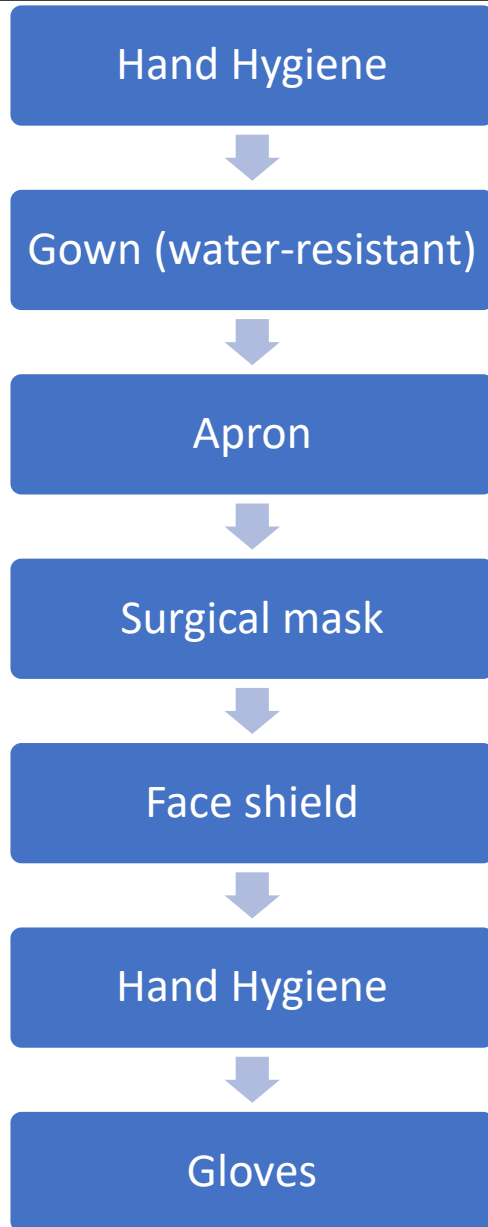
DHO Contact :

Day	Symptoms ( Please tick (v) if present) – if any present, this staff should not be at work and should seek medical attention								
	Fever ( Temp > 37.5)	Cough (If yes, ensure staff is using a surgical facemask)	Shortness of breath	Runny nose	Sore Throat	Inability to Smell	Diarrhoea	Lethargy	Mood (good/low)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									

\*\* if there is a yes for any of the above, the staff is recommended to not be at work and seek medical attention. Inform the DHO to alert the team.

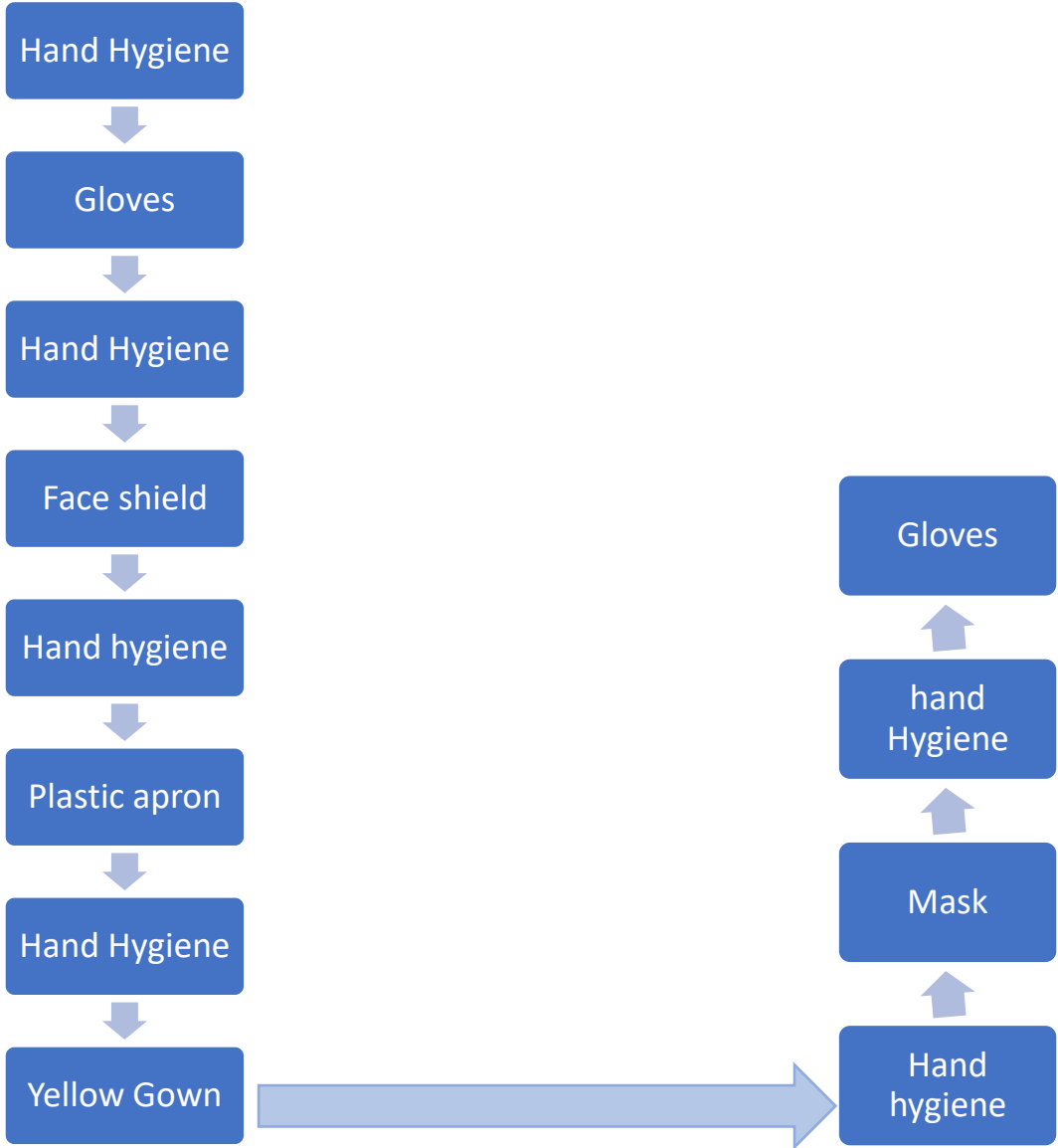
**STEPS OF DONNING (A)**

**( FOR USUAL CARE – SERVE MEDS, SERVE FOOD, CHECK VITALS – NON AEROSOL-GENERATING PROCEDURES)**

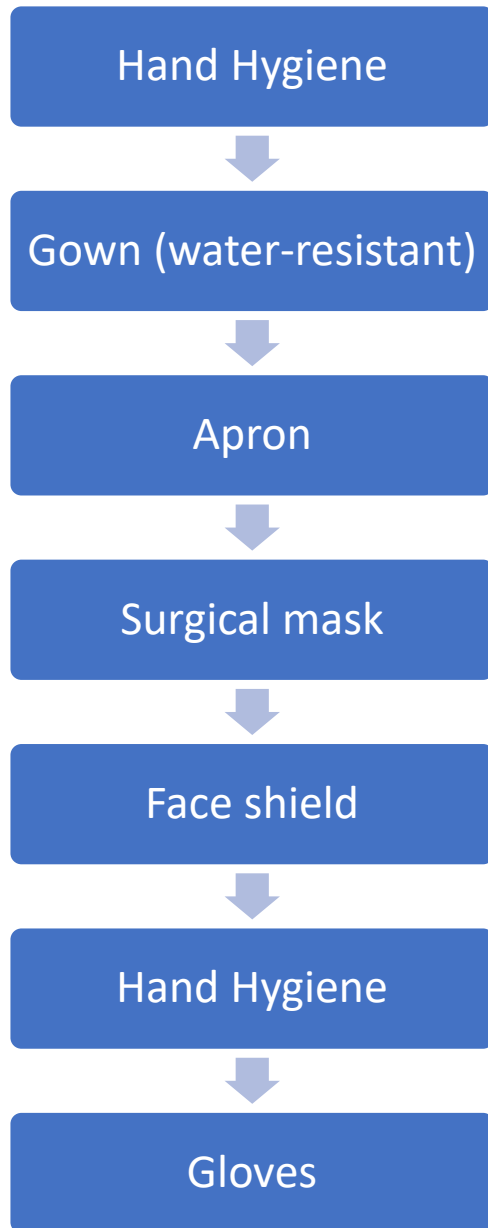


**STEPS OF DOFFING – MOST IMPORTANT TO PROTECT THE STAFF THEMSELVES AND PREVENTING TRANSMISSION**  
**( FOR USUAL CARE – SERVE MEDS, SERVE FOOD, CHECK VITALS – NON AEROSOL-GENERATING PROCEDURES)**

If patients from group N/R are in a cohort/same area, only need to change the plastic apron and glove AFTER EACH patients.



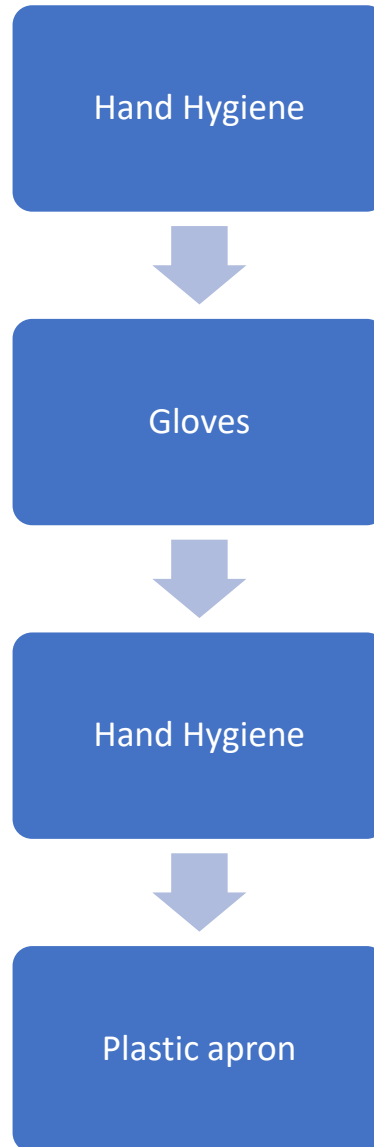
**STEPS OF DONNING(B)- extended care ie residents being cohorted in same area**  
**( FOR USUAL CARE – SERVE MEDS, SERVE FOOD, CHECK VITALS – NON AEROSOL-GENERATING PROCEDURES)**



**STEPS OF DOFFING – MOST IMPORTANT TO PROTECT THE STAFF THEMSELVES AND PREVENTING TRANSMISSION**  
**THIS IS FOR EXTENDED CARE – IE SAME COHORT OF RESIDENTS (GROUP N/R) IN SAME AREA**  
**( FOR USUAL CARE – SERVE MEDS, SERVE FOOD, CHECK VITALS – NON AEROSOL-GENERATING PROCEDURES)**

If patients from group N/R are in a cohort/same area, only need to change the plastic apron and glove AFTER EACH patients.

AT the end of the last patient, follow the doffing steps as above





STEPS OF DONNING(C)

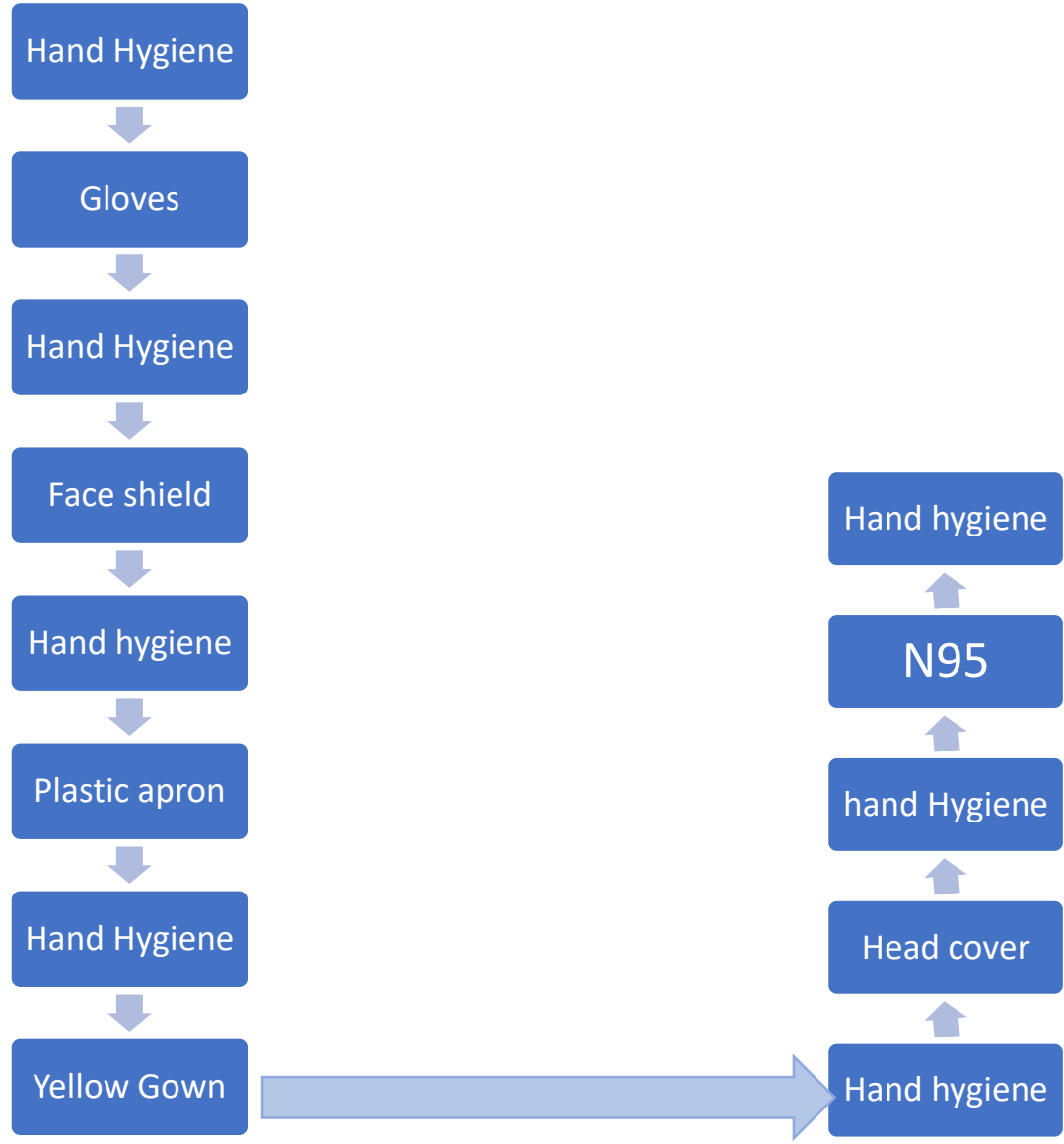
( FOR AERSOLS-GENERATING PROCEDURES/ CONTACT WILL BE LONG IE LINEN CHANGE/DRESSING ETC)



**STEPS OF DOFFING – MOST IMPORTANT TO PROTECT THE STAFF THEMSELVES AND PREVENTING TRANSMISSION  
( FOR AERSOLS-GENERATING PROCEDURES/ WHERE CONTACT WILL BE LONG IE LINEN CHANGE/DRESSING ETC)**

If patients from group N/R are in a cohort/same area, only need to change the plastic apron and glove AFTER EACH patients.

If face shield/gown contaminated – change right away after settling that resident



## Points to note :

1. Staffs should perform hand hygiene as per the WHO 5 moments
  - (I) Before touching the resident
  - (II) Before clean/aseptic procedures – NG feeds, dressings, suction, giving meds
  - (III) After body fluid/droplet exposure
  - (IV) After touching the resident
  - (V) After touching the resident’s surrounding – bed, curtain, vital charts, medication chart
  - See attachment below on how to HAND-RUB
2. If hands are visibly dirty, wash with soap and water immediately ( see atchment below for HAND WASH)
3. All staffs should use a surgical mask while at work, maintain social distancing with one and another and avoid sharing toiletries/utensils
4. Maintain good cough etiquette.
5. Ensure the centre and each of the resident’s room has good ventilation
6. If all residents and staffs dine at the same area, best to stagger their meal times based on their cohorts (N/R/P) – though it is recommended to not share common areas amongst groups N/R and Ps
7. The minimum PPE required (follow steps as in A) when dealing with residents from group N/R are : gloves, plastic aprons ( both to be changed AFTER EACH RESIDENT), face shield, and surgical mask. If the face shield is visibly soiled, it is advised to change. For extended care ( defined as the same staffs attending to a few residents in a same cohorted area), follow steps to don/doff PPE as in (B)
8. If residents require suction, chest physio, oral care, long contact > 15 minutes, or is on oxygen supplementation, the recommendation is to replace the surgical mask with a N95 mask and use a head cover. Again, if there are many residents requiring these, only the plastic apron/glove needs to be changed AFTER EACH RESIDENTS. Follow steps as in (C)
9. Steps of doffing as described in flow chart above should be adhered to strictly.
10. If there is blood, vomitus, urine, fecal soiling on lines, the staffs attending should be using gloves, plastic aprons ( both to be changed AFTER EACH RESIDENT), face shield, and surgical mask.
11. To disinfect surfaces and neighbouring area, use 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water). For metallic surface, disinfect with 70% alcohol.


( from page 1)

\*all patients from group N should have their medical discharge summary – please review their diagnosis – if any respiratory disease ie pneumonia, flu-like symptoms, respiratory failure – these group should be vigilantly cohorted and treated for COVID till end of surveillance period

\*\* watch out for : flu-like symptoms, fever, cough, runny nose, breathless / rapid breathing

# How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 **Duration of the entire procedure: 40-60 seconds**



**0** Wet hands with water;



**1** Apply enough soap to cover all hand surfaces;



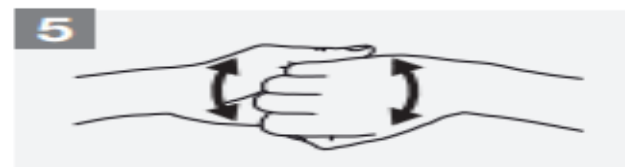
**2** Rub hands palm to palm;



**3** Right palm over left dorsum with interlaced fingers and vice versa;



**4** Palm to palm with fingers interlaced;



**5** Backs of fingers to opposing palms with fingers interlocked;



**6** Rotational rubbing of left thumb clasped in right palm and vice versa;



**7** Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



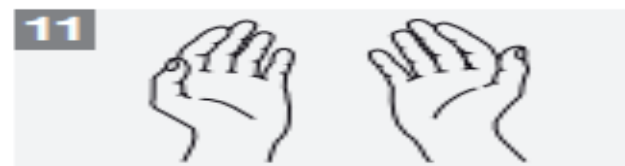
**8** Rinse hands with water;



**9** Dry hands thoroughly with a single use towel;



**10** Use towel to turn off faucet;



**11** Your hands are now safe.



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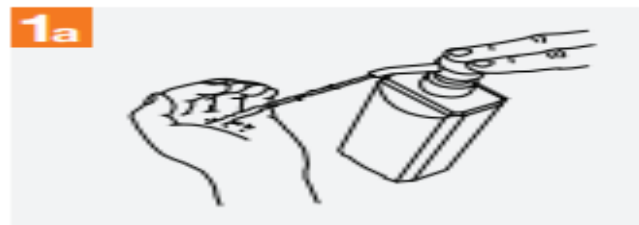
SAVE LIVES

Clean Your Hands

# How to Handrub?

**RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED**

 **Duration of the entire procedure: 20-30 seconds**



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



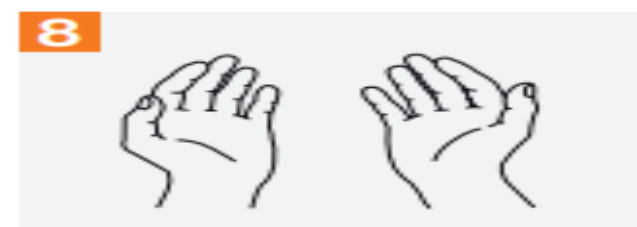
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.



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SAVE LIVES

Clean Your Hands