Interim Recommendations for the COVID-19 Pandemic for Private, Public and NGO Residential Aged Care Facilities

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Foreword

These set of recommendations were put together by a group of highly concerned individuals about the potential disastrous situation we may be faced with if a Malaysian care home is affected by COVID-19 and was set up in the wake of the Washington, Madrid and Daegu care home outbreaks. These individuals comprised a public health expert, infection control expert, geriatricians, chest physician, infection control expert and this document has been developed following consultation with individuals from the Ministry of Women, Family and Community, University of Malaya Medical Centre Geriatrics Unit, Malaysian Influenza Working Group, Clinical Research Centre (Ministry of Health) Malaysia, Malaysian Society of Geriatric Medicine and Malaysian Ageing Research Institute (MyAgeing). We particularly thank Mr Delren Douglas, President of the Association for Residential Aged Care Operators of Malaysia (AgeCOpe) for providing his input for this document.

We understand that the resources are limited in many care facilities, and these are merely suggestions that we hope the care homes can use to help avoid care home disasters in Malaysia. It is also important that our healthcare workers are aware of the current situation in Malaysia and practice extreme vigilance in this situation. Our records suggest that 1% of older Malaysians live in care homes, compared to 6-8% of older Italians. Our recommendations have therefore carefully balanced the implications on our overstretched resources vs. the potential implications of spread of infections in our local care homes.

After the interim recommendations have been distributed for three weeks, it became apparent that the movement control order will be prolonged and the need to protect our care homes will extend to the rest of the pandemic until a vaccine is available or until the pandemic ends. It, therefore, became necessary to revise the admission guidance as prolonged prohibition of admissions will lead to sustainability issues. The shocking number of care homes now affected in the USA, US, Canada and some local incidences have also informed the amendments in this guidance.

Let us all work together to keep older Malaysians safe.

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Let us all work together to keep older Malaysians safe.

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Executive Summary

1. Older persons aged > 60 years and above are the most vulnerable group in the CoronaVirus Disease-2019 (COVID-19).
2. Care Home residents are often extremely frail, and hence highly susceptible to infections and other adverse outcomes, including death.
3. Restriction of all visitation at the care facility are STRONGLY encouraged.
4. Many cases of older persons being infected by uninformed visitors have developed great regrets and unnecessarily increased the burden to the care facilities and health care.
5. In deciding whether the safety of the older persons is being jeopardized or not, the restriction that is implemented should help to reduce the risk of infection to the older persons and the facilities from being contaminated with the SARS-CoV-2 virus which causes COVID-19.
6. Education and training of site staff on the identification of visitors that may place the older persons at-risk is a crucial step to halt this infection.

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Background

Like other developing countries, the older population in Malaysia is rapidly growing in comparison to the younger age groups. In 1991, it was estimated that there were 1 million older persons, representing 5.4% of the total population. Within two decades, this figure more than doubled; 2.2 million older persons comprising 7.7% of the total population. By 2040, it is predicted that 19.8% or 8.2 million Malaysians will be aged 60 years and over (1, 2). In comparison to Italy with a median age group of 46 years with 23% of the population aged more than 65 years. Malaysia is heading towards an aged nation by 2030 where 15% of its total population are older persons.

After the initial outbreak of COVID-19 in China, The Chinese Center for Disease Control and Prevention has been able to look through 72,314 patients' medical information, of which 44,672 were confirmed cases COVID-19. 2.3% percent were fatal cases equivalent to 1,023 deaths. The risk of dying due to the infection of COVID-19 for older persons is as high as 14.8% in those 80 years old and above. Patients aged between 10 to 39 years old were at lower risk with a mortality rate of 0.2%.

Residents of aged care facilities are the most vulnerable to succumbing to COVID 19 infection. The United State's first few reported cases occurred on 1 March 2020, at the nursing facility in

Kirkland, with 27 of the 108 residents infected and 25 out of 125 health assistants were symptomatic. (https://www.msn.com/en-us/health/medical/first-covid-19-outbreak-in-a-us-nursing-home-raises-concerns/ar-BB10AS72). Since then, over 400 care homes have now been affected by COVID-19 in the USA. The residents who were infected initially were those at their frailest with multiple comorbidities. Subsequently, they risked exposing other residents and health care workers to the infection (https://www.aljazeera.com/news/2020/03/nursing-home-covid-19-outbreak-highlights-close-quarter-spread-200303220606434.html) . Late detection of this situation would lead to serious complications occurring at an unprecedented rate. Therefore, drastic and urgent measures are warranted to prevent and minimise risk of exposure in this group of patients.

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Who is this document for?

This document is for the operators, enforcement officers, caregivers, residents and their family members of residential aged care facility.

Residential aged care facilities are defined as facilities providing residential, round the clock care, to older persons.

This document in general can be used to guide other Care Facilities including care centres/homes for children and persons with disabilities.

What should you do now?

Aged care facilities can take steps to assess and improve their preparedness in response to the coronavirus disease 2019 (COVID-19) pandemic.

This checklist should be used as one of the tools to prevent/contain COVID-19:

1. Considerations for service provision and communal activities in centres
2. Consideration for visitors
3. Volunteer management
4. Sick leave policies and other occupational health considerations
5. Management of residents who fall ill during the pandemic
6. Advice to medical teams
7. Transfers to and from aged care facilities

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1. Considerations for service provision and communal activities

Communal Activities

- Suspend organised excursions, outings and participation in external events to reduce the risk of exposure of the vulnerable groups to the general public.
- To reduce risk of exposure and cross infection:
    - Reduce large-group communal activities and mass gatherings within the care home (e.g. morning muster, gathering of staff and residents/ enrolled clients).
    - Suspend activities involving large groups of external participants (e.g. CSR events involving a large number of volunteers).
    - Minimise communal activities across facilities, dormitories or blocks.
    - Carry out activities in smaller groups or stagger activities for different groups

Service Provision

- Care homes should maintain normalcy in operations as far as possible while taking precautionary measures. Cross deployment of staff across multiple facilities and settings should be limited, where possible.
    - Reported cases in care homes were often found to be transmitted during social activities and gatherings among the seniors.
    - While we encourage seniors to stay active, there is evidence to show that COVID-19 transmission occurs during social activities, as some individuals continued to participate in these activities despite being unwell.
- Suspension of group activities
    - Targeted social distancing measures should be introduced. All senior-centric activities will be suspended in view of the importance of social distancing while government recommendations against mass gatherings are in place. (We understand this will be very stressful for the residents and will gather help from occupational therapists familiar with older persons to develop recommended activities that are safer).

- Thereafter, care home managers will implement additional precautionary measures before activities resume. These include reducing the group size to prevent crowding, re-organising activities to minimise physical contact, increasing the frequency of disinfection of equipment between activities, providing sufficient facilities for regular hand washing, and checking routinely whether clients are well.

- Residents who feel unwell should be given a face mask and immediately be isolated to a single room or placed in a distance at least 2 metres apart from all other residents. They should only be allowed to ambulate within their room, but it is important that all their basic needs are attended to. If possible, the staff in contact with the resident should be limited to only one or two persons if the resident is highly dependent. The staff members should wear protective gear- gloves, masks and cap when in contact with the resident.

- Contact the Crisis Preparedness and Response Centre and arrange for the client to be transferred to the nearest COVID-19 hospital as soon as it is safe to do so. The ambulance crew should also to wear protective gear, and disinfect the ambulance after the patient is delivered to the hospital. The medical team must be notified upon arrival to the hospital that the client is a care home resident. They will then be screened by the attending medical team at the emergency department for possibility of COVID-19 and triaged accordingly.

- Immediately notify the district public health office if the resident is considered a PUI or tests positive for COVID-19.

- Isolate any resident who has been in close contact with the resident and disinfect the areas that the resident has occupied immediately.

- Immediately ask all staff who have been in contact with the resident to self-isolate and contact the COVID-19 Crisis Preparedness and Response Centre.

- Ensure that the areas the resident has been in contact with are thoroughly disinfected

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2. Consideration for visitors

- No visitors will be allowed if a movement restriction order is ongoing unless the resident is terminally ill, or under special circumstances agreed upon by the management team such as if the resident suffers dementia and exhibits severe behavioural difficulties if the family member does not attend.

- You should require all visitors entering the facility to fill up a travel declaration.
- Visitors should not be allowed to enter if there is:
    - travel history to any country in the last 14 days.
    - Potential contact with anyone who had been tested for COVID-19 unless the results are negative
    - Potential contact with anyone who tested positive for COVID-19 in the last 14 days
    - Any sign of illness, especially if they had a fever, cough, sorethroat and/ or shortness of breath. The visitor should be given a mask straight way if the latter is applicable and advised to contact the COVID-19 Crisis Preparedness and. Response Centre (detailed below)
- Only visitors who need to maintain the facilities (e.g. contractors) and agencies who need to perform necessary functions may enter the premises.
- Allow only a maximum of two designated visitors per resident.
- Implement contactless temperature and symptoms screening, travel and health declaration for visitors for all facilities. Record contact details of all visitors to facilitate contact tracing if needed. There is no need, at this point in time, to mandate staff conducting temperature screening to wear a mask.
- All Visitors must perform hand hygiene upon entry to the facility and abide by infection control guidelines.
- **In the unfortunate event of the visitor being found to be positive or if the travel history or risk of exposure becomes apparent only after the visitor has left, all staff and residents who have been in contact with the visitor need to be isolated straight away, and the facility should be disinfected. The district health office will need to be notified straight away.**

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3. Volunteer management

- Volunteers may be required to support your services and service users.

- Activities involving regular volunteers who perform essential and routine functions can continue. They should be regarded and managed as staff and take the necessary precautions.
- Activities involving ad hoc volunteers who perform non-essential functions, or who might be in close contact with vulnerable groups, should be reduced or suspended.

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- New volunteers, who are likely to be needed if care home staff take leaves of absence, will need to be screened in the same way as visitors who enter the facility.

4. Sick leave policies and other occupational health considerations

Infection Control (Please refer to full infection control document for further details)

- Maintain strict hygiene and infection control practices.
  - Encourage staff, residents and clients to observe good personal hygiene practices, and ensure the premises, equipment etc. are kept clean.
    - staff should apply WHO's My 5 Moments for Hand Hygiene approach before touching a resident
    - hand hygiene should also be performed before and after preparing food, before eating, after using the toilet, and whenever the hands look dirty.
    - hand hygiene includes either cleansing hands with an alcohol-based hand rub or with soap and water
    - alcohol-based hand rubs (if available) should be placed at the point of care for easier access
    - wash hands with soap and water when they are visibly soiled.
    - when washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently
  - As the COVID-19 situation may persist for a duration of time, facilities should use your resources such as surgical masks and disinfectants sensibly, and only when necessary.

    - The care facility needs to identify an isolation area which is at least 2 metres away from any other resident, where any potentially infected resident should be moved to.
    - Encourage staff to have a high level of clinical suspicion.
    - Post signs in public areas reminding symptomatic residents to alert staff.
    - All staff members should not be allowed to leave the country for non-essential matters. However, if they have to travel abroad, they will be required to self-quarantine for 14 days and can only return if they have remained asymptomatic throughout the 14 days.
- Temperature and health checks:
    - Conduct at least twice-daily temperature screening for all residents
- The district health office needs to be informed immediately if any staff or resident is considered a person under investigation (PUI) or is a confirmed COVID-19 case.
- Inform all residents and staff to notify you immediately if any visitor, family member or any other close contact becomes a PUI or is a confirmed COVID-19.
    - Isolate any residents who have been in contact with the member of staff, resident or family member immediately.
    - Staff members should not return to work until they tested negative and completed their 14 days of self-quarantine if they were a PUI, or if they have tested negative twice and completed at least 14-days of quarantine if they were confirmed CoVID-19 positive.
    - Residents should not be granted home leave until after the PUI has tested negative and completed their 14 days of self-isolation.
- Monitor the health of staff member through regular telephone calls.

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5. What should you do if there are cases in the neighbourhood?

Preparedness phase[1]

[1] CDC "What facilities can do to prepare for COVID-19, if the facility has cases of COVID-19, or if the community is experiencing spread of COVID-19)"

- Identify the contact details of your district health office (Appendix 2).
- Know the signs and symptoms of COVID-19 and what to do if residents or staff become symptomatic.
- Review and update emergency operations plan (including implementation of social distancing measures) or develop a plan if one is not available.
- Encourage personal protective measures among staff and residents (e.g., stay home or in the room when sick, handwashing, cough etiquette).
- Disinfect frequently touched surfaces twice daily.
- Ensure hand hygiene supplies are readily available in all buildings.

Pandemic phase

- If new cases are being detected locally, the care home should consider not admitting any new residents to your facility, until the number of new cases in the local area has declined. Please refer to Section 7 of this interim guidance on how to accept new admission or returning residents and on transfer of residents to hospitals.
- Implement social distancing measures: » Reduce large gatherings (e.g., group social events) » Alter schedules to reduce mixing (e.g., staggered meal times, activities, arrival/departure times) » Limit programs involving external staff » Consider having residents to stay fulltime in the facility and limit exposure to the community » Limit visitors, implement screening.
- Temperature and respiratory symptom screening of attendees, staff and visitors. Check temperature and ask for symptoms of COVID-19 (fever, cough, sorethroat and shortness of breath) of all residents and caregivers at least once a day.
- Reports of cases occurring in care homes have suggested that residents may not display typical symptoms of fever, cough, sorethroat or shortness of breath and may suddenly deteriorate without warning. Therefore, any resident who is unwell should be considered a possible case of COVID-19 until they have received medical attention.
- Arrange for an ambulance transfer to the nearest COVID-19 hospital (Appendix 1) for any suspected case of COVID-19.
- In reported outbreaks from care homes, COVID-19 infection was only detected when there was an increase in death rates in the care facility. Therefore, care homes need to practice a high level of vigilance and consider consulting the district health officer if an unusually high number of deaths or two or more deaths (depending on the size and resident characteristics of the care facility) have occurred within 14 days. Any

caregivers found to show symptoms of infection should be referred to see a doctor, impose self-quarantine, and refrain from working until medical clearance is obtained.

- Any visitors with symptoms of infection or contact with confirmed COVID-19 cases will not be allowed to visit.
- All residents, caregivers, and visitors should practice strict hygiene measures including washing hands frequently including before eating and after using the toilets; cough or sneeze into bent elbows rather than hands, avoid sharing food/drinks, eating utensils, toothbrushes, and towels.
- Sanitize premises with antiseptic solutions including wiping and spraying the door handles, floor, tables and other surfaces at least twice a day or immediately after soiling.
- Wear a mask where necessary especially if your resident is weak or has mild or common cough, flu or fever.
- Short-term quarantines for disinfection and contact tracing may be needed.

Care Home Outbreak

A care home outbreak is defined when at least two individuals, either staff or residents, have been confirmed with COVID-19. The following should be done in this unfortunate event:

- Longer-term closure (if this is possible) or quarantine of the facility.
- Do not allow ANY visitors.

The Crisis Preparedness and Response Centre will be involved in care home outbreaks. Please try to remain calm and wait for their instructions on what to do. It is normal to feel anxious and worried, but the CPRC will need time to figure out how best to support your home through this difficult time.

What should I do if I have been in contact with a PUI or someone with COVID-19?

1. Be calm and call for help.

Call Crisis Preparedness and Response Centre (CPRC) Kebangsaan at Hotline: 03-88810200, 03-88810600, 03-88810700 or email cprc@moh.gov.my

2. Do not leave your premise and if possible stay in until help arrives.
3. Ensure proper hydration.

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6. Advice to Medical, Welfare, Local Government, Police and Other Authorities

- Residential Aged Care Facilities (Pusat Jagaan) are considered essential services. Hence the movement of staff between their homes and the care facilities should not be restricted during a Movement Control Order.

- Outbreaks in care homes are potentially very serious, with multiple reports of large numbers of deaths when this occurs. Therefore, it is important to establish whether the older person is from a long-term care facility or aged care facility. As there have been issues with legalization of aged care facilities in Malaysia, this history is often concealed and hence has to be asked tactfully to the patient and caregiver A high index of suspicion is required.

- Reports of outbreaks among long-term care residents have suggested that care home residents with CoVID-19 may display minimal symptoms initially but deteriorate quickly.

- Symptoms of fever or cough may not be present, and the resident may display atypical features of delirium, reduced appetite or reduced mobility.

- Hence the screening measures should take into account of possible exposure from the history alone, and CoVID-19 should not be ruled out even if the patient does not fulfil the classic criteria of Acute Respiratory Infections (ARIs).

- In care home outbreaks, the presence of CoVID-19 was only detected after an excessive number of deaths in the care facilities. Therefore, one of the screening questions should include / “has anyone else in the care facility been unwell or died unexpectedly in the last 14 days”. CoVID-19 may have to be ruled out if the care home staff or family member reports other deaths or hospital admissions with respiratory infection in the facility within the last 14 days.

- Prognosis is likely to be poor if the resident requires mechanical ventilation. Treatment decisions for cardiopulmonary resuscitation, inotropic support and mechanical ventilation should therefore take into account the patient’s prior expressed wishes and likely chance of survival as well as quality of life. Before any

decision is made, it is advisable to discuss the treatment approach with the patient and/or the next-of-kin.

- If the hospital team decides that the patient should be classified as a PUI, please notify the district health office immediately, as further action will need to be taken promptly to potentially avert a care home disaster.

7. Transfer of Residents In and Out of Care Homes

While the initial recommendations by the group was against any admissions to Care Homes, it has become apparent that prohibiting all movements in and out of Care Homes is no longer feasible with the prolonged MCO. In the medium to long-term, care homes play a vital role in accepting patients discharged from hospital because recuperation is better in non-acute settings and hospitals need to have enough beds to cater the acutely ill patients. It is hoped that by providing these alternative recommendations for the care homes which have chosen to start admitting, effective social distancing measures will continue to be observed.

The aims of this guidance are:

- To reduce the risk of transmission of COVID-19 during transfers to and from aged care facilities
- To facilitate safe transfers of care home residents to hospitals for acute illness

These recommendations apply to:

- New resident admitted from hospital or community
- Returning resident recently discharged from healthcare facilities

Considerations:

1. Care home residents are often extremely frail, hence are the most vulnerable to COVID-19 deaths with death rates of 20% reported by various sources from care home outbreaks in many countries world-wide.
2. Care homes represent crowded environments where social distancing is challenging, and many care home residents require high level of care and are unable to practice frequent hand washing or cough etiquette. Hence the risk of transmission of SARS-

CoV-2 among both staff and residents is high as reported by numerous outbreaks that have occurred world-wide.

3. Care homes in Malaysia are impacted by the shortage of hand sanitizers and masks due to the increased demand nationwide. Many have encountered staff shortage due to trained nurses being recalled to the Ministry of Health and the need for leaves of absences in the event of sickness.

4. Solutions have to be pragmatic, taking into account the limited availability of resources such as personal protective equipment (PPE), without compromise to the quality of care provided.
5. The burden of cases does vary greatly between states and districts. Therefore, blanket recommendations, such as 'no admissions' are not recommended over the medium or longer term, but may be necessary over a short period until the situation is reassessed. It is important that care home owners gain knowledge on local cases and select strategies most appropriate for their local circumstances and their available resources. Care home owners should keep in contact with the district health office to obtain regular updates, as the district health office should be well positioned to provide advice on the precautionary measures.
6. Care home residents may not display typical symptoms of COVID-19 if they are infected and have been known to deteriorate rapidly.
7. Residents suffering from dementia might not be able to stay in their rooms and wandering would be an issue to social distancing.

Possible strategies to reduce risk of transmission of SARS-CoV-2 related to admission of new or returned care home residents:

1. *The safest strategy remains not to admit new residents during the pandemic.* However, this will result in discharge issues in hospitals, and private care homes are likely to encounter financial difficulties. Communities or local authorities may support these care homes during this period through financial subsidies, while offering alternative quarantine or isolation/holding facilities which should preferably be single-bedded and not staffed by hospital workers. However, if the number of cases in the area is high, the care home should strongly consider holding off any new admissions or refusing to accept returned residents for at least a brief period until the number of new cases in the local area has been brought under control.

If a decision is made by the care home owner to admit new residents:

2. *Screening of new or returned residents before discharge from hospital to the care home, or admission of new residents from the community*. Due to the severe consequences if COVID-19 is introduced into a care home, as evidenced repeatedly by hundreds of outbreaks that have occurred world-wide, the care home owner should have prerogative to refuse admission of new residents unless laboratory testing is carried out. Hospitals should resist from coercing reluctant care home owners or managers to admit to their care homes without laboratory testing.

   Laboratory testing of care home discharges would not only reduce the risk of inadvertently discharging a patient who has contracted COVID-19 as an inpatient resulting in care home transmissions which will lead to staff and residents of the care home being admitted into the hospital with COVID-19. It would also indirectly provide surveillance data on hospital transmission of COVID-19.

   If laboratory testing is considered, RT-PCR using respiratory samples should be the preferred method, as frail older persons may not be able to produce adequate antibodies for detection and may take longer than younger adults to become non-infectious even if they do develop antibodies.

   The number of tests required will depend on local laboratory practices and the actual local risk. For instance, if healthcare workers have tested positive or transmissions have occurred in the hospital, then two swabs, followed by a 14-day quarantine period and a further swab to confirm negativity may be necessary.

3. *Isolation of new or returned residents*. Depending on the number of cases reported locally or whether transmission of COVID-19 has occurred within the hospital, it may be necessary to impose a 14-day quarantine period. The care home owner's decision whether to isolate will depend on the local levels of transmission, availability of single rooms or space within the care home. If single rooms are not available, social distancing measures could be practiced by maintaining a distance of at least 2 metres between the new or returned resident and all the other residents. If possible only one or two caregivers should be assigned to the new or returned resident. If PPEs are worn (Please refer to Appendix 3 and Appendix 7), there should be adequate training

to ensure that they are worn properly and appropriately to avoid contamination and wastage. Specific donning and doffing areas should be assigned. The decision to use PPEs and isolation should not compromise the level of care provided to the patient.

4. *Older COVID-19 survivors*. Care homes can safely admit older clients who have been diagnosed with COVID-19 with a positive PCR test, received treatment in hospital, and subsequently found to have been cleared of COVID-19 with two negative swabs. These new residents are in fact the safest individuals to admit as they should have little risk of transmitting COVID-19. However, with the small number of cases who have been reported to test positive after negative tests, care home owners should consider social distancing measures for 14-28 days and to continue twice daily contactless surveillance, as should be carried out in all care home residents.

5. *Admitting individuals identified as "Persons Under Investigation" or PUI*. Care home owners or managers should not accept individuals considered PUI until they have completed 14 days of observation from the date of contact with another person with COVID-19, with a negative test before discharge, even if their first two swabs on admission were negative.

The Algorithm in Appendix 7 summarizes suggested measures to curb any potential care home spread of COVID-19.

Older patients admitted to hospitals from care homes should be assessed with a high index of suspicion. It may be necessary to conduct laboratory testing for all patients admitted from a care facility for COVID-19, as infections can be asymptomatic. The decision whether or not to test should be dependent on the level of community transmission within the area. It is, however, vital that COVID-19 is detected as early as possible so that immediate infection control measures can be imposed within the care homes to avoid further transmission.

Note: This guidance is likely to be most effective if reviewed and adapted to local practice

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Appendix 1. List of CoVID-19 hospitals in Malaysia

Appendix 2. Contact details for Pejabat Kesihatan Daerah in Malaysia
http://www.moh.gov.my/index.php/database_stores/store_view/5

Appendix 3. Interim guideline on infection prevention & control measures for residential aged care facilities during CoVID-19 pandemic

Appendix 4. Toolkit for Implementation of Recommendations
-signs to be put up around the care home
-travel declaration
-forms to record temperature for staff, residents and visitors

Appendix 5. Activities for Older Persons while Social Distancing

Appendix 6. Letter to family members including guidelines for receiving food and goods

Appendix 7. Flowcharts for hospital discharges to care homes

WHEN TO SUSPECT COVID-19

Fever

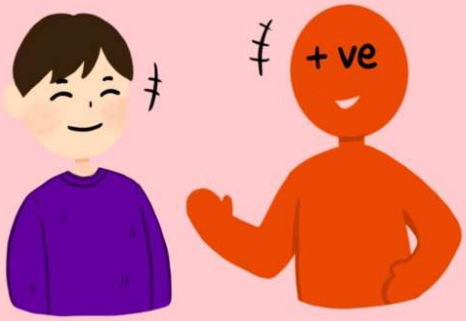
OR

Acute respiratory infection such as shortness of breath, cough or sorethroat

AND

Travel to affected areas or attendance of a mass gathering

OR



Having a close contact 14 days before illness onset with a confirmed case of COVID-19

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