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Guidelines

Care of Old Patients in Wake of COVID-19

Objective

To provide guidelines for the elderly (60 years and above), their family, caretakers/attendants and healthcare providers for reducing the risk of COVID-19 infection, transmission and complications associated with co-morbidities and risk of mortality.

Rationale

It is empirically known that elderly people are more susceptible to infections. In the context of current COVID-19 pandemic, older people are especially vulnerable to this illness. Evidence has suggested that adults who are 60 years and above, especially those with pre-existing medical conditions, such as hypertension, heart and lung disease, diabetes or cancer are more likely to have severe coronavirus infection than other age groups. The fatality rate is documented to be much higher in this age group as per local and global data.

Pakistan faces huge burden of non-communicable diseases including cardiovascular diseases and diabetes. The Global Burden of Disease study has shown that cardiovascular diseases are among top most cause of death in Pakistan accounting for about 381,000 deaths in 2017 and the major chunk is in population above 60 years of age. In the wake of COVID-19 pandemic, also most of the deaths observed in people older than 60 are especially those with chronic conditions such as cardiovascular disease. Therefore, taking the cognizance of existing situation, special attention should be paid to the elderly with chronic diseases like hypertension and diabetes, since their prognosis is more likely to be worse off when infected with COVID-19.

Presently, the number of confirmed COVID-19 cases in Pakistan has risen to 69,496 cases with 1,543 deaths as of 31st May according to official statistics by M/o NHR&C. The Case Fatality rate is 2.1 percent of total confirmed cases. In the context of older age, Pakistan has 6.8 percent population above the age of 60 years and since the beginning of this pandemic in the country, 11.82 percent of the total confirmed COVID-19 cases belong to this age bracket. As per Pakistan specific data, nearly 3/4th (72%) of mortalities attributable to COVID-19 were above the age of 50 years. Furthermore, among all COVID-19 fatalities in the country nearly three quarters (73%) had some co-morbidity especially chronic illnesses (diabetes and CVD). Given these It is therefore critical to practice enhanced precaution and strict measures to prevent and control COVID-19 outbreaks in this specific segment of vulnerable population.

Instructions



A) Minimize the Risk of COVID-19 Infection and Transmission

- It is of prime importance to encourage the elderly and their attendants or caregivers to practise basic protective measures. These include;
 - ✓ Wash hands frequently, regularly and thoroughly with soap and water for at least 20 seconds or cleaning hands with an alcohol-based hand rub/sanitizer (70-90% alcohol content)
 - ✓ Maintain at least 6 feet/2 meters distance between any two persons
 - ✓ Avoid touching eyes, nose and mouth
 - ✓ Practice respiratory hygiene i.e. sneezing or coughing into a tissue/handkerchief followed by discarding it immediately and hand washing, or coughing into own elbow.
- Consider voluntary isolation and seek early medical care if feeling unwell.
- Clean surfaces and objects regularly with water and detergent. Apply commonly used household disinfectants after cleaning.
- Avoid unnecessary travelling and follow travel advisories if travel is essential.
- Avoid crowded places (e.g. mass gatherings, weddings or congregations, avoid use of public transportation during rush hours).
- Follow workplace related preventive measures (e.g. work from home, staggered shifts).

B) Additional Measures for Care of Older People with Pre-existing Medical Conditions

If an older adult is residing at home or any care giving facility (especially with pre-existing medical conditions like cardiovascular, lung, liver and kidney diseases, diabetes, cancer or any other disabilities), try to ensure;

- Strong infection prevention and control measures are being practiced to prevent transmission between care givers and older residents of home or in any facility.
- Persons with fever, cough or any other infectious illness must not visit older individuals till they are symptom free and completely well
- Any healthy member of family (having minimal exposure to outside) should be preferentially designated for the care of older people at home.
- If the care giver is unwell, arrange for another healthy person to care for the elderly person.
- Door handles, handrails, tables, chairs and other surfaces are cleaned with disinfectant regularly. Carer should regularly empty garbage bins in which tissues are disposed.
- Assess the health status of older adults regularly. If possible, care giver should check body temperature of the elderly at least twice daily
- Postpone unnecessary visits to doctors and hospitals. To maintain contact with health care provider, consider the option of telemedicine, which enables doctors and patients to communicate over video, email or other means rather than face-to-face interaction.
- Develop a Health Care Plan for older people with chronic illness, consulting their health care providers regularly, summarize his/her health conditions, adherence to prescribed medication regimens, and having readily available healthcare provider's emergency contacts and advance directives.
- Make sure to have access to all medicines already in use and stock up for one to three months of all necessary supplies according to plan provided by healthcare provider.



- Maintain the normal schedule and daily routine of older members with healthy lifestyle including proper diet, sleep and exercise and keep them in a properly ventilated place.

C) Care for Suspected or Confirmed COVID-19 Elderly Patients

- Follow the three principles for controlling the risk of spread and transmission of COVID-19
 - ✓ Do not carry in
 - ✓ Do not carry out
 - ✓ Do not spread
- If an older person (above 60 years) feels unwell and has symptoms, he/she should be isolated from other residents, in a separate room. (Symptoms include a fever of 37.5° or above, sore throat, cough or shortness of breath).
- Care givers or attendants should immediately report the suspected case to the relevant health authorities or facilities and follow their instructions.
- When caring for a patient with suspected or confirmed COVID-19 infection, contact and droplet precautions need to be practiced stringently. Anyone isolated because of suspected COVID-19 infection and the care giver or attendant looking after them both should wear a mask and personal protective equipment (PPE) as per standard guidelines.
- The isolation room should be in a relatively separate location, well-ventilated area. It should have a door that can be closed and an independent toilet, if possible
- Hospital-grade cleaning and disinfecting agents are recommended with all horizontal and frequently touched surfaces being cleaned at least twice daily and when soiled.
- Restrict the movement and activities until symptoms have resolved. Also avoid transfer within facilities (unless medically indicated). If transport is necessary, advise transport services and personnel in the receiving area of the required precautions for the suspected or confirmed case being transported.
- If health authorities require an older person to go to a designated facility for testing or treatment, the family members/attendant should follow their instructions immediately. Public transport should not be used. The older person and accompanying staff should wear a mask and personal protective equipment while adhering to respiratory hygiene.
- An isolated older member should be given quality care and should be provided with support to maintain their mental health and wellbeing
- Older people whose symptoms have ended and who return to the home or facility should be observed in a separate room as per existing guidelines.

D) Care for Suspected or Confirmed COVID-19 Elderly Patients with Co- Morbidities

If an older adult (especially with pre-existing chronic medical conditions like cardiovascular, lung, liver and kidney diseases, diabetes cancers or any other disabilities), feels unwell and has symptoms (mentioned above in section C), following steps should be taken;

- Notify local authorities about any suspected case and isolate the person immediately
- Ensure that the patient is tested for COVID-19 and promptly notify the patient and appropriate public health authorities, if the COVID-19 test is positive.



- Avoid taking public transportation to the facility; an ambulance can be called, or the patient can be transported in a private vehicle with all windows open, if possible.
- The patient and accompanying persons should wear a mask along with personal protective equipment and adhere to respiratory hygiene.
- Hospital admission should be considered in consultation with health care provider to prevent poor outcome.
- If the patient cannot be admitted due to resource constraints or if symptoms are mild, then clear instructions must be given to monitor for any complication and continuation of ongoing medications of co-morbidities.
- Close clinical monitoring and supportive therapy should be provided in patients with cardiovascular disease, hypertension, chronic lung, kidney, liver disease and uncontrolled diabetes.
- Telemedicine should be considered to provide medical advice and follow up of older patients with co-morbid conditions (in case isolated at home).
- Hospital-grade cleaning and disinfecting agents are recommended with all horizontal and frequently touched surfaces being cleaned at least twice daily and when soiled.
- Visitors should not be allowed until the patient has completely recovered and has no signs or symptoms of COVID-19.

E) Mental Health and Psychosocial Support to Older People

- Family members or care giver should be aware of older people's mental health and wellbeing. Affectionate personal communication can aid in relieving sadness, stress, confusion and anxiety.
- Provide practical and emotional support through informal networks (families) and health professionals.
- Share simple facts about what is going on and give clear information about how to reduce risk of infection in a manner which older people with/without cognitive impairment can understand. Repeat the information, whenever necessary.
- Instructions need to be communicated in a clear, concise, respectful and patient way. It may also be helpful for information to be displayed in writing or pictures.
- Engage family members and other support networks in providing information and helping people to practise prevention measures (e.g. hand washing, etc.).
- Keep regular routines and schedules as much as possible or help create new ones in a new environment, including regular exercising or other activities of interest.
- Maintain regular contact/communication of older group with their family members and friends living away from home (e.g. via telephone, e-mail, social media or video conference).

Note: The above recommendations are being regularly reviewed by the Ministry of National Health Services, Regulations & Coordination and will be updated based on the international & national recommendations and best practices.

The Ministry acknowledges the contribution of Farah Ashraf, Dr Ahsan M Ahmad, and HSA/ HPSIU/ NIH team to compile these guidelines.

References:



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3. Coronavirus and COVID-19: Caregiving for the Elderly <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-caregiving-for-the-elderly>
4. COVID-19 Guidance for Older Adults by Centers for Disease Control and Prevention

For more information, please contact:

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<http://covid.gov.pk/>

<http://nhsrcofficial.gov.pk/>

<https://www.facebook.com/NHSRCOfficial>

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