

Guidance on COVID-19 for the care of older people living in long-term care facilities, other non-acute care facilities and at home

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1. Introduction

1.1 Background

With coronavirus disease 2019 (COVID-19) being prevalent globally, the World Health Organization (WHO) Regional Office for the Western Pacific has prepared guidance on how best to provide care for older people during the pandemic and to prepare for the transition from acute pandemic response to sustained management of COVID-19. This guidance is for older people, caregivers of older people, and policy-makers responsible for health and long-term care (LTC). Policy-makers may use this guidance to consider recommended actions in planning for the transition to sustained COVID-19 management, and in preparing for the next pandemic or emerging public health threat.

Previous outbreaks such as 2009 H1N1 influenza, severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) suggest that older people are more vulnerable to new and emerging infectious diseases. As of 7 March 2022, the COVID-19 case fatality rate for people over 80 years of age is over 4.4% in Australia, Japan and the Republic of Korea, while the rate for those under 80 is less than 0.2%.^{1,2,3}

In six European countries, over 50% of COVID-19-related deaths were residents of LTC facilities, including older age groups.⁴ Enhanced precautions among older people and early preparation in LTC facilities are important to protect older people and vulnerable populations. In Asia, approximately 2.2% of older people above 65 in China, 4.1% in the Republic of Korea and 5.9% in Japan live in LTC facilities. The proportions are comparatively smaller in Malaysia (0.4%) and Viet Nam (0.6%).⁵ In Fiji, as in many other Pacific islands, it is assumed that most older people are cared for by their family members, communities and religious groups.⁶ The number of older people staying in LTC facilities is expected to grow with increasing life expectancy, smaller family size and

cultural changes in many countries.⁶ Special attention should be paid to older adults with noncommunicable diseases (NCDs) such as cardiovascular disease, chronic respiratory disease, diabetes and cancer, as their prognosis is likely to be worse than those who do not have NCDs if infected with COVID-19.⁷

While physical distancing is useful in terms of infection prevention and control, social isolation as a result of limited interaction can negatively affect the cognitive, mental and physical functions of older adults.⁸ Public health and social measures such as physical confinement and lockdown can decrease physical activity levels of affected individuals.⁹ Closure of sports facilities and limited access to outdoor space and free movement reduce opportunities to exercise. Regular exercise is essential for preventing muscle loss, falls and fall-related injuries in older people.¹⁰

Long-lasting public health and social measures may also have an impact on mental health. Reduced social networks, isolation and loneliness may worsen generalized anxiety and depressive disorders among older people.¹¹

The COVID-19 pandemic has given rise to interest in health at individual and community levels and a growing awareness of the need to better support vulnerable populations, including older people.¹² Different sectors need to work together to improve health and livelihoods so that people can protect themselves and each other. Everyone is encouraged to adopt protective behaviours and practices now and in the future.

1.2 Target audience

Older people, both in their homes and LTC facilities; their caregivers, friends and family; managers, staff, caregivers and health-care professionals at LTC facilities; home-care service providers; and policy-makers to utilize in response to the COVID-19 pandemic, as well as strategies to maintain community health and well-being.

2. Advice on COVID-19 for older people and caregivers

2.1 Advice for older people

(Adapted from the WHO guidance on COVID-19: Risks and safety for older people)

2.1.1 Basic protective measures

To prevent infection, there are a seven key actions that you can follow:

- a. Wash your hands frequently and thoroughly with soap and water and dry them thoroughly.**

You can also use alcohol-based hand rub if your hands are not visibly dirty. If an alcohol-based hand rub or soap is not available, use local materials such as coffee grounds, ash, salt, sand, coconut husk, bark, leaves and berries.¹³

- b. Cover your mouth and nose with a flexed elbow or tissue when coughing and sneezing.**

Remember to throw away the used tissue immediately in a bin with a lid and to wash your hands. This way you protect others from any virus released through coughs and sneezes.

- c. Avoid touching your eyes, nose and mouth.**

Hands touch many surfaces that could be contaminated with different viruses and other pathogens. If you touch your eyes, nose or mouth with unclean hands, you can transfer them from the surface to yourself.

- d. Keep a physical distance from others.**

When you go out, avoid crowded spaces and maintain a distance of at least 1 metre (3 feet or arm's length) from others. If visits are necessary (e.g. caregiver to support with activities of daily living), ask your visitors to regularly check for symptoms to ensure they are symptom free when visiting you. Ask them to also follow these seven key actions, including washing hands when they first enter your home. People with symptoms must not visit and should follow instructions from local authorities for testing and management.

- e. Clean and disinfect frequently touched surfaces every day.**

These include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, taps and sinks. Use detergent or soap and water to clean surfaces prior to disinfection.

- f. Wear a mask.**

In areas where the virus is circulating, masks should be worn when you're in crowded settings, where you can't be at least 1 metre from others, and in rooms with poor or unknown ventilation. Make sure the mask covers your nose, mouth and chin. Medical masks are recommended for people aged 60 years or older and people with underlying health conditions, because they are at a higher risk of becoming seriously ill with COVID-19 and dying.

For more advice on mask use, please also refer to Q&A: Masks and COVID-19.

- g. Protect yourself from the flu.**

During the COVID-19 pandemic, it is more important than ever to protect yourself from the flu. Ask your health-care provider whether a flu vaccine is right for you.

2.1.2 Advice to prepare for COVID-19 in your community

Based on local context, older people should consider the following additional measures:

- a. Older adults are a priority group for COVID-19 vaccination, including booster doses, as are health workers and immunocompromised individuals.
- b. Inform yourself of the special measures taken in your community as well as the services offered (e.g. home delivery, psychosocial support, alternative access to your pension or social welfare support) and the sources of reliable information (e.g. health ministry website).
- c. Create a list of the basic supplies that you will need for at least 2 weeks and have these delivered, if possible.

- d. Make a list of emergency contact numbers (e.g. COVID-19 local helpline, nearby hospitals and health facilities, domestic abuse helpline, psychosocial support helpline) and contact information of your support network (e.g. family members and friends, main caregiver, community care worker, associations of older persons).
- e. Discuss with your health-care provider, health-care worker or caregiver how your health needs can be addressed during the COVID-19 pandemic.
- f. If you rely on support provided by a caregiver, identify with him or her another person that you trust to support your daily living and care needs in case your caregiver is unable to continue to provide care.
- g. If you are the primary caregiver of another person, identify another person that you and the person that you care for trust to take on your caregiving responsibilities in case you fall sick.
- h. If multiple people live in your home, if possible, prepare a separate room or space in your home so that anyone with COVID-19 symptoms can be isolated from others.
- i. Think about what matters most to you regarding care and support, including medical treatment, in case something happens to you and you are unable to make your own decisions.

2.1.3 Advice for those with symptoms related to COVID-19

- a. If you have mild symptoms and are otherwise, healthy, you should manage your symptoms at home. Common symptoms include fever, cough, tiredness, and loss of taste or smell. Less common symptoms include sore throat, headache, aches and pains, diarrhoea, skin rash, discolouration of fingers or toes, and red or irritated eyes.
- b. If you have difficulty breathing, loss of speech or mobility, or confusion, or chest pain, contact emergency medical services immediately.
- c. If you live with others, isolate yourself as soon as you suspect infection by using the space that you identified in advance.
- d. For self-isolation, you are advised to: stay in a well-ventilated room, limit movement at home, stay in different rooms from other family members or maintain a distance of at least 1 metre from other family members, and not share bedding, towels, cutlery and kitchen utensils.¹⁴

If you are identified as a suspected or confirmed COVID-19 case, refer to the updated WHO guidance on infection prevention and control guidance for long-term care facilities in the context of COVID-19.

If you live with others and home care for COVID-19 is advised by your health or social worker, other household members should follow WHO guidance on home care for patients with COVID-19 presenting with mild symptoms and management of their contacts.

If you live with others in a setting where physical distancing is difficult, refer to the WHO guidance on actions to be taken for the care and protection of vulnerable groups.

2.2 Advice for caregivers

- a. Develop in advance – and together with the older person and the household – an alternative plan in case the primary caregiver is unavailable, and identify an alternative caregiver or alternative facility, or both.
- b. Caregivers (unless the caregivers are older people themselves or have underlying conditions) are at lower risk of becoming seriously ill compared to older people. However, they could unknowingly transmit the virus to older people from possible contact with other people (i.e. from commuting or shopping). It is thus necessary for caregivers to take standard precautions when with older people and to take preventive measures such as self-isolation if they have any symptoms.
- c. If the caregiver is unwell, arrange for another person to care for the older person. If the older person is unwell, consider restricting visitors, unless for compassionate reasons.

2.3 Self-care for the general well-being of older people

2.3.1 Health promotion

There is a concern that some public health and social measures to prevent COVID-19 transmission (e.g. physical distancing, staying at home, refraining from visiting family members/friends) could have an indirect, negative impact on older people's health and well-being.

Follow these 10 steps to stay healthy during the pandemic (adapted from Q&A: Older people and COVID-19):

- a. Stick to your regular routines as much as possible and maintain a daily schedule for yourself including sleeping, meals and activities.
- b. Stay socially connected. Speak to loved ones and people you trust every day or as much as possible, through telephone or video calls, messaging, writing letters, and other means of communication.
- c. Be physically active every day. Reduce long periods of sitting and incorporate at least 30 minutes of exercise in your daily routine.
- d. Drink water and eat healthy, well-balanced meals.
- e. Avoid smoking and drinking alcohol.
- f. Take breaks from news coverage about COVID-19 as prolonged exposure can cause feelings of anxiety and despair.
- g. Engage in hobbies and activities that you enjoy or learn something new.
- h. If you have ongoing health conditions, take your prescribed medicines and follow the advice of your health-care worker regarding any health visits or phone consultations.
- i. If you have an emergency medical condition that is not related to COVID-19, contact emergency health services immediately and ask what you should do next.
- j. If stress, worry, fear and sadness get in the way of your daily activities for several days in a row, seek psychosocial support from available services in your community.

In addition to physical and mental health, oral health is another concern. Evidence from Spain shows that high levels of perceived vulnerability to COVID-19 infection increased dental care avoidance.¹⁵ Due to fear of high-risk procedures and limited access to oral health care, oral health may be neglected.¹⁶ Older people should maintain good oral hygiene with self-care and regular dental visits.

Older people are encouraged to practise self-care to protect their health and well-being, and provide support to others around them. More information on self-care for older people is provided in the Annex.

Caregivers and volunteers are encouraged to call older persons (especially those who are feeling depressed and those who live alone) to assist in dealing with stress during the pandemic.

2.3.2 Use of information and communications technology

Using information and communications technology (ICT) is a way of staying connected with friends and family. Numerous user-friendly services are available to maintain social connections. People frequently use audio or video calls (telephone, mobile phone or messaging applications) or host online group sessions (e.g. book/movie review, music therapy and exercise clubs).

Content for education, entertainment and health promotion that older people can access and benefit from is available online.

A friend, family member, caregiver or social worker can assist an older person, so he or she can stay connected using ICT devices and services. For those facing difficulty accessing ICT, alternative social funding or benefit options should be explored, such as free provision of devices and subsidies for purchasing devices and services.

2.4 Advice for home care

Home care for older people and other vulnerable populations, such as people with disabilities or mental health concerns, is common in the Western Pacific Region. It is important to carry out safe home care to prevent transmission of COVID-19.

For the home care for older adults and other vulnerable people, basic protective measures (outlined in section 2.1) are the primary method of prevention of COVID-19 infection. In addition, practise the following:

2.4.1 Advice for home care for older people

a. Visitors

- No one with signs or symptoms of COVID-19 should be allowed to visit older people. Visits need to be carefully planned and informed by a risk assessment. If possible, limit the number of visitors at a time and meet in a well-ventilated room or in an outdoor setting.
- Ensure basic preventive measures including mask wearing, hand hygiene and physical distancing are observed.

b. Caregiver/resident without any symptoms

- Given the possibility of asymptomatic cases, especially in areas of widespread transmission, ensure sufficient space (e.g. at least 1 metre from other family members).
- Caregivers/residents should wear a mask when they are in the same room as the patient, whether symptomatic or not. Follow basic precautionary measures.

For additional details, please refer to the WHO guidance on home care of patients with suspected COVID-19 infection presenting with mild symptoms.

2.4.2 Advice to caregivers of older people with dementia

For a person with dementia, it can be challenging to understand what is happening and to follow precautionary measures such as mask wearing and physical distancing. Bear in mind that people with dementia might not be able to recognize you when you wear a mask. Pay special attention to individuals in this group so that their health conditions do not deteriorate further.

- Caring for someone with dementia can be very challenging. If you feel alone, ask someone you can trust, a health-care professional or a support group for help. Describe your problem and what kind of help you need.
- Take care of yourself. Having social support is important – stay connected as much as possible. Talk regularly to someone you trust

and who understands your situation and feelings.

- Plan in advance in case you are no longer able to provide care for the older person with dementia. Ask the person you care for about his or her care preferences, including by whom and where he or she would like the care to be continued. Identify people who can provide support if you can no longer provide care. Plan for costs of future care and discuss preferences for more advanced care and end-of-life decisions, if necessary.

For more details, please refer to the Q&A for people caring for someone with dementia.

2.4.3 Advice for self-management post COVID-19 infection

Post COVID-19 condition (sometimes called “long COVID”) occurs in individuals with a history of probable or confirmed SARS-CoV-2 infection, usually three months from the onset of COVID-19 with symptoms that last for at least two months and cannot be explained by an alternative diagnosis. Common symptoms include, among others, fatigue, shortness of breath, cognitive dysfunction (sometimes called “brain fog”) and generally have an impact on everyday functioning. For more information, please refer to the WHO definition of post COVID-19 condition.

If you are experiencing long COVID, consider the following to support your recovery and address residual symptoms:

- Manage breathlessness.** Breathlessness is a common symptom among those admitted to hospital with COVID-19. The feeling of breathlessness should improve as you slowly increase your activities and exercise. Breathing techniques (including positions to ease breathlessness) can help to manage this.
- Exercise after being discharged from hospital.** Exercising is an important part of recovery after severe illness. Exercising can help improve physical and mental well-being, reduce breathlessness and stress, and enhance mood.
- Manage difficulties using voice.** People may have difficulties using their voice after being on a ventilator. If your voice is raspy or weak, it is important to: 1) keep talking, when

comfortable, 2) not strain your voice, 3) rest, 4) try humming to yourself, 5) use other ways to communicate, and 6) sip water throughout the day.

- d. **Manage eating, drinking and swallowing.** If you were ventilated with a breathing tube while hospitalized, you may notice some difficulty with swallowing food and drinks. Eating well and drinking lots of water are important to your recovery. Paying attention to swallowing is important to avoid choking and lung infections.
- e. **Manage problems with attention, memory and thinking clearly.** It is very common for people who have been severely unwell to experience difficulties with attention, memory and thinking clearly. It is important for you and your family to recognize these difficulties, as they can impact your relationships, daily activities and return to school or work.
- f. **Manage activities of daily living.** It is important to become active again when you are recovering, but this can be hard if you feel very tired, out of breath or weak. The following strategies may be helpful: 1) adjust your expectations for what you can do in a day, 2) save your energy by doing tasks sitting down when you can, 3) pace yourself and try to do light tasks between heavier ones, 4) let others help you with tasks that you may be struggling with, and 5) ease back into activities.
- g. **Manage stress and problems with mood.** Being extremely unwell or hospitalized can be a highly stressful experience. Managing stress and feelings of anxiety and depression is an important part of your overall recovery.

For more information, refer to Support for rehabilitation self-management after COVID-19-related illness.

Please share this information with older people, especially those who might require assistance (e.g. an older adult who lives alone or is housebound) or share it with someone who has a chronic lung, heart, immunological or neurological condition.

3. Guidance for long-term care facilities, other non-acute care facilities and home care

This section is based on various national recommendations and relevant WHO guidance.¹⁷⁻²¹

LTC facilities and other non-acute care facilities, including mental health and disability services, should implement strong infection prevention and control (IPC) practices to prevent transmission between staff, residents and visitors.

The three principles of controlling infectious disease in all health-care facilities, including LTC and other non-acute care facilities and for care at home (Fig. 1), are as follows:

a. Do not bring in infection.

Prevent staff, caregivers and family members from carrying infectious diseases into a facility.

b. Do not take infection out.

Prevent staff, caregivers and family members from carrying infectious diseases out of a facility to local communities.

c. Do not spread infection.

Prevent the spread of infectious diseases both within and outside a facility.

Fig 1. Preventing transmission of infection (COVID-19 and non-COVID-19) in long-term care facilities, non-acute care facilities and home care



Adapted from: Key principles of infection control and prevention in nursing homes for older people [in Japanese]. Tokyo: Ministry of Health, Labour and Welfare; 2019.²²

3.1 Long-term care and other non-acute care facilities

General principles for the prevention of infectious disease transmission in LTC and other non-acute care facilities focus on preparation and response.

3.1.1 Preparation

Ensure that there is an IPC committee/team within the facility that is multidisciplinary with designated responsibilities.

The IPC committee/team should utilize evidence-based guidelines to maintain a high standard of hygiene and sanitation.

- Provide compassionate, respectful, people-centred care consistently, while ensuring adequate protection of residents, visitors and staff from COVID-19.
- Establish and implement routine IPC policies and procedures including:
 - standard precautions (hand hygiene, mask wearing, respiratory etiquette, environmental cleaning, reprocessing of equipment, etc.)
 - transmission-based precautions (primarily droplet and contact precautions for COVID-19).
- Provide sufficient supplies and equipment (e.g. hand hygiene products and personal protective equipment) and place them at points of care.

- Provide one or more dedicated people as IPC leaders.
- Train caregivers and employees on IPC.
- Place reminders in the facility (posters, reminders) to assist compliance with IPC.
- Audit IPC practices and give feedback to caregivers and all employees.
- Develop a response manual for when cases of COVID-19 occur.
- Train key personnel on how to isolate confirmed cases of COVID-19.

Dedicate medical and residential care equipment (e.g. thermometer, blood pressure cuff and pulse oximeter) to the use of one resident where possible. All equipment should be cleaned and disinfected per routine practices before reuse with another resident, or a single-use device should be used and discarded in an appropriate waste receptacle after use. Personal items such as electronic gadgets should not be shared by residents.

A safe facility environment should be established, including general maintenance, plumbing, ventilation, food preparation/storage, laundry collection/cleaning and waste collection/disposal.

Facility employees should always follow local jurisdictional guidelines, when available. In areas with high community transmission rates, they are encouraged to wear masks throughout their shift,

especially in clinical areas, except when eating, drinking and changing masks. Facility employees, residents and other facility users should make sure all their immunizations are current (e.g. seasonal influenza, pertussis, chickenpox, measles, rubella, mumps, and hepatitis B) and undergo regular health check-ups.

3.1.2 Response

The facility should respond to COVID-19 infection with triage, early recognition, source control and resident management.

Triage and early recognition

Prospective surveillance should be established for residents, caregivers and employees:

- a. Assess the health status of residents prior to admission as well as daily monitoring at a facility.
 - Identify signs of any infection and report to a physician/nurse (e.g. fever,* vomiting, diarrhoea, respiratory illness).
- b. Assess the health status of caregivers and other employees.
 - Identify signs of any infection and report to occupational health at the facility or their own care provider (e.g. fever,* vomiting, diarrhoea, respiratory illness).
 - Conduct active temperature and symptom checks for all caregivers and employees at the facility entrance.
- c. Establish and implement a protocol for testing residents with symptoms.
 - For residents, caregivers and employees, consider alternative causes of acute respiratory infection (e.g. influenza, respiratory syncytial virus).

wearing, respiratory and hand hygiene to residents, caregivers and employees, as well as environmental, surface and equipment cleaning and disinfection. Follow national guidance on vaccination and routine testing.

- b. Control potential sources by encouraging residents and accompanying individuals who have signs and symptoms of illness to practise respiratory and hand hygiene and provide medical masks. For areas of widespread transmission, with limited capacity for implementing control measures and especially in settings where physical distancing of at least 1 metre is not possible, visitors should wear masks.²³

Spatial separation of residents with acute respiratory symptoms may be required and can be achieved through:

- providing care in single rooms;
- creating dedicated care areas (cohorting) for residents with acute respiratory symptoms; and
- leaving at least 1 metre between residents who have signs and symptoms and those who do not.

For LTC facilities management and staff to support with strengthening IPC practices, refer to the WHO preparedness checklist for long-term care facilities and the communication toolkit for long-term care facilities.

Care for suspected or confirmed COVID-19 cases

When caring for older people with suspected or confirmed COVID-19 infection, practise contact and droplet precautions. Use airborne precautions in addition to contact and eye protection, when

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