



Indian Medical Association

Kerala State Branch

Reference Guide

for Care of Older Persons

during COVID 19 Pandemic

Prepared by
Committee for
Care of Older Persons
Indian Medical Association
Kerala State Branch

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Preamble

Kerala has an ageing population with nearly 13% above 60yrs. The proportion of 70+ and 80+ are also highest in Kerala. Longevity of Kerala population could be attributed to the best practices followed by health care systems in Kerala along with the health-seeking practices of public. The pandemic of COVID19 has disrupted the norms followed for health management at individual level, family level and at institutional level. Older persons being vulnerable are requested to take additional precautions to prevent getting the disease. Personnel including care providers should be vigilant in ensuring that all precautions are been taken. The concerned personnel should not apply the protective measures in a punitive and stigmatizing way as there is a possibility of a potential abuse of older persons during strict “reverse quarantine” measures. In view of the fact that current scenario may continue for many more months, IMA Committee for Care of Older Persons is proposing a guideline / suggested best practices for various stakeholders related to care.

What makes Senior citizens vulnerable to COVID19?

Immuno-senescence and multi-morbidity increase with age which put older persons at risk of COVID19 complications. However, both these features vary persons to persons. All older persons are not senile and co-morbidities are the ones that make a person more vulnerable. This guideline is to provide protection to older persons from COVID19 infection while maintaining their general health. It is our responsibility to strike the delicate balance between care and scare, precaution and stigmatization, reverse quarantine and loneliness. We need to compensate for the negative effects of precautionary measures. Though health issues and illnesses are important in older ages, physical, mental and social needs has to be adequately addressed to maintain good health.

How to use this guideline document?

This is also a reference document to provide conceptual ideas and some specific ideas for various stakeholders involved in the service of older persons. Separate sections are made for each stakeholder apart from general best practice guidelines for the purpose of clarity. This document can be used to develop specific IEC materials for care of older persons. Stakeholders considered are

- *Older persons in general,*
- *Older persons who are employed,*
- *Family members / Care givers,*
- *Civil society,*
- *Healthcare workers,*
- *NGOs, Homecare volunteers,*
- *Care homes,*
- *Transport and vehicles,*
- *Banks/offices/shops,*
- *Medical / healthcare Professional Organization*

Section – 1

General Guidelines for Older persons

Measures to COVID19 prevention

- Remain at home till the pandemic subside unless it is absolutely necessary to go out
- If it is absolutely necessary to go out,
 - Strictly follow social distancing, hand hygiene and wear mask.
 - Absolutely avoid over crowded areas and areas without ventilation including air-conditioned rooms and halls.
 - Travel by well ventilated non-AC vehicles which are not over crowded
- Avoid visitors inside home as far as possible. If there are visitors,
 - Insist them to wear mask and sanitise their hands if entering the home is necessary. Later, disinfect the areas touched by visitors when they leave.
 - Visitors may be met ideally at the sit-out or veranda.
 - Wear mask and follow social distancing when interact with people.

- Be more vigilant when you interact with persons with fever, cough, cold. If possible, avoid interacting with them.
- Keep abreast of essential information – read newspaper and view news channels.
- Insist on home maids and your family members to follow hand hygiene and to wear mask inside house. Insist them to follow the same and social distancing when they go outside.
- Disinfect surfaces which are frequently touched such as taps, door handles and knobs etc. Avoid touching eyes, nose and face without sanitized hands.
- Use alcohol-based disinfectants only for electronic and other medical equipment like glucometer, BP apparatus, pulse-oxygenometer, Stethoscope, mobile phones, laptops etc.
- Practice frequent hand washing or use of hand sanitizer (especially after touching objects which are frequently touched by others)
- Insist on an arrangement for hand washing in your house which is accessible and safe for you (non-slippery)
- Collect contact numbers of local service providers (they would include ward member/ division councillor, vegetable vendors, autorickshaw/taxi drivers and also doctors) available to you for emergency and day today affairs which you are unable to manage yourself. Many of your needs can be managed over phone calls.

Maintenance of general health and management of existing health conditions

- Maintain a routine of daily schedule to keep engaged and feel a purpose for the day.
- It would be good if the seniors can have half an hour of sun bath every day
- Do physical activity according to your health conditions (discuss with your doctor) for at least 15 to 30 minutes every day. This will help to improve your mood as well
- Maintain social life using phone and social media. It is very important to ward-off loneliness
- If you have chronic diseases, continue appropriate treatment. Keep your regular medicines and other health supplies well-stocked. Make sure your regular investigations are not missed.
- Avoid medication errors. Take help of other family members to label and arrange medicines systematically according to schedule. If in doubt, discuss with your doctor.
- Inform to family members / caregivers / primary healthcare worker if you have any new symptom or change in symptoms or “feeling not good” at the earliest. Early intervention for any disease will prevent its deterioration and you can avoid hospital admission.
- Irrespective of age, persons with following condition are at high risk of COVID19 complications. High-risk conditions include chronic lung diseases (including asthma), serious heart conditions, chronic smokers, diabetes, severe obesity, chronic kidney disease, chronic liver disease, cancer, people with organ transplant, steroid use and immune deficiency disorders including HIV/AIDS.

Section – 2

Older persons who are themselves working

- Refer to the guideline for older person mentioned in Section-1
- Employers shall provide work-from-home option for older persons
- Employers should provide adequate materials and facilities for protection of older persons if they who have to be physically present at work place.
- Timings for work could be tailored taking into account of his/her travel
- Adequate disinfection of workplace to be ensured by employer.
- Senior healthcare professionals has to take care by strictly following preventive measures including all universal precaution measures in addition to COVID19 prevention measures

Guidelines for Specific Scenarios

Section – 3

Family members & Care givers

- Refer to the guideline for older person mentioned in Section-1
- Write down a detailed note on caregiving of your senior family members (which would include medication schedule, fall prevention etc) which will be useful for others whom you would hand over responsibility when you are away.
- Follow hand hygiene before you touch older persons or articles used by them, wear mask when you interact with your senior family members and follow the same and social distancing more vigilantly when you go out.
- If you have fever, cold, cough, be more vigilant when you interact with older persons. If possible, avoid contact and interaction till you recover
- Avail a safe hand washing facility (non-slippery and without hurdles or to avoid falls) and / or hand sanitizer to older persons and motivate them to use it.
- Look for signs of sudden change in behaviour, daily routine, changed sleep pattern, depression, memory issues and disorientation. These can be an atypical sign of a serious ailment too. Worsening of an early/borderline dementia may be missed if not vigilant that may lead to poor outcome.
- Different types of dementias are prevailing and may present as abnormal behaviour apart from memory lapses and inform your doctor.

Section – 4

Civil society / Panchayath leaders / NGOs

- Refer to the guideline for older person mentioned in Section-1,2&3
- Ward level seniors support group shall be formed to ensure connectivity and access to social and healthcare services for older persons with special consideration to those living alone.
- Proactively contact them and offer your services. Plan a schedule to interact with all persons in the list with higher priority of vulnerable individuals.
- Re-assess needs of older persons regularly.
- Plan a connectivity service for the older persons in you ward / locality – which would include supply of grocery, medicines, auto-rickshaw / taxi.
- Identify a doctor in your locality and negotiate for consultation service for older persons over phone.
- Prioritize and provide hand sanitizer, masks and other materials for preventing transmission to homes with vulnerable older persons.
- Ensure nutrition of vulnerable persons. If needed, provide food packet at their doostep with ‘break the chain measures’.

Section – 5

Healthcare workers, NGOs & healthcare professionals doing homecare

- Refer to the guideline for older person mentioned in Section-1,2&3
- Promote tele-services as much as possible.
- You may avoid routine check-up of patients who have been well managed and continuing prescribed treatment till the pandemic subside
- If you visit house of older persons,
 - If possible, do the consultation in sit-out or Veranda
 - Ensure speedy completion of the process let the time spend with them is less
 - Follow strict hand hygiene, social distancing and wear face mask
 - Refrain from hospitality obligations
 - Disinfect areas touched by you before you leave
- Scheduled regular visits is ideal and can be used to
 - Give updates on appropriate information about COVID19
 - Ensure all general precautions are been taken as per care plan
 - Educate / review on appropriate use and availability of disinfectants
 - Review need for materials, medical supplies, pending investigations and medical follow-up with treating doctor.

- Promote appropriate physical activity
- Look for signs of mental health issues using simple screening tools (Refer Annexure)
- Equipment used on older persons has to be adequately disinfected and shall not be used in settings with risk of COVID19 transmission.
- Ensure medical supplies and investigations at door steps as much as possible.
- Handle all materials to be given to the older person with adequate hand hygiene.
- Provide individualized check list for each patient regarding early warning signs pertaining to their morbidities

Section – 6

Care homes

- Refer to the guideline for older person mentioned in Section-1,2&3
- Ensure the caregivers are well trained on measures to break the chain of transmission
- Be vigilant to pick up any changes in older persons deterioration at the earliest – it may be a change in sleep pattern appetite, confusion or lack of alertness or fatigue. Provide treatment at the earliest so that the complications of underlying conditions can be avoided
- Prepare an enhanced hygiene protocol and strictly follow it.
- Avoid visitors but, there shall be exceptions like the visitors for patients in end of life, mental health disorders such as dementia who will have more harm than benefit by avoiding visitors

- Ensure adequate supply of personal protective equipment
- The caregivers shall follow break the chain measures in their personal life outside care homes as well
- If you have patients with suspected COVID, entrust their care to caregivers who shall be given enhanced personal protective equipment and they shall not involve in the care of others for next 14 days after the recovery of the patient. Follow a similar protocol for care of patients with any febrile illness
- Inform local health authorities if you suspect COVID19 in any resident older person.

Section – 7

Transport and vehicles

- Refer to the guideline for older person mentioned in Section-1,2&3
- Public transport vehicles shall give preference for older persons if there is limited capacity to pick up the passengers
- Public transport shall stop for seniors if they indicate they need to board in and if you have place in your vehicle even if they are off-bus stops
- Public transport to show patience to allow them enough time to board and de-board.
- Autorickshaw / taxi shall help seniors to reach their destiny without hurdles and wait for them to take them back to home
- Disinfect seats, handles and other surfaces in the vehicle after every journey

Section – 8

Banks / offices / shops

- Refer to the guideline for older person mentioned in Section-1,2&3
- Provide seniors a telephone helpline to avail services in your facility. They shall be asked to visit you only if it is absolutely necessary.
- If there is a list of senior customers, proactively you may inform them through phones regarding arrangements made for them in your institutions
- Shops shall offer home delivery services for older persons with ‘break the chain measures’
- Provide a separate counter for seniors with well-ventilated waiting area and give them priority
- Make sure the officer / staff dealing with the older person wears a mask and follows hand hygiene
- Give priority for seniors to use the hand sanitisers kept at public places
- Enquire whether seniors need help to pour hand sanitiser and help them
- Follow a disinfecting schedule for multiple times during the day for the surfaces and materials multiple times during the day.

Section – 9

Medical / healthcare Professional organisation

- Refer to the guideline for older person mentioned in Section-1,2&3
- Develop specific clinical guidelines on NCD management during pandemic
- Avoid conducting medical camps till COVID19 transmission risk has is minimal

- Promote availability and accessibility to services for audio video communication over telephone / internet.
- Process to follow at home while in “Reverse Quarantine” should be narrated in various scenarios using Webinar, SM Posters, video etc.
- Seniors who become positive for COVID19 or gets quarantined should receive extra care and support where a delicate balance of prevention, public health ethics and ageism has to be maintained
- To get involved in building public health policy to ensure older persons are not been excluded.
- Ensure senior citizens has access to undergo regular investigations for chronic diseases
- Mental health promotion is of paramount importance as it affects the long term outcome of the disease and quality of life. Quarantine of any nature poses a high risk to isolation and loneliness leading to depression and deterioration of mental health.
- Patients with Dementia / Alzheimer’s need to get continuing support with due importance given to care-givers
- Promote physical activity during quarantine by suggesting customised exercise plans.

Section 10

Additional best practices

Hand hygiene, cough etiquette, use of face mask and social distancing are the measures to break the chain of COVID19 transmission

1) Mask Use – best practices

Use at least a two layered mask

If you are using disposable mask, discard it safely after six hours of use

If you are using cloth mask change it after six hours of use or when it seems moist. Put the mask into a non-permeable container and when available put it into soap water.

Once you wear face mask do not touch it again. When you need to remove, hold it by the ties and remove.

Once mask is worn, do not displace it and then again wear as you will lose protection.

2) Principles of communication

- Save phone number of older persons if they call you for any help and those who attend a phone call of senior citizen shall do it very patiently and respectfully
- If you are busy when the call comes, you can pick up the call and offer to call back at the earliest. In other words, do not get pressurized to answer hastily and you may sound unfriendly. Older persons will lose hope in your service.
- Spend enough time to discuss with older persons when they call. If the call gets broken, please take the responsibility to call back.
- Do not use any words or usages which would discriminate older persons
- Do not judge the needs they express from ageist point of view

3) Use of disinfectants

- Always use approved disinfectants or brands with certifications. Commonly seen certifications on labels include ISO, CE, GMP, BSI, Drugs Controller, Vegan, NSF, US-FDA, EPA etc.
- When used in powered equipment, always ensure it is switched off and power cord removed from socket.
- Do not use alcohol based disinfectants near fire and observe fire safety measures
- Always see label for instructions and precautions.
- Accidental ingestion should be prevented and managed appropriately
- Keep away from children and pets
- Keep away from older persons with dementia, cognitive impairment, personality disorders and other mental health issues. Disinfection of houses of such individuals need to be supervised.
- Allergies can be there for anyone to any product and hence high level of suspicion to be taken while using
- Make sure no one stays back inside the room during fogging or fumigation
- Never use surface disinfection on human bodies

Note: Some of the commonly found chemicals and disinfectants in products available in the market are attached. This is for reference and decisions on choice has to be made in consultation with health professionals.

Active Ingredient(s)	Contact Time (in minutes)	Surface Type					Use Site		
		Hard Nonporous (HN)	Handwash/ Sanitizer	Porous (P) (laundry presoak only)	Electronic equipments, Sethoscope etc	Healthcare	Institutional	Residential	
1,2-Hexanediol	10	Yes	No	Not advised	No	Yes	Yes	No	
Bleach	10	Yes	No	Use with Caution	No	Yes	Yes		
Boroglycerine	10	No	Yes	Not advised	No	Yes	Yes		
Cetrimide	10	Yes	Yes	Not advised	No	Yes	Yes		
Chlorine dioxide	10	Yes	No	Not advised	No	Yes	Yes	Yes	
Chloroxylonol (PCMX)	10	Yes	Yes	Yes	No	Yes	Yes		
Citric acid; Thymol	10	Yes	No	Not advised	No	Yes	Yes	Yes	
Ethanol (Ethyl alcohol)	5	Yes	Yes	Not advised	Yes	Yes	Yes	Yes	
Hydrogen peroxide	1	Yes	Yes	Not advised	No	Yes	Yes	No	
Hydrogen peroxide; Ammonium carbonate; Ammonium bicarbonate	5	Yes	No	Not advised	No	Yes	Yes	Yes	
Hydrogen peroxide; Peroxyacetic acid (Peracetic acid)	1	Yes	No	Not advised	No	Yes	Yes	Yes	
Hydrogen peroxide; Silver	10	Yes	No	Not advised	No	Yes	Yes	Yes	
Hypochlorous acid	10	Yes	No	Use with Caution	No	Yes	Yes	Yes	

Active Ingredient(s)	Contact Time (in minutes)	Surface Type					Use Site		
		Hard Nonporous (HN)	Handwash/ Sanitizer	Porous (P) (laundry presack only)	Electronic equipments, Sethoscope etc	Healthcare	Institutional	Residential	
Isopropano (Isopropyl alcohol)	5	Yes	Yes	Not advised	Yes	Yes	Yes	Yes	
Isopropano (Isopropyl alcohol); Quaternary ammonium	5	Yes	No	Not advised	No	Yes	Yes	Yes	
Peroxyacetic acid (Peracetic acid)	1	Yes	No	Not advised	No	Yes	Yes	No	
Quaternary ammonium	10	Yes	No	Yes	No	Yes	Yes	Yes	
Quaternary ammonium; Isopropano (Isopropyl alcohol)	10	Yes	No	Not advised	No	Yes	Yes	Yes	
Sodium chlorite; Citric acid	0.5	Yes	No	Not advised	No	Yes	Yes	No	
Sodium dichloroisocyanurate	5	Yes	No	Use with Caution	No	Yes	Yes	Yes	
Sodium hypochlorite	5	Yes	No	Use with Caution	No	Yes	Yes	Yes	
Thymol	10	Yes	No	Not advised	No	Yes	Yes	Yes	

Policy Recommendation

Recommendations

- 1) The term “Reverse quarantine” may be defined as “Care for Protected Citizens” that include (and not exclusive for) senior citizens. Though technically “Reverse Quarantine” is a type of quarantine, the conditions and instruction on being in “Quarantine” and “Reverse quarantine” are not the same. Hence suggested that, in public communication, the term “Reverse Quarantine” may be replaced by more encouraging terms that are positive such as “**Special Care & Protection**”.
- 2) Provide opportunity for safe outing for older persons whenever safety could be ensured.
- 3) When such “Happy hours” are provided for seniors and other protected citizens, ensure transport options, proper signage and assistance of Janamythri police or designated volunteers.
- 4) “Functional-decline” is a grave outcome affecting quality of life and prognosis of existing diseases that result from a quarantine-like situation. A delicate balance between preventing COVID19 and adversities resulting from a “Quarantine” situation has to be addressed.
- 5) Micro-networks – Loss of networks is an established determinant for vulnerability in older ages. Establishing and maintaining new networks is essential to keep older persons integrated to

community, prevent abuse and improve their quality of their lives. Network could include doctors, homecare facilities, support-volunteers, pharmacies, laboratories, primary health center, private hospitals, transport facility, home-help, counselling service, spiritual support of their choice, crisis contact etc. Existing networks in the community owned and managed by health and social justice department should be meaningfully linked to these micro networks. Creating such micro-networks with each person in the centre will be an ideal model of community-based and community-owned geriatric care.

- 6) Individualized care plan for vulnerable senior citizen in the community to be made and assign a team of health worker for primary responsibility of that person. This will ensure that care could be delivered when they are in need.

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WASH YOUR HANDS



WATER AND SOAP



PALM TO PALM



BETWEEN FINGERS



FOCUS ON THUMBS



BACK OF HANDS



FOCUS ON WRISTS