

Annexure

Infection Prevention and Control (IPC) guidelines to be followed for patients/ inmates / residents staying Psychiatric Homes/ Psychiatric Nursing Homes/ De-addiction and Rehabilitation Homes

Prevention

- Provide COVID-19 Infection Prevention and Control (IPC) training to all employees, including: Information sessions for residents on COVID-19 and inform them about the virus, the disease it causes and how to protect themselves from infection; Increase emphasis on hand hygiene and respiratory etiquette:
 - Ensure adequate supplies of alcohol-based hand rub (ABHR) (containing at least 60% alcohol) and availability of soap and clean water. Place them at all entrances, exits and points of care
 - Encourage hand washing with soap and water for a minimum of 40 seconds or with ABHR for a minimum of 20 seconds.
 - Require employees to perform hand hygiene frequently, in particular at the beginning of the workday, before and after touching residents, after using the toilet, before and after preparing food, and before eating.
 - Encourage and support residents and visitors to perform hand hygiene frequently, in particular when hands are soiled, before and after touching other people (although this should be avoided as much as possible), after using the toilet, before eating, and after coughing or sneezing.
 - Ensure adequate supplies of tissues and appropriate waste disposal (in a bin with a lid).
 - Post reminders, posters, flyers around the facility, targeting employees, residents, and visitors to sneeze or cough into the elbow or to use a tissue and dispose of the tissue immediately in a bin with a lid.

Physical distancing in the facility

Physical distancing in the facility should be instituted to reduce the spread of COVID-19:

- Cancel group activities if necessary ensure physical distancing,
- Stagger meals to ensure physical distance maintained between residents;
- If feasible, close dining halls and serve residents individual meals in their rooms.
- Enforce a minimum of 1 meter distance between residents.
- Instruct residents and employees to avoid touching (e.g., shaking hands, hugging).

Visitors

- Restrict the number of visitors

In areas where COVID-19 transmission has been documented, access to visitors in the Homes should be restricted and avoided as much as possible. All visitors should be screened for signs and symptoms of acute respiratory infection.

A limited number of visitors who pass screening should be allowed entry only on compassionate grounds, specifically if the resident of the facility is gravely ill and the visitor is their next-of-kin or other person required for emotional care.

Visitors should be limited to one at a time to preserve physical distancing. Visitors should be instructed in respiratory and hand hygiene and to keep at least 1 meter distance from residents. They should visit the resident directly upon arrival and leave immediately after the visit. Direct contact by visitors with residents with confirmed or suspected COVID-19 should be prohibited.

Early recognition

Early identification, isolation and care of COVID-19 cases is essential to limit the spread of the disease in the LTCFs.

Prospective surveillance for COVID-19 among residents and staff should be established:

- Assess health status of any new residents at admission to determine if the resident has signs of a respiratory illness including fever and cough or shortness of breath.
- Assess each resident twice daily for the development of a fever cough or shortness of breath.
- Immediately report residents with fever or respiratory symptoms to clinical staff.

Prospective surveillance for **employees** should be established:

- Ask employees to report and stay at home if they have fever or any illness.
- Undertake temperature check for all employees at facility entrance.
- Immediately remove from service any employee who is visibly ill at work and refer them to their health care provider.
- Monitor employees and their contact with residents, especially those with COVID-19;

If a resident is suspected to have, or is diagnosed with, COVID-19, the following steps should be taken:

- Notify local authorities about any suspected case and isolate residents with onset of respiratory symptoms.
 - Place a medical mask on the resident and on others staying in the room. Ensure that the patient is tested for COVID-19 infection according to local surveillance policies and if the facility has the ability to safely collect a biological specimen for testing. Promptly notify the patient and appropriate public health authorities if the COVID-19 test is positive. A clinical assessment is required by a medical professional with respect to disease severity, for the potential patient transfer to an acute health facility. If this is not possible or indicated, confirmed patients can be isolated and cared for at Home. Employees should use contact and droplet precautions, when tending to the resident, entering the room, or when within 1 m of the resident. If possible, move the COVID-19 patient to a single room. Residents with suspected COVID-19 should be cohorted only with other residents with suspected COVID-19; they should not be cohorted with residents with confirmed COVID-19.
- Dedicate specific medical equipment (e.g. thermometers, blood pressure cuff, pulse oximeter, etc.) for the use of medical professionals for resident(s) with suspected or confirmed COVID-19.
- Clean and disinfect equipment before re-use with another patient.
- Restrict sharing of personal devices with other residents.

Precautions and personal protective equipment (PPE)

- PPE should be put on and removed carefully following recommended procedures to avoid contamination.
- Hand hygiene should always be performed before putting on and after removing PPE.
- Contact and droplet precautions include the following PPE: medical mask, gloves, gown, and eye protection
- Employees should take off PPE just before leaving a resident's room.
- Discard PPE in medical waste bin and perform hand hygiene.

Environmental cleaning and disinfection

Hospital-grade cleaning and disinfecting agents are recommended for all horizontal and frequently touched surfaces (e.g., light switches, door handles, bed rails, bed tables, phones) and bathrooms being cleaned at least twice daily and when soiled.

Visibly dirty surfaces should first be cleaned with a detergent (commercially prepared or soap and water) and then a hospital-grade disinfectant should be applied.

Laundry

Soiled linen should be placed in clearly labeled, leak-proof bags or containers, after carefully removing any solid excrement and putting it in a covered bucket to be disposed of in a toilet or latrine. Machine washing with warm water at 60–90°C with laundry detergent is recommended. The laundry can then be dried according to routine procedures. Finally, the laundry should be rinsed with clean water and the linens allowed to dry fully in sunlight.

Restriction of movement/ transport

If a resident has suspected or confirmed COVID-19 infection, the Home should:

- Confirmed patients should not leave their rooms while ill. Restrict movement or transport of residents to essential diagnostic and therapeutic tests only. Avoid transfer to other facilities (unless medically indicated). Ensure that residents who leave their room for strictly necessary reasons wear a mask and adhere to respiratory hygiene. Isolate COVID-19 patients until they have two negative laboratory tests for COVID-19 taken at least 24 hours apart after the resident's symptoms have resolved. Where testing is not possible,

The Homes should be prepared to accept residents who have been hospitalized with COVID-19, are medically stable and are able to care for the patients in isolated rooms. LTCFs should use the same precautions, patient restrictions, environmental cleaning, etc., as if the resident had been diagnosed with COVID-19 in the Home

Support health care workers and caregivers

- As much as possible, protect staff from stress both physically and psychologically so they can fulfill their roles, in the context of a high workload and in case of any unfortunate experience as a result of stigma or fear in their family or community.
- Regularly and supportively monitor all staff for their wellbeing and foster an environment for timely communication and provision of care with accurate updates.
- Consider rest and recuperation and alternate arrangements as needed.
- Mental health and psychosocial support¹⁰ and psychological first aid training can benefit all staff in having the skills to provide the necessary support in Home.
- Staff needs to ensure that safety measures are in place to prevent excessive worries or anxiety within the Home.


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