Guidelines for Prevention of COVID-19 at Nursing Homes

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Health facilities are major places where cluster occurs
Nursing practice is associated with high risk of severe infection

- **Estimated pathogen exposure level**
  - Nursing care
  - Inpatient care
  - Outpatient ward
  - Office without mask
  - Office with mask
  - Walking outdoors

- **Individual health risks**
  - Elderly
  - Uncontrolled Diabetes
  - Young and in good health

- **High estimated pathogen exposure level**
  - Measures to reduce both exposure levels and health risks

- **Low estimated pathogen exposure level**
  - Measures to reduce exposure levels

- **Health improvement**
Difficulties in infection control at nursing homes

Providers
- Few experts in infection control and many non-medics
- Staff have less opportunity of getting training

Users
- High-risk of severe infection

Service
- Difficulty in keeping distance

The JEHSO established guidelines specifically for nursing homes in 2020

6 major infection routes of transmission

1. Infection brought in from outside
   “Border control” by...
   Body temperature check
   Frequent testing

2. Transmission between staff members
   Ventilation and disinfection of break rooms
   Prohibition of face-to-face eating

3. One-to-one transmission between staff and patients
   Wearing mask, apron, and gloves

4. Transmission between users
   Keeping distance, partition, isolation of patients with fever

5. Transmission between users via surface of staff
   Frequent change of gloves and aprons, hand sanitization
   Separate clean and unclean sinks

6. Contact transmission
   Disinfection of surface of rooms and belongings
“Border control” is difficult

• COVID-19 patients are often asymptomatic
• PCR testing is not always a perfect item
• Strict border control may lead to the users’ concealing their symptoms of infection

Outside
Checking vital signs
Frequent testing

Nursing homes
Distancing may decrease quality of service

Perfect prevention of one-to-one infection is difficult
Priorities of infection control 1

Transmission between staff members

“Staff areas, such as employees’ break rooms, should be frequently disinfected”
“Employees should avoid eating meals face-to-face”
Priorities of infection control 2

Transmission between service users via surface of staff

…but compliance with ‘standard precaution’ is not always good

“Change gloves and apron and disinfect hands after each patient’s care”

“Do not go out to the corridor with apron or gloves”
Priorities of infection control 3

Transmission between service users/ contact transmission

Using partitions
Frequent disinfection of common items
→ It is not perfect for patients with dementia
“Deep defense” of infection control is a key

- Checking vital signs
- PCR testing
- Wearing Mask
- Washing hands
- Keeping distance
- Disinfection

“Understand that infection control is effective but not absolutely so.”
Summary

• Infection control at nursing homes is one of the first priorities in the endemic stage of COVID-19.
• Infection control measures at nursing homes are different from that of hospitals
• Border control and keeping distance each other are difficult in the care for institutionalized patients
• Priorities should be placed on preventing
  • Transmission between staff members
  • Transmission via surface of the staff
  • Contact transmission from environment
• Multiple layers of barriers that are imperfect alone are the key to sustainable and effective prevention