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

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1. Introduction

1.1. Background

With the novel coronavirus disease (COVID-19) being declared a pandemic, the World Health Organization (WHO) Regional Office for the Western Pacific would like to inform any older adult, their carers and long-term care facilities on how to prepare for and respond to a possible COVID-19 outbreak in their communities. Previous outbreaks such as H1N1 influenza, severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) suggest that older people are more vulnerable to new outbreaks. For COVID-19, those over the age of 60 could have a much higher fatality rate than the average 2.3%, with a study in China showing up to 15% in those over 80 years of age. Therefore, enhanced precaution among older people and early preparation in long-term care facilities are important measures to protect older adults and vulnerable populations. Special attention should be paid to older adults with chronic diseases as their prognosis is more likely to be worse when infected with COVID-19.

1.2. Target audience

Older adults (60 years and above); carers, friends and family of older adults; day users/residents of long-term care facilities; managers, staff and care providers at long-term care facilities; users and managers of home care; and carers, friends and family of home-care users.

2. Basic protective measures

2.1. WHO recommendations


People in countries where community transmission is anticipated or appears to be developing are encouraged to practise these basic measures to protect themselves and their communities.

a. Wash your hands frequently
   Regularly and thoroughly wash your hands with soap and water or clean your hands with an alcohol-based hand rub

b. Maintain social distancing
   Maintain at least 1 metre (3 feet) distance between yourself and anyone who is coughing or sneezing.

c. Avoid touching your eyes, nose and mouth

d. Practise respiratory hygiene
   Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and clean hands

e. If you have a fever, cough and difficulty breathing, seek medical care early
   Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. Follow the directions of your local health authority.
2.2. Additional measures

Based on local evaluation, consider the following additional measures, especially if you are 60 years and above:

a. Consider voluntary isolation and seek early medical care if you are feeling unwell.

b. Clean surfaces and objects regularly with water and detergent. Apply commonly used household disinfectants after cleaning.

c. Follow travel advisories if you must travel.

d. Avoid crowding (e.g. mass gatherings, use of public transportation during rush hour).

e. Follow workplace measures (e.g. teleworking, staggered shifts).

It is normal to feel sad, stressed, confused, scared or angry during an outbreak. For additional materials on coping with stress due to COVID-19, please refer to:


Please share this information with anyone 60 years and above, especially those who might require assistance (e.g. an older adult who lives alone or is housebound), or share it with someone who lives with a chronic lung, heart, immunological or neurological condition.

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

Long-term care facilities and other non-acute care facilities, including mental health and disability services, should implement strong infection prevention and control practice to prevent transmission between staff, residents, and visitors.

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

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

a. Do not carry in
   - Prevent staff/carer and family members from carrying infectious disease into a facility or home.

b. Do not carry out
   - Prevent staff/carer and family members from carrying infectious disease out of a facility or home to local communities.

c. Do not spread
   - Prevent spreading of infectious disease both within and outside a facility or home.
3.1. Long-term care and other non-acute care facilities

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

3.1.1. Preparation

Ensure that there is an infection prevention and control (IPC) committee within the facility that is multidisciplinary with delegated responsibilities. Guiding principles for IPC can be found at:

- Guidelines on core components of IPC programmes at the national and acute health care facility level.
  https://www.who.int/gpsc/ipc-components/en/

The IPC committee should utilize evidence-based guidelines to maintain a high standard of hygiene and sanitation practice, including:

a. Establish and implement routine IPC policies and procedures including:
   - standard precautions (hand hygiene, respiratory etiquette, environmental cleaning, reprocessing of equipment)
   - transmission-based precautions (primarily droplet and contact).

b. Provide sufficient equipment (e.g. hand hygiene products and personal protective equipment) and place them at points of care.

c. Train care givers and all employees on IPC.

d. Place reminders in the facility (posters, reminder notices) to assist compliance with IPC.

e. Audit IPC practice and give feedback to care givers and all employees.

f. Develop a response manual when cases of COVID-19 occur.

g. Train key personnel on how to isolate confirmed cases of COVID-19.

Dedicate medical and residential care equipment (thermometer, blood pressure cuff, pulse oximeter, etc.) to the use of one resident where possible. All equipment should be cleaned and
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Disinfected as per routine practices before reuse with another resident, or a single-use device should be used and discarded in a waste receptacle after use. Personal items (e.g., 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, residents and other facility users should have current immunizations (e.g. seasonal influenza, pertussis, chickenpox, measles, rubella, mumps, hepatitis B) and regular health check-ups.

3.1.2. Response

The response aspect is based on triage, early recognition, source control and patient management.

Triage and early recognition

Prospective surveillance should be established for residents, carers 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 carers and employees.
   - For employees, identify signs of any infection and report to occupational health at the facility (e.g. fever*, vomiting, diarrhoea, respiratory illness).
   - For carers, identify signs of any infection and encourage them to seek medical care (e.g. fever*, vomiting, diarrhoea, respiratory illness).

c. Establish and implement a protocol for testing residents with symptoms.
   - For residents, carers and employees, consider alternative causes of acute respiratory infection (e.g. tuberculosis, respiratory syncytial virus).

* In people 65 years and above, fever may not be prominent.

Resident management

Medical care includes regular and increased monitoring for clinical deterioration, with advance decision-making and discussion with the patient/representative about escalation and referral to health-care facilities.

Source control

a. Reinforce preventive measures by emphasizing respiratory hygiene to residents, carers and employees.

b. Control potential sources by encouraging residents and accompanying individuals who have signs and symptoms of illness to practise respiratory hygiene and provide medical masks.

c. 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
   - creating 1 metre separation between residents who have signs and symptoms and those who do not.

d. If providing single rooms or cohorting is not possible, consider using a cubicle or designated bed space in a shared room, with privacy curtains drawn between beds.

e. Put up IPC signs indicating contact and droplet precautions at the entrance.

Care for suspected or confirmed COVID-19 cases

When caring for a patient with suspected or confirmed COVID-19 infection, contact and droplet precautions need to be practised.

Guidance on IPC with details on precautions can be found at:

- Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected.
a. Personal protective equipment (PPE)
   - Hand hygiene should be performed before putting on any PPE.
   - When caring for any patient with suspected or confirmed COVID-19 infection, practise standard, contact and droplet precautions (use medical mask, gloves, gown and eye protection (i.e. goggles or face shield).
   - During aerosol-generating procedures, practise standard, contact and airborne precautions (use N95 mask or equivalent, gloves, gown and eye protection, (i.e. goggles or face shield).
   - Carefully remove all PPE just before leaving the patient’s room and discard in a hands-free waste receptacle or within the room.
   - Perform hand hygiene after removing gloves and gown, before removing facial protection, and after disposal of waste and leaving the room.

b. Resident movement/transport and activities
   - Restrict residents to their room until symptoms have resolved.
   - Restrict participation in group activities for all asymptomatic residents.
   - Restrict movement/transport of residents with suspected or confirmed infection to essential diagnostic and therapeutic tests.
   - 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 resident being transported.
   - Residents who leave their room for medical reasons (e.g. essential diagnostic and therapeutic tests) should wear a mask and adhere to respiratory hygiene.

Symptomatic visitors should be restricted from visiting the facility. If visitors must visit for a resident’s well-being, or for compassionate reasons, and as the next of kin, they should be instructed in respiratory hygiene and on how to wear a mask, perform hand hygiene, and visit the resident directly and exit directly after the visit. They should limit their movement within the facility and come during non-visiting hours when they are less likely to transmit their illness and be provided with necessary PPE. Technical guidance on COVID-19 is regularly updated as the situation evolves. Please refer to the latest documents published online at: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance


3.2. Home care

For the home care of older adults and people with mental health disorders or disabilities and other vulnerable populations, basic protective measures (outlined in section 2) are the primary method of prevention of COVID-19 infection. In addition, practise the following:

a. Visitors to the home
   Ensure no unwell people visit the home, unless for compassionate reasons.

b. Unwell carer/resident
   If the carer is unwell, arrange for another person to care for the resident. If the resident is unwell, consider restricting visitors to the home, unless for compassionate reasons.

For home care of patients with suspected COVID-19 infection presenting with mild symptoms, please refer to:
   - Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts.
4. Guidance development

4.1. Acknowledgements

WHO extends its sincere thanks to the Ministry of Health, Labour and Welfare, Japan for providing their manual on IPC at nursing facilities for older people and reviewing the diagram adapted from it.

4.2. Guidance development methods

This document was developed by a guideline development group composed of WHO staff from the WHO Regional Office for the Western Pacific. It is based on a review of relevant literature and consensus on the recommendations following group discussion.

4.3. Declaration of interests

No conflicts of interest were reported by any of the contributors.

5. Resources


