

Supplementary material

Guidelines for Prevention and Control of COVID-19 in Nursing Homes (Second Edition)

Ministry of Civil Affairs of China

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Item	Article	Key points for prevention and control	Completion
I. Organizational leadership	1.	Establish a working mechanism for the epidemic prevention and control of COVID-19 in the facility. The person in charge of the nursing home is fully responsible for all the work, e.g. development and implementation of the protocols and emergency plans including assigning the tasks by areas and individual responsibilities, as well as implementing policy on control of nosocomial infection, isolation and processing.	
	2.	Active practice of the requirements of the Party Committee, the government, and relevant departments for guidance on epidemic prevention and control.	
	3.	Establish a 24-hour emergency hotline and on-duty person to ensure non-obstructive communication and timely reporting of information as required. No delay, concealment or omission.	
II. Access management	4.	Immediate notification of the old residents and their family members about arrangement and services related to prevention and control of epidemic through public announcement, phone calls, text messages (WeChat, email). Relevant notices should also be posted at the main entrances and exits of the nursing home.	
	5.	Suspension of visits, consulting services, unnecessary volunteer services, and social practices.	
	6.	Reinforce the responsibility of the guards on duty, suspending reception of outside visits and unnecessary entries. Those who must enter the facility for special reasons should be registered by real name, and taken a temperature, and recorded for information of travel history and health status. Entry must be prohibited in any of	

	the following circumstances: (1) visited the epidemic area of Hubei province within 15 days or contacted with people from the epidemic areas; (2) in close contact with the confirmed or suspected COVID-19 cases; (3) with body temperature (body surface temperature) $\geq 37.0^{\circ}\text{C}$ in the armpit, auricle, forehead; (4) with respiratory symptoms such as cough and runny nose; (5) with gastrointestinal symptoms such as vomiting and diarrhea; (6) with other suspected symptoms. Those allowed to enter should take protective measures such as wearing masks, hand disinfection, arranging special reception room, conducting activities in designated areas and routes, and complying with relevant prevention and control requirements.	
7.	Arrange staff members to live inside care facilities and in separate rooms if possible. Staff members must live outside should wear masks on the way to and from work and avoid crowded places. Those with suspected symptoms in the residence should seek medical care immediately and report to the nursing home immediately. Minimize number of staff members going out of the facilities except necessary purchasing or official matters. Staff members who must go out to purchase or work must take extreme protective measures and detect temperature, disinfect hands, change clothes, shoes, hats, gloves, and masks when returning to the nursing home.	
8.	Staff returning to work from other places who do not fulfill the criteria of entry prohibition conditions listed in Article 6 above can only be back to their job after 14 days of isolation and quarantine without abnormality.	
9.	The elder residents living in the nursing homes cannot go out in principle. Those must leave due to special circumstances can return only after 14 days of isolation and quarantine without fulfilling the criteria of entry prohibition conditions listed in Article 6 above when returning.	
10.	Old persons who are in urgent need of admission due to special circumstances such as disability (dementia) and their children and close relatives can't care, can only be admitted after 14 days of isolation and quarantine without fulfilling the criteria of entry prohibition conditions listed in Article 6 above.	
11.	An isolation observation room equipped with corresponding protective equipment (protective clothing, medical masks, gloves, etc.) and necessary conditions for living and caring should be set up in the nursing homes, and an isolation area and a disinfection room should be set up if condition permits. The isolation room (area) should	

		be set up in a relatively independent, well-ventilated single room with a separate toilet, and in the downwind direction of the nursing home and using independent air-conditioning if possible. Preventive measures should be followed by regulations if central air-conditioning is used. Domestic garbage in the isolation room (area) should be treated specifically.	
	12.	Family members are suspended from delivering meals to the nursing homes, and diet should be supplied by the cafeteria of the nursing homes. Courier, takeaway, and drug delivery personnel are forbidden to enter the facility. Daily necessities sent by the family members or ordered items should be received by a specifically assigned person and will be transferred to the older people after sterilizing the outer packaging (75% medical alcohol or chlorine-containing disinfectant).	
III. Psychological comfort	13.	Psychological counseling and disseminating proper information to the old people should be a priority work. Senior residents should be provided with cultural and entertainment services via television, radio, and readings in their rooms. The nursing homes should provide telephone and internet services to facilitate and help the communications between residents and their family members so that the anxiety and fear emotion can be relieved, and their routine daily activities can be maintained. Special attention and care should be given to the old people living in the isolation observation room or area and psychological support should be provided timely if necessary.	
IV. Elderly protection	14.	Room inspection should be carried out daily. Temperature of the residents and working staff members should be taken every morning and evening and recorded. The elderly with chronic diseases or conditions should be monitored for blood pressure, blood glucose and other tests. Routine medications should be maintained to control the chronic diseases.	
	15.	The living room should be ventilated for at least 30 minutes in both the morning and afternoon. If the window should not be opened, mechanical ventilation equipment should be provided. If necessary, circulating air disinfection machines should be used to sterilize air. When opening the window for ventilation, care should be taken to avoid cold caused by the excessive temperature difference between indoor and outdoor.	
	16.	The staff should assist the senior residents to maintain personal hygiene including washing face, brushing teeth	

		and bathing daily. Hand sanitizers, paper towels or hand dryer should be provided, and the old people should be encouraged to wash their hands frequently. It is important to maintain the hygiene of their mouth and body, and keep clean of their cloths, bed and living room. Seniors' bedding and clothes should be washed and exposed to sun frequently. The floor, windowsills, bedside tables, and bed fences should be wiped and cleaned with water daily and disinfected 1-2 times a week. Staff dealing with the disinfection and clean of the feces and vomitus from disabled and semi-disabled old people should be trained.	
	17.	Encourage the senior residents to carry out suitable outdoor activities and physical exercise, and to build up body resistance wherever condition permits. Suspend indoor gathering or grouping activities. Senior residents should not be allowed to drop in or gather with each other in the facility.	
	18.	Group meals should be suspended if possible, and meals should be delivered to the room of the senior resident instead. It could be tried to have meals in different time periods if possible. Keep the elderly away from each other during meals to avoid the spread of virus by droplets. Ensure adequate water drinking and nutrient intake for the old people.	
V. Internal control	19.	Teach the senior residents the basic knowledge of prevention and control of COVID-19 and provide them with information of the epidemic in a timely fashion. Urge and make sure that the old people to wear masks in the public space and during group activities. It is critical for all the staff members to know the personal protective measures of COVID-19, health habits, laws and regulations related to infectious diseases, and how to follow the protocols when facing potential epidemic emergency. Require staff members to avoid sharing personal items, actively advocate hygiene, eliminate bad habits, and abandon uncivilized behaviors such as littering and spitting.	
	20.	Staff members should wear mask and disinfecting hands before on duty. Reinforce the training on seven-step handwashing, properly wearing and changing mask. If necessary, protective measures such as wearing medical rubber gloves should be applied. Hands should be washed or disinfected to avoid cross-contamination before and after contacting each older person. Suspend face-to-face contact when change the shift.	
	21.	Reasonably adjust the work and rest time of the staff members and provide psychological counselling to the staff.	

	22.	Guarantee the supply of daily necessities, consumables, food, and basic medicines in nursing rooms; centralize distribution to ensure the supply where condition permits. As emergency supply kits, disposable gloves, aprons, masks, and paper towels should be placed in places easy to see and find.	
	23.	Develop and implement the protocol for disposal of garbage, sewage and dirt; eliminate the breeding environment of vector for rats, cockroach, mosquito, and fly; maintain a well disinfection environment in the nursing homes. Clean up immediately all items expired.	
	24.	Ensure that the environment is clean and hygienic. Clean up tables, chairs, object surfaces, door handles, faucets, various switch buttons, and armrests in the office and service areas with water once a day, and with disinfectants 1-2 times a week. Wipe and disinfect the kitchen, laundry, garbage disposal place (storage point), logistic service facilities, equipment and articles at least twice a day.	
	25.	Disposable items such as used masks should be sealed after disinfection by medical alcohol spray (or soaked with 84 disinfectant solution for 30 minutes), and then discarded into the dedicated "harmful garbage" or "medical garbage" buckets.	
	26.	Reinforce bathroom disinfection, suspend the use of public bathrooms for the old people in the nursing homes if possible.	
	27.	Reinforce daily cleaning and disinfection of self-raised poultry and livestock pens in rural nursing homes.	
	28.	Strictly implement food safety measures, control food procurement, prohibit the purchase of live poultry and wild animals, cook food thoroughly, stop providing raw food, and store raw and cooked food separately. Staff who are responsible for food procurement, cooking, and serving (delivering) should strictly wear masks and gloves. Disinfect tableware (drinking utensils). The used tableware (drinking utensils) should be cooked or steamed for more than 30 minutes. Strictly implement the retention of food sample which should be stored under refrigerated conditions for more than 48 hours.	
VI. Outbreak management	29.	During the epidemic period, old people who live in the nursing homes and want to go out for medical care purposes should only be allowed after reaching agreement with both the senior and his/her family members. Different arrangement should be classified and executed according to the guideline: (1) For non-emergency	

	<p>conditions, conservative treatment can be provided by door-to-door consultation in the facility instead of going out to seek medical advice. (2) If the senior needs urgent medical care for chronic diseases, his/her family members or the nursing home staff should take the senior to hospital under effective protective measures. After returning from the hospital, the senior and accompanying staff can go back to the living area and return to work if do not meet the entry prohibited conditions listed in Article 6. Strict protection and medical observation measures should be implemented.</p>	
30.	<p>Older adult with suspected symptoms of COVID-19 infection (including fever, cough, sore throat, chest tightness, dyspnea, mild anorexia, fatigue, slightly worse spirit, nausea and vomiting, diarrhea, headache, palpitation, conjunctivitis, mild extremity or back muscle pain, etc.) should be sent to the hospital accompanied by family members or staff under effective protection. When the suspicious is removed, the senior and accompanying staff can return to the living area and return to work, but strict protection and medical observation measures should be implemented.</p>	
31.	<p>Older adult diagnosed with suspected or infected case should be immediately sent to a designated medical institution for treatment which should be reported to the relevant department and authority according to the surveillance requirements of the epidemic. Under the guidance and help of the local health agencies and CDC and civil affairs department, investigation should be conducted among the close contact persons (other old people and staff members) for whom a 14-day quarantine observation should be implemented. Measures such as comprehensive sterilization of the environment and disposal of personal belongings should be carried out. Those who need to return to the nursing home after being cured should be observed in isolation for 14 days and confirmed without any abnormality; the staff participating in the escort should also be observed in isolation for 14 days.</p>	
32.	<p>Staff members who have suspicious symptoms of COVID-19 infection should stop working immediately and be sent to the designated medical institution for examination. If the diagnosis is not a suspected case, they can return to work and be placed under strict protection and medical observation. Those diagnosed with suspected or infected case should be immediately sent to a designated medical institution for treatment which should be</p>	

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VII. Common disinfectants and preparations	33.	Daily clean up should mainly focus on cleaning and could be supplemented by preventive disinfection. Excessive disinfection should be avoided. Cleaning and disinfection should be performed at any time when there is contamination. Disinfection should meet the requirements of relevant regulations. Measures should be in place to avoid people with dementia contacting the disinfection supplies. Staff should avoid spray disinfectants as much as possible. Those who use wipe should prevent short circuits.	
	34.	75% of ethanol disinfectants can be used directly. When using medical alcohol for disinfection, pay attention to prevent open flames and avoid fire caused by alcohol combustion. Other disinfectants are formulated and used following product label and guideline at the concentration for killing intestinal pathogenic bacteria.	