

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 coronavirus disease 2019 (COVID-19) being prevalent globally, the World Health Organization (WHO) Regional Office for the Western Pacific has prepared guidance on how best to provide care for older people during the COVID-19 pandemic and to prepare for the “new normal”.

Previous outbreaks such as 2009 H1N1 influenza, severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) suggest that older people are more vulnerable to new and emerging infectious diseases. With COVID-19, people over 60 years of age potentially have a much higher fatality rate. The fatality rate for those over 80 years of age is over 20% in Australia, Japan and the Republic of Korea.^{1,2,3}

In Europe, 30–60% of COVID-19-related deaths were residents of long-term care (LTC) facilities, including older age groups.⁴ Enhanced precautions among older people and early preparation in LTC facilities are important to protect older people and vulnerable populations. In Asia, approximately 2.2%, 4.1% and 5.9% of older people above 65 in China, the Republic of Korea and Japan live in LTC facilities, respectively. The proportions are comparatively smaller in Malaysia (0.4%) and Viet Nam (0.6%).⁵ In Fiji, as in many other Pacific islands, it is assumed that most older people are cared for by their family members, communities and religious groups.⁶ The number of older people staying in LTC facilities is expected to grow with increasing life expectancy, smaller family size and cultural changes in many countries.⁶ Special attention should be paid to older adults with noncommunicable diseases (NCDs) as their prognosis is more likely to

be worse if infected with COVID-19.⁷ The risk of becoming severely ill increases for those above 60 years old. People with pre-existing conditions are also more likely to become severely ill with COVID-19 infection, including those with cardiovascular disease (e.g. hypertension, people who have had or are at risk of a heart attack or stroke), chronic respiratory disease (e.g. chronic obstructive pulmonary disease, or COPD), diabetes and cancer.⁷

While physical distancing is useful in terms of infection prevention and control, social isolation as a result of limited interactions may negatively affect the cognitive, mental and physical functions of older adults.⁸ Non-pharmaceutical interventions (NPIs) such as physical confinements and lockdowns may decrease physical activity levels of affected individuals.⁹ Closures of sports facilities, together with limited access to outdoor space and free movement, will inevitably reduce opportunities to exercise. Regular exercise is essential for preventing muscle loss, falls and fall-related injuries.¹⁰

Long-lasting NPIs may also have an impact on mental health. Reduced social networks, isolation and loneliness may worsen generalized anxiety and major depressive disorders among older people.¹¹

The COVID-19 pandemic has given rise to interest in health at the individual and community level and a growing awareness of the need to better support vulnerable populations, including older people. Different sectors need to work together to improve health and livelihoods so that people can protect themselves and each other. Since it will take time to develop an effective vaccine, everyone is encouraged in the meantime to adopt behaviours and practices to shift to a “new normal” with COVID-19.

1.2. Target audience

Older people, both at home and LTC facilities; their caregivers, friends and family; managers, staff, caregivers and health-care professionals at LTC facilities; home-care service providers; and policy-makers to utilize in preparation for and response to the COVID-19 pandemic, as well as strategies to maintain community health and well-being.

2. Advice on COVID-19 for older people and caregivers

2.1 Advice for older people

(Adapted from Q&A: Older people and COVID-19)

2.1.1 Basic protective measures

To prevent infection, there are a few things that you can do.

a. Wash your hands frequently and thoroughly with soap and water and dry them thoroughly.

You can also use alcohol-based hand rub if your hands are not visibly dirty. If an alcohol-based hand rub or soap is not available, use local materials such as coffee grounds, ash, salt, sand, coconut husk, bark, leaves and berries.¹²

b. Cover your mouth and nose with a flexed elbow or tissue when coughing and sneezing.

Remember to throw away the used tissue immediately in a bin with a lid and to wash your hands. This way you protect others from any virus released through coughs and sneezes.

c. Avoid touching your eyes, nose and mouth.

Hands touch many surfaces that could be contaminated with different viruses and other pathogens. If you touch your eyes, nose or mouth with unclean hands, you can transfer them from the surface to yourself.

d. Keep physical distance from others.

When you go out, avoid crowded spaces and maintain a distance of at least 1 metre (3 feet or arm's-length) from others. Restrict unnecessary visitors to your residence. If visits are necessary (e.g. caregiver to support with activities of daily living), ask your visitors to

regularly check for symptoms to ensure they are symptom free when visiting you. Ask them to also follow these six key actions, including washing their hands when they first enter your home. People with symptoms must not visit and should follow instructions from local authorities for testing and management.

e. Clean and disinfect frequently touched surfaces every day.

These include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, taps and sinks. Use detergent or soap and water to clean surfaces prior to disinfection.

f. Wear a mask if you are in a risk group.

If you are aged 60 years or older, you are encouraged to use a medical mask when you are in areas of widespread transmission and cannot guarantee a distance of at least 1 metre from others. Always follow local guidance on the use of masks.

For more advice on mask use, please also refer to Q&A: Masks and COVID-19.

2.1.2. Advice to prepare for COVID-19 in your community

Based on local context, older people should consider the following additional measures:

- Inform yourself of the special measures taken in your community as well as the services offered (e.g. home delivery, psychosocial support, alternative access to your pension or social welfare support) and the sources of reliable information (e.g. health ministry website).
- Create a list of the basic supplies that you will need for at least two weeks and have these delivered, if possible.
- Make a list of the emergency contact numbers (e.g. COVID-19 local helpline, nearby hospitals and health facilities, domestic abuse helpline, psychosocial support helpline) and contact information of your support network (e.g. family members and friends, main caregiver, community care worker, associations of older persons).

- d. Discuss with your health-care provider, health-care worker or caregiver how your health needs can be addressed during the COVID-19 outbreak.
- e. If you rely on the support provided by a caregiver, identify with him/her another person that you trust to support your daily living and care needs in case your caregiver is unable to continue to provide care.
- f. If you are the primary caregiver of another person who is care dependent, identify a person that you and the person that you care for trust to take on your caregiving responsibilities in case you fall sick.
- g. If multiple people live in your home, if possible, prepare a separate room or space in your home so that anyone showing COVID-19 symptoms can be isolated from others.
- h. Think about what matters most to you regarding care and support, including medical treatment, in case something happens to you and you are unable to make your own decisions.

2.1.3 Advice for those with symptoms related to COVID-19

- a. If you have common symptoms related to COVID-19, such as fever, cough, fatigue, anorexia, shortness of breath and myalgia, seek medical advice. Other non-specific symptoms include nasal congestion, headache, diarrhoea, nausea and vomiting, loss of smell and loss of taste.
- b. If you have difficulty breathing, contact emergency medical services immediately as this may be due to a respiratory infection.
- c. If you live with others, make sure that you isolate yourself as soon as you suspect infection by using the space that you identified in advance.

If you live with others and home care for COVID-19 is advised by your health or social worker, other household members should follow available WHO guidance on home care for patients with COVID-19 presenting with mild symptoms and management of their contacts.

If you live with others in a setting where physical distancing is difficult, please refer to the WHO guidance on actions to be taken for the care and protection of vulnerable groups for additional information.

2.2. Advice for caregivers

- a. Develop in advance, and together with the older person and the household, an alternative plan in case the primary caregiver is unavailable, and identify an alternative caregiver or alternative facility, or both. For more information, please refer to *Maintaining Essential Health Services: Operational Guidance for the COVID-19 Context*.
- b. Caregivers (unless the caregivers are older people themselves or have underlying conditions) are at lower risk of becoming seriously ill compared to older people. However, they could unknowingly transmit the virus to older people from possible contact with other people (i.e. from commuting or shopping). It is thus necessary for caregivers to take standard precautions when with older people and to take preventive measures such as self-isolation if they have any symptoms.

2.3. Self-care for the general well-being of older people

2.3.1 Health promotion

There is a concern that the public health measures (e.g. physical distancing, staying at home, refraining from visiting friends/family members) could have an indirect, negative impact on older people's health and well-being.

You can follow these 10 steps to keep healthy during the COVID-19 pandemic (adapted from Q&A: Older people and COVID-19):

- a. Keep to your regular routines as much as possible and maintain a daily schedule for yourself including sleeping, meals and activities.
- b. Stay socially connected. Speak to loved ones and people you trust every day or as much as possible, through telephone or video calls, messaging, writing letters, and other means of communication.

- c. Be physically active every day. Reduce long periods of sitting and set up a daily routine that includes at least 30 minutes of exercise.
- d. Drink water and eat healthy and well-balanced meals.
- e. Avoid smoking and drinking alcohol.
- f. Take breaks from news coverage about COVID-19 as prolonged exposure can cause feelings of anxiety and despair.
- g. Engage in hobbies and activities that you enjoy or learn something new.
- h. If you have ongoing health conditions, take your prescribed medicines and follow the advice of your health-care worker regarding any health visits or phone consultations.
- i. If you have an emergency medical condition that is not related to COVID-19, contact emergency health services immediately and ask what you should do next.
- j. If stress, worry, fear or sadness gets in the way of your daily activities for several days in a row, seek psychosocial support from available services in your community.

In addition to physical and mental health, oral health is another concern. Evidence from Spain shows that high levels of perceived vulnerability to COVID-19 infection increased dental care avoidance.¹³ Due to fear of high-risk procedures and limited access to oral health care, oral health may be neglected.¹⁴

Older people are encouraged to assess their well-being and practise self-care to maintain physical and mental capacity. More information on self-care for older people is provided in the Annex.

Caregivers and volunteers are encouraged to call older persons (especially those who are feeling depressed and those who live alone) to assist in dealing with psychological stress during the COVID-19 pandemic.

2.3.2 Use of information and communications technology

Using information and communications technology (ICT) is one way of staying connected with friends and family. Numerous user-friendly services are available to maintain social connections. People frequently use audio or video

calls (telephone, mobile phone or messaging applications) or host online group sessions (e.g. book, movie review, music therapy and exercise clubs).

Content for education, entertainment and health promotion that older people can access and benefit from is available online.

A friend, family member, caregiver or social worker could assist an older person, so he/she can stay connected using ICT devices and services. For those facing difficulty accessing ICT, alternative social funding or benefit options should be explored, such as free provision of devices and subsidies for purchasing devices and services.

2.4. Advice for home care

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

For the home care for older adults and other vulnerable people, basic protective measures (outlined in section 2.1) are the primary method of prevention of COVID-19 infection. In addition, practise the following:

2.4.1. Advice for home care for older people

a. Visitors

- No one with signs or symptoms of COVID-19 should be allowed to visit older people. People with no signs or symptoms of COVID-19 should be allowed to visit for compassionate reasons only, especially if the older person is ill. If possible, limit the number of visitors at a time and meet in a well-ventilated room.
- Ensure basic preventive measures including hand hygiene and physical distancing are observed.

b. Unwell caregiver/resident

- Provide information to older people on how to self-isolate at home. This should include: staying in a well-ventilated room, limiting movement at home, staying in different rooms from other family members or maintaining a distance of at least 1 metre

from other family members, and not sharing bedding, towels, cutlery and kitchen utensils. If there is no separate room available, put up a sheet to create a barrier between the unwell person and other members of the family.¹⁵

- If the caregiver is unwell, arrange for another person to care for the older person. If the older person is unwell, consider restricting visitors, unless for compassionate reasons.

c. Caregiver/resident without any symptoms

- Given the possibility of asymptomatic cases, especially in areas of widespread transmission, ensure sufficient space (e.g. 1 metre from other family members).
- Caregivers/residents should wear a medical mask when they are in the same room as the patient, whether symptomatic or not. Follow basic precautionary measures such as hand hygiene.

For additional details, please refer to the WHO guidance on home care of patients with suspected COVID-19 infection presenting with mild symptoms.

2.4.2. Advice to caregivers of older people with dementia

For a person with dementia, it can be challenging to understand what is happening and to follow precautionary measures such as regular handwashing and mask wearing. Bear in mind that people with dementia might not be able to recognize you when you wear a mask. Pay special attention to individuals in this group so that their health conditions do not deteriorate further.

- Caring for someone with dementia can be very challenging. If you feel alone, ask someone you can trust personally, a healthcare professional or a support group for help. Describe your problem and what kind of help you need.
- Take care of yourself. Having social support is important – stay connected as much as possible. Talk regularly to someone you trust and who understands your situation and feelings.
- Plan in advance if you are no longer able to provide care for the older person with dementia. Ask the person you care for about

his or her care preferences, including by whom and where he or she would like the care to be continued. Identify people who can provide support if you can no longer provide care. Plan for costs of future care and discuss preferences for more advanced care and end-of-life decisions, if necessary.

For more details, please refer to the Q&A for people caring for someone with dementia.

2.4.3. Advice for self-management post COVID-19 infection

If you have been severely unwell and have been admitted to a hospital with COVID-19, consider the following to support your recovery and address residual COVID-19 symptoms:

- Manage breathlessness.** Breathlessness is a common symptom for those who are admitted to hospital. The feeling of breathlessness should improve as you slowly increase your activities and exercise. Breathing techniques (including positions to ease breathlessness) can also help manage this.
- Exercise after being discharged from a hospital.** Exercising is an important part of recovery after severe illness. Exercising can help improve fitness and thoughts, reduce breathlessness and stress, and enhance moods.
- Manage difficulties using voice.** People may have difficulties using their voice after being ventilated. If your voice is raspy or weak, it is important to: 1) keep talking, when comfortable, 2) not strain your voice, 3) rest, 4) try humming to yourself, 5) use other ways of communication, and 6) sip water throughout the day.
- Manage eating, drinking and swallowing.** If you were ventilated with a breathing tube while hospitalized, you may notice some difficulty with swallowing food and drinks. Eating well and drinking lots of water are important to your recovery. Paying attention to swallowing is important to avoid choking and lung infections.
- Manage problems with attention, memory and thinking clearly.** It is very common for people who have been severely unwell to

experience difficulties with attention, memory and thinking clearly. It is important for you and your family to recognize these difficulties, as they can impact your relationships, daily activities and return to school or work.

- f. **Manage activities of daily living.** It is important to become active again when you are recovering, but this can be hard if you feel very tired, out of breath and weak. The following strategies may be helpful: 1) adjust your expectations for what you can do in a day, 2) save your energy by doing tasks sitting down when you can, 3) pace yourself and try to do light tasks between heavier ones, 4) let others help you with tasks that you may be struggling with, and 5) ease back into activities.
- g. **Manage stress and problems with mood.** Being extremely unwell in a hospital can be a highly stressful experience. Managing stress and feelings of anxiety and depression are therefore an important part of your overall recovery.

For more details, please refer to *Support for Rehabilitation Self-Management after COVID-19-Related Illness*.

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

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

This section is based on various national recommendations and relevant WHO guidance.^{16–20}

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

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 bring in infection

Prevent staff/caregiver and family members from carrying infectious disease into a facility.

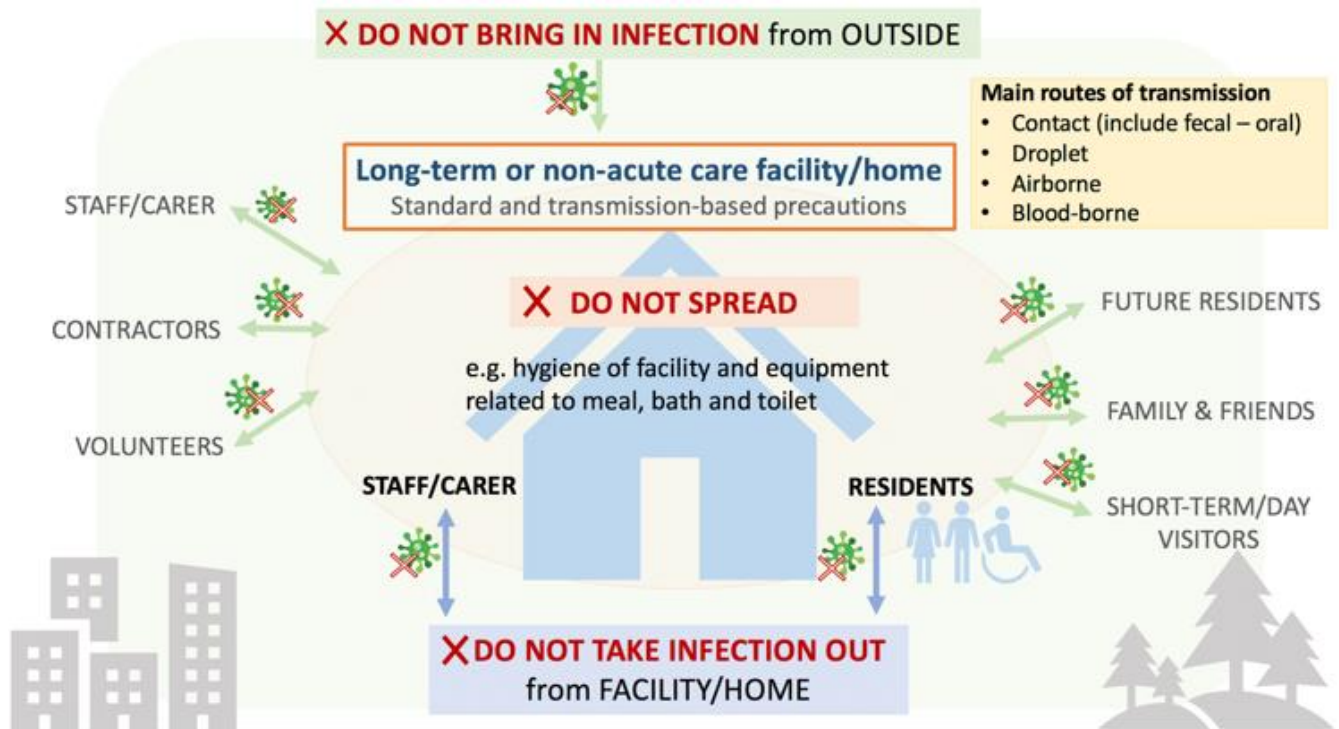
b. Do not take infection out

Prevent staff/caregiver and family members from carrying infectious disease out of a facility to local communities.

c. Do not spread

Prevent spreading of infectious disease both within and outside a facility.

Fig 1. Preventing transmission of infection (for COVID-19 and non-COVID-19) in long-term care facilities, non-acute care facilities and home care



Adapted from: Key principles of infection control and prevention in nursing homes for older people [in Japanese]. Tokyo: Ministry of Health, Labour and Welfare; 2019.²¹

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/team within the facility that is multidisciplinary with designated responsibilities.

The IPC committee/team should utilize evidence-based guidelines to maintain a high standard of hygiene and sanitation.

- Establish and implement routine IPC policies and procedures including:
 - standard precautions (hand hygiene, respiratory etiquette, environmental cleaning, reprocessing of equipment, etc.)

- transmission-based precautions (primarily droplet and contact precautions for COVID-19).
- Provide sufficient supplies and equipment (e.g. hand hygiene products and personal protective equipment) and place them at points of care.
 - Provide one or more dedicated people as IPC leaders.
 - Train caregivers and employees on IPC.
 - Place reminders in the facility (posters, reminders) to assist compliance with IPC.
 - Audit IPC practices and give feedback to caregivers and all employees.
 - Develop a response manual for when cases of COVID-19 occur.
 - Train key personnel on how to isolate confirmed cases of COVID-19.

Dedicate medical and residential care equipment (e.g. thermometer, blood pressure cuff and pulse oximeter) to the use of one resident where possible. All equipment should be cleaned and disinfected per routine practices before reuse with another resident, or a single-use device should be used and discarded in an appropriate waste receptacle after use. Personal items such as 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 should always follow local jurisdictional guidelines when available. In areas with high community transmission rates, they are encouraged to wear medical masks during all routine activities throughout their entire shift, especially in clinical areas, except when eating, drinking and changing masks. Facility employees, residents and other facility users should make sure all their immunizations are current (e.g. seasonal influenza, pertussis, chickenpox, measles, rubella, mumps, and hepatitis B) and undergo regular health check-ups.

3.1.2. Response

The facility should respond to infection with triage, early recognition, source control and resident management.

Triage and early recognition

Prospective surveillance should be established for residents, caregivers 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, and respiratory illness).
- b. Assess the health status of caregivers and employees.
 - For employees, identify signs of any infection and report to occupational health at the facility or their own care provider (e.g. fever*, vomiting, diarrhoea, respiratory illness).
 - For caregivers, identify signs of any infection and encourage them to seek

medical care (e.g. fever*, vomiting, diarrhoea, respiratory illness).

- Conduct active temperature and symptom checks for all caregivers and employees at the facility entrance.
- c. Establish and implement a protocol for testing residents with symptoms.
 - For residents, caregivers and employees, consider alternative causes of acute respiratory infection (e.g. influenza, 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 advanced care planning and discussion with the resident/representative about escalation and referral to health-care facilities.

Source control

- a. Reinforce preventive measures by emphasizing respiratory and hand hygiene to residents, caregivers and employees.
- b. Control potential sources by encouraging residents and accompanying individuals who have signs and symptoms of illness to practise respiratory and hand hygiene and provide medical masks. For areas of widespread transmission, with limited capacity for implementing control measures and especially in settings where physical distancing of at least 1 metre is not possible, visitors should wear masks.²²

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;
- leaving 1 metre between residents who have signs and symptoms and those who do not; and
- using temporary barriers made of cloth or room dividers.

- c. 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.
- d. Put up IPC signs indicating contact and droplet precautions at the entrance.

Care for suspected or confirmed COVID-19 cases

When caring for older people with suspected or confirmed COVID-19 infection, practise contact and droplet precautions. For details, refer to WHO guidance on IPC precautions.

a. Personal protective equipment (PPE)

- Perform hand hygiene before putting on PPE.
- When caring for any patient with suspected or confirmed COVID-19 infection, practise standard, contact and droplet precautions (by wearing medical masks, gloves, gowns and eye protection such as goggles or face shields).
- During aerosol-generating procedures, practise standard, contact and airborne precautions (by wearing N95 masks or equivalent, gloves, gowns and eye protection such as goggles or face shields).
- Carefully, and appropriately, remove all PPE just before leaving a patient's room and discard in a hands-free (e.g. opening operated by motion sensor or foot pedal) waste receptacle with a cover.
- Perform hand hygiene after removing gloves and gowns, before removing face protection, and after leaving the room.

b. Resident movement/transport and activities

- Restrict residents to their room:
 - Symptomatic patients: 10 days after symptom onset, plus at least 3 days without symptoms, including without fever and respiratory symptoms
 - For asymptomatic patients: 10 days after positive test for SARS-CoV-2, the virus causing COVID-19.
- Restrict participation in group activities for all symptomatic 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.
- Ensure residents who leave their room for medical reasons (e.g. essential diagnostic and therapeutic tests) wear a mask and adhere to respiratory hygiene.

c. Cleaning

Hospital-grade cleaning and disinfecting agents are recommended with all horizontal and frequently touched surfaces being cleaned at least twice daily and when soiled.

d. Reporting suspected cases

Any suspected cases should be reported to relevant authorities such as the local government and local public health centre as per public health requirements.

Visitors

Symptomatic visitors should be restricted from visiting the facility. If visitors must visit for compassionate reasons, they should be instructed to practise respiratory hygiene, 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>

For more information on IPC and long-term care, please refer to the following WHO guidance:

- IPC for health workers of people suspected or confirmed with COVID-19
- IPC for long-term care facilities
- WHO Preventing and managing COVID-19 across long-term care services: policy brief

- Criteria for releasing COVID-19 patients from isolation.

3.1.3 Daily life

It may be difficult to continue group meals and activities within facilities. Even at such times, it is necessary to consider how social interactions (or social connections) can be maintained while lowering the risk of infection in the facilities.

Since family members' visits are often restricted during the pandemic, it is necessary to use ICT and other means to maintain the relationships between residents and their families.

4. Advice to policy-makers for the “new normal” and the “new future”

The heightened interest in the health of ageing populations provides an opportunity for policy-makers to adopt innovative approaches to address the needs of older people during the COVID-19 pandemic. This includes encouraging people to practise self-care, with more frequent health communication, using technologies to improve access to care and enhancing community-based care. These changes will lay the foundation for a “new future”, beyond the “new normal”, where health is recognized as an investment and supportive communities enable older people to stay healthy, thrive and age in place,²³ contributing to achieving the Sustainable Development Goals and WHO’s vision for its work in the Western Pacific Region, as laid out in *For the Future: Towards the Healthiest and Safest Region*.

4.1 Encourage self-care and general well-being

4.1.1 Promote self-care among older people

In areas with widespread transmission, access to essential health care could be limited due to the COVID-19 response and movement restrictions. Therefore, it is important that older people take better care of themselves. WHO has developed a set of self-assessment questions and recommendations for older people to practise self-care and general well-being (Annex). Policy-makers are encouraged to disseminate it through health-care providers, the media, community volunteers, social workers and other channels.

4.1.2 Use communication to encourage behaviour change

National and local governments should encourage behaviour changes to prevent the spread of COVID-19 and promote general well-being during the outbreak. In addition to conventional health communication, insights from behavioural science such as “nudges” can be implemented. These “nudges” provide positive reinforcement and indirectly influence individual behaviours and decisions.

Examples of “nudges” during the COVID-19 pandemic

Footprint markers encouraging physical distancing at a supermarket.



(Amagasaki City, Japan)

An arrow is pointing to the hand sanitizer at the entrance of a store



(Amagasaki City, Japan)

These nudge-based approaches have been used worldwide to promote healthy behaviours such as quitting smoking, decreasing the consumption of alcohol and increasing the uptake of vaccinations.²⁴

4.2 Encourage the use of ICT

4.2.1 Continuing social support networks

Older people experiencing social isolation are at a higher risk of depression and cognitive impairment, and may require long-term care sooner.²⁵ Therefore, public health measures that could lead to social isolation will disproportionately affect older people, especially those relying on voluntary services or social care.²⁶ To mitigate the impact of social isolation, setting up a sort of buddy system for lonely or socially isolated older individuals could help them stay connected. Community members can seek out an older “buddy” to regularly check in on (while adhering to physical distancing).²⁷

Online technologies could supplement existing social support networks and continue to provide a sense of belonging. Interventions could be as simple as calling significant others, close family and friends, volunteers, health-care professionals or social workers more frequently,²⁸ especially if the person has not been seen in the neighbourhood or been in contact for a few days. Beyond simply reaching out, online cognitive behavioural therapy for loneliness has shown promise.²⁹

Communities should consider forming group social and support activities (such as online courses explaining new technologies and group reminiscence therapy) in which older people can actively participate to reduce social isolation.³⁰

4.2.2 Improving self-care

ICT can assist in monitoring the health status of older people and improve self-care and self-management options.

The WHO Integrated Care for Older People (ICOPE) reflects a community-based approach that will help reorient health and social services towards a more person-centred and coordinated model of care to optimize physical and mental capacity and functional ability for older people and prevent care dependence. A package of evidence-based tools is available, including mobile applications.

In France, an ongoing pilot study in Occitania screens older people for mobility, cognition, mood, hearing, vision and nutritional status every 4 to 6 months using an adapted ICOPE mobile

application.³¹ If a potential issue is detected with the physical and mental capacity of an individual, a general practitioner or a nurse trained in geriatrics will perform a more thorough assessment and develop a personalised care plan.³¹

Delivery of health information, advice and reminders through mobile phones could encourage healthy behaviours and assist older people with improving and maintaining their intrinsic capacity. The WHO Mobile Health for Ageing (mAgeing) programme supports the routine care offered by health-care professionals with an emphasis on self-care.³²

VicHealth, Australia, encourages the general public, including older people, to make use of online videos and classes to stay physically active at home.³³

4.2.3 Closing the digital divide

When designing policies and interventions, bear in mind the existing inequalities in accessing ICT infrastructure and devices. Those at higher risk for social isolation often have lower levels of access (people with disabilities, informal migrant workers, people of low socioeconomic status).

Build a case for closing the digital divide as part of a health-care accessibility issue, and, if possible, work with service providers to create age-friendly ICT environments for older people.

4.3 Strengthen community-based support

4.3.1 Community-based integrated care

Though COVID-19 has brought many challenges both to the community and older people themselves, there is an ever-increasing sense of mutual aid and support in the community. This will allow for policies to introduce and improve community-integrated care systems to enhance coordinated support within the community.

In areas where COVID-19 is prevalent, access to services is limited, including access to medical and long-term care facilities,³⁴ and older people should practice self-care. To ensure the quality of health care and long-term care provided within the community is adequate, even during the

COVID-19 pandemic, the following actions are recommended:

- a. Prepare in advance a sector-wide plan for the continuous provision of community-based integrated care during the COVID-19 pandemic within the community. This plan includes home visits by physicians, nurses and caregivers, including for rehabilitation, as well as daily shopping and transportation.
- b. Discuss how to continue the essential services for older people (e.g. social activities, visits by community volunteers) using alternative ways.

4.3.2 Age-friendly environment

National and local governments play an important role in creating an age-friendly environment where older people can maintain their functional ability to the maximum extent possible.

a. Identify older people at risk

Through local associations or local registries, communities should identify older people experiencing severe outcomes from COVID-19 (e.g. those with underlying health conditions) or at risk of negative consequences from COVID-19 public health measures (e.g. those living alone or who may be at greater risk of loneliness and social isolation) or those at heightened risk due to their home environments (e.g. care homes, settlements). Communities should also consider a system of community sentinels/wardens (such as 1 per 50 households) to help identify and support older people at risk.

b. Improve access to information

Communities should consider a mechanism to reach out to high-risk individuals (e.g. helpline, outreach by community volunteers). Disseminate customized messages to explain the risks of COVID-19 for older people and actionable recommendations, based on their health status. Also, identify accessible mechanisms (e.g. peers, community leaders, forums) and formats (e.g. pictures, plain language, sign language, demonstrations) based on cognitive, visual and hearing capacity, as well as technology literacy.

c. Support older people to meet their basic needs

During the COVID-19 pandemic and restrictions on their movement, some older people will need

additional support to meet their basic needs, including:

- **accessing money:** Community agencies responsible for pension, social welfare or cash payments may identify safe mechanisms to ensure timely payments, while reducing waiting times and limiting physical contact (e.g. separate queues or specific times for older people). The new payment process (e.g. cash cards, mobile phone-based e-wallets or payments collected at retail merchants) should not create additional barriers for older people. Governments may consider income support schemes for older people who lost income during the COVID-19 pandemic.
- **shopping for groceries/food, medicines, personal and household items:** Retail stores should consider safe privileged access for older people. Local administrations and community organizations can identify older people in need of support for shopping and request delivery of food and products with clean packaging. Local transportation initiatives such as mobility as a service, or MaaS, could support transportation for daily needs.
- **accessing water, sanitation and hygiene facilities:** Local governments or those managing settlements should make water and sanitation services accessible to older people (e.g. install rails, provide smaller water containers).

d. Combat ageism and prevent and respond to violence

Older people are diverse, in their socioeconomic backgrounds, personal experiences, and physical and mental capacity. Therefore, the policy and support for older people should be based on individual needs, rather than chronological age only. Avoid stereotyping older people as uniformly frail and vulnerable. At the same time, it is important to prevent and respond to violence towards vulnerable older people whose movement is restricted to their home or within institutions. Raise awareness using public campaigns and provide support to caregivers and reporting mechanisms (e.g. helplines,

collaboration with accessible essential services and community workers).

For more information on preventing violence against older people during the COVID-19 pandemic, please refer to:

- COVID-19 and violence against older people
- Addressing violence against children, women and older people during the COVID-19 pandemic: key actions.

Appropriate community action to prepare and respond to COVID-19 requires developing local plans with older people, including those most at risk. Older people can be engaged directly, through influential leaders (e.g. community leaders, faith-based leaders, traditional leaders and healers) and existing networks (e.g. older people's groups, women's and men's groups, primary care workers, community health volunteers). Policy-makers both at national and community levels are also encouraged to collaborate with health, social welfare, finance, security and other sectors. Community networks, organizations of older people and businesses should be involved to ensure effectiveness, avoid duplication and help strengthen the local community's prevention and response capacity to conduct early and continuous assessments of older people's knowledge, attitudes and practices, as well as existing barriers to meet their basic needs. Reflect the assessment results using risk communication and community engagement

action plans or other emergency planning mechanisms in place.³⁵

Please refer to the WHO guide for general advice on creating age-friendly environments.

5. Guidance development

5.1. Acknowledgements

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5.2. Guidance development methods

This document was developed by a guideline development group composed of staff from the WHO Regional Office for the Western Pacific in collaboration with WHO Unit for Demographic Change and Healthy Ageing and the Unit for Ageing and Health from WHO headquarters. It is based on a review of relevant literature and consensus on the recommendations following group discussion.

5.3. Declaration of interests

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

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Annex: Screening tests for physical and mental capacity ^{1, 2}

Priority conditions associated with declines in intrinsic capacity	Tests
Cognitive capacity	<ol style="list-style-type: none"> 1. Remember three words: flower, door, rice (example words) 2. What is the full date today? Where are you now (home, clinic, etc.)? Did you get either of the answers wrong? 3. How many words could you recall (e.g. flower, door, rice)? Fewer than three words?
Mobility	Chair rise test: Rise from chair five times without using your arms. Does it take more than 14 seconds?
Nutrition	<ol style="list-style-type: none"> 1. Have you unintentionally lost more than 3 kilograms over the last three months? 2. Have you experienced loss of appetite?
Vision	Do you have any problems with your eyes: difficulties in seeing far, reading, eye diseases or currently under medical treatment (e.g. diabetes, high blood pressure)?
Hearing	<p>You can check your hearing with three tests: Whisper test, screening with audiometry and automated app-based digits-in-noise test. Did you fail any of these tests? (You couldn't hear the whispering, audiometry result is 35 decibels or less, app-based test result advises you to seek professional help.)</p> <p>If you have a smartphone or tablet, test your hearing using hearWHO (https://www.who.int/health-topics/hearing-loss/hearwho).</p>
Psychological well-being	<p>Over the past two weeks, have you been bothered by</p> <ol style="list-style-type: none"> 1. feeling down, depressed or hopeless? 2. little interest or pleasure in doing things?
Oral health	<ol style="list-style-type: none"> 1. Do you have difficulty chewing? 2. Do you have pain in your oral cavity*?
Social care and support	<ol style="list-style-type: none"> 1. Do you have difficulty with any of the following daily activities? <ol style="list-style-type: none"> a. Getting around indoors b. Using the toilet (or commode) c. Dressing yourself d. Using the bath or shower e. Keeping up your personal appearances? f. Feeding yourself? 2. Do you have problems pursuing leisure interests, hobbies, work, volunteering, supporting your family, educational or spiritual activities that are important to you? 3. Do you feel lonely?

If you answered “yes” to any of the screening questions (above), you should seek help from a health-care professional or a social worker.

Suggested messages to older people for self-care^{1, 2, 3}

Mobility	Keep to your regular routines and schedule as much as possible including sleep, meals and activities. Be physically active every day.
	Be active in daily life (gardening, tidying up, cooking in a standing position, farming, etc.) and reduce the amount of time you spend sitting.
	Do 30 minutes of exercise each day , including four types of training: strength, aerobic exercise, balance and flexibility (stretch). <ul style="list-style-type: none"> • Strength: Two days a week, use weights, your body weight or resistance bands to make your muscles stronger. Try squats, lunges and sit-to-stand exercises. • Aerobic exercise: Try cycling, walking or online Zumba sessions. Walk for 30 minutes at least five days a week to stay healthy. • Balance: Try walking up one or two flights of stairs, standing on one leg at a time, walking heel to toe in a straight line, radio calisthenics and local government calisthenics. • Flexibility: Stretch your muscles before and after each exercise. Warm up your muscles first with slow movements. Stretch and stay in the same position for at least 10 seconds. Try yoga or Pilates exercises.
	If possible, ask a professional to help you design an exercise programme. Exercise can be done at home or in your garden. Choose your favourite music and dance to that. Remember to avoid crowding.
	If you are new to exercise, start with 5–10 minutes and add a minute each day. If you are nervous about falling, try walking or exercising with someone else but avoid crowding
	Consider exercises from your bed or chair if walking is hard for you. Talk to your health-care professional to find out more.
Stop, rest and talk to your doctor for advice if you feel dizzy, have chest pain, or feel out of breath during or after exercise.	

Nutrition	Go outside in the sun for 30 minutes a day to get your vitamin D, which helps with balance and moving well.
	Drink sufficient water: 8–10 cups of water every day.
	Eat healthy: 2 cups of fruit (4 servings), 2.5 cups of vegetables (5 servings), 180 grams of grains, and 160 grams of meat and beans every day (red meat can be eaten 1–2 times a week and poultry 2–3 times a week).
	Limit your salt intake to 5 grams (equivalent to a teaspoon) a day and limit salt and high-sodium condiments (e.g. soy sauce and fish sauce) when cooking/preparing food.
	Eat a mix of wholegrains such as wheat, maize and rice, legumes such as lentils and beans, plenty of fresh fruit and vegetables, with some foods from animal sources (e.g. meat, fish, eggs and milk).
	Consume unsaturated fats (e.g. found in fish, avocado, nuts, olive oil, soy, canola, sunflower and corn oils) rather than saturated fats (e.g. found in fatty meat, butter, palm and coconut oils, cream, cheese, ghee and lard). Avoid industrially produced trans fats (e.g. found in processed food, fast food, snack food, fried food, frozen pizza, pies, cookies, margarines and spreads). Try steaming or boiling instead of frying food when cooking.
	Eat raw vegetables, fresh fruit and unsalted nuts as snacks , instead of soda, fruit juices, fruit concentrates, flavoured milk, yogurt drinks, cookies, cakes and chocolate.
	Write down in a food diary the foods you eat each day. It will help you look back to see if you met your goals in your care plan. Eat a well-balanced diet without missing three meals a day.
	Take nutritional supplements such as vitamin pills or drinks. They can help you meet your daily needs for certain foods. Ask your health-care professional for advice.
	If you lose weight quickly, have a hard time chewing or swallowing, or have stomach pain or swelling , consult your doctor. Illness should not be ignored.
Vision	Consider simple changes if your vision causes problems with your daily life. Keep your surroundings bright. Keep things in their right place, such as your keys on a hook or your glasses next to the bed. Good lighting and contrast can help.
	Ask a friend/family member/caregiver to help you move safely and travel in unfamiliar places if you have problems with your vision,
	Talk to your health-care professional about a vision check if you have vision problems. If you have trouble seeing to read, glasses may help. Stay up to date with regular visits to get the treatment you need.
Hearing	Get regular check-ups and use hearing aids to improve your hearing. Many things can affect your hearing, including some medications. Seek a health-care professional’s advice.
	If you find it hard to hear , ask others to repeat what they are saying or speak slower. Find a quiet place to talk. Moving away from the radio, television or other people talking can help you hear better.
	If you feel dizzy, your face feels numb or your ears feel full , you may have a problem in your ear. See your health-care professional.

Cognitive capacity	Exercise your mind. Try playing chess or other games and doing puzzles. Read a newspaper, listen to the radio, do a crossword, or look through photo albums or favourite items to keep your brain active.
	When you forget a word, try to describe it. Ask your family and friends for support and patience if you are forgetful. Be open to help. Keep a list of important daily tasks or names of people you see often to jog your memory. It may help you feel less nervous when you are on your own.
	Be around others for a healthy mind. Try social or group activities such as playing cards, attending an exercise class or eating meals with others.
	If you have trouble doing your regular activities, or are forgetting things more often, see your doctor. It can be frustrating to forget things.
Psychological well-being	Take breaks from news coverage about COVID-19. Seek updates at specific times of the day from a reliable source such as the WHO website or national or local channels in order to help you distinguish facts from rumours or scams. It is normal to feel sad, stressed, confused, scared or angry during an outbreak.
	Be aware of negative or unhealthy thoughts. Try thinking three happy thoughts every day. Try repeating a word such as “relax” or “calm” while breathing in and out deeply.
	Stay socially connected. Speak to loved ones and people you trust every day or as much as possible, using the telephone, video calls or messaging, writing letters, etc.
	Engage in hobbies and activities that you enjoy or learn something new. Cognitive exercise such as reading a book or doing crosswords/sudoku will keep your mind active and distract you from worrying. A fun activity can get rid of low moods or stressful feelings. You can also use the time at home to keep a well-being diary.
	Get moving. Exercises like yoga, tai chi, swimming or walking can help cheer you up. Try it if you feel low.
	If you are feeling down, try helping someone else. Helping others can make you feel good.
	Avoid using alcohol and drugs as a way of dealing with fear, anxiety, boredom and social isolation. Drinking alcohol not only disturbs your sleep but may also increase your risk of falls, weaken your immune system, and interact with any prescription medicines that you are taking. There is no safe level of alcohol consumption.
	Seek psychosocial support from available services in your community if stress, worry, fear or sadness get in the way of your daily activities for several days in a row, or if there is a big change in your weight.
If you have suicidal thoughts, consult your doctor and talk to others you can trust. Everyone can feel low at times.	
Urinary incontinence*	If you have signs of urinary incontinence, talk to your doctor to help identify things you can do to help control your bladder.
	Ask your physiotherapist about pelvic floor muscle training. It can strengthen muscles to support your bladder. Exercises can be done 2–3 times a week. Start with three sets of 10 contractions. Make sure to relax between each set.
Risk of falls	Get rid of loose rugs and clutter, clean spills, and install brighter lights and railings in your bathroom and around the home. Changes to your home can lower your risk of falls.
	Make sure you have form-fitting shoes that do not slip. The right shoes can help lower your risk of falls.
	If your medication makes you dizzy or sleepy, consult your doctor for possible alternatives.

Oral health	Practise daily oral hygiene using a toothbrush and fluoride-containing toothpaste if you have teeth. Brush your teeth twice a day. Make sure you brush your teeth before going to bed. If you do not have teeth, use a sponge swab or gauze to clean the oral cavity. If you wear dentures, clean them once a day.
	Clean your tongue as part of your daily oral hygiene. Lightly brush your tongue or use a tongue scraper (twice a day).
	Maintain a clean environment in the oral cavity. Improve saliva secretion using proper hydration, increasing the humidity at night, avoiding oral care products that cause irritation, avoiding crunchy/hard foods and eating sugar-free chewing gums/candy.
	Maintain a healthy diet and avoid suga- added food (e.g. fizzy drinks, fruit juices and juice drinks, liquid and powder concentrates, flavoured water, energy and sports drinks, ready-to-drink tea and coffee and flavoured milk drinks).
	Maintain the muscles around your mouth by chewing, practising songs alone or saying fast words.
	Quit smoking. Smoking increases your risk of gum disease. Smokers are also likely to be more vulnerable to COVID-19 because smoking can affect lung capacity. The act of smoking also increases the possibility of transmission of virus from hand to mouth.
Social care and support	Try rehabilitation (or life support) programmes if you have difficulty dressing, feeding, bathing and grooming, and other activities of daily living. Join online rehabilitation programmes or explore ways to connect with other people online. In addition to a one-way recorded videos, join an interactive online rehabilitation system that allows for conversations with physiotherapists and occupational therapists.
	Find out what kinds of social support is available in your community. Social support includes support for your living condition, financial security, loneliness, access to community facilities and public services, and support against elder abuse. Talk to your health-care professional or social worker.
	Talk to your family, friends, social workers, caregivers, health-care professionals about what is important to you by explaining your life, priorities and preferences. Find possible ways to increase your social participation.
	Think about what matters most to you regarding care and support, including medical treatment, in case something happens to you and you are unable to make your own decisions. If you want to develop an advanced care plan to record your treatment and care wishes, you can talk about it with your health-care worker or someone that you trust. You can write down your wishes and share them with people you trust.
	If you are a victim of elder abuse, please contact a social work, adult protection or law enforcement systems. Tell someone you trust and report this to the relevant authorities. You can also seek support from dedicated helplines that may be available in your country (including how to access emergency services), or seek out local services for victims.

* The oral cavity includes lips, the lining inside the cheeks and lips, the front two thirds of the tongue, the upper and lower gums, the floor of the mouth under the tongue, the bony roof of the mouth, and the small area behind the wisdom teeth.

** Urinary incontinence is the sudden urge to empty your bladder, including accidentally emptying your bladder when you cough, sneeze, lift a heavy object, walk or run. There are treatments and strategies available to help control this feeling.

The self-care screening tool and recommendations for self-care are based on *WHO Integrated Care for Older People (ICOPE): Guidance for person-centred assessment and pathways in primary care*,¹ *Be He@lthy, Be Mobile*, a handbook on how to implement mAgeing,² and consultation with the Division of Preventive Dentistry, Faculty of Dentistry & Graduate School of Medical and Dental Sciences, Niigata University (WHO Collaborating Centre for Translation of Oral Health Science).

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