

## Africa Centres for Disease Control and Prevention (Africa CDC)

# Standard operating procedures for caregivers in COVID-19 treatment centres

### Introduction

Caregivers provide invaluable service and support to patients in health facilities. In many health systems, caregivers (often members of the patient's family or friends) are responsible for providing basic care for a patient, including providing food and drinks, cleaning clothes and bed linen, as well as supporting basic activities for daily living, such as washing or using the toilet.

Small children and infants who are dependent on caregivers for performing essential daily activities require similar assistance while being treated in a health care facility. Such care is also a priority for people approaching the end of life, as patients and relatives increasingly spend time together at this critical stage.

In the context of COVID-19, health care facility access to visitors is restricted to protect the family members from the risk of hospital-acquired transmission and to protect patients from the risk of exposure to COVID-19 or other infections introduced by visitors. This is a high priority for health care facilities to protect patients, health care workers and the wider community. Yet, it may conflict with the need to provide care to patients, especially young children.

This document provides some guidelines and recommendations on how to manage care givers in COVID-19 health care facilities or treatment centres.

Even though the specific roles that caregivers provide may vary in different contexts, these guidelines provide a set of principles that can be adapted as needed.

## STRATEGY



Restrict all caregivers from entering the health facility. This may be logistically simpler to put in place but will have implications for staffing the health care facility. Additional health care assistants or nurses' aides may have to be recruited to ensure the standard of personal care is maintained in the absence of family members and other carers. Additional catering and laundry services will have to be set up, and additional communication systems will also need to be established to update families on the health status of their loved ones.

If this strategy is implemented, systems should be put in place to allow families to deliver food and clean clothes, and to collect decontaminated packaging and clothes from patients.<sup>1,2</sup> A reception area, where health workers can receive items for patients may need to be established, for example. This area should have restricted access with a physically distanced waiting area and table/counter (minimum width of 1m) to allow items to be handed over safely. Before handing over any items, the caregiver must perform hand hygiene.

## STRATEGY



Caregivers entering the health care facility to assist patients with daily activities are provided training in all the relevant organization and infection, prevention and control (IPC) procedures as well as provision of appropriate personal protective equipment (PPE).<sup>3,4</sup> Numbers should be limited to one caregiver per patient to minimize the number of people entering and leaving the health care facility, and reduce burden on PPE supplies and training capacity of health care staff. Vulnerable people over the age of 60 years, children or anyone who is immunocompromized/unwell should not be recommended as a caregiver.

Caution is advised in areas where aerosol-generating procedures are performed (e.g. cardiopulmonary resuscitation (CPR), intubation and suctioning). Caregivers require the same PPE as health workers (including N95 masks) when working in health facilities and if there are insufficient supplies, caregivers should not enter.

The training for caregivers should include practical instruction on:

- ▶ Hand hygiene technique and the '5 moments' of hand hygiene.
- ▶ Respiratory hygiene.
- ▶ Donning and doffing PPE (Caregivers should use the same PPE as health workers in health facilities).
- ▶ Layout and flow/movement of people in the health care facility.
- ▶ Roles and responsibilities (i.e. when to seek assistance and who is the point for communication).
- ▶ Waste separation and segregation.
- ▶ Cleaning and disinfection process for managing linen, plates and cutlery etc.<sup>1</sup>
- ▶ Physical distancing from other patients, caregivers and health workers wherever possible.
- ▶ Where to physically stand and sit (i.e. not on the patient's bed) while visiting the patient.
- ▶ Where to store patient's personal belongings (i.e. bedside cabinet or safely under the bed where items will not spill or get kicked over).

Trained caregivers should be recorded and identifiable to health facility staff. Written records with names may be kept at reception, or caregivers may be identified using patient style wrist bands.

All caregivers must be screened for symptoms at triage prior to entering the health care facility. Caregivers should not be permitted to enter the facility if they have any symptoms of COVID-19 or other common illnesses (such as diarrhoea and vomiting) that could be transmitted to others.

Caregivers should only provide care to their relative or the person they are there to help, to avoid the risk of cross-transmission to other patients.

Caregivers should be provided with dedicated space where they can rest and use a toilet. This may not be possible in smaller health care facilities, and in such circumstances caregivers should use visitors or patients' toilets. Toilets for caregivers should be kept separate from those used by health care workers.

Caregivers should remain under the monitoring and supervision of a ward matron or sister. If caregivers do not comply with the IPC procedures and put themselves and others at risk, the health facility administration should reserve the right to ask them to leave. Trained nurses remain accountable for any task carried out by the caregiver and should monitor skin care, nutrition and make sure all essential medical care is performed.

Patient belongings should be decontaminated before they are taken home. If not possible, the caregiver should be instructed to launder/disinfect clothing and belongings as soon as they get home).<sup>1,2</sup> Patients' belongings do not have to be burned or destroyed.

# Caring for breastfeeding infants in COVID-19 treatment centres

Guardians of newborns and infants should be regarded as part of the health care team rather than as visitors.<sup>5</sup> Guardians should be granted access to their children whenever operationally possible.

If a baby is suspected or confirmed as having COVID-19, the mother should continue to breastfeed whenever they can. There is no evidence that SARS-CoV-2, the virus that causes COVID-19, can be transmitted through breast milk and the benefits of breastfeeding outweigh any risks to the baby.

If the mother is suspected or confirmed to have COVID-19 symptoms or SARS-CoV-2 infection, the mother should continue to breastfeed as much as possible. The mother should try to reduce the risk of transmission to the baby by washing their hands thoroughly before touching the baby or any bottles, breast pump or other feeding equipment. They should avoid coughing or sneezing while feeding or holding the baby. A face mask should also be worn when feeding or holding the baby.

If formula feeding is required for other medical reasons, it is vitally important to wash and disinfect any bottles or feeding equipment as normal.<sup>6,7</sup>

## Acknowledgements:

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