

## HOW TO CARE FOR SOMEONE WITH COVID-19 IN YOUR HOME MARCH 2020

What if someone in your family comes down with COVID-19 and is sent home? How will you care for that family member? Remember that 80% of cases are very mild and will need to recover at home. Only those with underlying conditions or more severe illness will need hospitalization. And as more cases occur, there may be a shortage of hospital beds to care for patients. You may need to care for your family member at home.

With good hygiene, you can do this safely. You and your other family members will be considered 'contacts' and will likely be placed on a self-monitoring program where you will report any symptoms and you will take your temperature regularly. You are at risk of coming down with the disease too. But, if you have been practicing good hygiene all along, your risk of having contracted this disease will be less.

But here are some tips for caring for your patient/family member.

1. Keep the patient isolated in his/her own room. (I will use the pronouns 'he/his' after this. Remember that it stands for male or female in this context.) It is best if the patient has his own bathroom too. Only the patient should use that bathroom. And he should not leave his room until he has been cleared by the health authorities. Usually this means when he has tested negative for the virus.

The World Health Organization (WHO) recommends that the room be well-ventilated and that the windows and door be left open. In our homes in the US, the central ventilation system ventilates our houses quite well. It is a bit too cold to leave the windows open. But don't be afraid to leave the door to the patient's room open as long as there are not little kids or pets who will run in and out. Leaving the door open is good psychologically for the patient and is not a risk.

If a separate room with a separate bathroom is not possible, I will address this situation later in this document.

2. Keep a distance of 6 feet from the patient. Probably 3 feet is enough, but practice 6 feet just to be sure. When the patient coughs or sneezes, he should cover his nose and mouth with a cloth. Provide handkerchiefs or washcloths or towels for this purpose. If not, at least he should cover his face with his elbow.

3. Assign one person to be the primary caregiver for the patient so that contact with the rest of the family is limited. If there is any contact with hands, the caregiver should wash his hands with soap and water. He can then sanitize his hands with hand sanitizer also, if available. Washing well for 20 seconds with soap and water is perfectly adequate. Hand sanitizer only should not be used unless it is not possible to hand wash.

4. When food is brought to the patient, the dishes should be placed on a tray on the floor and pushed into the room. The patient should then grab the tray and pull it into the room. When the patient is

finished eating, he should clean off all leftover food and scrape it into the toilet. He should then rinse the dishes in the bathroom sink and place them on the tray. The caregiver then should bring a bucket with enough bleach solution or disinfectant in it (bleach, Dettol or Pinesol or other disinfectant that kills germs) to cover the dishes. The bucket should be placed on the floor just outside the room. The caregiver steps back while the patient places his dishes into the bucket. The patient steps back while the caregiver picks up the bucket and carries the dishes to the kitchen. After about 15 minutes, the caregiver can reach in and take out the dishes and wash them or place them into the dishwasher or wash them in the sink.

Change the disinfectant in the bucket every few days. If any food is left on the plates this will inactivate bleach very quickly. So it will be need to be changed every day if there are food particles added to the bucket.

5. When the patient needs laundry done, the caregiver should bring a laundry basket or garbage can to the door of the room and set it just outside the room. The patient should 'ball up' each item of laundry and carefully toss it into the basket or garbage can. He should be careful to not allow the item of clothing to land outside the basket or hang up on the side. This is not a time to be playful and play basketball.

When all the clothing is in the basket, the caregiver can then put on some gloves and pick up the basket and carry it to the laundry room. The caregiver might want to wear a face shield too. He should carefully, with gloved hands, reach into the basket and pull out each item and place it into the washing machine. Wash the items in hot water and detergent. Sanitize the laundry basket inside and out with a spray bottle filled with 1:100 bleach or disinfectant. The caregiver should take off his gloves and throw them away. He should then wash his hands in soap and water for 20 seconds.

If only hand washing of laundry is possible, put the laundry items into the wash basin filled with hot/warm water and laundry detergent. A small amount of bleach will be helpful too. Stir around with a stick. After about 15 minutes, it is safe to wash the clothing. Water and detergent kill the virus. But a capful of bleach can't hurt!

6. Items should not be passed in and out of the room by the patient to other family members. If something absolutely has to be passed outside of the room, use the same technique as used for the laundry. Perhaps the item can be placed on a metal tray and carried to the kitchen where the tray and the item can be placed in a hot oven for 10 minutes. Or, using gloved hands, the item and tray can be swabbed down using a paper towel soaked in a disinfectant solution. The paper towel should be discarded.

7. If disposable gloves are not available, ordinary cleaning gloves can be used. They should then be removed without touching the outside with bare skin and placed into a bucket of disinfectant for 15 minutes. They can then be removed and hung to dry.

(To safely remove gloves, first grab the outside of the palm of the glove of the opposite hand and work the glove off. Then, with the bare hand, stick a finger underneath the edge of the glove and pull the glove off the other hand. Holding the glove by the inside, drop it into disinfectant.)

8. What if the patient can't be given his own room? Or his own bathroom? There are ways to minimize risk for other members of the family. Careful technique and careful monitoring of compliance is needed, especially with children in the home.

If only one bathroom is available, the patient should have his own towel. Label it and put it in a separate place. (In fact, it would be best if every family member had his own towel for the duration.) The patient should be the only person in the bathroom when he is there. Be sure to close the lid of the toilet before flushing. Most people don't know that when toilets are flushed with the lids open that there is a thin film of urine and feces over everything in the room—on counter tops, towels and toothbrushes. This should be everyday practice anyway as good hygiene practice. Toilets have lids for a reason!

After using the bathroom, the patient should always wash his hands with soap and water for 20 seconds.

He should then use a spray bottle of disinfectant to spray down the toilet, toilet handle, sink and spigots, counter top and door handle. If a spray bottle isn't available, have a bucket with some disinfectant in it and a rag in it. The patient (or caregiver with gloved hands) can then wipe down all surfaces.

If the patient must share a room with another person, each person should have his own bed. Maintain a distance of 3 – 6 feet between people. Avoid physical contact. If there is physical contact, each person should wash his hands for 20 seconds with soap and water.

9. All surfaces such as tables, counters, bathroom sinks, etc. should be disinfected daily.

10. If the caregiver must enter the room of the patient, he could wear a face shield and gloves. A face shield can be made using a hard hat and clear plastic sheeting. Ordinary cleaning gloves can be worn. If the patient is a child and some physical contact is necessary, the caregiver should wear some additional personal protective equipment (PPE) such as a rain suit or rain coat and, possibly, boots. Place a garbage can or laundry basket outside of the room. The caregiver should put on the raincoat or rain suit, face shield and gloves (and boots). He can then enter the room and care for the patient (giving him a bath, changing the bed, cleaning the bathroom). The caregiver should take care to not touch his face while doing the work.

When the caregiver leaves the room, he must first sanitize his gloved hands with disinfectant or hand sanitizer. Another family member should be standing outside the room to help with this. The caregiver then can carefully, with gloved hands, remove the rain suit or rain coat being careful to not touch his clothing or his face. The rain suit or rain coat should then be put into the garbage can. He should then sanitize his gloved hands again. He then can take off his face shield and put it into the garbage can. He should then sanitize his hands again and remove his boots, if he is wearing them. The caregiver should then sanitize his gloved hands again. He then can carefully remove the gloves being sure to not touch

the outside of the gloves. Afterwards, the caregiver should sanitize his hands and then wash them for 20 seconds in soap and water.

The garbage can should then be carried to the garage or kitchen or outside the house where disinfectant is put into the garbage can and the items immersed into it. Use a stick to push the items down into the disinfectant. After 15 minutes, they can be removed and hung to dry.

11. Garbage generated by the patient should be placed (by the patient or caregiver in PPE) into a plastic garbage bag. The caregiver, using gloved hands, should then close the garbage bag and carry it outside to the garbage can or burn barrel. The caregiver should sanitize his gloved hands, remove the gloves taking care to not touch the outside, sanitize his bare hands again and then wash them for 20 seconds with soap and water.

12. After every act of patient care or handling of any object touched by the patient, the caregiver should wash his hands even if he has been wearing gloves.

13. Patients should never share personal items such as towels, toothbrushes, eating utensils and dishes or beds with well people.

14. If your family member is being cared for at home, when should an ambulance be called to take him to a hospital? If he develops a high fever that doesn't go away with Tylenol or ibuprofen (some health care authorities are not recommending the use of non-steroidal anti-inflammatory drugs during COVID-19 illness) the health authorities should be called. Or if he develops rapid breathing or complains of shortness of breath, call the authorities. If the patient has been sent home, the health authorities will have given the caregivers instructions about symptoms that require hospitalization. If in doubt, call the health authorities and ask them. Other symptoms include a decreased level of consciousness or confusion, falling, extreme weakness, inability to drink enough fluids to stay hydrated or unwillingness to eat.