

VOL. 3 An elderly care facility fighting COVID-19 with thorough infection control

The Geriatric Health Services Facility*¹ "Yukari Yutoen" is located near Tokyo, in Sakura City, Chiba Prefecture. Catering to 96 residents and 25 day care rehabilitation patients, staff members include one doctor, 12 nurses (incl. four part-timers), 50 care workers and 5 PT/OT staff. Following the spread of the Coronavirus disease (COVID-19), thorough infection control measures were put in place, and as of November 2020, there have been no COVID-19 cases among the residents or staff.



The nurses at Yukari Yutoen: Nursing and Care Director Fujiko Maeda is at center, bottom

Fujiko Maeda, the Nursing and Care Director, has worked hard to take infection control initiatives since her appointment two and a half years ago, given that such control is essential on a daily basis for elderly group homes/facilities. With the basics of standard precautions and transmission-based precautions, thorough measures were taken including having all nurses and care workers carry their own hand sanitizer with a policy of 'one care, one hand-wash (or hand sanitize)'. There were also appropriate procedures established for disposal of bodily excrement and contaminants, as well as efforts made toward the early detection and treatment of abnormalities in facility users. The nurse became Infection Control Committee Leader and carried out regular checks for handwashing

and correct use of PPE (Personal Protective Equipment). November to March is the period when influenza is most prevalent, and this became the 'Enhanced Infection Control Period' in which all staff had their temperatures checked and were required to wear masks upon arrival at work, and humidifiers were used in the facility. In addition, an infection specialist was invited twice a year from a university hospital or other facility to give lectures designed to raise the awareness of the entire staff, including those in administration.

In late March when there was a rise in COVID-19 cases in Chiba Prefecture, control measures at Yutoen were intensified. Unnecessary and non-urgent outings by residents were banned, family visits were forbidden, on-site visits by external maintenance staff/service staff to the facility were kept to a bare minimum and medical consultations for residents were only allowed in an emergency.

In addition to infection control measures, the nurses at Yutoen put effort into the handling of residents with fever. It is not uncommon for elderly persons accompanying chronic diseases to experience unexplained fevers. It was anticipated that it would be difficult to differentiate these fevers from those caused by COVID-19, that local hospitals may not accept patients from Yutoen, and that it could be difficult to get a PCR test.

Ms. Maeda explains: "The elderly often experience unexplained fevers, so we created a flow chart for differentiation from COVID-19." If the patient has a fever or cough, even if infection cannot be confirmed, he or she would be placed in a private room for observation, and infection control intensified. If the fever were high, they would be tested for influenza. In addition, treatment following the facility's 'Pneumonia Manual' was commenced, and blood tests were taken to

check CRP values and a white blood cell picture.

They also simulated the procedures to be taken if a resident was infected with COVID-19. Ms. Maeda continues: "Even if a PCR test is positive, the hospitals won't take the patients immediately. We knew we had to care for them ourselves for a time, so there was a need to put systems in place". All of the rooms at Yutoen are private with each door opening straight into the living room, so there was no place to put on or remove PPE. They therefore created a small 'anterior compartment' out of blue sheets outside each room. They ordered N95 masks and caps, and created a procedure whereby nurses would put on and remove their PPE in this space. By simulating the actual procedure, staff were able to be ready to deal with infected patients anytime."



PPE were put on and removed in an 'anterior compartment' created from blue sheets



A resident with a care staff

With these control measures in place, for the sake of the residents' mental health, through-window visits and remote meetings with family members were conducted. Remote meetings enabled residents to see family members who lived far away and had not previously been able to visit them, and this was something they felt they could use in the future as well. They continue to prevent the build-up of stress among residents, with staff taking them into the facility's garden more frequently, among other measures. As Ms. Maeda says, "What we have realized, through strengthening these infection control measures, is that maintaining social distance in elderly care settings is difficult. The optimal mental health care for them includes touching, being next to them and listening. We would, as much as possible, like to continue to place importance on interaction with the residents as well."

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*1 Geriatric Health Services Facility:

A rehabilitation facility for the elderly needing long-term care to assist them to return home.