

Draft recommendations for protection of home caregivers in the context of limited Personal Protective Equipment (PPE)

The following are examples of harm-reduction guidance to be communicated to caregivers with full disclosure that none of these actions will offer the protections of proper PPE and some might offer no protection whatsoever. They are intended to help caregivers reduce infection risk without PPE and to serve as a bridge until PPE supplies become available. Depending on the context, only a subset might be appropriate and/or additional guidance could be added.

Facemasks and alternatives to facemasks:

- When caring for a client with a respiratory illness, ideally caregiver and client both wear masks. If only one mask is available, the client should wear it. If no masks are available, we ask that caregivers be advised to coach clients on cough hygiene. For instance, asking that a client wear a bandana or recommending she cover her cough with a sheet or blanket (if these do not impede breathing) to add a barrier between caregiver and respiratory droplets in the absence of a mask. Bandanas and scarves have also been recommended by the Centers for Disease Control and Prevention (CDC) and should be worn to protect caregivers as a last resort option. (NOTE: These measures should be communicated with full transparency that they will not stop the spread of viral particles but may limit the distance of spread).
- When data and specific instructions become available, we recommend that caregivers be made aware of ways to make homemade masks such as use of antimicrobial pillowcases or tea towels that can be fashioned into masks. In one study, antimicrobial pillowcases were found to filter out 69% of viruses though study particles were considerably smaller than SARS-CoV-2 so it is plausible that filtration against COVID-19 exposure would be *higher*. While we do not believe that makeshift masks rival the effectiveness of surgical masks or respirators, they are very likely to offer superior protection than no barrier whatsoever.

Protective barriers for the body:

- In lieu of gowns, we recommend the use of ponchos, plastic rain coats, or simply trash bags: cut leg holes and cinch at the waist and use another trash bag to cut head and arm holes. Other coverings (plastic bags, saran wrap, etc.) can be used to cover exposed areas if available.
- When removing soiled clothing and coverings, we advise caregivers to pull the item away from the neck and shoulders, touching the inside of the item only and to dispose of all single-use items (gloves, gown, etc.) in a sealed trash bag and to launder all clothing after finishing the care shift.
- Home caregivers are advised to bring an extra change of clothes and shoes to the care setting and place these in an area away from the ill client. At the conclusion of a shift, caregivers are advised to change into clean clothes and shoes, placing soiled items into a trash bag for laundering. If possible, dedicated shoes for offering care should be selected and not worn outside the location of caring for an ill client. Shoes should be fully disinfected before use in new settings.
- In the absence of face shields or eye protection, caregivers can wear “goggles” that can be purchased at hardware stores, such as safety glasses used in a lab setting or for yard work, or even use eye-glasses that do not impede vision. The goal is to make sure caregivers can see well while creating a barrier between them and respiratory droplets. Caregivers should be informed that these measures will not fully protect their face and eyes from exposure but that they may reduce the level of exposure.
- In the absence of latex or nitrile gloves, we recommend the use of kitchen gloves to be disposed of after use. Garden gloves are an additional option so long as they are laundered after use.

Behavioral guidance for the home care setting:

- Caregivers are advised to engage in minimal contact with soiled items. For instance, dirty sheets can be carried in a laundry basket that is later scrubbed with soap and water and then disinfected (NOTE: caregivers should never place laundered items to a laundry basket used previously for soiled ones without cleaning and disinfecting the basket first). Caregivers should minimize the transfer of objects by offering a tray of food rather than



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handing off and collecting individual items. Caregivers should ask the client to take her temperature by handing off a thermometer rather than placing it in her mouth.

- Additionally, we advise caregivers to stay as far away from an ill client as possible and still deliver care. When speaking with an ill client, caregivers should stand six feet away.

Environmental mitigation strategies:

- In order to mitigate exposure, caregivers should be advised to open a window to increase air flow and ventilation when caring for a client with COVID-19.
- During the period of illness, if feasible, caregivers should keep their client confined to one bedroom and, if able, dedicate a bathroom for exclusive use by the sick client.

Disinfection and hand hygiene guidance:

- If hand sanitizer is in short supply, and even when it is not, caregivers should use soap and water with a 20-second scrub as the gold standard for keeping hands clean.
- All surfaces should first be cleaned with soap and water then disinfected. The EPA has a list of approved disinfectants for use against the virus that causes COVID-19, including common cleaning supplies such as Germ Away, Lysol Surface Cleaner, or bleach diluted in water (1/3 cup bleach per gallon of water).
- When cleaning the room of someone who has been sick, caregivers should scrub down all surfaces and then disinfect surfaces before allowing other household members to use the room again.
- Caregivers should be advised that a paper towel dipped in 70% or greater isopropyl alcohol will kill the virus. Similarly, caregivers can create a disinfectant by squeezing hand sanitizer onto a paper towel for disinfecting surfaces like doorknobs, toilet and sink handles.