

# **Guidance on Prevention & Control of COVID-19 in Elderly People**



Royal Government of Bhutan  
Ministry of Health  
1<sup>st</sup> Edition

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## Inspiration

*“The welfare must be taken to the doorstep of the people. We must ensure that not even for a day longer should a person suffer the pains of dire poverty, of injustice or of neglect and disability. They must be identified as soon as possible and provide welfare.”*

*~His Majesty the King, Jigme Khesar Namgyel Wangchuck*

### 1. BACKGROUND

The number of elderly people is growing all over the world including developing countries like ours. Out of the total population of 727,145 people in Bhutan in 2017, 63,775 (8.7%) are above the age of 60 years. So, the proportion of elderly people above 60 years has increased from 7% (44,319 out of 634,982) in 2005 to 8.7% in 2017 (PHCB 2017). It has been also reported that 80 % have at least one and 50 % have at least two chronic conditions. Given the high prevalence of chronic health problems and their impact among the elderly people, the National Elderly Care Programme was established at the Ministry of Health. The main aim of this programme is to promote health of elderly and to prepare society for ageing through extension of elderly care services at all levels of the health care system.

The existing evidence to date shows that the elderly people (60 or above) and a person with underlying conditions (e.g., high blood pressure, diabetes, lung and heart disease, and cancer) are at higher risk of developing severe forms of COVID-19 should they get infected.

### 2. PURPOSE

The purpose of the guideline is to serve as guidance to prevent the spread of COVID-19 infection to the elderly people (60 years and above). This guideline is intended for healthcare workers and other volunteers who provide healthcare and other essential services to older people at home residence, health facility or community setting.

### 3. UNDERPINNING PRINCIPLE

Respect for the autonomy and dignity of the elderly person must underpin our approach and practice at all times. All elderly people have the right to health and social care, and should have access to health care based on need, without an age-defined restriction to services.

### 4. HEALTH SERVICES

- i. The Dzongkhag Health Officer/Health facilities should line list all the elderly population in their respective Dzongkhags (With or without underlying medical conditions)
- ii. The medicine for the elderly people with underlying medical conditions should be issued for 2 months with proper advice on the storage of medicine (**Annexure 1**).
- iii. All elderly people should be discouraged from visiting health facilities, unless it is an emergency or if they have regular appointments like Dialysis, Chemotherapy etc.
- iv. The health worker should advise the elderly about the COVID-19 and the frequency of the visit to the hospital. In case of emergency, the patient should be advised to visit hospital immediately
- v. The health worker will carry out Community based medical check-up for elderly ones in 6 months as per the assessment form in **Annexure 2** in their respective catchment areas. The

Health worker shall then submit the report to the Elderly Care Program, Ministry of Health (*Annexure 3*)

- vi. The ambulance service shall be given priority to the elderly people who requires immediate transportation to the hospital
- vii. Priority shall be given to the elderly, differently abled, pregnant women and children to avail the medical services in the health facilities.
- viii. The elderly people should contact **6060**, or the focal points of respective dzongkhags in case if you are concerned about COVID-19 (*Annexure 4*)

## 5. ADVICES TO THE OLDER PEOPLE

### 5.1 Daily Precaution

- Stay home.
- Wash your hands often with soap and water for at least 20 seconds OR use alcohol hand sanitizer if available
- Cough or sneeze into a flexed elbow or use a disposable tissue and discard it immediately into a closed bin, and then wash your hands
- Clean and disinfect frequently touched services.
- Minimise touching the eyes, nose or mouth.
- Consider ways of getting food brought to your house through family, neighbours, social, or commercial networks
- Avoid crowds.
- Practice physical distance by keeping at least **one metre** away from each other
- Minimize the contact with children and young people in case of COVID-19 transmission in the community
- Avoid all non-essential travel.
- Perform simple physical exercise like walking around the house, taking deep breath, stretching, meditation, etc daily.
- Try to eat healthy and well-balanced meals.

### 5.2 Home care

- Call **6060 or 2121** if you develop any of these symptoms:
  - Fever
  - Cough
  - Shortness of breath
  - gastrointestinal-specific symptoms, including diarrhoea or vomiting
- In case of presence of one or more above mentioned symptoms, he/she shall be advised to

visit the nearest hospital.

- Follow the advice of health workers on your diet plan

### *5.3 Stress and coping*

The following are the things that older people should be advised to do to support themselves:

- Take breaks from watching, reading, or listening to news stories and social media (Hearing about the pandemic repeatedly can be upsetting).
- Keep regular routine activities as much as possible.
- Take care of your body. Try exercise regularly, get plenty of sleep, and avoid alcohol and smoking.
- Connect with others. Talk with people you trust about your concerns and how you are feeling by maintaining physical distance or through calls (phone or social media)
- Call following numbers if stress gets in the way of your daily activities for several days in a row:
  - **17123237**
  - **17123238**
  - **17123239**
  - **17123240**
  - **17123241**

## **6. ADVICES TO THE FAMILY & CAREGIVER**

The family and caregiver must take the following precautions to avoid becoming infected himself/herself:

- Wash your hands frequently with soap and water for at least 20 seconds before and after providing care, preparing food, using the bathroom, or touching surfaces in public places.
- Avoid crowds, and if you cough or sneeze, do so into the bend of your elbow or into a disposable tissue or use a handkerchief.
- Keep your hands away from your face.
- Clean frequently touched surfaces in your home often, including mobility and medical equipment used by your loved one, such as walkers, canes and handrails.
- Keep the house stocked with at least three weeks of essential food and supplies

- Regularly clean and disinfect surfaces frequently touched by any or all family members (such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, kettles, and bedside tables)
- Stay up-to-date following COVID-19 information from Ministry of Health's website and social media handles

## ANNEXURES

### ANNEXURE 1: ADVICE ON STORAGE OF MEDICATION AT HOME

- Store all drugs in a cool, dry place, protected from heat and light.
- Keep similar drugs together (eg. classified as pain-killers, anti-diarrhoeal, anti-diabetics, etc.).
- Keep capsules and tablets in tightly closed containers.
- Keep oral suspensions and paediatric drops in a refrigerator (but do not freeze).
- Make sure all drugs and poisonous chemicals are out of reach of children.
- Discard all outdated drugs.
- Do not leave drugs on bedside tables or in other open places.
- Do not take drugs without medical advices.

### Annexure 2: Community-Based Medical Check-up Form for elderly people

#### Medical Check -up form for elderly people

**Name:** \_\_\_\_\_ **Age:**\_\_ **Gender:** ☐M ☐F **Birth year:**\_\_ **Animal year:**

**Registration No.:**\_\_\_\_ **Citizenship ID No.:**

**Address:**\_\_\_\_\_ **Mobile:**\_\_\_\_\_ **Name of Father:**

**Education:** (Grade)\_\_\_ **Occupation:** \_\_\_\_ **Former occupation:**

**Marital status:** ☐ 1. Never married, ☐ 2. Married, ☐ 3. Divorced, ☐ 4. Widowed

**Caregiver** (nearest relative or neighbor):\_\_\_\_\_ **(Relationship)** **Contact No.:**

**Symptoms (if yes +, if no -):**

**Headache** ( ), **Dizziness** ( ), **Visual difficulty** ( ), **Hearing difficulty** ( ), **Neck pain** ( ), **Breathlessness** ( ),

**Cough** ( ), **Chest pain** ( ), **Palpitation** ( ), **Abdominal pain** ( ),

**Nausea** ( ), **Vomiting** ( ), **Diarrhea** ( ), **Constipation** ( ), **Urinary incontinence** ( ),

**Numbness** ( ), **Shoulder pain** ( ), **Back pain** ( ), **Knee pain** ( ), **Sleep disturbance** ( ),

**Dental problem** ( ), **Others**

**Past History**\_\_\_\_\_ **Medication**\_\_\_\_\_ **Allergy**\_\_\_\_\_ **Family History**

**Physical Examination and Other Investigation:**

**Heart sound:** ☐ normal ☐ abnormal

**Respiratory sound:** ☐ normal ☐ abnormal

**Health Problem/ Diagnosis:**

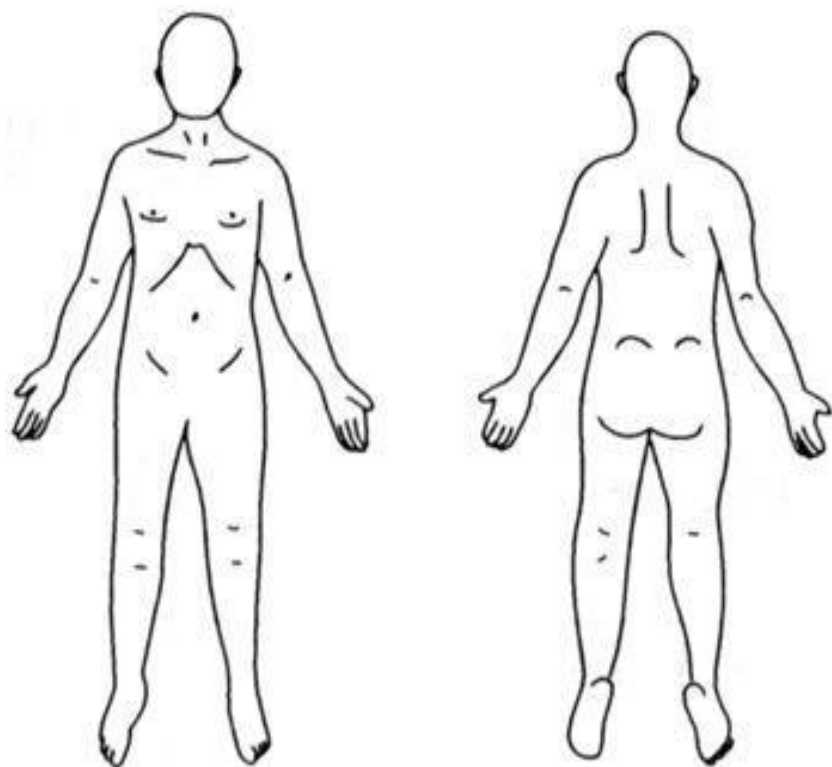
**Treatment/ Therapy/ Drugs prescribed:**

**Plans:**

**Name of Health Facility:**  
**Dzongkhag:**

**Reporting Officer:**  
**Designation:**

**Date:**   (dd)  /  (mm)  /  (vvvv)  



## 1. Disability

### a. Are you able to walk on your own?

- 3 = able to do it independently
- 2 = need some occasional help (ex. hand rail and walking stick)
- 1 = able to do only with someone's help
- 0 = not able to do at all

### b. Are you able to manage staircase?

- 3 = able to do it independently
- 2 = need some occasional help (ex. hand rail and walking stick)
- 1 = able to do only with someone's help
- 0 = not able to do at all

### c. Are you able to feed yourself?

- 3 = able to do it independently
- 2 = need some occasional help
- 1 = able to do only with someone's help
- 0 = not able to do at all

### d. Are you able to pass urine and move bowel on your own?

- 3 = able to do it independently
- 2 = need some occasional help
- 1 = able to do only with someone's help
- 0 = not able to do at all

### e. Are you able to bathe on your own?

- 3 = able to do it independently
- 2 = need some occasional help
- 1 = able to do only with someone's help
- 0 = not able to do at all

### f. Are you able to change clothes on your own?

- 3 = able to do it independently
- 2 = need some occasional help
- 1 = able to do only with someone's help
- 0 = not able to do at all

### g. Are you able to wash and comb your hair on your own?

- 3 = able to do it independently
- 2 = need some occasional help
- 1 = able to do only with someone's help
- 0 = not able to do at all

**a+b+c+d+e+f+g = \_\_\_\_/21**

☐ 21

☐ Less than 21 (need care in basic ADL)

## 2. Diabetes

**Random Blood Sugar (RBS) \_\_\_\_mg/dL**

**Anti-diabetic medicine** ☐ yes ☐ no

☐ RBS <140mg/dL and not taking anti-diabetic medicine (normal)

☐ RBS  $\geq$ 140mg/dL or taking anti-diabetic medicine (need further examination)

## 3. Depression

**a. Over the past one month have you felt down, depressed, or hopeless?** 1= yes 0= no

**b. Over the past one month have you felt little interest or pleasure in doing things?**

1= yes 0= no

☐ a+b = 0

☐ a+b = 1 or more (risk for depression)

## 4. Dementia

**Please listen carefully and remember 3 unrelated words.** (ex. banana, dog, coin)

**(After 3 minutes)**

**Please repeat the three words given previously.**

\_\_\_\_ \_ Score \_\_\_\_/3

☐ 2 or more

☐ Less than 2 (risk for dementia)

## 5. Dental problems

☐ No wish to be assessed by dental technician

☐ There is a wish to be assessed by dental technician

## 6. Isolation

**How many members are you living together in your house including you?**

**Total** (spouse ,children ,grandchildren ,other relatives ,others )

**Living alone** ☐ yes ☐ no

**FAMILY:** Considering the people to whom you are related by birth, marriage, adoption, etc...

**a. How many relatives do you see or hear from at least once a month?**

0 = none, 1 = one, 2 = two, 3 = three or four, 4 =



five thru eight, 5 = nine or more

**b. How many relatives do you feel at ease with that you can talk about private matters?**

0 = none, 1 = one, 2 = two, 3 = three or four, 4 = five thru eight, 5 = nine or more

**c. How many relatives do you feel close to such that you could call on them for help?**

0 = none, 1 = one, 2 = two, 3 = three or four, 4 = five thru eight, 5 = nine or more

**FRIENDSHIPS:** Considering all of your friends including those who live in your neighborhood

**d. How many of your friends do you see or hear from at least once a month?**

0 = none, 1 = one, 2 = two, 3 = three or four, 4 = five thru eight, 5 = nine or more

**e. How many friends do you feel at ease with that you can talk about private matters?**

0 = none, 1 = one, 2 = two, 3 = three or four, 4 = five thru eight, 5 = nine or more

**f. How many friends do you feel close to such that you could call on them for help?**

0 = none, 1 = one, 2 = two, 3 = three or four, 4 = five thru eight, 5 = nine or more

**a+b+c+d+e+f=**      /30

☐ 12 or more

☐ Less than 12 (risk for isolation)

**7. Hypertension**

BP (sitting) 1<sup>st</sup>      /      mmHg HR      /min  
2<sup>nd</sup>      /      mmHg HR      /min

Mean BP (sitting)      /      mmHg HR      /min

Anti-hypertensive medicine ☐ yes ☐ no

- ☐ mSBP<140mmHg/mDBP<90mmHg and not taking anti-hypertensive medicine (normal)  
☐ mSBP≥140mmHg/mDBP≥90mmHg or taking anti-hypertensive medicine (hypertension)

**8. Addiction**

Are you smoker? (including chewing tobacco)

**11. Fall risk**

Did you fall down within a month? ☐ yes ☐ no

Poly-pharmacy (more than 3 drugs, any type)

☐ yes ☐ no

☐ current smoker, ☐ ex-smoker, ☐ non-smoker

**Are you doma consumer?**

☐ current consumer, ☐ ex-consumer,  
☐ non-consumer

**Do you drink alcohol?**

☐ yes, daily, ☐ yes, occasionally, ☐ no

**Do you take more than two cups of beer (500ml), more than half cup of ara (100ml), or equivalent amount of alcohol, every day?**

☐ yes ☐ no

**a. Have you ever felt you should cut down on your drinking?**

☐ yes ☐ no

**b. Have people annoyed you by criticizing your drinking?**

☐ yes ☐ no

**c. Have you ever felt bad or guilty about your drinking?**

☐ yes ☐ no

**d. Have you ever had a drink first thing in the morning (as an eye opener) to steady your nerves or get rid of a hangover?**

☐ yes ☐ no

**a+b+c+d=**      (CAGE questions)

☐ Less than 2

☐ 2 or more (risk for alcoholism)

**9. Visual problems**

☐ No wish to be assessed by eye technician

☐ There is a wish to be assessed by eye technician

**10. Ear problems**

Whisper voice test

Right ear: ☐ normal, ☐ abnormal

Left ear: ☐ normal, ☐ abnormal

☐ Both sides of the ears are OK

☐ At least 1 side of the ear has hearing problems

Psychotropic drugs

☐ yes ☐ no

Timed Up & Go test      sec ≥16sec

☐ yes ☐ no

Functional reach test      cm -      cm =      cm <15cm

☐ yes ☐ no

- ☐ None of the above applies to the patient
- ☐ At least 1 of the above applies to the patient

## 12. Urinary Incontinence

In the past three months, have you leaked urine? ☐  
yes ☐ no

## 13. Nutritional problems

Height      cm Weight      kg  
BMI      kg/m<sup>2</sup>

- ☐ BMI <18.5kg/m<sup>2</sup> (underweight)
- ☐ 18.5kg/m<sup>2</sup> ≤ BMI <25kg/m<sup>2</sup> (normal range)
- ☐ 25kg/m<sup>2</sup> ≤ BMI <30kg/m<sup>2</sup> (overweight)
- ☐ BMI ≥30kg/m<sup>2</sup> (obese)

How many full meals do you eat daily?  
☐ no meal, ☐ one meal, ☐ 2 meals, ☐ 3 meals or more

At least 1 serving of dairy products (milk, cheese, yoghurt) per day  
☐ yes, ☐ depending on the season, ☐ no

2 or more servings of legumes or eggs per week  
☐ yes, ☐ depending on the season, ☐ no

Meat, fish or poultry every day  
☐ yes, ☐ depending on the season, ☐ no

Consumes 2 or more servings of fruit or vegetables per day?  
☐ yes, ☐ depending on the season, ☐ no

## 14. Happiness

Are you happy? ☐ yes ☐ no ☐ not sure

What do you think of your current health status?  
☐ good ☐ neither good nor bad ☐ bad

What do you think of your relationship with your family?  
☐ good ☐ neither good nor bad ☐ bad

What do you think of your relationship with your friends?  
☐ good ☐ neither good nor bad ☐ bad

What do you think of your current economic situation?

☐ rich ☐ middle class ☐ poor

Are you satisfied with your life?

☐ yes, very much ☐ yes, but not so much ☐ no

What makes you unhappy?

What makes you happy?

## 15. Could you please give us advice for improvements of the program?

# Community Based Medical care for the Elderly

## Report Form

**Name of Health Facility:** **Dzongkhag** **Date:**

Target population	60-69		70-79		80-89		90+		Total	
	M	F	M	F	M	F	M	F	M	F
Disability										
Diabetes										
Depression										
Dementia										
Dental problem										
Social isolation										
Hypertension										
Addiction										
Visual problem										
Ear problem										
Fall risk										
Urinary incontinence										
Nutritional problem										
Others										

### Instructions

Disability: Basic Activities of Daily Living <21	Hypertension: mSBP >140mmHg/mDBP >90mmHg or taking medicine
Diabetes: FBS> 126mg/dL or taking anti-diabetic medicine	Addiction: CAGE questions >2, smoker, or domain consumer
Depression (Risk): "yes" to either of the two questions	Visual problem: Need for assessment by a eye technician
Dementia (Risk): Three word recall test <2	Ear problem: Whisper voice test is abnormal for at least one ear

Dental problem: Need for assesment by a dental technician	Fall risk: At least one of fall risks(Please refer to the checkup form)
Respiratory disease: Suspicion of respiratory diseases	Urinary incontennence: leak urine within 3 months
Social isolation: LSNS6 <12	Nutritional problem: BMI <19 or BMI ≥25
Inactivity: Lack of enough physical activities (please refer to the check up)	
<b>Reporting Officer:</b>	<b>Designation:</b> <b>Signature:</b>