



## COVID-19 Disease

# Guidelines for Homes for Children and Residential Shelters

*These guidelines are to supplement advice from your Ministry of Health, which you should follow if available.*

## GENERAL PRINCIPLES

- **Social/physical distancing is for staff members, including all workers and officers. All staff should:**
  - Wash or sanitise their hands before entering and on leaving new settings within the home or other buildings used for the care of children.
  - All staff and children should wash or sanitize their hands (for 20 seconds minimum) before cooking, before meals, after using the bathroom, after sneezing or coughing.
  - All staff and children should cough into an elbow, instead of a hand.
  - All staff should sit at least 2 meters away from others.
  - All staff should avoid physical contact with each other and with residents, as possible. There may be times where children need assistance with baths or comforting if they are crying. If this is the case, staff members that are staying within the homes at all times should be prioritized to give this care. Staff members should wash their hands for 20 seconds both before and after physical contact with others.
  - All staff should stay home if feeling ill.
- All surfaces, including in common areas and dormitories/rooms should be cleaned twice daily, with one staff person per day assigned to that task.
- Admissions should only be made for the case of protecting a child from an environment where ongoing abuse is likely.
- People making trips outside the residence, which should only be made for essential business, should travel with handwashing/sanitizing ability. (ie: keep hand sanitizer in a bag, have portable washing station in a vehicle)
- Initial screening of everyone for COVID-19 should take place at the entrance to the facility (see below).
- Suspected COVID-19 cases should be sent to a separate, dedicated area for further investigation.
- Residents with suspected COVID-19 should be accommodated in a separate dormitory/room
- Visitations for all residents should be cancelled at this time. If they occur, visitors should:
  - Talk to the resident through a window if possible or stand at least 2 meters away from other people



## ENTRY POINTS

- Entry points to the facility should be limited and adequately staffed so that everyone (staff, residents and visitors) can be screened before entering the facility and without having a long wait.

## ACTIVITIES

Residents need activities during this time, just like they always do. Activities help residents to cope with stress and uncertainty, which may be heightened during this time. Here are some general guidelines around activities:

- Art activities can be facilitated to educate residents on COVID-19
  - Posters can be created, to decorate the walls with prevention messaging
- Debates can be hosted for residents to debate and discuss current issues around COVID-19, etc.
- Physical activities where cross-contamination can occur, such as basketball, volleyball, and weight-lifting, should be avoided.
- Physical activities where cross-contamination is less likely to occur including dance classes, yoga, running, gardening, aerobics (maintaining physical distancing of 2 meters) is encouraged.

- Staff could use a separate entrance (where possible), as they only need to sanitise their hands and have a temperature check.
- Those waiting to enter should stand in line, 2 meters apart; the ground can be marked at 2-meter intervals.
- Staff coughing or with difficulty breathing, or with fever, should be sent away from the centre.
- Personal Protective Equipment (PPE) is scarcely available around the world. It may be very difficult for children's homes/residential shelters to find this equipment. If PPE is readily available, the worker(s) conducting the screening should:
  - Wear PPE with a mask, gloves and goggles, if personal protective equipment is available.
  - Sit at a table in a well-ventilated area, with a seat for the patient at least 1 meter from their side
  - Show every person how to use hand sanitiser and ensure they apply it before and after screening. Hand sanitizer may also be difficult to find.
  - Find out why the person has come to the facility.
  - Check the person's temperature using an infrared thermometer
  - Find out if they have had a cough, fever or contact with a COVID-19 patient in the previous 14 days.
  - Sanitise the table and anything else the person touches, including door handles.
- Any resident who screens positive should be taken to a separate, designated area for further investigation. If a separate area is not available in the home, the home should seek help from a local doctor immediately.
- All homes should seek a local doctor's contact and have it ready. This is especially important when you don't have an isolation room available.
- Any member of staff who screens positive should be instructed to self isolate, off-site.
- Any visitor who screens positive should be instructed to self isolate and refused access to visit.

## MANAGEMENT OF COVID-19 PATIENTS WITHIN THE CENTRE

A dry cough with fever and general malaise with no prior history of asthma is a suspected case of COVID-19.

- If COVID-19 testing is available, follow local practices by sending the person for testing or, if the centre has a health worker, then initiating on-site testing may be an option.

There is no curative treatment for COVID-19 yet and antibiotics will not work because this is a virus. Only supportive, symptomatic care can be offered. Follow current local guidelines.

If the resident continues to remain at the centre then it is important that any member of staff dealing with sick residents follow all the guidelines on the attached fact sheet for 'What Works to Prevent Spread.' If Personal Protective Equipment (PPE) is available, then this must be used every time contact is made with a sick resident(s).

If residents are hospitalised, family or the legal guardian must be notified immediately. On discharge from hospital, where possible, residents should return to family members for continued recovery /self-isolation rather than returning to the centre as the first option. Staff members should talk with the family before mentioning this option with the child to ensure it is a safe place to return. People who have been referred from government agencies or are in our custody for protection purposes should return to the children's home/residential shelter.

### SUPPORTIVE CARE

Residents with confirmed Covid 19 who are well enough to remain at the centre should be accommodated in a separate dormitory/room. Single rooms





for COVID-19 residents are preferable; if that is not possible seek the advice of a local doctor.

- Staff caring for ill residents must put on and take off PPE correctly. (See below.)
- To reduce their risk of infection, staff should limit contact with COVID-19 sufferers to essential care tasks.
- If one-on-one care is not feasible, where possible, gloves and gown must be changed between working with each resident.
- Whilst the resident has a temperature, measures need to be taken to reduce it. These include:
  - Cool bath
  - Cool fluids
  - Plenty of fluids (if the resident is not passing much urine –medical advice must be sought urgently)
  - Paracetamol
- Educate the resident on cough hygiene: cough into his or her elbow or a disposable tissue (then discard it).
- If the resident becomes breathless or appears to be struggling for breath get medical advice immediately and where necessary, transfer to hospital.



For further advice also refer to the ‘Homecare and Self Isolation’ information provided.

**Remember:** There will be many children who are unhappy in their placement and for whom any enforced self-isolation and lockdown will be completely unbearable. Teenagers, for whom social interaction is so vital, will find it incredibly difficult not to be able to see friends and go about their normal activities.

#### ADDITIONAL INFORMATION

Putting on and taking off PPE: <https://youtu.be/cCzwH7d4Ags>

Africa CDC webinar (French & English): [https://zoom.us/webinar/register/WN\\_JrxGGP7eSJGDfr3d1h9ZOW](https://zoom.us/webinar/register/WN_JrxGGP7eSJGDfr3d1h9ZOW)

Video about how the virus is spread: <https://youtu.be/1APwq1df6Mw>

Hand washing demonstration: <https://youtu.be/3PmVJQUcm4E>

Demonstration of use of alcohol rub: <https://youtu.be/ZnSjFr6J9HI>

Africa Dialogues on COVID-19 Response: [https://zoom.us/webinar/register/WN\\_-8-W9exXQQGfyZD7pUodVw](https://zoom.us/webinar/register/WN_-8-W9exXQQGfyZD7pUodVw)

## USING PERSONAL PROTECTIVE EQUIPMENT (PPE)

*Ensure that staff members are reminded every day about how to put on and take off PPE:*

### Putting on PPE

- Wash or sanitise hands for 20 seconds (backs, front and between fingers).
- Put on the gown, fasten at the neck and then the waist and ensure all clothes are covered.
- Put on a face mask.
- Put on goggles or a face shield.
- Put on gloves and ensure there is no gap between gloves and gown.

While PPE, no part of it is to be touched, which could cause it to be contaminated. When wearing masks and gloves staff members must be careful not to touch their faces.

### Taking off PPE

- Remove gloves, without touching the insides.
- Untie the gown behind neck and then at the waist; take it off without touching the outside.
- Wash or sanitise hands for 20 seconds. (Can sometimes be taught by using a song like “Happy Birthday”)
- Remove goggles without touching the front of them.
- Remove mask, touching only the ties.
- Sanitise hands again.