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CORONA VIRUS (COVID-19) STATE EMERGENCY OPERATIONS CENTRE



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**GUIDELINES FOR THE MANAGEMENT OF
ELDERLY
DURING COVID-19 PANDEMIC**

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1. NEED FOR SEPARATE STRATEGY FOR ELDERLY

- Elderly (60 and above) age group is one of the most vulnerable categories for COVID-19 Infection with high risk for death due to decreased immunity, decline in body reserves and multiple co-morbid conditions and treatment regimen.
- Tamil Nadu- third largest state with highest share of elderly (10.4% of population as per census 2011)
- Therefore, elderly have to be especially “cocooned” from COVID-19 infection to reduce potential mortality.

2. BROAD STRATEGY : REDUCE THE RISK OF EXPOSURE

2.1. SPECIFIC INSTRUCTIONS TO ELDERLY TO REDUCE RISK OF EXPOSURE

- The following are the specific instructions that may be given to the Elderly population to reduce their risk of exposure to COVID-19 infection:
- Stay at home. Avoid meeting visitors at home.
- Maintain social distancing of minimum one meter.
- Wash your hands at regular intervals with soap and water for minimum of 20 seconds.
- Clean the frequently touched surfaces with disinfectants regularly.
- Sneeze and cough either into your elbow or into tissue paper / handkerchief which has to be disposed into a closed bin.
- Ensure proper nutrition through home cooked fresh hot meals and maintain adequate hydration with frequent intake of warm water.
- Regular moderate exercise and meditation.
- Exposure to sunlight for a minimum of 30 minutes helps to increase the Vitamin D levels.
- Avoid Alcohol and Tobacco related products.
- Adequate sleep for 8 hours.
- Talk to your family members (not staying with you), relatives, and friends via phone call or video call. Take help from family members if needed.
- Postpone your elective surgeries (if any) like cataract surgery or total knee replacement.
- Stay away from affected people and suspected population.
- Monitor your health. If you develop fever, cough and/or breathing difficulty immediately contact nearest health care facility and follow the medical advice rendered.
- Do not self-medicate.
- Do not go to hospital for routine checkup or follow up. As far as possible make tele-consultation with your healthcare provider using online platforms like 'e-sanjeevaniopd.in'.
- Continue the regular medications for the chronic ailments without fail to avoid complications.



- Do not go to crowded places like parks, markets and religious places.
- Do not go out unless it is absolutely essential.
- Engage in physical activities (walking in the balcony or terrace) and practice the forgotten hobbies.
- Think positively.

2.2. REVERSE QUARANTINE STRATEGY

- Reverse Quarantine is defined as when a person is vulnerable and there is imminent danger of getting infection from other sick people, he/ she is kept away until the danger passes.
- Reverse quarantine helps the vulnerable older persons to minimize the risk of contracting the infection from the affected patients.
- During Reverse Quarantine period the following measures have to be adopted:
- Keep the windows open for cross ventilation.
- Care givers should wash hands before & after giving physical assistance to the older persons.
- Work- from- home option for the youngsters in the family can limit the risk of exposure to potential sources of infection from outside sources and become potential carriers.
- If affordable, a separate house may be arranged for elderly persons in the family. Make frequent communication to elderly staying far from your home by phone calls or video calls to prevent loneliness, anxiety and depression.

3. IMMUNITY BOOSTING STRATEGY

Proper nutrition with adequate fruits rich in Vitamin C, vegetables and in cooking inclusion of turmeric, cumin, ginger, garlic, onion etc .and life-style activities like yoga or exercise, pranayama and meditation.

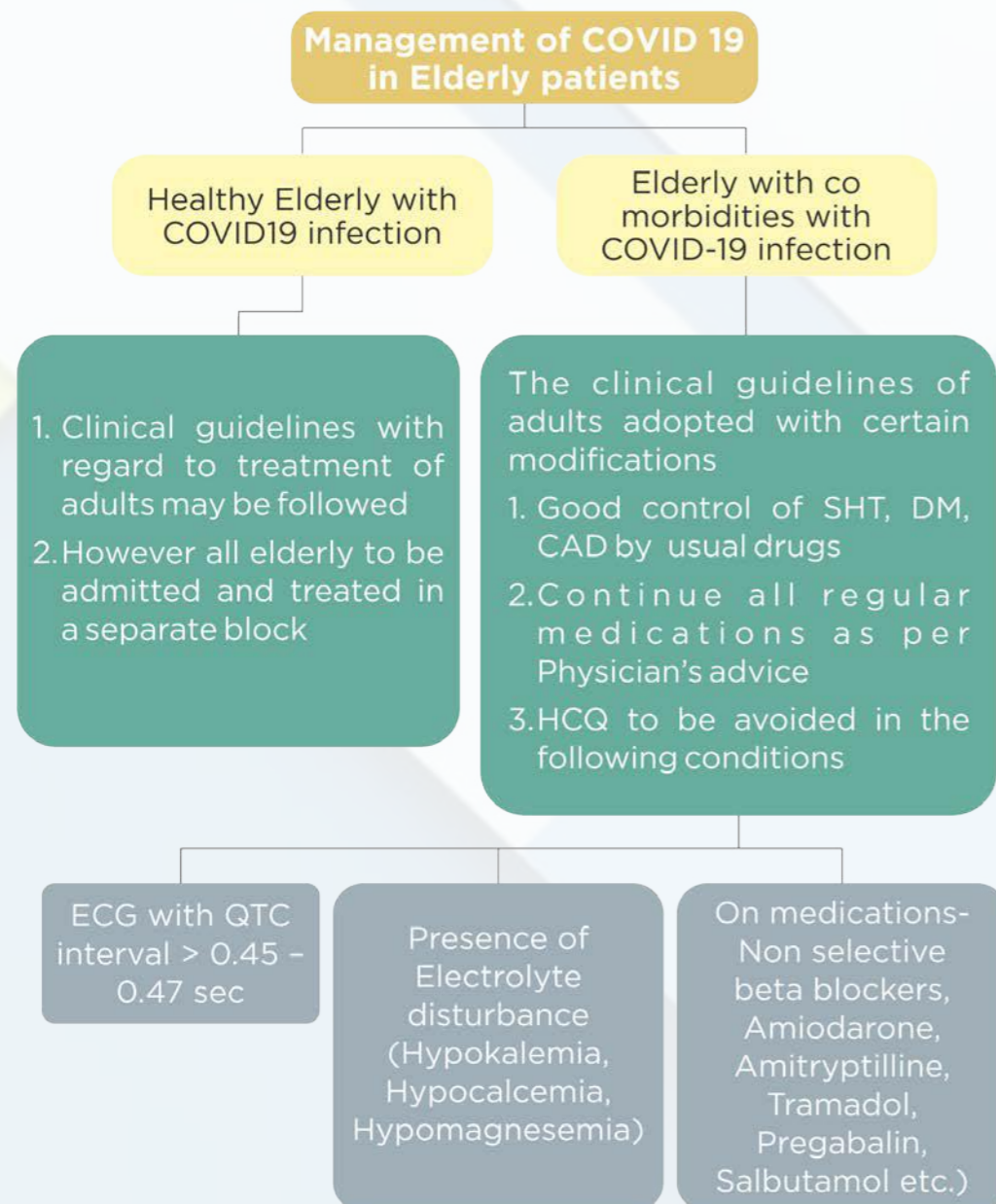


4. ORGANISING HEALTHCARE SERVICES

- To ensure continued access to health services and reduce the risk of exposure.
- If the older patients are unable to reach the hospital/Health care facility:
- Mobile Medical care team of Block PHCs may be utilized for care at the doorstep and distribute medicines.
- For bedridden elderly, home based physiotherapy by Physiotherapist and home-based palliative and geriatric care services by Staff Nurse can be given.
- The volunteering NGOs may be deployed for follow-up at home & for delivery of medicines (Help Age India, RYA etc.)
- Distribution of Vitamin C, Zinc Sulphate, Calcium and Vitamin D tablets to all older persons through VHN/Hospital worker/ Corporation/ NGOs/ SHGs etc. as relevant.
- The Staff under DPH & PM and Corporations to be utilized for surveillance of minor ailments and appropriate referral.
- They can also distribute the regular medicines and inform the Medical Officer if the patients need medical consultation.
- For any clarification regarding patient care, they can coordinate with the Geriatric Unit at Medical College Hospital/ District Head Quarter Hospital through Tele Conferencing, Telegram app, e-sanjeevaniopd.in website or WhatsApp.
- Develop IEC materials with regard to Nutrition - Dietary Advice, Exercise & Physiotherapy, Yoga and Meditation.

5. CLINICAL MANAGEMENT OF COVID-19 IN ELDERLY

- In case COVID-19 symptoms develop in elderly they have to be admitted in the hospital and kept in a separate block/floor for management.



6. GENERAL INSTRUCTIONS FOR MANAGEMENT OF NON-COVID ELDERLY IN HEALTHCARE FACILITIES

- To minimize the hospital visits of Elderly, the following methods can be followed:
- Dispensing drugs for 2 months to reduce the number of hospital visits.
- Proxy consultation with authorization.
- Receive the medicines from the nearest Government Hospital showing the old records.
- Block PHC Medical Officer to coordinate with Government Hospitals for patient care through Tele call/WhatsApp.
- If a sick elderly requires tertiary care like ICU care, emergency surgery, specialized procedures etc. appropriate referral should be done.
- The District Medical officers & Nurses trained in Geriatric Care will provide the medical care (OP & IP if required) for the elderly in their district.
- A team of Health Care Workers should provide care exclusively for the elderly.

7. DATABASE FOR ELDERLY

- A State Registry has to be created to segregate elderly patients district wise to ensure care within the district.
- The scope for creation of State Registry can be explored with Government sources and Private sources with the help of Professional Associations.

8. CONCLUSION

- The Elderly are vulnerable population and are at higher risk of contracting the COVID-19 infection.
- Prevention is better than cure as they have altered immune response to infections.
- Reverse Quarantine is a suitable strategy for elderly.
- Improving the immunity and maintaining good health by proper nutrition, exercise & meditation is recommended.
- If infected with COVID-19, treatment to be provided at COVID hospitals in a separate block/floor.
- Management of Non-COVID older patients should continue without any interruption to avoid complications due to the preexisting co-morbidities in them.





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