



## The Korean Geriatrics Society COVID-19 Strategy for Older Adults

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As of May 16, 2020, the World Health Organization (WHO) reported a total of 4,434,653 confirmed cases of coronavirus disease 2019 (COVID-19) worldwide, including 302,169 COVID-19-related deaths.<sup>1)</sup> Since the first case of COVID-19 was reported on January 20, 2020, Korea has extensively tested all contacts, with an emphasis on identifying individuals with respiratory illness, tracing, and testing for severe respiratory syndrome coronavirus 2 (SARS-CoV-2) that causes COVID-19.<sup>2)</sup> Older adults are vulnerable to COVID-19; moreover, residents of long-term care facilities (LTCHs) are extremely frail, which is associated with high mortality.<sup>3-6)</sup> One of the goals of establishing the Korean Geriatrics Society (KGS) is to make “Recommendations on healthcare for the aged to organizations and institutions.”<sup>7)</sup> Accordingly, the authors representing the KGS composed a COVID-19 preventive strategy for older adults and posted it to the KGS website on March 13, 2020 (Table 1).<sup>8)</sup> The strategies employed the following principles: (1) two separate guidelines for older adults residing in community and LTCHs, respectively, reflecting the unique differences in their health conditions and environments; (2) strategies for LTCH health workers because their roles are crucial in LTCH infection control; (3) written in an easily comprehensible manner so that it can be clearly followed; (4) to follow general recommendations from international organizations such as the WHO and the Centers for Disease Control and Prevention (CDC), with modifications according to domestic policies as stipulated by the Korean Centers for Disease Control and Prevention (KCDC); and (5) to encourage indoor activities to prevent frailty, depression, and enhance resilience.<sup>9-11)</sup>

Our guidelines have some unique features. First, we included

strategies for long-term care hospitals (LTCHs) among those for LTCHs. LTCHs are a wide-spread unique form of hospitals for frail and activities of daily living (ADL)-dependent older people in Korea; however, we assumed that the strategies for LTCHs are similar to those for LTCHs (nursing homes).<sup>12,13)</sup> Second, we emphasized the importance of wearing facemasks regularly even in encounters with older adults or healthcare workers without respiratory symptoms, as 5% to 75% of positive cases are reportedly asymptomatic SARS-CoV-2 carriers.<sup>14)</sup> Third, we divided the LTCH strategies into three parts; namely, blocking spread INTO, WITHIN, and BETWEEN facilities. In addition, the Korean Ministry of Health and Welfare issued a temporary regulation that permits telephone-based consultation and prescription and covers half of the expenses for COVID-19 testing for all new inpatients of LTCHs.<sup>11)</sup>

On May 2, 2020, the KCDC announced zero positive cases from randomly-screened samples from among 6,544 residents and care assistants of 46 LTCHs in the Seoul area.<sup>15)</sup> However, new outbreaks have occurred since then and even tertiary transmission of COVID-19 has been reported in communities;<sup>16)</sup> therefore, we believe our recommendations should be strictly followed until these conditions resolve, with revision of these guidelines as needed.

### ACKNOWLEDGMENTS

### CONFLICT OF INTEREST

The author claims no conflicts of interest.

**Table 1.** Preventive strategies for coronavirus disease (COVID-19) infection in older adultsFor community-dwelling older adults

- A. Wash your hands frequently. Rub your hands with soap and water for 20 seconds or more, especially after nose-blowing, coughing, and visiting public places.
- B. Hand sanitizers containing 60% alcohol can be used instead of soap and water.
- C. Try to avoid touching your face, nose, and eyes with your bare hands.
- D. Stay at home and avoid visiting crowded or enclosed spaces.
- E. When going out, wear facemasks for the safety of yourselves and others.
- F. Keep yourselves healthy with indoor exercise, regular eating, and sun exposure.
- G. When prescribed medicines whose stocks are low, ask healthy family for prescription.

For residents and health-care workers in long-term care facilities

## A. Blocking spread INTO facilities

## 1. Managing visitors

- Regulation of interviewers: communication with residents via video-telephoning is recommended
  - Minimizing work experience of trainees and strict education regarding infection control
  - Minimizing volunteer activities
2. Post signs at the entrances requesting that visitors not enter if they have one of the respiratory symptoms or signs: fever 37.5°C or more, coughing, or dyspnea.
  3. Educate healthcare workers to stay at home if they have respiratory symptoms.
  4. Educate healthcare workers to abstain from joining external meetings and dining together and to wear facemasks if they should meet people.
  5. Check all incoming inpatients for respiratory symptoms. Refer to local public healthcare centers for COVID-19 tests if they have any of them.

## B. Blocking spread WITHIN facilities

1. Check all residents and healthcare workers for fever or respiratory symptoms.
2. All healthcare workers should wear facemasks and wash hands before and after contacting residents. Especially, care assistants should wash their hands and discard gloves every time they change residents in their care.
3. Make clear to residents and workers the actions required to protect against COVID-19 infection.
4. Suspected COVID-19 patients should be reported to public healthcare centers, isolated from others, and tested for infection.

## C. Blocking spread BETWEEN facilities

1. Minimize transfers to other facilities unless the residents have respiratory symptoms or emergency state.
2. Phone calls should precede transfer other facilities if the residents have respiratory symptoms.

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