

# COVID FACT SHEET No. 1

## Nursing care for Covid 19

### REMINDERS

#### The COVID-19 Coronavirus

- A viral illness, sometimes benign (no symptoms or a simple cold), it may cause shortness of breath that may become so serious as to need hospitalisation in intensive care and even lead to death
- Virus and not a bacterium: cannot be treated with antibiotics. Currently no vaccine.  
One concern: protecting oneself and one's entourage

#### Infection by the Coronavirus

Transmission from one individual to another via respiratory tracts (droplets produced by coughing or sneezing), which therefore involves:

- Compliance with preventive measures
- Respect of distances between individuals
- Cleaning of objects and surfaces that may be infected
- Wearing of a mask (when available)

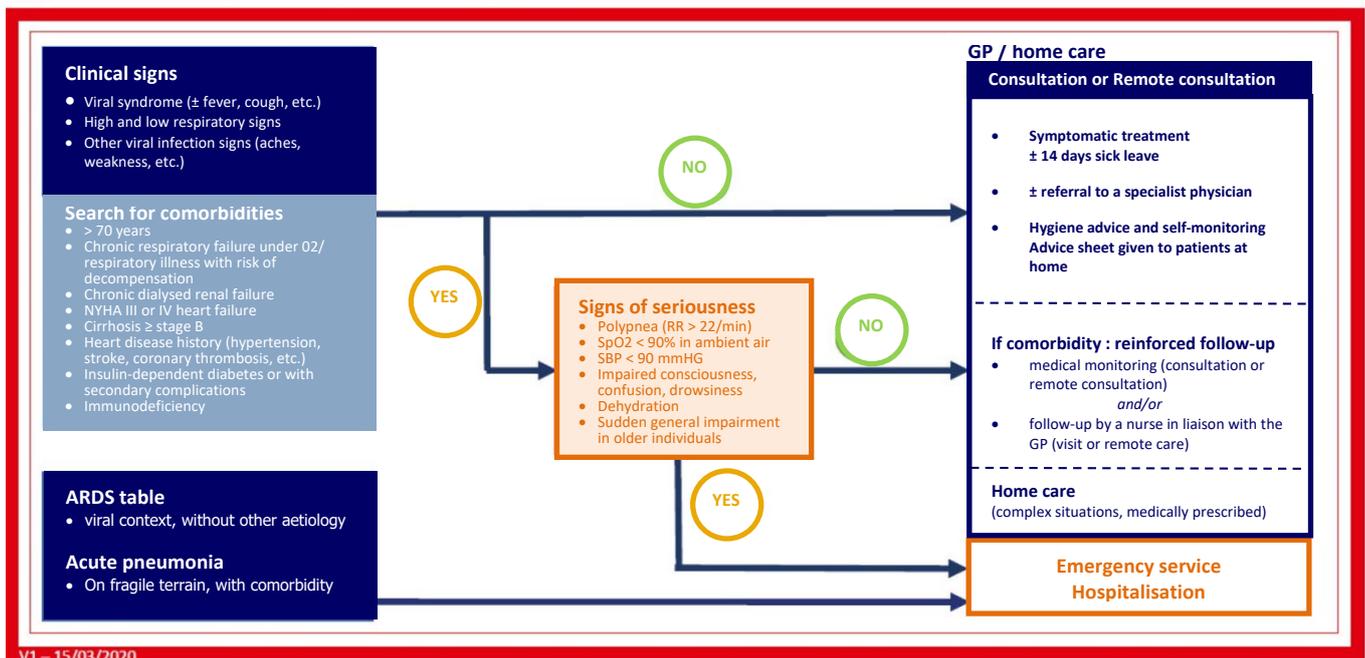
#### Non-hospital care provided to a possible Covid 19+ patient

The table below summarises what action to take. Generally, there are 3 possibilities, depending on the comorbidities (risk factors) and serious symptoms (they are described in the "Monitoring by a nurse" paragraph):

• No comorbidities or serious symptoms:	<i>Treatment of symptoms (fever, aches, etc.) most often with paracetamol. Do not give aspirin or anti-inflammatory drugs (Ibuprofene, etc.) and hygiene advice and self-monitoring</i>
• Presence of comorbidities but no serious symptoms:	<i>Monitoring by a nurse (+/- medical)</i>
• Serious symptoms:	<i>Call the country's emergency service, hospitalisation</i>

### GP care provided to a possible Covid 19+ patient

Coronavirus (COVID-19)



## SELF-MONITORING

### Health monitoring

- Monitoring of the body's temperature twice a day
- If the general condition worsens : call the GP  
or if they cannot be contacted, the emergency ambulance (SAMU-Centre 15 in France)

### Isolation

- Isolation must be carried out in a dedicated, well-ventilated room. It aims to minimise contacts between people and limit the infection of surfaces in the home.
- This room must be aired three times a day like the rest of the living accommodation...
- If several toilets are available, one must be set aside for the patient only. If the toilet is shared, strict hygiene must be respected (cleaning with bleach or disinfectant wipes).
- Respect a social distance of two metres with no direct contact.
- Avoid any contact with fragile persons (pregnant women, chronically-ill people, the elderly, etc.).

### Hand washing

The hands must be kept clean by carefully hand rubbing with a hydroalcoholic gel (especially before touching the face) and by washing with soap, four to six times per 24 hours.

### Contact surfaces

Some surfaces may be a source of infection and must be regularly disinfected (smartphone, door handles, etc.).

### Advice for cleaning clothes and bed linen

- As far as possible, the patient should carry out these actions themselves.
- Do not shake sheets and linen.
- Take sheets and laundry straight to the washing machine without putting them down in an intermediate place in the home. Wash the bed linen of a confirmed patient in a washing machine using a programme that washes at 60 degrees for at least 30 minutes.

### Cleaning of floors

Comply with the following instructions for biocleaning floors and surfaces :

- Do not clean floors using a vacuum cleaner as it creates aerosols
- Clean floors and surfaces with a SU<sup>1</sup> detergent-soaked wash cloth
- Then rinse with tap water with another SU wash cloth
- Then leave to dry
- Then disinfect the floors and surfaces with bleach diluted to a concentration of 0.5 % active chlorine (1 litre of 5 % household bleach + 9 litres of water)

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<sup>1</sup> SU: single use

## MONITORING BY A NURSE

### Monitoring parameters

The monitoring parameters to take into account for a patient showing non-serious symptoms requiring rest and monitoring of a few clinical criteria at home by a qualified nurse, in addition to the medical follow-up are :

• Fever :	<i>Measurement of the temperature by the patient Ask about symptoms of fever (shivering, feeling of fever)</i>
• Breathing assessment (See fact sheet: care of shortage of breath) :	<i>Respiratory frequency Pulse oximetry (SpO<sub>2</sub>) Cough</i>
• Heart function assessment :	<i>Blood pressure Pulse Marbling, cyanosis</i>
• General condition :	<i>Signs of dehydration (skin fold, dry tongue, feeling of thirst) State of consciousness (drowsiness, confusion)</i>

The goal of this monitoring is to detect serious symptoms in the patient, possibly requiring immediately contacting the emergency services so that the person can be hospitalised.

Note : pulse oximetry is a simple device, not expensive and very useful for monitoring patients suffering from shortage of breath or heart failure

### Serious symptoms

The following serious symptoms indicate that hospitalisation is necessary :

- Polypnea (respiratory frequency > 22/min)
- Pulse oximetry (SpO<sub>2</sub>) < 90% in ambient air
- Systolic blood pressure < 90 mmHg
- Impaired consciousness, confusion, drowsiness
- Dehydration
- Sudden worsening of general condition in an elderly person

Particular attention must be given to patients with comorbidities for whom Covid 19 presents serious risks. These comorbidities are set out in the above care diagram.

### Monitoring by a nurse example sheet

Patient's contact details:		Date	Date	Date	Date
Temperature	<i>X °C</i>				
Respiratory frequency	<i>X /min</i>				
SpO <sub>2</sub>	<i>X %</i>				
Cough	<i>Yes/No</i>				
Blood pressure	<i>X/X mmHG</i>				
Pulse	<i>X /min</i>				
Marbling, cyanosis	<i>Yes/No</i>				
Dehydration	<i>Yes/No</i>				
State of consciousness	<i>Description</i>				

### Nurse-physician communications

Three possible situations :

- The patient has serious symptoms: the nurse contacts the emergency services who will decide how the patient's hospitalisation should be organised.
- The patient shows signs of worsening but without serious symptoms; a physician must immediately give an opinion.
- The patient shows no serious symptoms: continuation of monitoring by the nurse.

These situations are outlines. They should be adapted to the particular context of each community.

## USE OF A MASK

There is a disparity between the rules for correctly using masks and their availability. The current recommendations are therefore only a compromise.

### Caregivers

They should wear **FFP2 masks**, the most effective, they protect the person who wears one.

Due to the shortage of them, they are reserved for caregivers carrying out invasive procedures (taking samples for example) on a Covid 19+ patient (or suspected carrier).

For routine care, caregivers or any person in contact with a Covid 19+ patient (or suspected carrier) must wear a **surgical mask**.

### Covid-19+ patients or suspected carriers

They must systematically wear a surgical mask when meeting any other person, even if they respect a safety distance.

### Any person

Should everyone wear a mask (a surgical or fabric one)? The question is debatable even among physicians. Although this mask is not good protection to stop the virus infecting the respiratory tracts, it prevents carriers of the virus from spreading infected droplets around them.

## DIAGNOSIS BY SAMPLING

A positive Covid-19 diagnosis is made by a laboratory analysis of a nose and throat sample. The results are obtained in under 48 hours.

Given the technical constraints (lack of equipment, costs), this diagnosis is reserved, in non-hospital medicine, to the following cases:

- All health professionals or personnel of medical-social and accommodation structures as soon as symptoms associated with COVID-19 appear.
- The persons at risk of serious forms and showing symptoms associated with COVID-19.
- The first three patients as part of the investigation of the source of possible cases within a collective accommodation structure.

Where a sample aimed at confirming the diagnosis is prescribed, the physician must state on the prescription, in addition to the test to carry out, the risk factors and the clinical signs associated with the patient.

## TAKING CARE OF THE BODY IN THE EVENT OF DEATH BY COVID-19

### Protection

Before entering the room, if possible, wear overalls and a plastic apron, a hairnet or cap, a surgical mask and protective goggles, all single use.

### Post-treatment care

According to the Ministerial Order of 01/04/2020 : *“Until 30 April 2020: the deceased, infected or probably infected by covid-19 at the time of their death, are immediately placed in a coffin. **The practice of preparing the body is forbidden for these deceased persons**”.*

The body is wrapped in a hermetically-sealed body bag. Should no body bags be available, the body must be wrapped in a sheet and placed on a stretcher, then covered with a sheet before being transferred to the funeral parlour

The body is placed in a coffin shortly after death.

### Cleaning of the room

The room and personal effects of the deceased person are cleaned according to the recommendations in the “Self-monitoring” paragraph.

## REFERENCES

This fact sheet is mainly based on the instructions of the General Department of Health on dealing with Covid-19 in a non-hospital context, dated 04/04/2020 and available in French on:

[https://solidarites-sante.gouv.fr/IMG/pdf/covid-19\\_fiche\\_medecin\\_v16032020finalise.pdf](https://solidarites-sante.gouv.fr/IMG/pdf/covid-19_fiche_medecin_v16032020finalise.pdf)

Ministerial Order of 01/04/2020 on funeral provisions:

[https://www.legifrance.gouv.fr/affichTexte.do;jsessionid=1D33F097A81EA45CFF576B9B14A3C699.tplgf\\_r29s\\_2?cidTexte=JORFTEXT000041776790&dateTexte=&oldAction=rechJO&categorieLien=id&idJO=JORFCONT000041776639](https://www.legifrance.gouv.fr/affichTexte.do;jsessionid=1D33F097A81EA45CFF576B9B14A3C699.tplgf_r29s_2?cidTexte=JORFTEXT000041776790&dateTexte=&oldAction=rechJO&categorieLien=id&idJO=JORFCONT000041776639)

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