



Caring for a Family Member with Covid-19

*A Guide for Church Education and Support
Becoming the Accompanying Church*



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Becoming the Accompanying Church

The World Health Organization recommends that anyone with a confirmed case of Covid-19 and mild or greater symptoms be cared for in a health facility. Where this is not possible, these patients will be cared for either at home with their families or home alone. This guide is designed to help people who find themselves in such a situation. It is not a replacement for care from a trained health professional and does not suggest or imply that professional care is not necessary.

■ *Get Connected*

We recommend that the church or network become familiar with the recommendations on church, community and health authority partnerships. Home or community care should be undertaken in cooperation with health professionals whenever possible. This cooperation should include the sharing of resources, possible distribution of home resources to churches or other community organizations in order to ease access, and agreement on when and how to communicate, among other issues.

■ *Does the patient have Covid-19?*

If at all possible, a test for Covid-19 should be used to confirm the diagnosis. If no test is available, use the checklist at the end of this guide for a provisional diagnosis.

The health assessment should also consider whether there are underlying conditions. Does the patient have diabetes, heart or lung disease, or other compromising conditions, such as high blood pressure or cancer? Is the patient over 65, especially if in poor condition?

If a person is diagnosed as likely to have COVID-19, then there are two groups needing attention: The patient and those who are healthy but may be exposed to the patient.

■ *Where do we start?*

The following guidance is provided both for the family caregiver and for the church or other organization that may support the family caregiver.

Once you have established that the patient has or likely has Covid-19, your next step should be to assess your options for care. Start by determining if you can connect with professional health services. If admission to a hospital is not possible, explore the following:

- Is there another location where the community is caring for Covid-19 patients apart from a hospital?
- If you must care for the patient at home, is there a clinic or public health facility that can provide assistance?

- Is it possible to designate one family member who will do the care while the rest of the household maintains distance from the patient?
- Is there a community health nurse or other local resource person, perhaps available by phone?
- Do you have a place to house the patient that minimizes risk to other family members?
- Are medications available?
- Are you prepared to manage the frequent cleaning that becomes necessary if a patient has vomiting, diarrhea or is incontinent? All these body fluids are infectious and must be managed safely.
- Dehydration can become a serious problem and require additional special care.

■ **Where should care be provided?**

A Covid-19 patient should be kept apart from other family members. This may require a separate room, or if not possible, creating a separate area by partitioning with plastic, but still allowing ventilation to the outside. It is important to maintain as much distance from the patient as possible (1,5-2m / 6 feet). Anyone coming within a meter of the patient would be considered as having made contact.

■ **What does a care giver do?**

A care giver should be familiar with the guidelines for sanitation described in the companion WHO guide Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts. All members of the household and any volunteers providing support should be prepared to follow these guidelines.

One member of the household, who is in good health with no underlying chronic medical conditions, should take on the role of caregiver – no one else should visit the patient until they are symptom-free.

Caregivers should wash their hands after every contact with the patient, as well as before and after preparing food, before eating, after using the toilet, and whenever hands look dirty.

After washing hands with soap and water it is preferable to use disposable paper towels to dry them. If these are not available, use clean cloth towels and replace them frequently. The WHO says both the ill person and the caregiver should wear medical masks.

The sick person should use separate cups, dishes, utensils, towels and bed linen from the rest of the household. And all these items should be washed separately using soap and water.

Clothing, linens and other potentially infected material (e.g. face masks) from the patient should be contained in a separate container with a lid until washed. When washing, use the highest temperature allowed for the type of material.

■ **What if I live alone?**

Anyone living alone in the time of Covid-19 should give some thought to their social network. Being alone is stressful. Create a network of contacts, perhaps others living alone, and make plans to keep in contact. Discuss what you may do if one of you becomes ill.

Let the local house of worship know you are in the area and live alone. Establish a check system with the church or a friend where you are contacted at regular intervals, such as morning and evening. Agree on action to be taken if you fail to respond to the contact, such as a volunteer or public health official who will go to your home.

Being alone is a special challenge. The isolation can become difficult as time goes on, especially when you are ill.

1. If possible, contact your local health authorities and let them know about your illness. If you have family members not living with you, contact them and let them know what is happening. If they are available to assist, provide them with a copy of this guide.
2. Activate the social network you created before you were ill. If that is not possible, contact neighbors and/or your local house of worship. People will want to help, but you must let them know help is needed.
3. Make arrangements for regular food supplies, clean water, and medication (if possible and as required).
4. Monitor your symptoms, especially your breathing. If your cough, or especially your breathing, becomes worse, contact health authorities immediately. If health authorities are not available, use your social network to advocate on your behalf and find resources, including medications. Avoid traveling to find resources yourself.

■ **Can our church help? Become the Accompanying Church**

The church is encouraged consider service to those who care for Covid-19 patients as well as Covid-19 patients themselves who lack a caregiver. This can range from specific support to a family caring for an infected family member and/or serving as a community resource hub. This includes involving other partners such as local health authorities, local volunteer organizations and interfaith networks.

Serving as a community hub can include:

- Providing education regarding the disease, how it is contracted, the sanitation necessary, and the use of protective equipment, such as face masks (see accompanying guide).
- Creating a stockpile of non-prescription medications and other supplies needed to provide family care. These should take into consideration the care of patients who are dehydrated from vomiting and diarrhea, protective equipment, and cleaning supplies.

- A community hub, if large enough, can act as a “green zone” where family members who are not infected can stay so they are not exposed to a family member with covid-19.
- The hub may also serve as a conduit to health authorities, informing them of outbreaks and communicating the status of infected people.
- Other resources and support may be defined in partnership with local health authorities

In considering this mission, you may consider the following:

- Anyone caring for a Covid-19 patient should have personal protective equipment. The church should assess whether it is able to acquire such equipment, including medical (N95) masks and not homemade masks.
- Anyone caring for a Covid-19 patient can potentially put themselves and others at risk. Any volunteers should be educated about the risks and whether they may be putting their own families at risk. They should also be fully informed on sanitary procedures and willing and able to comply.
- Volunteers in contact with a Covid-19 patient should limit other contacts for 14 days afterwards.
- Does the church have, or can it acquire, a link with health professionals who will advise on patient care? This may be a benefit of establishing a partnership with health authorities who may be willing to work with the church as an extender of health services.
If a connection or partnership with health authorities is possible, the health authorities may wish to be kept informed of all Covid-19 contacts.

The church may consider a monitoring and support role that includes at least the following:

- Are members of the household able to comply with sanitary guidelines?
- Do they have the supplies they need, including clean water, sanitary supplies, PPE supplies, and food?
- Are family members able to manage the stress of managing the patient? How are relationships among family members impacted?

A Church Hub May Also Consider

- Research what support is available in each community and make known to all
- Economic support, such as supporting livelihoods
- Information access, such as updated information on the disease or government policy changes
- Food security, such as distributing food or financial support to purchase food or medicine
- Practical help with issues arising (bereavement, water, waste etc)

Emotional and Spiritual Care

As the disease progresses, emotional and spiritual care become increasingly important. Caring for an infected family member is stressful and also isolating if other family members distance themselves to avoid infection. The church and family together should create a support system where the caregiver is in regular contact, provided with respite if possible, and monitored for infection or exhaustion. This becomes even more important if the patient becomes terminal.

Other Ways a Church May Help

- Information platform
- Research support available for the community, such as other organizations providing relief or services
- Map community needs, including mapping the locations of vulnerable or neglected people
- Invite those who can help to connect and those that need help to make themselves known
- Coordinate
- Advocate on behalf of community for support from services
- Access supplies needed to care for C19 (PPE) people
- Prepare supportive reflections, answer FAQs, deal with myths promptly, deal with stigma promptly,
- Plan ways to address community fears and concerns, bereavement needs
- Crisis can be a starting point for building community health when you consider putting structures and roles in place that will continue beyond the current crisis.

■ Checklist

According to WHO, mild Covid-19 symptoms may include: uncomplicated upper respiratory tract viral infection symptoms such as fever, fatigue, cough (with or without sputum production), anorexia, malaise, muscle pain, sore throat, dyspnea, nasal congestion, or headache. Rarely, patients may also present with diarrhea, nausea, and vomiting.

It is important to remember that many of these symptoms occur with other types of illnesses. Any diagnosis based on this checklist of symptoms is only provisional until a Covid-19 test is available.

■ References

For caring for a covid patient with mild symptoms

[https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

For care of people in impoverished communities, Global Community Health Evangelism

<https://www.chenetwork.org/>

Notes

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