

Keeping Safe at Home in the COVID19 Era: Shared Practices by and for Health Care Providers

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As pediatric providers, we do everything possible to protect and care for our pediatric patients and their families. What steps can we take in order to take care of OUR personal health and OUR families? The following is a compilation of advice from pediatric and adult providers who are on the front line in caring for patients who may have COVID19. Many of these points are emphasized in the AAFP guidance.¹

1. **Give as much or more thought to your COVID19 safety steps at home as at work.** You can protect yourself when seeing patients; you cannot protect yourself from your own children or household members. **Even in China² and in early experience in Seattle,^{3,4} the most common route of infection for health workers was from exposure at home.** *Investigations among HCW [health care workers] suggest that many may have been infected within the household rather than in a health care setting.²*
2. **Talk with your spouse/partner and kids about how you are committed to keeping your home safe and get their ideas too.** Many and probably all spouses are worried about the risks to health care providers. This stress is reduced by transparent communication, trust, empathy, understanding that (to date) the biggest risk for providers is related to addressable family safety measures (rather than work safety), and focusing on practical steps the provider is taking to keep her family safe.⁵⁻⁷ Understanding the steps you take to stay safe makes everyone feel better about the important work you are doing in a time of crisis.
3. **Goal is to keep the spaces in which you live (your car(s) and home) free from infection risk.** This means vigilance when entering your car or home. Having a little bottle of gel or even homemade soapy washcloths with you and easy to reach is key for car safety. Gel before entering (if possible) or as soon as you are in the car. Use a wipe or soapy washcloth to wipe down steering wheel, gear shift, radio and climate buttons, turn signals, light buttons, door handle and arm rests. When coming into the house, remove shoes and head straight for the sink to wash hands. As COVID19 is killed by soap and water, your dishwasher and washing machine are your friend.

Ideas from colleagues

- a. Leave shoes outside or in a quarantine area when you come in. Our outside shoes are on a washable towel just inside the door as we don't have a dry porch. Bonus – the house is cleaner with less mopping, now that you are probably doing more cleaning yourself.
- b. Leave a pair of “clinic/hospital shoes” in a box in the car and change to a driving/home pair before getting in the car.
- c. Reminder your kids about handwashing coming and going; and particularly THANK them when they wash their hands on their own without being asked.

- d. Ritual handwashing before and after dinner (washing up the dishes after you have cooked is a great way to wash your own hands!)
 - e. Have kids handle and put their own dirty dishes in the dishwasher. Reduces touch between people (and makes them welcome houseguests forever more).
 - f. Avoid contamination in personal attire. Consider removing bracelets, rings before going to work. Ensure that hair is tied back and out of your face. Ensure that glasses are well fitting and not likely to slip off. Ensure pants/scrubs don't touch the floor (or tuck into socks).
 - g. Wear attire which is fully and easily washable; consider bringing a second set of clothing with you to change. If it is possible to change into clean clothes before entering your car, do so. For those who are accustomed to wearing the white lab coat, time to hang it up for a while. One doc writes that he packs a "clean kit" for hospitalist work (clean scrubs or clothes, socks and a pillowcase and three hand towels). Before coming home, he goes into a bathroom, changes clothes while standing on the first "dirty towel" and puts them into the pillowcase, washes hands, face, etc. (shower if it is an option). Then stands on the second "clean towel" while getting into clean clothes. Third towel is to dry hands, face, etc. Use clean towel to put everything into the pillowcase. Empty into the laundry machine when home and toss in the pillowcase too.
 - h. Some providers enter through a connected garage, remove work clothes, and head straight for the shower.
4. **Ensure that handwashing is incorporated into every routine (mealtimes, bathroom (of course), playtime, and especially at key entry/exit points into your home and cars.** The spread of COVID19 coronavirus has been predominantly through droplet spread – this means spread from touching surfaces which have droplets on them. *COVID-19 is transmitted via droplets and fomites **during close unprotected contact between an infector and infectee.** Airborne spread has not been reported for COVID-19 and it is not believed to be a major driver of transmission based on available evidence; however, it can be envisaged if certain aerosol-generating procedures are conducted in health care facilities.²*

Ideas from colleagues

- a. Use a removable sticker to put a sign on your doors "Wash hands – Keep us all safe."
- b. Reminder your kids coming and going; and particularly THANK them when they wash their hands on their own without being asked.
- c. Ritual before and after dinner (washing up the dishes after you have cooked is a great way to wash your own hands!)
- d. Have kids handle and put their own dirty dishes in the dishwasher. Reduces touch between people (and makes them welcome houseguests forever more).

3. **Have adults handle activities with higher risk of transmission and limit as much as possible.** These higher risk activities include grocery shopping, pumping gas, etc. Adults are more mindful of “shared touch” and “shared space” activities and can either protect themselves (e.g. keeping 6 feet of distance from others when picking up a prescription, not taking proffered receipts, outstretched hands) or perform appropriate hand hygiene immediately after an activity (after having to use touch screen at gas station, grocery store, etc.).

Ideas from colleagues

- a. Mitigate risk: reduce shopping trips by having a list to which everyone can contribute to minimize trips; explore grocery delivery options; plan ahead for meals and freeze extra food for quick lunches or dinners
 - b. Bring 1 oz hand sanitizer bottle in pocket or purse to gel when running essential errands.
 - c. Use a discardable barrier for shared touch surfaces or refuse. Many gas stations have a “pumping glove” to use, or use a paper towel. Gel afterwards. And WHY do we have to ‘sign’ our name for credit card? NO ONE looks at this anymore. Bring your own pen and use that.
 - d. Consider a “dirty hand, clean hand” model. Can use non-dominant hand for “dirty hand” activities like typing in my zipcode at the gas station, and use outside surfaces (knuckles, elbows, sparing fingertips) for tasks like pushing elevator buttons. Keep “dirty hand” fist closed until your clean hand has opened the car door and gotten out the bottle of hand gel or wipe.
 - e. No wipes? No gel? Can make your own wipes with washcloths in water with a little soap, put into “clean” ziplock bag, and then discarded in “dirty” ziplock bag for washing. There are homemade hand gel recipes on line – [critical that they have over 60% isopropyl alcohol for killing virus](#). (Hope your attempt turns out better than mine – ended up with a gelatinous clot of denatured aloe protein floating in rubbing alcohol).
 - f. Have kids handle and put their own dirty dishes in the dishwasher. Reduces touch between people (and makes them welcome houseguests forever more).
4. **Practice and enforce physical distancing...[this is hard, even for physicians. And especially for physicians with grumpy stressed out kids or teens].** Perform a mental exercise. Imagine everyone with whom you have had a face-to-face conversation in the past two weeks. And now imagine the same for your partner. Your college student coming back home. Your teen and her friends and significant other. And now imaging all of THOSE friends and all the folks THEY have had contact with. In short, your risk and exposure is related to the riskiest encounter in that entire social network. This may be 100s of people. The whole goal of social distancing is to drastically reduce those contacts. And **physical distancing and travel restrictions work.**^{8,9} **They have been shown to reduce the transmission of infectious viruses, even here at home in Seattle-**

based studies.⁴ Early intervention in Washington State has saved lives thus far by “bending the curve.”¹⁰

Ideas from colleagues

- a. **It’s the law.** We have been instructed to follow social distancing; this can be enforced, because it is critically important.
- b. **Set a personal example.** Social distancing is hard. If you don’t do it, your family won’t. Incorporate this into work meetings (remote meetings), rounding structure, seating arrangements.
- c. **Family meeting to review commitment to social distancing.** Stress that this is a time that each of us is being asked for some sacrifice, and acknowledge/validate that it is hard to be physically apart from friends, significant others, and even folks you don’t even know. Discuss virtual ways to stay in touch with friends and family for now. Emphasize that this commitment will have an endpoint.
- d. **Plan activities.** This can include family dinner, game night, card games, reading a story to little nephews and nieces using facetime, spa day, dinner preparation, walks – anything you can think of. Share these ideas with others...we need your creativity!
- e. **Be understanding.** Social distancing is just plain hard. For you and for your family.
- f. **Talk with the parents of your kids’ friends.** Work to get everyone on board. If kids realize that both sets of parents are going to stick to the official recommendations, there isn’t room to play the “so and so’s parents are so much more understanding...” card. Be explicit about your agreement. If your kids **MUST** be in someone else’s care (e.g. *childcare*), agree you will check on any symptoms of illness every day.

5. Practice self-care for your physical and mental wellbeing; encourage the same for your family.

Ideas from colleagues

- a. **Eat well. Feed your family. Encourage them to cook and participate too.** My spouse is sharing recipes with his sisters and cooking up a delightful series of meals. I’m turning to the NYT which has great recipes for “pantry” item foods.
- b. **Getting in a walk in the morning or after dinner is a proven benefit for mental and physical health.** Focus on non-clinical conversation.
- c. **There are a number of websites for mental health support** available through work networks and private groups for mindfulness, yoga, and stress-reducing techniques. They work! Try www.covidcalm.com
- d. **Throw a few seeds into the ground.** Most everything grows in Seattle. This is a great time to throw some seeds in the ground for lettuce, kale, peas, parsley Even the white parts of green onions which will continue to grow back if you tuck them into one of those pots on your porch that you keep forgetting to put flowers into...

- e. **Use an online meeting platform to stay in touch with friends or family.** “Have dinner” with friends, share the recipe and enjoy together. Watch a movie together (try google ...). Read a bedtime story to nieces and nephews online. Play a massive game of “heads up” while talking (on the computer), and logging in (your phone).
6. **We are in this together.** At some point in the future, in the changed world we will move into, we will take some comfort in having done what we could to care for others and those around us. Well done.

References

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