

Touch of Tender Loving Care: Prevention of communicable diseases in palliative patients at home setting



The College of Palliative Medicine of Sri Lanka

2024

**Touch of tender loving care:
Prevention of communicable diseases
in palliative patients at home setting**

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Author

Dr. Ishara Premathilake

M.B,B.S (Colombo), PGCertMedEd, PgDipMedMicro, DipRCPath,
MD (Medical Virology), FRCPath (Virology, UK)

Editorial Panel

Professor Samadhi Rajapaksa

Dr Sumudu Suranadee

Dr Panduke Premathilake

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Message from the Secretary, Ministry of Health

Palliative care aims at improving the quality of life of patients with a life-limiting illness, their family members and caretakers. With the increase of the greying population and the ever-increasing non-communicable diseases including heart diseases, diabetes and cancer, the number of individuals who require palliative care is increasing, and the demand is amassed.

The Sri Lankan health system has taken several initiatives to improve the palliative care service provision in the country. However, much improvement is needed in several aspects, including increasing awareness among the population including healthcare staff and implementing relevant changes in the healthcare service provision. Also, palliative care services must be provided at the primary care level and within the community.

Currently, there are eight hospices within the country providing palliative care services for the needy, free of charge. Considering the increasing demand for palliative care, it is important that the Ministry of Health work in collaboration with the private sector and non-governmental organizations, for the enhancement of palliative care service provision.

The College of Palliative Medicine of Sri Lanka (CPMSL), being the apex professional body that works towards enhancing the palliative care services within the country, has taken the initiative to bring the hospices together in establishing the “Hospice Sri Lanka Alliance” and will continue to improve the quality of service provision by providing technical support. I congratulate the CPMSL for this excellent achievement.

Since its inception in 2021, the CPMSL has conducted several activities across the country to enhance the quality of palliative care service provision and also has published several publications to improve awareness among the healthcare staff as well as the general public. This booklet also is one such important publication. I express my gratitude to the author and the CPMSL for this excellent publication.

I wish the CPMSL all the best in its future endeavours and wish that the College will work in collaboration with the Ministry of Health to improve the palliative care services in Sri Lanka, as an important stakeholder.

Dr. P.G. Mahipala

Secretary

Ministry of Health

Forward

The College of Palliative Medicine of Sri Lanka (CPMSL) is the apex professional body in Sri Lanka which works towards establishing and enhancing palliative care services within the country. Since its inception in 2021, CPMSL conducted several activities across the country and accomplished several significant achievements as well as publishing an international journal (International Journal of Palliative Medicine, Sri Lanka).

The CPMSL is the only professional body in which the Council and the membership consists of representatives from different medical disciplines, showcasing the importance of multidisciplinary teamwork for the provision and enhancement of palliative care services. Further, the College collaborates with several health and non-health stakeholders as well as other professional colleges, in its activities.

The CPMSL members have written 6 booklets for community palliative care with objectives of improving the management of community palliative care. This booklet is targeting for Prevention of communicable diseases in palliative patients at home setting. The CPMSL thanks the author, Dr. Ishara Premathilaka for writing this booklet. It has been written in very simple way with essential content. The CPMSL think this will benefit for the enhancement of community palliative care.

The CPMSL is grateful to Ministry of Health for the strong partnership and appreciate Health System Enhancement Project - ADB fund.

The President and the Council

College of Palliative Medicine of Sri Lanka 2023/2024

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Introduction

We all get communicable diseases like colds, flu and diarrhoea time to time. Most of us who are otherwise healthy, can recover from these infections without any complications.

Sadly, that is not the case for most of the palliative patients who already have a weakened immune system and other multiple comorbidities.

As communicable diseases are not uncommon in any household and even in yourself as a caregiver, it is important to know how you can reduce the risk of your patient getting infected.

In this booklet, we discuss how you can minimize the chances of your patient acquiring a communicable disease.

1. What are communicable diseases?

Communicable diseases are infections that spread between people. Sometimes people also can get infections when they come in contact with infected animals- but this is less common.

Common infections transmitted from person to person include respiratory infections, infectious diarrhoea, eye infections and rash illnesses such as chickenpox and measles.

1.1 What causes communicable diseases?

Microorganisms which could not be seen by the naked eye, are the cause for infectious diseases. These are also collectively called as 'pathogens' or 'germs'.

There are different types of microorganisms. Viruses are responsible for a majority of commonly seen communicable diseases. Bacteria are also another important cause. Fungi and parasites are also known to cause infections.

e.g

- Common cold is caused by a variety of respiratory viruses
- Influenza caused by influenza A and B viruses
- COVID-19 caused by SARS-CoV-2 virus
- Chickenpox caused by varicella zoster virus
- Pneumonia caused by *Sterptococcus pneumoniae* bacterium
- Ring worm infection caused by different types of fungi
- Dysentery caused by *Entamoeba histolytica* (amoebiasis)

1.2 How is it transmitted?

Microorganisms are everywhere!

There are several ways how a 'germ' may get transmitted/spread from an infected person to another person.

This mainly depends on which system the 'germ' has infected in the infected person.

Two main routes that are important in spreading common infections are elaborated below.

A. Respiratory route

Respiratory infections including common cold, influenza and COVID-19, chickenpox and measles spread via this route.

❖ How does it spread?

- Inhalation of infective respiratory droplets generated through sneezing/ coughing.
- Touching nose/eyes after touching surfaces/body parts contaminated with infectious respiratory secretions e.g. touching a used handkerchief, touching hands/face of the infected person.
- In case of chickenpox and measles, being in the same enclosed room for more than 15 minutes could transmit the infection to the other person.

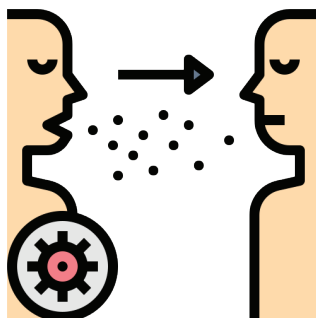


Figure 1: human to human transmission of infections through respiratory droplets

B. Faeco-oral route

Most infective diarrhoea spread by this route.

❖ How does it spread?

- By ingestion of food and water contaminated with infective faeces
- Direct ingestion through contaminated hands
- Contamination of food by flies

If the patient with diarrhoea does not clean their hands properly, tiny pieces of faeces carried on their hands may be passed on to food or drinks consumed by other persons or directly to the other persons through close contact.

Sometimes microorganisms that infect animals also can cause infective diarrhoea in humans. These are transmitted to humans by consuming raw/ undercooked eggs, inadequately cooked meat or fish and fresh vegetables/ fruits contaminated with raw fish or chicken.

Figure 2 elaborates different modes of acquiring an infection through faeco-oral transmission route

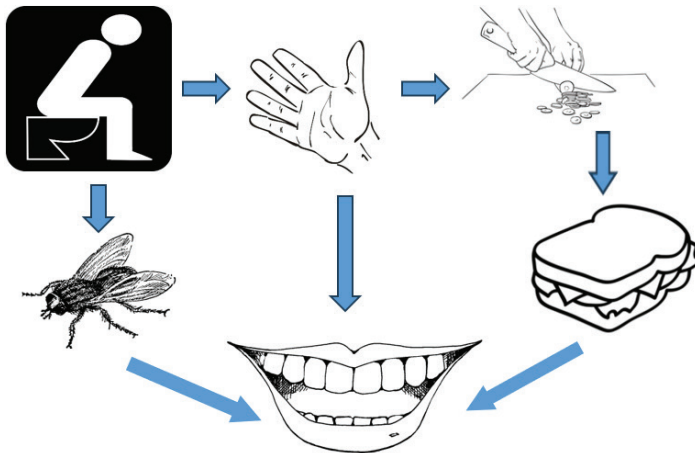


Figure 2 : Faeco-oral transmission

2. Importance of preventing communicable diseases in palliative patients

- Palliative patients are already suffering from a disease process. Their immune system is weakened and they cannot fight the infections in the way that healthy people could do.
- Some of their organs e.g. liver, kidney, may not function normally as a result of the primary disease process.
- They may be bed-ridden with minimum mobility which makes them more prone to develop severe chest infections.
- They may have different devices attached to them such as feeding tubes, urinary catheters, colostomy bags etc.
- These patients are at a higher risk of having the illness for a prolonged period and they are more likely to develop complications, which may ultimately result in end their life with suffering.
- Moreover, sometimes, microorganisms that may cause infections in these patients may not be eliminated by the commonly used antibiotics due to a phenomenon called “antibiotic resistance”.

3. Strategies for prevention

3.1 Hand hygiene

“It’s in YOUR HANDS!”

Hand hygiene is the single most important measure in reducing transmission of infections.

It will reduce the risk of transmission of infections both from you to the patient and from patient to yourself.

Proper hand hygiene is extremely important in prevention of transmitting most of the infections including respiratory infections, diarrhoea, eye and skin infections.

Hand hygiene will also reduce the risk of transmission of infections among patients, including transmission of antibiotic resistant organisms. So, if you are attached to a palliative care institution, when caring for multiple patients, make sure that you perform hand hygiene between each and every patient.

Every health care worker/caregiver must know when you should do it and how you should do it.

Box 1: Opportunities to wash your hands

❖ **When should you wash your hands?**

- Before handling your patient
- After handling your patient
- After getting in to contact with patient's body fluids
- Before preparing meals and feeding the patient
- After using the toilet
- After blowing your nose, coughing or sneezing
- After touching an animal, animal feed or animal waste
- After handling pet food or pet treats
- After touching garbage/soil
- When hands are visibly dirty

❖ **How to wash your hands properly?**

- Use soap and water whenever possible.
- Alcohol based hand sanitizers may be used when hands are not visibly soiled.
- Please note that hand sanitizers may not be very effective against some microorganisms causing diarrhoea.

❖ **What is the correct technique to wash hands?**

The world health organization (WHO) has described the best technique to wash your hands as follows.

Scrub your hands for at least 20 seconds. This would be roughly the time taken to hum "Happy birthday to you" song from the beginning to the end twice.

- ❖ It is advisable to wear a face mask by the palliative patient when there is a respiratory infection in the household/institution.
- ❖ All carers should practise strict hand hygiene.
- ❖ All carers should look out for the development of respiratory symptoms early.
- ❖ Clean the environment with general purpose disinfectant (GPD)

3.3 Prevention of infectious diarrhoea

Measures to take when there is a patient with diarrhoea at home:

- ❖ Infected person should not care for the palliative patient, including preparation of meals.
- ❖ Infected person should ideally have their own room and a separate toilet.
- ❖ Frequent hand washing with soap and water.
- ❖ Food should be kept properly covered all the time.
- ❖ Cleaning the environment, especially the toilets with GPD or a chlorine containing solution (household bleach-as per manufacturer's instructions)
- ❖ Infected person should isolate ideally for at least 48 hours after resolution of diarrhoea and vomiting.

Sometimes, infectious diarrhoea may spread from animals to people. To prevent these,

- ❖ Fresh fruit, vegetables and green leaves should not be cut using the same knives and cutting boards that were used to cut raw fish and meat without washing thoroughly with soap and water.
- ❖ Cooked food should not be contaminated with raw fish, meat or eggs.
- ❖ Avoid consumption of raw or undercooked fish, meat or eggs

It is always advisable to prepare patient's meals at home in a hygienic manner. If you are purchasing food from outside, make sure that the hygiene of the food item is maintained.

Fresh fruits, vegetables and green leaves may contain microorganisms which may cause severe infections in severely immunocompromised patients. Therefore, please seek for medical advice on whether it is safe for your patient to consume these food items. As a general rule, well-cooked food is safer in order to prevent transmission of infections.

3.4 Other infectious diseases

Sometimes, specific medications may be given if your patient was exposed to infections like influenza, measles and chickenpox. In such situations, you must immediately contact and consult your medical practitioner and act accordingly. Even a palliative patient should always get the post exposure prophylaxis to avoid these infections, if indicated.

3.5 Vaccination

Vaccination plays an important role in preventing some infections. Suitability and indications for vaccination for individual patients should be discussed with their medical practitioner.

Below are some vaccines which may be useful in palliative care.

- Influenza vaccine (needs to be given every year)
- Pneumococcal vaccine

It is important that the caregivers/household members are up to date with their routine immunizations. Ideally, they should be offered vaccines outside the National Immunization Programme (NIP) such as influenza vaccine and varicella zoster vaccine.

Please note that there is a chance of acquiring the infection despite proper vaccination. Therefore, it is still important to practice infection prevention and control measures throughout. Please remember to take extra precautions whenever you handle palliative patients.

4. Support services

In a situation where you are the only caregiver for your palliative patient and you are suffering from a communicable disease, it is NOT advisable to play a caregiver's role until you are fully recovered.

In such instances, you may seek support from your relatives, friends, neighbours and any other suitable person.

The following is a list of various kinds of palliative care services available in Sri Lanka that you may seek help from. Most of them are providing their services free of charge.

Institute	Service provided	Telephone number
Sri Lanka Cancer Society - Shantha Sevana Hospice, Maharagama	In-patient hospice care	011 2585879 011 2840312 0812225423 (Kandy) 0776329705 (Anuradhapura) 0914986197/ 0914380501 (Galle)
Cancer Care Association, Head Office, Maharagama	Support services for cancer patients and their families	076 4912787 0773409787
Cancer Care Association Hospice, 'Piliika Sarana Rekawarana Piyasa', Anuradhapura	In-patient hospice care	025 3890357 025 3243077 025 2056003
Cancer Care Association, Galle branch	Home-based palliative care. Cancer community Centre for rehabilitation of cancer patients. Cancer day-care center. Other supportive services.	077 3409787
Palliative Care Trust, Institute of Palliative Medicine, Nupe, Matara	In-patient hospice Care	041 2226766 076 8787484
Sathya Sai Suwa Sewana Hospice, Hanwella	In-patient hospice Care	036 2254902
Cancer Aid for North and East Sri Lanka (CANE) Hospice, Jaffna	In-patient hospice Care	021 2240258
Sahan Suwa Community Palliative Care, Colombo	Home-based palliative care and other supportive services	011 7600444
Eastern Cancer Care Hospice, Batticaloa	In-patient hospice Care	075 0796849
Sahana Sevana Hospice Palliative Care Association of Sri Lanka	In-patient hospice Care	077 7143287
Suwa Arana Hospice Indira Cancer Trust Maharagama	Support services for cancer patients Paediatrics Palliative Care	011 2363211
Heal the Life (Divisetha), Gampaha	Support services for cancer patients and their families	077 4143222 071 8677959
Cancer Survivors Support Network, Maharagama	Support services for cancer patients and their families	077 1657376
Enterostomy Society		07176290



For further technical assistance please contact:

College of Palliative Medicine of Sri Lanka

No. 06, Wijerama house,

Wijerama road, Colombo 07.

Telephone number- 076 5469982

Email - officecpmsl@gmail.com

Web: www.cpmsl.lk

