



MINISTRY OF HEALTH

Home Based Care for Patients with COVID-19

Introduction

As Kenya sees a surge in number of persons with COVID-19, it is no longer possible to isolate all patients in hospital based treatment facilities. Hospital care should be prioritised for those those with highest probability of poor outcomes, that is, patients with severe and critical illness and those with mild disease and risk for poor outcome (age >60 years, cases with underlying co-morbidities, e.g., chronic cardiovascular disease, chronic respiratory disease, diabetes, cancer). Where possible safe home care should be considered for patients with suspected COVID-19 who present with no symptoms or mild symptoms. This should be done with guidance from medical and public health officials.

Patients Eligible for Home Based Care

Patients who meet the criteria below will be considered for home based care:

- ∨ Laboratory Confirmed COVID 19.
- ∨ Asymptomatic patients or patients with mild symptoms of COVID 19.
- ∨ Absence of co-morbidities.
- ∨ Access to a suitable space for home based care (see below)

Assessing feasibility of home-based care

It is important to note that the decision to care for a patient at home requires careful clinical judgment and should be informed by an assessment of the suitability of the patient's home environment. In case of informal settlements where households share small spaces, the community will identify an institution that meets the recommendations suitable for providing care. In rural setups, the "Nyumba Kumi" initiative will support the care in the community. In areas where majority of the people live in apartments, support of committee members

managing the area may be sought together with HCW and “friendly security”. A trained HCW should conduct an assessment to verify whether the residential setting is suitable for providing care by confirming if:

- o The patient is stable enough to receive care at home.
- o Appropriate caregivers are available at home.
- o There is a separate bedroom or isolation space where the patient can recover without sharing immediate space with others.
- o Resources for access to food and other amenities and necessities are available.
- o The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene, cough etiquette and hand hygiene).
- o Availability of thermometer and a person able to read and record the temperature. (non-contact or individually used thermometers)
- o There are NO household members who may be at increased risk of complications from COVID-19 infection e.g. people >65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions.

Procedures for home-based care¹

- o Place the patient in a well-ventilated single room (i.e. With open windows).
- o Limit the movement of the patient in the house and minimize shared space. Ensure that shared spaces (e.g. Kitchen, bathroom) are well ventilated (keep windows open).
- o Household members should stay in a different room
- o Limit the number of caregivers. Ideally, assign one person who is in good health and has no underlying chronic or immunocompromising conditions.
- o Visitors should not be allowed in the isolation room, except the caregiver, until the patient has completely recovered and has no signs or symptoms of COVID-19 and has tested negative as per the protocol.

¹ <https://apps.who.int/iris/bitstream/handle/10665/331473/WHO-nCov-IPC-HomeCare-2020.3-eng.pdf?sequence=1&isAllowed=y>



- o Perform hand hygiene after any type of contact with patients or their immediate environment. Hand hygiene should also be performed before and after preparing food, before eating, after using the toilet, and whenever hands look dirty. Use of soap and water is highly encouraged, but in the event that either or both are not available then an alcohol-based hand rub can be used.
- o When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use single use clean cloth towels and wash with soap and water.
- o To contain respiratory secretions, a face mask should be provided to the patient and worn as much as possible. Individuals who cannot tolerate a face mask should use rigorous respiratory hygiene; that is, the mouth and nose should be covered with a disposable paper tissue when coughing or sneezing. Materials used to cover the mouth and nose should be discarded or cleaned appropriately after use (e.g. wash handkerchiefs using regular soap or detergent and water and disinfected using 0.5% chlorine bleach).
- o Caregivers should wear a face mask that covers their mouth and nose when in the same room as the patient. Masks should not be touched or handled during use. If the mask gets wet or dirty from secretions, it must be replaced immediately with a new clean, dry mask. Remove the mask using the appropriate technique – that is, do not touch the front, but instead untie it. Discard the mask immediately after use and perform hand hygiene.
- o Avoid direct contact with body fluids, particularly oral or respiratory secretions, and stool. Use disposable gloves and a mask when providing oral or respiratory care and when handling stool, urine, and other waste. Perform hand hygiene before and after removing gloves and the mask.
- o Do not reuse single use masks or gloves.
- o Use dedicated linen and eating utensils for the patient; these items should be cleaned with soap and water and disinfected with 0.5% Chlorine bleach after use and may be re-used instead of being discarded.
- o Daily clean and disinfect surfaces that are frequently touched in the room where the patient is being cared for, such as bedside tables, bed frames, and other bedroom furniture. Regular household soap or detergent should be used first for cleaning, and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite should be applied.



- o Clean and disinfect bathroom and toilet surfaces at least twice daily. Regular household soap or detergent should be used first for cleaning, and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite should be applied.
- o Clean the patient's clothes, bed linen, and bath and hand towels using regular laundry soap and water or machine wash at 60–90 °C with common household detergent, and dry thoroughly. Place contaminated linen into a laundry bag. Do not shake soiled laundry and avoid contaminated materials coming into contact with skin and clothes.
- o Heavy duty gloves and protective clothing (e.g. plastic aprons) should be used when cleaning surfaces or handling clothing or linen soiled with body fluids. After use, utility gloves should be cleaned with soap and water and disinfected with 0.5% sodium hypochlorite solution. Perform hand hygiene before putting on and after removing gloves.
- o Gloves, masks, and other waste generated during home care should be placed into a waste bin lined with yellow or red liners with a lid in the patient's room before disposing of it as infectious waste. The disposal of infectious waste will be done following guidance by the public health officers.
- o Avoid other types of exposure to contaminated items from the patient's immediate environment (e.g. do not share toothbrushes, cigarettes, eating utensils, dishes, drinks, towels, washcloths, or bed linen).
- o **Isolation should be maintained for at least ten days or until advised by a HCW in the event that a patient continues to have symptoms beyond ten days. It is important that isolation is maintained for 10 days even in the absence of, or after resolution of, symptoms**

Referral System for patient if progression of symptoms is noted

- o In case of any queries on symptomatic changes, clients or caregivers are advised to call 719 immediately.
- o The clients or caregivers should further notify the designated Health Care Worker
- o The HCW will then assess the patient and take appropriate measures for referral if necessary



If the care giver or a contact within the household develops symptoms, the following steps should be taken.

- The care giver should immediately notify the designated Health Care Worker
- The HCW will notify the Rapid Response Team (RRT) within their jurisdiction
- The RRT will conduct an assessment and take the necessary measures.
- The RRT should ensure that the household members are quarantined until the test results are out.
- The contact should avoid taking public transport to a health facility;
- The symptomatic contact should be advised to always perform respiratory hygiene and hand hygiene and to stand or sit as far away from others as possible (at least 1 m).
- Any surfaces that become soiled with respiratory secretions or other body fluids should be cleaned with detergent (soap) and then disinfected with 0.5% diluted bleach solution.
- **While on Home based care, the contacts should fill the symptom monitoring schedule for 14 days. (See attached below)**

When to end home isolation

- No fever for at least 72 hours (that is three full days of no fever without using medicines that reduce fevers)
AND
- other symptoms have improved (for example, when cough or shortness of breath has improved)
AND
- at least 10 days have passed since their symptoms first appeared

If testing is available to determine if a patient is still infectious, then isolation can stop two negative tests in a row, 24 hours apart.



N/B

A **communication link** with health care workers should be established for the duration of the home care period – that is, until the patient’s symptoms have completely resolved.

Patients and household members should be educated about personal hygiene, basic IPC measures, and how to care as safely as possible for the person with COVID 19 to prevent the infection from spreading to household members. The patient and household members should be provided with ongoing support and education. Monitoring should continue for the duration of home care **AND SHOULD BE DONE BY CHVs supervised by HCWs**. Any person suspecting him/herself of experiencing some symptoms should **call 719** immediately.



Home Based Care Monitoring tool			
Write symptoms and temperature in the space below every day for 14 days:			
Day	Date	Symptoms	Temperature
Day 0	Day 0 is the day of your last potential exposure		
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			
Day 6			
Day 7			
Day 8			
Day 9			
Day 10			
Day 11			
Day 12			
Day 13			
Day 14			

Specific Symptoms

- ❖ Cough
- ❖ Difficulty in Breathing
- ❖ Fever
- ❖ General body malaise (Fatigue)
- ❖ Headache





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Checklist assessment of environmental conditions for home care of persons with COVID-19

The checklist below will be used to assess environmental conditions for home care of patients with covid-19. Circle "Y" (yes) or "N" (no) for each option.

Infrastructure

Functioning telephone/mobile phone	Y	N
Any other means to rapidly communicate with the health system	Y	N
Potable water	Y	N
Sewerage system	Y	N
Cooking source (and fuel)	Y	N
Operable electricity or other source of power	Y	N
Adequate environmental ventilation	Y	N

ACCESSIBILITY / HALLWAYS / STAIRWELLS

Are there adequate locks on all outside and inside doors	Y	N
Are windows and screens easy to open and close	Y	N

Accommodation

Separate well ventilated room or bedroom for the patient	Y	N
Accessible bathroom for the patient	Y	N

Resources

Is food available or arrangements in place to ensure that food is available	Y	N
Are necessary medications available or arrangements in place for safe delivery (if any)	Y	N
Are surgical masks available (patient)	Y	N
Are face masks available (care providers, household contacts)	Y	N
Are gloves available for care givers	Y	N
Are Hand-hygiene supplies available (running water, soap, alcohol-based hand rub)	Y	N
Are Household cleaning and disinfection products available?	Y	N

Primary care and support

Is there a designated person to provide care and support	Y	N
Is there access to medical advice and care	Y	N



Are there any at-risk people at home (e.g. children < 2 years of age, elderly > 65 years of age, immunocompromised people)	Y	N
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