REPUBLIC OF KENYA

MINISTRY OF HEALTH

HOME BASED ISOLATION AND CARE GUIDELINES FOR PATIENTS WITH COVID-19

June 2020

DEFINITIONS

COVID-19:	COVID-19 is the infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
Isolation:	Separation of ill persons with the contagious disease (COVID-19) from people who are not sick;
Isolation Centre:	A designated area where persons with the contagious disease (COVID-19) are separated from people who are not sick;

ABBREVIATIONS

COVID-19	Coronavirus disease-2019
HCW	Health Care Workers
HRH	Human Resources for Health
KHPOA	Kenya Health Professional Oversight Authority
KMPDC	Kenya Medical Practitioners & Dentists Council
PPE	Personal Protective Equipment
RRT	Rapid Response Team
SDI-Kenya	Slum Dwellers International-Kenya
USAID	United States Agency for International Development
US-CDC	United States-Centre for Disease Prevention and Control
WHO	World Health Organization

TABLE OF CONTENTS

FOREWORD

The World Health Organization (WHO) has recommended that all laboratory confirmed cases of COVID-19 be isolated and cared for in a health care facility. However, in situations where isolation of all cases in a health care facility is not possible, it emphasizes the prioritization of those with highest probability of poor outcomes, that is, patients with severe and critical illness and those with mild disease and risk for poor outcomes (age >60 years, cases with underlying co-morbidities, e.g., chronic cardiovascular disease, chronic respiratory disease, diabetes, cancer). WHO further recommends safe home-based isolation and care for patients with suspected COVID-19 who present with mild symptoms and on public health measures related to the management of their contacts.

In Kenya, the first confirmed case of COVID 19 was reported on 13th March 2020. Since then the country took stern measures to contain the spread. However, the spread of the disease surpassed the 2000 number of confirmed cases by the end of May 2020. Among them, 500 fully recovered and 64 died. This means that the country had over 1400 confirmed active cases by the end of the same period. When this number is added to the current non-COVID-19 sick patients in hospitals, the situation will begin to become overwhelming to the Health Care system. Current Kenya data reveals that 78% of the infected persons are asymptomatic or mildly symptomatic, and can be managed at home. In this regard, the guidelines for home-based isolation and care for patients with COVID-19 have been developed in response to the spiking numbers of infected persons in the recent past, and in anticipation of a surge in the COVID-19 cases. This approach dubbed, **'Jitenge System'** aims to ease the growing pressure of COVID-19 patients in hospitals and nationally due to increasing community transmission.

The Home-based isolation and care guidelines for COVID-19 patients cover key areas that include; Patients eligibility, assessment of feasibility, procedures, and referral system if progression of symptoms is noted, criteria for ending home-based isolation, community participation and monitoring among others. References for this guideline have been adopted from WHO and other countries but customized to the Kenyan context.

I urge all the stakeholders involved in the care of COVID-19 patients to adhere to this guideline and cascade the same to all informal caregivers of these patients in order to ensure delivery of quality services to our citizens.

Dr. Patrick Amoth

AG. DIRECTOR GENERAL

MINISTRY OF HEALTH

ACKNOWLEDGEMENT

Many individuals and institutions at their different levels of health care system have participated in the process of developing this guideline. The Ministry of Health is grateful to all of them for their concerted effort to improve the care of the communities in Kenya.

Special thanks go to the contributors of this guideline, including organizations for their valuable technical support.

Appreciation also goes to the Community Health Volunteers and Division of Community Health for their tireless efforts for providing inputs and ensuring clear linkage of the community to the Health systems through the Community Health Volunteers.

The Ministry of Health gratefully acknowledges our development partners, who include the United States Centers for Disease Control and Prevention (CDC), Population Council, Slum Dwellers International of Kenya and the World Health Organization among others, for their technical assistance provided during the development process.

Dr. Francis Kuria

AG. DIRECTOR,

DIRECTORATE OF PUBLIC HEALTH

Dr. Simon K. Kibias **OGW**

AG. DIRECTOR,

DIRECTORATE OF HEALTH STANDARDS QUALITY ASSURANCE AND REGULATIONS

LIST OF CONTRIBUTORS

Special thanks go to the following individuals and organizations for their valuable contribution to this guideline.

Name	Designation	Organization
Dr. Francis Kuria	Head, Directorate of Public Health	Ministry of Health
Dr. Simon Kibias	Head, Directorate of Quality Assurance, Standards and Regulations	Ministry of Health
Dr. David Soti	Director General's Office	Ministry of Health
Dr. Judith Awinja	Directorate of Health Care Services	Ministry of Health
Dr. Evelyne Wesangula	Head, Division of Patient Safety	Ministry of Health
Dr. John Irungu	Division of Patient Safety	Ministry of Health
Ms. Veronica Kamau	Division of Patient Safety	Ministry of Health
Dr Aisha Mohamed	Division of Quality Assurance	Ministry of Health
Dr. Rabera Kenyanya	Principal Secretary's Office	Ministry of Health
Dr. Were Ian	Director General's Office	Ministry of Health
Dr. Salim Husein	Head, Department of Primary Health Care	Ministry of Health
Dr. Maureen Kimani	Head, Division of Community Health	Ministry of Health
Dr. Agatha Olago	Head, Division of Primary Health care	Ministry of Health
John Wanyungu	Division of Community Health	Ministry of Health
Prof. Omu Anzala	Professor of Virology and Immunology	University of Nairobi
Dr. Marybeth Maritim	Infectious Diseases Specialist	University of Nairobi
Dr. Loice Achieng'	Head Infectious Disease Unit	KNH
Dr. Eva Njenga	Chairperson, KMPDC	KMPDC
Daniel Yumbya	CEO, KMPDC	KMPDC
Dr. Jacqueline Kitulu	Council Member, KMPDC	KMPDC
Jeane W Mathenge	Strategy & Performance Specialist, KMPDC	KMPDC
Dr. Jackson Kioko	CEO, Kenya Health Professional Oversight Authority	KHPOA
Dr. Linus Ndegwa	Healthcare epidemiologist, infection control manager	US - CDC
Dr Jonathan Mwangi	Public Health Specialist	US - CDC
Dr. Joyce Onsongo	Head, Disease Prevention and Control	WHO
Charity Mumbi	CEO SDI-Kenya	SDI-Kenya
Peter Waithaka	HRH Specialist	USIAD
Timothy Abuya	Data Analyst	Population Council

INTRODUCTION

As Kenya experiences an upsurge in the number of persons with COVID-19, it is becoming less tenable to isolate all patients in hospital-based treatment facilities. Hospital care should be prioritized for those with highest probability of poor outcomes. These include patients with severe and critical illness and those with mild disease but with a 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-based isolation and care should be considered for asymptomatic and mildly symptomatic COVID-19 confirmed cases. The implementation of this guideline should be done under the supervision of Medical and Public Health Officials.

1. Eligibility for Home Based Isolation and Care

Patients who are assessed by a Health Care Worker and meet all the criteria below will be considered eligible for home-based isolation and 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 isolation and care (see below)

2. Assessing feasibility of home-based isolation and care spaces

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. A trained Health Care Worker shall conduct an assessment to verify whether the residential setting is suitable for providing care by confirming if:

a) The patient is stable enough to receive care at home.
b) Appropriate caregivers are available at home.
c) There is a separate bedroom or isolation space where the patient can recover without sharing immediate space with others.
d) If possible, a separate toilet and bathroom facility for the patient, from the rest of the household.
e) Resources for access to food and other basic necessities are available.
f) The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum gloves and facemasks)
g) Capability to adhere to precautions recommended as part of home-based isolation and care (e.g., respiratory hygiene, cough etiquette and hand hygiene).
h) Availability of a thermometer and a person able to read and record the temperature.
i) 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 (under 2 years), pregnant

women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions.

3. Procedures for home-based care1

a) Place the patient in a dedicated and separate well-ventilated isolation room (i.e. with open windows).
b) Limit the movement of the patient in the house and minimize time spent in shared spaces (kitchen and bathrooms); ensure all shared spaces are well ventilated by keeping windows open.
c) Limit the number of caregivers. Ideally, assign one person who is in good health and has no underlying chronic or immunocompromising conditions.
d) Visitors should not be allowed in the isolation room, except for the caregiver (where necessary), until the patient has completely recovered, has no signs or symptoms of COVID-19 and has tested negative as per the health protocol.
e) Perform hand hygiene after any type of contact with the patient or their immediate environment. Hand hygiene should also be performed before and after preparing food, before eating, after using the toilet, and whenever hands are perceived to be unclean. Use of soap and water is highly recommended, but in the event that either or both are not available then an approved alcohol-based hand rub can be used.
f) After washing hands with soap and water, it is recommended to use disposable paper towels to dry hands. If these are not available, a single-use clean cloth or towel can be used which should be regularly washed.
g) To contain respiratory secretions, a face mask should be provided to the patient and worn at all times. 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.
h) Materials used to cover the mouth and nose including face masks, should be discarded or cleaned appropriately after use (e.g. wash handkerchiefs using regular soap or detergent and water and disinfected using 0.5% sodium hypochlorite (chlorine bleach).
i) Caregivers should wear a face mask that covers their mouth and nose when in the same room as the patient.
j) Safe handling of face masks includes the following; 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 fresh clean, dry mask. Remove the mask using the appropriate technique – that is, do not touch the front, but instead untie it using the cords. Discard the mask immediately after use and perform hand hygiene. Do not reuse single use masks.
k) 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,

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

urine, and other waste. Perform hand hygiene before and after removing gloves and the mask. Do not reuse single use gloves.

l) Use dedicated linen and eating utensils for the patient which should be disinfected with 0.5% sodium hypochlorite (chlorine bleach) immediately after use by the patient. These items should then be cleaned with soap and water and may be re-used.

m) It is recommended that the patient is engaged in frequent cleaning and disinfecting of surfaces that are frequently touched in the isolation room. This includes cleaning of 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 (chlorine bleach) should be applied.

n) 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 (chlorine bleach) should be applied.

o) The patient's clothes, bed linen, bath and hand towels should be cleaned using regular laundry soap and water or machine wash at 60–90 °C with common household detergent, and dried thoroughly. Place contaminated linen into a laundry bag. Do not shake soiled laundry and avoid contaminated materials coming into contact with skin and clothes.

p) 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 (chlorine bleach) solution. Perform hand hygiene before putting on and after removing gloves.

q) Gloves, masks, and other waste generated during home-based isolation and care should be properly disposed as infectious waste. The waste should be placed into a waste bin lined with plastic liner with a lid in the patient's room; the waste should be sprayed with 0.5% sodium hypochlorite (chlorine bleach) solution before sealing the plastic bag and disposing of it as infectious waste.

r) 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).

s) Isolation should be maintained for at least FOURTEEN (14) days from the date the patient is assessed eligible for home-based isolation and care. The 14-day isolation period should be maintained even in the absence of, or after resolution of, symptoms or until advised by a HCW in the event that a patient continues to have symptoms beyond the fourteen (14) days.

4. Referral System for patient if progression of symptoms is noted

a) In case of any queries or worsening symptoms, patients or caregivers are advised to call 719 immediately or send a short message (SMS) to *719#.

b) The patient or caregivers should further notify the designated Health Care Worker.

c) The HCW will then assess the patient and take appropriate measures for referral if necessary

5. Response when the care giver or household contact develops symptoms

Where the care giver or a member of the household develops COVID-19 symptoms, the following actions should be taken.

a) The care giver should immediately notify the designated Health Care Worker
b) The HCW will notify the Rapid Response Team (RRT) within their jurisdiction
c) The RRT will conduct an assessment and recommend the necessary measures including testing.
d) The contact should avoid taking public transport to a health facility;
e) The symptomatic contact should regularly perform proper respiratory and hand hygiene , and should stand or sit as far away from others as possible (at least 2meters).
f) Any surfaces that become soiled with respiratory secretions or other body fluids should be disinfected with 0.5% diluted bleach solution and thereafter cleaned with detergent (soap).
g) **While on Home based isolation and care, all the household contacts should fill the symptom monitoring schedule for the 14-day isolation period as part of the Jitenge monitoring system. (See attached below)**

6. When to end home-based isolation and care

a) Asymptomatic patients – at least 14 days have passed since the date of their first COVID-19 test and they have not developed symptoms since their positive test.
b) Symptomatic patients - no fever for at least 72 hours (that is 3 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 14 days have passed since their symptoms first appeared

If testing is available to determine if a patient is still infectious, then isolation can stop after two consecutive COVID-19 negative tests, 24 hours apart.

7. Monitoring of the 'Jitenge' System

The Jitenge System is 'an at-home COVID-19 short code and text message-based system' for the purpose of monitoring household contacts, the isolated patient and post isolation discharged patients. The person under isolation and all household contacts shall fill the symptom monitoring schedule for the 14-day isolation period as part of reporting and monitoring.

The following process will be followed to achieve effective monitoring of the home-based isolation and care;

a) Weekly reports from the HCW who are in charge of the isolation homes/ apartments/ institution should be uploaded to the Jitenge System from where the reports will be accessible to the County and National RRT's for any further oversight and action. Home visits by the HCW may be undertaken where necessary.

b) The HCW should also submit a monthly follow up report on discharged patients from isolation facilities. The report should reach the Ministry of Health Kenya Health Information System (KHIS) by the 5th of every month.

MOH will analyze the reports and give feedback/take action in collaboration with the counties as necessary. **NOTE: - USE THE PROVIDED MONITORING TOOLS**

Community health volunteers (CHV) will be the **communication Link** between the health care workers and the household for the duration of the home-based isolation and care period until the patient's symptoms have completely resolved. The CHV will also be involved in the assessment process.

In case of informal settlements where households share small spaces, the community will need to 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 Health Care Worker (HCW) and 'friendly security'.

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-based isolation and 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 ISOLATION AND CARE MONITORING TOOLS

MINISTRY OF HEALTH

1. DAILY MONITORING FORM

Write symptoms and temperature in the space below every day for 14 days:			
Day	**Date**	**Symptoms**	**Temperature**
Day O	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			
Day13			
Day 14			

SPECIFIC SYMPTOMS

- ☐ **Cough**
- ☐ **Difficulty in Breathing**
- ☐ **Fever**
- ☐ **Sore throat**
- ☐ **General body malaise (Fatigue)**
- ☐ **Headache**
- ☐ **Sneezing**

MINISTRY OF HEALTH

2. CHECKLIST FOR ASSESSMENT OF ENVIRONMENTAL CONDITIONS FOR HOME-BASED ISOLATION AND CARE OF PERSONS WITH COVID-19

This checklist will be used to assess environmental conditions for home-based isolation and care of patients with COVID-19. Circle "Y" (yes) or "N" (no) for each option. **A score of 75 and above qualifies.**

CRITERIA	Y	N
A. INFRASTRUCTURE		
1) Functioning telephone/mobile phone	Y (3)	N
2) Any other means to rapidly communicate with the health system	Y (1)	N
3) Potable water	Y (10)	N
4) Sewerage system	Y (1)	N
5) Cooking source (and fuel)	Y (2)	N
6) Operable electricity or other source of power	Y (1)	N
7) Adequate environmental ventilation	Y (5)	N
Sub Total (A)		
B. **ACCESSIBILITY / HALLWAYS / STAIRWELLS**		
8) Are there adequate locks on all outside and inside doors	Y (1)	N
9) Are windows and screens easy to open and close	Y (5)	N
Sub Total (B)		
C. **ACCOMMODATION**		

CRITERIA	Y	N
10) Separate well ventilated room or bedroom for the patient	Y (30)	N
11) Accessible bathroom for the patient	Y (10)	N
Sub Total (C)		
D. **RESOURCES**		
12) Is food available or arrangements in place to ensure that food is available?	Y (5)	N
13) Are necessary medications available or arrangements in place for safe delivery (if any)?	Y (5)	N
14) Are surgical masks available (patient)?	Y (3)	N
15) Are face masks available (care providers, household contacts)?	Y (2)	N
16) Are gloves available for care givers?	Y (2)	N
17) Are Hand-hygiene supplies available? (Running water, soap, alcohol-based hand rub)	Y (3)	N
18) Are Household cleaning and disinfection products available?	Y (3)	N
Sub Total (D)		
E. **PRIMARY CARE AND SUPPORT**		
19) Is there a designated person to provide care and support?	Y (5)	N
20) Is there access to medical advice and care?	Y (3)	N
21) Are there any at-risk people at home? (e.g. children < 2 years of age, elderly > 65 years of age, immunocompromised people)	Y (-10)	N
Sub Total (E)		
Total Score (A, B, C, D, E)		

3. CONSENT FORM FOR COVID-19 PATIENTS WHO MEET THE CRITERIA FOR HOME-BASED ISOLATION AND CARE

CRITERIA CHECKLIST

MEETS CRETERIA	YES	NO
☐ 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		

This consent is executed with the full knowledge of the patient's and health-care worker's obligations. When additional care is needed then urgent referral is effected to a designated Isolation Centre. The patient agrees to fully comply with all other government regulations regarding the management and control of COVID -19 and other existing laws of Kenya.

Patient Name _____ **Date:** _____

Signed_____

Seen by Health worker _____ **Date:** _____

Signed_____

Authorized MOH _____ **Date:** _____

Signed_____

4. HOW TO MAKE 0.5% SODIUM HYPOCHLORITE DISINFECTANT SOLUTION (CHLORINE BLEACH)

Gloves should be worn when handling and preparing chlorine solutions.

Protective eye wear should be worn to avoid accidental splashing into eyes.

Surgical mask should be worn to avoid inhaling chlorine fumes when using chlorine powder.

1. Formula when using 3.5% Sodium Hypochlorite (Chlorine Liquid)

$$\frac{\text{\% Chlorine in Liquid Product}}{\text{\% Chlorine Desired}} - 1 = \text{Total parts of water for } \textbf{each} \text{ part of Chlorine Liquid}$$

Example:
To make a 0.5% sodium hypochlorite solution (chlorine bleach) from 3.5% sodium hypochlorite liquid:

$$\frac{\text{3.5\% of Chlorine Liquid}}{\text{0.5\% Chlorine Desired}} - 1 = 7-1 = 6$$

Therefore, add **6 parts of water** each time you add 1 part of 3.5% Sodium hypochlorite (Chlorine liquid).

2. Formula when using Chlorine Powder

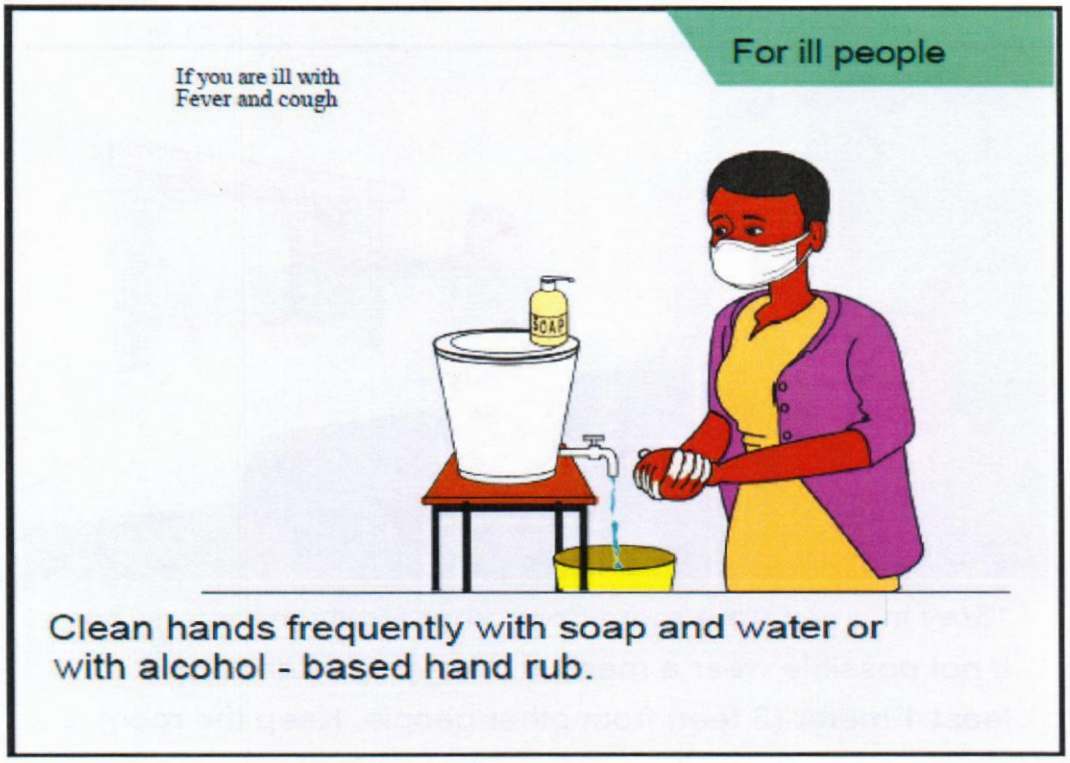
$$\frac{\text{\% Chlorine desired}}{\text{\% chlorine in powder}} \times 1000 = \text{Grams of Chlorine powder for each liter of water}$$

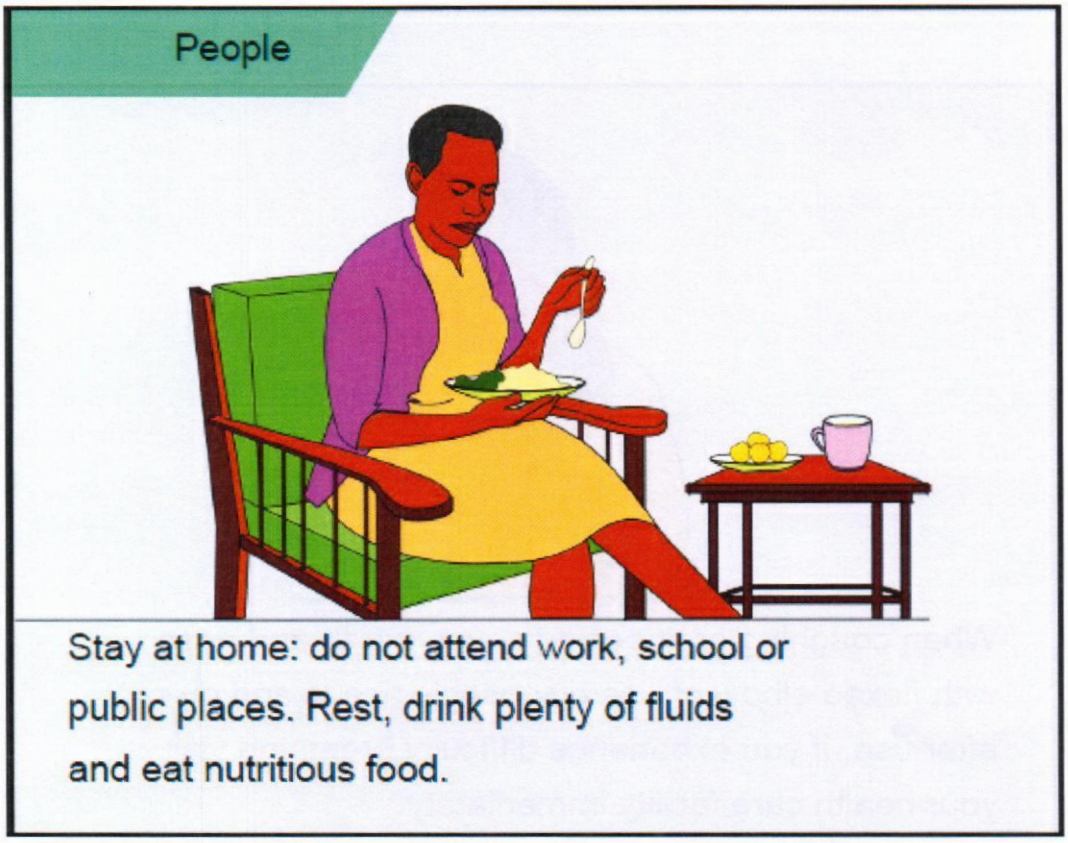
Example:
To make a 0.5% Chlorine solution form 35% Chlorine powder:

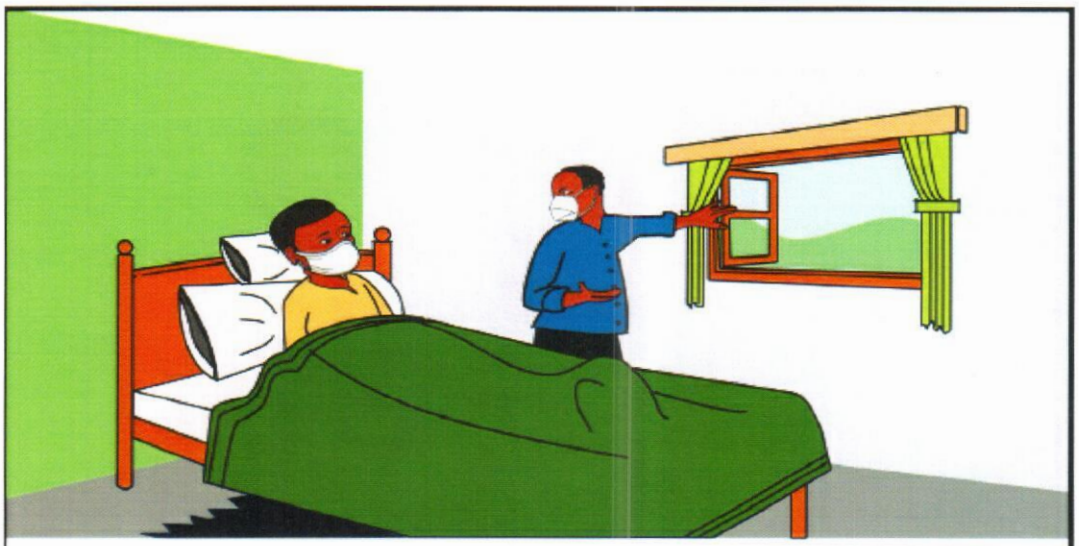
$$\frac{\text{0.5\% Chlorine Desired}}{\text{35\% Chlorine in powder}} \times 1000 = 14.2 \text{ grams}$$

Therefore, dissolve **14.2g of Chlorine powder** in each liter of water.

5. ALGORITHM OF HOME-BASED CARE FOR COVID-19 SELF ISOLATION PATIENT



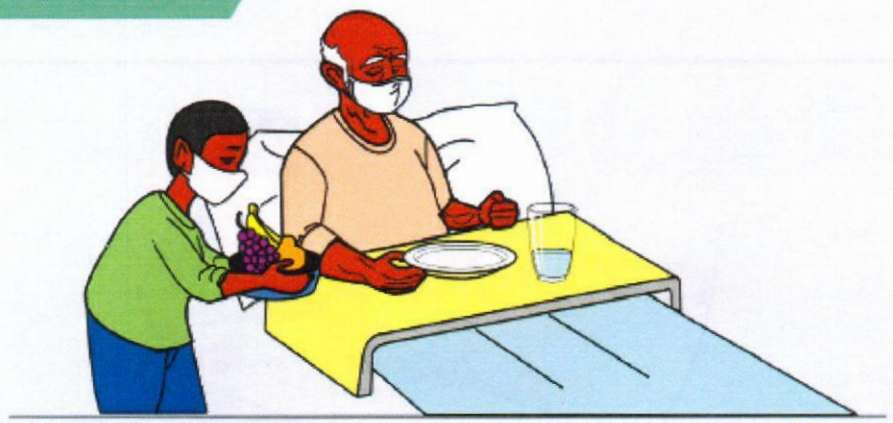




Stay in a separate room from other family members, but if not possible wear a mask and keep a distance of at least 1 meter (3 feet) from other people. Keep the room well ventilated and if possible use a dedicated bathroom.

When coughing or sneezing cover mouth and nose with flexed elbow or use disposable tissue and discard after use. If you experience difficulty breathing visit your health care facility immediately.

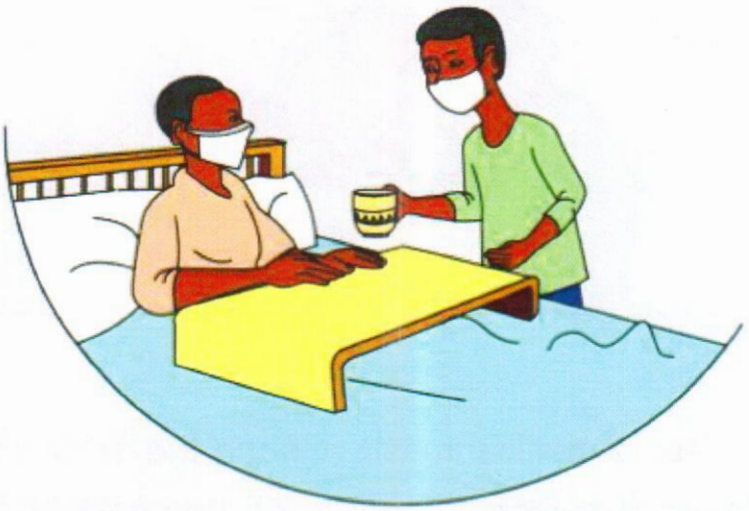
Care Givers



Wear a medical mask when in the same room with an ill person. Do not touch the mask or face during use and discard it afterward.

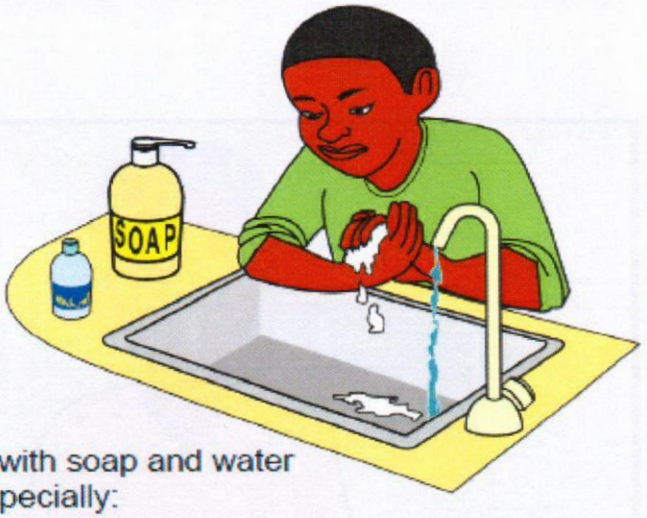
Care Givers

Ensure the ill person rests, drinks plenty of fluids and eats nutritious food.



Avoid unnecessary exposure to the ill person and avoid sharing items, such as eating utensils, dishes, drinks and towels

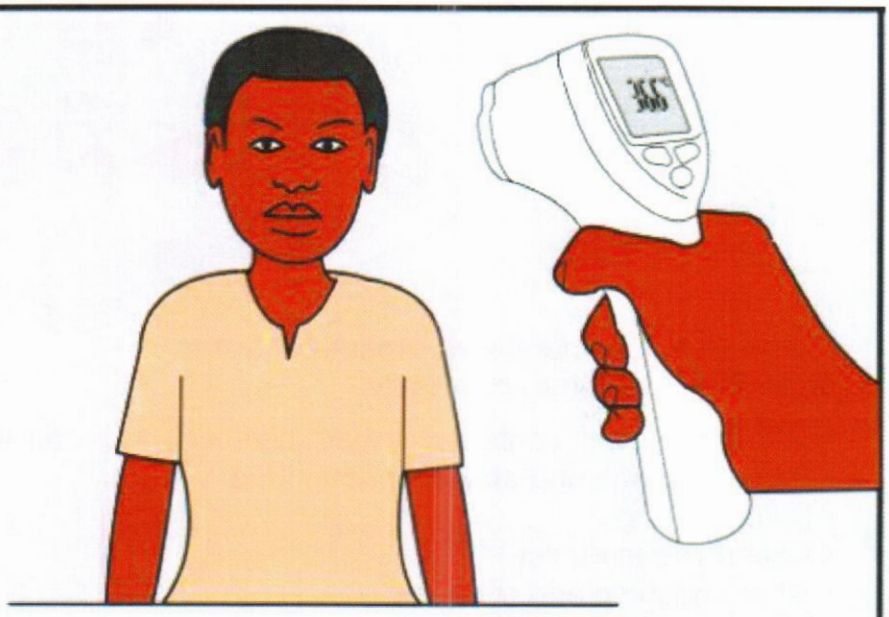
Use dedicated dishes, cups, eating utensils, towels and bedlinens for the ill person. Wash dishes, cups eating utensils, towels, or bedlinens used by the ill person with soap and water



Frequently clean hands with soap and water or alcohol-based rub, especially:

- After any type of contact with the ill person or their surroundings
- Before, during and after preparing food
- Before eating
- After using the toilet
- After coughing and sneezing
- When hands are visibly dirty

Identify frequently touched surfaces by the ill persons and clean and disinfect them daily



Monitor everyone's health for symptoms such as fever, cough and if difficult breathing appears, **call 719 or text/SMS *719#** immediately.

Call 719 for an ambulance to rush you to a health facility immediately if the ill person worsens or experiences difficulty in breathing.