

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.