COVID-19

FEDERAL MINISTRY OF HEALTH

NIGERIA CENTRE FOR DISEASE CONTROL

Interim Guidelines for Home Care of Confirmed COVID-19 Cases

JULY 2020

NCDC Toll-free Number: **0800 9700 0010** SMS: **0809 955 5577** WhatsApp: **0708 711 0839**

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TARGET AUDIENCE: Patients, patients' household, health care workers, case managers

GUIDING PRINCIPLE

It is recommended that clinicians recommend the use of designated treatment areas, according to severity and acute care needs, to care for confirmed COVID -19 patients; home care should only be recommended in patients after an appropriate risk assessment has been done and following appropriate counselling and patient information.

KEY RECOMMENDATIONS FOR HEALTH CARE WORKERS

- *If hospitalisation is not feasible, consider home care for patients with no symptoms, mild symptoms or for patients without concern for rapid deterioration as determined by a managing physician.*
- *Home care may also be considered when in-patient care is unavailable or unsafe (e.g. capacity is limited, and resources are unable to meet the demand for health care services).*
- *Contacts should be advised to monitor their health for 14 days from the last possible day of contact.*
- *Health care personnel should review the health of contacts by phone, and in person if feasible. Provide instructions to contacts on what to do if they become ill.*
- *If home care is provided, ensure follow-up and care by a family member; If and where feasible, a communication link between the patient and health care provider and/or public health personnel should be established.*
- *Clinical judgment should be used and informed by an assessment of the patient's home and environment by a trained health care worker, if and where feasible.*
- *Educate patients and household members about personal hygiene, infection prevention and control (IPC) measures, and how to care for the patient.*

KEY RECOMMENDATIONS FOR THE PATIENT THE AT HOUSEHOLD LEVEL

- *Remain isolated and limit contact with all other people, including household members, until all symptoms have resolved and until the patient has a repeat negative test and/or a healthcare worker has cleared the patient*
- *Stay in a well-ventilated single room*
- *Limit movement in the house or minimise shared space*
- *Ensure shared spaces are well ventilated*
- *Follow cleaning and disinfecting guidance at home*
- *Limit the number of caregivers*
- *Seek care urgently if there is a change in your condition*

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About NCDC

Nigeria Centre for Disease Control (NCDC) is Nigeria's national public health institute with the mandate to protect Nigerians from the impact of communicable diseases of public health significance, amongst other responsibilities. It focuses on this through evidence-based prevention, integrated disease surveillance and response activities, using a One Health approach, guided by research and led by a skilled workforce.

NCDC operations and activities are guided by five key goals to:

- Accurately measure the burden of infectious diseases in Nigeria
- Ensure Nigeria is able to meet its international obligations as a member of the World Health Assembly
- Develop a Public Health laboratory service network to support the detection and prevention of, and response to critical infectious diseases
- Reduce the adverse impact of predictable and unpredicted public health emergencies
- Create an efficiently managed and evidence-based organisation with a clear focus of health promotion and disease prevention.

NCDC currently operates through five directorates: Surveillance and Epidemiology, Public Health Laboratory Services, Health Emergency Preparedness and Response, Prevention Programmes and Knowledge Management, Finance and Accounts and Administration and Human Resources.

1. Background

Following the outbreak of COVID-19 outbreak in Nigeria on 27th February 2020, the country has been managing confirmed cases in government designated isolation/ treatment centres in order to ensure recovery of cases as well as prevent community transmission. There is now evidence of community transmission in the country, as over 50% patient of cases have no clear epidemiological link with a confirmed case.

Most cases of COVID-19 in Nigeria from current data are mild (95%), with several having no symptoms (asymptomatic). These cases require only isolation and supportive management to recover. As at 4th May 2020, 417 cases have recovered with a median duration of 11 days' hospitalisation (range of hospitalisation is 4 -37 days). Almost all the deaths recorded had co-morbidities such as hypertension, diabetes, dyslipidemia, amongst others.

As part of measures to control the outbreak, pharmaceutical and non-pharmaceutical measures have been implemented which include personal hygiene (hand washing, cough etiquette), physical distancing and restriction of movement in some states. However, cases are still increasing with a need for more bed space for admission.

In order to reduce pressure on the health system, cases which are asymptomatic or have mild symptoms may remain in isolation at home (*see Guidance on Self-Isolation*) with access to clinicians to monitor their health condition and have access to quick evacuation to a treatment centre should they need urgent medical intervention. This assessment will be based on the infrastructure of the state and health seeking behaviour of its citizens.

2. Objective

In the context of community transmission, depending on testing strategy and capacity, patients with mild or moderate illness who are not tested should be advised to self-isolate at home or stay in an isolation centre. Home care should also be considered when inpatient care is unavailable or unsafe (e.g. limited capacity, resources).

The objective of this document is to: -

1. Provide guidance on provision of home care for persons with confirmed COVID-19 infection who are asymptomatic or who have mild symptoms.
2. Clarify the categories of patients that can be recommended for home care

3. Clinical criteria to distinguish mild and severe illness and determine where to treat

There are a range of symptoms for COVID-19. Mild symptoms include fever, fatigue, cough (with or without sputum), sore throat, catarrh, headache, and no underlying conditions that increase the risk of poor outcome.

3.1 Mild illness

- Uncomplicated upper respiratory tract viral infection *(see Figure 1)*
- Rarely, patients may also present with diarrhoea, nausea, and vomiting
- Elderly and patients with immunosuppression may present with atypical symptoms

Counsel patients about signs and symptoms of complicated COVID-19 disease and advise them to seek care through national referral systems if these symptoms develop.

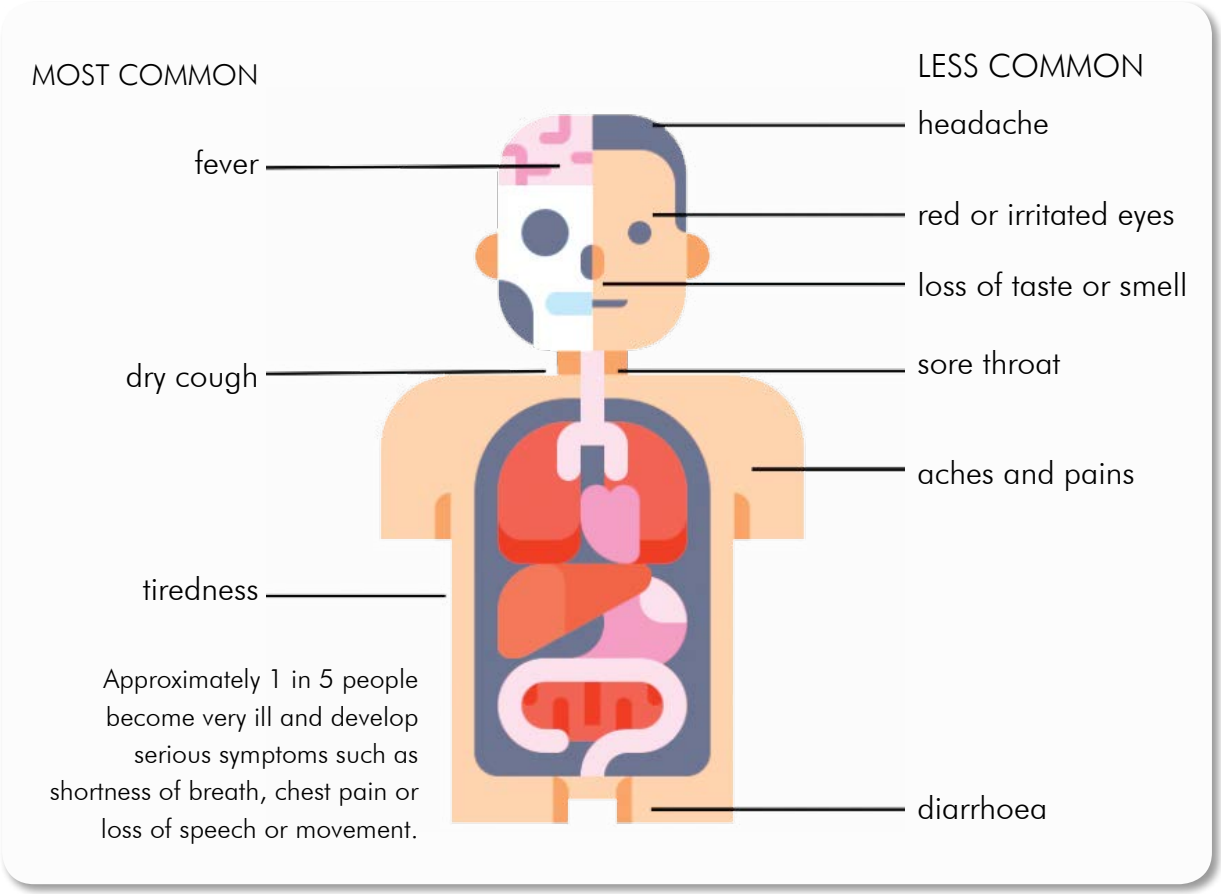

Figure 1: Mild clinical symptoms of COVID-19 (source: WHO EPIWIN)

3.2 Severe illness

- Severe pneumonia
- fever or suspected respiratory infection and one of the following
  - *respiratory rate >30 breaths/minute (tachypnoea)*
  - *severe respiratory distress,*
  - *or SpO2 ≤ 93% on room air*

4. Recommended criteria for home care for COVID-19

These interim recommendations for home care are based on the current epidemiology of the disease in Nigeria[1]. The following are recommended for home care: -

4.1 With mild caution

- Below **50 years** old who clinically stable, no history of a non-communicable disease AND
- Asymptomatic or mild symptoms
- Normal oxygen saturation (**SpO2 ≥ 95%** on room air)
- Available space for optimal self-isolation

4.2 With moderate caution

- Over **50 - 70 years** who is clinically stable AND with NO history of any co-comorbidity
- Asymptomatic or mild symptoms
- Normal oxygen saturation (**SpO2 ≥ 95%** on room air)
- Available space for optimal self-isolation

4.3 Not recommended

- Any age with severe symptoms
- Lack of adequate self-isolation facilities e.g. inadequate home accommodation
- Elderly patients
- Patients with two or more co-morbidities
- Any 'high risk' patient based on a clinical risk assessment done by a qualified clinician

1. *Based on epidemiological data on mortality of cases in Nigeria*

5. When to seek hospital care

- If patient's condition worsens, **notify the State Case Manager immediately** *(see Annex 1: State Hotline Numbers)*
- Urgently transfer patient to a designated treatment centre (*see Annex 2: SOP for Transfer of Patients)*

Recommended type of personal protective equipment (PPE) to be used in the context of COVID-19 disease, according to the setting, personnel, and type of activity

SETTING	TARGET PERSONNEL/PATIENT	ACTIVITY	TYPE OF PPE
Home	Patient with respiratory symptoms	Any	Maintain spatial distance of at least 2 metres. provide medical mask if tolerated, except when sleeping.
	Care giver	Entering the patient's room, but not providing direct care or assistance	Medical mask
	Care giver	Providing direct care or when handling stool, urine or waste from COVID-19 patient being cared for at home.	Gloves Medical mask Apron (if risk of splash)
	Health care Worker	Providing direct care or assistance to a COVID-19 patient at home	Medical mask, Gown Gloves Eye protection

6. Recommendations for home care

6.1 Patient

- Stay in a well-ventilated single room alone where possible
- Limit movement in shared spaces such as kitchen and bathroom.
- Regularly wash hands with soap and water
- Respiratory hygiene should be practiced always
- Discard tissues used to cover nose or mouth during coughing or sneezing into a lined bin which has a well-fitted lid
- Wear masks to cover the nose and mouth. Once the mask is dirty or soiled, remove immediately and discard in a lined bin with well-fitted lid

6.2 Household members

- Assign one person who is in a good health without risk conditions to care for the ill person (called the 'assigned caregiver').
- All household members should regularly wash their hands with soap and water
- Stop receiving visitors into the house/accommodation where the ill person is staying
- Limit contact with anyone outside the household until **14 days** after the ill person recovers
- Provide and dedicate personal items e.g. toothbrushes, eating utensils, dishes, drinks, towels, wash cloths, or bed linen for the patient
- Respiratory hygiene should be practiced always
- Discard tissue used to cover nose or mouth during coughing or sneezing into a lined bin which has a well-fitted lid
- Wear masks to cover the nose and mouth. Once the mask is dirty or soiled, remove immediately and discard in a lined bin with well-fitted lid
- Clean and frequently disinfect frequently touched surfaces such as bedside tables, bed frames, chairs, doorknobs, door handles and other bedroom furniture including bathroom and toilet daily with regular household disinfectant (see *NCDC IPC for COVID-19 Guidance*)
- Always stay in a different room from the patient and maintain a minimum of 2 metres from the patient

6.3 Assigned care giver

The assigned caregiver should:

- Use personal protective equipment when looking after the ill person.
  - o This should include, wearing a well fitted medical mask when in the same room with the ill person
  - o Always use disposable gloves to avoid direct contact with body fluids, particularly oral or respiratory secretions, and stool
- Wash hands with soap and water following all contact with ill persons or their immediate environment as well as before and after removing gloves.
- Use disposable paper towels to dry hands after washing. If paper towels are not available, use dedicated cloth towels and replace them when they become wet.
- Gloves, tissues, masks, and other waste generated by ill persons or used in the care of ill persons should be placed in a lined container in the ill person's room before disposal
- Use disposable gloves and protective clothing (e.g. plastic aprons) when cleaning or handling surfaces, clothing or linen soiled with body fluids
- If the assigned caregiver supports the individual with laundry, then they should not shake dirty laundry before washing. This minimizes the possibility of dispersing virus through the air.
- Wash items as appropriate, in accordance with the manufacturer's instructions.
- If the individual does not have a washing machine, wait a further **72 hours** after the isolation period has ended; the laundry can then be taken to a public laundromat or washed using the standard precautions.
- Items heavily soiled with body fluids, for example, vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

6.4 Case management team

- The case management team should follow the NCDC guidance on Case Management of COVID-19
- A dedicated health worker should:
- Be assigned to monitor the confirmed COVID-19 case
- Conduct a risk assessment of the intended area where the ill person would be accommodated for the period of homecare
- Follow the treatment modalities is as seen in the *National Interim Guidelines for Case Management of COVID-19*
- Carry out baseline assessment of the patient at start of care
- Maintain daily communication with the confirmed case throughout the duration of care
- Virtual modes of consultations e.g. videoconferencing can be employed to limit contact time between patient and healthcare worker
- Educate the patient and their household members on the importance of hand hygiene, respiratory hygiene, social distancing and basic infection prevention and control measures
- Patient retesting will as be seen in the *National Interim Guidelines for Case Management of COVID-19*
- Notify the State Case Manager when the patient is due for a re-test. This will help decide on how sample will be collected from the patient
- Certify that symptoms have cleared, and discharge criteria has been met (see *Case Management Guidelines for COVID-19)*.

6.5 State Epidemiologists

- Ensure that the patient is assigned an epi-number
- The patient should be followed up from the commencement of isolation/ home care

7. Waste Management[2]

New personal protective equipment must be used for each episode of care such as Aprons, gloves, and fluid repellent surgical masks. It is essential that personal protective equipment is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely, and kept separate from other waste within the room. This should be put aside for at least **72 hours** before being put in the usual household waste bin or where possible sent to hospital incinerators at the treatment Centre.

2. Please refer to NCDC IPC guidelines for more information

Bibliography

1. Resolve to Save Lives, 'Tools for Primary Health Care Centers,' Resolve to Save Lives (Vital Strategies), New York, 2020.
2. World Health Organization, 'Interim Guidance: Home care for Patients with COVID-19 Presenting with Mild Symptoms and Management of their Contacts. WHO reference number: WHO/nCov/IPC/HomeCare/2020.3,' WHO, 2020.
3. World Health Organisation, 'Rational Use of Personal Protective Equipment for Coronavirus Disease 2019 (COVID-19),' WHO, 2020.
4. Public Health England, 'COVID-19: Guidance on Home Care Provision,' May 5 2020. [Online]. Available: *https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-home-care-provision*

Annex 1: State Hotline Numbers

1.	**Abia State**	**0700 224 2362**	**0700 ABIA DOC**
2.	**Abuja, FCT**	**0809 993 6312** **0809 993 6313**	**0809 993 6314** **0708 063 1500**
3.	**Adamawa State**	**0803 123 0359** **0708 060 1139** **0811 585 0085** **0702 504 0415**	**0904 423 5334** **0811 585 0085** **0702 504 0415** **0904 423 5334**
4.	**Akwa Ibom State**	**0818 941 1111** **0904 557 5515** **0703 521 1919**	**0802 844 2194** **0803 793 4966** **0902 333 0092**
5.	**Anambra State**	**0903 472 8047** **0903 466 8319** **0816 359 4310** **0903 466 3273**	**0914 543 4416** **0811 756 7363** **0903 380 5959** *(WhatsApp)* **0907 428 5546** *(SMS)*
6.	**Bauchi State**	**0708 829 2249** **0815 095 3486**	**0809 5227003** **0704 340 2122**
7.	**Bayelsa State**	**0803 921 6821** **0701 930 4970**	**0815 169 3570**
8.	**Benue State**	**0901 860 2439** **0803 369 6511**	**0702 503 1214**
9.	**Borno State**	**0808 815 9881**	**0800 9999 9999**
10.	**Cross River State**	**0903 628 1412** **0803 123 0527**	**0805 0907 736** *(WhatsApp)*
11.	**Delta State**	**0803 123 0480** **0803 123 0481** **0803 123 0528** **0803 123 0529**	**0901 099 9933** **0901 099 9934** **0803 123 0021** **0800 500 0100**
12.	**Ebonyi State**	**0902 033 2489** **0815 927 9460**	**0704 591 0340** **0708 576 3054**
13.	**Edo State**	**0808 409 6723** **0806 425 8163**	**0803 583 5529**

14.	**Ekiti State**	**0906 297 0434** **0906 297 0435**	**0906 297 0436**
15.	**Enugu State**	**0818 255 5550**	**0902 233 3833**
16.	**Gombe State**	**0810 337 1257** **0702 625 6569** **0704 525 7107** **0702 522 7843**	**0702 676 1392** **0702 679 9901** **0704 214 5504**
17.	**Imo State**	**0809 955 5577**	**0708 711 0839**
18.	**Jigawa State**	**0803 599 7118** **0803 644 0532** **0806 932 3005** **0803 880 6682** **0703 599 7118** **0803 862 9331**	*Jigawa State COVID-19 Tasks Force Hot/Toll-free Lines:* **0806 872 5224** **0803 486 4266**
19.	**Kaduna State**	**0803 587 1662** **0802 508 8304**	**0803 240 1473** **0803 780 8191**
20.	**Kano State**	**0803 970 4476** **0803 703 8597**	**0909 399 5333** **0909 399 5444**
21.	**Katsina State**	**0903 503 7114**	**0904 709 2428**
22.	**Kebbi State**	**0803 678 2507** **0803 607 4588** **0803 290 7601** **0703 5606 421** **0806 767 7723** **0816 759 7029** **0808 340 0849**	*Case Management, Kebbi State Medical Centre, Kalgo:* **0704 635 2309** **0704 640 7663** **0704 693 5560**
23.	**Kogi State**	**0708 829 2249** **0815 095 3486**	**0809 522 7003** **0704 340 2122**
24.	**Kwara State**	**0906 201 0001**	**0906 201 0002**

ANNEX 1: STATE HOTLINE NUMBERS

25.	**Lagos State**	**0802 316 9485** **0803 356 5529** **0805 281 7243** **0802 8971 864**	**0805 975 8886** **0803 538 7653** **08000CORONA**
26.	**Nasarawa State**	**0803 601 8579** **0803 587 1718** **0803 325 4549**	**0803 620 1904** **0803 291 0826** **0812 124 3191**
27.	**Niger State**	**0803 824 6018** **0909 309 3642**	**0807 721 3070**
28.	**Ogun State**	**0818 897 8393**	**0818 897 8392**
29.	**Ondo State**	**0700COVID19 (07002684319)** **0701COVID19 (07012684319)**	**0800COVID19 (08002684319)**
30.	**Osun State**	**0803 502 5692** **0803 390 8772**	**0805 645 6250**
31.	**Oyo State**	**0809 539 4000** **0809 596 3000**	**0807 828 8999** **0807 828 8800**
32.	**Plateau State**	**0703 286 4444** **0803 542 2711**	**0806 548 6416** **0803 577 9917**
33.	**Rivers State**	**0805 610 9538** **0803 188 8093**	**0803 312 4314**
34.	**Sokoto State**	**0803 231 1116** **0802 206 9567** **0803 507 4228**	**0703 193 5037** **0803 639 4462**
35.	**Taraba State**	**0806 550 8675** **0803 250 1165**	**0803 935 9368** **0803 745 0227**
36.	**Yobe State**	**0813 183 4764**	**0704 111 6027**
37.	**Zamfara State**	**0803 562 6731** **0803 516 1538** **0816 133 0774**	**0806 540 8696** **0810 500 9888** **0806 307 5385**

Annex 2: SOP for Transfer of Patient

Purpose

This SOP provides operational guidance on transferring COVID-19 suspected cases from point of identification (e.g. health facility, home) to a designated treatment centre.

Steps

- **NOTIFICATION**

  On identification of a suspected case, the POI should immediately notify the State Epidemiologist through the quickest possible means. State Epidemiologist should immediately activate contact listing.

- **PRE-TRANSFER PREPARATION**

  a. Point of Identification: Health Facility/Home

  i. Maintain appropriate IPC measures
  ii. Identify staff/persons who will be involved in transfer of suspected case(s)
  iii. Prepare relevant transfer documents e.g. referral notes, contact tracing forms etc.
  iv. Assemble personal belongings of suspected case(s) to be handed over to the receiving team (health personnel), packed appropriately in a new clean sealed bag.
  v. Prepare suspect case(s) for transfer with appropriate Personal Protective Equipment (PPE) e.g. medical face mask and gloves
  vi. If at a health facility, communicate reason for referral and transfer procedure to family/friends of suspected case(s)
  vii. Identify a room/space for donning of PPE for the transporting team

  b. State Epidemiologist should:

  i. Notify focal person at designated treatment centre and confirm readiness to receive suspect case(s)
  ii. Create **direct** linkage between **designated** focal persons in referring facility/home and receiving treatment centre
  iii. Notify relevant authorities i.e. Director of Public Health (State), and Director of Surveillance (NCDC)

  c. Designated Treatment Centre

  i. Identify health worker(s) who will be involved in the transfer of the suspected case(s)
  ii. Health worker(s) to conduct a pre-departure briefing for the transfer team

iii. Dispatch designated ambulance and transfer team to the POI
iv. Communicate to the referring team the estimated time of arrival (ETA) after confirmation of the specific route of travel
v. Notify designated managing team of impending referral
vi. Prepare ward in treatment centre to accommodate and manage suspected case(s)

It is the responsibility of the referring health facility/home to identify and make available an appropriate parking area (which has a short direct route from the holding area) for the ambulance

Transfer Procedure

- **ON ARRIVAL OF AMBULANCE AT THE REFERRING HEALTH FACILITY/HOME:**

a. Health Facility/Home

i. Direct the receiving team to the designated PPE donning area
ii. Debrief the receiving team on current clinical status of the suspect case(s)
iii. Conduct pre-departure clinical evaluation (vital signs and general severity of illness, to decide appropriateness of planned transfer mechanism) before official transfer of suspected case(s)
iv. Hand-over transfer documents and personnel belongings to the receiving team
v. Transfer suspected case(s) to transporting team

b. Designated Treatment Centre

i. Park in the designated parking area, as shown by the transferring health facility/home
ii. Don appropriate PPE before debriefing
iii. Receive transfer documents and personal belongings of suspected case(s)
iv. Implement procedures to limit contamination on ambulance environmental surfaces
v. Receive suspected case(s) from referring team
vi. Conduct pre-departure vital signs after receiving suspected case(s)

- **UPON DEPARTURE FROM REFERRING HEALTH FACILITY/ HOME**

a. Health Facility/Home

i. Follow mission completion SOP (Doffing PPE, cleaning and disinfection)
ii. Communicate to the State Epidemiologist on the transfer of suspected case(s)

b. Designated Treatment Centre

i. Communicate to the focal person the Expected Time of Arrival after confirmation of the specific route of travel
ii. Monitor suspected case(s) closely at least every 30 minutes, if stable or PRN and administer necessary care
iii. Maintain strict IPC measures throughout the drive
iv. Update the focal person of the treatment centre on the clinical status of the suspected case(s)

- **ARRIVAL AT THE DESIGNATED TREATMENT CENTRE**

The Transfer team should:

i. Confirm arrival within treatment centre and specific route of travel within the facility before disembarking the suspected case (s) from the ambulance.
ii. Move suspected case(s) via earmarked direct route to designated ward(s)
iii. Return to ambulance and proceed to designated decontamination or disinfection station.
iv. Disinfect ambulance (refer to IPC SOP)
v. Ambulance transport personnel doff PPE under supervision of qualified personnel.
vi. Have appropriately trained personnel package waste from ambulance.
vii. Proper waste disposal should be carried out by trained personnel
viii. Debrief managing team and initiate post-mission surveillance, as needed.

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