

COVID-19 — APRIL 2020

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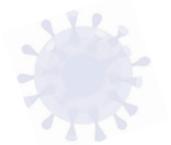
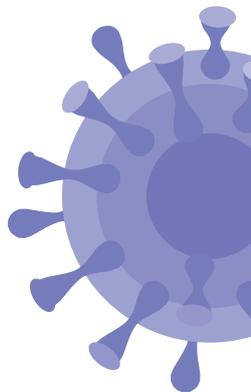
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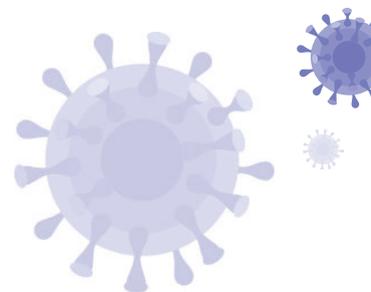
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Home Care Guidance

Visit [PreventEpidemics.org](https://www.PreventEpidemics.org) for more.

Prevent Epidemics is a project of [Resolve to Save Lives](https://www.ResolveToSaveLives.org), an initiative of [Vital Strategies](https://www.VitalStrategies.org).





Areas With Widespread Community Transmission of COVID-19

Recommendations for Screening and Triage

1 Communicate with patients before they arrive for care:

- Inform them of screening procedure that will be in place at the health facility; this will require sending messages out to the community using traditional and social media.
- If possible, establish a hotline for patients to call or text if they are seeking care for respiratory symptoms. If possible, use as a telephone consultation to determine if a visit is needed.
- Inform patients of preventive measures to take as they seek care (e.g. wearing a mask, having tissues to cover cough/sneeze).

2 Screen all patients and visitors presenting to the primary health center (PHC), including those presenting for antenatal, vaccine, TB, HIV, and other routine services.

3 Develop at least two outdoor areas to screen all patients and visitors prior to entry to the PHC:

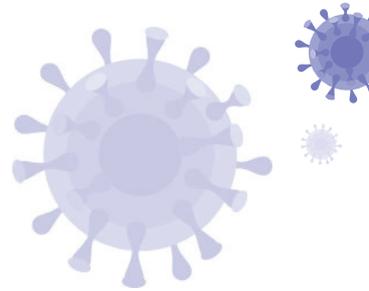
- One screening area for patients presenting to the PHC with respiratory symptoms/concern for COVID-19.
- One screening area for patients and visitors presenting for routine/other care.

4 Screening area specifications:

- Ensure the screening areas have adequate ventilation.
- Four posts with a roof may be used.
- The roof should have an overhang to address weather (heat, rain).
- Individual seating (not benches) should be used and placed at least 2 meters apart.
- A space of 2 meters should be maintained between all patients and/or visitors and between patients and health care workers. If there are space constraints, **at least 1 meter of space should be maintained.***

5 Dedicated, trained staff should conduct screening and triage. Consultation with the PHC clinician should be available for triage/risk stratification of suspected cases. Training should include: screening and triage procedures, COVID-19 case definition, and appropriate use of personal protective equipment (PPE).

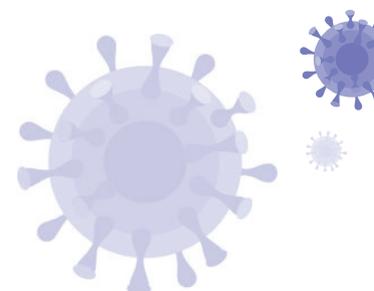
* Health care facilities may construct portable barriers to demarcate the recommended separations between patients or health care workers and patients.



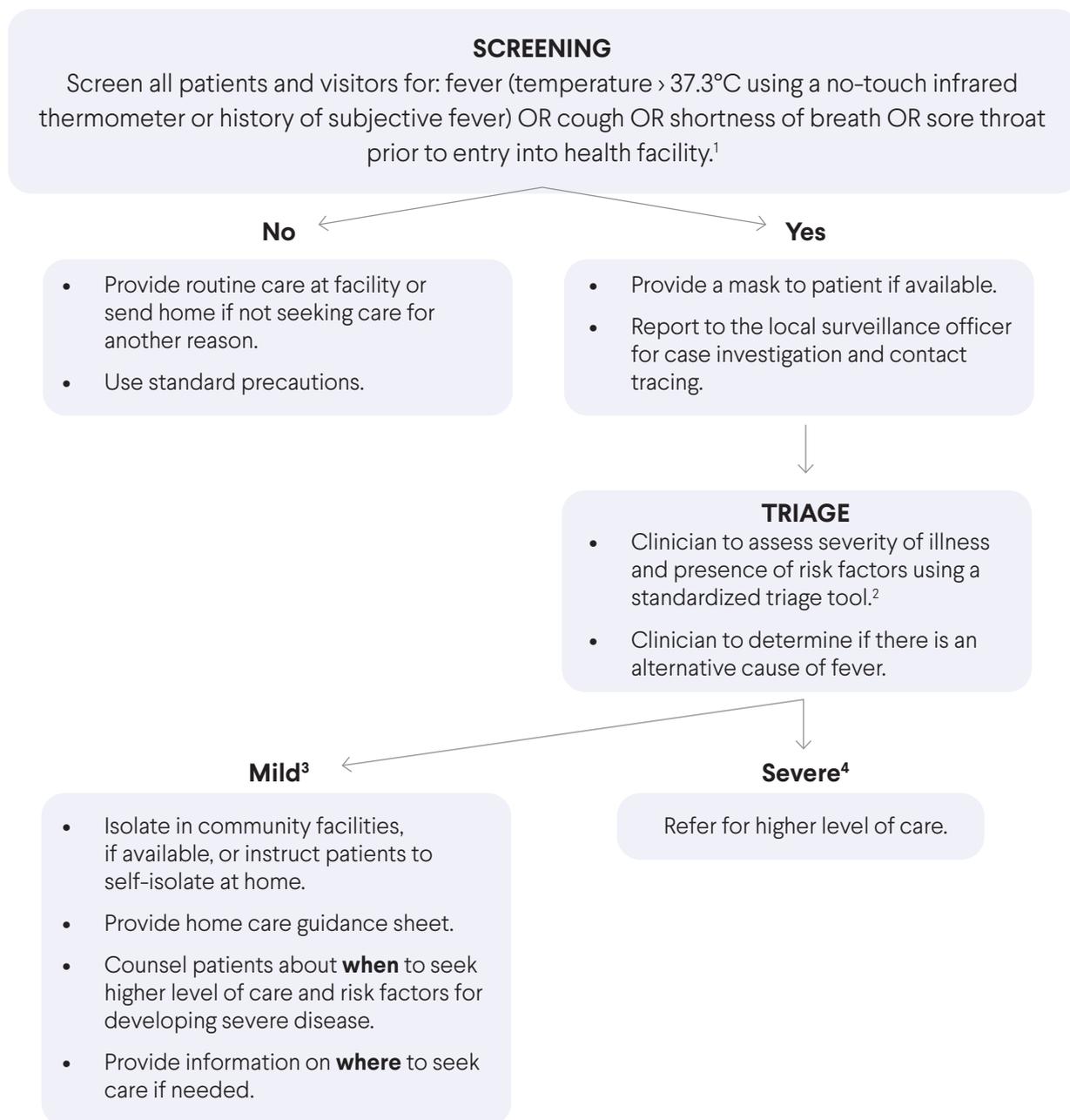
6 Equipment needed for screening staff as well as any other staff working in the screening areas or inside the PHC:

- Alcohol-based hand rub.
- Face shields and medical masks (not N95 respirators).
- Tissues for patients to cover their mouth/nose when coughing or sneezing.
- Bins/waste receptacles with lids for disposable tissues.
- No-touch infrared thermometers.
- Patients suspected to have COVID-19 should be immediately provided a mask. If masks are not available, provide paper tissues or request the patient to cover their nose and mouth with a scarf, bandana, or T-shirt. Those who need to be referred for isolation or a higher level of COVID-19 care should wait in a separate, dedicated space allocated within the outdoor screening area that is only for suspected COVID-19 cases. Restrict the number of family members in the waiting area for suspected COVID-19 cases.

7 Provide up to date information on the referral system, including contact information for referral hospitals and local public health authorities, to all health care workers and staff.



Screening Algorithm/Decision Tool in the Context of Widespread Community Transmission

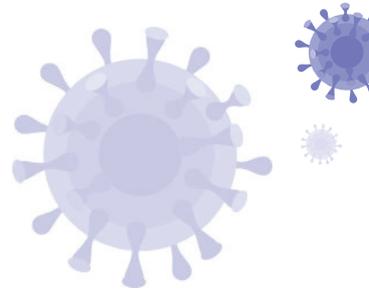


¹ Maintain at least 2 m of distance between patients and health care workers.

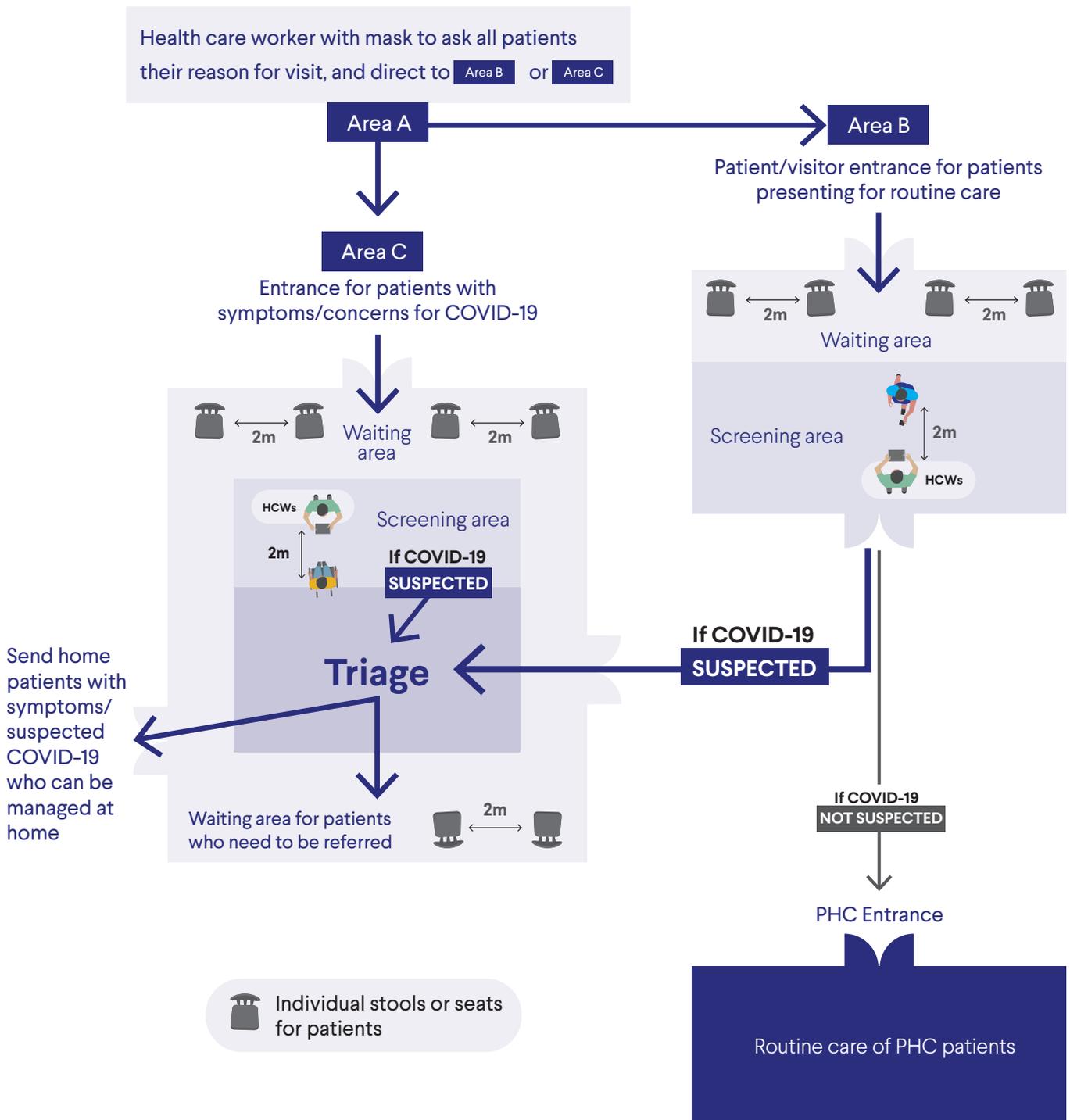
² Known risk factors for severe COVID-19: Age >60, hypertension, diabetes, cardiovascular disease, chronic respiratory disease, immunocompromising conditions (e.g. HIV, cancer treatment).

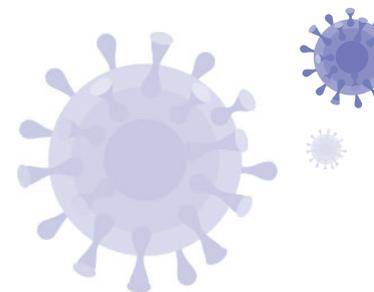
³ Mild illness: Patients with uncomplicated upper respiratory tract viral infection may have nonspecific symptoms: fever, cough, fatigue, malaise, muscle pain, sore throat, dyspnea, nasal congestion or headache. Rarely, patients may present with gastrointestinal symptoms. Older patients and those with immunocompromising conditions may have atypical symptoms. (World Health Organization. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected). Older patients may not have fever, but worsening cough or respiratory symptoms. (CDC. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/sop-triage-prevent-transmission.html>)

⁴ Warning signs of severe disease include: respiratory rate >30, trouble breathing, confusion/difficulty to arouse. In children, warning signs include: signs of respiratory distress (grunting, chest indrawing, inability to breastfeed/drink, central cyanosis), fast breathing (in breaths/min): < 2 months: > 60; 2–11 months: > 50; 1–5 years: > 40, lethargy or unconsciousness, and convulsions.



Diagram/Schematic of Screening/Triage Areas in the Context of Widespread Community Transmission





Areas With Sporadic Cases or Clusters of Cases of COVID-19

Recommendations for Screening and Triage The recommendations outlined below are for settings with sporadic cases or clusters of cases prior to widespread community transmission, and where contact with suspected or confirmed cases and travel history remain relevant.

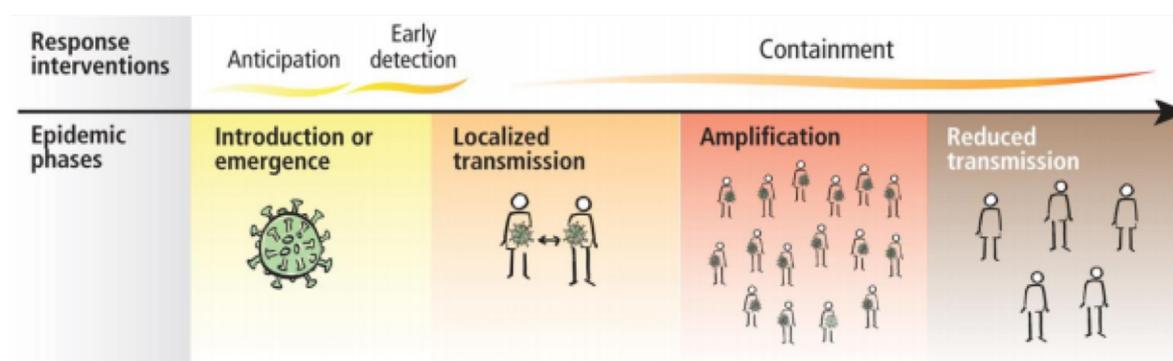


Figure source: World Health Organization. Operational considerations for case management of COVID-19 in health facility and community. https://apps.who.int/iris/bitstream/handle/10665/331492/WHO-2019-nCoV-HCF_operations-2020.1-eng.pdf. Accessed March 31, 2020

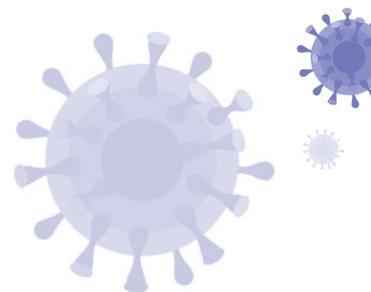
1 Communicate with patients before they arrive for care: (followed by bulleted list)

- Inform them of screening procedure that will be in place at the health facility; this will require sending messages out to the community using traditional and social media.
- If possible, establish a hotline for patients to call or text if they are seeking care for respiratory symptoms. If possible, use as a telephone consultation to determine if a visit is needed.
- Inform patients of preventive measures to take as they seek care (e.g. wearing a mask, having tissues to cover cough/sneeze).

2 Screen all patients and visitors presenting to the primary health center (PHC), including those presenting for antenatal, vaccine, TB, HIV, and other routine services.

3 Develop at least two outdoor screening areas to screen all patients and visitors prior to entry to the PHC:

- One screening area for patients presenting to the PHC with respiratory symptoms/concern for COVID-19
- One screening area for visitors and patients presenting for routine/other care



4 Screening area specifications:

- Ensure the screening areas have adequate ventilation.
- Four posts with a roof may be used.
- The roof should have an overhang to address weather (heat, rain).
- Individual seating (not benches) should be used and placed at least 2 meters apart.
- A space of 2 meters should be maintained between all patients and/or visitors and between patients and health care workers. If there are space constraints, **at least 1 meter of space should be maintained.***

5 Dedicated, trained staff should conduct screening and triage. Training should include: screening and triage procedures, COVID-19 case definition, and appropriate use of personal protective equipment (PPE). Consultation with the PHC clinician should be available for triage/risk stratification of suspected cases.

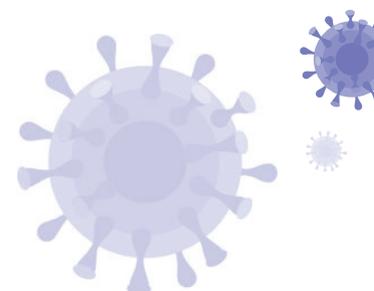
6 Equipment needed for screening staff as well as any other staff working in the screening areas or inside the PHC:

- Alcohol-based hand rub.
- Face shields and medical masks (not N95 respirators).
- Tissues for patients to cover their mouth/nose when coughing or sneezing.
- Bins/waste receptacles with lids for disposable tissues.
- No-touch infrared thermometers.

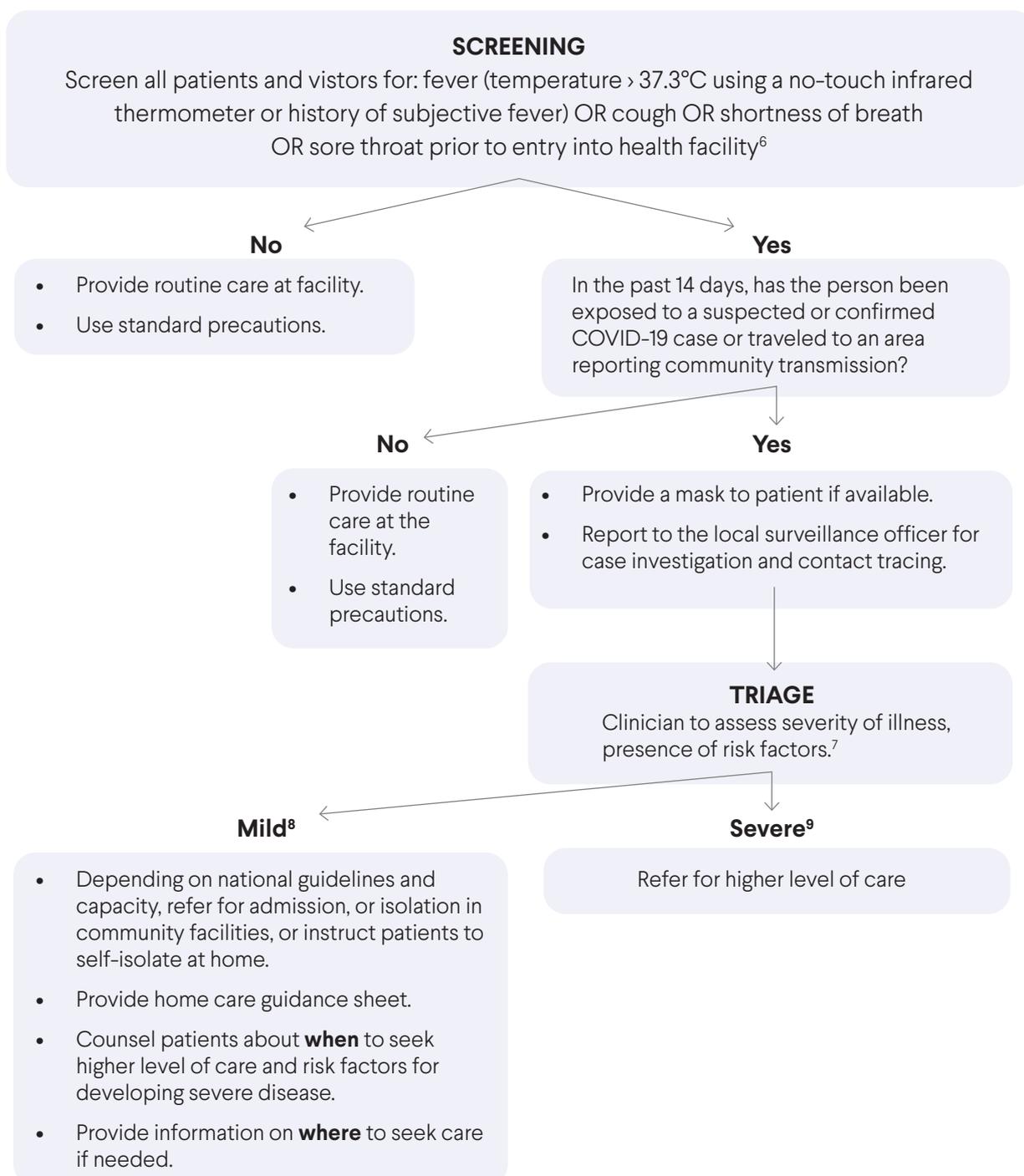
7 Patients suspected to have COVID-19 should be immediately provided a mask. If masks are not available, provide paper tissues or request the patient to cover their nose and mouth with a scarf, bandana, or T-shirt. Those who need to be referred for isolation or a higher level of care for COVID-19 care should wait in a separate, dedicated space allocated within the outdoor screening area that is only for suspected COVID-19 cases. Restrict the number of family members in the waiting area for suspected COVID-19 cases.

8 Provide up to date information on the referral system, including contact information for referral hospitals and local public health authorities, to all health care workers and staff.’

*Health care facilities may construct portable barriers to demarcate the recommended separations between patients or health care workers and patients.’



Screening and Triage in the Setting of Sporadic Cases and Clusters of Cases⁵



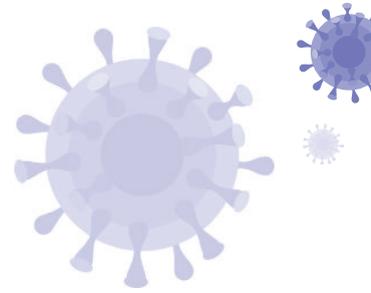
5 Adapted from: Ayebare RR, Flick R, Okware S, Bodo B, Lamorde M. Adoption of COVID-19 triage strategies for low-income settings. Lancet Resp Med 2020; (published online March 11, 2020). DOI: [https://doi.org/10.1016/S2213-2600\(20\)30114-4](https://doi.org/10.1016/S2213-2600(20)30114-4)

6 Maintain at least 2 meters of distance between patients and health care workers

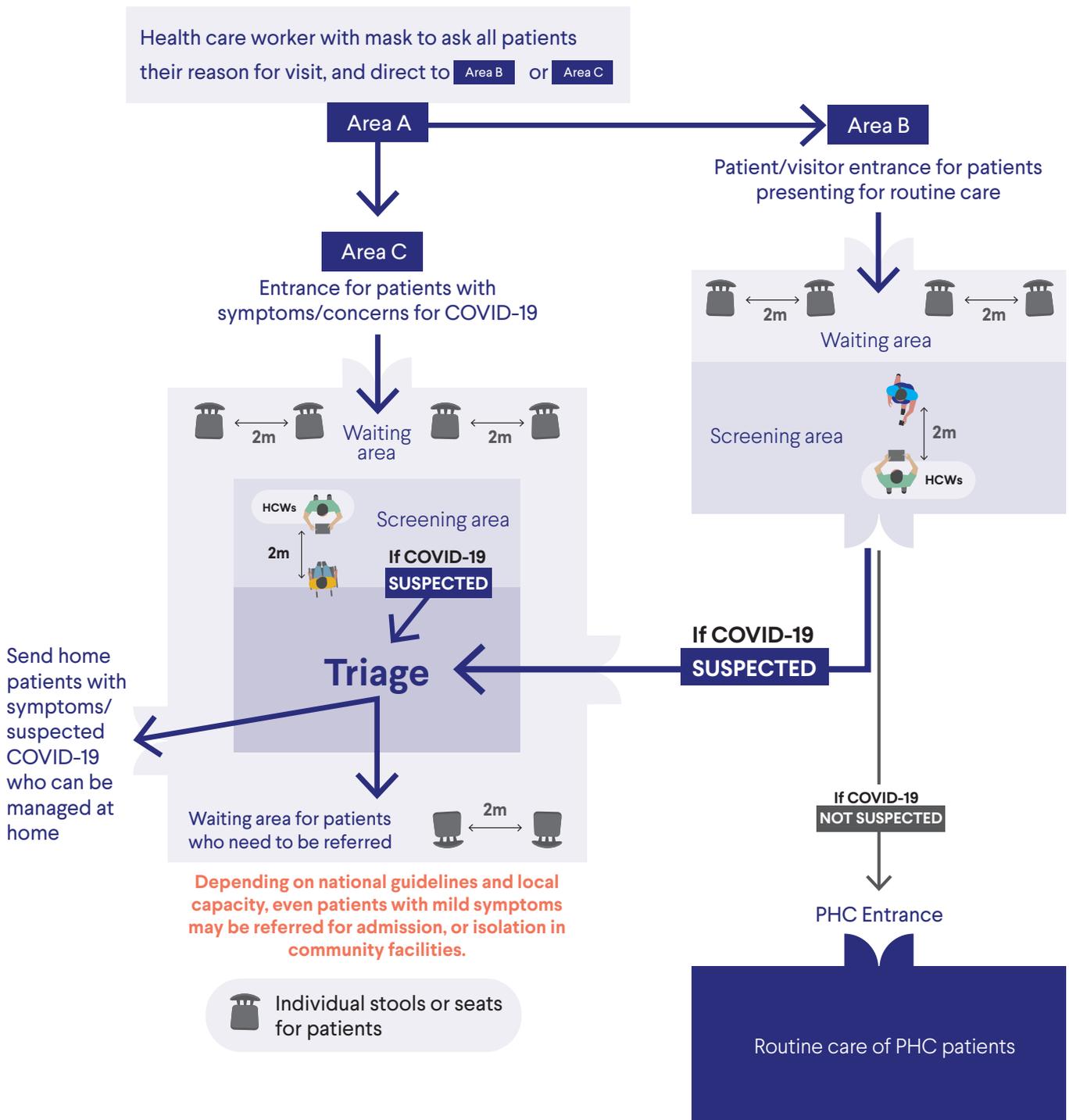
7 Known risk factors for severe COVID-19: Age >60, hypertension, diabetes, cardiovascular disease, chronic respiratory disease, immunocompromising conditions (e.g. HIV, cancer treatment)

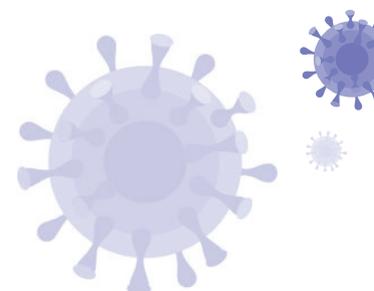
8 Mild illness: Patients with uncomplicated upper respiratory tract viral infection, may have nonspecific symptoms: fever, cough, fatigue, malaise, muscle pain, sore throat, dyspnea, nasal congestion or headache. Rarely, patients may present with gastrointestinal symptoms. Older patients and those with immunocompromising conditions may have atypical symptoms. (World Health Organization. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected).)

9 Warning signs of severe disease include: respiratory rate >30, trouble breathing, confusion/difficulty to arouse. In children, warning signs include: signs of respiratory distress (grunting, chest indrawing, inability to breastfeed/drink, central cyanosis), fast breathing (in breaths/min): < 2 months: > 60; 2–11 months: > 50; 1–5 years: > 40, lethargy or unconsciousness, and convulsions.



Diagram/Schematic of Screening/Triage Areas in the Setting of Sporadic Cases and Clusters of Cases





Role	Responsibility	Equipment*
Screener (minimum 2)	A community member or an existing healthcare worker to interview patients from a distance to see if they meet screening criteria	<ul style="list-style-type: none"> • Face mask • Eye protection (e.g., face shield or goggles) • Alcohol-based hand rub • Gown
Triage clinician (minimum 2)	A healthcare worker to assess the severity of symptoms and determine if there is another underlying cause for medical attention	<ul style="list-style-type: none"> • Face mask • Eye protection (e.g., face shield or goggles) • Alcohol-based hand rub • Gown
Environmental services/cleaning staff (minimum 1)	Existing facility staff	<ul style="list-style-type: none"> • Face mask • Eye protection** (e.g., face shield or goggles) • Gown and/or apron • Boots or closed toe work shoes • Reusable rubber gloves

*The reuse of masks, eye protection, or gowns without appropriate decontamination/sterilization is strongly discouraged. The removal, storage, re-donning and reuse of the same, potentially contaminated PPE items without adequate reprocessing is one of the principle sources of HCWs risk due to hands and face self-inoculation.

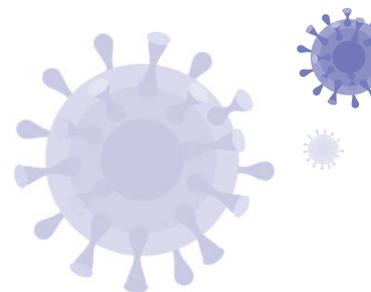
**Environmental services/cleaning staff should wear eye protection, especially when preparing disinfectant solutions for cleaning and while cleaning areas that are under droplet precautions.



Considerations for Specific Populations/Comorbidities

Comorbidity/ Population	Risk Level	Considerations
Hypertension	Higher Risk¹⁰	<ul style="list-style-type: none"> Ensure adequate supplies of medications. Provide prescriptions for as long as possible (e.g., three months). Use telemedicine services where available and already in place for routine consultations. Use trained, remunerated and supplied community health workers to increase home-based service support.¹¹ Advise patients to protect themselves from COVID-19: hand-washing, cleaning and disinfecting high-touch surfaces, staying at home, avoiding crowds and travel, and staying away from ill persons.¹²
Diabetes	Higher Risk¹⁰	<ul style="list-style-type: none"> Ensure adequate supplies of medications. Provide prescriptions for as long as possible (e.g., three months). Use telemedicine services where available and already in place for routine consultations. Use trained, remunerated, and supplied community health workers to increase home-based service support.¹¹ Advise patients to protect themselves from COVID-19: hand-washing, cleaning and disinfecting high-touch surfaces, staying at home, avoiding crowds and travel, and staying away from ill persons.¹²
Tuberculosis	Limited information People with TB and COVID-19 may have poorer outcomes¹³	<ul style="list-style-type: none"> Administrative and personal protection measures apply to both conditions (infection prevention and control, cough etiquette, isolation of people suspected to be affected).¹³ Patient-centered outpatient and community-based care for patients with TB is preferred.¹³ Provide adequate supplies of medicines to minimize unnecessary visits to treatment centers to collect medicines.¹³ Use telemedicine technology: electronic medication monitors, video-supported therapy.¹³ Advise patients to protect themselves from COVID-19: hand-washing, cleaning and disinfecting high-touch surfaces, staying at home, avoiding crowds and travel, and staying away from ill persons.¹²
HIV	No evidence to suggest people living with HIV who are clinically and immunologically stable on treatment are at higher risk of acquiring infection or developing more severe illness.¹⁴ People living with HIV with advanced disease, low CD4 and high viral load, and not on treatment, have an increased risk of infections and related complications in general.¹⁴	<ul style="list-style-type: none"> For patients stable on ART, use less frequent clinic visits.¹⁴ Postpone routine medical and lab visits to the extent possible for stable patients and who have a suppressed viral load.¹⁵ Use multi-month prescriptions and multi-month dispensing for 3–6 months, for people living with HIV stable on treatment.¹⁴ Ensure plans for access to care (telemedicine, virtual/phone and messaging, etc.) with strong community systems, when available, to support adherence.¹⁶ Engage and leverage civil society organizations and networks of people living with HIV.¹⁶ Advise patients to protect themselves from COVID-19: hand-washing, cleaning and disinfecting high-touch surfaces, staying at home, avoiding crowds and travel, and staying away from ill persons.¹²
Pregnant women	Unknown¹⁷ Immunologic and physiologic changes during pregnancy generally increase susceptibility to viral respiratory infections.¹⁵	<ul style="list-style-type: none"> Essential to screen all pregnant women. Symptoms due to physiologic adaptations of pregnancy or adverse pregnancy events, such as dyspnea, fever, gastrointestinal symptoms or fatigue, may overlap with COVID-19 symptoms.¹⁸ Advise patients to protect themselves from COVID-19: hand-washing, cleaning and disinfecting high-touch surfaces, staying at home, avoiding crowds and travel, and staying away from ill persons.¹²
Persons >60 years of age	Higher Risk^{10,19,20}	<ul style="list-style-type: none"> Ensure adequate supplies of medications. Provide prescriptions for as long as possible (e.g., three months). Advise to stay at home as much as possible; maintain contact with family and health care providers by telephone. Advise patients to protect themselves from COVID-19: hand-washing, cleaning and disinfecting high-touch surfaces, staying at home, avoiding crowds and travel, and staying away from ill persons.¹²

10 The Novel Coronavirus Pneumonia Emergency Response Epidemiology Team. The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) — China, 2020[J]. China CDC Weekly, 2020, 2(8): 113-122.
 11 World Health Organization. COVID-19: Operational guidance for maintaining essential health services during an outbreak. <https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>. Accessed March 31, 2020.
 12 CDC COVID-19 Response Team. Preliminary Estimates of the Prevalence of Selected Underlying Health Conditions Among Patients with Coronavirus Disease 2019 — United States, February 12–March 28, 2020. MMWR Morb Mortal Wkly Rep. ePub: 31 March 2020. DOI: <http://dx.doi.org/10.15585/mmwr.mm6913e2external icon>
 13 World Health Organization. WHO Information Note Tuberculosis and COVID-19. https://www.who.int/tb/COVID_19considerations_tuberculosis_services.pdf. Accessed March 29, 2020
 14 World Health Organization. Q&A on COVID-19, HIV and antiretrovirals. <https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-hiv-and-antiretrovirals>. Accessed March 29, 2020
 15 U.S. Department of Health and Human Services. Interim Guidance for COVID-19 and Persons with HIV. <https://aidsinfo.nih.gov/guidelines/html/8/covid-19-and-persons-with-hiv--interim-guidance-/554/interim-guidance-for-covid-19-and-persons-with-hiv> (March 20, 2020). Accessed March 29, 2020
 16 Pan American Health Organization. Coronavirus Disease 2019 (COVID-19) and HIV: Key Issues and Actions. <https://www.paho.org/en/documents/coronavirus-disease-2019-covid-19-and-hiv-key-issues-and-actions>. Accessed March 29, 2020
 17 Luo Y, Yin K. Management of pregnant women infected with COVID-19. Lancet Infect Dis 2020; (published online March 24, 2020). DOI: [https://doi.org/10.1016/S1473-3099\(20\)30191-2](https://doi.org/10.1016/S1473-3099(20)30191-2)
 18 World Health Organization. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected). Accessed March 30, 2020.
 19 CDC COVID-19 Response Team. Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020. MMWR Morb Mortal Wkly Rep 2020;69:343-346. DOI: <http://dx.doi.org/10.15585/mmwr.mm6912e2external icon>
 20 Zhou F, Yu T, Du R, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. Lancet 2020; 395:1054-62. doi: [10.1016/S0140-6736\(20\)30566-3](https://doi.org/10.1016/S0140-6736(20)30566-3)



Home Care Guidance

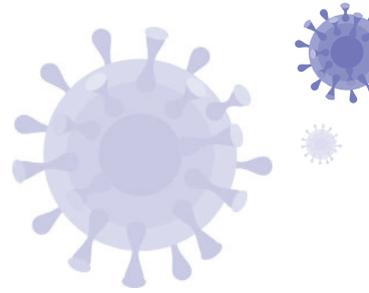
- Monitor your symptoms carefully. If your symptoms get worse or you have difficulty breathing/shortness of breath or a change in your mental status, seek care where advised by your primary health care facility.
- Ill patients should stay in a separate, well-ventilated room, if available. Contact with any individuals who are elderly or have underlying medical conditions should be limited.
- If a separate room is not available, maintain a distance of at least 1 meter from others in the home. Consider all household members to be contacts and quarantine for 14 days. If possible, identify another household for isolation of the suspected case and known contacts.
- Ensure that shared spaces are well ventilated (e.g. open windows).
- Do not share household items (e.g. eating utensils, dishes, drinks, towels, bed linens).
- Limit the number of caregivers, ideally to one healthy person, and do not allow visitors. Caregivers should perform hand hygiene after any type of contact with patients or their immediate environment.

Practice Clean Hygiene Regularly

- Cover your nose and mouth with a tissue or elbow when you cough or sneeze. Immediately dispose of the used tissues in a covered trash bin and wash your hands. If handkerchiefs are used, wash with soap or detergent and water.
- Household members should wash their hands with soap and water for at least 20 seconds before and after contact with ill or vulnerable family members, before and after preparing food, before eating, after using the toilet or changing a child's diaper, and after contact with animals. If soap and water are not available, use an alcohol-based hand rub. If hands are visibly dirty, use soap and water.
- Household members should avoid touching their eyes, nose and mouth.
- If you have a flush toilet, close the toilet lid before flushing.

Frequently Clean and Disinfect Surfaces

- Clean and disinfect regularly touched objects and surfaces such as door handles regularly.
- Bathrooms should be cleaned and disinfected at least once a day.
- Regular household soap or detergent can be used for cleaning first, and then after rinsing, regular household disinfectant containing 0.1% sodium hypochlorite should be applied. Household gloves should be used during cleaning and hands should be washed after removing gloves.



Resources

1 U.S. Centers for Disease Control and Prevention

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>.

Accessed March 29, 2020

2 U.S. Centers for Disease Control and Prevention

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/10Things.pdf>.

Accessed March 29, 2020

3 World Health Organization

Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts. [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts). Accessed March 29, 2020

4 World Health Organization

Advice on the use of masks in the community, during home care, and in health care settings in the context of COVID-19. [https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak). Accessed March 30, 2020.