

## COVID-19 Guidelines for the provision of home isolation

### Scope

*Isolation is the separation of ill persons from healthy individuals in a hospital, healthcare, or home setting.* Isolating ill persons may help to stop the spread of COVID-19.

This guidance provides information to Provincial Health Authorities (PHA's) throughout Papua New Guinea on the minimum requirements for home-based isolation to manage cases of COVID-19. Home care should only be for asymptomatic patients or those who have mild symptoms, without risk factors for a poor outcome, and who do not require supportive care (such as oxygen, antibiotics, IV hydration).

Patients suffering from immune suppression (such as HIV, cancer and TB), or elderly patients with co-morbidities (such as hypertension, heart disease, diabetes and chronic lung disease) should only be isolated in their home following clinical evaluation by the treating clinician.

Home care can be considered for adults or children with suspected, probable or confirmed COVID-19 when inpatient care is insufficient, unavailable or when health authorities perceive a need to expand services to meet their community's needs.

### Background

Based on clinical severity and local capacity all suspected, probable and confirmed cases of COVID-19 should be isolated and monitored in a designated location. This can be within the health care facility or in other settings such as hotels, gymnasiums, community centres or the homes.

In preparation for a widespread / prolonged outbreak PHA's should consider caring for some patients in homes. This may be when facility isolation is not possible or is insufficient to meet the demand. The principle will also apply to symptomatic patients that no longer require hospitalization and could be considered to continue care in the home.

In Papua New Guinea many health services are delivered at community level and in the home by community health workers, treatment supporters, pastoral care workers, or other community-based providers, including caregivers. The decision to initiate home care requires careful consideration and should include a safety assessment of the patient's home environment. It is also important that caregivers receive support on how to minimize the risk of infection and recognise signs that the patient's condition is worsening and that they may need to be sent to a health facility.

(Note: For the purpose of this document, "caregivers" refers to parents, spouses and other family members or friends providing care, as opposed to the care provided by formal health-care providers) (1).

### The decision to care for COVID-19 patients in home (& community) isolation

Caring for an individual infected with COVID-19 in a home where other people stay, rather than in a medical or specialised facility, increases the risk of transmitting the virus to others in the home (1). However, the isolation of individuals and careful support and education to those providing care will make an important contribution to reducing further transmission.

The decision as to whether to isolate and care for an infected person at home, or in a community facility, must be made on a case-by-case basis and depends on the following three factors: 1) clinical evaluation of the COVID-19 patient, 2) a safety evaluation of the home setting and 3) the ability for health workers to monitor the clinical condition of individuals with COVID-19 in their homes.

The patient (or identified carer) must be capable of adhering to respiratory hygiene, cough etiquette and how to reduce transmission in their home.

## (1) Clinical evaluation of the COVID-19 patient

Health workers consider the patient's clinical presentation, requirements for supportive care and the presence of any risk factors for severe disease. Risk factors for severe disease include being over the age of 60, smoking, obesity and other non-communicable diseases (cardiovascular disease, diabetes mellitus, chronic lung disease, chronic kidney disease, cancer and immunosuppression).

Patients who are asymptomatic or have mild symptoms (as listed in Table 1), without risk factors for a poor outcome, and do not require supportive care (such as oxygen, antibiotics, IV hydration), in conjunction with (2) and (3) could be considered for home isolation.

Table 1:

### Mild symptoms include:

- low-grade fever
- dry cough
- malaise
- rhinorrhoea (runny nose)
- sore throat

## (2) Considerations in the home

If care is to be delivered in the home there are a number of factors to be considered in order to care for the individual safely, reduce transmission to other household members and the community. These considerations include:

### *Care-package*

Authorities may need to support patient's in the delivery of a 'care-package' in order to safely remain in their homes. In order to support the patient and their carer / family this should include:

- Paracetamol (if the patient is experiencing fever)
- Soap for individuals and families to safely wash their hands
- Bleach for disinfection (consider detergent and or soap for cleaning also)
- basic personal protective equipment - such as face masks (for the patient) and gloves for carers to clean / dispose of waste safely.
- Bin liners to allow the patient / carer to dispose of waste safely.

### *Caregiver for the patient*

Patients isolating at home may require support from a family member or friend to care for their daily needs if they feel tired or mildly unwell; they may usually be dependent on support for daily needs like cleaning, cooking and will need this support to continue.

It is important to limit the number of caregivers in order to reduce the risk of transmission to many family members. A patient should have only 1 caregiver, the family / household should allocate this person carefully by ensuring they are healthy, with no underlying conditions.

The care giver should be taught how to perform hand hygiene, carry out environmental cleaning, understand the importance of respiratory hygiene and cough etiquette and how to safely manage laundry and waste from the patient. They must be informed on how to get help if the patient becomes more unwell. The caregiver should wear a mask when providing cares to the patient and make sure they adhere to frequent hand washing / hand hygiene.

The care giver must also monitor their health and report to health authorities if they develop any symptom suggestive of COVID-19.

### Where to isolate in the home

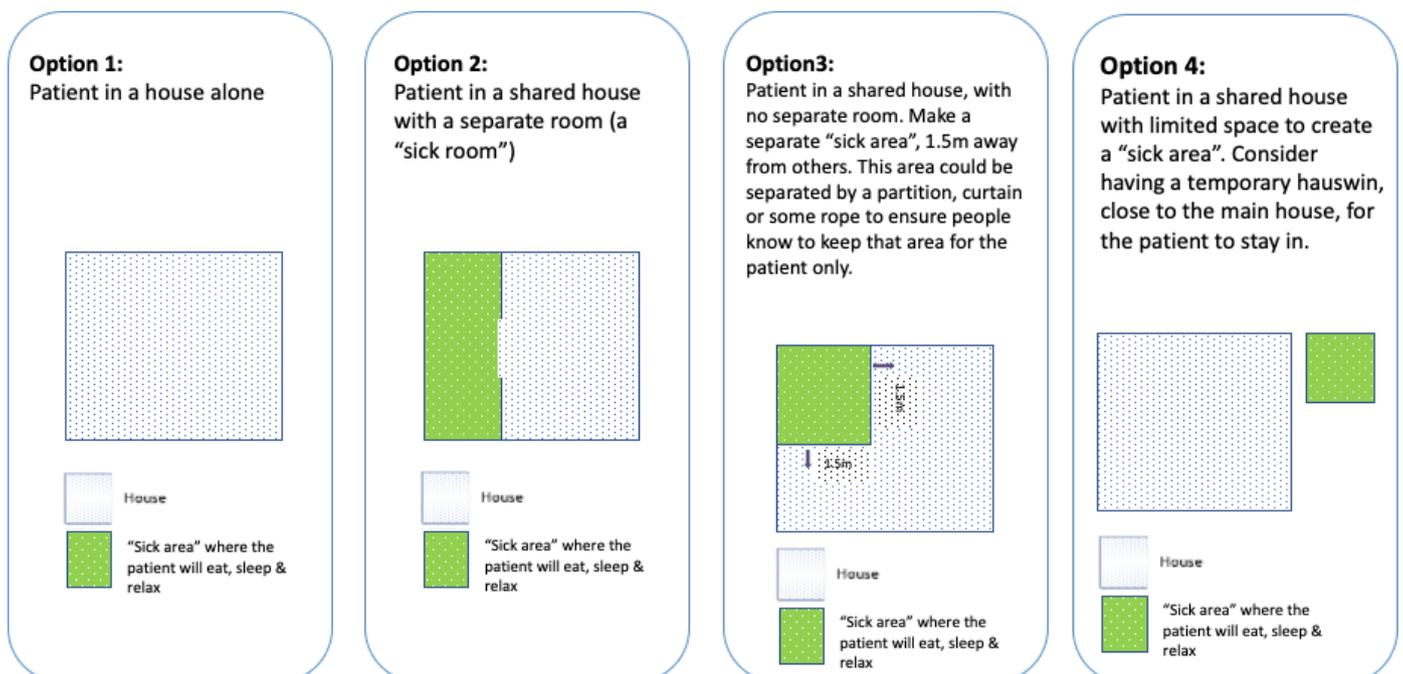
**Option 1:** If the patient lives on their own they can consider their whole house safe to isolate in. The individual can move around all areas, including their garden. The important part is keeping at distance from other people.

**Option 2:** If the patient lives with other people stay in a separate “sick room” away from other people in your household. Where possible this should be a separate room with windows that can be opened, with a good flow of air. This will be the room where the patient will sleep, relax and eat their meals. If possible the sick individual should have a separate bathroom and toilet.

**Option 3:** If a separate sick room is not possible, allocate one area of the home, at least 1.5m meters (3 steps) away from other people. This area should only be for the sick person, this area will be where the patient will sleep and relax. The patient should stay in this area and make sure they do not have close contact with any elderly or vulnerable members of the household.

The patient should have their own waste bin to ensure they can dispose of their waste separately.

**Option 4:** In rural areas, if the person lives in a crowded household, or lives with vulnerable people, the community should consider building a temporary hauswin close to the family’s main house. Privacy, safety and access to provisions will need to be considered.





## **Key considerations for all options:**

Close contact of any kind with the patient in isolation should be avoided. This includes hugging, having intimate sexual relations and sleeping next to the patient. All household members should maintain distance of 1.5m from the individual throughout the isolation period.

Patients in isolation must not leave their home for the full duration of isolation.

Avoid sharing household items like dishes, drinking glasses, utensils, toothbrushes, clothes, pillows, bed linen, or towels with other family members. The contact should have their own supplies for this period of time

## ***Handwashing & cough etiquette***

If the patient is coughing its important they wear a mask covering their mouth and nose to stop the spread of the virus. If they have disposable masks they should be changed daily or when the mask is wet. Masks should be disposed of to make sure other family members can't touch them. If they are made of cloth wash them in detergent daily and dry in the sunshine.

All household members (including the patient) should wash their hands with soap and water regularly throughout the day. This should be before meals, after using the bathroom and after washing / cleaning and disposing of waste. Health workers should provide the patient and household with some basic education on handwashing; handwashing is critical to reduce spread of the virus.

## ***Bathroom / toilets***

The bathroom / toilet should be cleaned and disinfected every day.

If a separate bathroom is not available for the patient, the shared bathroom / toilet should be cleaned & disinfected daily. Ideally it should also be cleaned after the patient uses it.

Keep some diluted bleach (0.1%) and a clean cloth available in the bathroom to do this.

In rural areas someone may need to bring river water to the patient in a bucket each day so they can wash.

## ***Environmental factors in the home***

It is important to allow air flow and fresh air through the house. Windows and doors should be opened when possible. It is recommended that all mats and rugs are removed from floors to allow for cleaning and disinfection of environmental surfaces.

## ***Cleaning & disinfection***

Household surfaces should be wiped cleaned with detergent (or soap) and water each day. Surfaces include tables, door handles, bench tops and taps. It also includes items like mobile phones and remote controls.

Using diluted bleach to disinfect after cleaning with soap and water will make sure any virus or germs are removed from surfaces. This is the best way to prevent infection spread when someone in the house is sick.

The bathroom and toilet should also be cleaned (with soap & water) & disinfected (with diluted 0.1% bleach) each day to make sure the virus does not stay on surfaces.

The patient's carer should clean the shared areas of the house *before* the patient's sick area. This helps to reduce the spread of the virus to other areas of the house. It is important to wear gloves for protection when cleaning the patient's area.

Gloves should be cleaned and soaked in disinfectant after use and allowed to dry in the sun.

Sleeping mats used for other family members should be wiped down daily with detergent or soap and allowed to dry in the sunshine.



## ***Laundry***

Clean the patients clothing and bed sheets separately to other household laundry. Use regular detergent, in hot water and allow linens to dry in the sunshine.

## ***Waste management***

Waste from the patient should be kept in a bin or plastic bag that can be sealed, in the patients' room and disposed of separately to other waste. Carers should wear gloves when removing the patients' waste for disposal. Waste can be burned. The patient or carer should make sure they wash their hands thoroughly with soap and water after they take the waste outside for burning.

## ***Food and water***

It is very important to consider how the patient or household will get food and water whilst they are isolating. If the patient lives alone the community leaders or community members may need to support them by delivering groceries, vegetables, or meals.

## ***Visitor's***

There should not be family or friends visiting when a patient is isolating in the home. Visitors should be for essential reasons only, for the delivery of food, water or medicine only. A designated drop off point should be identified outside of the house so that there is no direct contact with the patient.

## ***Psychosocial & economic considerations***

When considering home isolation for an individual consider what the psychosocial needs are for the individual should they remain in the home? Regular phone calls or visits (from a safe distance) each day will be beneficial for the patient / family's well-being.

What are the psychosocial needs of the household members? What support is available to the individual or family in coping with the emotional impact of being isolated for 14 days in the home, or the fear of stigma?

Authorities should also consider the economic impact to the household. Talk to the patient to understand if they need support (for instance if the bread winner is isolated, how does that affect the other family members?).

## **(3) Monitoring of the patient in the home**

Home-based care should be supported by health workers where possible. A health-worker should be allocated to support each individual that will be cared for in the home.

A clear communication link between the patient and the health worker should be established to ensure the patient's care, and overall well-being, is monitored. These staff should monitor patients at home with daily check-ins by text or phone where possible.

PHA's should also consider engaging community and/or faith-based organisations to assist with support services if available (such as the delivery of food or medicine).

## ***Discharge of persons in isolation***

As per the National Care & Treatment Guidelines asymptomatic patients will be discharged from care after completing 10 days in isolation (calculated from the date of laboratory test - PCR or Gene Xpert. Patients with mild

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symptoms must complete 10 days of isolation after symptom onset, plus at least 3 days without symptoms (this will mean there is a minimum of 13 days isolation). If symptoms continue, isolation must continue until the patient has had 3 days symptom-free.

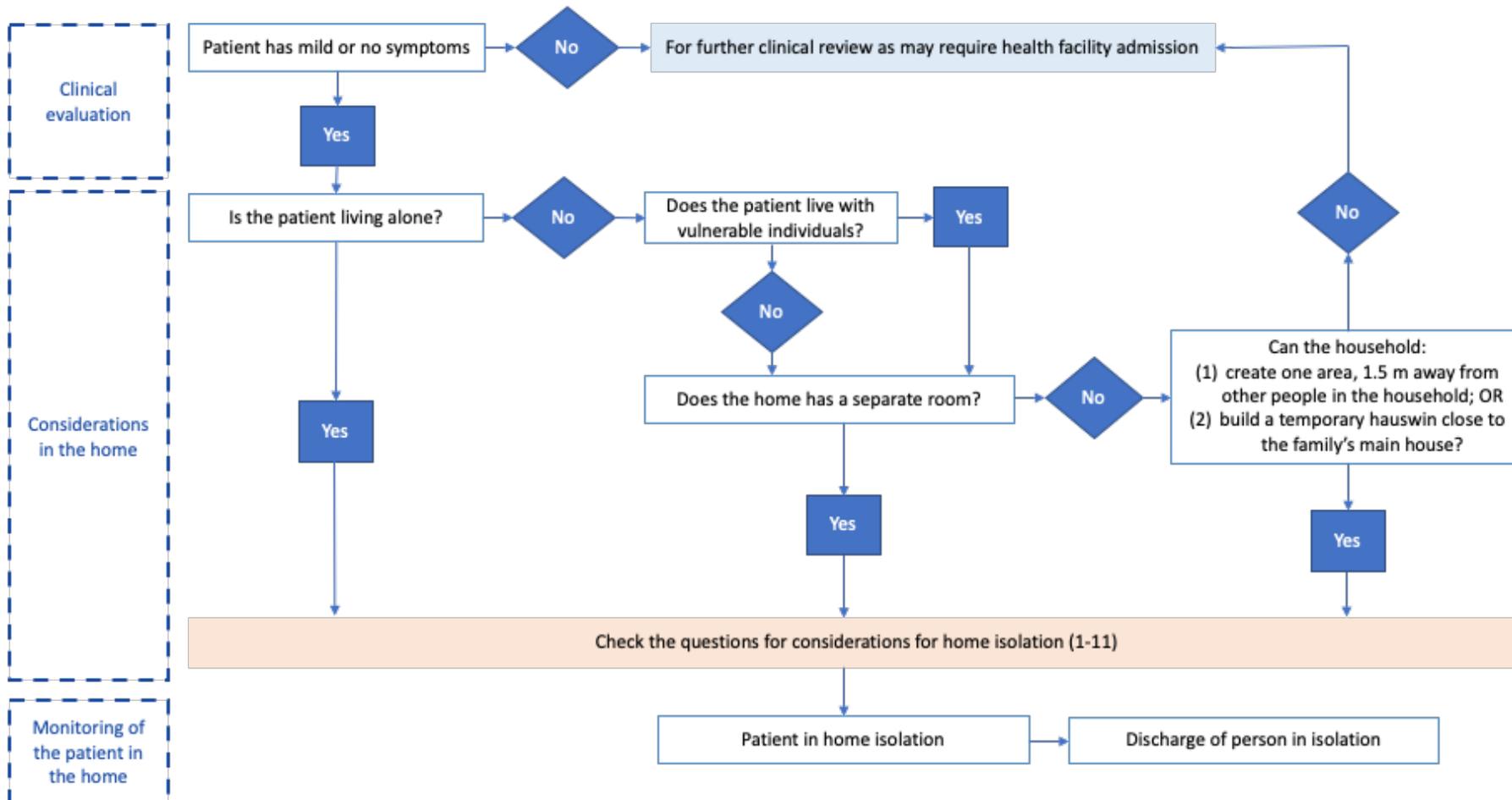
There is no need for testing after the period of home isolation is over. Patients should be informed if further follow up or review is required.

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Approved by:

## Annex 1.

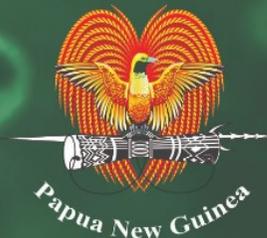
### Decision making for home isolation



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## Questions for consideration for the home isolation

Questions	Assessment
1. Does the patient need care-package?	
2. Does the patient need an identified caregiver?	
3. Does the patient know how to wear a mask when she or he has a cough?	
4. Does the household have access to soap & water for handwashing?	
5. Who in the household will be in charge of cleaning and disinfecting object or/and surfaces shared among the household?	
6. Can the household separate waste for the patient and other people? Can the waste be safely managed?	
7. Does the patient or the household need support for food supply?	
8. Is there a drop-off or communication point that can be established for the patient so that a safe (1.5m) distance can be maintained at all times?	
9. What are the psychosocial needs of the household members? What support is available to the individual or family in coping with the emotional impact of being isolated for 14 days in the home, or the fear of stigma?	
10. Does the household need financial support if the breadwinner is isolated? How does it affect the other family members?	
11. Can a clear communication link established between the health care workers and the patient for daily check-ins, and for the patient/carer to call if they need a doctor or nurse?	