



Republic of Rwanda  
Ministry of Health



# Home Based Isolation and Care Guidelines for Patients with COVID-19

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## FOREWORD

These guidelines are intended to guide public health and infection prevention and control (IPC) professionals, health care managers and health care workers (HCWs) in implementing home-based care for confirmed COVID-19 cases who are asymptomatic and those with mild symptoms. The guidelines do not apply to confirmed COVID-19 cases with severe disease as they will continue to be hospitalized in the designated COVID-19 treatment centers or other health facilities.

The World Health Organization (WHO) recommends that in situations where isolation of all cases in a healthcare facility is not possible, those with mild disease and no risk factors can be isolated in non-traditional facilities or can be managed at home.

In Rwanda, current data shows that approximately 70% of cases are mild/asymptomatic and requiring only isolation and supportive management to recover, which can be done from the home set up. The home-based care model has been piloted, and is anticipated to be beneficial at individual and community levels. It will require close collaboration across sectors and will leverage existing community health structures.

I am delighted to present these guidelines and highly recommend their use as part of the COVID-19 home-based isolation and care model.

As COVID-19 pandemic evolves, these guidelines will be updated regularly

May these changes serve to deliver better health services to save lives

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Minister of Health



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## 1. Background

WHO recommends that all laboratory confirmed cases be isolated and cared for in a health care facility. In situations where isolation in a health care facility of all cases is not possible, WHO emphasizes the prioritization of those with highest probability of poor outcomes: patients with severe and critical illness and those with mild disease and risk for poor outcome (age >60 years, cases with underlying co-morbidities, e.g., chronic cardiovascular disease, chronic respiratory disease, diabetes, cancer). If all mild cases cannot be isolated in health facilities, then those with mild illness and no risk factors may need to be isolated in non-traditional facilities, such as repurposed hotels, schools, stadiums or gymnasiums where they can remain until their symptoms resolve and laboratory tests for COVID-19 virus are negative. Alternatively, asymptomatic patients or with mild disease and no risk factors can be managed at home.

Rwanda reported the first case of COVID-19 on 14<sup>th</sup> March 2020. As of 21<sup>st</sup> July 2020, 1655 confirmed COVID-19 cases including 5 deaths, 848 recoveries and 802 active cases had been reported. At the beginning of the outbreak, there were two treatment centers in Kigali for management of confirmed cases. As the confirmed COVID-19 cases increased, the existing isolation facilities were overwhelmed, and this led to repurposing of some health centers and schools into COVID-19 treatment centers to meet the high demand. By 21<sup>st</sup> July 2020, there were 18 treatment centers: nine (9) health centers and seven (7) schools with a total capacity of 1986 beds. Since 1<sup>st</sup> June 2020, following the reported community transmission in Rusizi District, there has been an upsurge in number of confirmed cases. With the reopening of airports for commercial flights and resumption of domestic and international tourism, it is anticipated that cases of COVID-19 will continue to increase.

## 2. Rationale for implementation of home-based care

The repurposing of health centers into treatment centers creates a barrier in accessing health services. This is detrimental to achieving the goal of ensuring continuity of health services during this pandemic with associated indirect morbidity and mortality due to other health related conditions. As the country progressively reopens the economy; schools, hotels, private and government services need to be fully operational and will therefore not be available for use as treatment centers. There is need to shift towards a more sustainable option to ensure continuity of public and private services especially healthcare services. This approach will also reduce significant costs incurred by the Government of Rwanda that currently offers free treatment and quarantine services to all citizens and foreigners. Current available data in Rwanda shows that approximately 70% of cases are mild/asymptomatic and requiring only isolation and supportive management to recover and this can be done from the home set up. In view of this, the Government of Rwanda decided to shift from institutional isolation to home based care for asymptomatic and mild cases.

## 3. Purpose

This guidance is intended to guide public health and infection prevention and control (IPC) professionals, health care managers and health care workers (HCWs) in implementing home care for confirmed COVID-19

cases who are asymptomatic and those with mild symptoms. Confirmed COVID-19 cases with severe disease will be hospitalized in the designated COVID-19 treatment center or other designated health facilities.

## 4. Scope

The Home-based isolation and care guidelines cover the following areas:

- Patients eligibility for home-based isolation and care
- Assessment of feasibility for home-based isolation and care
- Infection prevention and control measures during home isolation and care
- Home management of mild symptoms
- Patient monitoring
- Referral system if progression of symptoms is noted
- Criteria for ending home-based isolation and care
- Management of other household members
- Consideration of children in home-based isolation and/or care
- Roles and responsibilities of each stakeholders involved in home-base isolation and care
- Community awareness and engagement surrounding the COVID-19 cases in home-based isolation and care
- Monitoring and evaluation

## 5. Eligibility for Home Based Isolation and Care

As the need for home-based isolation and care evolves, the clinical evaluation prevails in determining eligibility for home-based care. Below are important criteria in assessing patients for eligibility for home-based isolation and care:

- Laboratory Confirmed COVID 19.
- Consent to self-isolate at home at all times, until discharged by competent health authorities.
- Asymptomatic patients or patients with mild symptoms of COVID-19.
- Age below 65 years. Exception can be applied after the assessment.
- Access to a suitable space for home-based isolation and care (see details below on point 6)

## 6. Assessing feasibility of home-based isolation and care spaces

The decision to care for a patient at home requires careful judgment and should be informed by an assessment of the suitability of the patient's home environment. A joint trained Health Care Workers (clinical doctor, investigator, epidemiologist, IPC, CHWs and local government) should conduct an assessment to verify suitability of the home environment for home-based isolation and care.

**The criteria below will be used:**

1. There are NO household members who may be at increased risk of complications from COVID-19 infection e.g. people >65 years old people who are immunocompromised or who have chronic heart, lung, or kidney conditions, etc...
2. There must be adequate toilets and bathrooms facilities on the premises/in the compound.
3. There is a separate well-ventilated bedroom or isolation space where the patient can recover without sharing immediate space with others.
4. Presence of another responsible adult in the household.
5. If the above criteria are all met (Yes), a secondary set of criteria should be reviewed to ensure complex living situations will not undermine efforts to prevent and control further spread of COVID-19.

## **7. Infection Prevention and Control during home based isolation and care**

### **7.1. Home and sick room setup**

- The room should be well-ventilated
- The doors and windows should always be open
- There should be a waste bag in the room for used tissues, face masks, and other waste; the waste bag will be collected by an educated health care worker for proper disposal considering that they are infectious waste.
- Hand washing facility and soap (or sanitizer) must be in place

### **7.2. General IPC considerations**

- Ensure windows and doors are open to maximize ventilation throughout the house
- No one should leave the house
- Limit movement in the house and minimize presence of household members in shared spaces
- Visitors should not be allowed in the house until the person with COVID-19 has recovered
- All House-hold members should always wear a face mask: the COVID-19 case and the care giver must wear a medical mask while the other household members may wear a cloth mask
- Always maintain 2 meters distance from each other
- All household members should wash hands frequently with soap for at least 20 seconds
- Avoid touching surfaces
- Use dedicated linen and eating utensils for the COVID-19 patient. These items may be reused after they are soaked within chlorine 0.05% solution for 30 minutes then cleaned with soap and water.
- Ensure masks, gloves and any other potentially contaminated waste are disposed in specific plastic-lined bins for infectious waste

### 7.3. Home Sanitation

- Clean frequently touched surfaces with soap and water twice a day and when is necessary then disinfect with recommended product and rinse with water and soap. Any cleaning of possibly contaminated surfaces within the 'sick' room should be done by the COVID-19 confirmed person
- Bathroom and toilet surfaces should be clean and disinfected at least twice a day.
- If the person with COVID-19 is sharing a bathroom with others, they should disinfect the surfaces after using the bathroom
- Regular household soap or detergent should be used first for cleaning, after rinsing, apply disinfectant solution.
- Basic PPE should be used when cleaning surfaces Either utility or single-use gloves can be used. After use, utility gloves should be cleaned with soap and water and decontaminated with 0.5% chlorine solution.
- Single-use gloves (e.g. nitrile or latex) should be discarded after each use. Perform hand hygiene before putting on and after removing gloves.

### 7.4. Washing Laundry

- Clean the clothes, bed linen and towels of the person with COVID-19 by soaking them into chlorine solution of 0.05% for 30 minutes then use regular laundry soap/detergent and hot water and dry thoroughly sun.
- Basic PPE should be used when handling clothing or linen soiled with body fluids. Either utility or single-use gloves can be used. After use, the reusable PPE items should be soaked into 0.5% chlorine solution for 30 minutes then cleaned with soap and water and decontaminated with 0.05% chlorine solution.
- Single-use gloves (e.g. nitrile or latex) should be discarded after each use. Perform hand hygiene before putting on and after removing gloves.
- Place contaminated linen into a biohazard bag. Do not shake soiled clothing or linen and avoid contaminated materials coming into contact with skin and clothes.

### 7.5. Waste Management

- Masks and other waste generated during home care should be placed into a biohazard bag placed into a closed pedal dust bin with a lid
- Leftover liquid food (tea, coffee, water) from the patient and other household members to be collected into the bucket and poured carefully and safely in the soak pit by the caregiver.
- Leftover solid food (beans, rice, potatoes, breads...) to be collected into bucket by the caregivers then disinfected with 0.5% chlorine bleach solution and emptying into a soak pit. Always the used bucket must be cleaned and disinfected with 0.5 % chlorine bleach solution.
- When the infectious waste bag is three-quarters full (every few days), the waste inside the plastic bag should be sprayed with 0.5% chlorine solution, then seal the plastic bag and spray the outside of the plastic bag containing waste with disinfectant again then put to a temporary secure storage location where children and others cannot come into contact with

- The infectious waste bags will be collected periodically by health workers who will bring the waste to the designated Health Center to be disposed of safely every 7 days maximum.

## 8. Home management of mild symptoms

- Patient should be advised to increase water intake.
- Patient should be advised to wash hands regularly and always practice respiratory hygiene
- Antipyretics to be used in case of fever.
- Use of analgesics for pain relief.
- Anti-inflammatory like ibuprofen should not be used
- Antibiotics should not be used unless pneumonia is confirmed. If pneumonia is confirmed, use of Augmentin or ceftriaxone/doxycycline is recommended

## 9. Patient monitoring

- **Patient follow up will be done daily through phone calls**
- **The patient will take their own temperatures daily and report the daily temperatures during the call**
- **Follow up calls also entail checking on presence of symptoms of disease progression to a severe form. These symptoms include:**
  - High grade fever more than 3 days that cannot be managed by common antipyretics: Temperature  $>38^{\circ}\text{C}$
  - Fast breathing
  - Difficulty in breathing
  - Altered mental status
  - Reduced urine output
  - Cold extremities

## 10. Criteria for ending home-based isolation and care

When all three criteria have been met, home-based isolation and care can be ended safely.

- Documented clinical improvement for more than 48 hours.
- Having been on home-based isolation and care for a minimum of 14 days regardless to how soon the patient has improved.
- One negative results of COVID-19 RT-PCR

## 11. Management of other household members

All the other household members are high-risk contacts and will be on self-quarantine and will be followed up on phone until the home-based care and isolation for the confirmed case ends. This means no household members is allowed to leave the household premises, and they will not be allowed to interact with other people. They will all be tested on day 1, when ending home-based isolation for the confirmed case, or at any point in time when someone develop symptoms. If they turn positive, they will go through the home-based isolation and care if they meet the criteria. Also, if the affected household is living in a shared premises/compound, all residents within the compound should be tested on day 1, when ending home-based isolation for the confirmed case, or at any point in time when they develop symptoms.

## 12. Consideration of children in home-based isolation and/or care

RBC will work closely with the National Children's Commission (NCC) and the Ministry of Gender and Family Promotion (MIGEPROF) to ensure children are considered and protected during the assessment of the home environment and/or if a parent is sent to a treatment center at any point in time. Principles guiding the assurance of child welfare and safety are:

- Where possible keep the children with family members in the household e.g. if immediate caregivers are isolated then there should be another adult caregiver in the household to care for children – alert the Child Protection and Welfare Officer (part of NCC structure) at the district level (as well as the Inshuti Z'Umuryango/IZU in the village) of this situation so they can monitor and provide additional support if needed;
- In cases where no alternative adults can provide care in the same household, children should not be left unsupervised. Contact the district Child Protection and Welfare Officer (CPWO) to identify possible emergency foster care or interim placement in extended family. Institutional care is not recommended;
- If a child is taken to interim alternative care (foster or extended family) then the Child Protection and Welfare Officer must work with the health workers to reunify the family once adults are well and returning home;
- Support mental health and psychosocial support of children especially where they may not understand what is happening and become anxious or scared, having good communication with children is important, to explain what is going on and to reassure them, additional MHPSS interventions may be necessary, bringing in professional social workers and psychologists from RBC and NCC;
- The child's views should be considered in decisions concerning them. Input from the affected child should be sought consistent with his or her age and capacities.
- Highly recommend training on child protection for health care workers who are managing home based isolation and care in order to understand how to deal with situations where children might be unaccompanied, separated or isolated, also to ensure referrals are clear to IZU/District level CPWO.

### 13. Management of patients who are not eligible for home-based care

Community-based facilities e.g. community halls or any other available community facilities will be identified at the sector and cell level for management of mild or asymptomatic COVID-19 cases who are not eligible for home care due to feasibility issues

### 14. Communications and technical training material and tools

Clear communication and information will be provided to households in home-based isolation and care to enable all household members to follow this guidance and ensure the health, well-being and safety of all household members. Training and tools to be developed and shared with all households in home-based isolation and care are:

#### Technical guidance

- Preparing chlorine solution
- Safe basic and extended PPE handling
- Hand hygiene performance and respiratory hygieneEnvironmental cleaning and disinfection
- Clothes, linen and utensils management
- Guidance ensuring dietary diversity for children
- Infectious waste management

#### Risk communications and community engagement

- CHW training to educate affected households on home-based isolation, care and infection prevention and control, particularly to the caregivers of COVID-19 positive case; including a module on interpersonal communication skills and identifying and addressing stigma in the household and in the community
- Train (IZU) to understand home-based isolation and care and to identify and address stigma in the community
- Equip CHWs with the package of communication materials with key positive parenting practices to disseminate in the households with children under 5 and reinforce to parents/caregivers the need to sustain them even during the COVID-19 crisis (with NECDP)

### 15. Roles and responsibilities

#### Roles of CHWs

- Education to the affected household on home-based isolation, care and infection prevention and control, particularly to the caregivers of COVID-19 positive cases

#### Roles of MINALOC

- Reinforcement of isolation and quarantine measures
- Monitor compliance to the set rules
- Community policing
- Assessing food security and distribute food and water distribution to HHs that are in need

### **Role of the Ministry of Health and Rwanda Biomedical Centre**

- Mobilize resources to support implementation of the policy
- Developing standard operating procedures and guidelines
- Define referral procedures and financial mechanisms
- Monitoring of implementation and review guidelines as needed
- Enforcing facilities to provide critical care
- Periodic waste collection and off-site infectious waste management

### **Role of MIGEPROF/NCC**

- Make available Child Protection and Welfare officers at the district and the Inshuti Z'Umuryango to work with MoH/RBC to assess the situation of children in HBC (whether affected or infected), and ensure affected children have the necessary care and protection
- Support mental health and psychosocial support of children.

### **Role of Development partners**

- Provide technical and financial support for the implementation of the home-based isolation and care guidelines

## **16. Monitoring and Evaluation**

The following indicators will be used for monitoring:

### **Indicators**

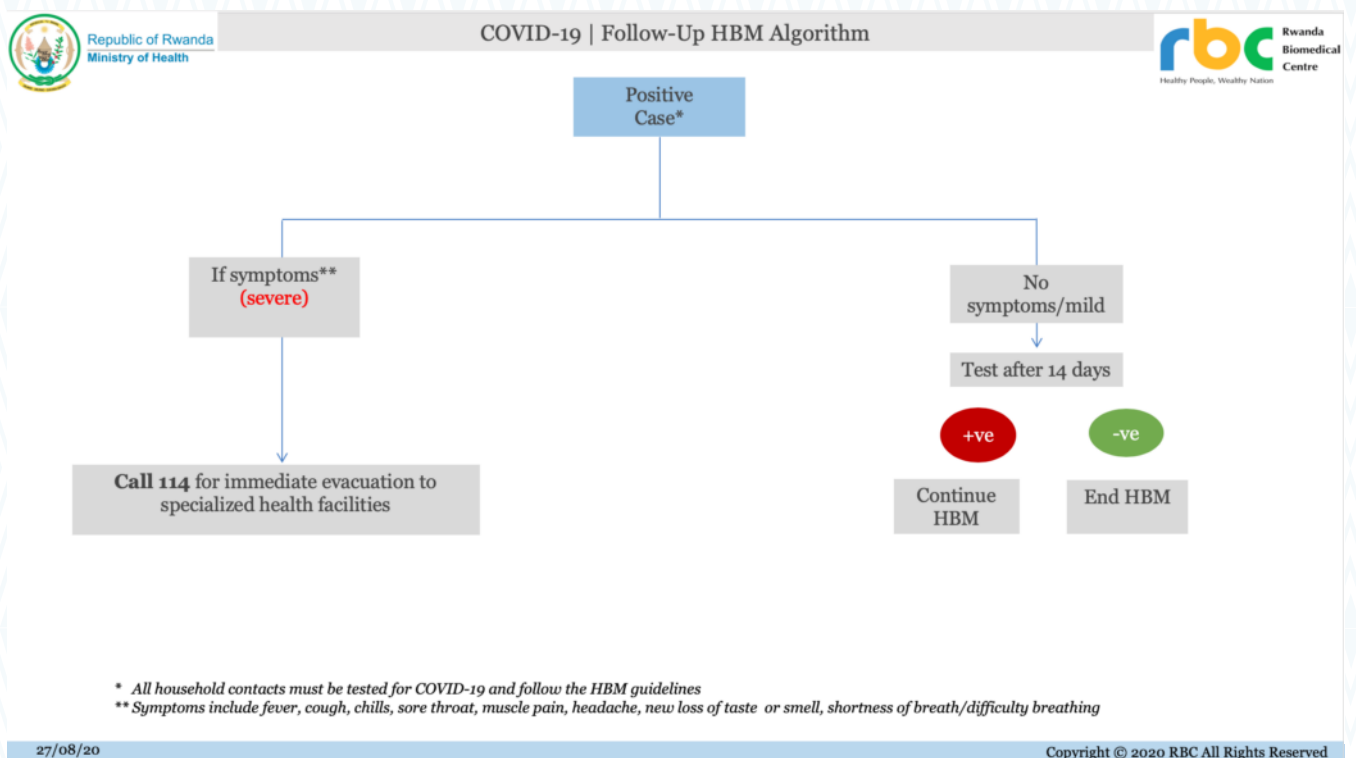
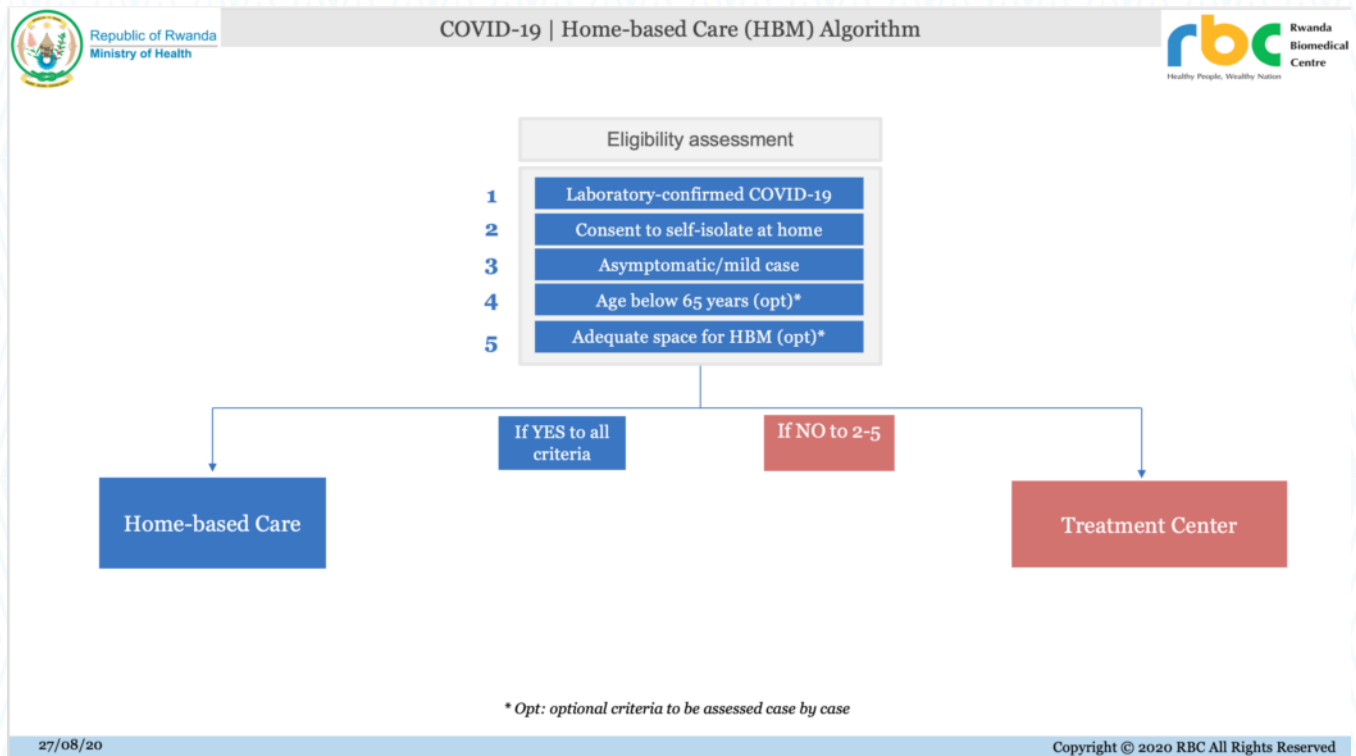
- Proportion of cases that met the eligibility criteria
- Proportions for the reasons of non-eligibility criteria (Age, comorbidities, feasibility)
- Proportion of household members who test positive at day 1
- Proportion of household members who test positive when ending home-based isolation and care for the case
- Proportion of contacts who tested positive following development of symptoms
- Proportion of cases referred due to progression of symptoms
- Proportion of households provided with food and water
- Proportion of household provided with standard hygiene kits
- Proportion of household provided with enhanced hygiene kits
- Proportion of households provided with informational package and training by CHW

These indicators will be embedded in the digital data collection tools to allow for real time monitoring.

## 17. Implementation

These guidelines will be implemented nation-wide after successful piloting phase. Further adaptations will be made if necessary during the subsequent revisions.

For more details on the guiding algorithm please refer to diagram below



## 18. Preparation for implementation

- Identify the key stakeholders responsible for the implementation at the district, sector, cell, village and community health workers
- Community engagement to ensure social acceptability
- Develop training packages for the different teams
- Conduct cascaded trainings
- Developing a digital solution for data collection and monitoring
- Printing and distribution of the job aids
- Procure the required infection prevention and control supplies
- Define the processes for food and water distribution
- Establishment of safe waste management system

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