

Home care for patients with suspected novel coronavirus (2019-nCoV) infection presenting with mild symptoms and management of contacts

Interim guidance
04 February 2020



Introduction

WHO has developed this rapid advice to meet the need for recommendations on the safe home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms^a and public health measures related to management of asymptomatic contacts.

This document, an adapted from the interim guidance addressing MERS-CoV, published in June 2018¹, is informed by evidence-based guidelines published by WHO including *Infection prevention and control of epidemic- and pandemic-prone acute respiratory diseases in health care*², and on the current information available regarding 2019-nCoV infection.

This rapid advice is intended to guide public health and infection prevention and control (IPC) professionals, health care managers, and health care workers (HCWs) when addressing issues related to home care for patients with suspected nCoV infection presenting with mild symptoms and management of asymptomatic contacts. This guidance is based on available evidence on 2019-nCoV and the feasibility of implementing IPC measures at home. For the purpose of this document caregivers refers to parents, spouses, other family members or friends, without formal healthcare training.

For nCoV case definition refer to: [https://www.who.int/publications-detail/surveillance-case-definitions-for-human-infection-with-novel-coronavirus-\(ncov\)](https://www.who.int/publications-detail/surveillance-case-definitions-for-human-infection-with-novel-coronavirus-(ncov))

For guidance on IPC at the facility level refer to: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected)

Home care for patients with suspected 2019-nCoV infection presenting with mild symptoms

In view of the currently available data on the disease and its transmission, WHO recommends that all suspected 2019-nCoV patients with severe acute respiratory infection (SARI) be triaged at first point of contact with health care system and emergency treatment started based on disease severity. For those presenting with mild illness, hospitalization may not be

required unless there is concern for rapid deterioration.³ In these cases home health care provision may be considered. Other reasons for home health care include symptomatic patients no longer requiring hospitalization, where inpatient care is unavailable or unsafe (i.e. limited capacity and resources unable to meet demand for health care services) or in a case of informed refusal of hospitalization.

If any of these reasons exist, patients with mild symptoms^a and without underlying chronic conditions such as lung or heart disease, renal failure, or immunocompromising conditions that place him/her at increased risk of developing complications may be cared for in the home environment. This decision requires careful clinical judgment and should be informed by assessing the safety of the patient's home environment.^b

In case of home care provision, an assessment performed by a trained HCW should be done to verify whether the residential setting is suitable and appropriate for home care; if the patient and the family are capable of adhering to precautions that will be recommended as part of home care isolation (hand hygiene, respiratory hygiene, environmental cleaning, limitation of movement, etc.) and to address safety concerns (e.g. accidental ingestion and fire hazards) before recommending alcohol-based hand rubs for household use.

A communication link with a health care provider/public health personnel should be established for the full duration of the home care period until the patient complete resolution of symptoms. More comprehensive information about the mode of 2019-nCoV infection and transmission is required to define the duration of home isolation precautions.

The patients and the household members should be educated on personal hygiene and basic IPC and care measures on how to care for the suspected infected member of the family as safely as possible and to prevent spread of infection to household contacts. The patient and family should be provided with ongoing support, education and monitoring. They should adhere to the following recommendations.

- Place the patient in a well-ventilated single room (i.e. open window and open door);

^a Low-grade fever, cough, malaise, rhinorrhoea, sore throat without any warning signs, such as shortness of breath or difficulty in breathing, increased respiratory (i.e. sputum or haemoptysis), gastro-intestinal symptoms such as nausea, vomiting, and/or diarrhoea and without changes in mental status (i.e. confusion, lethargy).

^b A sample checklist assessment of environmental conditions for home care of patients is available in the Annex C of *Infection prevention and control of epidemic- and pandemic-prone acute respiratory diseases in health care: WHO guidelines*.¹

- Limit the movement of the patient and minimize shared space. Ensure that shared spaces (e.g. kitchen, bathroom) are well ventilated (e.g. keep windows open);
- Household members should stay in a different room or, if that is not possible, maintain a distance of at least 1 m from the ill person (e.g. sleep in a separate bed);²
- Limit the number of caregivers of the patient. Ideally assign one person who is in a good health without underlying chronic conditions or immunocompromised conditions.^c Visitors should not be allowed until the patient has completely recovered from signs and symptoms;
- Perform hand hygiene following any type of contact with patients or their immediate environment.⁴ Hand hygiene should also be performed before and after preparing food, before eating, after using the toilet, and whenever hands look dirty. If hands are not visibly soiled, alcohol-based hand rub can be used. For visibly soiled hands perform hand hygiene using soap and water;
- When washing hands with soap and water, the use of disposable paper towels to dry hands is desirable. If not available, use clean cloth towels and replace them when they become wet;
- To contain respiratory secretions, a medical mask^d should be provided to the patient and worn as much as possible. For individuals who cannot tolerate a medical mask, he/she should rigorously apply respiratory hygiene, i.e. cover mouth and nose when coughing or sneezing with disposable paper tissue. Discard or appropriately clean materials used to cover the mouth and nose after use (e.g. wash handkerchiefs using regular soap or detergent and water);
- The caregiver should wear a tightly fitted medical mask that covers her/his mouth and nose when in the same room with the patient. Masks should not be touched or handled during use. If the mask gets wet or dirty with secretions, it must be replaced immediately with a new, clean, dry mask. Remove the mask by using appropriate technique (i.e. do not touch the front but remove the lace from behind). Discard the mask immediately after use and perform hand hygiene;
- Avoid direct contact with body fluids, particularly oral or respiratory secretions, and stool. Use disposable gloves and mask to provide oral or respiratory care and when handling stool, urine and waste. Perform hand hygiene before and after removing gloves and mask;
- Do not reuse masks or gloves;
- Use dedicated linen and eating utensils for the patient; these items should be cleaned with soap and water after use and may be re-used instead of being discarded;
- Clean and disinfect daily the frequently touched surfaces throughout the patient's care area such as bedside tables, bedframes, and other bedroom furniture. Regular household soap or detergent should be used for cleaning first and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite (i.e. equivalent 5.000 pm or 1-part bleach^e to 9 parts of water) should be applied;
- Clean and disinfect bathroom and toilet surfaces at least once daily. Regular household soap or detergent should be used for cleaning and first and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite should be applied;
- Clean the patient's clothes, bedclothes, bath and hand towels, etc. using regular laundry soap and water or machine wash at 60–90 °C with common household detergent, and dry thoroughly. Place contaminated linen into a laundry bag. Do not shake soiled laundry and avoid direct contact of the skin and clothes with the contaminated materials;
- Gloves and protective clothing (e.g. plastic aprons), should be used when cleaning or handling surfaces, clothing or linen soiled with body fluids. Depending on the context either utility or single use gloves can be used. Utility gloves should be cleaned with soap and water and decontaminated with 0.5% of sodium hypochlorite after use. Single-use gloves (nitrile or latex or nitrile) should be discard after each use. Perform hand hygiene before and after removing gloves;
- Gloves, masks and other waste generated during the health care of patient at home should be placed in a waste bin with lid in the patient's room before disposal as infection waste;^f
- Avoid other types of exposure to contaminated items from the immediate environment of the patient (e.g. no sharing of toothbrushes, cigarettes, eating utensils, dishes, drinks, towels, washcloths or bed linen);
- When a HCW provides home care, he/she should perform risk assessment to select the appropriate personal protective equipment (PPE), and follow the recommendations for droplet and contact precautions.

Management of contacts

Persons (including caregivers or healthcare workers) who have been exposed to individuals with suspected 2019-nCoV infection are considered contacts and should be advised to monitor their health for 14 days from the last day of possible contact.

A contact is a person in any of the following:

- Health care-associated exposure, including providing direct care for nCoV patients, working with health care workers infected with nCoV, visiting patients or staying in the same close environment of a nCoV patient;
- Working together in close proximity or sharing the same classroom in the environment with a 2019-nCoV patient;
- Traveling together with 2019-nCoV patient in any kind of conveyance;
- Living in the same household as a nCoV patient within a 14-day period after the onset of symptoms in the case under consideration.⁵

^c An exception may be considered for a breastfeeding mother. Considering the benefits of breastfeeding and insignificant role of the breast milk in transmission of other respiratory viruses, the mother could continue breastfeeding. The mother should wear a medical mask when she is near her baby and perform hand hygiene before and after close contact with the baby. She would also need to apply the other hygienic measures described in this document.

^d Medical masks are surgical or procedure masks that are flat or pleated (some are like cups); they are affixed to the head with straps⁴.

^e Most household bleach solutions contain 5% sodium hypochlorite. Recommendations on how to calculate the dilution from a given concentration of bleach can be found at <https://www.cdc.gov/hai/prevent/resource-limited/environmental-cleaning.html> and <http://www.icanetwork.co.za/ican guideline2019/>

^f The local sanitary authority should adopt measures to ensure that the waste is disposed at a sanitary landfill, and not at an unmonitored open dump.

A communication link with a health care provider should be established for the duration of the observation period. Health care personnel should be involved in reviewing the current health status of the contacts by phone and, ideally and if feasible, by face-to-face visits on a regular (e.g. daily) basis, performing specific diagnostic tests as necessary.

The healthcare provider should give advance instructions on when and where to seek care when a contact becomes ill, what should be the most appropriate mode of transportation, when and where to enter the designated health care facility, and what infection control precautions should be followed:

- Notify the receiving medical facility that a symptomatic contact will be coming to their facility;
- While traveling to seek care, the ill person should wear a medical mask;
- Avoid public transportation to the health care facility, if possible; call an ambulance or transport the ill person with a private vehicle and open the windows of the vehicle if possible;
- The symptomatic contact should be advised to always perform respiratory hygiene and hand hygiene; stand or sit as far away from others as possible (at least 1 m), when in transit and when in the health care facility.
- Any surfaces that become soiled with respiratory secretions and other body fluids during transport should be cleaned with soap or detergent and disinfected with regular household product containing a diluted bleach at 0.5%.

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