

COVID-19 Home-Based Care: A Practical Guide for Healthcare Workers



Objectives

Provide healthcare workers with recommendations on the management of **COVID-19 cases at home** to strengthen the infection prevention and control response to the SARS-CoV-2 pandemic

Integrate a palliative approach for COVID-19 patients and care in the home environment.



Navigating on the GoToWebinar Platform



Apple



Android



Computer



Agenda

1. Care Recommendations in Home-Based Care
 - Role of the Healthcare Worker
 - COVID-19 Transmission
 - Specific Recommendations for Patients with Mild and Moderate Symptoms
 - Palliative Care
2. Country Experiences (Honduras, El Salvador & Uganda)
3. Q&A
4. Helpful Online Resources

Presenters



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Section 1

Role of Healthcare Workers in Home Management of Suspected or Confirmed SARS-CoV-2 Infection

The Role of Healthcare Workers



1. **Educate patients and family members** when and how they are ready to receive information.
2. **Evaluate patients** and, if the patient has symptoms suggestive of COVID-19, decide whether they can be treated at home or should be referred to a health center or hospital.
3. **Maintain constant communication** with patients and/or their families.
4. **Safeguard the privacy and trustworthiness** of patients who are cared for at home. The information exchanged during home visits is confidential.
5. **Raise awareness** about SARS-CoV-2 without increasing fear among patients, family members, or neighbors.

When Should You Recommend Home-Based Care?



Home-Based Care	In-Patient / Out-Patient Management
<ul style="list-style-type: none"> • The patient has mild symptoms: <ul style="list-style-type: none"> • Low-grade fever (less than 38° C) • Cough • Malaise • Nasal discharge (runny nose) • Odynophagia (pain when swallowing) • Diarrhea • The patient has no comorbidities such as lung, heart, kidney or hormonal disease (including diabetes or obesity) • The patient is not immunosuppressed (cancer, detectable HIV). • The patient refuses to be hospitalized or cared for in a triage center even after providing them with all the necessary information. • Transportation to the hospital is unsafe or difficult. 	<ul style="list-style-type: none"> • The patient has moderate or severe symptoms: <ul style="list-style-type: none"> • Shortness of breath or difficulty breathing • Chest pain or pressure • Altered state of consciousness • Inability to wake up or stay awake • Blue/purple coloration of the lips or fingertips • Frequent vomiting and/or profuse diarrhea • If the patient has any of the following: <ul style="list-style-type: none"> • Oxygen saturation less than 92 percent using a pulse oximeter • Breathing rate above 24/minute • The patient has comorbidities • Patient is immunocompromised • Patient's age is greater than 60 • When the patient refers that he or she wants to be cared for in a triage center or hospital



What Should We Advise People with Suspected COVID-19 Symptoms?



1

Stay at home; go out only if you require medical care.



2

Ask a family member to keep an eye on your health. Isolate yourself in a room separate from the rest of your family.



3

Do not self-medicate. If you have a fever, take acetaminophen. Stay hydrated.



4

Avoid spreading of the virus to other people. Wear a mask, wash your hands or use hand sanitizer frequently, keep physical distance.



5

Monitor your symptoms and warning signs. If you detect warning signs, go to the health center or hospital.



6

Follow the instructions given by community health workers.

Identifying Warning Signs

(Indicating need for transfer to a healthcare facility)



The patient and/or their family members should know that if any of the following warning signs are present, they should immediately go to a health facility, triage center or hospital:

- Shortness of breath (difficulty breathing) and increased respiratory rate
- Cyanosis (purple-blue coloration of lips or fingers), even with oxygen
- Oxygen saturation less than 92%
- Chest pain or oppression
- Frequent vomiting
- Altered state of consciousness (irritability in infants, lethargy in adults)



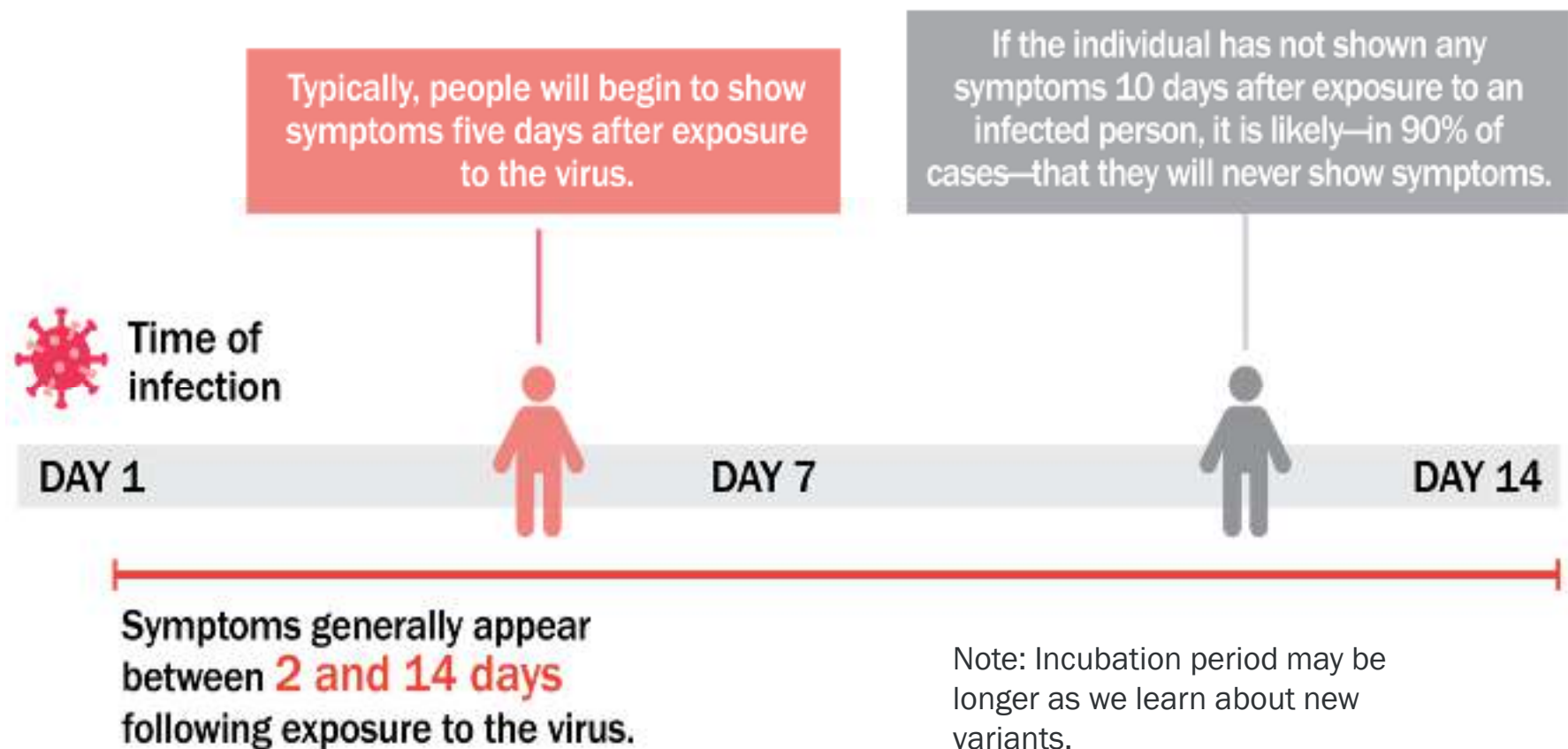
Section 2

COVID-19 Transmission

When a person has COVID-19, why is it important to ask about their contacts?

1. To slow the spread of the virus in the community.
2. Prescribe COVID-19 diagnostic tests to contacts.
3. Communicate COVID-19 symptoms and warning signs to contacts.
4. All options are correct.

How Contagious is COVID-19?



Not Everyone Develops Symptoms



Of all patients who contract COVID-19:



50% are symptomatic



50% are asymptomatic

Even without knowing it, they can transmit the virus to others.



15% may have severe symptoms



5% may require mechanical ventilation

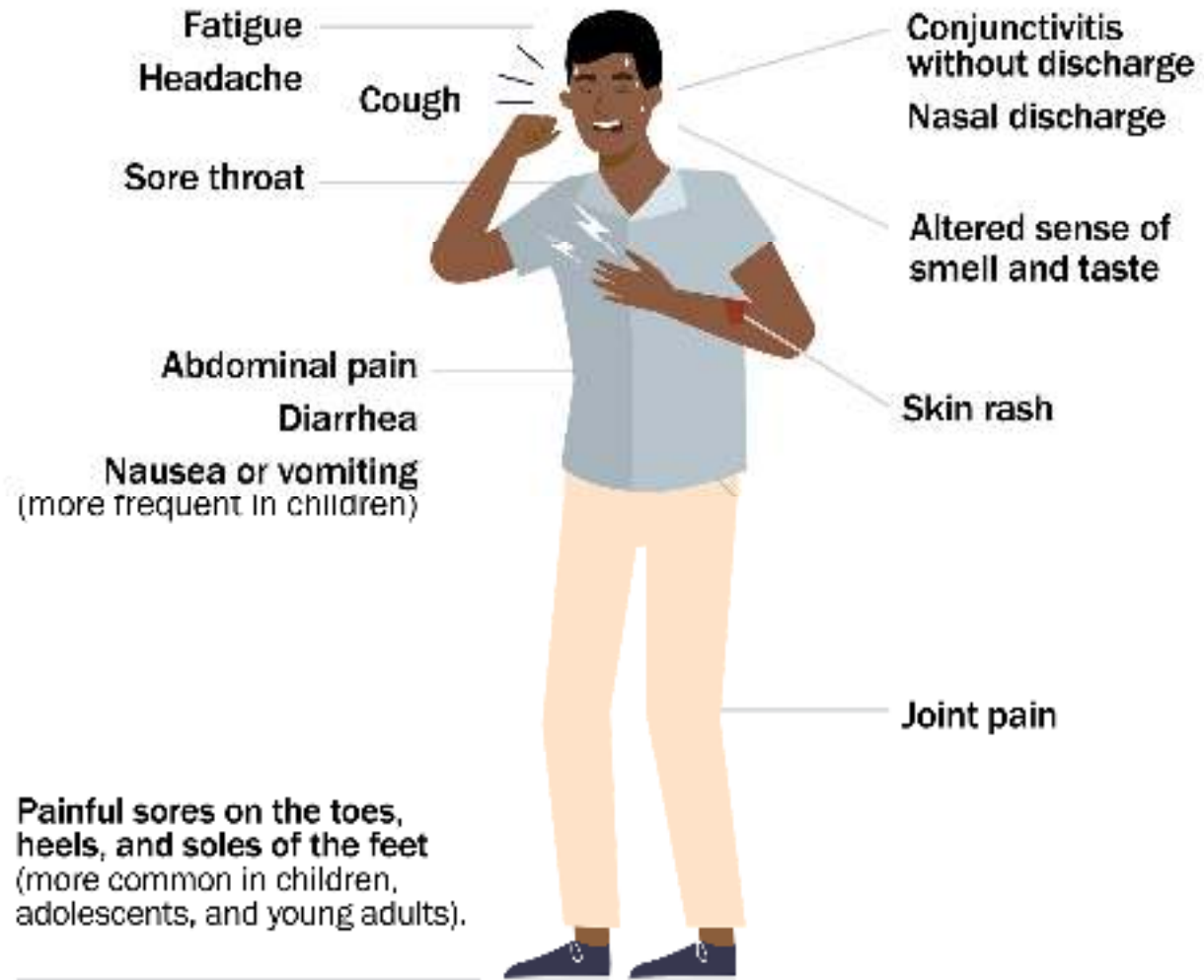
Older adults and those with comorbidities are more likely to show severe symptoms and require hospitalization.

Children under age 5 are more likely to be asymptomatic, and accordingly may easily transmit the virus to family members and others.

Signs and Symptoms



Fever



How to Identify Patients with COVID-19 in the community?



**Symptoms
suggestive of
COVID-19**



**Direct contact with
someone who has
COVID-19**

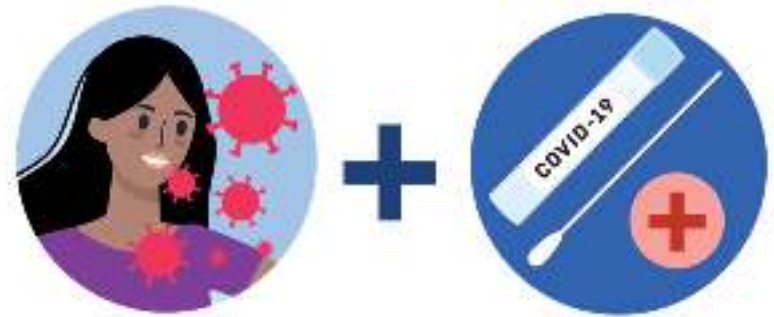


**Diagnostic
tests**

Definitions



Asymptomatic case: An infected patient (positive SARS-CoV-2 virus laboratory test) who has no symptoms but can transmit the virus to others.



Contact: A person who has been exposed for the previous two to 13 days after the onset of symptoms of a probable or confirmed case.

Contact tracing: key strategy for interrupting chains of transmission of SARS-CoV-2.

Importance of Contact Tracing



Contact tracing allows healthcare workers to:

Slow the spread of the virus in the community

Prescribe diagnostic tests of COVID-19 to contacts

Educate contacts about symptoms and warning signs of COVID-19

Recommendations for Identified Contacts



People who have been in contact with the positive case should be in isolation if symptomatic and quarantine if asymptomatic.

Symptomatic: Isolation at home for **10** days from onset of symptoms.

Asymptomatic: Quarantine at home for **14** days from the date of last contact with the infected person. Watch for symptoms.





Section 3

Care for Patients with Suspected or Confirmed Mild COVID-19 at Home

Home Care



- Care of patients at home involves the following:



At-home isolation
measures



Treatment:
antipyretics and
oxygen therapy



Basic prevention
measures



Identification of
warning signs



Identification of the
nearest health center
in the event medical
care is required

Isolation Measures at Home



What is Isolation? An important measure for reducing the risk of infection at home and/or in the community

Isolation is recommended in two circumstances:



Suspected or confirmed case: Patient should avoid contact with others for 10 days from the onset of symptoms



Asymptomatic case: Patient should avoid contact with others for 10 days from confirmation of diagnostic test

When Should Isolation be Recommended?



- Isolation can be started voluntarily or through recommendation of healthcare personnel
- When isolation is indicated for a sick person, all those with whom they cohabit must be quarantined in a space within the house other than that occupied by the sick person

If the patient is allowed to have company, the caregiver should follow recommended biosafety measures (mask and hand hygiene).

Limit to two the number of caregivers. The caregiver should be a family member who is healthy, young, and free from chronic illness.

The caregiver should use a mask when in the same room as the patient, or when at a distance of less than two meters (six feet) from the patient.



How to Prepare the Patient's Room for Isolation?



Prepare a room for the exclusive use of the patient.

If there is no room available for exclusive use, place a bed or mattress for the exclusive use of the patient as far as possible from the rest of the family, at a minimum distance of 3–6 feet.



The patient's room should have its own bathroom.

If this is not possible, the patient may use a common bathroom, but it should be disinfected with a 0.1% chlorine solution after each use.



- It is recommended to keep the room well ventilated, leaving windows and/or doors open.
- It is not recommended to use a fan as it can lead to the spread of infections.

How to Prepare the Patient's Room for Isolation?



Set aside eating utensils and tableware (fork, knife, plate, etc.) for the exclusive use of the patient.

These items may be washed with dishwasher soap.



Keep the room and the home well ventilated (open windows).

Do not shake out clothing.



Change and wash bedding at least twice a week or when damp or soiled. (bedding should be for the exclusive use of the patient).

Disinfect frequently touched surfaces with a 0.1% chlorine solution or alcohol.

Disinfect doorknobs, light switches, bed, table, remote control, bathroom, and any other item used by the patient at least once daily.



Who can take care of the infected person?



High-Risk Individuals Should Not Care for Infected People at Home

- Age above 60
- Immunocompromised state
- Chronic kidney disease
- Chronic lung diseases
- Dementia or other neurological conditions
- Diabetes (type 1 or type 2)
- Down syndrome
- Heart conditions
- Overweight and obesity
- Pregnancy



Caregiver's Role in Home Management of COVID-19 Patients



- Guide/educate the patient with the tools provided by healthcare personnel without increasing fear.
- **Be attentive** to the presence of warning signs or those indicating deterioration.
- **Maintain constant communication** with the patient to attend to their needs and answer their doubts.
- **Provide emotional** support to maintain the patient's mental well-being and reduce anxiety and stress.
- **Explain to other family or household members** the steps for preventing further infection at home.
- **Support the patient in treatment and other measures**, such as oxygen administration, oral medications, cleaning and disinfecting the room, and managing waste.

Medications recommended to control fever in patients with COVID-19:

1. Acetaminophen
2. Acetaminophen or ibuprofen may be prescribed.
3. Ibuprofen

Pain and Symptom Management



- Prescribe rest.
- Help patient maintain good hydration and electrolyte balance: plenty of fluids (no more than two liters/day). Discourage soft or sugary drinks.
- Instruct patient not to self-medicate.



Acetaminophen	Ibuprofen*
<i>Adults: 500 mg by mouth every six hours</i>	<i>Children: 40 mg/kg/day every six–eight hours</i>
<i>Children: 10–15 mg/kg/every six hours</i>	<i>Adolescents and adults: 600 mg every six–eight hours</i>
	<i>Maximum dose 2,400 mg/day</i>

*Use with caution in patients with high blood pressure or renal failure.

Oxygen Therapy at Home



- Oxygen therapy involves artificially providing oxygen when the patient has shortness of breath or saturation has already dropped below 92%.
- Health personnel should educate the patient, caregiver, and family on how to use medical equipment to provide oxygen therapy at home.



Oxygenation is measured with a device called an oximeter or pulse oximeter.

The pulse oximeter provides heart rate (HR) and oxygen level (SpO₂).

In this image:

HR 75 bpm

SpO₂ 99%

When to Administer Home Oxygen Therapy to Confirmed or Suspected COVID-19 Patients?



Saturation %

100
99
98
97
96
95
94
93
92
91
90
89
88
87
86
85



Good

Oxygen
saturation
goal:
92-96%



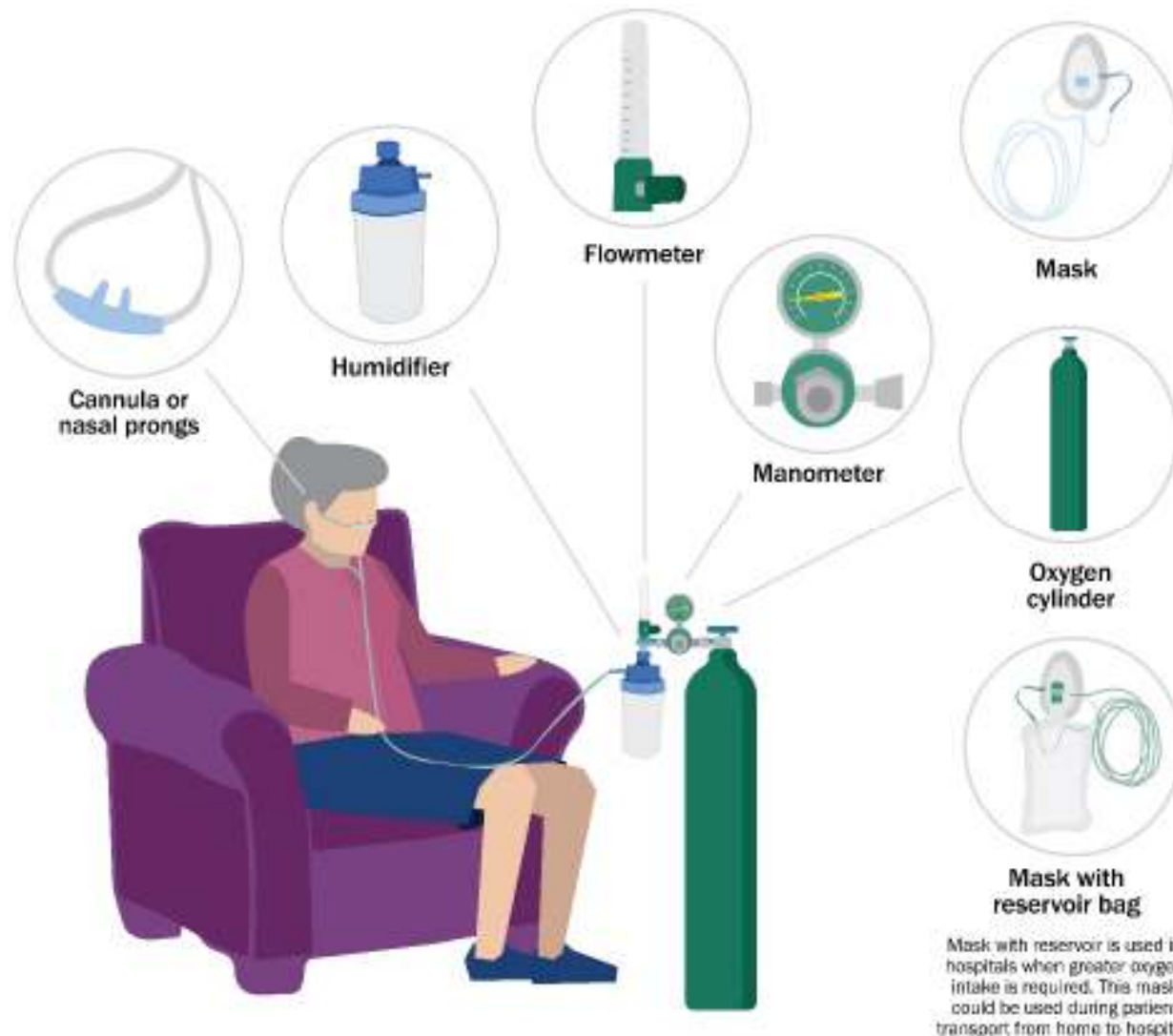
**Take
Action!**

1. When the patient is
finding it harder to breathe

2. When the patient has
an oxygen saturation
below 92 percent

A blood oxygen level below 92 percent
will require immediate medical attention.

Equipment Needed to Provide Oxygen at Home



Implementation of Basic Prevention Measures



The following are recommendations for home care:



**Hand
hygiene**



**Respiratory
hygiene and
proper use of
the mask**



**Food
preparation**



**Recommendations
for washing
clothing**



**Disinfecting
surfaces**



**Waste
management**

When to Practice Hand Hygiene?



**After coughing
or sneezing**



**Before and after
eating**



**After using the
bathroom**



**After touching
household items**
(doorknobs, remote
control, telephones,
chargers, etc.)



**Before and after
putting on your
mask**



**Before, during, and
after food
preparation**



**After cleaning the
patient's room**
(includes removing trash,
disinfecting surfaces,
cleaning the toilet)



**Family member:
upon arriving home**
**Important: patients
in isolation should
not leave the home.**

Hand Hygiene



 **40–60 seconds**

OR SING "HAPPY BIRTHDAY" **FOUR** TIMES



1 Wet hands with clean water. 	2 Lather hands with soap and rub them together. Be sure to lather the backs of hands, between fingers, and beneath nails. 	3 Rub hands together for at least 40 seconds. If you do not have a watch, you can sing Happy Birthday 4 times from beginning to end. You should see a large amount of soapsuds. 
4 Rinse your hands well with clean water. 	5 Dry hands with a clean towel or allow hands to dry in the air, without shaking them. 	 Avoid touching your eyes, nose, and mouth with unwashed hands.

 **20–30 seconds**

OR SING "HAPPY BIRTHDAY" **TWO** TIMES
UNTIL HANDS ARE COMPLETELY DRY



1 Place a sufficient amount of the product on the palm of your hand to cover the entire surface to be disinfected. 	2 Rub your hands together for at least 20 seconds. If you do not have a watch, you can sing Happy Birthday two times from beginning to end. 	3 Let your hands dry without making any sudden movements to speed up the process. 
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Basic Preventive Measures



Face Masks



**For the patient,
KN95/N95 is the
best option**



**KN95/N95 face
masks with filters:
should they be used?**



**If the patient does not
have one or cannot
purchase one, use a
surgical mask**



**For other family members,
use a surgical or
homemade mask**

Double Masking



Surgical and cloth masks sometimes do not fit well like other masks (e.g., KN95, N95).

The effectiveness of surgical and cloth masks can be improved by preventing air leakage around the edges of the masks.



Putting on Masks



Putting on All types of masks

<p>1</p>  <p>Before touching the mask, wash your hands or use an alcohol-based solution/disinfectant (60–95%)</p>	<p>2</p>  <p>Inspect the mask to see whether it contains tears or holes.</p>	<p>3</p>  <p>Be sure that the correct side of the mask is facing outward.</p>
<p>4</p>  <p>Fasten the straps or elastic band at a point halfway between the back of the head and the neck.</p>	<p>5</p>  <p>Pull down on the bottom part of the mask so that it covers your mouth and chin.</p>	<p>6</p>  <p>Adjust the mask so that it fits comfortably on your face. Be sure that the mask completely covers your nose.</p>

Taking Off Masks



Taking off All types of masks

1



Before touching the mask, wash your hands or use an alcohol-based solution/disinfectant (60–95%)

2



Remove the mask correctly, holding it by the bands. Do not touch the potentially contaminated surfaces of the mask.

3



Replace the mask with a new one whenever it becomes damp or torn.

4



Wash your hands or use an alcohol-based solution/disinfectant (60–95%)

Preparing Food



- **Wash your hands with soap** before and after preparing food.
- Before consuming them, **wash all vegetables and fruits** with soap and plenty of water.
- Start by washing the less dirty vegetables and fruits.
- **Avoid eating foods that have not been prepared at home**, as well as those that may not have been prepared with appropriate biosecurity measures.



Recommendations for Washing Clothes



- **Wear masks when handling dirty laundry.** Do not shake dirty laundry.
- **Use water and common detergent to wash clothes.**
- The patient's clothes *can* be mixed with the family's clothing.
- Clothes can be dried in the sun.
- **Do not forget hand hygiene after handling dirty laundry!**



How to Prepare a Liter of Disinfectant Solution with Chlorine and Drinking Water at Home



Commercial Presentation of Chlorine	Parts of Water to Chlorine to Obtain a Concentration of 1,000 ppm (0.1%)	Parts of Water to Chlorine to Obtain a Concentration of 5,000 ppm (0.5%)
3.5%	30 mL of chlorine per liter of drinking water	145 mL per liter of drinking water

Important

- Wear gloves, a mask, and eye protection while preparing the solution.
- Do not mix the solution with detergent or other chemicals.
- The water to be chlorinated should be clear and clean.
- Store the solution in an **opaque bottle** and without exposure to the sun.
- Change the solution every day





Section 4

Palliative Care



Palliative Care in the Home during the COVID-19 Pandemic

Presenters: Dr Lindsay Farrant, Sr Kerene Payne
21 April 2021



NIHR Global Health Research
Global Health Research Unit on Health System
Strengthening in Sub-Saharan Africa (ASSET)



WHO Definition of Palliative Care



“Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.....”

Sepúlveda, C et al. JPSM. 2002



What is Palliative Care?

- PC approach is appropriate at all levels of healthcare for any patient with a life-threatening or life-limiting disease and from diagnosis of that disease
- Aim: To improve patient's quality of life: physical, psychosocial and spiritual
- Alongside disease directed treatment, integrate palliative care into the management to control symptoms

Understanding the Words



Why Palliative Care?

- *COVID Negative patients with Palliative Care needs
- Symptom Mx - All patients with COVID-19
- Appropriate management choice (e.g. poor ICU candidate; worsening condition despite ICU Mx etc)
- An informed and voluntary patient choice, with access to a HCP who can attend to care daily
- Overburdened or under-resourced health system
- For recovery- all patients recovering from or with COVID-19 complications or post-ICU – requiring extended supportive care
- ?Long COVID

Case – Frail elderly patient OAH

91 yr old pt, independent but clear ACP for no hospital admission, agreed by family

Rapid deterioration over 6 days. Oxygen available – 5L max

SOB: Codeine Phosphate 15mg bd po and Sats 93%, could not prone, Prednisone 40mg od

Day 5 suddenly got more distressed and needed Morphine solution 2.5mg po 4 hourly for SOB, then increased to 5mg 4hrly po.

Day 6 Started syringe driver with haloperidol, morphine and midazolam. Needed extra s/c midazolam due to distress and agitation in last hour, and died very peacefully

Case: Frail and elderly at home



84 yr old, COPD (LTO_2), arthritis, cardiac and renal co-morbidities. Family present & able to care 24/7 and carers. Plan to stay at home.

Cough most difficult symptom: Codeine Phosphate 30mg po BD (not opioid naïve) did not work. Switched to Morphine 5mg po TDS much better.

Prednisone 40mg for 5 days then tapered to stop at day 10.

Constipation very difficult - balance: laxation and pt mobility to commode

Sleep difficult – needed additional benzodiazepine

Day 7 – very weak, Sats 82%, RR32 and very laboured.

Patient improved and recovered from COVID, and died a few months later.

Deliberate basic care: washing, mouth, hair, massages, physical support for coughing. Afraid patient but present family talking through fears/wishes.

Key Points



- Ethical approach
- Communication is the foundation: Clarity. Repeat.
- Advanced Care Planning: Personal goals, values and preferences; Individualised care plan for each patient; *“Hoping for the best, preparing for the worst”*
- Holistic Care: Physical (symptom management), Psychosocial, Spiritual care
- Continuity of Care between places of care
- Bereavement Care



Practical Tips



Team work – Interdisciplinary Team approach with at least one who will visit/attend directly, daily. Support for HCP.

Example: POPI compliant App to enable team sharing of information to enable better IDT work and ability to share up to date info with patient

Physio advice on proning and making peep bottles

Syringe drivers very useful for EOLC and symptom control (sub-cut)

PPE training/support – not known to most carers & families

Self care for carers and HCPs, with "*constant debriefing*" because of the rapidity of change

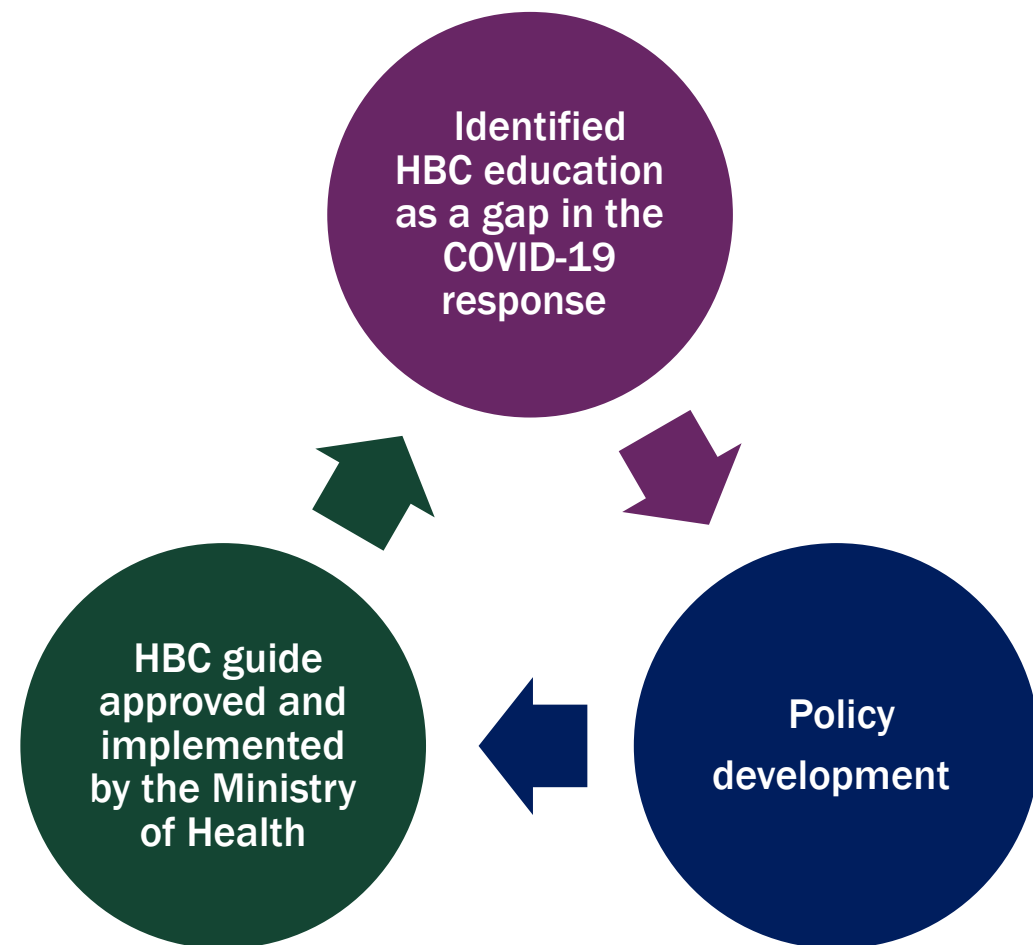
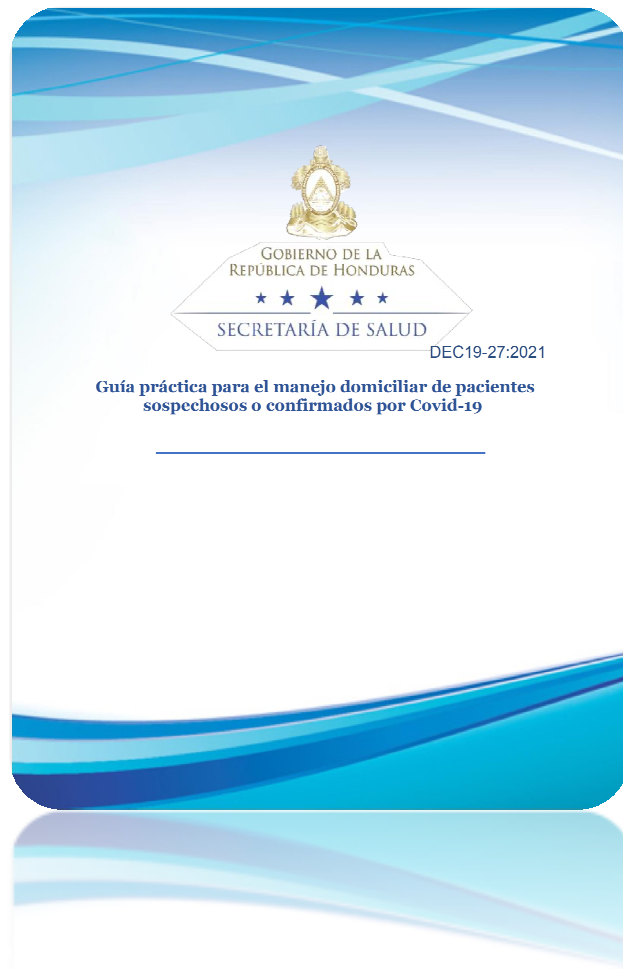




Experience and Achievements

Honduras/El Salvador

Home-Based Care in Honduras

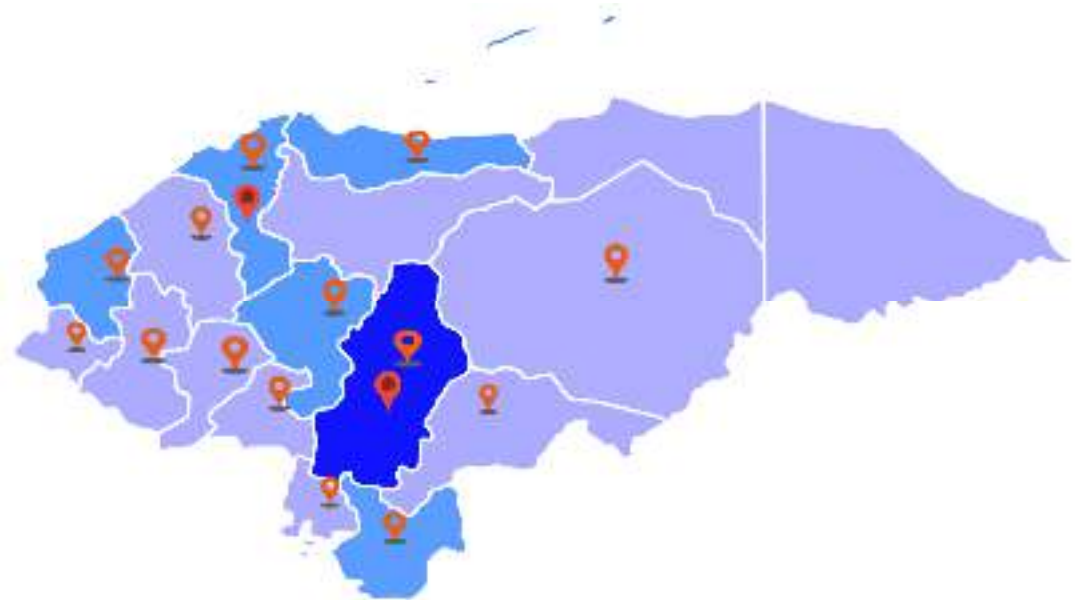


Home-Based Care Training in Honduras



April 2021

- 9 trainings
- 16 health regions
- 432 HCWs trained



General practitioners	74%
Nurses	9%
Others	17%

Knowledge improvement	PRE-TEST	POS-TEST
Grade	79%	90%



Impact at Scale

- Not only locally
- HBC guide is now adapted and implemented by several countries

Home-Based Care Training in El Salvador



June 2020 to April 2021

- 2,571 HCWs trained
- 8 departments

Technical assistance provided by HP+/ANES to primary-level health units in El Salvador. June 2020 to January 2021.

Training modes

Virtual	23%
In-person	77%





Training in El Salvador

Home-Based Care

Home-Based Care Training

EL SALVADOR



An orange stylized logo consisting of a vertical bar with a horizontal crossbar. The left side of the vertical bar is curved, resembling a stylized '4' or a cross with a rounded left arm.

Experience

Uganda



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Adaptations and Implementation of Home Based Care

Experiences from Ministry of Health - Uganda

By

Dr. Jane Nabakooza

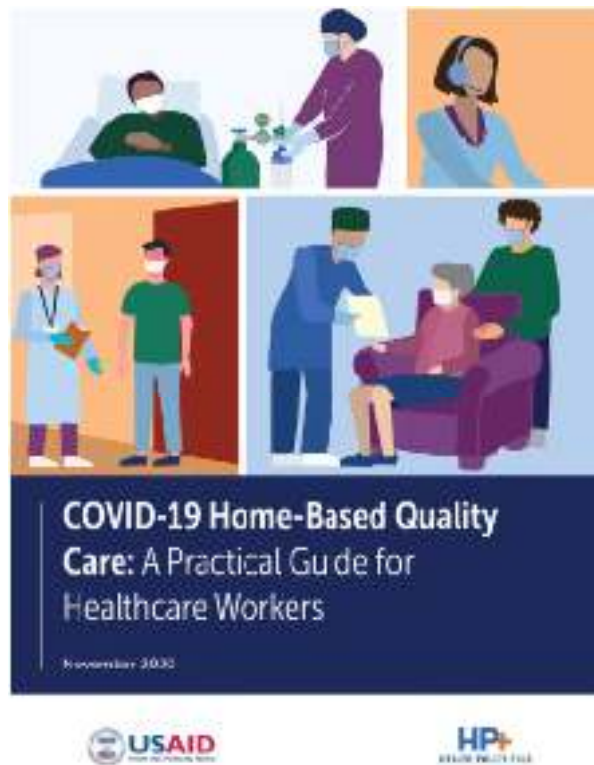
April 21, 2021



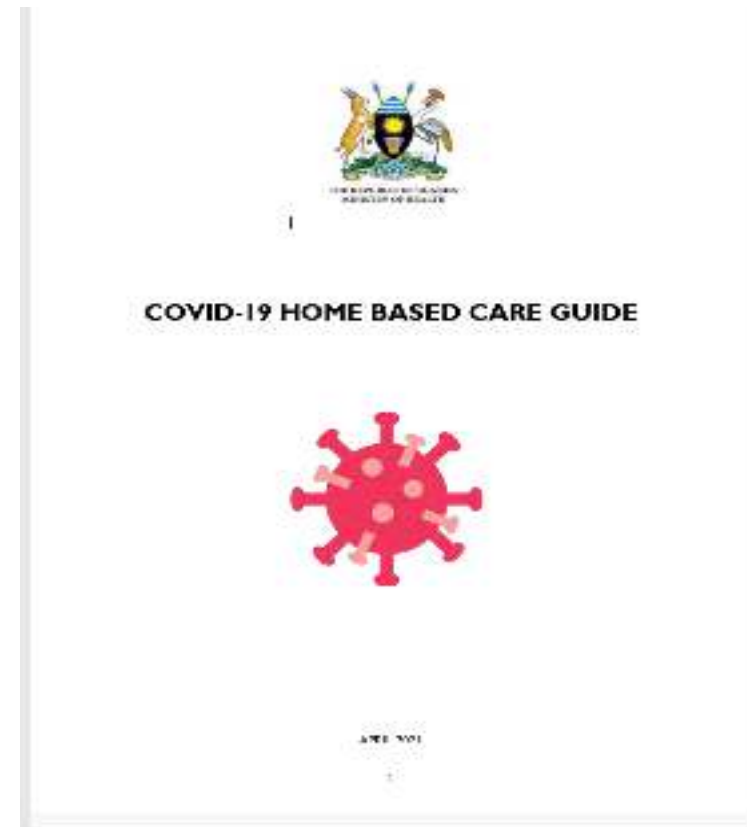
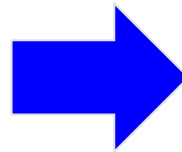
Introduction

- First COVID-19 reported on 21st March 2020
- By July 2020 ~50 % the districts were in phase IV.
- ~ 75% were asymptomatic and 25% were either moderate, severe or critical to warrant admission or in patient care.
- MoH started home based care management based on WHO guidance - *Guidelines and training materials developed*
- **January 2021:** MoH requested Palladium through the USAID|Uganda Health Systems Strengthening (UHSS) Activity to support adaptation of the *COVID-19 Home Based Quality Guide: A Practical Guide for Healthcare Workers* developed by the Health Policy Plus (HP+) project to Uganda's needs. This adaptation is currently underway.
 - Stakeholders supporting adaptation: USAID UHSS, USAID Sexual and behaviour change communication (SBC) Activity, WHO- Uganda Office

Adoption and adaptation of Home-Based Care Guide

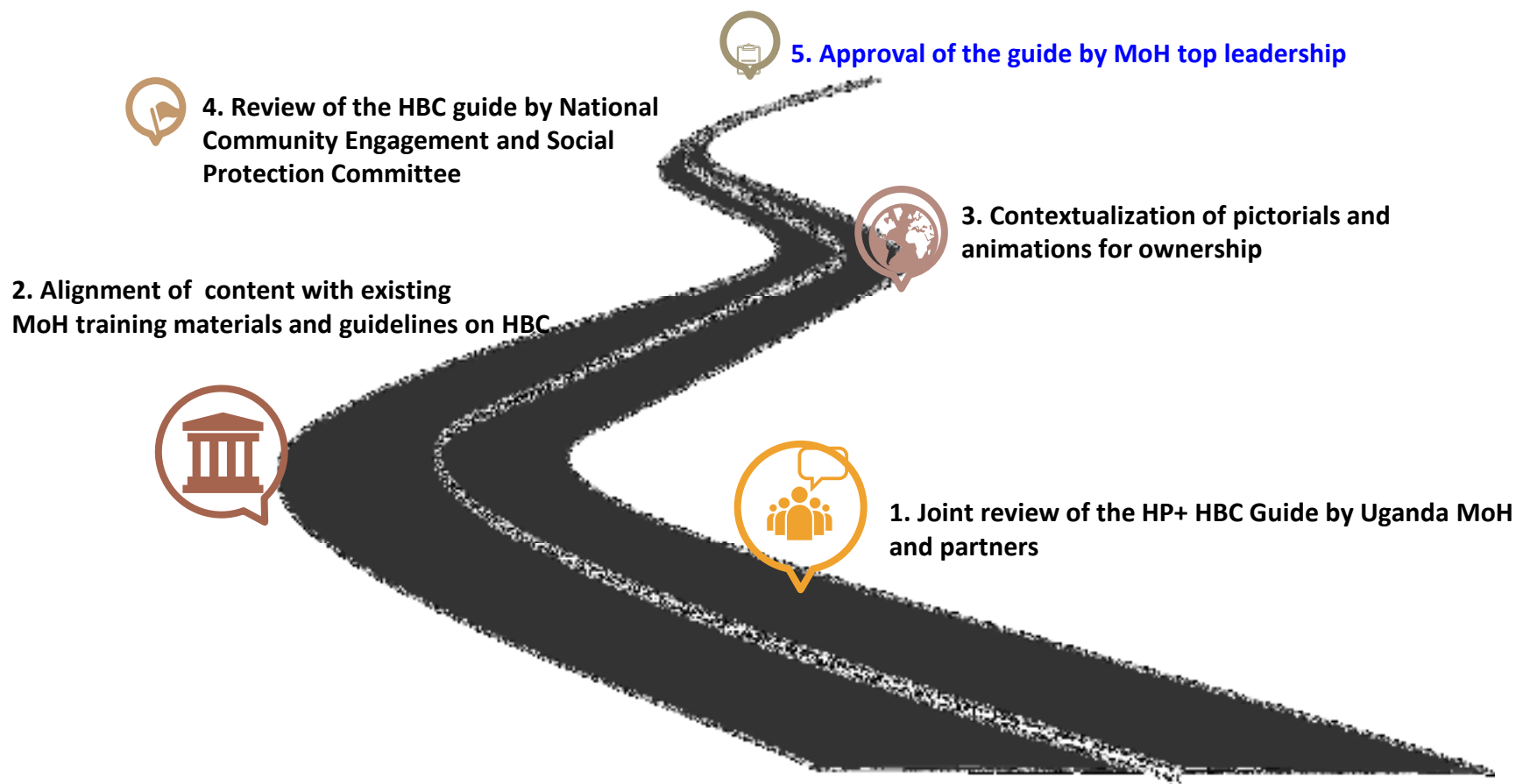


HP+ COVID-19 HBC Guide for Health Workers



Uganda COVID-19 HBC Guide under development

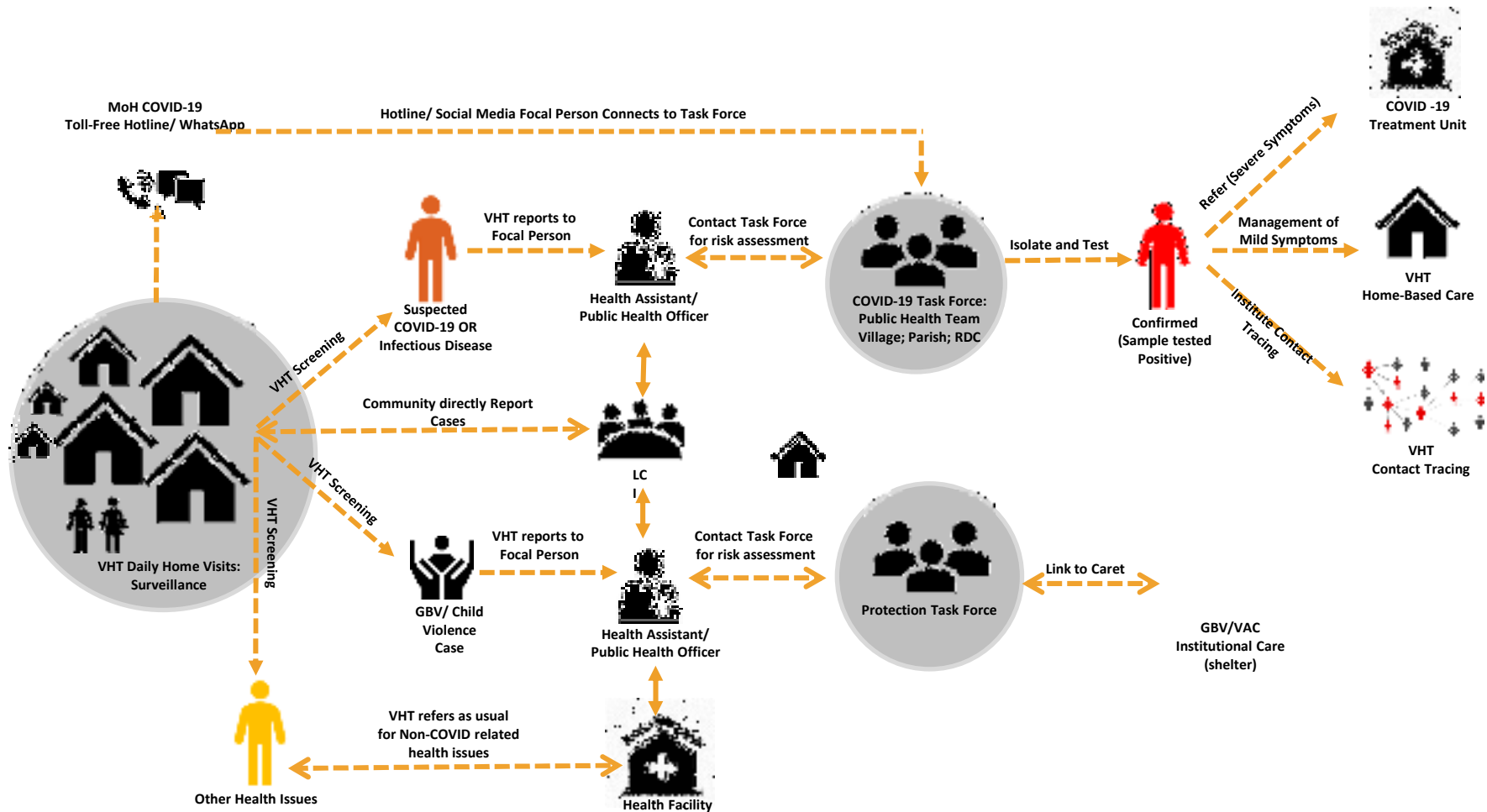
HBC Guide – Contextualization process by the MoH



Implementation approaches for home-based care

Adaptation	Implementation approaches
Establishment of coordination and oversight mechanism	<ul style="list-style-type: none"> ▪ Identification, revitalization of coordination & oversight structures at all levels ▪ Identification of HBC focal persons
Partnership and collaboration	<ul style="list-style-type: none"> ▪ Stakeholder mapping, consultation and engagement ▪ Joint planning, programming, implementation, monitoring and evaluation.
Advocacy	<ul style="list-style-type: none"> ▪ Sensitization and orientation of key stakeholders on HBC ▪ Dialogues meetings with District Task Forces and District Health Teams ▪ Development of HBC implementation action plans
Capacity building	<ul style="list-style-type: none"> ▪ Training of trainers and Village Health Teams conducted ▪ Contextualization COVID-19 Guide from Health Policy Plus in progress ▪ Protocols, job aids and flyers for care takers and patients being finalized
Integration	<ul style="list-style-type: none"> ▪ HBC activities (surveillance, contact tracing, linkage, referrals and reporting) integrated with routine CHW activities ▪ HBC related commodities, supplies and other logistical items included in the response procurement plan
Streamlined community engagement	<ul style="list-style-type: none"> ▪ Community health systems committee established at MoH ▪ Community engagement strategy that provides a framework & platform for HBC implementation finalized, approved and disseminated.

Community surveillance and referral pathway



An example of integration as an adaptation to facilitate effective HBC implementation through referral.

The most effective adaptations (Multi sectoral collaboration and advocacy)



It is my expectation that the full implementation of this CES will institutionalize Integrated People Centered Primary Health Care in Uganda where the routine governance of the communities is inseparable from the work of incentivized Village Health Teams, Community Development workers, Cultural and Religious leaders and the Civil Society. This will help to create ownership, self-determination, and social cohesion in the Villages as well as address key population health needs. It will help to raise awareness, build trust and enforce compliance with COVID-19 SOPs. Above all, it will strengthen the health system and

Achievements

- Capacity building of front line workers and community workers conducted
- Mapping and continued engagement of stakeholders to leverage resources for HBC rollout
- Community engagement framework developed and disseminated



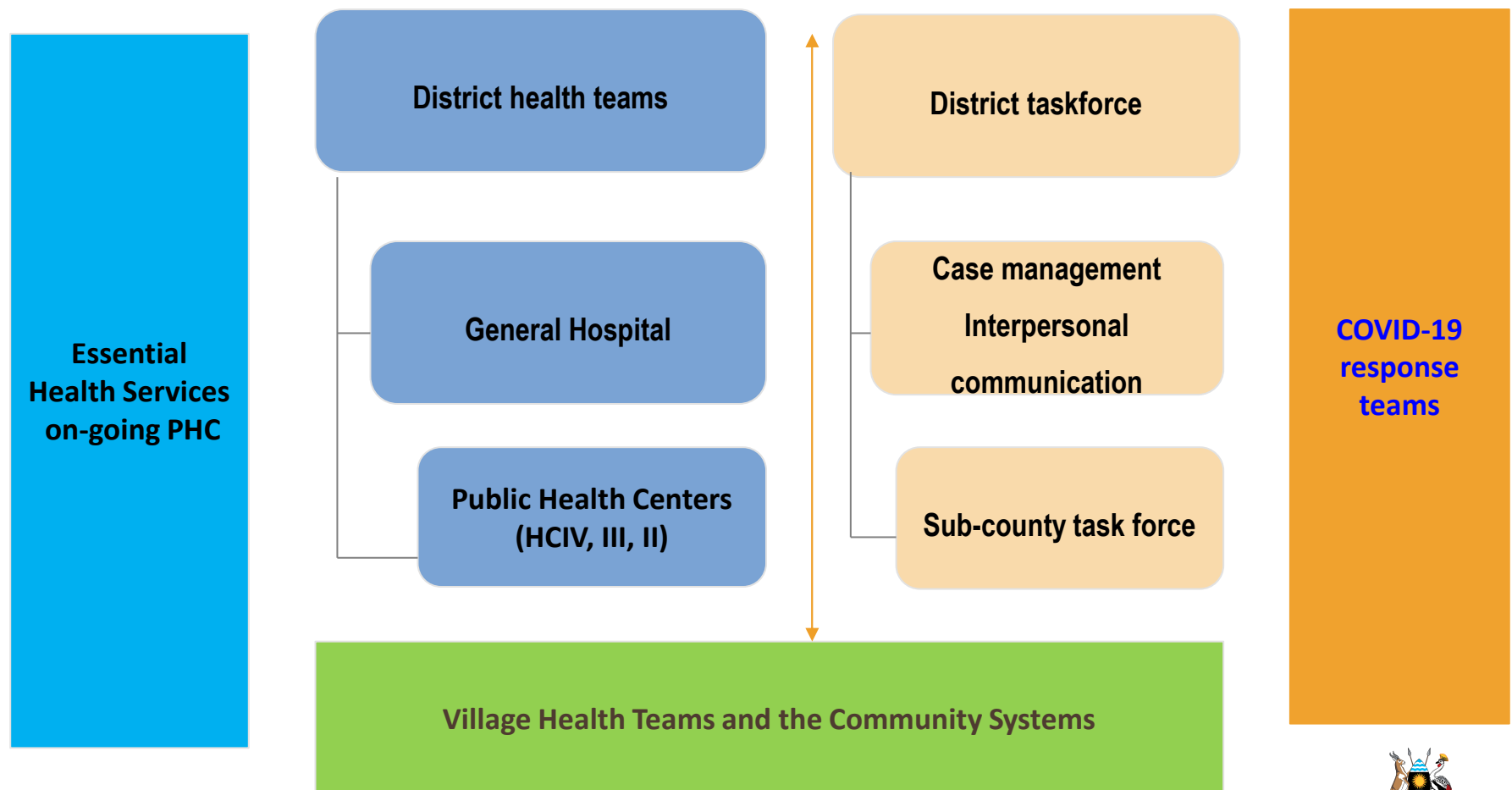
NATIONAL COMMUNITY ENGAGEMENT STRATEGY FOR
COVID-19 RESPONSE

MINISTRY OF HEALTH AND TECHNICAL INTER-SECTORAL COMMITTEE
COVID-19
COMMUNITY ENGAGEMENT STRATEGY SUB-COMMITTEE
30th SEPTEMBER, 2020



Coordination Framework of Community HBC Interventions developed and operationalized

Investing in COVID-19 pandemic in order to reinforce essential social (PHC+) services



Lessons learned and good practices

Leveraging on existing resources through collaboration and integration of activities facilitates implementation of HBC

Communities, families and individuals can effectively take care of their health once

Appropriate partner coordination and multisectoral collaboration facilitates identification of opportunities and resources for HBC implementation.

Integration of HBC into district annual and operational plans have mobilized

Gaps and challenges

- HBC interventions not prioritized in some district plans and budgets.
- Dysfunctional coordination and oversight mechanisms in **some** lower local governments
- Progressively reducing levels of risk perception for COVID-19 by community.
- The non-availability & limited access to guidelines, protocols, job aids and data collection tools.
- Inadequate capacity building for especially VHTs /CHWs – *most of them are not yet updated on HBC, and it has not been integrated into the routine supervision.*



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Thank you!





Experience

Uganda



COVID-19 Home-Based Care Experience

Important Elements That Make a Difference

Managing COVID-19 at Home

- It all started with my family getting ill – my wife, two of the children and then myself.
- While the rest of the family quickly improved after being treated of “bacteria” infections, I did not improve. In fact, my symptoms got worse with the development dry cough and extreme body ache.
- I went back to hospital and a complete blood count (CBC) test did not reveal much. I decided to take a Covid-19 test (December 17, 2020).

Managing COVID-19 at Home



- I also started self isolation in a different room on that day.
- My results came out positive the following day (December 18, 2020) and I was immediately put on the Uganda MoH treatment plan for 7 days (azithromycin, paracetamol, vitamin C, and zinc tablets).

Managing COVID-19 at Home

- I informed my family and close friends and encouraged everyone at home not to interact with other people.
- The biggest challenge was that despite my situation, it was not easy to completely stop interaction with outside world.
- I remained in contact with doctors at Doctors' Hospital Sseguku which is the nearest hospital we go to. A doctor would come to visit me with a fully equipped ambulance, checking my vitals like BP, sensitizing my care givers on infection control, etc.
- I continued with my treatment for 9 days, but the cough and extreme body ache persisted. As a result, treatment was changed to Ceftriaxone intravenous (IV) injections and Dexamethasone tabs for 3 days.

Managing COVID-19 at Home

- I continued with my treatment for 9 days, but the cough and extreme body ache persisted. As a result, treatment was changed to Ceftriaxone intravenous (IV) injections and Dexamethasone tabs for 3 days.
- After 2 days on injections and dexamethasone tabs with little improvement, we decided to get admitted in hospital for close monitoring and proper management.



Key Supports to Care for Myself

- **An amazing and supportive team:** These included family, the UHSS team, friends some of whom are doctors and doctors from the PHP hospital (Doctors Hospital Sseguku).
- **Education materials on home-based care:** UHSS shares COVID-19 newsletter and related materials with staff including home based care. I have also been involved in pandemic preparedness with Uganda Red Cross Society where I had trainings on home-based care.
- **Equipment:** I was advised by the doctors to buy an oximeter to monitor my oxygen levels. This helped me to constantly monitor my oxygen during the home-based care period.
- **Medication:** After I tested positive to COVID-19, the doctors gave me a list of the medications to buy. Because I could not move out, a friend bought and delivered them.

Key Supports to Care for Myself

1 / An amazing and supportive team:
These included family, the UHSS team, friends some of whom are doctors and doctors from the PHP hospital (Doctors Hospital Sseguku).

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UHSS shares COVID-19 newsletter and related materials with staff including home based care. I have also been involved in pandemic preparedness with Uganda Red Cross Society where I had trainings on home-based care.

3 / Equipment
I was advised by the doctors to buy an oximeter to monitor my oxygen levels. This helped me to constantly monitor my oxygen during the home-based care period.

4 / Medication
After I tested positive to COVID-19, the doctors gave me a list of the medications to buy. Because I could not move out, a friend bought and delivered them.

Challenges of Home-Based Care

- Anxiety about other family members especially children getting exposed to COVID-19.
- Isolation room was not self-contained
- Maintaining proper hygiene by care givers to avoid infection spreading to others.
- Stress/situation depression. I am very close to my children and stopping them from coming near me was depressing, not knowing how long this would go on or how it will end was so stressful.
- Complacency by family members due to propaganda about COVID-19 on social media and TVs
- Misinformation on management/treatment from both media and friends. Everyone is an “expert” and if the patient is not careful, the effects could be dangerous.
- It was expensive for health workers to visit

The patient's room should have its own bathroom.

If this is not possible, the patient may use a common bathroom, but it should be disinfected with a 0.1% chlorine solution after each use.



How I Tried to Overcome the Challenges



Recommendations for Ministries of Health When it Comes to Home Care

- Ministries of health need to take keen interest in patients on home-based care to ensure they follow infection control guidelines
- Monitoring the patient's wellbeing daily (if symptoms are worsening) by a government health worker
- The health worker should also be in position to counsel the family - both the patient and caregivers
- Patients who cannot buy an oximeter to monitor their oxygen levels need to be supported



Question & Answer

Online Resources



1. Home-Based Quality Care Guide



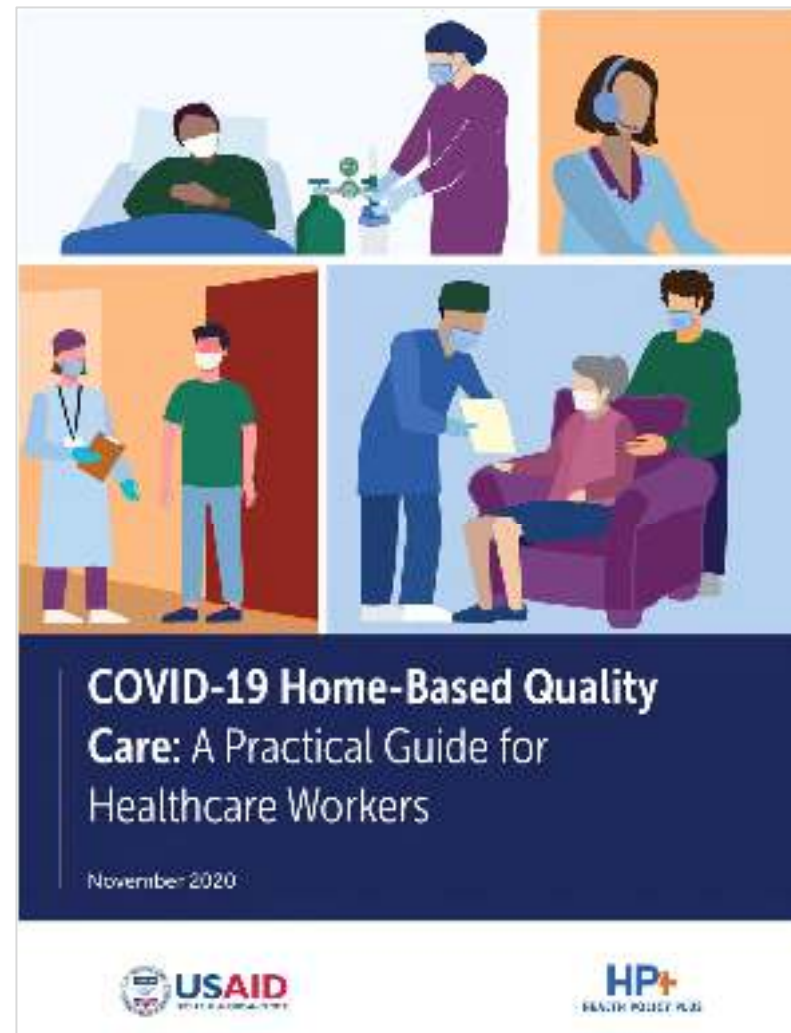
HP+
HEALTH POLICY PLUS

Español | English

OC Open Critical Care



www.opencriticalcare.org
www.healthpolicyplus.com



2. US CDC, IPC videos

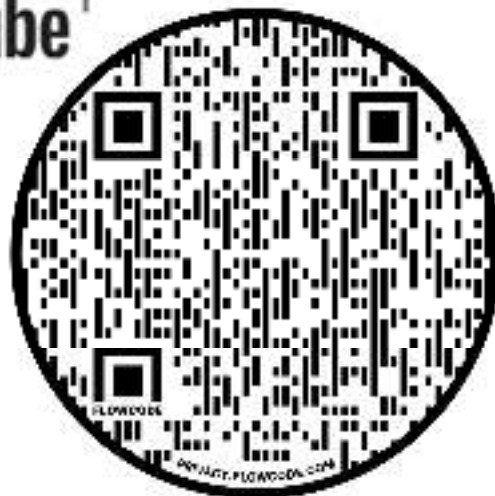


How to Clean and Disinfect Your Home if Someone Has COVID-19

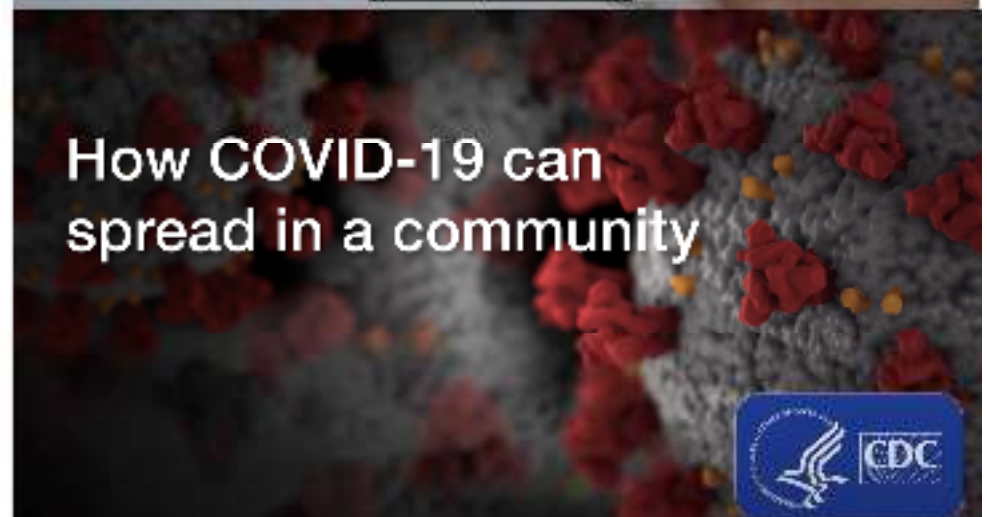


Centers for Disease Control and Prevention
CDC 24/7 Saving Lives. Protecting People™

WHAT YOU NEED TO KNOW ABOUT HANDWASHING



How COVID-19 can spread in a community



3. Oxygen Calculator



<https://opencriticalcare.org/resources/tools-for-home-oxygen-therapy/>

Oxygen Cylinders

Select the most common oxygen cylinder size at your facility (not sure?)

Size: H Cylinder (H = meter; 8900L)

Consumption per Day (Liters)

0

Total Fixed Supply (Liters)

0

Total Generated Supply per 24h (Liters)

0

Fixed Supply will last

hours days

0

Open Critical Care

Home About Resources COVID-19

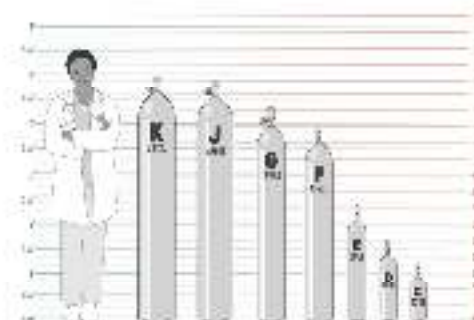
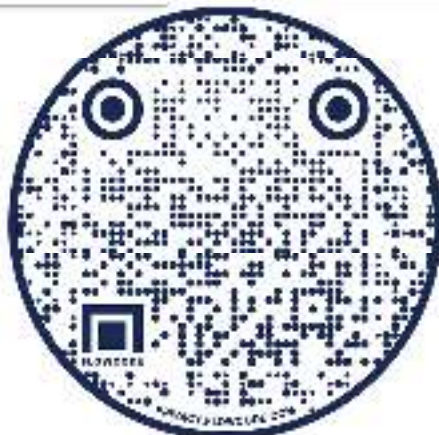
COLLECTIVE O2 SUPPLY DEMAND SIZE > FLO2 CYLINDER DURATION

From your Facility

0.12

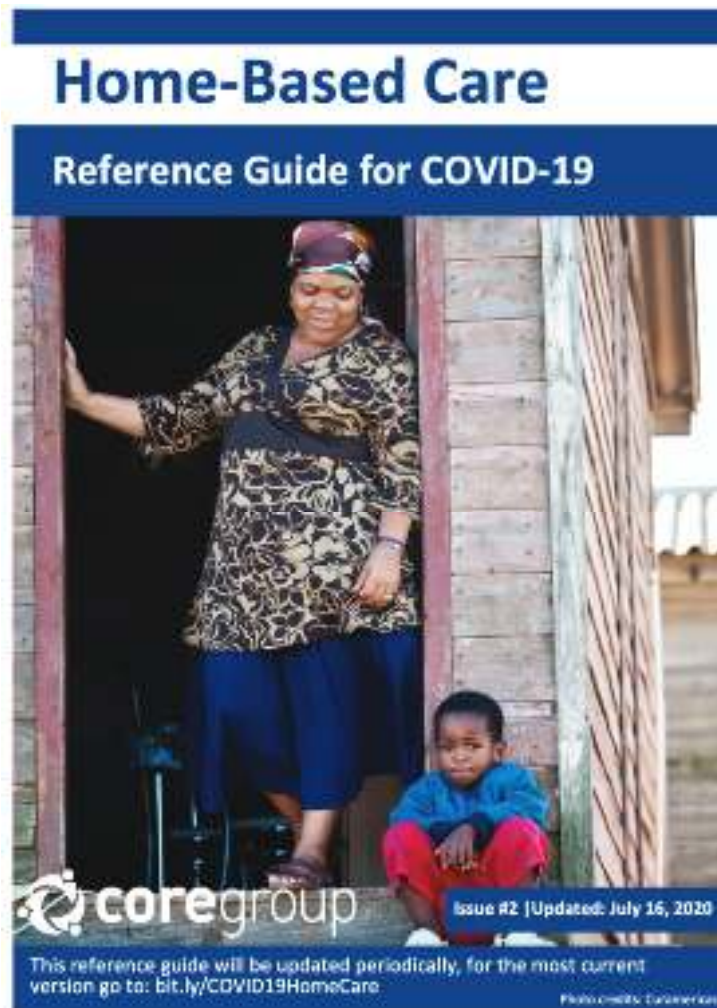
Supply will last

00



Flow rate (L/min)	C	D	E	F	G	J	K
1 L/min	10.0	10.0	10.0	10.0	10.0	10.0	10.0
2 L/min	20.0	20.0	20.0	20.0	20.0	20.0	20.0
3 L/min	30.0	30.0	30.0	30.0	30.0	30.0	30.0
4 L/min	40.0	40.0	40.0	40.0	40.0	40.0	40.0
5 L/min	50.0	50.0	50.0	50.0	50.0	50.0	50.0

4. Core Group: HBC Guide



<https://coregroup.org/home-based-care-reference-guide-for-covid-19/>

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Post-Test

- Please be sure to complete the post-test which will be included in a follow-up email.
- It will take approximately 5 minutes to complete.
- Thank you for your participation!

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