Recommendations for Out-Patient Care of COVID-19 Patients in Non-Private Home Settings

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334,981 confirmed cases
14,652 deaths
189 cases
15 cases in Kenya

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Source: World Health Organization

This document can be used as a resource for clinicians and care providers who are managing persons who do not reside in a traditional home setting and who may not be able to use the local medical resources due to financial, social, mental or capacity restraints. The recommendations are general and are intended for modification depending on populations, degree of COVID-19 in the community and personnel resources. Links are included for more detailed interventions and discussion because much quality material is available.

General Categories

A. Prevention
   a. Isolation Strategies:
      i. Consider arranging for at a minimum separation of 6 feet between people. If this is not possible, have all residents wear face masks at all times except when eating.
      ii. If possible, segregate healthy residents, symptomatic persons/those exposed to COVID-19, and those at high-risk for worse outcomes from virus. For symptomatic patients with
respiratory compromise - if at all possible, refer to a medical facility. Notify transport team and medical facility if COVID-19 is suspected.

iii. Limit provider and volunteer contact to essential persons and ensure protection from disease with masks, PPE and knowledge.

iv. Make hand hygiene resources readily available.

v. Excellent resource for care in homeless: “Street Medicine Practice During the COVID-19 Pandemic

https://drive.google.com/file/d/1169o9iTv-dJBBeAhmD5BA35VUFScglyGP/view?usp=sharing

vi. Attempt to establish isolation areas with good ventilation, limited communal contact and self-contained toilet facilities. Separate food and waste mechanisms.

b. Supplies:
   - basic: hand sanitizer, bleach, sanitizer wipes, gloves, masks, paper towels, trash bags, kleenex, OTC medication (see below)
   - Associated needs: food, water, bedding, clothing
   - Masks: paper masks for low risk, N-95 for confirmed case wearer’s use and health providers with close contact. See this for suggestions on reuse:

   - These recommendations are extrapolated from research on influenza viruses. And “there is a lot of ‘it depends on the specific respirator’ for pretty much every single decontamination method in terms of efficacy, damage risk, dosing, etc. People wanting to use specific techniques are highly advised to look at the primary literature to make best matches to what your disinfecting resources are, and what respirator brand and models you have.”

   - Wipe down the surfaces of the respirator with a bleach wipe after use. Don’t soak it in bleach. The viral particles trapped in the respirator fibers are unlikely to disassociate so the surface is the most important part to decontaminate.
- Store it in a paper bag to allow it to dry. This is preferable over plastic bags or plastic boxes.

- Do not use alcohol to clean N95 respirators, as it will disrupt the electrostatic charge that provides some of the particle trapping.

- Hydrogen peroxide vapor decontamination is a possibility for N95s, if you’re in a facility that has this. Hydrogen peroxide vapor is often used to disinfect entire rooms, but a chamber can be made for purposes of mask disinfection.

- UVC light is a more fraught decontamination modality because it’s hard to measure its intensity. It’s more difficult to decontaminate a porous mask than an impermeable object like a phone with UVC. Lower power UVC might take hours to decontaminate a mask. High power UVC emitters such as those designed for use within HVAC ducts could decontaminate masks within minutes, but carry a higher risk of degrading the straps (which are very important in providing a tight fit).

- Low temperature baking in an oven. Again, you don’t want to degrade the straps.

Example of Outreach Initiatives (Refugee Health Alliance)

- Limited outreach by local volunteers and clinicians for shelter education to support shelter leadership in addressing the current situation and to educate residents about how to help prevent and contain infections.
- Building makeshift hand washing stations at shelters with limited or no access to running water.
- Providing shelters with donations of hand soap, hand sanitizer (homemade or purchased), masks, and other necessary hygiene supplies to help prevent transmission.
- Providing shelter leadership with the necessary equipment to triage and acutely manage respiratory illnesses.
- Creating and implementing telemedicine call lines for shelter leadership.
● Compiling pre-made illness care packages that patients or families can come pick up, containing the basic over the counter supportive care they may need to care for a mildly sick family member so that they will not have to leave their home.

● Addressing food shortages in the shelters due to the decrease in previously established volunteer support and donations in the setting of travel restrictions.

B. Testing: see local practices. The following is from Ohio Dept of Public Health


Ideally, the ultimate goal would be to have rapid testing available and test everyone before entry. Those who test positive can be sheltered in a separate location. Not available right now, but I think that’s what the future will look like once the resources are available.

C. Tracking: important to maintain a record of contacts. Record phone/addresses of all people in contact with residents- volunteers, visitors, service workers. Keep record of people who spend each night there. In transient populations, will want to be able to identify prior contacts if a resident becomes sick after the incubation period.

D. Treatment: Suggestions for symptomatic care of COVID-19 patients in out-of hospital setting:

● Over-the-counter medications cough drops, acetaminophen for fever and pain. (There was some evidence suggesting not to use ibuprofen for fever or pain due to inflammatory response but latest information refutes this).

● Prescription medications: albuterol/salbutemol inhalers for respiratory symptoms has been suggested for use. Children will need spacers. Possible benefit for asthmatics with addition of inhaled steroids.
  ○ Mar 18 update: chloroquine 600 mg per day - some evidence of benefit from China
- Hydroxychloroquine and azithromycin combination

- Other: Oxygen Administration via nasal cannula or mask. May help prevent progression to worsening respiratory decompensation. Other modalities in trials and likely this section will need updating frequently. Wear facemask over nasal cannula if possible.

- Provide the sick person with a mask.
- Encourage the person to lie down and rest.
- Prevent dehydration. Encourage the person to drink plenty of water, clear soup, decaffeinated tea, or juice.
- Provide a blanket if possible.
- Encourage the person to wash their hands frequently and provide them with hand sanitizer, a box of tissues and a plastic bag or lined garbage can to dispose of tissues.
- Encourage the person to cough into their elbow area or cover their mouth with tissues or paper towels when they cough or sneeze.
- Have meals brought to the sick person’s room if possible.
- Check on the person every two to three hours. For clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) reach out to them more regularly if possible.

Resources:


Facebook: [https://www.facebook.com/groups/1040277419485183/](https://www.facebook.com/groups/1040277419485183/)
Refugee Health Alliance: [https://www.refugeehealthalliance.org/](https://www.refugeehealthalliance.org/)

Mediteranee Infection:  

The National Health Care for the Homeless Council:  