

COVID-19



FEDERAL MINISTRY OF HEALTH



NIGERIA CENTRE FOR DISEASE CONTROL



**HANDBOOK FOR
COVID-19 HOME-BASED CARE
IN NIGERIA**



Handbook for COVID-19 Home-based Care in Nigeria

Copyright ©2021 Nigeria Centre for Disease Control

This publication was produced by Nigeria Centre for Disease Control

All rights reserved.

Published January 2021

Design and Layout by Boboye Onduku/Blo'comms, 2021

Handbook for COVID-19 Home-based Care in Nigeria



Contents

About NCDC	5
1. What is Coronavirus (COVID-19)?	6
2. What is Home-Based Care?	7
3. What is Home-Based Isolation?	8
4. Why Home-Based Isolation and Care?	9
5. Who is Eligible for Home-Based Care?	10
6. Who is not Eligible for Home-Based Care?	11
7. What Medicines can be Used During Home-Based Care?	12
8. What Should Be Done if Symptoms Worsen?	13
9. Infection Prevention Control for Households Members During Home-Based Care	14
10. Caregiver's Health	22
11. Home-Based Techniques to Manage Your Cough	23
12. Home-Based Techniques to Manage Your Breathing	25
13. Home-Based Techniques to Clear Your Chest	29
14. Home-Based Techniques to Manage Breathlessness	33

About NCDC

The Nigeria Centre for Disease Control (NCDC) is Nigeria's national public health institute with the mandate to protect Nigerians from the impact of communicable diseases of public health significance, amongst other responsibilities. It does this through evidence-based prevention, integrated disease surveillance and response activities, using a One Health approach, guided by research and led by a skilled workforce.

NCDC's operations and activities are guided by five key goals:

- Accurately measure the burden of infectious diseases in Nigeria
- Ensure Nigeria is able to meet its international obligations as a member of the World Health Assembly
- Develop a Public Health laboratory service network to support the detection and prevention of, and response to critical infectious diseases
- Reduce the adverse impact of predictable and unpredicted public health emergencies
- Create an efficiently managed and evidence-based organisation with a clear focus on health promotion and disease prevention.

NCDC currently operates through five directorates: Surveillance and Epidemiology, Public Health Laboratory Services, Health Emergency Preparedness and Response, Prevention Programmes and Knowledge Management, Finance and Accounts and Administration and Human Resources.



1. What is **Coronavirus (COVID-19)**?

COVID-19 is a highly contagious virus that mainly attacks the lungs. It is transmitted through droplets created from sneezing and coughing from those infected. The virus enters the body via the nose, mouth and eyes.

The most commonly reported symptoms of COVID-19 are

cough

fever

fatigue

muscle aches

shortness of breath when moving around

loss of appetite/taste/smell.

The severity and duration of symptoms for people who have COVID-19 can vary. For most people, symptoms last 7-14 days and will be very mild. For others, the symptoms can be severe, requiring hospitalisation.

2. What is Home-Based Care?

This is when a patient confirmed to have COVID-19 by a laboratory test is provided with required medical care at home by an assigned care giver who may be a family member, a friend, or an identified person. The support to the patient must be based on advice and support from designated and trained health workers.

The patient and care giver should strictly follow the home-based isolation criteria and other COVID-19 infection prevention and control measures. This can be found on the NCDC microsite through bit.ly/3s4JQYg



Home-based care is only recommended after:

- a. Appropriate risk assessment has been carried out by the State Ministry of Health
- b. Adequate counselling and patient information have been given by a clinician from the State Case Management Team

Home-based care is only recommended for patients who do not have symptoms of the disease (asymptomatic), or have only mild symptoms such as headache, fever or fatigue.

3. What is Home-Based Isolation?

This is when a patient confirmed to have COVID-19 by a laboratory test is mandated to restrict activities and movement to a room in their home. During the entire period of home-based isolation, the patient is required to:

- a. Refrain from going to public places such as workplaces, schools, markets, churches, mosques, meetings, etc.



- b. Avoid using public transport like buses, taxis etc.
- c. Avoid direct contact with every member of the household. The sharing of rooms, bathrooms, feeding utensils, clothes and others must be avoided

The patient must have a care giver at home, who provides support but should **NOT** come in direct contact with the patient.

4. Why Home-Based Isolation and Care?

Since the beginning of the COVID-19 pandemic, Nigeria has been managing confirmed COVID-19 cases in government designated hospital-based isolation/treatment centres to ensure recovery of cases as well as to prevent community transmission.

As the pandemic has evolved, there is an increasing number of people who are



asymptomatic or present with mild symptoms. To reduce the pressure on resources in treatment centres and ensure these resources are sufficient for people with moderate to severe symptoms, home-based care has been introduced. However, people who are asymptomatic or have mild symptoms, but are unable to safely isolate at home will be admitted to hospital-based isolation/treatment centres.

5. Who is Eligible for Home-Based Care?

Eligibility for home-based care will be determined by a health care worker (HCW). The criteria include:

- a. Any patient below **50 years old** who is clinically stable, no history of a non-communicable disease AND
 - i. Asymptomatic or mild symptoms

- ii. Normal oxygen saturation (**SpO₂ ≥ 95% on room air**)
- iii. Available space for optimal self-isolation
- b. Any patient discharged from treatment centres for home care. This is to allow them to complete their isolation period.

6. Who is not Eligible For Home-Based Care?

The following patients are not eligible for home-based care management:

- a Patients within all age who presents with **severe** symptoms
- b Patients with significant co-morbidities e.g., poorly controlled hypertension, diabetes, asthma, other chronic heart, kidney, liver, or lung diseases, obesity, etc.
- c Patients who lack adequate self-isolation facilities e.g.; inadequate home accommodation



- d. Pregnant women
- e. Any 'high risk' patient based on a clinical risk assessment done by the health care worker
- f. Elderly patients who do not meet the criteria for home-based care

7. What Medicines can be used During Home-Based Care?

For **patient** who present with no symptom, the following medications are recommended:

- a. Tab. Vitamin C 500mg once daily for 14 days
- b. Tab. Zinc 20mg once daily for 14 days
- c. Tab. Paracetamol/Panadol 1g three times daily for 3-5days
- d. Tab. Vit D 600 IU/15mcg daily for 14 days



In cases where patient presents with mild-moderate symptoms, the case manager/health worker in charge will communicate additional medications patient should commence.

Patients who are asymptomatic or have mild symptoms should:

- a. Stop unhealthy habits/ behaviors such as smoking, drinking alcohol.*
- b. Ensure adequate fluid intake (warm water/ tea) as well as focus on building immunity (eat healthy meals, drink water, plenty of rest, light exercises in a well ventilated room)*

8. What Should be Done if Symptoms Worsen?

Monitor your symptoms regularly. If you get one of the following:

- a. Worsening shortness of breath



- b. A new or returning fever
- c. Worsening ability to concentrate
- d. Chest pain

Please call your State Emergency Hotline for more advice. A list of State hotlines can be found via <https://covid19.ncdc.gov.ng/contact/>

9. Infection Prevention Control for Households Members During Home-Based Care

The following measures are critical for patients, care-giver and other members of the household, to prevent further spread of the virus causing COVID-19

- a. **Limit contact:** The person who is sick should stay in their own room or area and away from others
- b. **Place patient in a well-ventilated single room** with windows open to the

outside and kept open as much as possible

c. **Limit the number of caregivers.**

Designate one person to render the care: preferably one with no underlying chronic health condition

d. **The care giver should adhere to standard IPC measures** to avoid getting sick: wash hands often especially after supporting the patient; avoid touching eyes, nose, and mouth; and frequently clean and disinfect surfaces

e. When washing hands with soap and water, use disposable paper towels to dry hands

g. If a health worker is visiting patient at home, **limit the number of household members present during such visits**



and request that they maintain a distance of at least 1 metre from the health worker

- h. When providing care or working within 1 metre of the patient request that the **patient wears a medical mask** that covers the mouth and nose
- i. Patient should **practise rigorous respiratory hygiene**; that is, coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue followed by hand hygiene

9.1. Feeding

- The person who is sick should eat (or be fed) in their room, if possible.
- Use dedicated eating utensil for the patient and these items and may be re-used after cleaning instead of being discarded.
- Handle any dishes, cups/glasses, or silverware used by the person who is



sick with gloves. Wash them with soap and hot water.

9.2 Contact with Others

- The person who is sick should wear a mask when they are around other people at home and out (including before they enter a doctor's office).
- Caregivers should put on a medical mask and ask the sick person to put on a mask before entering the room.
- Caregivers should wear gloves before touching or having contact with the sick person's blood, stool, or body fluids, such as saliva, mucus, vomit, and urine.
- Dispose gloves into a lined trash can and wash your hands immediately.
- Both the patient and the care giver should perform hand hygiene frequently before and after preparing



food, before eating, after using the toilet, and whenever hands look dirty. If hands are not visibly soiled, an alcohol-based hand rub can be used. For visibly soiled hands, always use soap and water.

9.3 Laundry

- Handle patient's laundry in a safe manner.
 - Do not shake dirty laundry.
 - Wear disposable gloves while handling dirty laundry.
 - Dirty laundry from a person who is sick can be washed with other people's items.
 - Remove gloves, and wash hands right away.
 - Dry laundry out under the sun and ensure it dries completely
 - Wash hands after spreading clothes out in the sun



- o Clean and disinfect clothes hampers.
Wash hands afterwards.

9.4 Waste Management and Cleaning

- All waste and contaminated items from patient should be disposed of in a lined, covered waste bin that is dedicated for patient's room/space.
 - o Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.
 - o Place all used disposable gloves, masks, and other contaminated items in a lined trash can.
 - o Single-use gloves (e.g. nitrile or latex) should be discarded after each use.
 - o After use, utility gloves should be cleaned with soap and water and decontaminated with at least 0.1% sodium hypochlorite solution and kept outside to dry completely.



- Perform hand hygiene before putting on and after removing gloves
- Dispose of waste generated from providing care to the patient as infectious waste in strong bags or safety boxes as appropriate, close completely and remove from the home to a designated safe area for evacuation by municipal waste handlers or buried in a trench/latrine.
- Gloves and protective clothing (e.g. plastic aprons) should be used when cleaning surfaces or handling clothing or linen soiled with body fluids. Depending on the context, wear either utility or single-use gloves.
- Clean and disinfect “high-touch” surfaces and items every day: This includes tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, and electronics.
- Clean the area or item with soap



and water if it is dirty. Then, use a household disinfectant of at least 0.1% sodium hypochlorite (i.e. equivalent to 1000 ppm) before wiping surfaces

- If they feel up to it, the person who is sick can clean their own space. Give the person who is sick personal cleaning and disinfection supplies such as tissues, paper towels, cleaners, and products.
- **If sharing a bathroom:** The person who is sick should clean and then disinfect after each use. If this is not possible the care giver should wear a mask and wait as long as possible after the sick person has used the bathroom before coming in to clean and use the bathroom.
- Only clean the area around the person who is sick when needed, such as when the area is soiled. This will help limit your contact with the sick person.



- Use dedicated linen for the patient; these items should be cleaned with soap and water after use and may be re-used instead of being discarded.
- Avoid other types of exposure to contaminated items from the patient's immediate environment (e.g. do not share toothbrushes, cigarettes, cutlery, crockery, towels, washcloths or bed linen)

10. Caregiver's Health

- a. Caregivers should monitor their own state of health
 - i. Caregivers should stay home and monitor their health for COVID-19 symptoms while caring for the person who is sick.
 - Common symptoms include fever, cough, and shortness of breath, loss of smell and taste but other symptoms may be present as well.



Trouble breathing is a more serious warning sign that you need to seek medical attention.

- ii. Caregivers should continue to stay home after care is complete. Caregivers can leave their home 14 days after their last close contact with the person who is sick (based on the time it takes to develop illness), or 14 days after the person who is sick meets discharge criteria.



11. Home-Based Techniques to Manage Your Cough

A dry cough is one of the most commonly reported symptoms for COVID-19 however in some cases it may be productive of phlegm.

11.1 Strategies to manage a dry cough

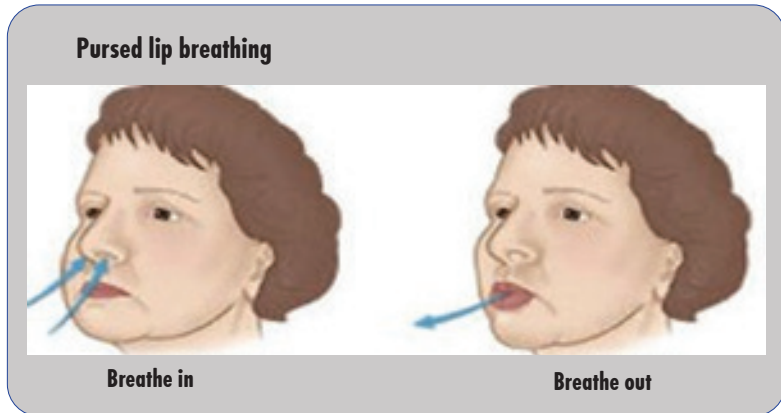
- Stay well hydrated
- Sip water or a soft drink – take small sips, one after the other, avoid taking large sips



- Drink warm honey and lemon or another warm drink, this can help to soothe the throat
- If you do not have a drink to hand, but need to cough, try swallowing repeatedly. This can work in a similar way to sipping water

11.2 Strategies to manage a productive cough (cough with phlegm)

- Keep well hydrated
- Try lying flat on your side as you can. This will help drain the phlegm
- Try moving around; this will help to move the phlegm so that you can cough it out



**Adapted from Homerton NHS Patient Information Pack*

12. Home-Based Techniques to Manage Your Breathing

Breathing exercises can help you manage your breathlessness and reduce its impact on your every day activities.

12.1 Breathing control

- Take a slow breath in through your nose
- Try to relax your sholders and neck



- Allow the air to fill up from the bottom of your lungs to the top of your chest
- Breathe gently out through pursed lips (as if you were going to blow out a candle) to create space for the next breathing

12.2 Breathing control while walking

This will help you walk climb stairs and take walks. Try to keep your shoulders and upper chest relaxed and use your breathing control. Time your breathing with your stepping.

- **Breathe in – 1 step**
- **Breathe out – 1 or 2 steps**

12.3 Keep cool

- Make sure you have good air circulation in the room by opening a window or door.



- Use a wet clean handkerchief or cloth to cool the area around your nose and mouth this can help reduced the sensation of breathlessness.

12.4 Breathe a rectangle

- Find a comfortable position.
- Look for a rectangle shape in the room e.g. a window, door or TV screen.
- Move around the sides of the rectangle with your eyes, breathing in on the short sides and out on the long sides.

NCDC Toll-free Number: **0800 9700 0010** SMS: **0809 955 5577** WhatsApp: **0708 711 0839**



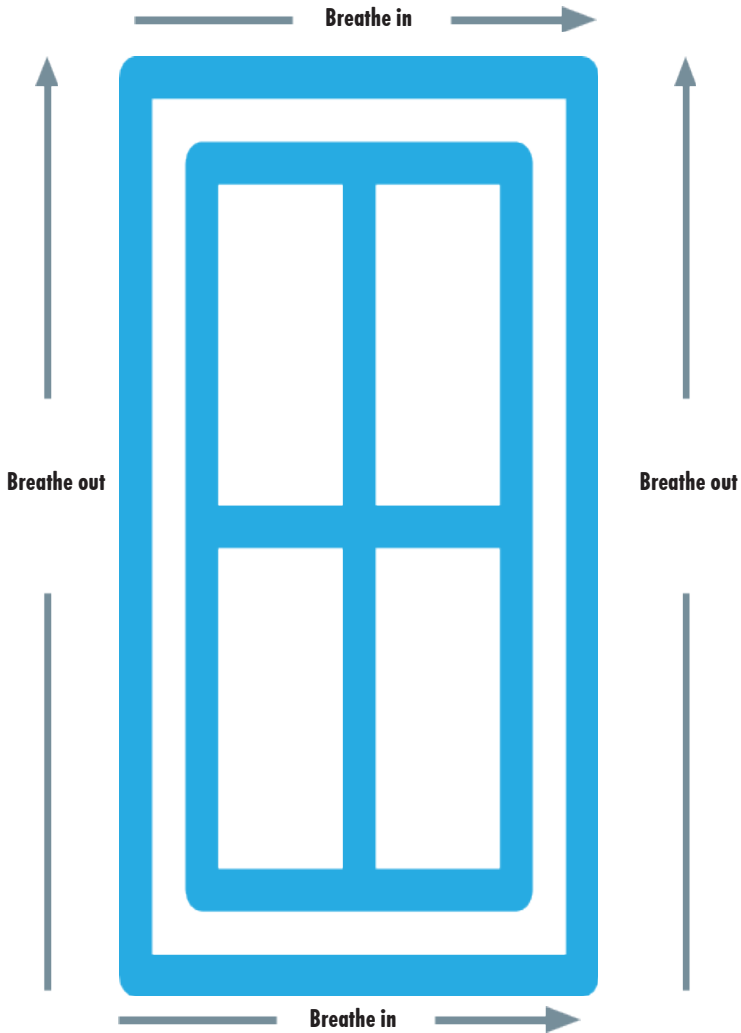
@NCDCGOV



NCDC.GOV.NG



INFO@NCDC.GOV.NG

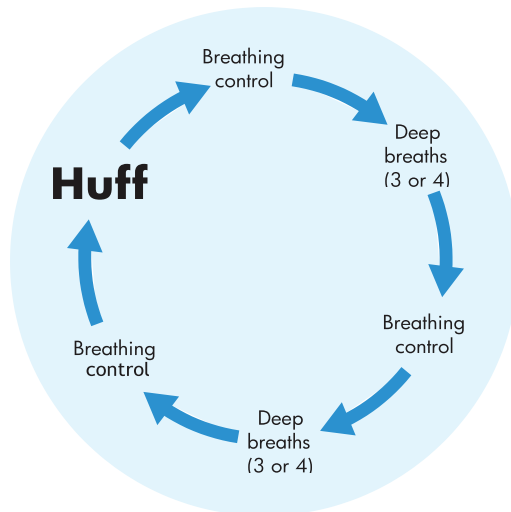


**Adapted from Homerton NHS Patient Information Pack*

13. Home-Based Techniques to Clear Your Chest

Following COVID-19, you may find that you have a productive cough and mucus on your chest. These exercises and positions can help to clear your chest.

Active Cycle of Breathing Technique (ACBT) exercise consists of three breathing exercises that together help to clear the mucus off your chest.



**Adapted from Homerton NHS Patient Information Pack*



1. Breathing control

- Gentle, relaxed breathing with your shoulders relaxed

2. Deep breaths

- Breathe in slowly and deeply
- Gently breathe out without forcing it
- Repeat 3-4 times only (too many can make you feel dizzy)

3. Forced expiration techniques (Huff)

- Take a medium sized breath in
- Breath out forcefully for a short time
- Keep your mouth open and use your stomach and chest muscles
- Think 'huffing' a mirror to polish it
- Repeat 1-2 times
- Always finish on a cough or huff
- Stop when your huff is dry on two consecutive cycles

4. How often and how long?

- Continue to do until you feel your chest is clearer
- Clear as much mucus as you can without becoming exhausted
- Perform for at least 10 minutes, but no longer than 30 minutes
- If productive 2-3 times per day



Use the following positions, along with ACBT to help clear your chest. However:

- don't use immediately before or after a meal
- stop if you have any side effects
- chose the position below that you feel would best drain your lungs, you can do this in discussion with a health care professional.

To drain the upper lobes

- Sit comfortably in an upright position. If you are breathless, you may be unable to tolerate these 'head down' positions, so the following may be used:

Side lying



High side lying





To drain the lower lobes –

- Lie on your right lobe side with two or three pillows under your hips:



To drain the middle lobes –

- Lie on your right lobe side with one to two pillows under your hips:



**Adapted from Homerton NHS Patient Information Pack*

Do not do this if you have:

- Nausea
- Acid Reflux
- Become significantly breathless



- Have blood in your phlegm
- Have a recent chest, spine or rib injury
- Feel wheezy

If you have any of the above, please speak with a health care professional before doing this.

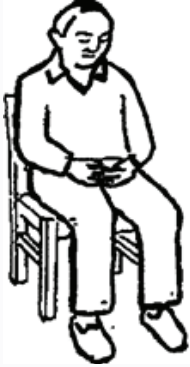
14. Home-Based Techniques to Manage Breathlessness

Following COVID-19 you may find you have continued breathlessness. You should monitor this and if it gets worse seek further review from a Medical Doctor.

The positions on the next page can help manage your breathlessness:



Relaxed sitting



Forward lean standing



Backward Lean Standing



Forward lean sitting



NCDC Toll-free Number: **0800 9700 0010** SMS: **0809 955 5577** WhatsApp: **0708 711 0839**



@NDCCGOV



NCDC.GOV.NG



INFO@NCDC.GOV.NG

High side lying



**Adapted from Homerton NHS Patient Information Pack*

HANDBOOK FOR COVID-19 HOME-BASED CARE IN NIGERIA



NIGERIA CENTRE FOR DISEASE CONTROL

 Plot 801 Ebitu Ukiwe Street, Jabi Abuja, Nigeria

 0800 970 0010 (Toll-Free Call Number)

 0809 955 5577  0708 711 0839

 info@ncdc.gov.ng

   @ncdcgov

 ncdc.gov.ng