



Interim Guidance for Implementing Home Care with COVID-19

Recommendations for Pharmacists and Patients

A joint guidance document from the
FAPA Hospital and Clinical Pharmacy Section
and the FAPA Community Pharmacy Section

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Purpose of this Guidance

Home care may be considered for patients with confirmed or suspected COVID-19 when inpatient care is unavailable or unsafe (e.g. when capacity is insufficient to meet the demand for healthcare services). Such patients who have been discharged from hospital may also be cared for at home, if necessary.

Caring for an infected person in the home, rather than in a medical facility, increases the risk of transmitting the virus to others in the home. It is therefore critical to ensure that caregivers have appropriate knowledge and guidance on how to care for patients as well as how to minimize the risk of infection, including training on important hygiene procedures and on recognizing signs that the COVID-19 patient's condition is worsening and that he or she needs to be sent to a health facility.

Pharmacists, especially in the community settings, can serve as an information portal and assist patients beyond dispensing. The Section of Hospital and Clinical Pharmacy and the Section of Community Pharmacy of FAPA, are issuing this recommendation for all community pharmacists and patients on home care with COVID-19, with the World Health Organization, Centers for Disease Control and Prevention (U.S.), and other international guidelines as references. This is an interim recommendation that may subject to change according to the latest evidence and development of the epidemic.

IMPORTANT REMINDER

Policies and guidelines related to home care for patients with confirmed or suspected COVID-19 will of course be interpreted and implemented at national and local levels in countries. The contexts and needs of households will vary; therefore, tailored approaches to information and support packages for home care are recommended.

Section 1: For Pharmacists¹⁻⁸

Evaluating for Patient eligibility for home care:

The decision to isolate and monitor a COVID-19 patient at home should be made on a case-by-case basis. Their clinical evaluation should include:

1. Clinical evaluation of COVID-19 patients

- (1) Clinical presentation
- (2) Any requirement for supportive care
- (3) Risk factors for severe disease [i.e. age (> 60 years), smoking, obesity, and non-communicable diseases such as cardiovascular disease, diabetes mellitus, chronic lung disease, chronic kidney disease, immunosuppression, and cancer]
- (4) Patients who are asymptomatic or those with mild or moderate disease without risk factors for poor outcome may not require emergency interventions or hospitalization, and could be suitable for home isolation and care, provided the following two requirements are fulfilled in the home setting

2. Evaluation of the home setting

- (1) The patient, caregiver and/or other household members have all they need to adhere to the recommendations for home care isolation.
- (2) They need hand and respiratory hygiene supplies, environmental cleaning materials, etc.
- (3) If these or other vulnerable persons are present in the home setting and cannot be kept apart from the patient, then the health worker should offer to arrange for an alternative location for isolation for the patient if available.

3. Medication supply^{1,2}

- (1) Preparation of symptomatic treatment : such as antipyretics for fever and pain. Community pharmacies should be active in providing consultation service for people and promote rational use and supply of over-the-counter medicines.
*Note: WHO advises against antibiotic prophylaxis or treatment for patients with mild COVID-19. For patients with moderate COVID-19, antibiotics should not be prescribed unless there is clinical suspicion of a bacterial infection. For details on prescribing antimicrobials, please refer to the guideline from WHO: Clinical management of COVID -19.
- (2) Drug supply management for patients with chronic diseases: may consider telemedicine, mailed packages and home delivery to ensure non-disrupted treatment of their chronic diseases.

4. Patient education on infection prevention and control

Pharmacists serve as an important information portal in the community setting. How to properly perform infection prevention and control within a patient's household is vital to prevent COVID-19 transmission. Suggested patient education materials please refer to "Section 2".

5. Provision and supply of PPEs and disinfectants⁵⁻⁸

Community pharmacies may serve as important suppliers of PPEs (including facemasks, goggles, gloves, etc.) during the pandemic. While distributing the PPEs, pharmacists should provide information and education on the timing of using PPE, how to correctly put on and take off, and how to dispose of the PPEs. Please refer to the WHO "Coronavirus disease (COVID-19) advice for the public: When and how to use masks"⁵ and the CDC "Strategies for Optimizing the Supply of Facemasks"⁶ for more information. Hand-rubs and environmental disinfectants that are effective against the SARS-CoV should also be provided or educated by the community pharmacist.^{7, 8}

6. Patient education on COVID-19 vaccines^{3, 4}

Pharmacists should be familiar with the COVID-19 vaccines available in your area, be prepared to answer questions and provide information regarding the COVID-19 vaccine, including how does the vaccine work, who should get vaccinated, what to expect after vaccination, etc. Refer to the WHO website "COVID-19 vaccines"³, "COVID-19 advice for the public: Getting vaccinated"⁴, and the CDC website "Key Things to Know About COVID-19 Vaccines"⁹ for more information.

7. Follow up and Discontinuing Home Isolation for Persons with/suspected with COVID-19¹⁰⁻¹²

Patient follow up protocol and the criteria of discontinuing home care and isolation may vary among countries. Pharmacists should be familiar with the regulations in your area. Current evidence suggests using symptom-based strategy. Refer to the WHO website "Criteria for releasing COVID-19 patients from isolation"¹⁰, the CDC website "Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings"¹¹, "When You Can be Around Others After You Had or Likely Had COVID-19"¹² and the "COVID-19 Home Care Algorithm" developed by the UP college of Medicine Class 1991" (sup. 1) for more information.

Section 2: For Patients and Those Who Are Caring For Someone Sick At Home¹³⁻¹⁵

1. Monitor your health

- (1) Symptoms of COVID-19 include fever, cough, or other symptoms.

Follow care instructions from your healthcare provider and local health department. Your local health authorities may give instructions on checking your symptoms and reporting information.

- (2) When to seek emergency medical attention

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

*This list does not include all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

- (3) Take care of yourself. Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen for fever and pain (according to manufacturers' instructions) as well as adequate nutrition.
- (4) Consult with community pharmacy, if concerned about your symptoms, and get an advice on over-the-counter medicines. Stay in touch with your doctor. Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.

2. Limit contact

- (1) Patients should stay home except to get medical care. Do not visit public
- (2) Avoid public transportation, ride-sharing, or taxis.
- (3) COVID-19 spreads between people who are in close contact (within about 6 feet) through respiratory droplets, created when someone talks, coughs or sneezes. Staying away from others helps stop the spread of COVID-19.
- (4) The caregiver, when possible, should not be someone who is at higher risk for severe illness from COVID-19.
- (5) The person who is sick should isolate
- (6) The sick person should separate themselves from others in the home. Learn when and how to isolate.
- (7) If possible, have the person who is sick use a separate bedroom and bathroom. If possible,

have the person who is sick stay in their own “sick room” or area and away from others. Try to stay at least 6 feet away from the sick person.

- (8) Shared space: If you have to share space, make sure the room has good air flow. Open the window to increase air circulation. Improving ventilation helps remove respiratory droplets from the air.
- (9) Avoid having visitors. Avoid having any unnecessary visitors, especially visits by people who are at higher risk for severe illness.
- (10) Caregivers should quarantine: Caregivers and anyone who has been in close contact with someone who has COVID-19 should stay home, except in limited circumstances. Learn when and how to quarantine.
- (11) Stay separated: The person who is sick should eat (or be fed) in their room, if possible.
- (12) Wash dishes and utensils using gloves and hot water: Handle any dishes, cups/glasses, or silverware used by the person who is sick with gloves. Wash them with soap and hot water or in a dishwasher.
- (13) Clean hands after taking off gloves or handling used items.
- (14) Avoid sharing personal items. Do not share: Do not share dishes, cups/glasses, silverware, towels, bedding, or electronics (like a cell phone) with the person who is sick.

3. PPEs: When to wear a mask or gloves

- (1) The person who is sick
 - 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).
 - The mask helps prevent a person who is sick from spreading the virus to others. It keeps respiratory droplets contained and from reaching other people.
 - *Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is not able to remove the covering without help.
- (2) Caregiver
 - Put on a mask and ask the sick person to put on a mask before entering the room.
 - Wear gloves when you touch or have contact with the sick person’s blood, stool, or body fluids, such as saliva, mucus, vomit, and urine. Throw out gloves into a lined trash can and wash your hands right away.
 - Practice everyday preventive actions to keep from getting sick: wash your hands often; avoid touching your eyes, nose, and mouth; and frequently clean and disinfect surfaces.

4. Cleaning and disinfection tips:⁸

- (1) Clean your hands often
 - Wash hands: Wash your hands often with soap and water for at least 20 seconds. Tell everyone in the home to do the same, especially after being near the person who is sick.

-Hand sanitizer: If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.

-Hands off: Avoid touching your eyes, nose, and mouth with unwashed hands.

(2) When and how to clean surfaces and objects

- Cleaning with a household cleaner that contains soap or detergent reduces the amount of germs on surfaces and objects and decreases risk of infection from surfaces. In most situations, cleaning alone removes most virus particles on surfaces.

-Clean high-touch surfaces and objects regularly (for example, daily or after each use) and after you have visitors in your home.

-Focus on high-touch surfaces and objects (doorknobs, tables, handles, light switches, phones, remote controls, and countertops).

-Clean other surfaces in your home when they are visibly dirty or as needed. Clean them more frequently if people in your household are more likely to get very sick from COVID-19. Disinfect if certain conditions apply.

-Clean surfaces using a product suitable for each surface, following instructions on the product label.

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Supplement 1. COVID-19 Home Care Algorithm

