

Infection prevention and control in the household management of people with suspected or confirmed coronavirus disease (COVID-19)

30 March 2020

Scope of this document

This document provides guidance on infection prevention and control (IPC) measures for people with suspected or confirmed coronavirus disease (COVID-19) who are experiencing mild symptoms that do not require hospitalisation, therefore self-isolating at home.

Target audience

General public in EU/EEA Member States and the United Kingdom.

Background

As of 30 March 2020, more than 700 000 cases of COVID-19 were reported worldwide by more than 150 countries. The number of reported COVID-19 cases is rapidly increasing in all EU/EEA countries and the UK, accounting for an increasing proportion of global cases.

Clinical presentation among reported cases of COVID-19 varies in severity from asymptomatic, subclinical infection and mild illness to severe or fatal illness; clinical deterioration can occur rapidly, often during the second week of illness [1].

More disease background information is available online: [ECDC's Rapid Risk Assessment](#) [1], [ECDC](#) [2], [WHO](#) [3].

Self-isolation

Suspected or confirmed COVID-19 patients presenting with a mild clinical symptomatology (mainly fever, cough, headache and malaise) will not require hospitalisation and may be safely managed at home. The majority of these cases will spontaneously recover without complications.

As clinical signs and symptoms may worsen with progressive dyspnoea due to lower respiratory tract disease, mostly in the second week of illness, patients treated at home should be provided with instructions if they experience difficulty breathing.

Self-isolation and home care could also be considered for symptomatic patients no longer requiring hospitalisation, or in a case of informed refusal of hospitalisation [1].

Infection prevention and control for suspected or confirmed COVID-19 cases self-isolating at home

General infection prevention and control measures in the household

- Limit the number of person(s) taking care of the suspected or confirmed COVID-19 patient. It is better that only one person acts as the caretaker. This person should be healthy and without underlying conditions, such as high blood pressure, diabetes, lung or heart problems. Persons in the household belonging to high-risk groups (e.g. the elderly, immunocompromised people, or people with underlying conditions) should avoid contact with the patient and with objects that the patient has come in contact with. Access to shared areas should be limited as much as possible, and strict hand hygiene must be performed.
- Place the patient in a well-ventilated single room (i.e. open window regularly).
- The patient should use a separate toilet, if possible, from the rest of the household.
- Avoid sharing objects with the patient (for example eating utensils, towels, etc.).
- All shared areas should be well ventilated; frequently touched surfaces (e.g. doorknobs, light switches) should be frequently cleaned with neutral detergents.
- Perform hand hygiene frequently, especially after contact with the patient or with any surface frequently touched by the patient, especially before and after preparing food, before eating, after using the toilet.
- Toilet, bathroom sink, etc. should be cleaned daily, avoiding splashes. Surfaces and objects should be disinfected with regular household bleach, in a dilution corresponding to 0.05–0.1% sodium hypochlorite (20 ml of household bleach should be diluted in 1 litre of water). This solution should be used immediately and prepared fresh every time it is needed.
- Clean the patient's room regularly (e.g. daily); use disposable cleaning equipment (e.g. disposable wipes). If disposable cleaning equipment is not available, the cleaning material (cloth, sponge etc.) should be placed in a disinfectant solution of 0.05%–0.1% sodium hypochlorite, prepared as described above.
- The person in charge of cleaning should wear disposable gloves and a surgical mask. Mildly symptomatic patients can clean their room themselves.
- Bed linen, towels, sleepwear and other textiles used by the patient should be stored in a dedicated laundry bag in the patient's room until it is washed with regular laundry detergent at 90 °C (hot-water cycle). If an item cannot be washed in a hot-water cycle, bleach or other laundry products for decontamination of textiles should be used.
- The patient should have a waste bag in his/her room for used tissues, face masks, and other waste; the waste bag should go into the unsorted garbage.
- No visitors should be admitted to the house until the patient has recovered completely.
- If a household has more than one suspected or confirmed COVID-19 patient, all patients can be isolated in the same room.

Infection prevention and control measures applied by the patient to prevent transmission of infection (in the household)

- Avoid physical contact (e.g. hugs, hands shaking, etc.) with family members.
- Avoid as much as possible shared spaces and stay in a single, well-ventilated room.
- Wear a face mask that covers the nose and mouth as much as possible, especially when in shared areas. The face mask should be changed frequently; always change the mask when it becomes soiled or wet.
- When the face mask is taken off, it should be removed by touching only the elastic bands or strings; front and inside parts should be never touched. Hands should be washed/cleaned immediately (and thoroughly) after removing the face mask.
- When not wearing a face mask, nose and mouth should be covered with paper tissue when sneezing or coughing. A number of paper tissues should be kept at hand ready to be used. Paper tissues should be disposed immediately after use, and hands should be washed/cleaned right away using the correct procedure.
- Clean hands frequently with alcohol-based hand-rubbing solution or wash them with soap and water and dry them with disposable towels. If disposable towels are not available, dedicated towels should be used and kept separately from the towels used by the rest of the household; towels should be changed and washed regularly as per instructions above.
- Use dedicated eating utensils and cutlery. These should be carefully cleaned after every use.

Infection prevention and control measures applied by the patient's caretaker to prevent transmission of infection (in the household)

- Avoid close contact with the patient as much as possible and keep a distance of at least 1 metre.
- Wash hands frequently, especially after contact with the patient and with any item that has been in contact with the patient (e.g. eating utensils, bed linen, toilet, etc.). Water and soap is effective for handwashing, alcohol-based hand-rubbing solution can also be used.
- Use disposable towels to dry your hands whenever available. If not available, change towels frequently and wash them with regular laundry detergent in a hot-water cycle (90 °C). If an item cannot be washed in a hot-water cycle, use bleach or other laundry products for decontamination of textiles.
- Wear a face mask when in the same room with the patient, or in general when in close contact with the patient. The mask should be changed every time it is worn; if this is not possible, it should be changed when it becomes soiled, dirty or wet.
- When the face mask is taken off, it should be removed by touching only the elastic bands or strings; front and inside parts should never be touched. Hands should be washed/cleaned immediately (and thoroughly) after removing the face mask.
- Wear gloves when providing care to the patient or when coming in contact with bodily fluids (e.g. mucous, faeces, urine, etc.). Gloves should be changed every time they are worn or when they become soiled, or if their integrity is compromised. Hands should be washed/cleaned immediately after removing the gloves.
- Caretakers should quarantine for 14 days after the patient has recovered and self-monitor for COVID-19-like symptoms (e.g. fever, cough).

Management of household waste

- An individual waste bag should be placed in the patient's room.
- Paper tissues and face masks used by the patient should be immediately put in the waste bag that was placed in the patient's room.
- Gloves and face masks used by the caretaker and by the cleaner should be immediately put in a second waste bag, placed near the door to the patient's room, when the caretaker or cleaner leave.
- The waste bags should be closed before they are removed from the patient's room and replaced frequently; they should never be emptied in another bag.
- These waste bags can be collected together and placed in a clean general garbage bag; the closed patient waste bags can be put directly in the unsorted garbage. No special collection activity or other disposal method is necessary.
- After handling waste bags, strict hand hygiene should be performed: use water and soap or alcohol-based hand disinfectants.

Contributing ECDC experts (in alphabetical order)

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References

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2. European Centre for Disease Prevention and Control (ECDC). COVID-19 [internet]. Stockholm: ECDC; 2020 [cited 2020 27 March]. Available from: <https://www.ecdc.europa.eu/en/novel-coronavirus-china>.
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