

Patients that qualify for home management and self isolation:

MILD DISEASE

- SpO₂ ≥ 95%
- Respiratory rate < 25
- HR < 120
- Temp 36 - 39°C
- Mental status normal

ABLE TO SAFELY SELF-ISOLATE

- Separate bedroom available for patient to self-isolate in
- Patient able to contact, and return to, healthcare facility in case of deterioration

NOT AT HIGH RISK OF DETERIORATION

- Age < 65 years
- No cardiac or pulmonary comorbidities
- No other debilitating comorbidities (e.g. cancer)

For ages 5-12, use respiratory rate < 30, and heart rate < 130. For younger ages, use age-appropriate normal values.

Appropriate advice about reducing possible transmission to others:

- Patients should stay in a specific room and use their own bathroom (if possible). Patients should avoid unnecessary travel and unnecessary contact with other people.
- Where contact is unavoidable, the patient should wear a facemask, and maintain a distance of at least 1 metre (preferably 2 metres) from other people
- Patients should clean their hands with soap and water frequently. Alcohol-based sanitizers may also be used, provided they contain at least 70% alcohol.
- Patients should practice good cough and sneeze hygiene, by using a tissue, and then immediately discarding the tissue in a lined trash can, followed by washing hands immediately.
- Patients should not have visitors in their home. Only those who live in their home should be allowed to stay.
- At home, the patient should stay in a specific room and use his/her own bathroom (if possible). If they live in shared accommodation (university halls of residence or similar) with a communal kitchen, bathroom(s) and living area, they should stay in their room with the door closed, only coming out when necessary, wearing a facemask if they do so.
- Patients should avoid sharing household items like dishes, cups, eating utensils and towels. After using any of these, the items should be thoroughly washed with soap and hot water.



- All high-touch surfaces like table tops, counters, toilets, phones, computers, etc. should be appropriately and frequently cleaned.
- If patients need to wash laundry at home before the results are available, then they should wash all laundry at the highest temperature compatible for the fabric using laundry detergent. This should be above 60° C. If possible, they should tumble dry and iron using the highest setting compatible with the fabric. Disposable gloves and a plastic apron should be used when handling soiled materials if possible and all surfaces and the area around the washing machine should be cleaned. Laundry should not be taken to a laundrette. The patient should wash his/her hands thoroughly with soap and water after handling dirty laundry (remove gloves first if used).
- Patients should know who to call if they develop any worsening symptoms, so that they can be safely reassessed.

De-isolation Guidelines

Patients can be de-isolated 10 days after the onset of their symptoms (mild cases), or 10 days after achieving clinical stability (moderate-severe cases), but must be at least 3 days symptom free at that stage. Otherwise continue self-isolation after the 10 day period until 3 days without any symptoms. Patients continue to shed SARS-CoV-2 from their upper airways for approximately 20 days (range 8-37 days), with mild cases showing viral shedding for a shorter period of time than severe cases. However, viral shedding does not necessarily equate to infectiousness - viral shedding may decline to a level below the infectious threshold before it ceases completely, and/or non-viable virus may be shed. In a small cohort of mild COVID-19 cases managed in Germany, no virus was able to be cultured from specimens from the upper or lower respiratory tract 8 days after symptom onset, despite the presence of detectable virus from these samples. Guidelines taking the current available knowledge into consideration advise de-isolating patients with mild disease 10 days after symptom onset.

Patients with severe disease (i.e. requiring admission due to clinical instability) may continue to shed virus at higher levels for longer periods. We therefore suggest de-isolating such patients 10 days after clinical stability has been achieved (e.g. after supplemental oxygen was discontinued). Patients who remain asymptomatic after a positive COVID-19 result can be de-isolated 10 days after their positive test. Although asymptomatic patients might be expected to be less infectious than symptomatic patients, in one study the two groups' viral loads were shown to be similar, and we believe a similarly cautious approach to de-isolation is warranted. Patients admitted to hospital can continue their isolation period at home once clinical stability has been achieved, provided that the criteria in the table above are met.

ASYMPTOMATIC PATIENT

De-isolate 10 days after initial positive test

MILD DISEASE

De-isolate 10 days after symptom onset

SEVERE DISEASE

De-isolate 10 days after clinical stability achieved

