

GOVERNMENT OF SIERRA LEONE
NATIONAL COVID-19 RESPONSE



PROTOCOL FOR COVID-19 MANAGED SELF – ISOLATION
IN SIERRA LEONE

VERSION 1

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FOREWARD

This is the first version of self-isolation policy for the management of confirmed COVID-19 patients. It's aimed at providing guidance on the institutional and self-care of patients with confirmed COVID-19. The guidance is developed by clinicians, Infection Prevention and Control Practitioners, community experts, and other health professionals.

The policy provides a path on the management of patients with confirmed COVID-19 for healthcare professionals, policy makers, and community members.

It provides guidance on the liability and responsibility for self-care of COVID-19 patients, case-by-case handling of individuals in self-isolation, criteria for a self-isolation facility, and designation of health facilities as self-isolation facilities.

Other issues addressed in this policy are the basic requirements for a self-isolation facility, compliance to minimum standards in self-isolation facilities, operational guidelines for self-isolation facilities, waste management, discharge policy, and cleaning and decontamination.

The managed self-isolation policy provides additional opportunity for expansion of high quality and low cost safe COVID-19 care to the general population of Sierra Leone. We will continue to make COVID-19 care accessible and affordable to all persons living in Sierra Leone.

I strongly encourage the people to judiciously use this opportunity to help the government in its effort to control the COVID-19 pandemic.

Lt. Col. (Dr.) Stephens Sevalie

JUSTIFICATION

The WHO has defined 4 transmission scenarios for COVID-19 outbreak as follows:

Scenario 1: The country has no reported cases.

Scenario 2: The country has 1 or more cases, imported or locally detected – that is sporadic cases.

Scenario 3: The country is experiencing cases clusters in time, geographic location, or common exposure – clusters of cases.

Scenario 4: The country is experiencing larger outbreaks of local transmission - community transmission.

As of 1st May, 2020, Sierra Leone is in scenario 4 with 534 cases of COVID-19. This protocol, therefore applies to the current situation, scenario 4. Also note that different districts may experience different scenarios of COVID-19 transmission at different times, and thus different isolation implementation strategies may be required.

1. DEFINING MANAGED SELF-ISOLATION

Managed self-isolation is the safe isolation and care of COVID-19 positive individuals in formally pre-agreed locations that are not managed by the COVID-19 Response/MoHS. Institutions, organizations and private entities wishing to practice managed self-isolation must apply to the National COVID-19 Response using the process described below.

Institutions, organizations, and private entities must meet the minimum standards described below to qualify for Managed Self-Isolation.

Managed self-isolation facility is a non-MoHS/National COVID-19 Response physical location where COVID-19 positive patients are safely isolated and cared for, that meets the minimum standards described in this document.

Managed Self Isolation Partner is the responsible institution or organization for the Managed self-isolation facility.

Managed self-isolation begins from the period that an individual is admitted in to managed self-isolation until they are discharged from managed self-isolation.

Case Management District Coordinator is the district Case Management coordinator

2. LIABILITY

Managed Self-isolation is granted by the National COVID-19 Response/MoHS to institutions, organizations and private entities and at any time this status may be removed by National COVID-19 Response/MoHS, if judged the best course of action for Sierra Leone, within 24 hours of notification and with no liable consequences to the National COVID-19 Response/MoHS.

All liability for deaths in managed self-isolation rests solely on the Managed Self-isolation partner.

All liability for nosocomial infection in managed self-isolation rests solely on the Managed self-isolation partner.

3. RESPONSIBILITIES

- Managed Self Isolation Partner is responsible for all costs born for carrying out managed self-isolation.
- Managed self-isolation partner is responsible for providing all training for self-isolation in line with our national guideline.
- Managed self-isolation partner is responsible for all costs of care for patients in self-isolation.
- Managed self-isolation partner is responsible for appropriate management of all medical waste generated by the managed self-isolation facility as per COVID-19 waste disposal standard operating procedures.
- The National COVID-19 Response is responsible for designating and approving Managed Self-Isolation Facilities
- The Case Management Pillar is the gatekeeper for all admissions, transfers, and discharge of patients in and out of Self-Management Facilities.
- The Case Management Pillar referral coordinator is responsible for the final decision on accepting and timing of transfer of patients from managed self-isolation to the COVID-19 Treatment Centre or Community Care Centers.
- Any transfer of patients to CTC or CCCs without the prior approval of the Case Management Pillar Referral Coordinator will be refused admission. Any Managed Self Isolation partner who transfers

patients without the approval of the Case Management pillar referral coordinator will have their status as a Managed self-isolation facility and Managed self-isolation partner immediately revoked.

- Managed self-isolation partner is responsible to provide timely updates on patient status to Case Management pillar.
- Where resources are available, the Case Management can offer support in providing training, waste management and other services.
- The self-isolation facility is responsible for collecting data on behalf of the Case Management Pillar
- Guidance on the deployment of the staff to the Institutional self-isolation center to be provided by the Case Management self-isolation manager.
- Remuneration for staff working at self-isolation center should at minimum follow the standards set forth by the government of Sierra Leone.

4. CRITERIA FOR ADMISSION INTO MANAGED SELF-ISOLATION

The following cases can be allowed to self-isolate:

- a. Self-isolation is appropriate for Confirmed or probable COVID-19 cases with mild or asymptomatic diseases.

OR

- b. If testing is not available, self-isolation is also appropriate for suspected cases as per the national case definition.

5. DESIGNATION OF A SELF-ISOLATION FACILITY

A self-isolation facility (government or organization) shall be one of the buildings designated for that purpose. The MoHS in collaboration with Case Management pillar shall have the mandate to designate managed self-isolation facilities based on suitability.

Self-isolation is when an individual is isolated at a self-isolation facility under self-monitoring with daily clinical review by the designated self-isolation clinician. For cases managed under institutions or

organizations a designated clinician must be assigned to manage the cases. The designated clinician will provide daily updates to Case Management pillar self-isolation lead.

Persons who breach the rules and expectations of self-isolation will be transferred to a CCC or CTC for closer observation.

5.1 Case by case handling of individuals in self-isolation

Physical, medical and psychosocial needs of individuals going into self-isolation will be put into consideration and addressed. Prior to admission everyone will be briefed on what is expected during self-isolation, including purpose, duration of the isolation, daily monitoring of health status, adherence to physical distancing and Infection and Prevention measures (IPC) and discharge procedures.

Upon admission of the individual to the self-isolation facility, the designated clinician will gather important information that will guide the clinical management of the individual. The information gathered range from personal identifier, demographic, clinical and other epidemiological data related to COVID-19 infection. **Basic requirements for a self-isolation facility**

The managing body of the self-isolation facility will ensure the following:

- Adequate and timely food, water and hygiene provisions.
- Initial triage of individual against COVID-19 Basic severity Criteria.
- Assessment of any co-morbidities and medical management plan.
- Vital signs equipment including pulse oximetry and blood pressure machine to enable vital sign measurement daily (BP, HR, SpO2, RR) determined by risk classification ie: age, comorbidities etc.
- At least once a day, assessment by clinician against basic severity criteria as per CM SOP.
- Infection Prevention and Control considerations.
- Assistance with communication with family members outside the self-isolation location.
- If possible, access to the internet, news and entertainment.
- Psychosocial support.
- Close monitoring and special considerations required for elder individuals and/or individuals with co-morbid conditions, due to their increased risk for severe COVID-19 disease.
- Safe waste disposal and management.

- Persons eligible for self-isolation will be responsible for their own safe transport to self-isolation facility.

5.3 Compliance to minimum standards in self-isolation facilities

Self-isolation facilities will be expected to comply with minimum standards to ensure prevention of transmission of COVID-19 while ensuring safety and welfare of individuals under their care. This includes services such as food and water delivery, hygiene supplies, and security. The Self-isolation facility manager will on a daily basis complete a checklist (Annex 2) to assess if minimum set standards and procedures are met. In addition, the Case Management will undertake routine assessment of the facility. (Annex 3).

6. OPERATIONAL GUIDELINES FOR SELF-ISOLATION FACILITIES

6.1 Guidelines for Self-Isolation Facility Management:

- Managed self-isolation facility partner will ensure patients are medically assessed, in person or remotely at least once each day by a trained clinician.
- Managed self-isolation facility partner will assign a trained clinician (qualified medical doctor) who is the primarily responsible for the care of all patients in self-isolation.
- Facility management will check on individuals' self-isolation each day to see that their needs are being met, including, provision for charging of mobile phones and other electronic devices, meals, drinking water and hygiene supplies etc.
- A representative from the Social Welfare pillar will visit the facility at least weekly to provide self-isolating individuals with psychosocial support, alternatively the self-isolation facility can identify trained individuals to provide psychosocial support.

- The facility manager will notify the Case Management Self Isolation Manager if they require additional supplies or other support e.g. for vulnerable groups (pregnant women, children under five, seniors, individuals with disabilities etc) and link these to appropriate services.

6.2 Meals for individuals in self-isolation

The individual in self isolation or the management of the self-isolation facility are responsible for providing adequate nutrition to individuals in self-isolation.

Special foods coming from outside the self-isolation facility for persons with special medical conditions or dietary needs must be served in disposable packaging and be cleared by the nutritionist.

6.3 Visitors

There will be no visitors allowed into the self-isolation facility. Security agencies supporting self-isolation will ensure strict compliance with this guidance.

6.4 Waste Management

The Self-Isolation Facility Management will ensure that waste is disposed of by segregation and incineration, and not in an unmonitored open area in line with the National Waste Management Policy.

If the self-isolation is taking place at an individual's home, then the individual is required to buy Biohazard waste bags and ensure all waste is placed within this. Waste Management Sub Pillar under Case Management will collect waste and transfer to secure site for incineration. If Waste management sub pillar unable to collect waste, then the responsibility is of the self-isolation facility and individual to ensure waste is transported to secure site for incineration.

6.5 Instructions for Self-Isolation

The instructions below will apply to individuals' self-isolation at home or any other personally managed facility:

- Allocate a separate room with adequate ventilation at home if possible. Household members should stay in another room or should be separated from the contact.
- Maintain at least a one-meter distance from family members and other occupants.
- Other household members should use a separate bathroom. If sharing the same bathroom, cleaning of taps, door knobs and utensils with soap and water are a requirement.
- Minimize visitors to the house, the contact should not interact with any visitors.
- Frequent hand washing with soap and water for at least 20 seconds at a time and maintain alcohol based hand hygiene in instances where hand washing facilities are inadequate.
- Avoid touching eyes, nose and mouth with unwashed hands.
- After use, disposable facemasks and gloves should be properly discarded without reuse, preferably in a closed container.
- Assign separate dishes, drinking glasses, cups, and other eating utensils (if provision of disposables is not possible), towels, bedding, and other items.
- Used utensils, bed linen and clothes should be washed with soap and water only by the person in self-isolation.
- You should be provided with phone number of the MoHS person responsible for your welfare. Please contact the MoHS person assigned to you for any special needs or additional information.

6.6 Cleaning and decontamination

In addition to regular daily cleaning, proper decontamination should have conducted after a patient is discharged from self-isolation:

- Cleaning personnel should wear disposable gloves when cleaning or handling surfaces, clothing or linen soiled with body fluids, and should perform hand hygiene before and after removing gloves.
- Clean and disinfect frequently touched surfaces such as bedside tables, bedframes, and other bedroom furniture daily with regular household 0.5% chlorine based disinfectant. For surfaces that do not tolerate bleach, 70% ethanol can be used.
- Clean and disinfect bathroom and toilet surfaces at least once daily with regular household 0.5% chlorine based disinfectant

- Clean clothes, bedclothes, bath and hand towels, etc., using regular laundry soap and water or machine wash at 60–90 °C with common laundry detergent and dry thoroughly.

7. DISCHARGE POLICY

Individual under self-isolation will undergo testing for COVID-19 as per Case Management Discharge policy. As per the 1st May 2020 it is as follows:

7.1 Discharge of symptomatic COVID-19 patients

Patients with COVID-19 can be discharged after recovery has been ascertained. Criteria for recovery include:

- COVID-19 positive patients who were **symptomatic**:
- Patient should remain asymptomatic (No fever, respiratory or gastrointestinal symptoms) for three days with normal chest X-ray (if available).
- Two negative RT PCR done 24hrs apart.

7.2 Discharge of asymptomatic COVID-19 person

- COVID-19 Confirmed Case who remains **asymptomatic**:
- RT PCR should be repeated after seven days. Two negative RT PCR done 24 hrs. apart
- No significant organ dysfunction.
- If there is a significant organ dysfunction in a patient with a persistently negative viral antigen, patients can be transferred to the general care where treatment can be provided for the organ dysfunction.

8. BURIAL OPERATIONAL PROCEDURES IF DEATH OCCURS WHILST IN SELF ISOLATION.

- It is the responsibility of the Self-isolation facility manager to report all deaths that occur in Self-isolation.
- After alert of death all burial protocols will be observed as per COVID-19 Burial SOP.
- The Self-isolation facility are responsible for decontaminating the self-isolation facility. If self-isolation is at home, then the national IPC team can support decontamination.
- No swabbing of corpses will be performed.
- We will adapt as the national policy on swabbing evolves

9. COMMUNITY ENGAGEMENT AND PSYCHOSOCIAL

Community engagement is key and should start as early as possible. Involving community stakeholders from the outset will show respect for the community, help to reduce misinformation, and de-mystify and reduce fear and mistrust of the response and institutional self-isolation. An initial meeting with a small group of stakeholders from the community should be held in every area where a managed self-isolation is being considered. The meeting should also manage expectations and convey clearly that plans are may change as the epidemic evolves. The following points should be covered:

- The COVID-19 outbreak in Sierra Leone and the government's response to date
- What managed self-isolation is and why it is needed and how and how they differ from other COVID-19 responses facilities including COVID-19 Treatment Centres (CTC) and quarantine centres.
- What the local health authorities will provide to establish, equip and
- What kind of support is needed from the community?

ANNEX 1: SELF ISOLATION FACILITY ADMISSION FORM

Name of facility:

District:

Name:

Sex:

Age:

Address:

Telephone numbers:

Next of kin 1: Name:

Address

Phone number

Next of kin 2: Name:

Address

Phone number:

Allergies:

Any medical conditions: Yes/No, If Yes specify

Special Needs: Yes/No if yes specify

Date of admission into Self isolation facility:

ANNEX 2: DAILY SELF ISOLATION FACILITY MANAGER'S CHECKLIST

Name of self-isolation facility:

District:

Location and street address:

Name of self-isolation facility manager:

Telephone number:

Total number of beds: Number of persons currently self-isolated

Question	Yes/No	Comment/Action taken
Has the facility register for self-isolated persons been updated today?		
Is there clean running water in all rooms?		
Is there soap in ALL rooms?		
Is there liquid soap and hand washing facilities at common areas (e.g. entrance, exit points etc)?		
Are there waste bins at the entrance of every door?		
Are the waste bins emptied every day?		
Is there alcohol based hand sanitizer in all rooms?		
Are all personnel working in the self-isolation facility adhering to IPC standard measures (hand hygiene, physical distancing, respiratory hygiene, use of PPE by cleaning staff)		
Are self-isolated persons cleaning their own rooms, clothing and beddings by themselves ?		
Is each self-isolated person wearing a face mask?		
Have all the meals of the day been served on time?		
Do self-isolated persons have adequate drinking water for daily needs?		
Are self-isolated persons adhering to physical distancing (keeping more than 1 meter apart)?		
Do self-isolated persons have access to the internet, news and entertainment?		
Have all self-isolated persons been visited by health personnel at least twice today		
Have all self-isolated persons been visited by Psychosocial personnel at least once in the last 7-days?		
Are the security personnel assigned to this self-isolated facility on site?		

Additional Comments

ANNEX 3: COVID-19 SELF - ISOLATION FACILITY ASSESSMENT CHECKLIST

Name of facility:

District:

Address:

Type of facility:

Government

Organizational

Self-isolation

Other, specify

Names of assessors:

Date of assessment:

Total number of beds:

Number of persons currently in self-isolation

Percentage bed occupancy:

Number of available personnel/staff by type:

Appropriate self-isolation setting and adequate provisions for self-isolation period

	Adequate (Yes/No)	Comment
Availability of written self-isolation guidelines at the facility		
Adequately ventilated, spacious single rooms		
En-suite toilet (with hand hygiene and toilet facilities)		
Adequate waste management in place e.g. bins		
Adequate clean water is available for general use		
Maintenance of social distancing (more than 2 meters) between the persons self-isolated		
Food and drinking water available (at least 3 meals /day)		

Appropriate arrangements for medical treatment for people with existing conditions		
Protection for baggage and other possessions in place		
Communication to self-isolated people explaining: a) their rights; provisions that will be made available to them; how long they will need to stay; what will happen if they get sick; contact information of their local embassy or consular support; contact for MoHS b) how to prevent spreading or getting infection e.g. how to maintain social distance, hand hygiene, respiratory etiquette, not to share food, utensils etc.		
Assistance with communication with family members outside the self-isolated facility		
Access to the internet, news and entertainment		
Psychosocial support (visit from the psychosocial team)		
Compliance with gender sensitivity		
Compliance with child safety		
Compliance with security and movement control		
Special considerations for older individuals and individuals with co-morbid conditions, due to their increased risk for severe COVID-19 disease		
Other, specify		

ANNEX 4 MINIMUM INFECTION PREVENTION AND CONTROL MEASURES

	Adequate (Yes/No)	Comments
Hand hygiene frequently practiced(observe)		
Water and soap available(observe)		
Alcohol based hand rub available (observe)		
Practicing respiratory hygiene (observe)		
All Personnel working in the self-isolation facility trained on IPC standard precautions (hand hygiene, respiratory hygiene, use of PPEs, cleaning and disinfection, waste disposal etc)		
All self-isolated persons are trained on IPC standard precautions on arrival at the facility		
Frequently touched surfaces such as bedside tables, bedframes, and other bedroom furniture cleaned daily with soap and water and wiped down with regular household disinfectant containing a 0.5%chlorine based disinfectant		
Bathroom and toilet surfaces cleaned at least once daily with soap and water and wiped down with 0.5% chlorine based disinfectant		
Clothes, bedclothes, bath and hand towels are cleaned with water and soap or machine washed		
Waste is disposed of in a sanitary landfill and not open spaces (observe) facility		
Masks, gowns and gloves bagged and sent for incineration at nearest health facility		
Cleaning personnel wear disposable gloves when cleaning or handling surfaces		
Personal Protective Equipment available(face masks, gowns, gloves) for staff		

Recommendations

**ANNEX 5: SELF ISOLATION DAILY MONITORING FORM FOR INDIVIDUALS
UNDER ORGANIZATION MANAGED SELF-ISOLATION FACILITIES**

Name & Location of QF		Date	
Name of self-isolation facility Manager		Phone number of QF staff	

Names of individuals in Self isolation	9am check									4pm check								
	Temperature (°C)	Dry Cough	Fatigue	Shortness Of Breath	Sore Throat	Myalgia (Muscle Aches)	Headache	Chills	Nausea Or Vomiting	Temperature (°C)	Dry Cough	Fatigue	Shortness Of Breath	Sore Throat	Myalgia (Muscle Aches)	Headache	Chills	Nausea Or Vomiting

Y = yes, N=no

ANNEX 6: PROCEDURE FOR MANAGEMENT OF COVID-19 CASES IN SELF - ISOLATION

Management of symptomatic individuals under self - isolation

If a self-isolated individual in the facility develops any symptom, including a fever $>37.5^{\circ}\text{C}$ and/or reports of a subjective fever, and/or any one or more of the other recognized symptoms such as dry cough, fatigue, shortness of breath, sore throat, myalgia (muscle aches), headache, running nose, or chills he or she will be triaged by the QF staff. The QF staff will notify the national coordinator for self-isolation about the symptomatic individual. The national coordinator for self-isolation will notify the national coordinator for case investigation who will dispatch a team to investigate the suspected case and collect samples for laboratory testing. If the result is negative the individual will continue until the end of the self-isolation period. If the result is positive the national case management pillar lead will be notified to make appropriate arrangements for transfer to a designated treatment facility.

Note: The same procedure will apply for individuals under self-self-isolation

Decontamination procedures following transfer of a confirmed COVID-19 case from self - isolation facility

Once the confirmed COVID-19 case is transferred from the self-isolation facility, IPC trained staff will disinfect the case-patient's sleeping area and all common areas of the self-isolation facility.

Cleaning personnel should wear appropriate PPE for cleaning and disinfecting surfaces handled by case-patient and follow recommended IPC standards like:

- Performing hand hygiene before and after removing gloves.
- Cleaning and disinfecting frequently touched surfaces such as bedside tables, bedframes, and other bedroom furniture with regular household 0.5 % chlorine based disinfectant. For surfaces that do not tolerate bleach, 70% ethanol can be used.
- Cleaning and disinfecting bathroom and toilet surfaces with regular household 0.5 % chlorine based disinfectant.
- Cleaning clothes, bedclothes, bath and hand towels, etc., using regular laundry soap and water or machine wash at 60–90 °C with common laundry detergent and dry thoroughly.

ANNEX 7: DISCHARGE OF PERSONS AT THE END OF SELF-ISOLATION PERIOD

- For symptomatic patients: once the patient has been asymptomatic for three days, the patient will be retested and when they have two negative PCR results separated by 24 hours they can be discharged.
- For asymptomatic patients: Repeat test after 7 days. Patient can be discharged following 2 consecutive negative PCRs separated by 24hrs. If the test is positive the next test can be repeated in another 7 days and two negative tests are needed for discharge.
- Patients will be provided with a discharge card.
- The case management self-isolation coordinator will officially initiate discharge proceedings in writing using the self-isolation discharge cards.
- He/she will complete a final check on the self-isolated individuals' address, phone number, next of kin, temperature, symptoms check and record the results on the QF discharge form.
- Completed self-isolation data should be passed to the data team and entered into the data base
- After discharge the individual's room, toilet and bathroom will be thoroughly cleaned by hygienists.