



Guidelines for isolation of COVID positive patient at home

1st July 2020

The guideline for home isolation of COVID-19 cases has been issued by Ministry of Health and Family Welfare- Government of India. In view of evolving situation of COVID-19 in the state, the following guidelines are issued:

The persons who have tested COVID positive shall be permitted to be in “**home isolation**” with the following conditions:

1. Only those who are asymptomatic or mild symptomatic shall be allowed to be in isolation at home
2. They shall be oriented to the protocol of home isolation
3. Health team from district health authority/ BBMP shall visit the house and assess its suitability for home isolation and also do triage of the patient.
4. Tele-consultation link shall be established for initial triage and daily follow-up of the patient during the entire period of home isolation
5. The patient shall report to the physician/ health authorities about their health status every day
6. The patient shall have pulse oximeter, digital thermometer and personal protective equipment (facemasks, gloves) to be used during home isolation.
7. The release of the patient home isolation shall be as per the existing discharge protocol of the state for COVID-19 (vide below sl no.10)
8. The home isolation shall be with the knowledge of the family members, neighbours, treating physician and local health authorities.

The detailed guidelines for home isolation are as follows:

1. Initial assessment and triage of patient by health team at patient’s house

- After receipt of positive report, the patient shall isolate himself/herself at home in a separate room. Health team shall visit and assess the suitability of the house for isolation of the patient at home and also do triage of the patient
- Ask regarding following symptoms: Fever, cold, cough, throat pain, difficulty in breathing, etc.
- The health staff shall assess the following parameters (Triage)
 - Thermal scanning for fever
 - Pulse oximetry for SpO₂ and pulse rate
 - Glucometer for random blood sugar
 - BP apparatus for blood pressure recording
- Enquire for co-morbidities like hypertension, diabetes, severe obesity, thyroid disease, cancer, kidney diseases including patients on dialysis, heart diseases, stroke, Tuberculosis, People living with HIV, immune-compromised, on steroids and immune-suppressants, etc.
- Arrange a tele-consultation call for initial assessment (Swasth App)

- For further daily follow-up of the patient, tele-consultation through government or private hospital shall be arranged as desired by the patient.

2. Eligibility for Home Isolation

- The person shall be clinically assigned as asymptomatic/mild case by the treating medical officer/ physician
- Such cases should have the requisite facility at their residence for self-isolation and also for quarantining the family contacts
- A caregiver should be available to provide care on a 24 x7 basis. A regular communication link between the caregiver and hospital is a pre-requisite for the entire duration of home isolation
- Oxygen saturation should be $\geq 95\%$
- Age shall be less than 50 years
- If the patient has the following co-morbidities- Hypertension, diabetes, obesity, thyroid disease; they shall be **well managed and under good clinical control** as assessed by medical officer/physician
- Shall not have any comorbid conditions like kidney diseases including patients on dialysis, heart diseases, stroke, Tuberculosis, cancer, People living with HIV, immune-compromised, on steroids and immune-suppressants, etc.
- The patient shall agree to monitor his/her health and regularly inform their health status to the physician and District Surveillance Officer (DSO) for further follow up by the surveillance teams.
- The patient shall provide a signed undertaking on self-isolation (Annexure I) and follow guidelines of home isolation
- Home isolation shall not be applicable for pregnant women. However, lactating mothers shall be allowed for home isolation after assessment and instructions

3. Requisite facility at home for isolation

- Separate well ventilated room for the person in isolation, preferably with attached toilet.
- **The patient shall stay in the identified room and away from other persons in the home** (especially the elderly and those with comorbid conditions like hypertension, cardiovascular disease, renal disease, etc.).

If the patient does not fit to the above criteria for home isolation or the house is not suitable for home isolation, then isolation at a facility (CCC/DCHC/DCH) is recommended

- The following criteria shall be used for shifting the patient to CCC, DCHC or DCH as applicable:

Criteria	COVID care Centre* (CCC)	Dedicated COVID Health Centre(DCHC) (Beds with Oxygen facility)	Dedicated COVID Hospital (DCH) (ICU Beds Available)
Clinical condition	Asymptomatic or Mild	Moderate	Severe
Measure Oxygen Saturation with fingertip Pulse oximeter	SpO ₂ more than 94%	SpO ₂ between 90 to 94%	SpO ₂ less than 90%
Symptoms	Asymptomatic or mild symptoms	Symptomatic Or Asymptomatic (persons with co-morbidity, age below 10 years, age more than 50 years, pregnant women)	Symptomatic
Age	Between 10 to 50 years	All Ages	All ages
Co-morbid Conditions	Without Co-morbid conditions	With co-morbid condition Without Co-morbid conditions (age below 10 years, age more than 50 years, pregnant women)	With co-morbid condition
Pregnant women	No	Yes	Yes

Note: * when the house is found not suitable for isolating the patient at home, besides this may also be considered if the asymptomatic patient opts for CCC

4. When to seek further medical advice

Further medical advice shall be immediately sought if the following symptoms and signs develop;

- Difficulty in breathing
- Persistent pain/pressure in the chest
- Mental confusion or inability to arouse
- Developing bluish discolorations of lips/face
- Oxygen saturation \leq 94% using fingertip pulse oximeter
- Any other symptom the person considers serious
- as advised by treating physician

5. Instructions to health staff monitoring the patient in home isolation

- Ensure strict enforcement of isolation of patient at home
 - Home isolation notice shall be pasted on the front door of the house
 - Hand stamping shall be done for the patient in home isolation for a duration of 17 days
 - E-tag band shall be put on to the left wrist. This shall alert any violation by the patient to the protocol of home isolation
 - Information to two neighbours regarding isolation of patient at home

- Three member team in the ward/ village/ booth level/ resident welfare or apartment owners' association shall oversee compliance of the patient to isolation at home
- If the patient is found violating the protocol of home isolation, then the 'flying Squad, shall issue a warning and if there is any further violation, an FIR shall be filed and he/she shall be shifted to CCC.
- IVRS outbound calls through Apthamitra helpline (14410) shall be made to the patient on a daily basis
- The caregiver and all close contacts of such cases shall take Hydroxychloroquine prophylaxis as per protocol and as prescribed by the treating medical officer/physician
- Telephonically or using tele-consultation mode, check the patient for development of new symptoms or fever or deterioration in oxygen saturation (<94%) at least once daily
- Gloves, masks, and other waste generated during home isolation shall be placed into a waste bin with a lid in the patient's room before disposing of it as infectious waste. The disposal of infectious waste shall be the responsibility of the local municipal authority
- Inform the neighbours to be kind to the person in isolation and the family and not to stigmatise

6. Instructions to the patient in home isolation

- The patient shall wear N-95/medical facemask at all times. The mask shall be discarded after 8 hours of use or earlier if they become wet or visibly soiled.
- Mask shall be discarded only after disinfecting it with 1% Sodium Hypo-chlorite solution
- The patient must stay in the identified room only and maintain a physical distance of 2 meters/ 6 feet from other people in the home, especially elderly and those with comorbid conditions like hypertension, cardiovascular disease, renal disease etc.
- The patient shall take rest and drink a lot of fluids to maintain adequate hydration. Drink at least 2 litres of water per day. Use boiled and cooled water for drinking.
- Shall follow cough etiquettes at all times
- Hands shall be washed often with soap and water for at least 40 seconds or clean with an alcohol-based sanitizer.
- Do not share personal items like utensils, towels, etc. with other family members. Keep them separate.
- Clean surfaces in the room that are touched often (table-tops, doorknobs, handles, etc.) with 7% Lysol or 1% sodium hypochlorite solution
- Clean and disinfect bathroom and toilet surfaces at least once daily. Regular household soap or detergent should be used first for cleaning, followed by 1% sodium hypochlorite solution.
- The patient shall strictly follow the physician's instructions and medication advice.
- The patient shall self-monitor his/her health with a fingertip pulse oximeter and digital thermometer daily
- The patient shall report promptly if he/she develops any worsening of symptoms, as mentioned above (SI no. 4)

- Smoking, chewing tobacco and alcohol intake shall be strictly avoided
- The patient shall receive counselling services when necessary
- Download Arogya Setu App on mobile (available at <https://www.mygov.in/aarogya-setuapp/>) and it should remain active at all times (through Bluetooth and Wi-Fi)

7. Instructions to caregivers

- The caregiver shall wear N-95/medical facemask appropriately when in the same room with the ill person. The front portion of the mask should not be touched or handled during use.
- If the mask gets wet or dirty with secretions, it shall be changed immediately. Discard the mask after use and perform hand hygiene after disposal of the mask into separate closed bin.
- He/she shall avoid touching eyes, nose or mouth.
- Hand hygiene shall be ensured following contact with the patient.
- Hand hygiene shall be practised before and after preparing food, before eating, after using the toilet, and whenever hands look dirty. Use soap and water for handwashing at least for 40 seconds. Alcohol-based hand rub can be used if hands are not visibly soiled.
- After using soap and water, use of disposable paper towels to dry hands is desirable.
- Exposure to a patient: Avoid direct contact with body fluids of the patient, particularly oral or respiratory secretions. Use disposable gloves while handling the patient. Perform hand hygiene before and after removing gloves.
- Avoid exposure to potentially contaminated items (e.g. avoid sharing food, utensils, dishes, drinks, used towels or bed linen).
- Food must be provided to the patient in his/her room.
- Utensils and dishes used by the patient shall be cleaned with soap/detergent and water wearing gloves. The utensils and dishes may be re-used—clean hands after taking off gloves or handling used items.
- Patient's clothes, bed linen, and bath and hand towels shall be washed using regular laundry soap and water or machine wash at 60–90 °C (140–194 °F) with common household detergent, and sun dry thoroughly
- Gloves and protective clothing (e.g. plastic aprons) shall be used when cleaning surfaces or handling clothing or linen soiled with body fluids. Single-use gloves shall be used and discarded after each use. Perform hand hygiene before putting on and after removing gloves.
- The caregiver shall make sure that the patient follows the prescribed treatment.
- The caregiver shall ensure counselling services to the patient whenever necessary.
- The caregiver and all close contacts will self-monitor their health with daily temperature monitoring and report promptly if they develop any symptom suggestive of COVID-19 (fever, cough, cold, sore throat, difficulty in breathing, etc.)

8. Instructions to the family members of person in home isolation

- Do not panic. Do not stigmatise.
- Keep the patient cheerful and boost their morale
- Ensure that the person is in strict home isolation
- Maintain a physical distance of at least 2 metres/ 6 feet
- Visitors should not be allowed until the patient has completely recovered and has no signs or symptoms of COVID-19
- Remember, the fight is against the disease and not the person
- For any assistance, please call Apathamitra helpline – 14410

9. Instructions to neighbours of patients who are home isolated

- Do not panic. Do not stigmatise.
- Support them by providing essential items like medicines, rations, vegetables, etc. until they get cured as may be required
- Keep a vigil on them to ensure strict home isolation.
- Maintain a physical distance of 2 metres/6 feet.
- Remember, the fight is against the disease and not the person
- For any assistance, please call Apathamitra helpline – 14410

10. When to release the patient from isolation at home

- They shall be released if the following criteria are met:
 - No symptoms
 - No fever (recorded temperature $\leq 37.5^{\circ}\text{C}$ or $\leq 99.5^{\circ}\text{F}$)
 - Maintains saturation above 95%
 - Respiratory rate less than 24 per minute
- Patient under home isolation shall end home isolation 17 days after onset of symptoms (or date of sampling, for asymptomatic cases) and no fever for 10 days.
- There is **no need for the RT-PCR/CBNAAT/True-NAT test** after the home isolation period is over.
- The person shall be allowed to resume duty only after satisfactory completion of home isolation
- Disinfection of the house: After completion of home isolation, disinfect all the commonly touched surfaces inside the house with 1% sodium hypochlorite solution. Spraying on the floors, walls above 6 feet, ceiling and open places shall not provide any benefit. The floors shall be wet mopped with common household detergent.

Annexure 1: Undertaking on home-isolation

I S/W of, resident of being diagnosed as a laboratory confirmed/positive of COVID-19, do hereby voluntarily undertake to maintain strict home-isolation at all times for the prescribed period. During this period, I shall monitor my health and of those around me. I shall co-operate with the physician and the surveillance team or with the call centre (14410). In case I suffer from any deteriorating symptoms or any of my close family members develop any symptoms consistent with COVID-19, shall immediately inform the physician and surveillance team.

I have been explained in detail about the precautions that I need to follow while I am under home- isolation.

I hereby declare that I have the following comorbid conditions (encircle):

1. Hypertension
2. Diabetes Mellitus
3. Thyroid disorder
4. Obesity (BMI <30)
5. Others (specify).....

I hereby declare that I do not have the following comorbid conditions: kidney diseases, heart disease, stroke, Tuberculosis, cancer, HIV, immune-compromised conditions, etc.

I am liable to be acted on under the prescribed law for any non-adherence/violation to home-isolation protocol.

Signature of the patient: _____

Name: _____

Age/sex: _____

Date: _____

Contact Number _____

Signature of the witness (household member): _____

Name: _____

Age/sex: _____

Relationship to the patient: _____

Date: _____

Contact Number: _____

Annexure 2: Daily Self-Monitoring and Reporting

Day	Date	Pulse rate			Body temperature			Oxygen Saturation (Fingertip Pulse oximetry)			Remarks (if any)
		Morning 7 am	Afternoon 2 pm	Evening 9 pm	Morning 7 am	Afternoon 2 pm	Evening 9 pm	Morning 7 am	Afternoon 2 pm	Evening 9 pm	
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Annexure 3: Nutrition guide
Suggested Diet Plan

On Rising	Coffee/ Tea/ Milk						
Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Break-fast 7:00 AM	Rava Idli	Pongal	Set Dosa	Rice Idli	Bisibele Bath	Chow Chow Bath	Set Dosa
Mid-Morning 10:00 AM	Watermelon	Papaya	Muskmelon	Watermelon	Papaya	Muskmelon	Papaya
	Ragi Ganji	Palak Soup	Rava Ganji	Carrot Soup	Ragi Gangi	Tomato Soup	Rava Gangi
Lunch 1:00 PM	Pulka- 2 nos + Palya + Rice + Dal + Curd						
Evening 5:30 PM	Elaichi Banana + Marie Biscuits – 3 Nos/ Protein biscuits- 2 Nos/ Fresh Dates- 2 Nos + Mango bar (Vit-C rich)						
Dinner 7:00 PM	Pulka- 2 nos + Palya + Rice + Dal + Curd						
Bedtime 9:00 PM	Flavoured Milk						

Do's and Don'ts
Vegetarian

Do's	Don'ts
<ul style="list-style-type: none"> - Eat whole grains such as brown rice, whole wheat flour, oats, millets, etc. - Include beans, lentils & pulses as these are good sources of protein - Include fresh fruits & vegetables (Bright coloured fruits & vegetables like red capsicum, carrots, beetroot & greens etc.) - Drink 8-10 Glasses of water and Hydrate yourself. Water helps to flush out toxins - Citrus fruits like lemons & oranges are a good source of Vit C which is key in improving immunity levels & to fight off infections - Include spices like ginger, garlic & turmeric which are natural immunity boosters - Eat home-cooked food. Use low fat and less oil for cooking food - Wash fruits & vegetables before use Include Low-fat milk & yogurt as they are good sources of protein & calcium 	<ul style="list-style-type: none"> - Avoid eating maida, fried & junk food (chips, cookies etc.) - Avoid sugary or packed juices & carbonated drinks as these are very low in nutrients - Avoid eating cheese, coconut & palm oil, butter as they are unsaturated fats and are unhealthy - Strictly avoid alcoholic drinks

Non-vegetarian

Do's	Don'ts
<ul style="list-style-type: none"> - Store non-veg items separately from fresh products. - Include lean animal protein like skinless chicken, fish & egg whites 	<ul style="list-style-type: none"> - Avoid mutton, liver, fried & processed meats. - Limit non-veg intake to 2-3 times per week

Annexure 4: Treatment Plan for Home isolation of COVID19 patients

Recommended Investigations	Complete Blood Count Liver Function Test Renal Function Test Random Blood Sugar Serum Electrolytes (Sodium, Chloride, Potassium, Bicarbonate) Serum Calcium, Serum Magnesium
	Electrocardiogram (ECG)
	Additional Investigations CRP D-DIMER S. FERRITIN S. LDH

Recommended Treatment Protocol	
Treatment	Precautions
1. CAP OSELTAMIVIR 75MG BD FOR 5 DAYS 2. TAB AZITHROMYCIN 500 MG OD FOR 5 DAYS 3. TAB HYDROXYCHLOROQUININE(HCQ) 400MG BD FOR 1 DAY Followed by 200MG 1-0-1 X 4 DAY 4. INJ ENOXAPARIN 40MG S/C 1-0-0 X 7 DAYS (IF D-DIMER IS MORE THAN 1000NG/ML (OR) X-RAY/CT THORAX SHOWING GROUND GLASS OPACITIES) SUPPORTIVE THERAPY- 5. TAB ZINC 50 MG 0-1-0 X 7 DAYS 6. TAB VITAMIN C 500 MG 1-1-1 X 7 DAYS	VITALS SHOULD BE REASSESSED REGULARLY CONTRAINDICATION FOR HCQ- 1)QT INTERVAL > 500MS 2)PORPHYRIA 3)MYASTHENIA GRAVIS 4)RETINAL PATHOLOGY 5)EPILEPSY 6) HYPOKALEMIA (K+ < 3 Meq) PREGNANCY IS NOT A CONTRAINDICATION FOR HCQ

➤ **Additional Medications**

- a. All patients to continue the regular medications for the pre-existing comorbid illnesses like Hypertension, Diabetes Mellitus, Hypothyroidism, etc
- b. Tab Pantoprazole 40mg 1-0-0 (empty stomach) if required
- c. Antitussive cough syrups – For dry cough
- d. Tab Cetrizine 10 mg 0-0-1 – For running nose if required
- e. Tab Paracetamol 500 mg/650 mg SOS – For Fever

➤ **TAB HYDROXYCHLOROQUININE (HCQ) Prophylaxis** for the Household Contacts/Caregiver of COVID19 Positive Patient:

Tab HCQ 400mg 1-0-1 (BD) on First day followed by 400mg/week for next 3 weeks

However, the treatment protocol as by advised by your physician shall be followed
