

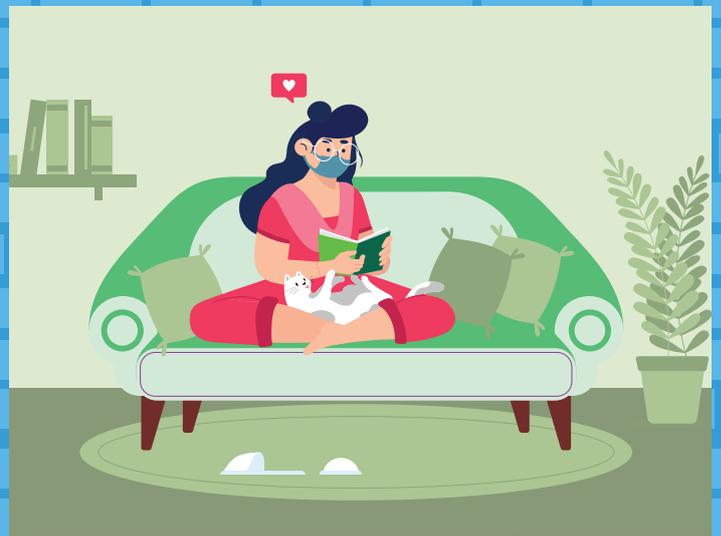


सत्यमेव जयते

Ministry of Health & Family Welfare
Government of India

REVISED GUIDELINES FOR HOME ISOLATION OF MILD /ASYMPTOMATIC COVID-19 CASES

(Dated 5th January 2022)



Background

Over the past two years, it has been seen globally as well as in India that majority of cases of COVID-19 are either asymptomatic or have very mild symptoms. Such cases usually recover with minimal interventions and accordingly may be managed at home under proper medical guidance and monitoring.

Ministry of Health & Family Welfare has thus issued and updated guidelines for home isolation from time to time to clarify selection criteria, precautions that need to be followed by such patients and their families, signs that require monitoring and prompt reporting to health facilities.

The present guidelines are applicable to COVID-19 patients who have been clinically assessed and assigned as **mild /asymptomatic cases of COVID-19.**





Asymptomatic cases/ mild cases of COVID-19

The asymptomatic cases are laboratory confirmed cases who are not experiencing any symptoms and have oxygen saturation at room air of more than 93%.

Clinically assigned mild cases are patients with upper respiratory tract symptoms with or without fever, without shortness of breath and having oxygen saturation at room air of more than 93%

Patients eligible for home isolation



The patient should be clinically assigned as mild/ asymptomatic case by the treating Medical Officer. Further a designated control room contact number at the district /sub district level shall be provided to the family to get suitable guidance for undertaking testing, clinical management related guidance, assignment of a hospital bed, if warranted.



Such cases should have the requisite facility at their residence for **self-isolation** and for **quarantining the family contacts**.



A caregiver (**ideally someone who has completed his COVID-19 vaccination schedule**) should be available to provide care on 24 x7 basis. **A communication link between the caregiver and a Medical Officer is a prerequisite for the entire duration of home isolation.**



Elderly patients aged more than 60 years and those with co-morbid conditions such as Hypertension, Diabetes, Heart disease, Chronic lung/liver/ kidney disease, Cerebro-vascular disease etc shall only be allowed home isolation after proper evaluation by the treating medical officer.



Patients suffering from immune compromised status (HIV, Transplant recipients, Cancer therapy etc.) are not recommended for home isolation and **shall only be allowed home isolation after proper evaluation by the treating Medical Officer.**



While a patient is allowed home isolation, all other members in the family including other contacts shall follow the **home quarantine guidelines available at:** <https://www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf>.

Instructions for the patient



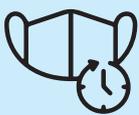
Patient must isolate himself from other household members, stay in the identified room and away from other people at home, especially elderly and those with co-morbid conditions like hypertension, cardiovascular disease, renal disease etc.



The patient should stay in a well-ventilated room with cross ventilation and windows should be kept open to allow fresh air to come in.



Patient should at all times use triple layer medical mask. They should discard mask after 8 hours of use or earlier if the mask becomes wet or is visibly soiled. In the event of Caregiver entering the room, both Caregiver and patient may preferably consider using N-95 mask.



Mask should be discarded after cutting them to pieces and putting in a paper bag for a minimum of 72 hours.



Patient must take rest and drink lot of fluids to maintain adequate hydration.



Follow respiratory etiquettes at all times.



Undertake frequent hand washing with soap and water for at least 40 seconds or clean with alcohol-based sanitizer.



The patients shall not share personal items including utensils with other people in the household.



Need to ensure cleaning of frequently touched surfaces in the room (tabletops, doorknobs, handles, etc.) with soap/detergent & water. The cleaning can be undertaken either by the patient or the caregiver duly following required precautions such as use of masks and gloves.



Self-monitoring of blood oxygen saturation with a pulse oximeter for the patient is advised.



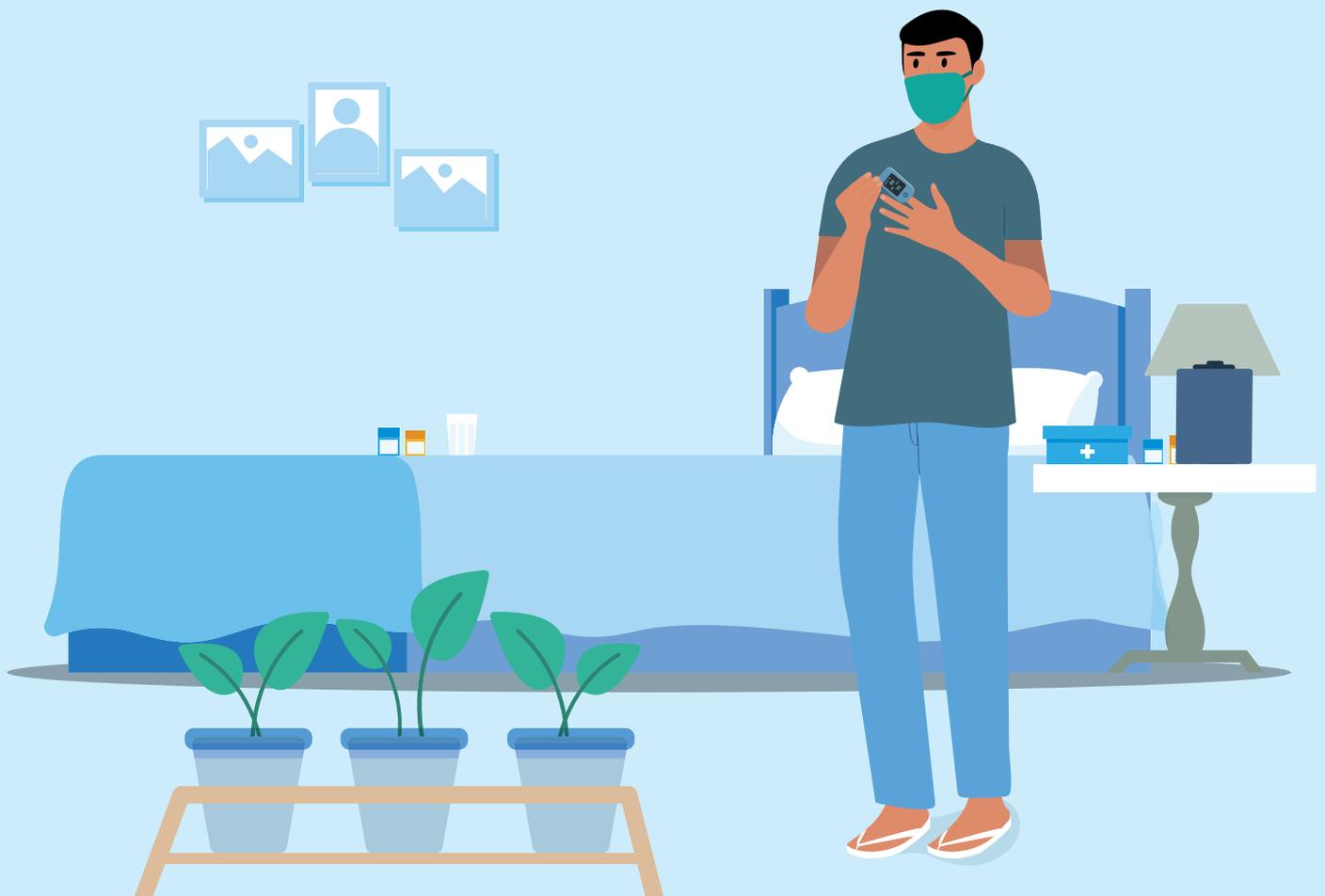
The patient shall self-monitor his/her health with daily temperature monitoring and report promptly if any deterioration of symptom is noticed. The status shall be shared with the treating Medical Officer as well as surveillance teams/Control room.



- _____
- _____

Patients self-health monitoring chart

Date & time	Temperature	Heart rate (from pulse oximeter)	SpO2 % (from pulse oximeter)*	Feeling (better/same/worse)	Breathing (better/same/worse)**



* For self-monitoring blood oxygen saturation with a pulse oximeter, place the index finger (after cleaning hands and removing nail polish, if any) in the pulse oximeter. Probe and take the highest steady reading after a few seconds.

** The patient may self-monitor breathing rate/respiratory rate in sitting position, breathe normally and count the number of breaths taken in 1 full minute.

Instructions for care-givers



Mask



The caregiver should wear a triple layer medical mask. N95 mask may be considered when in the same room with the ill person.



Front portion of the mask should not be touched or handled during use.



If the mask gets wet or dirty with secretions, it must be changed immediately.



Mask should be discarded after cutting them to pieces and putting in a paper bag for a minimum of 72 hours.



Perform hand hygiene after disposal of the mask.



He/she should avoid touching own face, nose or mouth.



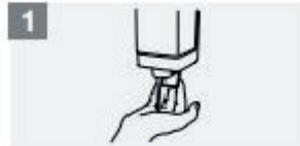
HOW TO HANDWASH?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the entire procedure: 40-60 seconds



0 Wet hands with water;



1 Apply enough soap to cover all hand surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



4 Palm to palm with fingers interlaced;



5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



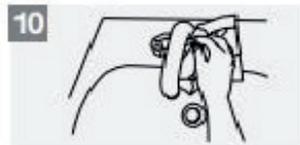
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



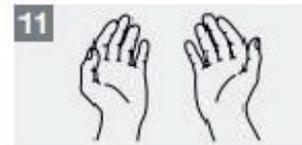
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.



Hand hygiene



Hand hygiene must be ensured following contact with ill person or his immediate environment.



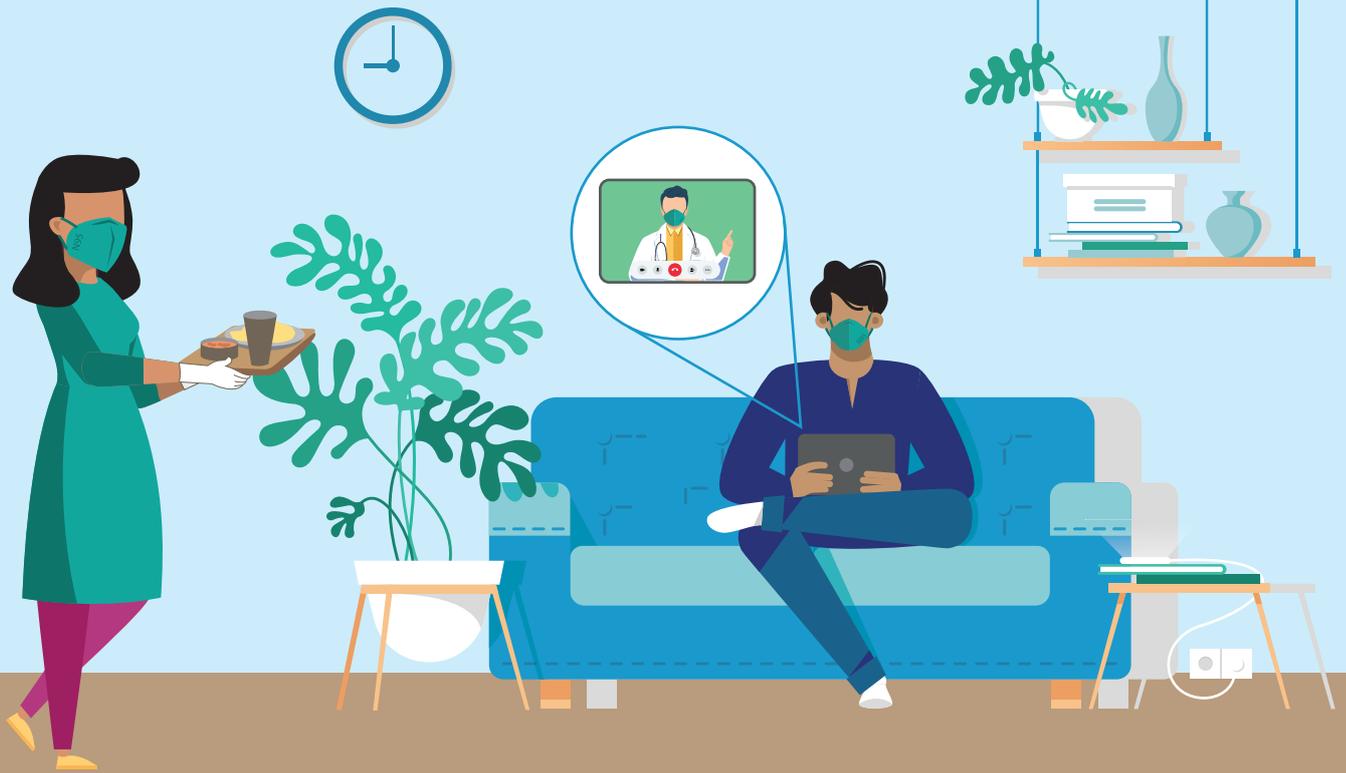
Use soap and water for hand washing at least for 40 seconds. Alcohol-based hand rub can be used, if hands are not visibly soiled.



After using soap and water, use of disposable paper towels to dry hands is desirable. If not available, use dedicated clean cloth towels and replace them when they become wet.



Perform hand hygiene before and after removing gloves.



Exposure to patient/ patient's environment

- Avoid direct contact with body fluids (respiratory, oral secretions including saliva) of the patient. Use disposable gloves while handling the patient.
- Avoid exposure to potentially contaminated items in his immediate environment (e.g. avoid sharing eating utensils, dishes, drinks, used towels or bed linen).
- Food must be provided to the patient in his room. Utensils and dishes used by the patient should be cleaned with soap/detergent and water while wearing gloves. The utensils may be re-used after proper cleaning.
- Clean hands after taking off gloves or handling used items. Use triple layer medical mask and disposable gloves while cleaning or handling surfaces, clothing or linen used by the patient.
- Perform hand hygiene before and after removing gloves.



Biomedical Waste disposal

- o Effective and safe disposal of general wastes such as disposable items, used food packets, fruit peel offs, used water bottles, left-over food, disposable food plates etc. should be ensured.
- o These should be collected in bags securely tied for handing over to waste collectors.
- o The used masks, gloves and tissues or swabs contaminated with blood / body fluids of COVID-19 patients, including used syringes, medicines, etc., should be treated as biomedical waste and disposed of accordingly by collecting the same in a yellow bag and handed over to waste collector separately so as to prevent further spread of infection within household and the community.
- o Alternatively, these can be disposed off by putting them in an appropriate deep burial pits which are deep enough to prevent access to rodents or dogs etc.



Treatment for patients with mild/ asymptomatic disease in home isolation

1

Patients must be in communication with a treating Medical Officer and promptly report in case of any deterioration.

2

The patient must continue the medications for other co-morbidities/illness after consulting the treating Medical Officer.

3

Patient may utilize the tele-consultation platform made available by the district/state administration including the e-Sanjeevani tele-consultation platform available at <https://esanjeevaniopd.in/>

4

Patients to follow symptomatic management for fever, running nose and cough, as warranted.

5

Patients may perform warm water gargles or take steam inhalation thrice a day.

6

If fever is not controlled with a maximum dose of Tab. Paracetamol 650 mg four times a day, consult the treating doctor.

7

Information floating through social media mentioning non-authentic and non-evidence-based treatment protocols can harm patients. Misinformation leading to creation of panic and in-turn undertaking tests and treatment which are not required has to be avoided.

Clinical management protocol for asymptomatic/mild patients as available on the website of Ministry of Health & Family Welfare (https://www.icmr.gov.in/pdf/covid/techdoc/COVID_Management_Algorithm_23092021.pdf) may be referred to by the treating Medical Officer to aid management of the case.

8

Do not rush for self-medication, blood investigation or radiological imaging like chest X ray or chest CT scan without consultation of your treating Medical Officer.

9

Steroids are not indicated in mild disease and shall not be self-administered. Overuse & inappropriate use of steroids may lead to additional complications.

10

Treatment for every patient needs to be monitored individually as per the specific condition of the patient concerned and hence generic sharing of prescriptions shall be avoided.

11

In case of falling oxygen saturation or shortness of breath, the person may require hospital admission and shall seek immediate consultation of their treating Medical Officer/surveillance team /Control room.



When to seek medical attention

Patient/ Care giver will keep monitoring their health. Immediate medical attention must be sought if serious signs or symptoms develop. These could include:

- i. Unresolved High-grade fever (more than 100° F for more than 3 days).
- ii. Difficulty in breathing.
- iii. Dip in oxygen saturation ($SpO_2 \leq 93\%$ on room air at least 3 readings within 1 hour) or respiratory rate $> 24/\text{min}$.
- iv. Persistent pain/pressure in the chest.
- v. Mental confusion or inability to arouse.
- vi. Severe fatigue and myalgia.



Role of State/ District Health Authority

The concerned district administration under the overall supervision of State Health Authority shall be responsible for monitoring the patient under home isolation.

Responsibilities of grass root level Surveillance Teams

- i. The Surveillance Teams (ANM, Sanitary inspector, MPHWH etc) shall be responsible for initial assessment of the patient and whether the requisite facilities are there for home isolation.
- ii. The health worker should contact the patient daily preferably in-person or over telephone/ mobile and obtain the details of temperature, pulse, oxygen saturation, patients overall wellness and worsening of signs/ symptoms.
- iii. The Surveillance Team may provide Home Isolation Kits to the patient/ caregiver as per the policy of the State Government. The Kit may contain masks, hand sanitizers, paracetamol along with a detailed leaflet to educate patients and family members in local language.
- iv. If there is reported worsening of signs/ symptoms and/or fall in oxygen saturation, the Surveillance team shall re-assess the patient and inform the Control Room for shifting the patient to hospital.
- v. The Surveillance Team shall also undertake the patient education on the disease, its symptoms, warning signs, COVID appropriate behaviour and need for vaccination for all eligible members.



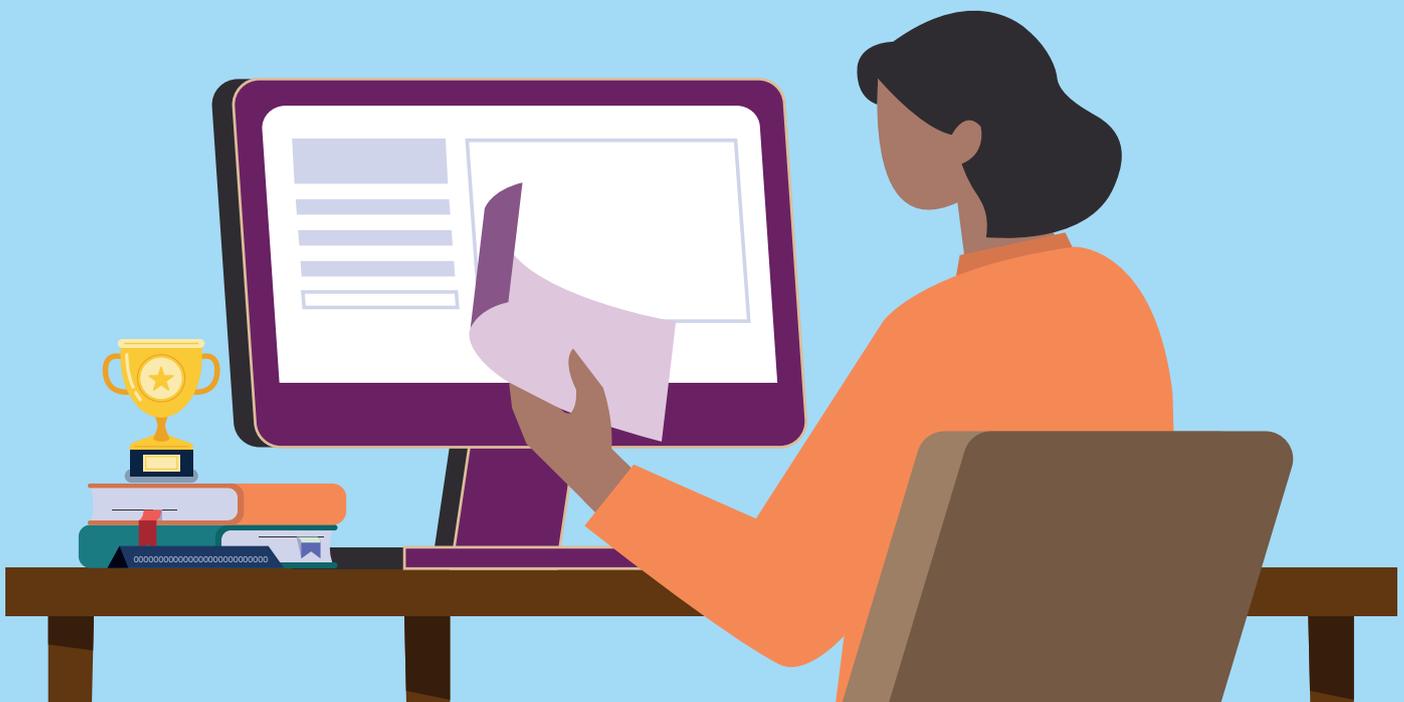
Responsibilities of the District/ Sub-District Control Room

District and sub-district control rooms will be made operational and their telephone numbers should be well publicised in public so that people under home-isolation may contact the control rooms for seamless transfer of patients through ambulance from home to the dedicated hospital.

These Control Rooms shall also make outbound calls to the patients under home isolation to monitor their status.

Role of District Administration

The district administration should monitor all cases under home isolation on a daily basis.



When to discontinue home isolation

Patient under home isolation will stand discharged and end isolation after at least 7 days have passed from testing positive and no fever for 3 successive days and they shall continue wearing masks. **There is no need for re-testing after the home isolation period is over.**

Asymptomatic contacts of infected individuals need not undergo Covid test & monitor health in home quarantine.

