

Revised guidelines for Home Isolation of very mild/pre-symptomatic/asymptomatic COVID-19 cases

1. Scope

The guidelines are in supersession to the guidelines issued on the subject on 10th May, 2020. As per the guidelines, the patients should be clinically assigned as very mild/mild, moderate or severe and accordingly admitted to (i) COVID Care Center, (ii) Dedicated COVID Health Center or (iii) Dedicated COVID Hospital respectively. In view of large number of asymptomatic cases being detected, the current guidelines have been extended to asymptomatic positive cases also besides very mild and pre-symptomatic cases.

2. Patients eligible for home isolation

- i. The person should be clinically assigned as a very mild/pre-symptomatic/asymptomatic case by the treating medical officer.
- ii. Such cases should have the requisite facility at their residence for self-isolation and also for quarantining the family contacts.
- iii. Patients suffering from immune compromised status (HIV, Transplant recipients, Cancer therapy etc) are not eligible for home isolation. *imp.*
- iv. 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. *imp*
- v. A care giver should be available to provide care on 24 x7 basis. A communication link between the caregiver and hospital is a prerequisite for the entire duration of home isolation.
- vi. The care giver and all close contacts of such cases should take Hydroxychloroquine prophylaxis as per protocol and as prescribed by the treating medical officer.
- vii. Download Arogya Setu App on mobile (available at: <https://www.mygov.in/aarogya-setu-app/>) and it should remain active at all times (through Bluetooth and Wi-Fi)
- viii. The patient shall agree to monitor his health and regularly inform his health status to the District Surveillance Officer, who will facilitate further follow up by the surveillance teams.
- ix. The patient will fill in an undertaking on self-isolation (Annexure I) and shall follow home quarantine guidelines. The treating doctor should satisfy himself before allowing home isolation.
- x. In addition to the guidelines on home-quarantine available at: <https://www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf>, the required instructions for the care giver and the patient as in Annexure II shall be also followed.

3. 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. Difficulty in breathing,
- ii. Dip in oxygen saturation (SpO2 < 95%)
- iii. Persistent pain/pressure in the chest,
- iv. Mental confusion or inability to arouse,
- v. Slurred speech/seizures
- vi. Weakness or numbness in any limb or face
- vii. Developing bluish discolorations of lips/face

4. Role of State/District Health Authorities

- i. States/ Districts should monitor all such cases.
- ii. The health status of those under home isolation should be monitored by the field staff/surveillance teams through personal visit along with a dedicated call center to follow up the patients on daily basis. The clinical status of each case shall be recorded by the field staff/call center (body temperature, pulse rate and oxygen saturation). The field staff will guide the patient on measuring these parameters and provide the instructions (for patients and their care givers), as detailed in **Annexure II**. This mechanism to daily monitor those under home isolation shall be strictly adhered to.
- iii. Details about patients under home isolation should also be updated on COVID-19 portal and facility app (with DSO as user). Senior State and District officials should monitor the records updation.
- iv. Mechanism to shift patient in case of violation or need for treatment has to be established and implemented.
- v. All family members and close contacts shall be monitored and tested as per protocol by the field staff.
- vi. Patient on home isolation will be discharged from treatment as per para 6 below. These discharge guidelines shall be strictly adhered to along with issuance of a fitness certificate by the field team.

5. When to discontinue home isolation

Patient under home isolation will stand discharged after 10 days of symptom onset and no fever for 3 days. Thereafter, the patient will be advised to isolate at home and self-monitor their health for further 7 days. There is no need for testing after the home isolation period is over.

