

OFFICE OF THE PRINCIPAL ACCOUNTANT GENERAL
(A&E)-I, MAHARASHTRA, MUMBAI – 400 020

No. Admn I/ COVID-19 /Preventive measures/523

Date:14-01-2022

CIRCULAR

Headquarters vide letter No. 07-Estates/11-2020 dated 07-01-2022 forwarded 'Revised Guidelines for Home Isolation of mild/asymptomatic COVID-19 cases' dated 05-01-2022 issued by Ministry of Health & Family Welfare, Government of India (copy enclosed). These guidelines provide instructions for the patients and care givers for treatment of patients with mild/asymptomatic disease in home isolation and conditions in which to seek medical attention.

As per para 9 of these guidelines, 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.

All the sectional heads are hereby instructed to bring the contents of this circular to the notice of all staff members working under them to increase awareness.

(Authority: Principal Accountant General's order dated 12-01-2022)

Sd/-

Dy. Accountant General/Admn

Encl: As above

No. Admn I/ COVID-19/Preventive measures/523-A

Date: 14-01-2022

For information and necessary action:

1. The Secretary to Principal Accountant General.
2. Stenographers Grade-I to all Group Officers.
3. All Branch Officers/ Sectional Heads.
4. The Sr. Accounts Officer/Record II for circulation.
- ✓ 5. The Sr. Accounts Officer/EDP (SG) for publishing on intranet.
6. Spare Copy.

Uthainabadi
14/1/22
Sr. Accounts Officer/ Admn I

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5th January 2022

**Government of India
Ministry of Health & Family Welfare**

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

1. 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 & FW 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**.

2. 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%.

3. Patients eligible for home isolation

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

- 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.**
- v. 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.**
- vi. 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>.**

4. Instructions for the patient

- i. Patient must isolate himself from other household members, stay in the identified room and away from other people in home, especially elderly and those with co-morbid conditions like hypertension, cardiovascular disease, renal disease etc.
- ii. 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.
- iii. 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.
- iv. Mask should be discarded after cutting them to pieces and putting in a paper bag for a minimum of 72 hours.
- v. Patient must take rest and drink lot of fluids to maintain adequate hydration.
- vi. Follow respiratory etiquettes at all times.
- vii. Undertake frequent hand washing with soap and water for at least 40 seconds or clean with alcohol-based sanitizer.
- viii. The patients shall not share personal items including utensils with other people in the household.
- ix. 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.
- x. Self-monitoring of blood oxygen saturation with a pulse oximeter for the patient is advised.
- xi. The patient shall self-monitor his/her health with daily temperature monitoring (as given below) 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 and 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.

5. Instructions for Care Giver

i. 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.

ii. 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.

iii. 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.

- i. The Surveillance Teams (ANM, Sanitary inspector, MPHWS 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.

8.2. 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.

8.4. Role of District Administration

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

9. 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.

Guidelines for Home Isolation (Dated 5th January 2022)

Patient Tested Positive

Patients clinically assessed and assigned as mild /asymptomatic cases of COVID-19 or patients experiencing no symptoms and have oxygen saturation at room air of 93% or more.

Management of cases under Home Isolation

Instructions for the patient	<ul style="list-style-type: none"> Identify separate, well-ventilated room; Use triple layer mask and discard in a paper bag after 72 hours, cutting into pieces; Maintain adequate hydration; Follow respiratory etiquettes; Follow hand hygiene; 	<ul style="list-style-type: none"> Do not share personal items including utensils with others; Clean frequently touched surfaces with soap/detergent and water; Monitor blood oxygen saturation and temperature regularly; Report promptly in case of any deterioration
Instructions for caregivers (caregiver must be fully vaccinated)	<ul style="list-style-type: none"> Use triple layer mask and discard in a paper bag after 72 hours, cutting into pieces; Replace mask immediately if wet or dirty with secretion; Follow hand hygiene; Avoid touching face, nose or mouth; 	<ul style="list-style-type: none"> Use gloves and perform hand hygiene before and after using gloves; Avoid direct contact with body fluids of patient; Avoid exposure to contaminated items in patient's immediate environment; Ensure effective waste disposal;
Treatment for patients with mild /asymptomatic disease	<ul style="list-style-type: none"> Patient must be in communication with a Medical Officer; Medication for co-morbidities must be continued after consulting treating Medical Officer; Leverage Tele-consultation platform; Follow symptomatic management for fever, cough, etc.; Avoid misinformation leading to panic; 	<ul style="list-style-type: none"> Do not rush for self-medication, blood investigation or radiological imaging without consultation of your treating Medical Officer. Steroids are not indicated in mild disease and shall not be self-administered; Only Medical Officer must decide about drugs, hoarding any drugs is not useful
Monitoring of the Patient during Home Isolation by District administration	<ul style="list-style-type: none"> The concerned district administration under the overall supervision of State Health Authority responsible for monitoring the patient under home isolation Initial assessment to be conducted by surveillance teams at ground level; Adequately staffed and well-equipped control rooms to aid end-to-end support to the patient under home isolation; 	<ul style="list-style-type: none"> Contact numbers of Control Room should be well publicized for seamless transfer of patients through ambulance from home to the dedicated hospital Necessary coordination with respect to infrastructure to be ensured by the district administration;

Patient / Caregiver to monitor health of patient. Immediate medical attention must be sought if serious signs or symptoms develop. These could include-

Unresolved high grade Fever;
>100° F for more than 3 days

Difficulty in breathing

SpO2 < 93% on room air at least 3 reading within 1 hour or Respiratory rate >24/ min

Persistent pain/ pressure in the chest

Mental confusion or inability to arouse

Severe fatigue and myalgia

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.

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EDP (SG)