



Central Pollution Control Board
(Ministry of Environment, Forest & Climate Change, Govt. of India)
Parivesh Bhawan, East Arjun Nagar,
Delhi – 110032.

F.No.C-22011/Misc./2014/ Admn.(P)/

the 03rd September, 2020

OFFICE MEMORANDUM

Sub.:-Guidelines for Home Isolation of very mild/pre-symptomatic/asymptomatic COVID-19 cases.

The officials of CPCB have reported upon large number of asymptomatic cases. Apart from this, a few officials have reported that status of Aarogya Setu turned to Moderate Risk/High Risk. In this regard, they are advised to take assistance from National Covid Helpline (1075).

Furthermore, if any official feel very mild/pre-symptomatic/asymptomatic COVID-19, they should seek immediate medical attention and follow guidelines issued by Ministry of Health and Family Welfare (MH&FW) as copy attached. The officials must strictly follow the physician's instructions and medication advice. If doctor advise for Home Isolation, they may apply appropriate leave accordingly.

This issues with the approval of Competent Authority, CPCB.

(Sunil Kumar Anand)
Administrative Officer (P)

Encl. as above.

Distribution:

1. All Divisional Heads
2. All RDs
3. D.H. I.T. Division : with a request to upload it on the CPCB portal.
4. PS to MS
5. PA to CCB
6. Notice Boards
7. Office Order File

Government of India
Ministry of Health & Family Welfare

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.
- 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. 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.**

Undertaking on self-isolation

I S/W of, resident of

being diagnosed as a confirmed/suspect case of COVID-19, do hereby voluntarily undertake to maintain strict self-isolation at all times for the prescribed period. During this period, I shall monitor my health and those around me and interact with the assigned surveillance team/with the call center (1075), in case I suffer from any deteriorating symptoms or any of my close family contacts develops any symptoms consistent with COVID-19.

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

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

Signature_____

Date_____

Contact Number _____

Countersignature by Treating Medical Officer

Instructions for the patient

1. Patient should at all times use triple layer medical mask. Discard mask after 8 hours of use or earlier if they become wet or visibly soiled.
2. Mask should be discarded only after disinfecting it with 1% Sodium Hypo-chlorite.
3. Patient must stay in the identified room and away from other people in home, especially elderlies and those with co-morbid conditions like hypertension, cardiovascular disease, renal disease etc.
4. Patient must take rest and drink lot of fluids to maintain adequate hydration
5. Follow respiratory etiquettes all the time.
6. Hands must be washed often with soap and water for at least 40 seconds or clean with alcohol based sanitizer.
7. Don't share personal items with other people.
8. Clean surfaces in the room that are touched often (tabletops, door knobs, handles, etc) with 1% hypochlorite solution.
9. The patient must strictly follow the physician's instructions and medication advice.
10. The patient will self-monitor his/her health with daily temperature monitoring and report promptly if develops any deterioration of symptom.

Instructions for care-givers

1. Mask:

- 1.1 The caregiver should wear a triple layer medical mask appropriately when in the same room with the ill person.
- 1.2 Front portion of the mask should not be touched or handled during use.
- 1.3 If the mask gets wet or dirty with secretions, it must be changed immediately.
- 1.4 Discard the mask after use and perform hand hygiene after disposal of the mask.
- 1.5 He/she should avoid touching own face, nose or mouth.

2. Hand hygiene

- 2.1 Hand hygiene must be ensured following contact with ill person or his immediate environment.
- 2.2 Hand hygiene should also be practiced before and after preparing food, before eating, after using the toilet, and whenever hands look dirty.
- 2.3 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.
- 2.4 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.
- 2.5 Perform hand hygiene before and after removing gloves.

3. Exposure to patient/patient's environment

- 3.1 Avoid direct contact with body fluids of the patient, particularly oral or respiratory secretions. Use disposable gloves while handling the patient.
- 3.2 Avoid exposure to potentially contaminated items in his immediate environment (e.g. avoid sharing cigarettes, eating utensils, dishes, drinks, used towels or bed linen).

- 3.3 Food must be provided to the patient in his room
- 3.4 Utensils and dishes used by the patient should 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.
- 3.5 Use triple layer medical mask and disposable gloves while cleaning or handling surfaces, clothing or linen used by the patient.
- 3.6 Perform hand hygiene before and after removing gloves.
- 3.7 The waste (masks, disposable items, food packets etc.) should be disposed of as per CPCB guidelines (available at: http://www.cpcbenvi.nic.in/pdf/BMW-GUIDELINES-COVID_1.pdf)

4. Care of the patient and family members

- 4.1 The care giver will make sure that the patient follows the prescribed treatment.
- 4.2 The care giver and all close contact will self-monitor their health with daily temperature monitoring and report promptly if they develop any symptom suggestive of COVID-19 (fever/cough/difficulty in breathing)