

MUNICIPAL CORPORATION OF GREATER MUMBAI
PUBLIC HEALTH DEPARTMENT
NO. HO / 41830 / COVID DATED 31.03.2021

C I R C U L A R

Sub : Revised Guidelines for Home Isolation / Home Care of COVID positive patient.

Ref.: 1. Revised guidelines for Home Isolation of asymptomatic / mild symptomatic COVID-19 cases issued by Ministry of Health & Family Welfare (MoHFW), Govt. of India dated 03.07.2020.

2. Mission Begin order no. DMU/2020/CR.92/DisM-1 dt.27.03.2021 issued by Hon. Chief Secretary, Govt. of Maharashtra. Mantralaya, Mumbai - 400 032.

In view of evolving situation of COVID-19 in Mumbai, the following revised guidelines for Home Isolation / Home Care of COVID-19 cases are issued.

A] Eligibility

The patients who have tested COVID positive shall be permitted to be in “**Home Isolation**” with the following conditions:

1. The following patients shall be allowed to be in Home Isolation -
 - a) Asymptomatic;
 - b) Mild symptomatic [No co-morbidity, mild fever <100 F, SPO2 > 95 and other normal parameters];
 - c) Elderly and co-morbid patients with no symptoms after evaluation by AMO in consultation with family doctor as per GOI guidelines.
2. The patient shall be clinically assigned as asymptomatic/mild case through telephonic triage or by the health staff/medical officer/ physician.
3. Such cases should have the requisite facility at their residence for self-isolation and also for quarantining the family contacts. Separate well ventilated room with a separate toilet for the patient in home isolation.
4. The patient shall stay in the identified room and away from other persons in the home (especially the elderly and those with co-morbid conditions like hypertension, cardiovascular disease, renal disease, etc.).
5. **The patient must have pulse oxymeter, digital thermometer, face masks, gloves, sanitizer, etc. to be used during Home Isolation.**
6. The patient shall report to the IVR call / health staff / medical officer / family physician about their health status and maintain the chart of vital parameters at home. **[Annexure-1]**

7. Dedicated tele-monitoring link is already established through step 1 for daily follow-up of the patient during the entire period of Home Isolation through IVR calls and SMS to the patients.
8. The release of the patient from home isolation shall be as per the existing discharge protocol of the state for COVID-19 (vide below).
9. The Home Isolation shall be with the knowledge of the family members, neighbours / society, treating Physician and local Health Posts.

B] Detailed guidelines for Ward War Rooms

1. MOH to appoint sufficient staff required for calling the patients for initial triage. Assign Team leader (preferably AMO) for ward war room.
2. After receipt of COVID positive list, patient will be triaged by the war room team who will ensure shifting of symptomatic risk patients on priority with the help of ambulance and assign home isolation for eligible patients as per the guidelines. All the patients should be contacted same day.
3. The patient shall be informed to isolate himself / herself at home. Health team shall assess the suitability of the house for home isolation and also do medical triage of the patient wherever feasible. Alternatively, telephonic medical triage shall be done. Send the list of Home isolation patients assigned, to the Health Post for confirmation and verification & Health Post to report back regarding status.
4. Emergency contact number of the Ward War Room to be given to the patient / relatives. Also inform to respond to IVR calls from helpline daily.
5. **War Room Medical Team** - Ask regarding following symptoms: Fever, cold, cough, throat pain, difficulty in breathing, generalized weakness, body pains, running nose, loose motion, loss of smell (anosmia), loss of taste (ageusia), reduced alertness, loss of appetite, delirium (mental confusion, disorientation), etc.
6. Enquire for co-morbidities like hypertension, diabetes, obesity, thyroid disease, cancer, chronic lung / kidney disease including patients on dialysis, heart disease, Cerebro-vascular disease including stroke, Tuberculosis, People living with HIV, immune-compromised, on steroids and immune-suppressants, etc. They shall be allowed home isolation / home care only after proper clinical evaluation by the treating medical officer / physician / family doctor in consultation.

7. Home Isolation shall not be applicable for pregnant women 2 weeks before expected date of delivery (EDD). Home Isolation shall be allowed for lactating mothers after clinical evaluation by medical officer / physician / family doctor.
8. A register to be maintained at Ward War Room of daily triage patients.
9. The patient will be marked in Quantela System as Home isolation before 7.00 pm same day and this list will be sent by Quantela to Step 1 (Tele-monitoring agency) daily.
10. War Room will notify MOH / Health Post staff of non-traceable patient.
11. Ward War Room to prioritize any patient escalation calls received from Step One Call Centre.
12. The health staff shall assess the following parameters (medical triage) either telephonically or in person wherever feasible.
 - Thermal scanning for fever [$< 38^{\circ}\text{C}$];
 - Fingertip Pulse oxymetry for SpO_2 and pulse rate [$>95\%$];
13. MOH will send daily report of Home Isolation to ncdmcgm@gmail.com.

C] Warning signs for immediate Hospital transfer

Further medical advice shall be immediately sought if the following symptoms and signs develop during the period of home isolation/ home care:

1. Difficulty in breathing;
2. Oxygen saturation $< 95\%$ using fingertip pulse oxymeter;
3. Persistent fever of $> 38^{\circ}\text{C}$ (100.40 F) for more than 24 hours;
4. Hypoxic on mild exertion like 6-minute walk test/ climbing 1 or 2 flight of stairs;
5. Persistent pain / pressure in the chest or cough;
6. Mental confusion or inability to arouse, slurred speech / seizures;
7. Weakness or numbness in any limb or face;
8. Developing bluish discolorations of lips / face;
9. Any other new onset organ dysfunction, like hypotension, drowsiness, kidney dysfunction would need admission;
10. Any other symptom as advised by treating medical officer / physician.

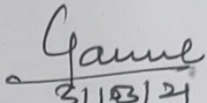
D] Instructions to Health Post staff / Medical Officer / Physician

1. Health staff shall ensure strict enforcement of Home Isolation / Home Care
 - Home isolation notice shall be pasted on the front door of the house. The Chairman / Secretary should be informed regarding isolation of patient at home / home care.
 - Ensure that home isolated patient provides a signed Undertaking for self-isolation and follow guidelines of Home Isolation as per the Govt. of India, **give the copy (leaflet) of instructions to the patients and family members regarding care to be taken.**
 - Stamping on hand of the patient to be done. Make sure patient downloads the Arogya Setu app.
 - **All the patients should be contacted on phone on day 5th to 7th (from the day of positive report) by Health Post staff and ensure the patient's condition is stable. As it is noticed that many patients develop symptoms later in the week after being positive. Visit to check the patient condition if patient reports any symptoms and especially if patients more than 60 years or patients with co-morbidities.**
 - Ensure that home isolated patient monitors his / her health and takes treatment for COVID-19 from their family physician and continues co-morbidity treatment as it is regularly. He / She regularly informs their health status to the tele-monitoring team / medical officer / physician / family doctor. Note down the name of the physician.
 - Patient should restrict the movement within the house and should not attend functions or gatherings. Explain COVID appropriate behavior.
 - The patients who do not have family physician then only on request Health Post AMO can advise treatment as per the protocol annexed as **Annexure-2.**
 - Inform to the patient to expect IVR call daily and respond to the call as it is from MCGM and for the patient's own benefit.
 - All contacts of patient should remain in home quarantine and be tested as per protocols.
 - Random checking of 10% patients by a dedicated team / Health Post staff daily whether patient is violating home isolation rules.

- If the patient is found violating the protocol of home isolation, action to be taken under the Disaster Management he/she shall be shifted to CCC2 first and if refused then Police Complaint.
- Health Post staff should aid in tracing non-traceable patients & do the visit to trace the patient.
- Maintain a register of all the patients visited and followed-up and outcome at Health Post.

E] Discharge Protocol

1. Patient under home isolation will stand discharged (released from home isolation) after 10 days of symptom onset (or date of sampling, for asymptomatic cases) and no fever for 3 days consecutive, Maintains oxygen saturation above 95; Thereafter, the patient shall be advised to isolate at home and self-monitor their health for further 7 days.
2. There is no need for any COVID-19 test (RT-PCR / CBNAAT / True-NAT / Rapid Antigen Test) after the period of home isolation is over.


31/03/24
Dr. Mangala Gomare
Executive Health Officer (I/c)

MOsH (A to T ward)

Asst. Commissioners (A to T ward)

All AHOs / DEHOs

Copy to - DMC (PH)
AMC (WS)
Hon. M.C.

Algorithm for deciding Home Isolation / Home Care

A person tests positive for COVID-19

Ward Ward Room Team / Health Post Team / Medical Officer /
Physician perform medical triage on the patient and assess
suitability of house and clinical condition

Suitable for Home Isolation /
Home Care

Not suitable for
Home Isolation

Asymptomatic mild
symptoms

Moderate /
Severe

1. All asymptomatic patients;
2. Elderly & Co-morbid patients with no symptoms and well controlled after evaluation by doctor;
3. Mild symptoms - No co-morbidity, mild fever [< 100 F], normal SPO2 and normal other parameters.

Shift the patient to
Covid Care Centre
(CCC)

Shift to COVID
Hospital
(DCHC/DCH)

Ward War Room	Step-One	Health Post Staff
<ul style="list-style-type: none"> ➤ Triage the patients on priority and shift the needy ➤ Medical triage of all home isolated patients and mark and inform the H.P. ➤ Prepare list of non-traceable patients and notify MOH / H.P. ➤ Ensure linking of patient with tele-monitoring centre and provide appropriate emergency contact numbers. ➤ Prioritize any patient escalation calls referred by Step One Call Centre ➤ Escalate any other matter to MOH/ Health Post Staff. ➤ Ensure all not-traceable / not reachable patients are contacted within 48 hrs. ➤ Maintain the register and report daily. 	<ul style="list-style-type: none"> ➤ Priority calling of all home isolated patients starting with elderly and patients with co-morbidities. ➤ In case, all patients are not contacted on the same day, to ensure remaining patients are contacted through IVR. ➤ Provide home isolation guidelines to the patients and perform routine monitoring as per protocol. ➤ To look for warning signs and escalate the service immediately to Ward War Room / MOH and advise immediate hospital transfer. ➤ Notify all the not- 	<ul style="list-style-type: none"> ➤ On field medical triage wherever necessary or telephonic triage of home isolated patients. ➤ Stamping on hand of home isolated patient. ➤ Sticking of notice on the door of home isolated patient. ➤ Inform Secretary / Chairman /society of home isolated patient. ➤ Random 10% checking of patients in home isolation physically. ➤ Aid tracing of non-traceable patients. ➤ To lodge complaint for patients violating home isolation with help of MOH. ➤ To discharge patient as per Discharge Policy. ➤ Maintain register for

ANNEXURE-2

Treatment Protocol for Home Isolation

Patients who do not have family physicians can be advised following: -

Report to the Ward war room, if the symptoms worsen.

Investigations specially for those who are co-morbid can be advised at their own expense.

Site of Admission	Investigation	Treatment	Remarks
For asymptomatic patients	<ul style="list-style-type: none"> ➤ CBC ➤ Fasting Sugar ➤ LFT ➤ RFT ➤ HbA1C 	<ul style="list-style-type: none"> ➤ Tab. Vit C 1000 mg per day ➤ Tab. Zinc 50 mg per day ➤ Tab. Vit. D 60000 IU stat <p>All the patients to maintain adequate fluid and healthy food intake.</p>	Monitor symptoms and body temperature 12 hourly and Oxygen saturation every 8 hours.
For mild symptomatic patients	Same as above	<ul style="list-style-type: none"> ➤ Tab. Vit C 1000 mg per day ➤ Tab. Zinc 50 mg per day ➤ Vit. D 60000 IU stat ➤ Tab. Paracetamol SOS if fever ➤ Tab. Levocetirizine if cold ➤ Tab. Azithromycin 500 mg once a day for 5 days if sore throat ➤ Steam inhalation, salt warm water gargles [3 times a day]. <p>All the patients to maintain adequate fluid and healthy food</p>	Same as above

		intake.	
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Home Isolation Daily Report from MOH

Ward	Date	Total No. of Active patients in the Ward as on today	Total No. of patients in Home Isolation as on today	Total No. of patients referred to Quantella / Step One for Home Isolation today	Total No. of patients shifted to hospital in last 24 hrs from home isolation
A					
B					
C					
D					
E					
F/S					
F/N					
G/S					
G/N					
H/E					
H/W					
K/E					
K/W					
P/S					
P/N					

R/S					
R/C					
R/N					
L					
M/E					
M/W					
N					
S					
T					
TOT					