

GOVERNMENT OF ASSAM
HEALTH & FAMILY WELFARE DEPARTMENT
DISPUR, GUWAHATI-781006

No. HLA 274/2020/178

Dated: Dispur the 8th January, 2022

Standard Operating Protocol For Home Isolation of COVID Positive Persons in Assam

Whereas, the Country and State is witnessing a third wave of COVID-19 pandemic, possibly due to the latest detected variant B1.1.529 (Omicron);

Whereas, the Ministry of Health & Family Welfare, Govt of India has issued modified guidelines for Home Isolation for COVID positive patients on 5th of January, 2022, and Govt of Assam had earlier issued various home isolation protocols from time to time;

Whereas, it is observed that a majority of cases of COVID-19 are either asymptomatic or have very mild symptoms and such cases usually recover with minimal interventions and accordingly may be managed at home under proper medical guidance and monitoring;

Whereas, State Government is undertaking all efforts to increase the number of Hospital Beds, beds supported with Oxygen and Ventilator supported ICU beds including Paediatric ICU in all Medical Colleges and peripheral hospitals;

Whereas, considering the milder nature of the symptoms and the need to provide quality care to the most needy one by prioritising symptomatic and serious cases over asymptomatic COVID positive persons in the State;

Whereas, the telemedicine and home based medical care system has been strengthened across the state considering the possibility of large numbers of COVID positive cases in the state;

Therefore, in order to ease the difficulties of asymptomatic COVID Positive patients in the state, the following SoP is issued, adopting the salient features of Gol guidelines in sync with the State specific situation:

1. The present guidelines are applicable to COVID-19 patients who have been clinically assessed and assigned as mild /asymptomatic cases of COVID-19 and are willing to undergo home isolation following all guidelines, supported by self undertaking (**as in Annexure I**).
2. The laboratory confirmed cases which are not experiencing any symptoms and have oxygen saturation at room air of more than 93% may be considered as asymptomatic cases.
3. Clinically assigned mild cases by the treating Medical Officer 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%



4. Such cases should have the requisite facility at their residence for self-isolation and for quarantining the family contacts.
5. A caregiver (ideally someone who has completed his COVID-19 vaccination schedule) should be available to provide care on 24 x7 basis.
6. A communication link between the caregiver and a Medical Officer is a prerequisite for the entire duration of home isolation.
7. Elderly patients aged more than 60 years and those with co-morbid conditions such as Hypertension, Diabetes, Heart disease, Chronic lung/liver/ kidney disease, Cerebrovascular disease etc shall only be allowed home isolation after proper evaluation by the treating medical officer.
8. 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.
9. While a patient is allowed home isolation, all other members in the family including other contacts shall follow the home quarantine guidelines

Instructions for the patient

10. 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.
11. 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.
12. 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.
13. Used Mask should be discarded after cutting them to pieces and putting in a paper bag for a minimum of 72 hours.
14. Patient must take rest and drink lot of fluids to maintain adequate hydration and follow respiratory etiquettes at all times.
15. Patient must undertake frequent hand washing with soap and water for at least 40 seconds or clean with alcohol-based sanitiser.
16. The patient shall not share personal items including utensils with other people in the household.
17. Cleaning of frequently touched surfaces in the room (tabletops, doorknobs, handles, etc.) with soap/detergent & water needs to be ensured. The cleaning can be undertaken either by the patient or the caregiver duly following required precautions such as use of masks and gloves.
18. Self-monitoring of blood oxygen saturation with a pulse oximeter for the patient is advised.



19. 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.

Instructions for Care Giver

20. The caregiver should wear a triple layer medical mask. N95 mask may be considered when in the same room with the ill person.
21. Front portion of the mask should not be touched or handled during use. o If the mask gets wet or dirty with secretions, it must be changed immediately.
22. 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.
23. He/she should avoid touching own face, nose or mouth.
24. 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.
25. He/she should avoid direct contact with body fluids (respiratory, oral secretions including saliva) of the patient. Use disposable gloves while handling the patient. Perform hand hygiene before and after removing gloves.
26. He/she should avoid exposure to potentially contaminated items in his immediate environment (e.g. avoid sharing eating utensils, dishes, drinks, used towels or bed linen).
27. 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.
28. 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. They should be collected in bags securely tied for handing over to waste collectors.
29. Further, 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. Else they can be disposed of by putting them in 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

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

31. The patient must continue the medications for other co-morbidities/ illness after consulting the treating Medical Officer.
32. Patient must utilize the tele-consultation platform made available by the district/state administration including the e-Sanjeevani tele-consultation platform available at <https://esanjeevaniopd.in/> or any other private hospital if desires so.
33. Patients need to follow symptomatic management for fever, running nose and cough, as warranted.
34. Patients may perform warm water gargles or take steam inhalation thrice a day.
35. If fever is not controlled with a maximum dose of Tab. Paracetamol 650 mg four times a day, consult the treating doctor.
36. 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.
37. The patient should not rush for self-medication, blood investigation or radiological imaging like chest X ray or chest CT scan without consultation the treating Medical Officer.
38. Steroids are not indicated in mild disease and shall not be self-administered. Overuse & inappropriate use of steroids may lead to additional complications.
39. 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.
40. 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.
41. Immediate medical attention must be sought if serious signs or symptoms develop. These could include
 - a. Unresolved High-grade fever (more than 100° F for more than 3 days)
 - b. Difficulty in breathing,
 - c. Dip in oxygen saturation ($SpO_2 \leq 93\%$ on room air at least 3 readings within 1 hour) or respiratory rate $>24/$ min
 - d. Persistent pain/pressure in the chest, v. Mental confusion or inability to arouse,
 - e. Severe fatigue and muscle pain
42. Patient under home isolation will stand discharged and end isolation after at least 7 days have passed from testing positive subject to the conditions that there has been no fever for 3 successive days and they shall continue wearing masks. However, they will continue to be under Home quarantine for 7 more days.



43. There is no need for re-testing after the home isolation period is over.

44. Asymptomatic contacts of infected individuals need not undergo Covid test but should monitor his/ her health condition in home quarantine. If symptoms appear in due course of time, testing and other measures should be taken accordingly.

This Standard Operating Protocol is issued in view of the current situation and may be modified on the basis of evolving nature of COVID pandemic.


(Anurag Goel, IAS)

Principal Secretary to the Government of Assam
Health & Family Welfare Department

Dated Dispur, the 8th January, 2022

Memo No.HLA.274/2020/ 178-A

Copy to:

1. Chief Secretary, Assam.
2. Director General of Police, Assam.
3. Principal Secretary to Hon'ble Chief Minister, Assam.
4. Principal Secretary, Revenue & Disaster Management Dept.
5. Principal Secretary, Home & Political, Assam.
6. ADGP (L&O) / ADGP (S), Assam.
7. Chief Executive Officer, Assam State Disaster Management Authority.
8. Commissioner & Secretary to the Govt. of Assam, Health & Family Welfare Department.
9. Mission Director, National Health Mission, Assam, Guwahati.
10. Managing Director AMSCL.
11. Principal Secretary, all Autonomous Councils, Assam.
12. Deputy Commissioner (all districts)/ Superintendents of Police (all districts).
13. Director of Health Services, Assam for necessary action.
14. Director of AYUSH/ Director of Medical Education / Director of Health Services (FW), Assam/ ED, NHM/ State Nodal Officer for COVID-19/ Addl. DME/ OSD NHM/ 104 Call Centre.
15. All Principal cum Chief Superintendents/ Superintendents, Medical College Hospitals, Assam.
16. Addl. Director of Health Services, Assam, Hengrabari, Guwahati.
17. Joint Director of Health Services (all districts).
18. P.S. to Hon'ble Chief Minister, Assam, Dispur
19. P.S. to Hon'ble Minister, Health & Family Welfare, Assam.
20. Any other concerned.


8/1/22

By order etc.

Joint Secretary to the Government of Assam
Health & Family Welfare Department

Annexure - I: UNDERTAKING for Home Isolation by COVID Positive Patient

To,
The Deputy Commissioner,
..... District.

I..... Age..... S/D/W of resident of on being diagnosed as a Covid 19 positive patient, do hereby voluntarily undertake to maintain strict Home- Isolation at all times for the prescribed period.

I hereby declare that I am asymptomatic, and prima facie found in good clinical condition by a medical practitioner, and have/do not have any serious co-morbid conditions including kidney diseases, heart disease, stroke, Tuberculosis, Cancer, HIV, Immune-compromised conditions etc.

I, fully understand the risks of remaining in home isolation outside a hospital and will not hold the Government of Assam responsible in any way in case of any complications that may arise due to my home isolation.

During the period, I shall monitor my health and comply with all conditions laid down in the Government notification no.....datedJanuary, 2022.

I shall cooperate with the Health & Family Welfare Department at all times, as required, and readily comply with any advice given by the Department .

I am liable to be acted on under the prescribed law for any non-adherence /violation to home isolation protocol/ instructions.

Signature of the patient in Home Isolation	Signature of the Responsible Person/ Caregiver (household member)
	Relationship to the patient
Name	Name
Age/sex	Age/sex
Date	Date
Contact Number	Contact Number