

# GUIDELINES FOR HOME ISOLATION

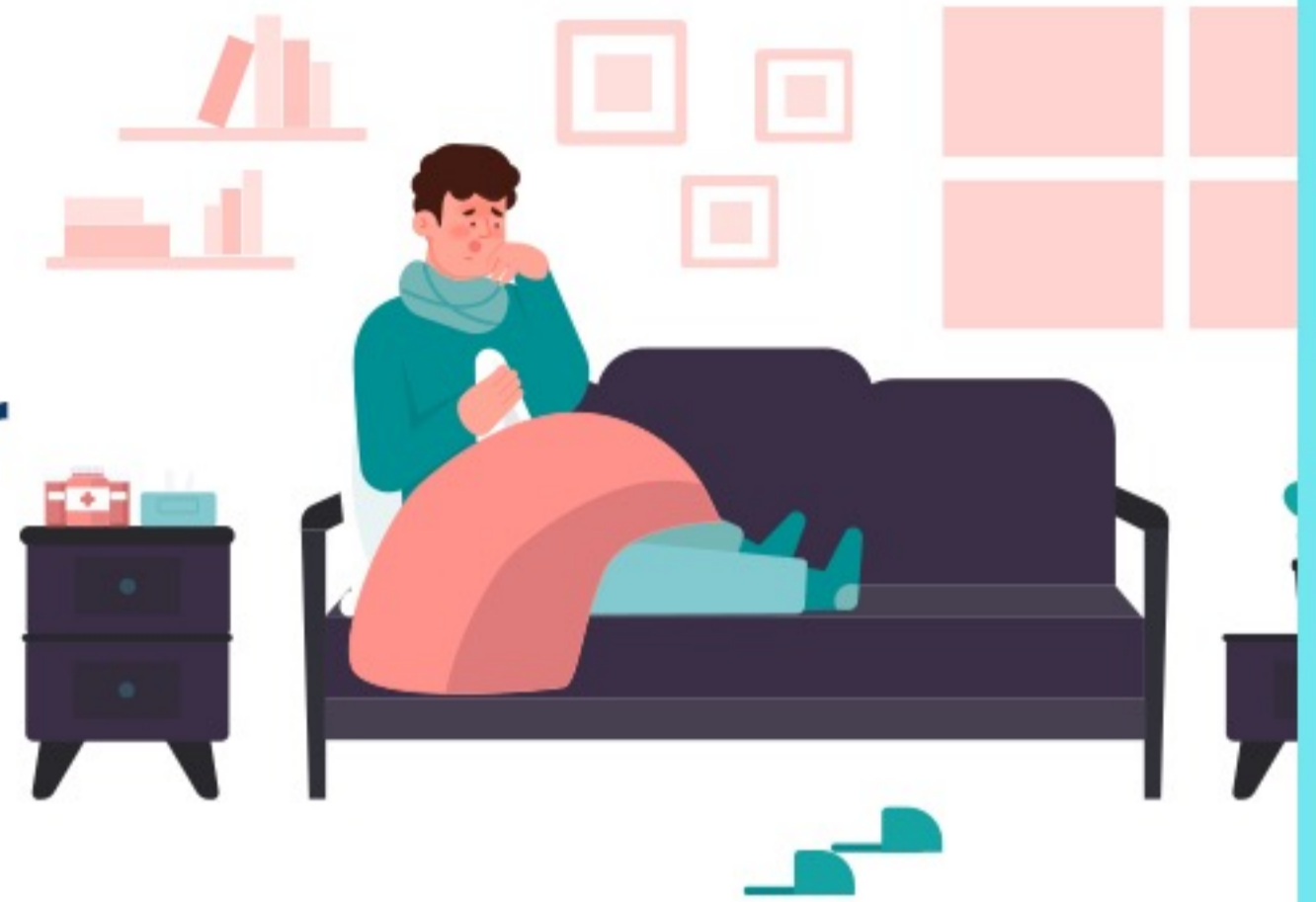
Of Mild/Asymptomatic COVID-19 Cases



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## Patients Eligible for Home Isolation



- ▶ The person should be clinically assigned as a mild/asymptomatic case by the treating medical officer
- ▶ Such cases should have the requisite facility at their residence for self-isolation & also for quarantining the family contacts
- ▶ A caregiver should be available 24x7. A communication link between the caregiver and hospital is a prerequisite
- ▶ Patients suffering from immunocompromised status (HIV, Transplant recipients, etc) not recommended for home isolation & shall only be allowed after proper evaluation by the treating medical officer
- ▶ Elderly patients aged over 60 yrs & those with co-morbid conditions such as Diabetes, Heart disease, etc. only to be allowed home isolation after proper evaluation
- ▶ In addition, the guidelines on home-quarantine for other members available at

<https://www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf> shall be followed

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## When to Seek Medical Attention



- ▶ Patient/Caregiver to keep monitoring their health. Immediate medical attention must be sought if serious signs or symptoms develop

### These could include:

- ▶ Difficulty in breathing  
\_\_\_\_\_
- ▶ Dip in oxygen saturation ( $SpO_2 < 95\%$ )  
\_\_\_\_\_
- ▶ Persistent pain/pressure in the chest  
\_\_\_\_\_
- ▶ Mental confusion or inability to arouse

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## Patients Eligible for Home Isolation



- ▶ States/ Districts to monitor all such cases under home isolation
- ▶ Health status should to be monitored by field staff along with a dedicated call centre to follow up the patients on daily basis
- ▶ Clinical status of each case to be recorded by field staff and provide guidance to patients on measuring & monitoring of temperature, pulse rate, etc.
- ▶ Details about patients under home isolation should also be updated on COVID-19 portal & facility app
- ▶ A mechanism to shift patient in case of violation or need for treatment to be established & implemented
- ▶ All family members & close contacts to be monitored & tested as per protocol by the field staff
- ▶ Patients in home isolation will be discharged from treatment as per discharge guidelines

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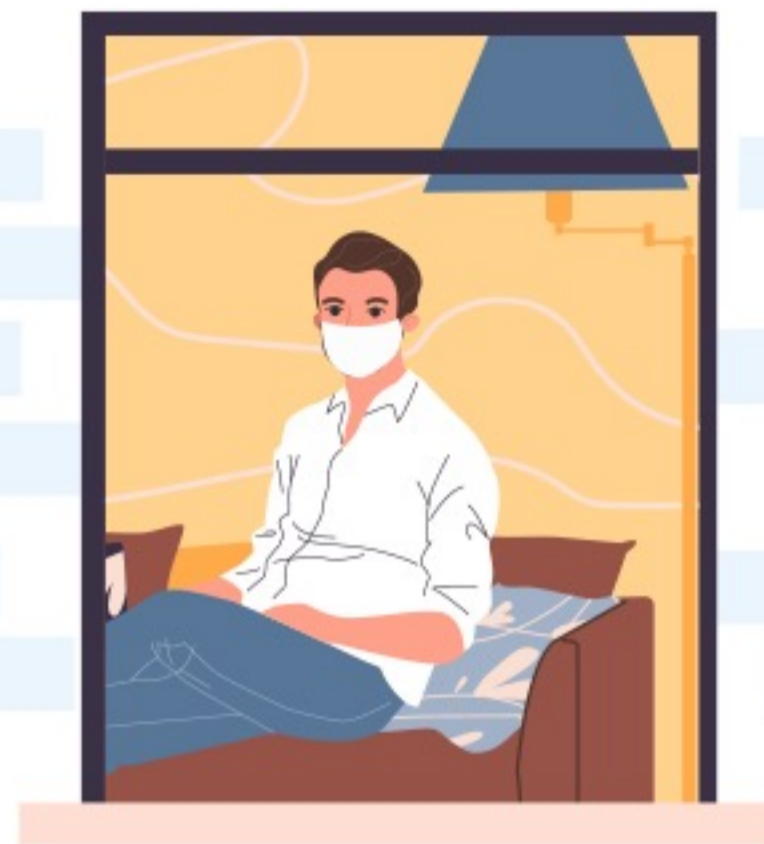
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## Instructions for the Patient (1/2)



- ▶ Discard mask after 8 hours of use or earlier if they become wet or visibly soiled
- ▶ Patients must stay in an identified room & away from others in home, especially elders & those with co-morbid conditions
- ▶ Patients to be kept in a well-ventilated room with cross ventilation, windows to be kept open to allow fresh air inside the room
- ▶ Patient should at all times use triple layer medical mask
- ▶ Mask should be discarded only after disinfecting it with 1% Sodium Hypochlorite
- ▶ In the event of caregiver entering the room, both caregiver and patient may consider using a N-95 mask

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## Instructions for the Patient (2/2)



- ▶ Patient must take rest & drink lot of fluids to maintain adequate hydration
- ▶ Follow respiratory etiquettes all the time
- ▶ Wash hands often with soap & water for at least 40 seconds or clean with alcohol based sanitizer
- ▶ Don't share personal items with other people in the household
- ▶ Clean frequently touched surfaces with 1% hypochlorite solution
- ▶ Self-monitoring of blood oxygen saturation with a pulse oximeter is strongly advised
- ▶ Patient to self-monitor his/her health with daily temperature monitoring & report promptly if any deterioration of symptom as given below is noticed



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## Instructions for Care-Givers on Use of Mask



- ▶ Wear a triple layer medical mask appropriately. N95 mask may be considered when in the same room with 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
- ▶ Discard the mask after use & perform hand hygiene after disposal of the mask
- ▶ Avoid touching own face, nose or mouth

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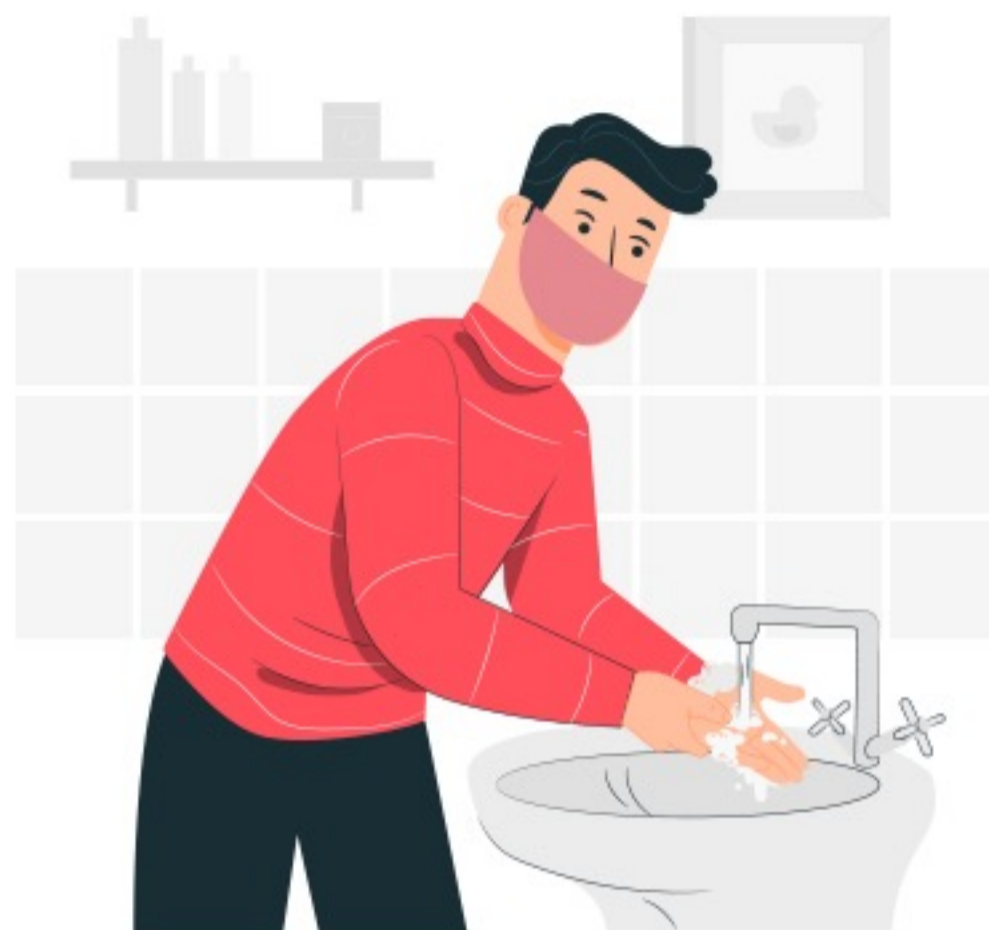
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## Instructions for Care-Givers on Hand Hygiene



- ▶ Hand hygiene must be ensured following contact with ill person or his immediate environment  
\_\_\_\_\_
- ▶ Hand hygiene should also be practiced before & after preparing food, before eating, after using the  
\_\_\_\_\_
- ▶ Use soap & water for hand washing at least for 40 seconds or use alcohol-based hand rub  
\_\_\_\_\_
- ▶ Use of disposable paper towels to dry hands is desirable or use of dedicated clean cloth towels  
\_\_\_\_\_
- ▶ Perform hand hygiene before and after removing gloves

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## Instructions for Care-Givers on Exposure to Patient's Environment (1/2)



- ▶ Avoid direct contact with body fluids of the patient. Use disposable gloves while handling the patient  
\_\_\_\_\_
- ▶ Avoid exposure to potentially contaminated items in his immediate environment (e.g. eating utensils, dishes, used towels or bed linen)  
\_\_\_\_\_
- ▶ Food must be provided to the patient in his room  
\_\_\_\_\_
- ▶ Utensils and dishes used by the patient should be cleaned with soap/detergent & water wearing gloves  
\_\_\_\_\_
- ▶ Clean hands after taking off gloves or handling used items



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## Instructions for Care-Givers on Exposure to Patient's Environment (2/2)



- ▶ Use triple layer medical mask & disposable gloves while cleaning or handling surfaces, clothing or linen used by the patient

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- ▶ Perform hand hygiene before and after removing gloves

### **Biomedical Waste disposal:**

- ▶ Ensure effective waste disposal to prevent further spread of infection within the household

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- ▶ The waste (masks, disposable items, food packets etc.) to be disposed of as per CPCB guidelines ([http://cpcbenvvis.nic.in/pdf/1595918059\\_mediaphoto2009.pdf](http://cpcbenvvis.nic.in/pdf/1595918059_mediaphoto2009.pdf))

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## Treatment for Patients with Mild/Asymptomatic Disease (1/2)



- ▶ Patients must be in communication with a treating physician & promptly report in case of any deterioration

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- ▶ Continue the medications for other comorbid illness after consulting the treating physician

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- ▶ Patients to follow symptomatic management for fever, running nose and cough

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- ▶ Patients may perform warm water gargles or take steam inhalation twice a day

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- ▶ If fever is not controlled with Tab. Paracetamol 650 mg four times a day, consult the doctor who may consider advising drugs like non-steroidal anti-inflammatory drugs (ex: Tab. Naproxen 250 mg twice a day)

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## Treatment for Patients with Mild/Asymptomatic Disease (2/2)



- ▶ Consider Tab Ivermectin (200 mcg/kg once a day, to be taken empty stomach) for 3 to 5 days
- ▶ Inhalational Budesonide (given via inhalers with spacer at a dose of 800 mcg twice daily for 5 to 7 days) to be given if symptoms (fever, cough) persists beyond 5 days of disease onset
- ▶ The decision to administer Remdesivir or any other investigational therapy must be taken by a medical professional & administered only in a hospital setting
- ▶ Systemic oral steroids not indicated in mild disease. If symptoms persist beyond 7 days (fever, worsening cough etc.) consult the doctor for treatment with low dose oral steroids
- ▶ In case of falling oxygen saturation or shortness of breath, the person should require hospital
- ▶ admission and seek immediate consultation of their treating physician/surveillance team

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## When to Discontinue Home Isolation



- ▶ Patient under home isolation will be discharged or can end isolation after at least 10 days from onset of symptoms (or from date of sampling for asymptomatic cases) and after no fever for 3 days
- ▶ There is no need for testing after the home isolation period is over

