ABSTRACT


HEALTH AND FAMILY WELFARE (P1) DEPARTMENT

G.O.(Ms).No. 206

Dated: 04.05.2020
Sarvari, Chithirai – 21
Thiruvalluvar Aandu – 2051

2. G.O.(Ms)No.175, Health and Family Welfare (P1) Department, dated: 05.04.2020.
5. From the Director of Public Health and Preventive Medicine, Letter No.4736/IDSP/2020, dated: 03.05.2020.

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ORDER:

In the Government order first read above, comprehensive instructions / guidelines to be followed in respect of COVID-19 patients, including setting up of screening centers, quarantine facilities, isolation facility, specimen collection procedures, Clinical Management, Disinfection procedure and Discharge policy to be followed by Government health facilities / private hospitals / testing labs and all stake holders have been communicated.

2. In the G.O. second read above, the Government have directed the Heads of department of Health and Family Welfare Department and all the District Collectors / Commissioner of Chennai Corporation to strictly follow the activities on the implementation of the Micro–Plan issued by the Government to ensure no further spread of COVID-19.

3. In the Government Order fourth read above, the Government have issued Standard Operating Procedure for Social Distancing for Offices, Workplace, Factories and Establishments for Control of the spread of COVID-19 in the State.
4. To control the spread of COVID-19 in Tamil Nadu, various activities are being taken by the Government. The enforcement of lockdown measure as per the instructions of Government of India are being implemented in right spirit.

5. Now, the Director of Public Health and Preventive Medicine has sent a proposal to the Government for issuing guidelines on home isolation for very mild / pre-symptomatic COVID-19 cases for necessary orders.

6. After careful examination, the Government have decided to accept the proposal of Director of Public Health and Preventive Medicine and accordingly issue guidelines on home isolation for very mild / pre-symptomatic COVID-19 cases as detailed in the annexure.

(BY ORDER OF THE GOVERNOR)

BEELA RAJESH
SECRETARY TO GOVERNMENT

To
The Director of Public Health and Preventive Medicine, Chennai – 600 006.
The Director of Medical Education, Chennai – 600 010.
The Director of Medical and Rural Health Services, Chennai – 600 006.
All District Collectors.
Copy to:
The Principal Private Secretary to Government, Secretariat, Chennai – 600 009.
The Senior Personal Assistant to Hon’ble Minister (Health and Family Welfare),
   Secretariat, Chennai – 600 009

///FORWARDED BY ORDER///

SECTION OFFICER 41/5/2020
ANNEXURE to G.O.(Ms.)No. 206, Health and Family Welfare Department, dated: 04.05.2020

Guidelines for home isolation of very mild / pre-symptomatic COVID-19 case

All suspected (awaiting test results) and confirmed cases of COVID-19 disease are currently being isolated and managed in a hospital setting with the intent to break the chain of transmission.

As per existing guidelines, during the containment phase the patients should be clinically assigned as very mild/mild, moderate or severe and accordingly treated in health facilities. However, very mild/pre-symptomatic patients having the requisite facility at his/her residence for self-isolation will have the option for home isolation.

1. Eligibility for home isolation

i. The person should be clinically assigned as a very mild case/ pre-symptomatic 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. Availability of a well-ventilated single-room preferably with an attached/separate toilet is needed.

iii. A care giver should be available to provide care on 24 x 7 basis. A communication link between the caregiver and hospital is a prerequisite for the entire duration of home isolation.

iv. 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.

v. Patient and caregivers should be given a course of Tablet Zinc 20 mg for 10 days, Tablet Vitamin C 100 mg / Multivitamin for 10 days including Nilavembu kudineer and Kabasura Kudineer

Method for preparation and usage of Nilavembu Kudineer and Kabasura Kudineer Herbal Powder (for single person)

Dissolve 5 gm of Nilavembu Kudineer or Kabasura Kudineer Herbal Powder in 240ml of water and boil it well and reduce to 60ml ,filter the same and drink this within 3 hours, dosage advised is 60ml for Adult and 30ml for Children once a day before food for one month.

i. 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).
II. The patient shall agree to monitor his health and regularly inform his health status to the District Surveillance Officer/Deputy Director of Health Services for further follow up by the surveillance teams.

III. The patient will fill in an undertaking on self-isolation (Enclosed) and shall follow home quarantine guidelines. Such individual shall be eligible for home isolation.

2. Danger signs 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. Persistent Cough/Continuous fever (>102 degree) / Difficulty in breathing
   ii. Persistent pain/pressure in the chest,
   iii. Mental confusion or inability to arouse
   iv. Somnolence and Poor feeding (in children)
   v. Seizures
   vi. Decreased urine output
   vii. Persistence or worsening of initial symptoms beyond 72 hours
   viii. Developing bluish discolorations of lips/face and
   ix. As advised by treating medical officer

3. Instructions for the patient
   i. 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.
   ii. Mask should be discarded only after disinfecting it with 1% Sodium Hypo-chlorite/ 5% lysol.
   iii. 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.
   iv. Patient must take rest and drink lot of fluids to maintain adequate hydration
   v. Follow respiratory etiquettes all the time.
   vi. Hands must be washed often with soap and water for at least 40 seconds or clean with alcohol based sanitizer.
   vii. Clean the clothes and other linen used by the person separately using common household detergent and dry.
   viii. Don’t share personal items with other people.
   ix. Clean surfaces in the room that are touched often (tabletops, door knobs, handles, etc) with 1% hypochlorite solution/ 5% lysol.
   x. The patient must strictly follow the physician’s instructions and medication advice.
xi. The patient will self-monitor his/her health with daily temperature monitoring and report promptly if develops any deterioration of symptom as detailed.

xii. Restrict his/her movement within the house.

xiii. Under no circumstances attend any social/religious gathering e.g. wedding, condolences, etc.

4. Criteria for discontinuing home isolation

Patients under home isolation will end home isolation if symptoms are clinically resolved and the Medical officer certifies him to be free of infection after laboratory testing.

5. Instructions for care-givers

i. **Mask**: The caregiver should wear a triple layer medical mask appropriately 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. Discard the mask after use and perform hand hygiene after disposal of the mask.

ii. He/she should avoid touching own face, nose or mouth.

iii. **Hand hygiene** must be ensured following contact with ill person or his immediate environment.

iv. Hand hygiene should also be practiced before and after preparing food, before eating, after using the toilet, and whenever hands look dirty. 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.

v. 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.

vi. **Exposure to patient**: Avoid direct contact with body fluids of the patient, particularly oral or respiratory secretions. Use disposable gloves while handling the patient. Perform hand hygiene before and after removing gloves.

vii. Avoid exposure to potentially contaminated items in his immediate environment (e.g. avoid sharing cigarettes, eating utensils, dishes, drinks, used towels or bed linen).

viii. Food must be provided to the patient in his room.

ix. 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.

x. **Use triple layer medical mask and disposable gloves** while cleaning or handling surfaces, clothing or linen used by the patient. Perform hand hygiene before and after removing gloves.
xi. The care giver will make sure that the patient follows the prescribed treatment.

xii. 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).

BEELA RAJESH
SECRETARY TO GOVERNMENT

//True Copy//

SECTION OFFICER 4/5/2020
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, 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.

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

Signature ____________________________

Date ____________________________

Contact Number ____________________________

//True Copy//

SECTION OFFICER  
[Signature]

6/5/20