

राजस्थान सरकार  
चिकित्सा एवं स्वास्थ्य (ग्रुप-2) विभाग

क्रमांक: प.1(1)चिस्वा/ग्रुप-2/2020

जयपुर, दिनांक : 02.05.2021

आदेश

कोविड-19 के संक्रमित मरीजों की बढ़ती संख्या, संक्रमण दर एवं सक्रिय मरीजों की बढ़ती संख्या के वर्तमान परिपेक्ष्य में प्रदेश में उपलब्ध संसाधनों का समुचित, विवेकपूर्ण, न्यायसंगत उपयोग किये जाने तथा आमजन को कोविड संक्रमण की प्रारम्भिक अवस्था में ही उनके निवास के समीप ही कोविड-19 का उपचार/रेफरल सेवाएँ उपलब्ध कराने के दृष्टिगत सभी जिला कलेक्टरों को निर्देशित किया जाता है कि प्रत्येक खण्ड के केन्द्रीय रूप (Centrally Located) से स्थित एक सामुदायिक स्वास्थ्य केन्द्र को COVID Consultation/Care Centre के रूप में विकसित किया जावे।

उक्त COVID Consultation/Care Centre पर पर्याप्त संख्या में आवश्यकतानुसार चिकित्सकों एवं नर्सिंग/पैरा मेडिकल कर्मियों का पदस्थापन सुनिश्चित किया जावे। उक्त सेन्टर पर सामान्य ओपीडी व आईपीडी के अलावा पृथक से कोविड मरीजों हेतु ओपीडी व आईपीडी सुविधा संचालित की जावे। साथ ही सामुदायिक स्वास्थ्य केन्द्र पर उपलब्ध कुल बैड क्षमता का 50 प्रतिशत बैडों का उपयोग पृथक वार्ड बनाकर कोविड मरीजों के उपचार हेतु किया जावे। उक्त COVID Consultation/Care Centre के प्रभावी संचालन हेतु निम्नानुसार मानक संचालन प्रक्रिया निर्धारित की जाती है:-

1. उक्त केन्द्र पर कोविड के संदिग्ध/ILI/SARI के मरीज के आने पर उसकी कोविड जांच कराई जावे तथा जांच का परिणाम आने तक उसे आवश्यक दवा देते हुए होम/ COVID Consultation/Care Centre पर आइसोलेट किया जावे।
2. ऐसे मरीजों के संक्रमित पाये जाने पर/संक्रमित मरीज के आने पर प्रथमतः चिकित्सक द्वारा उसका स्वास्थ्य परीक्षण किये जाने के पश्चात उसकी मेडिकल स्थिति के अनुरूप मरीज के Asymptomatic/Mild symptomatic होने पर भारत सरकार के स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा जारी संशोधित दिशा-निर्देश (संलग्न) दिनांक 28.04.2021 के अनुरूप आवश्यक दवा एवं सावधानियां बरतने के निर्देश देते हुए होम/COVID Consultation/Care Centre में आइसोलेशन किया जावे।
2. यदि मरीज की मेडिकल स्थिति के अनुसार उसे भर्ती किया जाना आवश्यक है तो COVID Consultation/Care Centre पर उपचार की सुविधा उपलब्ध होने पर प्रथमतः मरीज को COVID Consultation/Care Centre पर ही भर्ती कर उपचार किया जावे। आवश्यक होने पर मरीज को उसकी मेडिकल स्थिति के अनुरूप डेडीकेटेड कोविड केयर सेन्टर/डेडीकेटेड कोविड हैल्थ सेन्टर/डेडीकेटेड कोविड होस्पिटल के लिए रेफर किया जावे। इस हेतु सरकारी रेफरल परिवहन (Referral Transport) सुविधा का उपयोग किया जावे।

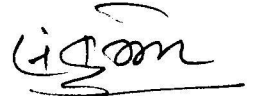
उक्त सम्पूर्ण व्यवस्था संबंधित खण्ड मुख्य चिकित्सा अधिकारी द्वारा सुनिश्चित की जायेगी। उक्त व्यवस्था का खण्ड मुख्य चिकित्सा अधिकारी/प्रभारी, सामुदायिक स्वास्थ्य केन्द्र द्वारा व्यापक प्रचार-प्रसार किया जावे ताकि आमजन को उनके निवास के नजदीक ही कोविड की प्रारम्भिक अवस्था में ही उपचार मिल सके।



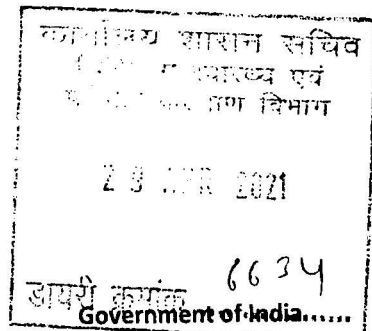
(अखिल अरोरा)  
प्रमुख मुख्य सचिव

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है:-

1. निजी सचिव, मा. मुख्यमंत्री महोदय।
2. विशिष्ट सहायक, मा. चिकित्सा मंत्री महोदय/
3. विशिष्ट सहायक, मा. चिकित्सा राज्य मंत्री महोदय
4. निजी सचिव, मा. मुख्य सचिव महोदय।
5. निजी सचिव, प्रमुख शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग।
6. निजी सचिव, शासन सचिव, चिकित्सा शिक्षा विभाग।
7. निजी सचिव, शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग।
8. समस्त संभागीय आयुक्त, राज.
9. समस्त जिला कलक्टर, राज.
10. समस्त प्रधानाचार्य एवं नियंत्रक, मेडिकल कॉलेज, राज.
11. समस्त निदेशक चिकित्सा एवं स्वास्थ्य सेवाये राज. जयपुर
12. समस्त संयुक्त निदेशक, चिकित्सा एवं स्वास्थ्य सेवाएँ, जोन राज.
13. समस्त प्रमुख चिकित्सा अधिकारी, जिला चिकित्सालय, राज.
14. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, राज.
15. निजी /रक्षित पत्रावली



(संजय कुमार)  
शासन उप सचिव



28<sup>th</sup> April 2021

**Revised guidelines for Home Isolation of mild /asymptomatic COVID-19 cases**

**1. Background**

The guidelines are in supersession to the guidelines issued on the subject on 2<sup>nd</sup> July, 2020.

As per the guidelines, the patients who are clinically assigned to be **mild /asymptomatic** are **recommended for home isolation**.

**2. Asymptomatic cases; mild cases of COVID-19**

The asymptomatic cases are laboratory confirmed cases not experiencing any symptoms and having oxygen saturation at room air of more than 94%.

Clinically assigned mild cases are patients with upper respiratory tract symptoms (&/or fever) without shortness of breath and having oxygen saturation at room air of more than 94%.

**3. Patients eligible for home isolation**

- i. The patient should be clinically assigned as mild/ asymptomatic case by the treating Medical Officer.
- ii. Such cases should have the requisite facility at their residence for self-isolation and for quarantining the family contacts.
- iii. 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.
- 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. 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.
- 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. In addition, the guidelines on home-quarantine for other members available at: <https://www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf>, shall be also followed.

#### 4. Instructions for the patient

- i. 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.
- ii. The patient should be kept in a well-ventilated room with cross ventilation and windows should be kept open to allow fresh air to come in.
- iii. 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. In the event of care giver entering the room, both care giver and patient may consider using N 95 mask.
- iv. Mask should be discarded only after disinfecting it with 1% Sodium Hypochlorite.
- v. Patient must take rest and drink lot of fluids to maintain adequate hydration.
- vi. Follow respiratory etiquettes at all times.
- vii. Frequent hand washing with soap and water for at least 40 seconds or clean with alcohol-based sanitizer.
- viii. Don't share personal items with other people in the household.
- ix. Ensure cleaning of surfaces in the room that are touched often (tabletops, doorknobs, handles, etc.) with 1% hypochlorite solution.
- x. Self-monitoring of blood oxygen saturation with a pulse oximeter is strongly advised.
- xi. The patient will self-monitor his/her health with daily temperature monitoring and report promptly if any deterioration of symptom as given below is noticed.

#### Monitoring chart

Day of symptoms and time (every 4 hourly)	Temperature	Heart rate (from pulse oximeter)	SpO2 % (from pulse oximeter)	Feeling: (better /same /worse)	Breathing: (better / same/ worse)

#### 5. Instructions for caregivers

##### i. Mask:

- o The caregiver should wear a triple layer medical mask. N95 mask may be considered when in the same room with the ill person.
- o 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.
- o Discard the mask after use and perform hand hygiene after disposal of the mask.
- o He/she should avoid touching own face, nose or mouth.

**ii. Hand hygiene**

- Hand hygiene must be ensured following contact with ill person or his immediate environment.
- 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.
- 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.
- Perform hand hygiene before and after removing gloves.

**iii. Exposure to patient/patient's environment**

- Avoid direct contact with body fluids of the patient, particularly oral or respiratory secretions. Use disposable gloves while handling the patient.
- Avoid exposure to potentially contaminated items in his immediate environment (e.g. avoid sharing cigarettes, eating utensils, dishes, drinks, 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 and water wearing gloves. The utensils and dishes may be re-used.
- Clean hands after taking off gloves or handling used items. 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.

**iv. Biomedical Waste disposal**

- Effective waste disposal shall be ensured so as to prevent further spread of infection within household. The waste (masks, disposable items, food packets etc.) should be disposed of as per CPCB guidelines (available at: [http://cpcbenvi.nic.in/pdf/1595918059\\_mediaphoto2009.pdf](http://cpcbenvi.nic.in/pdf/1595918059_mediaphoto2009.pdf))

**6. Treatment for patients with mild /asymptomatic disease in home isolation**

- i. Patients must be in communication with a treating physician and promptly report in case of any deterioration.
- ii. Continue the medications for other co-morbid illness after consulting the treating physician.
- iii. Patients to follow symptomatic management for fever, running nose and cough, as warranted.
- iv. Patients may perform warm water gargles or take steam inhalation twice a day.
- v. If fever is not controlled with a maximum dose of Tab. Paracetamol 650mg four times a day, consult the treating doctor who may consider advising other drugs like non-steroidal anti-inflammatory drug (NSAID) (ex: Tab. Naproxen 250 mg twice a day).
- vi. Consider Tab Ivermectin (200 mcg/kg once a day, to be taken empty stomach) for 3 to 5 days.

- vii. 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 and/or cough) are persistent beyond 5 days of disease onset.
- viii. The decision to administer Remdesivir or any other investigational therapy must be taken by a medical professional and administered only in a hospital setting. **Do not** attempt to procure or administer **Remdesivir at home**.
- ix. Systemic **oral steroids** not indicated in mild disease. If symptoms persist beyond 7 days (persistent fever, worsening cough etc.) consult the treating doctor for treatment with low dose oral steroids.
- x. 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.

## 7. 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 ( $SpO_2 < 94\%$  on room air)
- iii. Persistent pain/pressure in the chest,
- iv. Mental confusion or inability to arouse,

## 8. When to discontinue home isolation

Patient under home isolation will stand discharged and end isolation after at least 10 days have passed from onset of symptoms (or from date of sampling for asymptomatic cases) and no fever for 3 days. **There is no need for testing after the home isolation period is over.**

## 9. Role of State/District Health Authorities

- i. States/ Districts should monitor all cases under home isolation.
- 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 centre to follow up the patients on daily basis.
- iii. The clinical status of each case shall be recorded by the field staff/call centre (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). This mechanism to daily monitor those under home isolation shall be strictly adhered to.
- iv. 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.
- v. A mechanism to shift patient in case of violation or need for treatment has to be established and implemented. Sufficient dedicated ambulances for the same shall be organised. Wide publicity for the same shall also be given to the community.
- vi. All family members and close contacts shall be monitored and tested as per protocol by the field staff.

- vii. Patient on home isolation will be discharged from treatment as indicate above. These discharge guidelines shall be strictly adhered to.