BRIHANMUMBAI MUNICIPAL CORPORATION
PUBLIC HEALTH DEPARTMENT
HO /35952-A dt. 6./.2022

HOME ISOLATION GUIDELINES FOR PATIENTS& CAREGIVERS

Background

Over the past two years, it has been seen globally as well as in India that majority of cases of COVID-19 are either asymptomatic or have very mild symptoms. Such cases usually recover with minimal interventions and accordingly may be managed at home under proper medical guidance and monitoring.

BMC had issued the Home Isolation guidelines earlier, which is now revised for patients and care givers to guide them during home isolation. This guidelines are based on Government of India's guidelines dated 5.1.2022.

The present guidelines are applicable to COVID-19 patients who have been clinically assessed and assigned as mild / asymptomatic cases of COVID-19.

Asymptomatic cases; mild cases of COVID-19

The asymptomatic cases are laboratory confirmed cases who are not experiencing any symptoms and have oxygen saturation at room air of more than 93%.

Clinically assigned mild cases 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%.

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. All the patients not having such facility will be shifted to designated CCC2.

iii. A caregiver (ideally someone who has completed his COVID-19 vaccination schedule) should be available to provide care on 24x7 basis. A communication link between the caregiver and a Medical Officer of BMC is expected 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,

Cerebrovascular disease etc. shall only be allowed home isolation after proper evaluation by the treating Medical Officer / Doctor.

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 / Doctor.

vi. While a patient is allowed home isolation, all other members in the family including other contacts shall follow the home quarantine guidelines.

vii. Home Isolation shall not be applicable for pregnant women 2 weeks before Expected Date of Delivery (EDD).

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 stay 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. 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.

iv. Mask should be discarded after cutting them to pieces and putting in a paper bag for a minimum of 72 hours.

v. Patient must take rest and drink lot of fluids to maintain adequate hydration.

vi. Follow respiratory etiquettes at all times.

vii. Undertake frequent hand washing with soap and water for at least 40 seconds or clean with alcohol-based sanitizer.

viii. The patients shall not share personal items including utensils with other people in the household.

ix. Need to ensure cleaning of frequently touched surfaces in the room (tabletops, doorknobs, handles, etc.) with soap/detergent & water. The cleaning can be undertaken either by the

patient or the caregiver duly following required precautions such as use of masks and gloves.

x. Self-monitoring of blood oxygen saturation with a pulse oximeter for the patient is advised.

xi. 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.

Patients Self -health monitoring Chart

Date and Time	Temperature	Heart rate (from pulse oximeter)	SpO2 % (from pulse oximeter) *	Feeling: (better / same / worse)	Breathing: (better / same / worse)**

* For self-monitoring blood oxygen saturation with a pulse oximeter, place the index finger (after cleaning hands and removing nail polish, if any) in the pulse oximeter probe and take the highest steady reading after a few seconds.

** The patient may self-monitor breathing rate/respiratory rate in sitting position, breathe normally and count the number of breaths taken in 1 full minute.

Instructions for Care Giver

i. **Mask**:

- The caregiver should wear a triple layer medical mask. N95 mask may be considered 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.
- 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.
- 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.
- 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 (respiratory, oral secretions including saliva) of the patient. Use disposable gloves while handling the patient.
- Avoid exposure to potentially contaminated items in his immediate environment (e.g. avoid sharing 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 while wearing gloves. The utensils may be re-used after proper cleaning.
- 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 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.
- 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

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

ii. The patient must continue the medications for other co-morbidities/ illness after consulting the treating Medical Officer / Doctor.

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 thrice a day.

v. If fever is not controlled with a maximum dose of Tab. Paracetamol 650 mg four times a day, consult the treating doctor.

vi. Avoid misinformation on social media which are non-authentic or non-verified and hence avoid panic.

vii. Do not rush for self-medication, blood investigation or radiological imaging like chest X ray or chest CT scan without consultation of your treating Medical Officer.

viii. Steroids are not indicated in mild disease and shall not be self-administered. Overuse & inappropriate use of steroids may lead to additional complications.

ix. 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.

x. 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.

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. Unresolved High-grade fever (more than 100° F for more than 3 days).

ii. Difficulty in breathing.

iii. Dip in oxygen saturation (SpO2 ≤ 93% on room air at least 3 readings within 1 hour) or respiratory rate >24/ min

iv. Persistent pain/pressure in the chest.

v. Mental confusion or inability to arouse.

vi. Severe fatigue and myalgia.

When to end Home Isolation

Patient under Home Isolation will stand discharged and **end isolation after at least 7 days** have passed from testing positive and no fever for 3 successive days and they shall continue wearing masks. **There is no need for re-testing after the home isolation period is over**.

High risk contacts shall be home quarantined for 7 days. They shall be tested on 5thto 7thday or immediately if they turn symptomatic and further protocols shall be followed based on their test results. If negative end home quarantine.

Asymptomatic low risk contacts of infected individuals need not undergo COVID test.

Ward War Room list is attached herewith.

6/1-22

I.S. Chahal
Municipal Commissioner

Ward	War Room Contact Numbers
A	022 22700007
B	022 23759023 / 4 / 5 / 6 / 7 / 9820855620
C	022 22197331
D	022 23835004 / 8879713135
E	022 23797901
F/S	022 24177507 / 8657792809
F/N	022 24011380 / 8879150447 / 8879148203
G/S	022 24219515 / 7208764360
G/N	022 24210441 / 8291163739
H/E	022 26635400
H/W	022 26440121
K/E	022 26847000
K/W	022 26208388 / 8591388243
P/S	022 28780008 / 7304776098
P/N	022 28440001 / 69600000
R/S	022 28054788 / 8828495740
R/N	022 28947350 / 8369324810
R/C	022 28947360 / 9920089097 / 8591344976
L	022 26509901 / 7678061274 / 7304883359 / 7710870510
M/E	022 25526301
M/W	022 25284000 / 8591332421
N	022 21010201 / 7208543717
S	022 25954000 /9004869668 / 9004869830
T	022 25694000 /8591335822

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Roles and Responsibilities of Ward War Room

In view of exponential rise in cases in Mumbai, there will be many patients in home isolation who needs to be monitored by Ward War Room teams and bed allocation to needy patients. Hence, for smooth handling of positive cases and allotment of beds, following guidelines are issued for all MOsH, Ward War Rooms staff and Health Post :-

1. After receipt of COVID positive list, patient will be triaged by the medical officer/ doctor of ward war room team on the same day as asymptomatic, mild, moderate and severe.

    - *The **asymptomatic** cases are laboratory confirmed cases who are not experiencing any symptoms and have oxygen saturation at room air of more than 93%.*

    - *Clinically assigned **mild** cases 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%.*

    - Mild cases without co-morbidity can be treated by War Room Medical Officer / Doctor symptomatically as per GOI protocols.
        - antipyretics for fever
        - antitussives and antihistaminics for cough and cold and
        - supportive medicines like multi vitamin, Vitamin C, etc

    - Doctor of Ward War Room should assess the patient based on:-
        - The oxygen saturation
        - Severity of symptoms
        - Co-morbidities
        - Vaccination status

    - Bed shall be allocated to those patients who have SPO2 less than 93 or are co-morbid and symptomatic or breathless. In case of doubt, medical team can be sent home and treating physician can be consulted.

    - For shifting such patients, ambulance shall be arranged. Coordination with concerned nodal officer of the hospital shall be made. Patient shall be allotted Non O2 bed, O2 bed or ICU/ Ventilator bed depending upon clinical condition. Patient should be given the choice of public and private hospitals.

    - Any patient whose fever persists for more than 3 days or have other symptoms with co-morbidities, bed can be allocated to such patients for treatment and further investigations in consultation with treating physician.

    - Asymptomatic & mild patients not having requisite facility for home isolation shall be shifted to CCC2

2. Assign home isolation for eligible patients as per the guidelines of home isolation.

3. The patient shall be informed to isolate himself / herself at home and self monitor daily. All the patients should be counseled as per the home isolation guidelines.

4. Emergency contact number of the Ward War Room to be given to the patient / relatives and explain about danger signs. Patient shall be assured that if needed beds will be made available, hence they need not panic.

5. Take the name and phone number of patient's family doctor as well as connect to the doctor if required.

6. A register to be maintained at Ward War Room of daily calls made and daily calls received and attended by the Ward War Room.

7. Send the list of Home isolation patients assigned, to the Health Post for confirmation and follow up.

8. The patient will be marked in Quantela System as Home isolation on the same day.War Room will notify MOH / Health Post staff of non-traceable patient.

9. All Ward war rooms will ensure that all the private hospitals will update the bed status—Oxygenated/ ICU/ Ventilators on the MCGM portal regularly for smooth bed allotment

Instructions for the Health Post Team

Health staff shall ensure follow-up of patients in Home Isolation / Home Care

- Health post team shall assess the suitability of the house for home isolation
- **All the patients should be contacted on phone regularly by Health Post staff and ensure the patient's condition is stable or if developed symptoms then advise accordingly. Contact the Ward War Room for shifting the patient if required.**
- 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 medical officer / physician / family doctor. Note down the name of the physician.
- Patients should be advised to keep the daily monitoring chart and ensure pulse oxymeter and other logistics like mask, sanitizer, thermometer, etc.
- 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.
- All high risk contacts of patient should remain in home quarantine and be tested as per protocols. Explain the need for vaccination of all eligible in the house.
- Maintain a register of all the patients visited and followed up and of outcome.

6/1-22

I.S. Chahal
Municipal Commissioner

AIIMS/ ICMR-COVID-19 National Task Force/ Joint Monitoring Group (Dte.GHS)

Ministry of Health & Family Welfare, Government of India

CLINICAL GUIDANCE FOR MANAGEMENT OF ADULT COVID-19 PATIENTS

23rd September 2021

COVID-19 patient

Mild disease

Upper respiratory tract symptoms (&/or fever) WITHOUT shortness of breath or hypoxia

Home Isolation & Care

MUST DOs

- ✓ Physical distancing, indoor mask use, strict hand hygiene.
- ✓ Symptomatic management (hydration, anti-pyretics, anti-tussive, multivitamins).
- ✓ Stay in contact with treating physician.
- ✓ Monitor temperature and oxygen saturation (by applying a SpO2 probe to fingers).

Seek immediate medical attention if:

- Difficulty in breathing
- High grade fever/severe cough, particularly if lasting for >5 days
- A low threshold to be kept for those with any of the high-risk features*

MAY DOs

Therapies based on low certainty of evidence

- ❖ Inhalational Budesonide (given via Metered dose inhaler/ Dry powder inhaler) at a dose of 800 mcg BD for 5 days) to be given if symptoms (fever and/or cough) are persistent beyond 5 days of disease onset.

Moderate disease

Any one of:

1. Respiratory rate ≥ 24/min, breathlessness
2. SpO2: 90% to ≤ 93% on room air

ADMIT IN WARD

Oxygen Support:

- ➢ Target SpO2: 92-96% (88-92% in patients with COPD).
- ➢ Preferred devices for oxygenation: non-rebreathing face mask.
- ➢ Awake proning encouraged in all patients requiring supplemental oxygen therapy (sequential position changes every 2 hours).

Anti-inflammatory or immunomodulatory therapy

- ➢ Inj. Methylprednisolone 0.5 to 1 mg/kg in 2 divided doses (or an equivalent dose of dexamethasone) usually for a duration of 5 to 10 days.
- ➢ Patients may be initiated or switched to oral route if stable and/or improving.

Anticoagulation

- ➢ Conventional dose prophylactic unfractionated heparin or Low Molecular Weight Heparin (weight based e.g., enoxaparin 0.5mg/kg per day SC). There should be no contraindication or high risk of bleeding.

Monitoring

- ➢ Clinical Monitoring: Work of breathing, Hemodynamic instability, Change in oxygen requirement.
- ➢ Serial CXR; HRCT chest to be done ONLY if there is worsening.
- ➢ Lab monitoring: CRP and D-dimer 48 to 72 hrly; CBC, KFT, LFT 24 to 48 hrly; IL-6 levels to be done if deteriorating (subject to availability).

Severe disease

Any one of:

1. Respiratory rate >30/min, breathlessness
2. SpO2 < 90% on room air

ADMIT IN ICU

Respiratory support

- Consider use of NIV (Helmet or face mask interface depending on availability) in patients with increasing oxygen requirement, if work of breathing is LOW.
- Consider use of HFNC in patients with increasing oxygen requirement.
- Intubation should be prioritized in patients with high work of breathing /if NIV is not tolerated.
- Use conventional ARDSnet protocol for ventilatory management.

Anti-inflammatory or immunomodulatory therapy

- Inj Methylprednisolone 1 to 2mg/kg IV in 2 divided doses (or an equivalent dose of dexamethasone) usually for a duration 5 to 10 days.

Anticoagulation

- Weight based intermediate dose prophylactic unfractionated heparin or Low Molecular Weight Heparin (e.g., Enoxaparin 0.5mg/kg per dose SC BD). There should be no contraindication or high risk of bleeding.

Supportive measures

- Maintain euvolemia (if available, use dynamic measures for assessing fluid responsiveness).
- If sepsis/septic shock: manage as per existing protocol and local antibiogram.

Monitoring

- Serial CXR; HRCT chest to be done ONLY if there is worsening.
- Lab monitoring: CRP and D-dimer 24-48 hourly; CBC, KFT, LFT daily; IL-6 to be done if deteriorating (subject to availability).

After clinical improvement, discharge as per revised discharge criteria.

*High-risk for severe disease or mortality

- ✓ Age > 60 years
- ✓ Cardiovascular disease, hypertension, and CAD
- ✓ DM (Diabetes mellitus) and other immunocompromised states
- ✓ Chronic lung/kidney/liver disease
- ✓ Cerebrovascular disease
- ✓ Obesity

EUA/Off label use (based on limited available evidence and only in specific circumstances):

- ➢ Remdesivir (EUA) may be considered ONLY in patients with
  - Moderate to severe disease (requiring SUPPLEMENTAL OXYGEN), AND
  - No renal or hepatic dysfunction (eGFR <30 ml/min/m2; AST/ALT >5 times ULN (Not an absolute contradiction), AND
  - Who are within 10 days of onset of symptom/s.
    - ❖ Recommended dose: 200 mg IV on day 1 f/b 100 mg IV OD for next 4 days.
  - Not to be used in patients who are NOT on oxygen support or in home settings
- ➢ Tocilizumab (Off label) may be considered when ALL OF THE BELOW CRITERIA ARE MET
  - Presence of severe disease (preferably within 24 to 48 hours of onset of severe disease/ICU admission).
  - Significantly raised inflammatory markers (CRP &/or IL-6).
  - Not improving despite use of steroids.
  - No active bacterial/fungal/tubercular infection.
    - ❖ Recommended single dose: 4 to 6 mg/kg (400 mg in 60kg adult) in 100 ml NS over 1 hour.