



**GOVERNMENT OF KARNATAKA**

No: HFW 295 ACS 2020

Karnataka Government Secretariat,  
Vikasa Soudha,  
Bengaluru, Date: 10<sup>th</sup> August 2020

**Revised Circular**

**Subject:** Revised Guidelines for home isolation/home Care of COVID positive person (Version-2)

- Reference:**
1. Circular no. HFW 242 ACS 2020 issued by Additional Chief Secretary to Government of Karnataka-Health & Family welfare dated 04.07.2020
  2. Revised guidelines for Home Isolation of very mild/pre-symptomatic/asymptomatic COVID-19 cases issued by MoHFW, Government of India dated 03.07.2020
  3. Guidelines for Handling, Treatment and Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients-Revision 4 issued by CPCB dated 21.07.2020

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In view of evolving situation of COVID-19 in the state and recent revision of guidelines from Government of India, the following revised guidelines for home isolation/home care of COVID-19 cases are issued, superseding the previous circular vide above reference (1)

The persons who have tested COVID positive shall be permitted to be in “**home isolation/home care**” with the following conditions:

1. Only those who are asymptomatic or mild symptomatic shall be allowed to be in home isolation/home care.
2. They shall be oriented to the protocol of home isolation/home care.
3. Health team from district health authority/ BBMP/ authorised private institution/agency shall visit the house and assess the suitability of house for home isolation and also do medical triage of the person. Alternatively, telephonic medical triage shall be done through an empanelled agency.
4. Dedicated tele-monitoring link shall be established for daily follow-up of the person during the entire period of home isolation/home care.
5. The person shall report to the health staff/medical officer/physician about their health status every day.
6. The person shall have pulse oximeter, digital thermometer, facemasks, gloves, sanitizer, etc. to be used during home isolation/home care.
7. The release of the person from home isolation/home care shall be as per the existing discharge protocol of the state for COVID-19 (vide below sl. no.11).
8. The home isolation/home care shall be with the knowledge of the family members, neighbours, treating physician and local health authorities.

**The detailed guidelines for home isolation/home care are as follows:**

**1. Initial assessment and medical triage of person by health team**

- After receipt of Covid positive report, the person shall isolate himself/herself at home in a separate room. Health team shall visit and assess the suitability of the house for home isolation/home care and also do medical triage of the person wherever feasible (Annexure-1). Alternatively, telephonic medical triage shall be done through an empanelled agency (Annexure-2).
- Ask regarding following symptoms: Fever, cold, cough, throat pain, difficulty in breathing, generalised weakness, body pains, running nose, loose motion, loss of smell (anosmia), loss of taste (ageusia), reduced alertness, loss of appetite, delirium (mental confusion, disorientation), etc.
- The health staff shall assess the following parameters (medical triage) either telephonically or in person wherever feasible.
  - Thermal scanning for fever
  - Fingertip Pulse oximetry for SpO<sub>2</sub> and pulse rate
  - Glucometer for random blood sugar
  - Blood pressure recording using BP apparatus
- Enquire for co-morbidities like hypertension, diabetes, obesity, thyroid disease, cancer, kidney disease including persons on dialysis, heart disease, Cerebro-vascular disease including stroke, Tuberculosis, People living with HIV, immune-compromised, on steroids and immune-suppressants, etc.
- Link the person to tele-monitoring centre for daily follow-up
- For further daily follow-up of the person, tele-monitoring through government or private institution/agency shall be arranged as desired by the person.

**2. Eligibility for Home Isolation/Home care**

- The person shall be clinically assigned as asymptomatic/mild case through telephonic triage or by the health staff/medical officer/ physician
- Such cases should have the requisite facility at their residence for self-isolation and also for quarantining the family contacts
- A caregiver should be available to provide care on a 24 X 7 basis. A regular communication link between the caregiver and hospital is a pre-requisite for the entire duration of home isolation/ home care
- Mild fever < 38<sup>0</sup> C (< 100.4<sup>0</sup> F)
- Oxygen saturation should be ≥ 95%
- 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 be allowed home isolation/home care only after proper clinical evaluation by the treating medical officer/physician/ family doctor
- The person shall provide a signed undertaking for self-isolation/home care (Annexure-3) and follow guidelines of home isolation/home care
- The person shall agree to monitor his/her health (Annexure-4) and regularly inform their health status to the tele-monitoring team/ medical officer/physician/ family doctor and District Surveillance Officer (DSO) for further follow up by the surveillance teams.

- Home isolation/home care shall not be applicable for pregnant women 2 weeks before expected date of delivery (EDD)
- Home isolation/home care shall be allowed for lactating mothers after clinical evaluation by medical officer/ physician/ family doctor

### 3. Requisite facility at home for isolation/homecare

- Separate well ventilated room with a separate toilet for the person in isolation/home care
- **The person shall stay in the identified room and away from other persons in the home** (especially the elderly and those with comorbid conditions like hypertension, cardiovascular disease, renal disease, etc.)

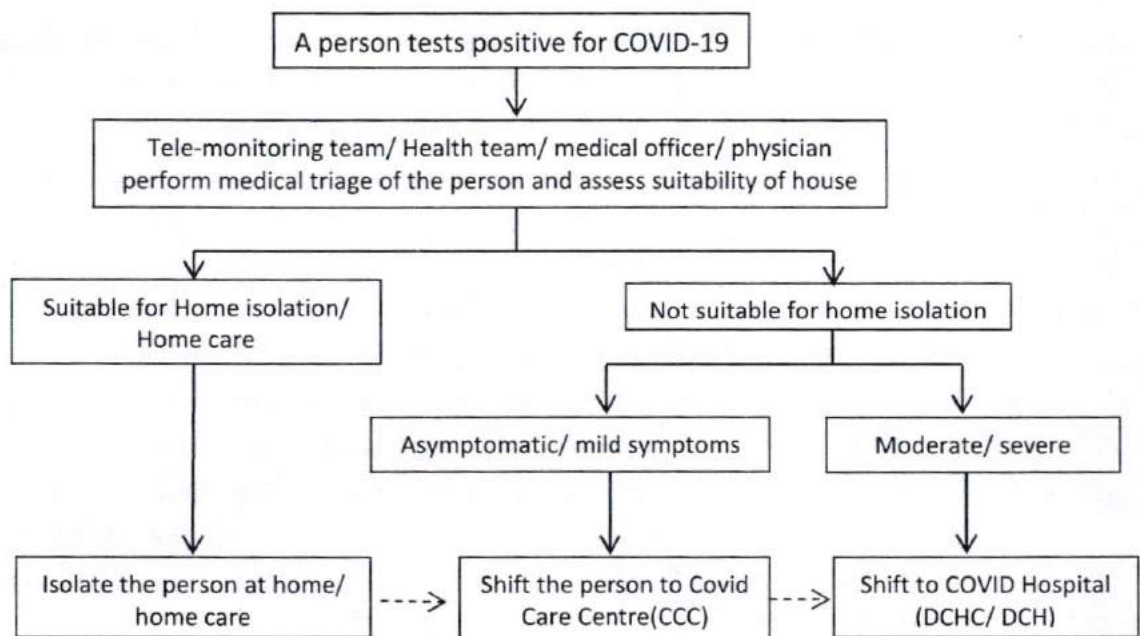
*If the person does not fit to the above criteria for home isolation/home care or the house is not suitable for home isolation/home care, then isolation at a facility (CCC/DCHC/DCH) is recommended*

**The following criteria shall be used for shifting the person to CCC, DCHC or DCH as applicable:**

Criteria	COVID care Centre* (CCC)	Dedicated COVID Health Centre (DCHC) (Beds with Oxygen facility)	Dedicated COVID Hospital (DCH) (ICU Beds Available)
Clinical condition	Asymptomatic or Mild	Moderate	Severe
Measure Oxygen Saturation with fingertip Pulse oximeter	SpO <sub>2</sub> more than 94%	SpO <sub>2</sub> between 90 to 94%	SpO <sub>2</sub> less than 90%
Pulse Rate	<100/ min	100-120/min	>120/ min
Systolic Blood Pressure	-	-	<100 mm Hg
Respiratory Rate	< 24/ min	24-30/min	>30/min
a. Co-morbid Conditions b. Pregnancy	Co-morbidities like hypertension, diabetes, thyroid disease, cancer, kidney, liver, heart diseases etc. under good clinical control as assessed by medical officer/ physician	- With co-morbid conditions not under good clinical control as assessed by medical officer/physician - Pregnant women- 2 weeks before expected date of delivery (EDD)	- With co-morbid conditions not under good clinical control as assessed by medical officer/physician)

**Note:** \* when the house is found not suitable for isolating the person at home; besides, shifting of the person may also be considered if the asymptomatic person opts for CCC

### Algorithm for deciding Home isolation/Home care



#### **4. When to seek further medical advice**

Further medical advice shall be immediately sought if the following symptoms and signs develop during the period of home isolation/ home care;

- Difficulty in breathing
- Oxygen saturation  $\leq 94\%$  using fingertip pulse oximeter
- Persistent fever of  $\geq 38^{\circ}\text{C}$  ( $100.4^{\circ}\text{F}$ ) for more than 24 hours
- Persistent pain/pressure in the chest
- Mental confusion or inability to arouse
- Slurred speech/seizures
- Weakness or numbness in any limb or face
- Developing bluish discolorations of lips/face
- Any other symptom the person considers serious
- Any other symptom as advised by treating medical officer/physician

#### **5. Instructions to health staff/tele-monitoring team/ medical officer/physician/ family doctor monitoring the person in home isolation/ home care**

- Health staff shall ensure strict enforcement of home isolation/home care
  - Home isolation/home care notice shall be pasted on the front door of the house
  - Inform at least two neighbours regarding isolation of person at home/ home care
  - Three member team in the ward/ village/ booth level/ resident welfare or apartment owners' association shall oversee compliance of the person to home isolation/home care
  - If the person is found violating the protocol of home isolation/home care, action will be taken under the Disaster management Act read with IPC and he/she shall be shifted to CCC.
  - Link the person to tele-monitoring centre for daily follow-up
- Tele-monitoring team shall monitor the clinical status or condition of the person on a daily basis.
  - The doctor shall tele-monitor the person on a regular basis from day 1 till last day
  - The doctor shall clinically assess and release the person from home isolation/ home care after satisfactory completion of the prescribed period
  - During the period of home isolation/ home care, if the person develops any warning symptoms, the doctor shall evaluate and if required shall advise shifting of the person to COVID hospital
- The caregiver and all close contacts of such cases shall take Hydroxychloroquine prophylaxis as per protocol and as prescribed by the treating medical officer/physician
- Telephonically or using tele-monitoring mode, check the person for development of new symptoms or fever or deterioration in oxygen saturation ( $\leq 94\%$ ) at least once daily
- Gloves, masks and other waste generated during home isolation/home care shall be discarded in a separate closed bin in the person's room before disposing of it as infectious waste. The disposal of infectious waste shall be the responsibility of the local civic authority/BBMP. Refer to sl. No. 10 vide below

- Inform the neighbours to be kind to the person in home isolation/home care and his/her family and not to stigmatise the person in isolation/family
- Concerned area medical officer (PHC/UPHC/CHC/GH) shall report details about patients under home isolation/home care to DSO on daily basis. The same shall be updated on GOI-COVID-19 portal and facility app by DSO every day

## 6. Instructions to the person in home isolation/ home care

- Strictly stay in the identified room
- Wear medical facemask/ N-95 facemask at all times. The mask shall be discarded after 8 hours of use or earlier if it becomes wet or visibly soiled
- If you are alone in the room you can rest without facemask, but as soon as anyone steps in the room you should wear the facemask
- Follow cough etiquette. Cover your mouth and nose with a tissue paper/ handkerchief during sneeze/cough. Used tissue papers shall be disposed in separate closed bins. If you don't have tissue paper/handkerchief cover mouth and nose by the elbow
- Always maintain a physical distance of 2 meters/ 6 feet from other people in the home
- Hands shall be washed often with soap and water for at least 40 seconds or use alcohol-based sanitizer
- Stay away from elderly persons at home and those with comorbid conditions like hypertension, cardiovascular disease, renal disease, etc. Wherever feasible, elderly persons and those with comorbidities at home shall be advised to stay separately (example: in another separate room or relative's place or elsewhere as convenient)
- Don't meet visitors till you are released from home isolation/ home care
- Take adequate rest and sleep well
- Do not share personal items like toothbrushes, eating utensils, dishes, drinks, bath/hand towels, wash cloths or bed linen, etc.
- Strictly follow medical officer/physician's instructions and medication advice (Annexure-5)
- Check and record your body temperature using digital thermometer (shall be  $\leq 100.4^{\circ}$  F) in armpit and oxygen saturation with a fingertip pulse oximeter (shall be  $\geq 95\%$ ) thrice daily
- Report promptly if you develop any worsening of symptoms, as mentioned above (Sl no. 4)
- Seek counselling services, when necessary
- Stay well hydrated. Drink boiled and cooled water, soup, home-made juice, etc.
- Eat a balanced and nutritious diet consisting of fruits, vegetables, legumes, proteins, nuts and whole grains. Eat fresh home-cooked food (Annexure-6)
- Consume moderate amounts of fats and oils. Avoid fried, junk and processed food
- Eat less salt and sugars – Avoid fizzy/sugary drinks
- Have separate utensils for yourself and eat food in your room
- Strictly avoid smoking, chewing tobacco and alcohol intake
- Seek counselling services, when necessary (NIMHANS counselling helpline: 080-46110007)

- Clean and disinfect frequently-touched surfaces in your room like phones, remote controls, counters, table-tops, doorknobs, keyboards, tablets, bedside tables, etc. with 7% Lysol or 1% sodium hypochlorite solution. These solutions are available in the market
- Clean and disinfect bathroom, fixtures and toilet surfaces at least once daily. Regular household soap or detergent shall be used first for cleaning, followed by 1% sodium hypochlorite solution
- Gloves, masks, disposed tissue and other waste generated during home isolation/home care shall be sprayed/ soaked in 1% sodium hypo-chlorite solution and disposed in a yellow bag in separate bin. Refer to Sl. No. 10 vide below
- Download Arogya Setu App, Quarantine watch App and Apathmitra App on your mobile (<https://covid19.karnataka.gov.in/new-page/software/en>) and apps shall remain active at all times (through Bluetooth and Wi-Fi)
- Answer promptly to tele-monitoring call
- Report to the medical officer/ physician/ health authorities about your health status every day
- Always keep handy phone numbers of medical officer, treating physician and ambulance
- Resume duty at your office only after release from home isolation and certification by the doctor (e-certification in case of tele-monitoring)

## 7. Instructions to caregivers

- The caregiver shall be an adult and in good health
- Wear medical facemask/ N-95 facemask appropriately when in the same room with the Covid positive person. The front portion of the mask should not be touched or handled during use.
- If the mask gets wet or dirty with secretions, it shall be changed immediately. Discard the mask after use and perform hand hygiene after disposal of the mask into separate closed bin.
- Avoid touching eyes, nose or mouth.
- Practise hand hygiene before and after preparing food, before eating, after using the toilet, and whenever hands look dirty. Wash your hands with soap and water at least for 40 seconds or use alcohol-based hand rub. After using soap and water, use of disposable paper towels to dry hands is desirable.
- Avoid direct contact with body fluids of the Covid positive person, particularly oral or respiratory secretions. Use disposable gloves while handling the person. Perform hand hygiene before and after removing gloves
- Avoid exposure to potentially contaminated items. E.g. avoid sharing food, utensils, dishes, drinks, used towels or bed linen
- As soon as you step out of the person's room immediately remove gloves and wash hands
- Food must be provided to the Covid positive person in his/her room
- Utensils and dishes used by the person shall be cleaned with soap/detergent and water wearing gloves
- Person's clothes, bed linen, and bath and hand towels shall be washed separately using regular laundry soap and warm water or machine wash at 60–90 °C (140–194 °F) with common household detergent, and sundried thoroughly

- Gloves and protective clothing (e.g. plastic aprons) shall be used when cleaning surfaces or handling clothing or linen soiled with body fluids. Single-use gloves shall be used and discarded after each use
- Make sure that the person follows the prescribed treatment
- Ensure counselling services to the person, whenever necessary
- Always keep handy phone numbers of medical officer, treating physician and ambulance-108
- Assess your health with daily temperature monitoring and report promptly if you develop any symptoms suggestive of COVID-19 like fever, cough, cold, sore throat, difficulty in breathing, etc.
- Take Hydroxy Chloroquine Sulphate tablets, vitamin-C, Zinc etc. as advised by your medical officer/ treating physician
- Request the relatives, friends, neighbours to help with daily supply of essential items. Please tell people to leave essential items at the door-step. Alternatively, one can order these items online and request home delivery

#### **8. Instructions to the family members of person in home isolation/home care**

- Do not panic. Do not stigmatise.
- Keep the person cheerful and boost their morale
- Ensure that the person is in strict home isolation/ home care
- Maintain a physical distance of at least 2 metres/ 6 feet from the person
- Strictly do not allow visitors till the person is released from home isolation/ home care
- From the first day of home-isolation/ home care till the person is released from isolation, ensure that no one in the household leaves the home
- All family members shall self-monitor their health, body temperature and report promptly if they develop any symptom suggestive of COVID-19 (fever, cough, cold, sore throat, difficulty in breathing, etc.)
- The family members shall take Hydroxy Chloroquine Sulphate tablets, Vitamin-C, Zinc, etc. as advised by the medical officer/ treating physician
- Always keep handy phone numbers of medical officer, treating physician and ambulance-108
- For any assistance, please call Apathmitra helpline – 14410
- Remember, the fight is against the disease and not the person

#### **9. Instructions to neighbours of persons who are under home isolation/ home care**

- Do not panic. Do not stigmatise.
- Support the person and his/her family by providing essential items like medicines, rations, vegetables, etc. until recovery or as required
- Keep a vigil on the person in home isolation/home care to ensure strict isolation.
- Maintain a physical distance of 2 metres/6 feet
- Remember, the fight is against the disease and not the person
- For any assistance, please call Apathmitra helpline – 14410

## 10. Waste Management

- Left-over food, empty juice bottles, disposable utensils, tetra packs, empty water bottles, packaging material, waste generated from kitchen, packaging material, waste papers, waste plastics, floor cleaning dust, any other items generated or used by family members and COVID-19 person at home isolation/ home care should be collected along with other general solid waste in bags securely tied for handing over to waste collectors engaged by local civic authorities/BBMP. Yellow coloured bag should not be used for general solid waste.
- The used facemasks, gloves, tissues, toiletries or swabs contaminated with blood / body fluids of COVID-19 patients, including used syringes, medicines, etc., if any generated should be treated as biomedical waste and collect the same in separate yellow bag. Alternatively, used masks, gloves, tissues, etc. shall be sprayed/soaked in 1% sodium hypochlorite and disposed in a separate closed bin with yellow bag
- Masks and gloves used by caregiver and other family members shall be kept in paper bag for a minimum of 72 hours prior to disposal of the same as general waste after cutting the same to prevent reuse
- Disposal of yellow bags:
  - Hand over the yellow bags containing biomedical waste to authorized waste collectors at door steps engaged by local civic authorities/BBMP; **or**
  - Deposit biomedical waste in yellow bags at designated deposition centres established by local civic authorities/BBMP; **or**
  - Handover the biomedical waste to waste collector engaged by CBWTF operator at the doorstep.
- Waste collectors arriving at home care may spray the disinfectant (1% sodium hypochlorite solution) on the solid waste bags and the bin used for yellow bags

## 11. When to release the person from home isolation/ home care

- Patient under home isolation will stand discharged (released from home isolation/ home care) after 10 days of symptom onset (or date of sampling, for asymptomatic cases) and no fever for 3 days. Thereafter, the patient shall be advised to isolate at home and self-monitor their health for further 7 days. There is no need for testing after the home isolation period is over
- They shall be released if the following criteria are met:
  - No symptoms
  - No fever (recorded body temperature  $\leq 37.5^{\circ}\text{C}$  or  $\leq 99.5^{\circ}\text{F}$ )
  - Maintains oxygen saturation above 95%
  - Respiratory rate less than 24 per minute
- There is **no need for any COVID-19 test (RT-PCR/CBNAAT/True-NAT/Rapid Antigen test)** after the period of home isolation/home care is over



- The person shall be allowed to resume duty only after satisfactory completion of home isolation/ home care
- A fitness certificate shall be issued by the concerned areamedical officer (PHC/UPHC/CHC/GH)/ treating physician/family doctor (Annexure-7). Alternatively, an e-certificate may be issued in the prescribed format by tele-monitoring team.
- If the person in home isolation/ home care is under consultation/daily monitoring by private hospital, the concerned private hospital shall report to district surveillance officer (DSO) regarding release of person from home isolation.
- Disinfection of the house: After completion of home isolation/home care period, disinfect all the commonly touched surfaces and objects inside the house preferably with 7% Lysolor 1% sodium hypochlorite solution. Spraying 1% sodium hypochlorite solution on the floors, walls above 6 feet, ceiling and open places will not provide any benefit. The floors shall be wet mopped with common household detergent.

*Jawaid Akhtar*  
(Jawaid Akhtar)

Additional Chief Secretary to Government  
Health & Family Welfare Department

To,

1. All Deputy Commissioners.
2. All CEOs of Zilla Panchayats.
3. All District Health Officers.

Copy for information:

1. Chief Secretary, Government of Karnataka
2. Commissioner, BBMP, Bengaluru.
3. Additional Chief Secretary to Govt., Health & Family Welfare Dept.
4. Principal Secretary to Govt., Horticulture Dept. & Special Officer, COVID Care Centre
5. Principal Secretary to Govt., Cooperation Dept. & Special Officer – Management, Designated COVID Health Centre
6. Commissioner, Health & Family Welfare Services
7. Mission Director, National Health Mission

**Annexure 1: Triage for COVID Positive Person at home/ health centre/ hospital**

1. Name of Person:		2. Age/Sex:	
3. SRF ID:		4. Case Number (District):	
5. Father's/ Spouse's Name:		6. Date of Triage:	
7. Mobile number of patient:			
8. Name and mobile number of caregiver:			
9. Date of swab collection for COVID testing:			
10.0	Separate well ventilated room with a separate toilet is available for the Covid positive person in 'home care' (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes [ ]	No [ ]
11.0	Is a caregiver (healthy adult) available at home on 24 x7 basis (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes [ ]	No [ ]
12.0	Is a caregiver agreeable to provide 'home care' (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes [ ]	No [ ]
13.0	Symptomatic (if no, person is considered asymptomatic)	Yes [ ]	No [ ]
	If Yes, Date of symptom onset		
13.1	Fever (use digital thermometer in armpit and record)		
13.2	Cough	Yes [ ]	No [ ]
13.3	Cold	Yes [ ]	No [ ]
13.4	Sore throat	Yes [ ]	No [ ]
13.5	Difficulty in breathing (if yes, shift patient to COVID hospital)	Yes [ ]	No [ ]
13.6	Persistent pain/pressure in the chest (if yes, shift patient to COVID hospital)	Yes [ ]	No [ ]
13.7	Mental confusion or inability to arouse (Enquire from caregiver: if yes, shift patient to COVID hospital)	Yes [ ]	No [ ]
13.8	Slurred speech/seizures (if yes, shift patient to COVID hospital)	Yes [ ]	No [ ]
13.9	Weakness or numbness in any limb or face (if yes, shift patient to COVID hospital)	Yes [ ]	No [ ]
13.10	Developing bluish discolorations of lips/face (if yes, shift patient to COVID hospital)	Yes [ ]	No [ ]
13.11	Any other symptoms, specify		
14.0	Check Pulse rate and Oxygen saturation using fingertip pulse oximeter (If pulse rate more than 100 or SpO2 less than 95, shift patient to COVID hospital)	Pulse Rate:	SpO2:
15.0	History of comorbidities		
15.1	Hypertension(Record using BP apparatus) (if systolic BP is less than 100 or more than 140, shift the patient to COVID hospital)		
15.2	Diabetes Mellitus (Record RBS using glucometer) (if RBS less than 80 or more than 140, shift the patient to COVID hospital)		

15.3	Thyroid Disease	Under control [ ] Not under control [ ] No [ ]
15.4	Heart disease	Yes [ ] No [ ]
15.5	chronic lung disease	Yes [ ] No [ ]
15.6	Liver disease	Yes [ ] No [ ]
15.7	kidney disease (including on dialysis)	Yes [ ] No [ ]
15.8	Cerebro-vascular disease (including stroke)	Yes [ ] No [ ]
15.9	Cancer	Yes [ ] No [ ]
15.10	Tuberculosis	Yes [ ] No [ ]
15.11	HIV	Yes [ ] No [ ]
15.12	On immunocompromised or steroid therapy	Yes [ ] No [ ]
15.13	Any others, specify	
16.0	If Pregnant woman- expected date of delivery (EDD) (if EDD within next 2 weeks, shift to hospital)	EDD:..... NA [ ]
17.0	Functional fingertip pulse oximeter is available with person at home	Available at home [ ] Shall be procured [ ] To be provided [ ]
18.0	A functional digital thermometer is available with the person	Available at home [ ] Shall be procured [ ] To be provided [ ]
19.0	The person is willing to provide/has provided a signed undertaking on self-isolation and agreed to follow guidelines of 'home care' (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes [ ] No [ ]
20.0	The person has agreed to monitor his/her health and regularly inform their health status to the physician and District Surveillance Officer (DSO) for further follow up by the surveillance teams (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes [ ] No [ ]
21.0	Person has been explained regarding total 17 days for 'home care' and protocol for release from 'home care'	Yes [ ] No [ ]
22.0	Person has consented for daily tele-monitoring follow-up by (if private, name, mobile number of doctor & hospital)	Government [ ] Private [ ]

**Based on assessment of Telephonic Triage, the patient is advised (tick)**

1. Home care [ ]
2. Shift to COVID care centre/hospital [ ] Give Reason.....
3. Could not be assessed [ ] Give Reason.....

The patient is advised to consult medical officer/ physician/ family doctor for investigations, treatment/drugs and diet (tick) [ ]

Remarks:

Certification of person performing telephonic triage:

Signature:

Name and Date:

Mobile Number:

## Annexure 2: Telephonic Triage for COVID Positive Person

1. Name of Patient:	2. Age/Sex:
3. SRF ID:	4. Case Number (District):
5. Father's/ Spouse's Name:	6. Date of Triage:

7.0	Date of swab collection for COVID testing	
8.0	Separate well ventilated room with a separate toilet is available for the Covid positive person in 'home care' (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes [ ] No [ ]
9.0	Is a caregiver (healthy adult) available at home on 24 x7 basis(if no, shift patient to Covid Care Centre/ COVID hospital)	Yes [ ] No [ ]
10.0	Is a caregiver agreeable to provide 'home care' (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes [ ] No [ ]
11.0	Symptomatic (if no, person is considered asymptomatic)	Yes [ ] No [ ]
	If Yes, Date of symptom onset	
11.1	Fever (if high fever, shift patient to hospital)	Low [ ] High [ ] No [ ]
11.2	Cough	Yes [ ] No [ ]
11.3	Cold	Yes [ ] No [ ]
11.4	Sore throat	Yes [ ] No [ ]
11.5	Difficulty in breathing (if yes, shift patient to COVID hospital)	Yes [ ] No [ ]
11.6	Persistent pain/pressure in the chest (if yes, shift patient to COVID hospital)	Yes [ ] No [ ]
11.7	Mental confusion or inability to arouse (Enquire from caregiver: if yes, shift patient to COVID hospital)	Yes [ ] No [ ]
11.8	Slurred speech/seizures (if yes, shift patient to COVID hospital)	Yes [ ] No [ ]
11.9	Weakness or numbness in any limb or face (if yes, shift patient to COVID hospital)	Yes [ ] No [ ]
11.10	Developing bluish discolorations of lips/face (if yes, shift patient to COVID hospital)	Yes [ ] No [ ]
11.11	Any other symptoms, specify	
12.0	History of comorbidities	
12.1	Hypertension (high blood pressure) (if not under control, shift patient to COVID hospital)	Under control [ ] Not under control [ ] No [ ]
12.2	Diabetes Mellitus (sugar problem) (if not under control, shift patient to COVID hospital)	Under control [ ] Not under control [ ] No [ ]

12.3	Thyroid Disease (if not under control, shift patient to COVID hospital)	Under control [ ] Not under control [ ] No [ ]
12.4	Heart disease	Yes [ ] No [ ]
12.5	chronic lung disease	Yes [ ] No [ ]
12.6	Liver disease	Yes [ ] No [ ]
12.7	kidney disease (including on dialysis)	Yes [ ] No [ ]
12.8	Cerebro-vascular disease (including stroke)	Yes [ ] No [ ]
12.9	Cancer	Yes [ ] No [ ]
12.10	Tuberculosis	Yes [ ] No [ ]
12.11	HIV	Yes [ ] No [ ]
12.12	On immunocompromised or steroid therapy	Yes [ ] No [ ]
12.13	Any others, specify	
13.0	If Pregnant woman- expected date of delivery (EDD) (if EDD within next 2 weeks, shift to hospital)	EDD:..... NA [ ]
14.0	Functional fingertip pulse oximeter is available with person at home	Available at home [ ] Shall be procured [ ] To be provided [ ]
15.0	A functional digital thermometer is available with the person	Available at home [ ] Shall be procured [ ] To be provided [ ]
16.0	The person is willing to provide/has provided a signed undertaking on self-isolation and agreed to follow guidelines of 'home care' (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes [ ] No [ ]
17.0	The person has agreed to monitor his/her health and regularly inform their health status to the physician and District Surveillance Officer (DSO) for further follow up by the surveillance teams (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes [ ] No [ ]
18.0	Person has been explained regarding total 17 days for 'home care'and protocol for release from 'home care'	Yes [ ] No [ ]
19.0	Person has consented for daily tele-monitoring follow-up by (if private, name, mobile number of doctor & hospital)	Government [ ] Private [ ]

**Based on assessment of Telephonic Triage, the patient is advised (tick)**

- Home care [ ]
- Shift to COVID care centre/hospital [ ] Give Reason.....
- Could not be assessed [ ] Give Reason.....

The patient is advised to consult medical officer/ physician/ family doctor for investigations, treatment/drugs and diet (tick) [ ]

Remarks:

Certification of person performing telephonic triage:

Signature:

Name and Date:

Mobile Number:

**Annexure 3: Undertaking on home-isolation/home care**

I ..... S/D/W of ....., resident of .....being diagnosed as a laboratory confirmed/positive COVID-19, do hereby voluntarily undertake to maintain strict home-isolation/home care at all times for the prescribed period. During this period, I shall monitor my health and of those around me. I shall co-operate with the medical officer/physician, surveillance team and with the call centre. In case I suffer from any deteriorating symptoms or develop new symptoms or any of my close family members develop any symptoms consistent with COVID-19, shall immediately inform the medical officer/ physician/ family doctor/ surveillance team or call 14410 Apathmitra helpline.

I have been explained in detail about the precautions that I need to follow while I am under home isolation/ home care.

I hereby declare that I have the following comorbid conditions (tick):

1. Hypertension[ ]	7. Cerebro-vascular diseases including stroke [ ]
2. Diabetes Mellitus[ ]	8. Tuberculosis[ ]
3. Thyroid disorder[ ]	9. Cancer [ ]
4. Obesity[ ]	10. HIV[ ]
5. Kidney diseases[ ]	11. Immuno-compromised conditions[ ]
6. Heart disease[ ]	12. On steroid therapy [ ]
13. Others (specify)	

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

Signature of the person in home isolation/ home care: .....  
 Name: .....  
 Age/sex: .....  
 Date: .....  
 Contact Number: .....  
 Personal ID number/document:.....

Signature of the witness (household member): .....  
 Name: .....  
 Age/sex: .....  
 Relationship to the person: .....  
 Date: .....  
 Contact Number: .....

Counter-signature by Medical Officer/Physician/ Family doctor/ Health staff:  
 Name:  
 Date:

**Annexure 4: Daily Self-Monitoring and Reporting**

Day	Date	Body temperature (Digital Thermometer)			Pulse rate (Fingertip Pulse oximeter)			Oxygen Saturation (Fingertip Pulse oximeter)			Remarks (if any)
		Morning 7 am	Afternoon 2 pm	Evening 9 pm	Morning 7 am	Afternoon 2 pm	Evening 9 pm	Morning 7 am	Afternoon 2 pm	Evening 9 pm	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											

**Annexure 5: Management Plan for Home isolation/Home care of COVID-19 person**

Recommended Investigations	Complete Blood Count
	Random Blood Sugar HbA1C (if known diabetic) Electrocardiogram (ECG)

**Note: Any other investigations as deemed necessary by the attending medical officer/physician**

Recommended Treatment Protocol	
Treatment	Precautions
1. Tab Hydroxychloroquine Sulphate (HCQS) – 400 mg BD for 1 Day followed by 200 mg 1-0-1 for 4 Days  2. Tab Zinc 50 mg 0-1-0 for 7 Days  3. Tab Vitamin C 500 mg 1-1-1 for 7 days	Vitals should be re-assessed regularly  Contraindications for HCQS: 1) QT interval > 500ms 2) Porphyria 3) Myasthenia Gravis 4) Retinal Pathology 5) Epilepsy  HCQS is not contraindicated in pregnancy

➤ **Additional Medications**

- a. All persons to continue the regular medications for the pre-existing comorbid illnesses like Hypertension, Diabetes Mellitus, Hypothyroidism, etc.
- b. Tab Pantoprazole 40 mg 1-0-0 (empty stomach), if required
- c. Antitussive cough syrups – For dry cough
- d. Tab Cetrizine 10 mg 0-0-1 – For running nose if required
- e. Tab Paracetamol 500 mg/ 650 mg SOS – For Fever

➤ **Tab Hydroxychloroquine Sulphate (HCQS) Prophylaxis for the Household Contacts/Caregiver of COVID19 Positive Person:**

- Tab HCQ 400mg 1-0-1 (BD) on First day followed by 400mg/week for next 3 weeks

**However, the treatment protocol as by advised by your medical officer/ physician shall be followed**



## Annexure 6: Nutrition guide

### Model Diet Plan

(Similar diet plan may be suggested as per staple diet suitable locally)

On Rising	Coffee/ Tea/ Milk						
Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Break-fast 7:00 AM	RavaIdli	Pongal	Set Dosa	Rice Idli	Bisibele Bath	Chow Chow Bath	Set Dosa
Mid-Morning 10:00 AM	Watermelon	Papaya	Muskmelon	Watermelon	Papaya	Muskmelon	Papaya
	RagiGanji	Palak Soup	RavaGanji	Carrot Soup	RagiGanji	Tomato Soup	RavaGanji
Lunch 1:00 PM	Pulka- 2 nos + Palya + Rice + Dal + Curd						
Evening 5:30 PM	Elaichi Banana + Marie Biscuits – 3 Nos/ Protein biscuits- 2 Nos/ Fresh Dates- 2 Nos + Mango bar (Vit-C rich)						
Dinner 7:00 PM	Pulka- 2 nos + Palya + Rice + Dal + Curd						
Bedtime 9:00 PM	Flavoured Milk						

### Do's and Don'ts

#### Do's

- Eat whole grains such as brown rice, whole wheat flour, oats, millets, etc.
- Include beans, lentils & pulses as these are good sources of protein
- Include fresh fruits & vegetables (Bright coloured fruits & vegetables like red capsicum, carrots, beetroot & greens etc.)
- Drink 8-10 Glasses of water and Hydrate yourself. Water helps to flush out toxins
- Citrus fruits like lemons & oranges are a good source of Vitamin C which is key in improving immunity levels & to fight off infections
- Include spices like ginger, garlic & turmeric which are natural immunity boosters
- Eat home-cooked food. Use low fat and less oil for cooking food
- Wash fruits & vegetables before use Include Low-fat milk & yogurt as they are good sources of protein & calcium

#### Don'ts

- Strictly avoid alcoholic drinks

**Annexure 7: Fitness certificate for release from home isolation/ home care**

(To whomsoever it may concern)

This is to certify that..... S/D/W of ....., residing  
at..... hassatisfactorily completed home isolation/home care for COVID-19.

He/ she is deemed fit to resume his/her duties.

Signature of Medical officer/ Physician/ Family doctor

Name:

Date:

Note: This may be issued as an e-certificate by tele-monitoring team

**REMEMBER THE FIGHT IS AGAINST THE DISEASE AND NOT THE PERSON**  
**STAY HOME- BE SAFE**

**For COVID related queries please contact:**

**Helpline numbers:** 9745697456 & 104

**NIMHANS counselling helpline:** 080-46110007

**Ambulance:** 108; **Bed Allocation in BBMP:** 1912

**Apthamitra helpline:** 14410

GoK Website on COVID-19: <https://covid19.karnataka.gov.in/>

For Home isolation/Home care video of Government of Karnataka:

<https://covid19.karnataka.gov.in/storage/gallery/Video%20Gallery/Home-Isolation-English.mp4>

For COVID related videos please visit Jagruti Karnataka [https://www.youtube.com/channel/UC-jJ\\_NNwB9m8\\_OocGo1Zfcg](https://www.youtube.com/channel/UC-jJ_NNwB9m8_OocGo1Zfcg)

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