

**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 immune compromised 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)**

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 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 14410Apthamitra 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: Hand-out for persons in home isolation/ home care**



### **GOVERNMENT OF KARNATAKA**

## **COVID-19 (NOVEL CORONA VIRUS): GUIDELINES FOR HOME ISOLATION/ HOME CARE**



### **I. For COVID positive person in home isolation**

- 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 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.
- Don't meet visitors till you are released from home isolation
- Take adequate rest and sleep
- Do not share personal items like toothbrushes, eating utensils, dishes, drinks, bath/hand towels, wash cloths or bed linen
- Strictly follow physician's instructions and medication advice
- Check and record your temperature using digital thermometer (shall be  $\leq 100.4^{\circ}\text{F}$ ) in armpit and oxygen saturation with a fingertip pulse oximeter (shall be  $\geq 95\%$ ) thrice daily
- Stay well hydrated. Drink boiled and cooled water, soup, home-made juice, etc.
- Eat a balanced and nutritious diet consisting of fruit, vegetables, legumes, proteins, nuts and whole grains. Eat home-cooked food
- 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
- 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

- Gloves, masks, disposed tissue and other waste generated during home isolation shall be soaked in 1% sodium hypo-chlorite solution for 30 minutes and placed in a separate waste bag and disposed
- 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
- Download ArogyaSetu App, Quarantine watch App and Apathamitra App on your mobile (<https://covid19.karnataka.gov.in/new-page/software/en>) and shall remain active at all times (through Bluetooth and Wi-Fi)
- Answer promptly to tele-monitoring call
- Report to the 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 treating physician

## **II. Seek medical advice immediately if you have:**

- 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
- As advised by treating physician
- Any other symptom

## **III. For caregiver**

- 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.
- Practice 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
- 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
- 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 tablet under medical supervision
- From the first day of home-isolation till the person is released from home isolation, ensure that no one in the household leaves the home.
- 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

#### **IV. For the family members**

- Do not panic. Do not stigmatise.
- Keep the person cheerful and boost their morale
- Ensure that the person is in strict home isolation
- 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

#### **V. Release from home isolation**

- 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

***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

***Apthamitra helpline:*** 14410

<https://covid19.karnataka.gov.in/>

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

[jJ\\_NNwB9m8\\_OocGo1Zfcg](https://www.youtube.com/channel/UC-jJ_NNwB9m8_OocGo1Zfcg)

### Annexure 5: 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											
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14											
15											
16											
17											

**Annexure 6: 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..... has  
satisfactorily 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

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