

**GOVERNMENT OF NAGALAND
HOME DEPARTMENT
NAGALAND STATE DISASTER MANAGEMENT AUTHORITY
NAGALAND::KOHIMA**

NO.NSDMA-ER-COVID-19/301/2020 (Pt. II)

Dated Kohima, the 5th August, 2020

NOTIFICATION

Subject: Standard Operating Procedure (SOP) for Home Isolation of Asymptomatic COVID-19 Cases

A. Rationale:

- Majority of the COVID-19 positive cases are asymptomatic which does not require hospitalized care.
- District Hospitals which are designated as COVID hospitals need to be decongested to provide care to more serious cases and resumption of essential health services.
- The home provides a conducive environment for better psychosocial support and mental wellbeing.
- There is a robust social structure and network in each locality/village which can be leveraged for monitoring and surveillance.

B. Eligibility:

- The patient should be clinically assigned as an asymptomatic case by the treating medical officer.
- The patients with very mild symptoms who do not have any other co-morbid conditions also may be considered for home isolation by the medical officer.
- Immuno compromised patients (HIV, Transplant recipients, Cancer therapy etc) are not eligible.
- Elderly patients and people with Hypertension, Diabetes, Heart disease, Chronic lung/liver/kidney disease etc shall only be allowed after proper evaluation by the treating medical officer.
- There should be appropriate facility & logistics for home isolation as defined below.

C. Required Facility & Logistics:

- It is mandatory that there should be a single bedroom with proper ventilation.
- A separate or attached bathroom is desirable. However, sharing of bathroom will be allowed subject to strict adherence to the infection control measures mentioned below.
- Appropriate disinfectants (e.g. hand sanitizers, sodium hypochlorite, phenyl, phenolic disinfectant like dettol, detergent/soap) should be available.
- Sufficient quantities of masks and gloves should be available.
- Fingertip pulse oximeter and thermometer may preferably be kept ready.
- If more than one member in a family are tested positive and are eligible for home isolation, room sharing may be allowed.



D. Procedure of approval for home isolation:

- After being tested positive, the patient may apply for home isolation to the district surveillance officer with a copy to the Village Council/ Town Council/ Municipal Council requesting for inspection of the isolation room/facility.
- A medical doctor will examine and certify that the patient is asymptomatic and/or fit to be kept in home isolation. Appropriate medical advice, including medications if any, and instruction on how to use fingertip pulse oximeter and thermometer will be given.
- The medical team will inspect the house and certify that the required facility as specified is available. The medical team may associate the Village Council/ Town Council/ Municipal Council while carrying out the inspection.
- The inspection team should wear mask and avoid any physical contact during the visit. A checklist as enclosed will be used by the inspection team.
- On receiving the approval from medical team, the patient may proceed to home isolation.

E. Surveillance:

- **Digital surveillance:** It is mandatory for the patient in home isolation to download the **nCOVID Nagaland App** and select '*Mark Yourself in Quarantine*'. Self monitoring of symptoms and entering into the App twice daily will be done until discharge from home isolation. For any assistance on the App or on development of any symptom, the patient should call the Toll Free State Helpline 1800 345 0019. Aarogya Setu App should also be downloaded and kept activated at all times.
- **Community Surveillance:** The Village Council/ Town Council/ Municipal Council will immediately report any violation of home isolation to the District Task Force. On receiving such report, the medical surveillance team and District Task Force will be alerted for appropriate contact tracing, isolation/quarantine, testing, and containment measures.
- **Medical surveillance:** Each patient in home isolation will be linked to a designated COVID Hospital. Ambulance service and relevant mobile numbers should be made available to the patient at the start of home isolation. Telephonic monitoring of symptoms by the medical team will continue in addition to the digital surveillance.

F. Penalty:

- The violator(s) of this SOP will be penalized as per the relevant section of the Disaster Management Act 2005, and the Nagaland Epidemic Disease (COVID-19) Regulations 2020.

G. Safety precautions:

- The patient should not move out of the isolation room during the entire duration of isolation except in circumstances where the bathroom is located away from the room.
- The dedicated caregiver should be a young and healthy person without any other chronic diseases. The care giver will avoid physical contact and maintain physical distancing when providing care. The patient and the caregiver will wear mask, maintain social distancing, and wash hands frequently.



- Food may be served in disposable containers preferably made of biodegradable material. All essential items should be delivered at the door without entering the room.
- Only on medical recommendation, Hydroxychloroquine prophylaxis will be taken by the care giver and close contacts.
- If bathroom is shared, it should be disinfected after each use with appropriate disinfectant: sodium hypochlorite, phenyl, detergent / soap.
- Elderly, pregnant women, or family members with other co-morbid conditions should stay away from the isolation room and not share the bathroom.
- Frequently touched surfaces will be disinfected regularly with 1% sodium hypochlorite solution or other available disinfectants.
- Clothes and linen used by the person should be washed separately using common household detergent and dried.
- Used masks can be disinfected using ordinary bleach solution (5%) or sodium hypochlorite solution (1%) or appropriate concentration of household disinfectant (e.g. dettol, detergent) and then disposed off either by burning or deep burial.
- The cleaning works such as washing of utensils, used linen / clothes, disinfection of frequently touched surfaces etc should be done by the patient in isolation to avoid contact with caregivers.

H. Duration of Home isolation:

- The total duration of home isolation will be for 14 days, if there is no symptom throughout the period; which will be followed by 14 days home quarantine.
- If symptoms develop during the isolation period, patient will be shifted to COVID Hospital. But if the symptom is very mild and medical officer advises continued home isolation, the patient will continue isolation for 10 more days from the onset of symptom and the patient should not have had fever at least for the last 3 days. This will be followed by 14 days home quarantine.
- After home isolation, testing is not recommended by GOI. But the State testing policy for discharge of confirmed cases will be followed, as revised from time to time.

I. The provisions of this SOP will come into force with immediate effect.

Sd/-

TEMJEN TOY, IAS
Chief Secretary, Nagaland

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Dated Kohima, the 5th August, 2020

Copy to:

1. The Commissioner & Secretary to Governor, Nagaland for kind information.
2. The Additional Chief Secretary to Chief Minister, Nagaland for kind information.
3. The Sr. PS to Deputy Chief Minister, Nagaland for kind information.
4. The Sr. PS to Speaker, Nagaland for kind information



5. The Sr. PS to all Ministers/Advisors, Nagaland for kind information.
6. The ACS & PRC, Nagaland House, New Delhi for information.
7. The ACS & Commissioner, Nagaland for kind information
8. The Director General of Police, Nagaland for kind information.
9. The JD SIB, Kohima for kind information
10. The Principal Accountant General, Nagaland for kind information
11. The Principal Secretary, Urban Development & Municipal Affairs, Nagaland for kind information and necessary action
12. The Commissioner & Secretary, Health & Family Welfare Department, Nagaland for information and necessary action
13. All AHoDs/HoDs for information.
14. The Staff Officer, 3 Corps/IGAR (N) for information.
15. The Station Commander, Military Station, Jakhama/ Chief Engineer, Project Sewak, Dimapur/ DIG, CRPF, Kohima for information.
16. The Principal Director , Health and Family Welfare Department, Nagaland for information and necessary action
17. The Director, Municipal Affairs, Nagaland for wide dissemination to all the ULBs
18. The Comdt. 93 Bn. BSF, Chedema/ Comdt. 111 Bn. BSF, Sataka for information
19. The DRC,ARC Nagaland House,, Kolkata, Guwahati, Shillong.
20. The Station Director, AIR and Doordarshan, Kohima for information.
21. The Director, IPR, Nagaland for wide publicity.
22. All DCs & Chairman District Task Force, Nagaland for information and necessary action and for wide dissemination to all the Village Councils.
23. The CP Dimapur and all SPs, Nagaland for information and necessary action.
24. All Chief Medical Officers, Nagaland for information and necessary action.


05/08/2020
(ABHIJIT SINHA) IAS
Principal Secretary, Home

FORMAT FOR USE BY INSPECTION TEAM

1. Checklist for inspection of facility for home isolation

Sl. No.	Requirement	Finding/Remark
1	Single room with good ventilation (mandatory)	
2	Bathroom (preferably single, or shared)	
3	Disinfectants (Sodium Hypochlorite or phenyl or phenolic disinfectant like Dettol, detergent, soap, hand sanitizer) (at least some of these items in sufficient quantity)	
4	Masks (mandatory)	
5	Gloves (desirable)	
6	Fingertip pulse oximeter (desirable)	
7	Thermometer (desirable)	

2. Undertaking by the patient:

I _____ S/W of _____, resident of _____ being diagnosed as a confirmed 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 State Helpline (1800 345 0019), in case I suffer from any 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. I am liable to be acted on under the prescribed law for any non-adherence to self-isolation protocol.

Signature _____

Date _____

Contact Number _____

3. Recommendation:

Name, Signature, and Contact Number
of the Inspection Team leader

Copy to:

1. District Surveillance Officer
2. Chairman, Village Council/ Administrator, Town Council/ Administrator, Municipal Council
3. The patient concerned

