

**GOVERNMENT OF NAGALAND  
DIRECTORATE OF HEALTH AND FAMILY WELFARE  
NAGALAND : KOHIMA**

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NO. DHFW/COVID-19/2019-20/ 5358 - 64

Dated Kohima, the 5<sup>th</sup> August, 2020

To,

1. The Deputy Commissioner and Chairman of District Task Force of all districts
2. The Chief Medical Officer of all districts
3. The Medical Superintendent of all COVID Hospitals / District Hospitals

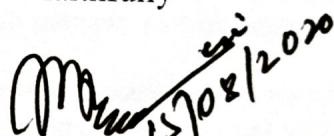
**Subject: Step-by-step guidance for home isolation of asymptomatic/mild COVID-19 positive patients**

Sir/Madam,

In continuation of the Standard Operating Procedure for Home Isolation of Asymptomatic COVID-19 Cases which was issued by the Home Department vide No. NSDMA-ER-COVID-19/301/2020 (Pt. II), dated Kohima, the 5<sup>th</sup> August, 2020; please find enclosed the 'Step-by-step Guidance for home isolation of asymptomatic/mild COVID-19 positive patients'.

This is for your information and implementation.

Yours faithfully

  
(DR. VIZOLIE Z. SUOKHRIE)

Principal Director  
Directorate of Health and Family Welfare  
Nagaland : Kohima

NO. DHFW/COVID-19/2019-20/ 5358 - 64

Dated Kohima, the 5<sup>th</sup> August, 2020

Copy to:

1. The Deputy Secretary to the Chief Secretary, Government of Nagaland for information
2. The Principal Secretary to the Government of Nagaland, Home Department for information
3. The Commissioner and Secretary to the Government, Health and Family Welfare Department for information
4. The Director, IPR for publicity
5. Guard File / Office copy

  
(DR. VIZOLIE Z. SUOKHRIE)

Principal Director



## Step-by-step Guidance for home isolation of asymptomatic/mild COVID-19 positive patients

More than 80% of COVID-19 positive patients either have no symptoms at all or show mild symptoms like mild fever or cough. Such patients do not need to get admitted into hospital as they can stay home and look after themselves. Application process for Home Isolation, Preventive and safety measures during home isolation and other precautionary measures are explained in this guideline.

### Home Quarantine:

Quarantine means to keep someone who might have been exposed to COVID-19 away from others. It helps to prevent the spread of disease. When such people are kept at home we call it Home Quarantine.

### Home Isolation:

Isolation means to separate people with COVID-19 without symptom or with mild symptoms, from people who are not infected. When such people are kept at home, it is call Home Isolation.

### How to apply for home isolation:

1. Person interested for home isolation may apply either during the visit to the health facility for sample collection should he/she be tested positive, or on receipt of COVID-19 positive report.
2. Person interested for home isolation shall submit the duly filled in **Undertaking & Self Declaration** (ANNEXURE: 1) to the District Task Force through WhatsApp or Email (ANNEXURE: 3).

NB:

- a. The details of WhatsApp or Email will be provided by the respective District Task Force.
- b. The hardcopy of Self Declaration Report will be retained by the applicant.

3. Precautionary measures to follow:

If request for Home Isolation is applied after receipt of COVID-19 positive report and the approval is awaited:

- a. He/she shall isolate himself/herself at home in a separate room in the case of contact traced, or in case of others in facility setting eg: quarantine centre etc, such patients will be isolated to COVID Care Centre.
- b. He/she as well as his/her household member(s) shall mandatorily observe all preventive measures including wearing of face mask, physical distancing, washing hands etc as per SoP.

### Approval for Home Isolation:

1. The District Task Force, if satisfied that the applicant fulfill conditions specified under the SOP, the approval for Home Isolation shall be granted subject to adherence of conditions indicated in the SOP.
2. The status of the approval or rejection will be communicated to the applicant by WhatsApp or Email and the same will be intimated to Local Health Team and Directorate through WhatsApp or Email.

### Clinical Eligibility Criteria for Home Isolation:

1. The clinical criteria will be assessed in the following parameters:

a. COVID-19 Test	COVID-19 positive by any of the confirmatory tests
b. Clinical Presentation	Asymptomatic, or
	Pre-symptomatic/ Very mild/ Mild: Cases presenting with fever and/or upper respiratory tract illness (Influenza Like Illness, ILI).
c. Co-morbidities	i. Patients suffering from immune compromised status (HIV, Transplant recipients, Cancer therapy etc) are not eligible for home isolation.
	ii. Co-morbid conditions such as Hypertension, Diabetes, Heart disease, Chronic lung/liver/ kidney disease, Cerebro-vascular disease etc which are under control through supervision by the treating doctor, shall be allowed home isolation.



	iii. Children below 10 years of age and dependant differently abled persons may be allowed home isolation.
d. Mental Health	Psychologically fit
e. Measure Oxygen Saturation with Fingertip Pulse Oximeter	SpO <sub>2</sub> should not be less than 95%
f. Pulse Rate	<100/ Min
g. Respiratory Rate	<24/ Min

### Non-Medical Eligibility Criteria for Home Isolation

The following non-medical criteria will be assessed:

1. Home isolation will be with the knowledge of the family members, and after having informed the Local Authority of the concerned ward/colony/village.
2. A single room with proper ventilation with either a separate or attached bathroom/ common bathroom for the family is available.
3. A dedicated caregiver, who is young and healthy is available to provide care 24×7.
4. Facility for communication- Smartphone with internet connection is available (belonging to the patient or caregiver)
5. The person shall enter into an undertaking on home isolation and follow the guidelines of home isolation.
6. The person shall agree to monitor own health and regularly inform their health status to the physician and to the designated doctor of the linked COVID Hospital.

### Instructions for District Health Authority

1. To constitute a team each at the CMO Office and COVID Hospital for overseeing the implementation of the SOP and monitoring of persons in home isolation.
2. To liaise with the District Task Force for additional human resource from other departments and engagement of village/town/municipal councils and community members.
3. To provide orientation to the local health teams on this Step by Step guidance document on home isolation.
4. To submit the details of the persons in Home Isolation daily to the State Surveillance Unit ([nlssu.idsp@nic.in](mailto:nlssu.idsp@nic.in)) and State Digital Surveillance Team ([nagalandcovid19cmt@gmail.com](mailto:nagalandcovid19cmt@gmail.com)) for reporting and surveillance: Name, Age, Sex, Address, Contact Number, Start date of Home Isolation.

### Instructions for Local Health Team

5. **Train** the Patient and Care Giver:
  - i. How to measure pulse rate, respiratory rate, temperature and also on the use of pulse oximeter, etc if available.
  - ii. How to use personal protective equipment (facemasks, gloves) etc.
  - iii. Safe Disposal of Waste.
  - iv. When to seek further medical advice.
  - v. Medications to be given.
  - vi. Respiratory exercise.
6. Orientation of the patients and the family members on the protocol of home isolation including Instructions to caregiver and family members of the person in home isolation
7. To link each patient on Home Isolation to the nearest COVID Hospital in case of medical emergencies- development of new symptoms or deterioration of health condition.
8. Linked COVID Hospital will also be responsible for monitoring (telephonically) of each patient on Home Isolation and shall periodically update to the District Health Authority.
9. Assist in on-boarding to **Arogya Setu App** and **Nagaland nCOVID Visitors App**
10. Pasting of Home isolation notice on the front door of the house.
11. Informing at least two neighbours regarding home isolation of the person and to observe preventive measures as well as sharing IEC materials on Do's and Dont's.
12. Conduct follow up Home Visits.



## Instructions for Patients in Home Isolation

1. The patient shall strictly follow the treatment protocol advised by Local Health Team.
2. The patient must stay in the designated room only and must not leave the room. This room must not be shared with other COVID-19 negative persons.
3. Self Health Checkups/ Self Monitoring:
  - a. The patients will do self health checkups/ self-monitor or take help of the caregiver to monitor every morning and every night or anytime you feel abnormal the following parameters:
    - i. Temperature by using thermometer
    - ii. Measure pulse rate, and
    - iii. Measure respiratory rateNB: These parameters can be done manually or with a fingertip pulse oximeter and digital thermometer
  - b. Maintain a Daily health check-up Chart (ANNEXURE: 2)
  - c. Update the findings in Nagaland nCOVID App.
  - d. Health check-ups with a fingertip pulse oximeter and digital thermometer every morning and every night or anytime you feel abnormal. In case of dependent patients, caregivers will monitor health check-ups.
  - e. The patient shall regularly inform his health status to the District Surveillance Officer.
4. The patient shall report promptly & seek further medical advice if he/she develops any new symptoms or deterioration of symptoms/health condition such as:
  - a. Difficulty in breathing
  - b. Dip in oxygen saturation (SpO<sub>2</sub> < 95%)
  - c. Persistent fever of >38° C (100.4° F) for more than 24 hours
  - d. Persistent pain/pressure in the chest
  - e. Mental confusion or inability to arouse
  - f. Slurred speech/seizures
  - g. Weakness or numbness in any limb or face
  - h. Developing bluish discolorations of lips/face
5. Perform respiratory exercise twice daily.
6. The patients must wear a triple layer medical mask and to safely dispose used mask as instructed.
7. The patients must maintain cough etiquette as instructed.
8. The patients must maintain hand hygiene as instructed
9. The patients must keep all personal items like utensils, towels, etc separately. Do not share these items with other family members.
10. The patient shall take proper rest and consume healthy and nutritious diet and to drink a lot of fluids to maintain adequate hydration. Drink at least two litres of water per day.
11. The patient should strictly avoid smoking, chewing tobacco and alcohol intake.
12. The patient must stay away from elderly, pregnant women, children and persons with other chronic diseases within the household.
13. In case of retesting or for further medical examination, the conveyance will be self arranged. The vehicle should be sanitized with using 1% Sodium Hypochlorite solution after use.
14. The patient is encouraged to avail the Tele-Consultation and Tele-Counselling Services by dialing the toll free State Health Helpline- 1800 345 0019.

## Instructions for care-givers:

1. The caregiver should be conversant to undertake the health check-ups of the patients.
2. The care giver will make sure that the patient follows the prescribed treatment.
3. The care giver and all close contact will self-monitor their health with daily temperature monitoring and report promptly if they develop any symptom suggestive of COVID-19 (fever/cough/difficulty in breathing) to the linked COVID Hospital.
4. The caregiver shall ensure tele-consultation and counselling services to the patient, whenever necessary.
5. The caregiver should wear a triple layer medical mask and disposable gloves when providing care or while handling the patient or cleaning or handling surfaces, clothing or linen used by the patient..
6. All essential items should be delivered at door without entering the room unless in unavoidable circumstances or in case of dependant patients.





7. Avoid direct contact with body fluids of the patient, particularly oral or respiratory secretions.
8. Avoid exposure to potentially contaminated items in his immediate environment (e.g. avoid sharing cigarettes, eating utensils, dishes, drinks, used towels or bed linen).
9. The caregiver must not leave the house under any circumstances.

#### **Instructions on Use of Face Mask:**

1. A triple layer mask must be used by the patient, care giver and household members.
2. The mask should cover nose and mouth.
3. Front portion of the mask should not be touched at any time.
4. The mask should not be worn for more than eight hours or earlier if it becomes wet or visibly soiled.
5. Always wash hands after handling or disposal of the used mask.
6. Don't reuse disposable masks

#### **Instructions on Hand Hygiene:**

1. Wear hand gloves while handling patient's personal items or coming in contact with patient or his immediate environment.
2. Wash hands as frequently as possible as well as before and after preparing food, before eating, after using the toilet, before and after removing gloves, while handling face mask or whenever hands look dirty.
3. Wash hands with soap and water for at least 20 seconds or if water & soap is not available, clean hands with an alcohol-based hand sanitizer.
4. Always air-dry by raising the hands. Do not wipe with cloth. If unavoidable, use disposable paper towels to dry hands.
5. Avoid touching own face, nose or mouth.

#### **Instructions for Respiratory etiquette**

1. Never cough into your hands or open air. It spreads the virus through droplets and infects others.
2. Cover your mouth and nose with a tissue paper or handkerchief when your cough or sneeze. Resort to coughing into your elbow if a tissue is not available.
3. Always turn your face away from people around you when coughing or sneezing.
4. Put the tissue paper in a waste basket with a lid after use and wash hands with soap & water or clean them with an alcohol based hand sanitizer.

#### **Instructions for Safe Disposal of Waste and Environmental sanitation**

1. All used masks and gloves should be soaked/dipped in household bleach solution for 10 minutes and after washing with soap and water to dispose it either by burning or deep burial.
2. All clothes and linens used by the patient before washing should be soaked/dipped in common household detergent and wear hand gloves while washing.
3. All utensils and dishes or articles used by the patient should be washed separately using common household detergent and dry. Wear hand gloves while washing.
4. Clean surfaces in the room which are touched often (like chairs, tabletops, door knobs, handles, taps, sinks etc) with 1% Sodium Hypochlorite solution or household bleach (prepared as per manufacturer's instructions) or detergent. Where bleach cannot be applied, at least 70% alcohol based sanitizer can be used to disinfect surfaces. Wear hand gloves while cleaning.
5. After using the toilet, clean all the surfaces that you have touched and wash your hands with soap and water.
6. Clean and disinfect bathroom and toilet surfaces at least once daily with regular household bleach solution/phenolic disinfectants.
7. Dusting of clothes should be avoided.





### Instructions to family members of the person in home isolation

1. Do not panic. Do not stigmatise. Remember, the fight is against the disease and not the person
2. Keep the patient cheerful and boost his/her morale.
3. No visitors are allowed till the completion of Home Isolation and Home Quarantine.
4. If anybody in the household is elderly or is pregnant or has any medical condition like cancer, severe asthma, respiratory disorders, diabetes, high blood pressure, cardiovascular disease, renal disease etc may shift them to another house till the patient recovers.
5. All family members of diagnosed/suspected COVID-19 patients in the house should take Hydroxychloroquine only as per the doctor's prescription.
6. For any assistance, call toll free State Health Helpline 1800 345 0019

### Instructions to neighbours of the person in home isolation

1. If there are any COVID-19 patients in your building/ neighbourhood is under Home Isolation, do not panic. Follow basic self hygiene measures and precautions to keep yourselves safe.
2. Keep your surroundings clean.
3. Ensure that the common spaces of your apartment building/flat such as lifts or stairs are cleaned twice a day with 1% sodium hypochlorite solution.
4. Remember, the fight is against the disease, not the sick. Do not cause any kind of trouble for the patient or their family members.
5. Keep a vigil on the person to ensure strict home isolation. If any person, stamped for isolation, is seen stepping out, call 1800 345 0019 or district helpline immediately.
6. Wash your hands with soap and water for 40 to 60 seconds every time you come from outside.
7. Please take care of COVID-19 Patient. Do not hurt him/her because he/she is COVID positive. Your support can prevent further infection.
8. Help the patient until they get cured. If they need any essential items like medicine, ration, vegetables, etc., help them by leaving them outside the door of their house. Avoid exchange of currency until the patient has recovered.
9. For any assistance, call toll free State Health Helpline 1800 345 0019

### When to release the patient from home isolation:

1. Patient under home isolation will be released as per the Discharge Policy of the State Government.
2. A Release Certificate shall be issued by the concerned Local Health Authority/ Medical Officer/ treating doctor (Annexure-4).
3. Disinfection of the house:
  - a. After completion of home isolation, disinfect all commonly-touched surfaces and objects inside the house with 7% Lysol or 1% sodium hypochlorite solution.
  - b. Wear mask and hand gloves while disinfection.

NB:

- i. For any grievance, call State Health Helpline (toll free) 1800 345 0019 or Email to [pddhfw@gmail.com](mailto:pddhfw@gmail.com).
- ii. To download the Undertaking & Self Declaration By Person(S) Applying For Home Isolation (Annexure: 1), SOPs and important communications & information, visit Department of Health & Family Welfare website at: [nagahealth.nagaland.gov.in](http://nagahealth.nagaland.gov.in)



**UNDERTAKING & SELF DECLARATION BY PERSON(S) APPLYING FOR HOME ISOLATION  
(As Per The SOP Issued By The State Government From Time To Time)**

I, shri/ smti:..... Son/ Daughter/ Wife of  
....., House No: ....., Ward/ Colony/ Village .....  
..... District ..... in sound mind and to the best of my  
knowledge, do hereby declare the under mentioned requisite information for consideration of Home Isolation:

1. My application for Home Isolation is with the full knowledge of my family members and have informed my Local Authority of the concerned ward/colony/village.
2. That the following facilities are available in my home:
  - a. A single room with proper ventilation with the following is available (fill in the blank below with either **a separate bathroom or an attached bathroom or a common bathroom for my family** whichever is available at your home) .....
  - b. A dedicated young and healthy caregiver available to provide care 24x7.
  - c. Facility for communication- Smartphone (patient's or caregiver's) with internet connection is available
  - d. Sufficient quantities of masks and hand gloves are available.
  - e. Appropriate disinfectants in sufficient quantities are available.
  - f. Fingertip pulse oximeter and thermometer may be made available.
3. That, I **do not** have any medical history of immune compromised status (HIV, Transplant recipients, Cancer therapy etc), Hypertension, Diabetes, Heart disease, Chronic lung/liver/ kidney disease, Cerebro-vascular disease etc.

OR

I have co-morbid conditions such as Hypertension, Diabetes, Heart disease, Chronic lung/liver/ kidney disease, Cerebro-vascular disease etc which are under control through supervision by treating doctor.

4. That, I do hereby voluntarily undertake to maintain strict self-isolation and follow the guidelines of home isolation at all times throughout the prescribed period.
5. That, I shall monitor my own health and regularly inform the health status to the District Surveillance Officer (DSO) for further follow up by the surveillance teams.
6. That, I shall contact the District Task Force and or call the toll free State Health Helpline 1800 345 0019, in case I suffer from any deteriorating symptoms or any of my close family contacts develops any symptoms consistent with COVID-19.
7. If any complication arises out of my disclosure, I shall be solely held responsible.
8. For any act of commission or omission or breach of the Guidelines on Home Isolation, I shall be liable for punishment as per the provision of the Nagaland Epidemic Disease (COVID-19) Regulations, 2020 under the Epidemic Disease Act 1897.
9. That in the event of non compliance of the mandatory requirement of the guideline as stipulated as per the SOP formulated by the Government, I will not be eligible for the home isolation.

NB: Duly filled in Application to be submitted to the District Task Force by WhatsApp or by Email (Annexure: 3).

Signature \_\_\_\_\_ Date \_\_\_\_\_ Contact Number \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

APPLICATION	APPROVED
	REJECTED

Signature & Seal Impression of the Approving Authority





**Annexure: 2 Daily Health Check-Up Chart**

Day	Pulse Rate per Min		Oxygen Saturation (SpO2)		Temperature (Degree Celsius)		Respiratory Rate per Min	
	Morning	Evening	Morning	Evening	Morning	Evening	Morning	Evening
1.								
2.								
3.								
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**Annexure: 3 Contact Details of the District Task Force**

To Be Provided By The Concerned District Task Force	
1. WhatsApp No of District Task Force	
2. Email of District Task Force	
3. Contact No District Helpline	
4. Contact No District Surveillance Unit	
5. Contact No for Medical Emergency	
6. Contact No for Ambulance	
7. Contact No of Local Health Team	
8. State Health Helpline (Toll Free)	1800 345 0019



**RELEASE FROM HOME ISOLATION****CERTIFICATE**

This is to certify that \_\_\_\_\_ (Name),  
 \_\_\_\_\_ (Age / Sex), a resident of \_\_\_\_\_ (Name of Ward or  
 Village) was tested positive for COVID-19 on \_\_\_\_\_ (Date).

He/She was advised Home Isolation with effect from \_\_\_\_\_ (date) till \_\_\_\_\_ (date).

He/She has fulfilled the criteria for release from Home Isolation:

Sl. No.	Criteria	Tick the correct answer (✓)
1	No symptom throughout the 14 days of Home Isolation (OR)	
2	10 days since symptom onset and did not have had fever at least for the last 3 days (AND)	
3	Retested and result was negative (but subject to the standing SOP on testing for discharge, which is revised from time to time)	

He / She is released from Home Isolation and is advised Home Quarantine for 14 days with effect from \_\_\_\_\_ till \_\_\_\_\_.

Date:

(Name, Designation, Signature  
 of issuing authority)

## Annexure 5: Guidelines for Preparation of 1% sodium hypochlorite solution

Product	Available chlorine	1percent
Sodium hypochlorite – liquid bleach	3.5%	1 part bleach to 2.5 parts water
Sodium hypochlorite – liquid	5%	1 part bleach to 4 parts water
NaDCC (sodium dichloro-isocyanurate) powder	60%	17 grams to 1 litre water
NaDCC (1.5 g/ tablet) – tablets	60%	11 tablets to 1 litre water
Chloramine – powder	25%	80 g to 1 litre water
Bleaching powder	70%	7g g to 1 litre water
Any other	As per manufacturer's Instructions	