

**GOVERNMENT OF MEGHALAYA  
HEALTH & FAMILY WELFARE DEPARTMENT**

No.Health.94/2020/95

Dated Shillong, the 30<sup>th</sup> September, 2020.

**CORRIGENDUM**

**Revised Discharge Policy for COVID-19**

The Annexures – I, II & III as appeared in this Department's Notification No.Health.94/2020/94 dt. 23.9.2020 are hereby replaced with the **Revised guidelines for Home Isolation of very mild/pre-symptomatic/asymptomatic COVID-19 cases** issued by the Ministry of Health & Family Welfare, Government of India dt.2.7.2020 annexed herewith.

Sd/-

(T.G.Momin, MCS)

Joint Secretary to the Government of Meghalaya,  
Health & Family Welfare Department.

Dated Shillong, the 30<sup>th</sup> September, 2020.

Memo No.Health.94/2020/95-A

Copy to:-

1. The Secretary to the Governor of Meghalaya for kind information of Governor.
2. The Private Secretary to the Chief Minister, Meghalaya for kind information of Chief Minister.
3. The Private Secretary to the Deputy Chief Minister, Meghalaya for kind information of Deputy Chief Minister.
4. The Private Secretary to the Minister, Health & Family Welfare Department, Meghalaya for kind information of Minister.
5. Private Secretary to all Ministers, for kind information of Hon'ble Ministers.
6. The Private Secretary to Chief Secretary to the Government of Meghalaya for kind information of Chief Secretary.
7. The Additional Chief Secretary/Principal Secretaries/Commissioner & Secretaries/Secretaries of all Departments, Government of Meghalaya.
8. Mission Director, National Health Mission, Meghalaya, Shillong.
9. Director of Health Services (MI)/(MCH&FW)/(Research), Meghalaya, Shillong.
10. The Director of Information & Public Relations, Meghalaya, Shillong for wide circulation in the print and electronic media of the State.
11. The Director General of Police, Meghalaya, Shillong.
12. The Deputy Commissioner,  
East Khasi Hills, **Shillong** /West Khasi Hills, **Nongstoin**/ South-West Khasi Hills, **Mawkyrwat**/ East Jaintia Hills, **Khliehriat**/ West Jaintia Hills, **Jowai**/ Ri-Bhoi District, **Nongpoh**/ West Garo Hills, **Tura**/ South-West Garo Hills, **Ampati**/ East Garo Hills, **Williamnagar**/ South Garo Hills, **Baghmara** /North Garo Hills, **Resubelpara**.
13. Joint Director of Health Services (MCH&FW) I/c IDSP, Meghalaya, Shillong.
14. District Medical & Health Officer,  
East Khasi Hills, **Shillong** /West Khasi Hills, **Nongstoin**/ South-West Khasi Hills, **Mawkyrwat**/ East Jaintia Hills, **Khliehriat**/ West Jaintia Hills, **Jowai**/ Ri-Bhoi District, **Nongpoh**/ West Garo Hills, **Tura**/ South-West Garo Hills, **Ampati**/ East Garo Hills, **Williamnagar**/ South Garo Hills, **Baghmara** /North Garo Hills, **Resubelpara**
15. All Administrative Departments/Heads of Departments

By Orders, etc.,



Joint Secretary to the Government of Meghalaya,  
Health & Family Welfare Department.

**Government of India**  
**Ministry of Health & Family Welfare**

**Revised guidelines for Home Isolation of very mild/pre-symptomatic/asymptomatic COVID-19 cases**

**1. Scope**

The guidelines are in supersession to the guidelines issued on the subject on 10<sup>th</sup> May, 2020.

As per the guidelines, the patients should be clinically assigned as very mild/mild, moderate or severe and accordingly admitted to (i) COVID Care Center, (ii) Dedicated COVID Health Center or (iii) Dedicated COVID Hospital respectively. In view of large number of asymptomatic cases being detected, the current guidelines have been extended to asymptomatic positive cases also besides very mild and pre-symptomatic cases.

**2. Patients eligible for home isolation**

- i. The person should be clinically assigned as a very mild/pre-symptomatic/asymptomatic case by the treating medical officer.
- ii. Such cases should have the requisite facility at their residence for self-isolation and also for quarantining the family contacts.
- iii. Patients suffering from immune compromised status (HIV, Transplant recipients, Cancer therapy etc) are not eligible for 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, Cerebro-vascular disease etc shall only be allowed home isolation after proper evaluation by the treating medical officer.
- v. A care giver should be available to provide care on 24 x7 basis. A communication link between the caregiver and hospital is a prerequisite for the entire duration of home isolation.
- vi. The care giver and all close contacts of such cases should take Hydroxychloroquine prophylaxis as per protocol and as prescribed by the treating medical officer.
- vii. Download Arogya Setu App on mobile (available at: <https://www.mygov.in/aarogya-setu-app/>) and it should remain active at all times (through Bluetooth and Wi-Fi)
- viii. The patient shall agree to monitor his health and regularly inform his health status to the District Surveillance Officer, who will facilitate further follow up by the surveillance teams.
- ix. The patient will fill in an undertaking on self-isolation (Annexure I) and shall follow home quarantine guidelines. The treating doctor should satisfy himself before allowing home isolation.
- x. In addition to the guidelines on home-quarantine available at: <https://www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf>, the required instructions for the care giver and the patient as in Annexure II shall be also followed.

**3. 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. Difficulty in breathing,
- ii. Dip in oxygen saturation (SpO2 < 95%)
- iii. Persistent pain/pressure in the chest,
- iv. Mental confusion or inability to arouse,
- v. Slurred speech/seizures
- vi. Weakness or numbness in any limb or face
- vii. Developing bluish discolorations of lips/face

#### **4. Role of State/District Health Authorities**

- i. States/ Districts should monitor all such cases.
- ii. The health status of those under home isolation should be monitored by the field staff/surveillance teams through personal visit along with a dedicated call center to follow up the patients on daily basis. The clinical status of each case shall be recorded by the field staff/call center (body temperature, pulse rate and oxygen saturation). The field staff will guide the patient on measuring these parameters and provide the instructions (for patients and their care givers), as detailed in **Annexure II**. This mechanism to daily monitor those under home isolation shall be strictly adhered to.
- iii. Details about patients under home isolation should also be updated on COVID-19 portal and facility app (with DSO as user). Senior State and District officials should monitor the records updation.
- iv. Mechanism to shift patient in case of violation or need for treatment has to be established and implemented.
- v. All family members and close contacts shall be monitored and tested as per protocol by the field staff.
- vi. Patient on home isolation will be discharged from treatment as per para 6 below. These discharge guidelines shall be strictly adhered to along with issuance of a fitness certificate by the field team.

#### **5. When to discontinue home isolation**

Patient under home isolation will stand discharged after 10 days of symptom onset and no fever for 3 days. Thereafter, the patient will 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.**

**Undertaking on self-isolation**

I ..... S/W of ....., resident of .....

being diagnosed as a confirmed/suspect 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 call center (1075), in case I suffer from any deteriorating 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 \_\_\_\_\_

Countersignature by Treating Medical Officer

## Revised Discharge Policy for COVID-19

