



**COVID-19 (nCorona) Virus Outbreak Control and Prevention State Cell
Health & Family Welfare Department
Government of Kerala**

**ADVISORY ON HOME CARE OF ASYMPTOMATIC COVID-19 POSITIVE
PATIENTS**

No.31/F2/2020 Health – 7th August 2020

1. Introduction

The COVID-19 pandemic is pacing throughout the world, India as well as in Kerala. Kerala state has prepared and implemented comprehensive response measures to manage the pandemic with the focus on suppressing the transmission and reduce mortality. In order to meet the large health care needs of COVID patients and the potential surge of patients and its impact on the health system newer strategies have to be adopted. A large spectrum of the disease is made up of asymptomatic cases while some patients may be detected at their pre-symptomatic phase also. The state policy so far has been to provide hospitalised care for these asymptomatic positive cases at CFLTCs.

Many asymptomatic patients are requesting to allow them to be at home and they would abide by all the health advisory. The requests of people have been examined at Government level. The Expert Group also recommended to do the necessary modification by allowing asymptomatic patients to stay at home. Considering the requests from the patients, the department is planning to permit home based care of these asymptomatic positive patients for those who opt for it and who satisfy the criteria. However, robust support systems are required for permitting patients to get treated at home, subject to the satisfaction of these conditions, the Asymptomatic patient shall be allowed to be at home for treatment period till discharged as per the discharge policy.

II. Decision for operationalization of Home care

When to initiate the SOP for home-based management of asymptomatic COVID patients shall be decided by the district administration. Following points shall be considered before initiating such decision.

- a. Study the epidemic in the district to make it district specific decision
- b. As per the plan of putting up CFLTCs, all CFLTCs of stage I, II and stage III should be in place in the district

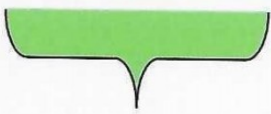


- c. Call centre at the district should be fully functional
- d. Telemedicine at the district should be fully functional
- e. Transportation availability in decentralised way should be functional
- f. 70% bed occupied in CFLTC shall be the trigger for deciding to manage all the asymptomatic COVID positive patients at home, because at that point of epidemic, the system will have to take care of the symptomatic patients.

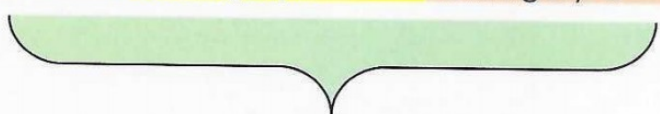
SOP for Home based Management of asymptomatic COVID positive patients

The strategy is explained in the info diagram below:

Asymptomatic	No Symptoms
A	Mild sore throat / cough / rhinitis /diarrhea
B	Fever and/or severe sore throat / cough /diarrhea OR Category-A withany one of <ul style="list-style-type: none"> • Lung/ heart / liver/ kidney / neurological disease/ Hypertension/haematological disorders/ uncontrolled diabetes/ cancer /HIV- AIDS/ Cardiovascular disease • On long term steroids /immunosuppressive drugs. • Pregnant lady • Age –more than 60 years.
C	<ul style="list-style-type: none"> • Breathlessness, chest pain, drowsiness, fall in blood pressure, haemoptysis, cyanosis [red flag signs] • Children with ILI (influenza like illness) with red flag signs (Somnolence, high/persistent fever, inability to feed well, convulsions, dyspnoea /respiratory distress, etc). <ul style="list-style-type: none"> • Worsening of underlying chronic conditions.
Asymptomatic	Category A Category B Category C



Home care:
room isolation at home*



Institutional Care

*clinical and social eligibility criteria to be satisfied



2. Period of Home care

The period of home care is as per the existing discharge guidelines issued.

3. Clinical Eligibility Criteria for Home Care

The clinical criteria should be assessed by a treating Physician/Medical officer from the local health authorities

The following **clinical criteria** are to be met to be eligible for permitting home care:

- a. The patient is **COVID-19 positive** by any of the confirmatory tests
- b. The patient is **asymptomatic**
- c. The patient **does not have major comorbidities** or uncontrolled comorbidity or any vulnerable conditions (Pregnancy, immediate postnatal, immunocompromised states)
- d. **Psychologically** fit and **willing** for room isolation
- e. If the patient is a child less than 12 years old then a parent/guardian/care giver may be allowed to jointly go into room isolation. A third person shall become the care taker.

4. Social Eligibility Criteria

The following social criteria has to be met by the patient and the family as assessed by the local self-government and health authorities.

- a. The house has adequate road access and communication facilities (land or mobile connection)
- b. Facility for room isolation with attached bathroom. The room should be well ventilated.
- c. The person or the materials used by the COVID positive person shall never come in contact with any vulnerable individual at home. It is advised that all vulnerable individuals in the family (elderly, people with co-morbidity) shall be moved to a separate house in the neighbourhood or family. Healthy members of the family who have already been exposed may choose to continue in the same household provided further



exposure with the COVID-19 confirmed patient can be avoided.

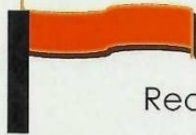
- d. An adult healthy and willing care taker should be identified by the family for providing care to the patient observing all safety precautions as per quarantine guidelines.
- e. The family has adequate community and social support.

The Primary Health Care team from the local health institution shall assess the housing conditions and facilities for the room quarantine and ensure that all the social eligibility criteria are met. Only people who met all the clinical and social eligibility criteria shall be permitted for home-based care.

5. Self-Care For COVID-19 Positive Asymptomatic Patients

A three-level daily monitoring mechanism is to be followed as per the annexure-2. The patients in home care are to observe the following self-care practices:

- a. Take balanced diet
- b. Take adequate warm water and fluids.
- c. Take adequate rest and sleep for 7-8 hours in the night
- d. Daily **self-monitoring for symptoms and red flag signs**; fever, cough, fatigue, anorexia, shortness of breath, bluish lips or nose, myalgia, sore throat, loss of smell or taste, diarrhoea, nausea, vomiting.
- e. **Red Flag signs** are:

 <p>Red flag signs</p>	Altered sensorium, breathlessness, Chest pain, Drowsiness, Haemoptysis, excessive fatiguability, syncope, palpitation
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- f. Daily **self-monitoring of oxygen saturation (SpO₂)** with Finger Pulse **Oximeter**: The patient must rest by sitting for five minutes and use the finger pulse oximeter on any one of the fingers in the either hand. Preferably the index finger may be used for uniformity and consistency. If the **SpO₂ value is less than or**



equal to 94% or the **pulse rate more than 90 beats per minute** while at rest then the inform the local health authorities.

- g. The patient shall maintain a note or diary of the daily symptoms and SpO₂ observations.
- h. The patient should promptly respond to the tele-consultation and daily telephonic calls made by the health authorities.
- i. The patient and the care giver should wear protective three-layer masks while interacting for exchange of food and other items and maintain safe distancing.
- j. The patient should not use other areas of the house for eating, sleeping or socialization with the family members staying within the house.
- k. The patient should not share common household objects like TV remotes, mobile phones, plates, cups and other materials
- l. Patients should wash their clothes themselves in the bathroom. Once washed can be given to the care giver for drying. Clean and disinfect frequently touched surfaces in the room daily.
- m. Visitors to the house should not be allowed.
- n. Observe cough and sneeze hygiene.
- o. Practice frequent hand washing with soap and water or alcohol-based hand sanitiser.
- p. General waste generated must be burned outside. Biodegradable waste should be buried under the soil. Materials that should not be burned should be disinfected with bleach solution and disposed of adequately.

6. Teleconsultation and Daily Monitoring

The patient should be telephonically followed up by the local health team for any symptoms. A line list should be maintained with daily updating for onset of symptoms with the following check list(**annexure-1**) with signature by Medical Officer every day. The teleconsultation should be probing into onset of any symptoms, SpO₂ value, Psychological appraisal and social issues. Psychological issues should be informed to the DMHP staff. Social issues should be informed to the concerned LSG for necessary action.

7. Follow-Up Action if Symptoms Develop or in case of hypoxemia or tachycardia



If the patient develops symptoms, hypoxemia or tachycardia, she/he should be transported to the nearest CFLTC or to the COVID Hospital depending on the severity (Category A, B, C) Refer-Annexure-2.

The transportation should be via a specially designed double chambered vehicle and should not be delayed. The treatment protocol should be as per the existing guidelines.

8. Proactive Care of Vulnerable People at Home

Majority of the asymptomatic patients in room isolation may be having family members from vulnerable groups at home. They are likely to be high risk primary contacts by the time diagnosis is ascertained in the patient. Such homes with exposed vulnerable population should be monitored closely by the local primary health care team-(annexure-3) This could be done in either of the following ways

1. Three level monitoring mechanism should be extended to vulnerable population at home also.
2. JPHN/ASHA/Volunteer can visit such households every third day to monitor the vulnerable population using a checklist.

Refer annexure-3 for the info diagram.


Principal Secretary



Annexure-1

Govt. of Kerala
Teleconsultation and daily monitoring case sheet for COVID-19 positive asymptomatic patients while on home care

Name:..... Age..... Gender.....
LSG:..... Ward:.....

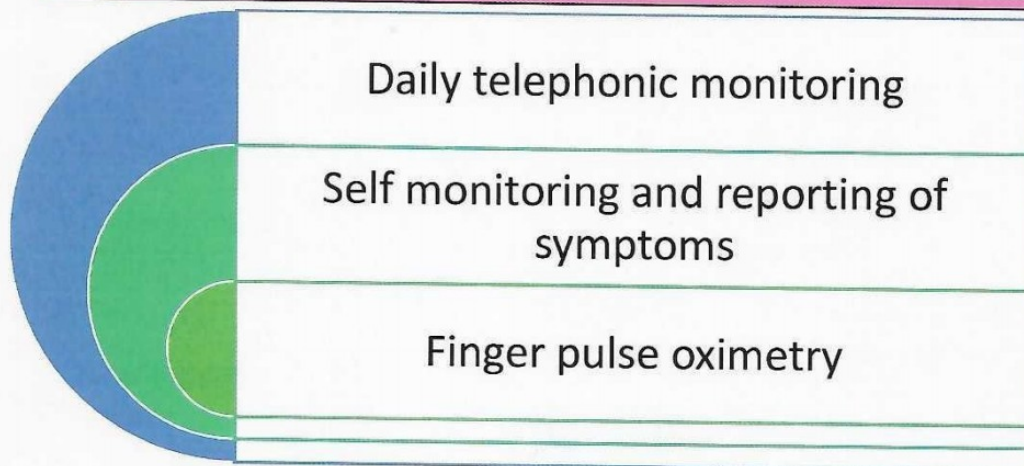
Date	Any Symptoms or RED Flag signs YES/N O	Finger Pulse Oximetry SpO2- Pulse-	Psychological appraisal: Adequate- YES/NO	Social issues: YES/N O	Signature of Medical Officer
dd/ m m/ yy		SpO2- Pulse-			
dd/ m m/ yy		SpO2- Pulse-			
dd/ m m/ yy		SpO2- Pulse-			
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dd/ m		SpO2- Pulse-			



m/ yy					
dd/ m m/ yy		SpO2- Pulse-			
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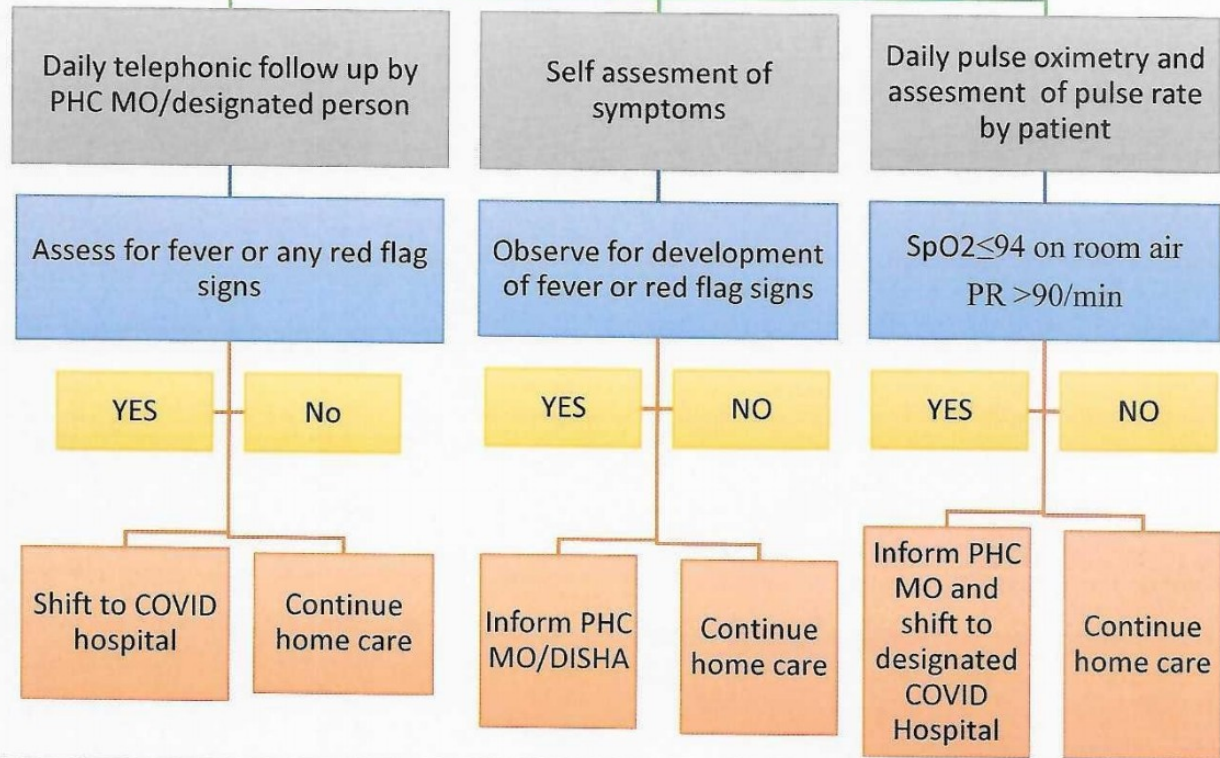
Annexure-2

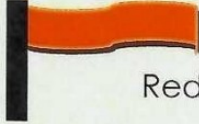
Three level monitoring mechanism for asymptomatic COVID 19 confirmed patients in home care





Home Care of Asymptomatic Category A



 <p>Red flag signs</p>	Altered sensorium, breathlessness, Chest pain, Drowsiness, Haemoptysis, excessive fatiguability, syncope, palpitation
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Annexure-3

PROACTIVE MONITORING FRAMEWORK FOR HOME CARE OF ASYMPTOMATIC COVID 19 PATIENTS WITH VULNERABLE POPULATION AT HOME

Majority of the asymptomatic patients in room isolation may be having family members from vulnerable groups at home. They are likely to be high risk primary contacts by the time diagnosis is ascertained in the patient. Such homes with exposed vulnerable population should be considered as a microcluster for monitoring.

This proactive monitoring may be done in 2 ways

1. Three level monitoring mechanism should be extended to vulnerable population at home also.
2. JPHN/ASHA/Volunteer can visit such households every third day to monitor the vulnerable population using a checklist.

All the exposed members of the household should be in quarantine for 14 days from the last day of contact with COVID-19 confirmed patient at home.

LSG should ensure supply of essential commodities to the households.

