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MINISTRY OF HEALTH

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திகதி) 04.08.2021
Date)

DDG NHSL/ NHSK

All Provincial Directors of Health Services

All Regional Directors of Health Services

All Heads of Health Institutions

Guidelines for Integrated Home-Based Isolation and Management of Asymptomatic & Mild Symptomatic COVID-19 Patients

The current impact of COVID-19 illness has become very significant for the community and the health care delivery systems with an increasing number of individuals becoming positive. The situation can escalate and overwhelm the healthcare services with the spread of new variants and high infectivity of the virus.

Therefore, a home-based isolation and management system has been established by the Ministry of Health with the objective,

- To detect the patients who need early hospital admissions;
- To provide patient-centered safe home care;
- To reserve of hospital care for symptomatic ill patients;
- To reduce the unwanted hospital admission.

Asymptomatic individuals or individuals with mild symptoms eligible for Home-Based Care

All individuals with a positive diagnostic COVID-19 PCR test-result or Rapid Antigen Test (RAT) result will require immediate isolation for the interruption of the disease transmission. Appropriate early risk assessment will allow timely intervention to prevent complications and detect those patients with deteriorating clinical symptoms and signs of the disease during the period of home stay and they will be admitted for institutional health care for further management. Home isolated remotely assessed COVID-19 positive individuals will be discharged on the 14th day from the date of PCR/ RAT testing.

Definitions

- **Asymptomatic individuals** are PCR or RAT positive cases and are not experiencing any symptoms with oxygen saturation of more than 96%.
- **Mild symptomatic cases** are PCR or RAT positive cases with upper respiratory tract infections (with or without fever) and other associated symptoms and no shortness of breath at rest or after mild exertion and having oxygen saturation more than 96%.
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Screening of patients by Medical Officer of Health (MOH) and handing over for Home-Based Care

1. The area MOH will be responsible for triaging of positive individuals who need home-based care and who need institutional health care.
2. The following are the eligibility criteria for recruiting patients for home-based care. The individual who,
 - is above 2 years and under 65 years of age.
 - could be isolated in a well-ventilated separate room with adequate washroom facilities etc.
 - has no uncontrolled comorbidities such as morbid obesity (BMI > 30), diabetes, hypertension, chronic heart/ lung/ renal diseases, OR other medical conditions.
 - is not suffering from immunocompromised status or not on long-term immunosuppressive therapy.
 - has adequate self-care or caregiver support at home.
 - has proper communication facilities and ability to communicate (patient or caregiver).
 - has given informed consent (Annexure I)
 - * in case of **pregnant woman**, the gestational period should be **less than 24 weeks**.
2. The area MOH will register the eligible individual in the 'Patient Home Isolation and Management System (PHIMS)'. Then the MOH will hand over the responsibility of patient care to the **Call-Center and the Medical Care Team** through the **PHIM** system (Annexure 2).
3. These teams will be supervised by the Consultant Family Physicians with the coordination of other specialists in relevant specialties.
4. The call center will coordinate with the patient and a medical care team assigned for home-care management. An assigned medical officer in the medical care team will conduct an initial assessment and daily monitoring of the patient.
5. This remote assessment and daily monitoring are carried out through telephone consultations by **Standardized Screening Tool (Annexure 3)** and the findings will be recorded in the PHIMS. Subsequent remote assessment will be done daily or more frequently as required.
6. Following parameters will be assessed and recorded in **PHIMS** by the medical care team;
 - PCR/ RAT positive date or Date of initial symptoms.
 - Fever.
 - Breathing difficulty on rest or mild exertion.
 - Symptoms of dehydration.
 - Feeling unwell or any other significant symptoms (body aches, etc.).
 - Symptoms of uncontrolled underlying comorbidities.
 - Any other issues (isolation, communication etc.)
7. Following **red flag** symptoms will be considered for immediate admission to a hospital.
 - Progressive worsening of persisting symptoms.
 - Difficulty in breathing at rest or after mild exertion.
 - SpO₂ at rest is below 96% or less than 94% after mild exertion (if pulse oximeter available).

- Persistent chest pain or heaviness.
 - Symptoms of dehydration.
 - Altered mental state (confusion/ drowsiness/ irritability).
8. Patients in the **PHIMS** requiring hospitalization will be identified early by a medical care team supervised by a Consultant Family Physician and will be handed over to a Specialist Medical Officer/ Medical Officer nominated by the Regional Director of Health Services. She/he will arrange transportation for the patient to the hospitals in coordination with the relevant hospitals which have appropriate facilities (e.g., beds, etc.).
 9. The patients who are in the home-based management will be given following instructions.
 - Reassurance.
 - Advice on important non-pharmacological management (rest, fluid, and balance diet).
 - Advice on pharmacological management for symptoms.
 - Encourage for proper **monitoring and control of comorbidities** and continuation of optimized treatment.
 - NOT take any NSAIDs or Systemic Steroids.
 - If a patient is on long-term steroids it should be continued, and specialized opinions need to be taken.
 - If a caregiver provides services to the patient, she/he should wear personal protective equipment and take other hygienic measures.
 - Any caregiver should avoid contact with potentially contaminated items (such as towels, clothes, and bed linen) and hand hygiene should be maintained.
 - Advise the patient to contact the call center through **1390** if any emergency arises.
 10. Appropriate waste disposal should be ensured by the area Public Health Inspector (PHI) to prevent spread of infection within the household.
 11. The home isolated patient can be discharged on the 14th day of the illness. If symptoms present, the patient will be monitored until symptoms resolve.
 12. Patients who violate health instructions during the home care management will be admitted to ICC or hospital by the MOH. If a patient refuses to get admitted the MOH can evacuate the patient without any consent and take legal action according to the Quarantine Ordinance. The MOH could seek the assistance of the area police if required to admit such a patient.
 13. Duration of home quarantine for **other household members** of the home-based care patient is 14 days from the positive PCR date of index case. However, if a household member becomes a first contact of the patient during the period of quarantine, he or she should undergo an extended period of quarantine for 14 days from the date of becoming the first contact. Exit RAT should be done for the negative members at the end of quarantined period.
 14. Symptoms of possible post COVID syndrome should be advised to every patient on discharge from home-based care and ask the patient to report to the area MOH without delay if any such symptom appears.

The process algorithm is annexed in annexure 4.

All heads of healthcare institutions, Provincial Directors and Regional Directors should take immediate measures to bring the content of this circular to the notice of the relevant categories of all public health and clinical staff including all specialists in order to facilitate the implementation. Further, necessary staff, logistics and other facilities should be provided immediately to facilitate this important service considering the prevailing pandemic situation.



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CC

Hon. Minister of Health
All Provincial Governors
Secretary to HE the President
Secretary Health
Provincial Chief Secretaries
Head – COVID Taskforce
Inspector General of Police
All DDGHs
Director – TCS, MS, MT&S
All medical directors of Tri-Forces and Police

N.B - Home-based isolation will be implemented in phased out manner after the proper training of each provincial team.

Annexure 2
Integrated management of asymptomatic/ Mildly symptomatic COVID19 infected individuals Initial Assessment Tool

INITIAL ASSESSMENT (This part need to be completed by call center officer)

1. Name
2. Gender
3. Age
4. Pregnancy (POA)
5. Guardian name
4. Address
5. NIC number
6. RAT/PCR date
8. Patient's **telephone number (if available second telephone number)**
7. Weight (Kg)
8. Height (m)
9. BMI (f patient knows)
10. PCR Laboratory
11. Name of MOH and contact number
12. Name OF PHI and contact number
13. Name of PHI & Phone Number

Annexure 2

Initial assessment to be completed by the PHI/ Nominated Field health care worker by MOH

Height (m)..... Weight (Kg) BMI

Please tick if appropriate (if any single "Yes" is ticked, the patient needs hospital care):

	Yes	No
Age \leq 2 years OR \geq 65 years		
Pregnant with POA >24 weeks		
Warning signs		
Continuous fever > 3days		
Recurring fever with a history of fever within past 10 days		
Debilitating symptoms (fatigue, feeling weak)		
Difficulty in breathing at rest or exertion*		
Persistent chest pain or heaviness in the chest		
Recent altered mental state (confusion, drowsiness, irritability or Fitts)		
SpO ₂ at rest is < 96% or SpO ₂ after exertion* is < 94% if pulse oximeter available with the patient		
Symptoms suggestive of other febrile illness (Eg. Dengue, leptospirosis)		
Comorbid Conditions:		
Diabetes (Long term and/ or uncontrolled)		

Hypertension(Uncontrolled)		
CKD on treatment		
On Immuno-suppression therapy		
Chronic Lung or Liver disease		
Cardiovascular disease (except isolated dyslipidaemia)		
Patients with active malignancies		
Patient taking warfarin		
Blood disorders – polycythemia, Thalassaemia, sickle cell disease)		
Obesity (BMI>30)		
Social Conditions:		
Separate room not available		
Family/Caregiver Support Unsatisfactory		
No facilities to communicate regularly or transport in emergency		
According to PHI OR Other field healthcare personnel(nominated by MOH		
Unsatisfactory social conditions(No isolation facility, washroom or overcrowding of house)		
Feels patient should be admitted(Drug addict, alcohol abuse , smoking etc.).		
<i>*Assessment of dyspnoea after 1- 2 minutes 40 feets walking on flat floor by the patient</i>		

Annexure - 3

Initial Assessment - to be completed by the medical officer providing home care

Date of onset of symptoms:

Please tick if appropriate (if any "Yes" is ticked, the patient needs to contact Registrar/Specialist):

	Yes	No
Age \leq 2 years OR \geq 60 years		
Pregnant > POA 24 weeks		
Warning signs		
Continuous or progressive fever > 3days		
Recurring fever with a history of fever within past 10 days		
Debilitating symptoms(fatigue, feeling weak)		
Difficulty in breathing at rest or exertion*		
Persistent chest pain or heaviness in the chest		
Recent altered mental state (confusion, drowsiness, fits, irritability) 2		
If SpO ₂ at rest is < 96% or SpO ₂ after exertion* is < 94% Altered Mental State(Confusion, drowsiness, fits) Any other unusual symptoms		
Symptoms suggestive of other febrile illness (Eg. Dengue, leptospirosis,)		
Comorbid Conditions:		
Diabetes (Long term, or/ and uncontrolled)		
Hypertension (Uncontrolled)		

CKD on treatment		
On Immuno-suppression therapy		
Chronic Lung or Liver disease		
Cardiovascular disease (except isolated dyslipidemia)		
Patients with active malignancies		
Patient taking warfarin		
Blood disorders – polycythemia, Thalassemia, sickle cell disease)		
Obesity (BMI>30)		
Social Conditions:		
Separate room / washroom not available or overcrowding of house		
Family/Caregiver Support Unsatisfactory		
No facilities to communicate regularly		
<i>*Assessment of dyspnoea after 1- 2 minutes 40 feets walking on flat floor by the patient</i>		

Current list of medications: Need to enter in to the system

Annexure 4

Home-Based Isolation for COVID-19 Patients

