



ABSTRACT

COVID-19 – Health and Family Welfare Department – Comprehensive Guidelines for COVID-19 - Orders – Issued.

HEALTH AND FAMILY WELFARE (P1) DEPARTMENT

G.O. (Ms.) No.219

Dated : 18.05.2020

சார்வரி, வைகாசி - 5

திருவள்ளூர் ஆண்டு 2051

Read :

1. G.O.(Ms.)No.206, Health and Family Welfare Department, dated: 04.05.2020.
2. G.O.(Ms.)No.210, Health and Family Welfare Department, dated: 09.05.2020.
3. The Government letter No.CSCR/130-205/2020, Public (SC) Department, dated: 11.05.2020.
4. Mail received from Director of Public Health and Preventive Medicine, dated 16.05.2020.

ORDER:

In light of present situation of COVID-19, in the Government Order first read above, the Government have issued Guidelines for Home Isolation of very mild / pre-symptomatic COVID-19 cases.

2. In the Government order second read above, the Government have issued Guidelines for Hospitals including both Government and Private Hospitals.

3. In the letter third read above, revised guidelines for incoming persons from other Districts / States / countries were issued.

4. In the letter fourth read above, the Director of Public Health and Preventive Medicine has submitted a proposal for issuing Comprehensive Guidelines for COVID-19.

(P.T.O)

5. After careful examination accepting the proposal of the Director of Public Health and Preventive Medicine, in supersession of the earlier orders issued in the reference third read above, the Government have decided to issue Comprehensive Guidelines for COVID-19 as detailed in annexure, to this order.

(BY ORDER OF THE GOVERNOR)

**BEELA RAJESH
SECRETARY TO GOVERNMENT**

To

The Director of Public Health and Preventive Medicine, Chennai – 600 006. (w.e)
The Director of Medical Education, Chennai – 600 010. (w.e)
The Director of Medical and Rural Health Services, Chennai – 600 006. (w.e)
All Deans of Medical Colleges. (w.e)
All District Collectors. (w.e)

Copy to:

The Principal Private Secretary to Chief Secretary, Chennai – 600 009. (w.e)
The Private Secretary to the Principal Secretary, Public Department,
Chennai – 600 009. (w.e)
Stock File / Spare Copy.

// FORWARDED / BY ORDER //

07/03/2020
SECTION OFFICER

ANNEXURE

G.O. (Ms.) No. 219, Health and Family Welfare Department, dated : 18.05.2020

Comprehensive COVID -19 Guidelines

1. Testing strategies

1. All interstate and international passengers entering Tamil Nadu
2. All symptomatic (ILI symptoms) individuals with history of international travel in the last 14 days.
3. All symptomatic (ILI symptoms) contacts of laboratory confirmed cases.
4. All symptomatic (ILI symptoms) health care workers / frontline workers involved in containment and mitigation of COVID19.
5. All patients of Severe Acute Respiratory Infection (SARI).
6. Asymptomatic direct and high-risk contacts of a confirmed case to be tested once between day 5 and day 10 of coming into contact.
7. All symptomatic ILI within hotspots/containment zones.
8. All hospitalized patients who develop ILI symptoms.
9. All symptomatic ILI among returnees and migrants within 7 days of illness.
10. No emergency procedure (including deliveries) should be delayed for lack of test. However, sample can be sent for testing if indicated as above (1-9), simultaneously.

NB:

- *ILI case is defined as one with acute respiratory infection with fever $\geq 38^{\circ}\text{C}$ AND cough.*
- *SARI case is defined as one with acute respiratory infection with fever $\geq 38^{\circ}\text{C}$ AND cough AND requiring hospitalization.*
- *All testing in the above categories is recommended by real time RT-PCR test only.*

Testing Guidelines

Category A: Persons coming from other districts but within Tamil Nadu

- i. Testing be done only for those coming with symptoms
- ii. All the individuals to undergo home quarantine for 14days

Category B: Persons coming from Other State/ UT

- i. Testing to be done on all persons coming from other States/UT
- ii. If they test positive and they are Symptomatic they will be taken to hospital isolation. If they are positive and asymptomatic they will be taken to Covid care centre for management
- iii. If they test negative and they are asymptomatic, they will be taken to home quarantine for 14 days. If the facility is not available in home, put them in facility quarantine in respective district
- iv. If they test negative and they are symptomatic, they will be taken to

- facility quarantine in respective district for 7 days and 2nd samples will be taken at the end of 7th day.
- v. If the second sample test is positive and symptomatic, they will be shifted to hospital. If the second sample is positive and asymptomatic, they will be taken to Covid care center for further 7 days
 - vi. If the second sample is negative, they are advised home quarantine for further 7 days

Category C: Persons from other Countries

- i. Testing to be done on all persons coming from other countries and all will be put into institutional quarantine either free or paid.
- ii. If the test is positive, they will be taken to hospital
- iii. If they test negative, they will be put into institutional quarantine for 7 days in the respective districts. If the test taken on 7th day also shows negative he/she can be sent to home quarantine. If the quarantine facility is not available in home, put them in facility quarantine in the respective district for 7 more days.
- iv. If the second sample test (7th day) is positive and symptomatic, they will be shifted to hospital. If the second sample is positive and asymptomatic, they will be taken to Covid care center for further 7 days.
- v. If the second sample is negative, they will be sent for home quarantine for further 7 days, if facility is available at home. (if facility is not available for home quarantine, they will be sent to institutional quarantine)

Category D: Exemption category for quarantine after testing

- i. Terminally ill and individuals requiring immediate medical attention in a hospital
- ii. Person who are due to attend the funeral and ritual associated with immediate death of immediate family member
- iii. Pregnant women
- iv. Elderly persons over the age of 75 years and requiring assistance

The category (ii) of the persons "Person who are due to attend the funeral and ritual associated with immediate death of immediate family member", alone be released for home quarantine after initial testing in the airport / arrival point, provided the mortal remains received in the same aircraft / vehicle.

All the 3 other categories need be taken to the quarantine centre till the Covid-19 test results are made available. If the Covid-19 test result is Negative, there upon on the medical recommendation and detailed perusal / verification of claims and records by the concerned medical officers of the district or Great Chennai Corporation, the individuals may be allowed to travel to their Home/ Hospital for quarantine.

2. Guidelines for Home Isolation of very mild / mild / pre-symptomatic

COVID Positive cases.

Eligibility for home isolation

- i. The person should be clinically assigned as a very mild case/ mild case/ pre-symptomatic 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. Availability of a well-ventilated single-room preferably with an attached/ separate toilet is needed.
- iii. A care giver should be available to provide care on 24 x7 basis. Only the assigned care giver alone should access the patient by taking utmost precaution such as wearing triple layer mask, hand hygiene, social distancing etc. A communication link between the care giver and hospital is a pre-requisite for the entire duration of home isolation
- iv. The patient shall agree to monitor his health and regularly inform his health status to the District Surveillance Officer for further follow up by the surveillance teams.
- v. The patient will fill in an undertaking on self-isolation and shall follow home quarantine guidelines. Such individual shall be eligible for home isolation.
- vi. Download Arogya Setu App on mobile (available at: [https:// www.mygov.in/aarogya-setu-app/](https://www.mygov.in/aarogya-setu-app/)) and it should remain active at all times (through Bluetooth and Wi-Fi)
- vii. In addition to the guidelines on home-quarantine available at: [https:// www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf](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.

Policy for termination of Home isolation for very mild/ mild / pre-symptomatic COVID cases

- Discharge after 14 days of test result
- No fever for consecutive 10 days
- No need of testing RT-PCR for termination of Home isolation/ quarantine

3. Demarcation of Containment Zone Strategies for Corona Virus Infection Prevention and Control

- i. Containment zone is formed for areas where cluster of cases or clusters of cases emerges and cluster is defined as area where more than 5 and above index cases are reported or 5 families and more families are affected by COVID-19.
 - If there are more than 5 /Index case or 5 households affected
 - a) in case of village, entire village (affected habitation) is demarcated as containment zone
 - b) In corporation and Municipality affected street or part of the street is demarcated as containment zone depending on the ground situation

- c) In the case of multi storey building the entire affected multi storey building or its part.
 - In case of slums where it is highly crowded, wherein maintaining social distance is a challenge, families of positive cases and their neighbours if necessary, shall be put in institutional quarantine
- ii. In cases of upto 5 index cases or only upto five households having positive cases, such of those affected households and their neighbors if necessary, will be put in home quarantine

It is important to ensure that containment zones are delineated based on

- Mapping of cases and contacts
- Geographical dispersion of cases and contacts
- Area having well demarcated perimeter
- Enforceability of perimeter control

3.1. Containment zone is the primary area where intensive action has to be carried out with the aim of breaking the chain of transmission with the following activities

- Establishment of clear entry and exit point
- No movement to be allowed except for medical emergencies and essential goods and services
- No unchecked influx of population to be allowed
- People transiting to be recorded and followed through IDSP

Stringent action need to be initiated within these containment zones in terms of:

- i. Active search for cases through physical house to house surveillance by Special Teams formed for the purpose. 1 Health worker to be assigned for the containment zone for every 50 houses in rural area and 1 Health worker per 100 houses in urban area as appropriate based on local conditions.
- ii. Testing of all cases as per sampling guidelines
- iii. Contact tracing
- iv. Identification of local community volunteers to help in surveillance, contact Tracing and risk communication
- v. Extensive inter-personal and community based communication
- vi. Strict enforcement of social distancing
- vii. Advocacy on hand hygiene, respiratory hygiene, environmental sanitation and Wearing of masks / face-covers
- viii. Clinical management of all confirmed cases

A Buffer Zone has to be delineated around each containment zone based on local conditions, in case of urban areas. In case of rural areas 0.5 km radius can be defined as buffer zone. It shall be appropriately defined by the district administration / local urban bodies with technical inputs at local level.

The focus of action in the buffer zone includes:

- i. Extensive surveillance for cases through monitoring ILI / SARI cases in health facilities
- ii. Identify health facilities(Govt. and Private),healthcare workforce available (ASHAs/ ANM/ AWW and doctors in PHC/ CHC/ District hospital)

- iii. All health facilities (including clinics) to report clinically suspect cases of COVID-19 on real time basis to the control room at the district level
- iv. Create community awareness on preventive measures such as personal hygiene, hand hygiene and respiratory etiquettes
- v. Use of face cover, physical distancing through enhanced IEC activities
- vi. Ensure social distancing

The containment operations shall be deemed to be over in 14 days, if no active cases in this containment zone during this period from the date of last confirmation of positive case.

4. Categorization of patients

Patients may be categorized into three groups and managed in the respective COVID hospitals

- i. COVID Care Centres (for mild cases)
- ii. COVID Health Centre (for Moderate cases) and
- iii. Dedicated COVID Hospitals (Severe cases)

Group 1- Mild cases: Suspect cases, clinically assigned as asymptomatic / high-risk negative cases (none above 50 years of age or those with co-morbid conditions should be placed here).

Group 2- Mild - Moderate cases: Suspect and confirmed cases clinically assigned as mild-moderate.

Group 3 - Severe cases & High risk cases: Suspect and confirmed cases clinically assigned as severe/ with Co-morbid conditions / Vulnerable/ Elderly.

5. Discharge policy for Covid-19 patients

i. For mild / very mild / pre-symptomatic cases at COVID Care Centre

- Patient can be discharged after 10 days of tested positive / date of home isolation / date of admission at COVID care center and no fever for consecutively 3days
- No need for testing prior to discharge
- Patient will be advised to follow home isolation for a further period of 7 days after discharge

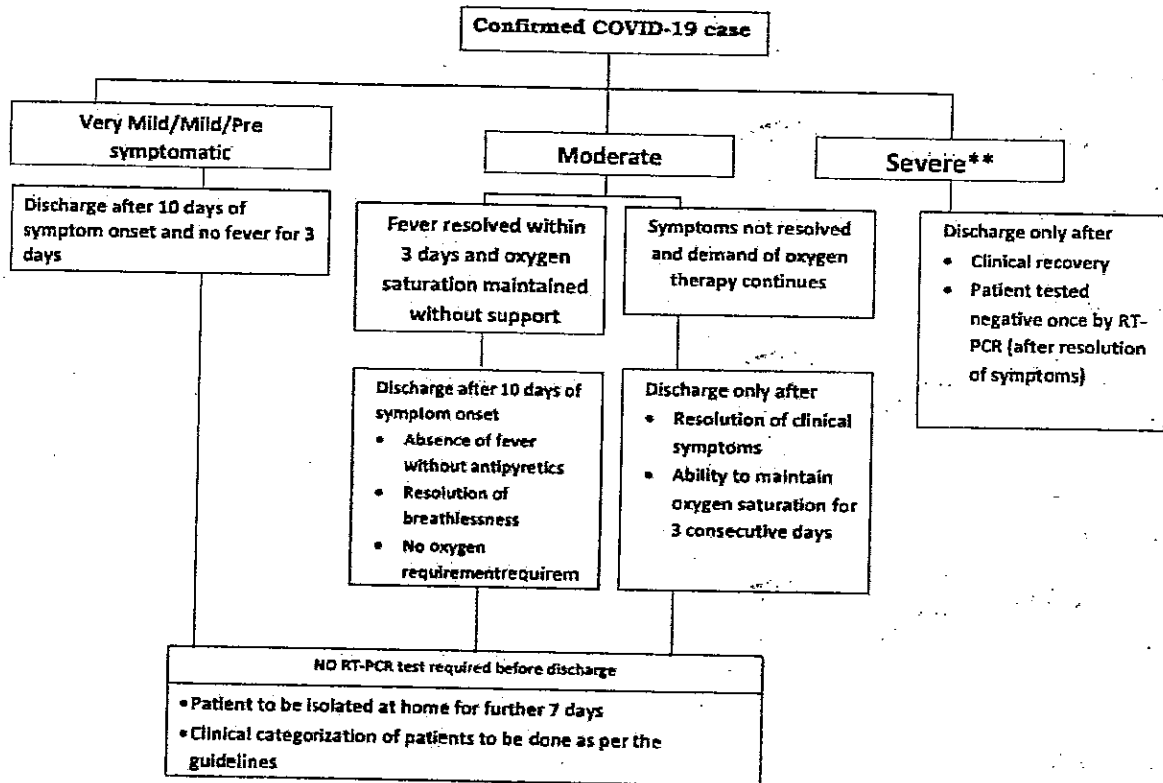
ii. For moderate cases

- Patient can be discharged (a) if asymptomatic for 3 consecutive days and (b) after 10 days of tested positive
- No need for testing prior to discharge
- Patient will be advised to follow home isolation for a further period of 7 days after discharge

iii. For severe cases

- Clinical recovery
- Patient tested negative once by RT-PCR after resolution of symptoms

Summary of the Revised discharge policy for COVID-19



BEELA RAJESH
SECRETARY TO GOVERNMENT

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SECTION OFFICER