

**GOVERNMENT OF ASSAM
HEALTH & FAMILY WELFARE (A) DEPARTMENT
DISPUR ::: GUWAHATI - 6**

ORDERS

Date Dispur the 5th April, 2020

No. HLA 270/2020/102 – The Governor of Assam is pleased to constitute a **Assam COVID-19 Discharge Board**, to take decisions relating to the following:

- a) Release of persons from quarantine in institutional set up and advise regarding further quarantine, if any;
- b) Clearance to the different Isolation Centres regarding discharge of confirmed positive cases of COVID-19 after conclusion of treatment.

The constitution of Board is as follows :

- 1) Dr. Anup Kr. Barman, Director of Medical Education, Assam
- 2) Dr. Achyut Chandra Baishya, Executive Director , NHM, Assam
- 3) Dr. Subhajit Bhattacharjee, Consultant, WHO
- 4) Dr. Joydeep Das ,Consultant, JHPIEGO - USAID
- 5) Dr. Manas Kotoky, SPO, NHM, Assam

Each institutional Quarantine Centre shall send a daily report on the already quarantined persons proposed to be released, at least 24 hours before such release as per format at Annexure – A on the designated E mail – **assamcovididischargeboard@gmail.com**.

Similarly, each Isolation Centre in charge/treating doctor shall also send a report in Annexure – B giving his comments regarding discharge and seeking clearance for discharge after completely following the discharge policy of confirmed COVID-19 positive cases notified by GoI, MoHFW, to the designated E-mail - **assamcovididischargeboard@gmail.com**. A copy of the Discharge Policy is attached at Annexure I

The committee shall meet on a daily basis and communicate its decision to all concerned for immediate follow up action.

This order comes into force with immediate effect.

- Enclosure – 1. Discharge policy by MoHFW, GoI at Annexure I
2. Annexure A & B



(Samir Sinha, IAS)

Principal Secretary to the Govt. of Assam
Health & FW Department

Memo no : **HLA 270/2020/102 – A**
Copy to :

Date Dispur the 5th April, 2020

1. The Chairman, Assam Administrative Tribunal.
2. The Chairman, Board of Revenue, Assam
3. All Additional Chief Secretaries/ Principal Secretaries/ Commissioner & Secretaries/ Secretaries to the Government of Assam.
4. The Principal Secretary to Hon'ble Chief Minister, Assam.

5. The Principal Secretary, Assam Legislative Assembly, Dispur.
6. The Resident Commissioner, Government of Assam, Assam House, New Delhi.
7. All Commissioner of Divisions, Assam.
8. The Commissioner & Secretary to H.E., the Governor of Assam, Guwahati.
9. All Principal Secretaries of the Autonomous Councils, Assam.
10. All Heads of Department.
11. All Deputy Commissioners/ Sub-Divisional Officers for necessary action.
12. The Mission Director, National Health Mission, Assam.
13. The DME/DHS/DHS (FW)/Director AYUSH, Assam for necessary action.
14. The P.S. to Hon'ble Minister, Health & Family Welfare, Assam.
15. The P.S. to Hon'ble Ministers/Ministers of State, Assam.
16. The P.S. to Chief Secretary, Assam.
17. The P.S. to Director General of Police, Assam
18. All Joint Director of Health Services, Assam for necessary action.
19. The Principal cum Chief Supdt all Medical Colleges of Assam
20. Managing Directors/ Directors/ Medical Superintendents/ Hospital (I/C) etc. of all Hospitals (including private) in the State of Assam.
21. All members concerned

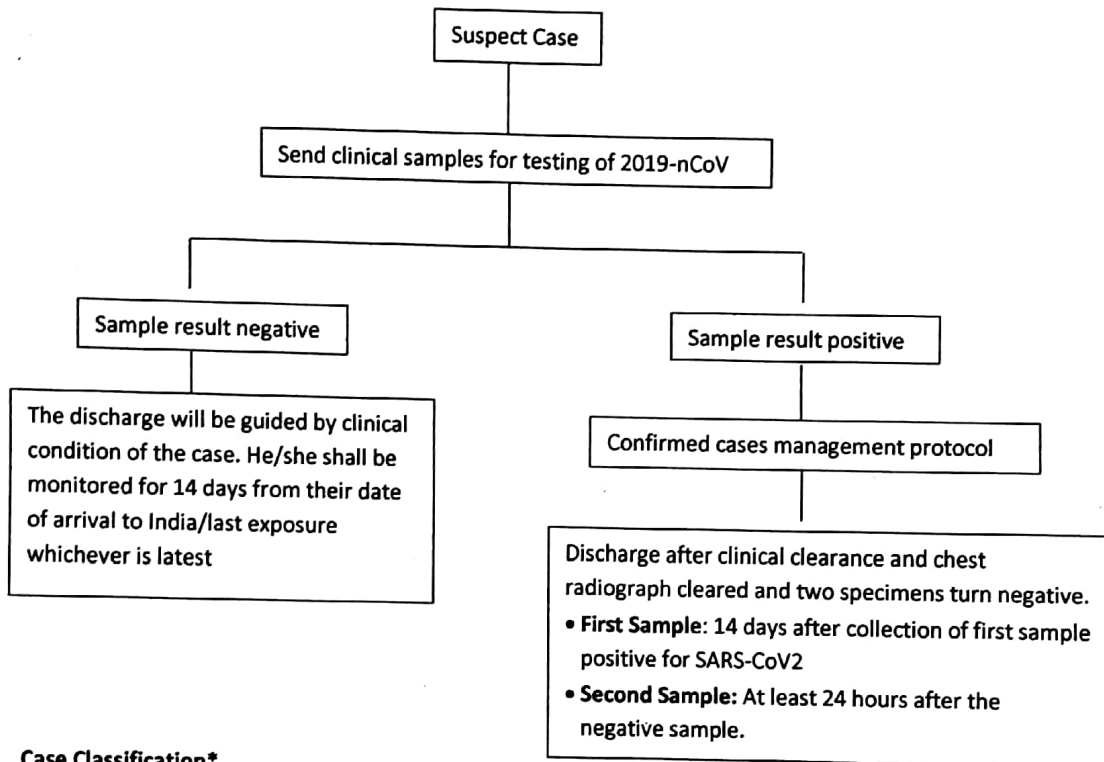
By order etc.



Commissioner & Secretary to the Govt. of Assam
Health & Family Welfare (A) Department

Discharge Policy of 2019-nCoV case

Clinical samples of any suspect case* of 2019-nCoV will be sent for laboratory confirmation to designated laboratories. The case will be kept in isolation at health facility till the time of receipt of laboratory results and given symptomatic treatment as per the guidelines. If the laboratory results for 2019-nCoV are negative, the discharge of such patients will be governed by his provisional/ confirmed diagnosis and it is upto the treating physician to take a decision guided by clinical condition of the case. The case shall be monitored for 14 days from their date of arrival to India/last exposure whichever is latest. In case the laboratory results are positive for 2019-nCoV, the case shall be managed as per the confirmed case management protocol. The case shall be discharged only after evidence of chest radiographic clearance and viral clearance in respiratory samples after two specimens test negative for 2019-nCoV within a period of 24 hours.

**Case Classification*****Suspect Case:**

- A patient with acute respiratory illness {fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath)}, **AND** a history of travel to or residence in a country/area or territory reporting local transmission (See NCDC website for updated list) of COVID-19 disease during the 14 days prior to symptom onset;
OR
- A patient/Health care worker with any acute respiratory illness **AND** having been in contact with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms;
OR
- A patient with severe acute respiratory infection {fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath)} **AND** requiring hospitalization **AND** with no other etiology that fully explains the clinical presentation;
OR
- A case for whom testing for COVID-19 is inconclusive.

Laboratory Confirmed case:

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Updated definition of contact: A contact is a person that is involved in any of the following:

- Providing direct care without proper personal protective equipment (PPE) for COVID-19 patients
- Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings).
- Traveling together in close proximity (1 m) with a symptomatic person who later tested positive for COVID-19.

High Risk Contact:

- Touched body fluids of the patient (Respiratory tract secretions, blood, vomit, saliva, urine, faeces)
- Had direct physical contact with the body of the patient including physical examination without PPE.
- Touched or cleaned the linens, clothes, or dishes of the patient.
- Lives in the same household as the patient.
- Anyone in close proximity (within 3 ft) of the confirmed case without precautions.
- Passenger in close proximity (within 3 ft) of a conveyance with a symptomatic person who later tested positive for COVID-19 for more than 6 hours.

Low Risk Contact:

- Shared the same space (Same class for school/worked in same room/similar and not having a high risk exposure to confirmed or suspect case of COVID-19).
- Travelled in same environment (bus/train/flight/any mode of transit) but not having a high-risk exposure.

Release Reporting Form –For Institutional Quarantined person

Identification Number CIF number.....

Name of the Facility

Name of the Person..... C/O.....

Date of entry in the quarantine facility

Age..... Sex..... Religion..... Contact No.

Name of the Block PHC / PHC

Address with landmark.....

Travel history within last 14 days of onset of symptoms (Yes/No) If "Yes", specify.....

History of contact with known COVID-19 case / suspect- (Yes/No). If yes, date of last contact

Present status of the person(as on date.....)

- A. Symptomatic/Asymptomatic (Please encircle)
- Febrile/Afebrile (Please encircle)
 - Cough – Present/absent (Please encircle)
 - Any other symptoms
- B. Investigation - RT PCR COVID-19

1 st Test	Date	Result
Penultimate test	Date	Result
Last test	Date	Result

Fit for release from Quarantine facility--(Yes/No)

If "No" then specify reason

If "Yes" then specify probable date of release

On release – Advise for Home Quarantine including self-monitoring and reporting :-

- Starting date.....Ending date.....

This is to certify that above information is correct to the best of my knowledge and also to certify that Mr/Mrs/Ms..... is fit/not fit for release from the facility.

In-charge (Signature)

Name:--

Designation:--

Date:--

Remarks by the State Level Discharge Board:--

NB: For home quarantine, the person should report to the nearest PHC / BPHC / Hospital or call "104" if he /she develops any fever / cough / breathing difficulty

Department of Health & Family Welfare, Govt. of Assam

COVID-19 Patient Discharge Reporting Form

Identification Number CIF number.....

Date of Admission..... Admitted in –Isolation ward/ICU/HDU (multiple ticks allowed)

Name of Hospital.....

Name of the PatientC/O.....

Age..... Sex..... Religion.....Contact No.

Name of the Block PHC

Address with landmark.....

Travel history within last 14 days of onset of symptoms (Yes/No) If "Yes", specify.....

History of contact with known COVID-19 case (Yes/No)

Present status of the patient (as on date.....)

- A. Febrile/Afebrile (Please encircle)
- a. If afebrile, since when.....
- b. Core body temperature
- B. Respiratory symptoms (Please encircle)
- a. Cough – Present/absent
- b. Other respiratory symptoms
- C. Hemodynamic status: --- Pulse BP..... Spo2.....
- D. Whether patient requiring any assisted Ventilator support /oxygen (Please encircle)
- E. Investigation

Blood count		Blood sugar	
ABO & Rh		S. creatinine	
Chest X-ray (PA) latest report			
Any other investigation			
RT PCR COVID-19 Test	1 st Test	Date	Result
	Penultimate test	Date	Result
	Last test	Date	Result

- F. Any comorbid factors present (please specify)
- a. If "yes" then specify the status of the comorbid condition

Department of Health & Family Welfare, Govt. of Assam

Fit for discharge from Hospital---(Yes/No)

If "No" then specify reason

If "Yes" then specify probable date of discharge

On discharge – Advise for Home Quarantine & self-monitoring&reporting:--

- Starting date.....Ending date.....

Date of Follow up at the Treatment center.....

This is to certify that above information is correct to the best of my knowledge and also to certify that Mr/Mrs/Ms..... is **fit/not fit** for discharge from the hospital.

(Signature of the In-charge)

(Signature of the Treating Doctor)

Name:

Name:

Designation:

Designation:

Date:

Date:

Remarks by the State Level Discharge Board:--

NB: For home quarantine, the person should report to the nearest PHC / BPHC / Hospital or call "104" if he /she develops any fever / cough / breathing difficulty

Department of Health & Family Welfare, Govt. of Assam