ORDER

Whereas, the Health & Family Welfare Department, Government of Assam has been taking all possible steps for the management and treatment of the COVID-19 patients in the State;

Whereas, the bed capacity in the hospitals across the State have been ramped up considerably and the COVID Care Centres has been set up in order to accommodate asymptomatic and mildly symptomatic patients;

Whereas, COVID-19 situation has necessitated deployment of large number of Doctors, Nurses, Paramedical Staffs etc. as well as deployment of huge number of ambulances to transfer around 700 patients to the COVID Hospitals and COVID Care Centers on a daily basis;

Whereas, some individuals who have tested positive have been insisting on permission to undergo isolation at home;

Whereas, the policy of the Health & Family Welfare Department is that all COVID patients will be kept under close medical observation in COVID hospitals or COVID Care Centres so that timely treatment can be provided as required, and home isolation of COVID-19 patients is not preferred by the Department;

Whereas, home isolation of COVID-19 patients carries risk of transmitting the infection to other resident of the home and neighbourhood;

Whereas, the Health & Family Welfare Department has deployed all available medical personnel to take care of the patients in the Government faculties and hence it is not possible to spare medical staff to monitor the condition of individual COVID-19 patients at their residences;

Whereas, the ambulances of Health & Family Welfare Department are also fully engaged in transfer of patients, hence it may be difficult to quickly make available ambulance if the condition of a patient rapidly deteriorates at home;

Whereas, it is also noted that forced hospitalisation or forced home isolation of a person is against the principles of liberty and freedom of choice;

Now, therefore, after careful consideration of the circumstances, Health & Family Welfare Department has, with great reluctance, decided that COVID-19 patients who insist on remaining in home isolation will be allowed to do so but without burdening the public healthcare system and subject to compliance with following conditions:–

1) The patient is asymptomatic, and that he/she is, prima facie, in good clinical condition without serious co-morbid conditions.
2) There is no person living in the house along with the patient, who is above 60 years of age/ a pregnant lady/ amongst the high risk category in respect of COVID-19.

3) All persons living in the house along with the patient, shall voluntarily get themselves tested for COVID-19 on the 4th day after beginning of home isolation period. In case, any of these person develop symptoms, they shall get tested immediately.

4) There is separate well ventilated room with a separate toilet for the person in isolation

5) The entire residence shall be converted to containment zone for 14 days.

6) In case of the residence of the patient being located in an apartment or densely packed neighbourhood, and the neighbours object to the home isolation on reasonable and good grounds, then the patient will have to be shifted to a hospital.

7) A caregiver should be available to provide care on a 24 x7 basis.

8) The patient/ guardian shall arrange for a private medical practitioner to regularly monitor the patient's condition in person or through tele/ video-link.

9) During the period of home isolation, the patient shall strictly adhere to the medical advice given by medical practitioner in respect of clinical aspects as well as hygiene and social distancing to be observed in the residence.

10) The patient shall keep a fingertip pulse oximeter and thermometer at hand, and keep a proper record of the oxygen saturation level, pulse rate and temperature readings at regular intervals. In case, the oxygen saturation level falls below 95% or there are any dangerous symptoms and signs, the patient shall be shifted to a hospital by the guardian/ care-giver.

11) As the Government ambulances are fully engaged in ferrying patients to Government facilities at all hours, the patient/ guardian will shall make arrangements for a private vehicle to be available at all hours, in case the need arises to shift the patient to a private hospital which is treating COVID patients or to Government COVID hospital.

12) The patient/guardian shall make arrangement for treatment in a private sector hospital, if need arises. However, the patient will be allowed to be treated in Government facility, if he/she so desires.

13) A patient who has completed 14 days of home isolation without any complications shall be deemed to be discharged, in consultation with State Discharge Board.

14) An undertaking to be furnished by the COVID-19 patient in the format at ANNEXURE-I, to the district administration.

(Samir K. Sinha, IAS)
Principal Secretary to the Government of Assam
Health & Family Welfare Department
Memo No HLA 269/2020/25-A

Copy to:
1. Chief Secretary, Assam.
2. Director General of Police, Assam.
3. Principal Secretary to Hon'ble Chief Minister, Assam.
4. Shri G. P. Singh, IPS, ADGP (L&O)
5. Shri Harmee Singh, IPS, ADGP (S)
6. Commissioner & Secretary, Health & Family Welfare Department.
7. Special Secretary, Health & Family Welfare Department.
8. Chief Executive Officer, Assam State Disaster Management Authority.
10. All Deputy Commissioners for necessary action.
11. All Superintendents of Police
12. Director of Medical Education, Assam
13. Director of Health Services, Assam.
14. All Principals/ Superintendents, Medical College Hospital.
15. All Joint Directors of Health Services, Assam.
16. P.S. to Hon’ble Minister, Health & F.W., Assam.
17. P.S. to Hon’ble Minister of State, Health & F.W., Assam.
18. Any other concerned

Dated Dispur the 11th July, 2020

Principal Secretary to Govt. of Assam
Health & Family Welfare Department
UNDERTAKING

I, ..........................................................................................................., age............S/W of ......................................................................................................................, resident of ..................................................
.................................................................................................................., on being diagnosed as a confirmed/ positive of COVID-19, do hereby voluntarily undertake to maintain strict home-isolation at all times for the prescribed period.

I hereby declare that I am asymptomatic, and diagnosed by a medical practice to be, prima facie, in good clinical condition and do not have the following serious comorbid conditions: kidney diseases, heart disease, stroke, Tuberculosis, cancer, HIV, immune-compromised conditions, etc.

I, fully understand the risks of remaining in home isolation outside a hospital and will not hold the Government of Assam responsible in any way, in case of any complications that may arise due to my home isolation.

During this period, I shall monitor my health, and comply with all conditions laid down in Government notification No. HLB.111/2020/301 dated 19th July, 2020 including arrangement of a private medical practitioner to monitor my condition regularly.

I shall co-operate with the Health & Family Welfare Department at all times, as required, and readily comply with any advice given by the Department.

I am liable to be acted on under the prescribed law for any non-adherence/violation to home-isolation protocol/instructions.

Signature of the person in home isolation: .................................................................
Name: .............................................................................................................
Age/sex: ..........................................................................................................
Date: .............................................................................................................
Contact Number: ...........................................................................................

Signature of the witness (household member):
Name: .............................................................................................................
Age/sex: ..........................................................................................................
Relationship to the person: .................................................................
Date: .............................................................................................................
Contact Number: .............................................................................................