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

HLA.270/2020/130

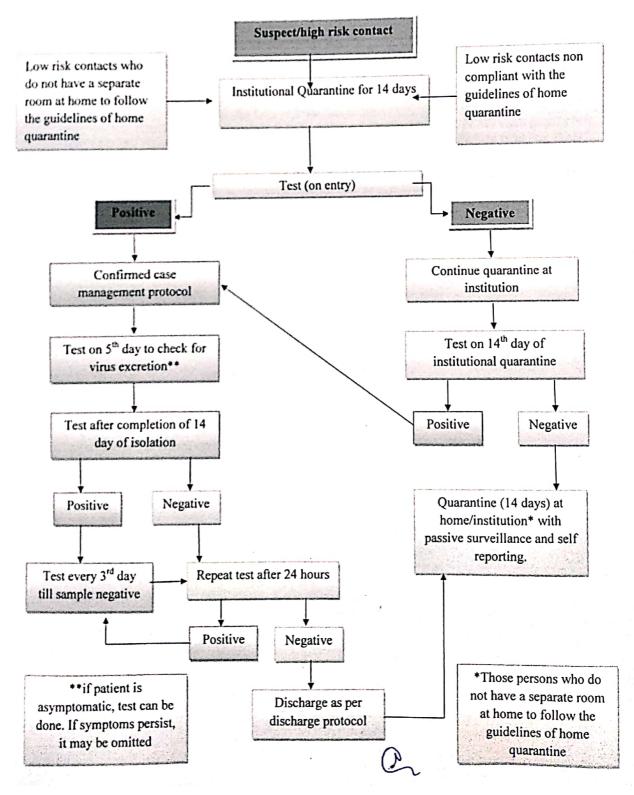
Dated Dispur the 10th April, 2020

STANDARD OPERATING PROCEDURE (SOP) FOR DISCHARGE FROM ISOLATION WARDS

In continuation of earlier order in respect of the Assam COVID-19 Discharge Board vide No. HLA 270/2020/102 dated 5th April, 2020, along with additional SOP for release from quarantine and protocol to be followed vide HLA.270/2020/116 dated 08/04/2020, certain guidelines and protocols are to be followed while discharging positive COVID-19 patients from isolation wards.

It is, therefore, felt necessary that an additional SOP is put in place to adhere to a common discharge policy with flowchart and a model discharge certificate for discharging COVID-19 patients from isolation wards.

PROCESS TO BE FOLLOWED FOR DISCHARGE FROM ISOLATION WARDS



Management flowchart for COVID 19 suspects

Types of contact

A. High Risk Contact

- Touched body fluids of the patient (Respiratory tract secretions, blood, vomit, saliva, urine, faeces)
- Had direct physical contact with 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.

B. 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.
- * For low risk contacts, total 28 days home quarantine is to be done. For first 14 days, active surveillance shall be done with the help of front line workers (FLWs). For the next 14 days, passive surveillance and self reporting is to be followed. On the 28th day, FLWs shall go and collect the self reporting format and check the person for any symptoms before releasing from surveillance.

If the suspect develops any Influenza like illness/Severe acute respiratory infection symptoms, they shall report immediately to nearest health facility or call #104.

Copy of Model Discharge Certificate along with instructions for Home Quarantine with passive surveillance, are enclosed as annexure.

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

Memo HLA.270/2020/130-A

Dated Dispur the 10th April, 2020

Copy to:

- 1. The Chairman, Assam Administrative Tribunal.
- 2. The Chairman, Assam Board of Revenue.
- 3. The Chief Secretary, Govt. of Assam.
- 4. The Director General of Police, Assam.
- 5. The Principal Secretary to Hon'ble Chief Minister, Assam.
- 6. The Special Secretary to the Govt. of Assam, Health & FW (B) Department.
- 7. All Deputy Commissioners / Sub-Divisional Officers for information.
- 8. The Mission Director, National Health Mission, Assam.
- 9. The DME/DHS Assam for necessary action.
- 10. All Principal/Superintendents, Medical Colleges of Assam.
- 11. The SSO, IDSP, Assam, O/o National Health Mission, Assam.
- 12. All Joint Director of Health Services, Assam for necessary action.
- 13. The DSOs, IDSP, all districts for information and necessary action.
- 14. All Superintendents of District Hospitals.
- 15. P.S. to Hon'ble Minister, Health & FW Department, Govt. of Assam.
- 16. P.S. to Hon'ble Minister of State, Health & FW Department, Govt. of Assam.
- 17. Office Copy.

By order etc.

Commissioner & Secretary to Govt. of Assam Health & Family Welfare Department

DISCHARGE CERTIFICATE

(FOR COVID-19 PATIENT ONLY)

Admission on	•••••		charge on
		o Der	
MRD No	Ward.	Unit	Service
Name:		Age Se	ex Religion
Name of Father/Hus	sband/Guardian		attitute tongioni
Address:			
		Contact Number	
		Dist	
			-
RELEVANT HIST	ORY RELATED T	O COVID-19	
Travel history withi	n last 14 days of onse	et of symptoms (Yes/No)	
If Yes please specif	y		
History of contact w	vith known COVID-1	9 case (Yes/No)	
If Yes please specif	y		
COURSE IN THE	HOSPITAL		
-Referred from (who	erever applicable).		
-Presenting Sympto	ms:		
-Comorbid Condition	on (if any please tick)·	•••••
	m (if any produce trest	<i>)</i> •	
COPD	Yes / No	Hypertension	Yes / No
COPD Asthma	Yes / No Yes / No	Hypertension CKD	Yes / No Yes / No
COPD Asthma Malignancy	Yes / No Yes / No	CKD Heart Disease	
COPD Asthma	Yes / No	CKD	Yes / No
COPD Asthma Malignancy CLD	Yes / No Yes / No Yes / No	CKD Heart Disease Any other	Yes / No Yes / No
COPD Asthma Malignancy CLD -Whether admitted i	Yes / No Yes / No Yes / No n Isolation Ward: (Y	CKD Heart Disease Any other es/No) If Yes for how ma	Yes / No Yes / No uny days:
COPD Asthma Malignancy CLD -Whether admitted i	Yes / No Yes / No Yes / No n Isolation Ward: (Y	CKD Heart Disease Any other es/No) If Yes for how may days:	Yes / No Yes / No uny days:
COPD Asthma Malignancy CLD -Whether admitted i -Whether admitted i	Yes / No Yes / No Yes / No n Isolation Ward: (Y n ICU: (Yes/No) If Y n Oxygen Therapy: (es/No) If Yes for how may days: Yes/No) If Yes for how r	Yes / No Yes / No any days:
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Asthma Malignancy CLD -Whether admitted i -Whether admitted i -If the Patient was o -If the Patient was o -If the Patient was o -INVESTIGATION 1] RT-PCR If Additional sample 2]RE- Blood: 3]RE-Urine:	Yes / No Yes / No Yes / No n Isolation Ward: (Yes / No) n ICU: (Yes/No) If Yes / No n Oxygen Therapy: (In Ventilator (Yes/No) t: 1st Sample: da 2nd Sample: da 3rd Sample: da	CKD Heart Disease Any other es/No) If Yes for how many days: Yes/No) If Yes for how rany days: Yes/No) If Yes for how many days on date and report on date and report	Yes / No Yes / No any days:
Asthma Malignancy CLD -Whether admitted i -Whether admitted i -If the Patient was o -INVESTIGATION I] RT-PCR If Additional sample 2]RE- Blood: 3]RE-Urine: 4]LFT:	Yes / No Yes / No Yes / No n Isolation Ward: (Yes / No) n ICU: (Yes/No) If Yes / No n Oxygen Therapy: (In Ventilator (Yes/No) t: 1st Sample: da 2nd Sample: da 3rd Sample: da	CKD Heart Disease Any other es/No) If Yes for how many days: Yes/No) If Yes for how many days: Yes/No) If Yes for how many days on the report ate report on date and report	Yes / No Yes / No any days:
Asthma Malignancy CLD -Whether admitted i -Whether admitted i -If the Patient was o -INVESTIGATION 1] RT-PCR If Additional sample 2]RE- Blood: 3]RE-Urine: 4]LFT: 6]RBS:	Yes / No Yes / No Yes / No n Isolation Ward: (Yes / No) n ICU: (Yes/No) If Yes / No n Oxygen Therapy: (In Ventilator (Yes/No) t: 1st Sample: da 2nd Sample: da 3rd Sample: da	CKD Heart Disease Any other es/No) If Yes for how many days: Yes/No) If Yes for how rany days: Yes/No) If Yes for how many days on date and report on date and report	Yes / No Yes / No any days:
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COMPLETION AT DISCULTOR	
CONDITION AT DISCHARGE:	
• Fever: (Present/Absent) If Absent, Since When:	
 Cough: (Present/Absent) If Absent, Since When: 	
 Difficulty Breathing: (Present/Absent) If Absent, S 	
Any Other Remarks:	
Counter Signature of	
Head of Service & Unit Registrar	Signature of Doctor i/c
Add 0 Di t	
Advice after Discharge	
self monitoring of symptoms.	
 Wear triple layered surgical mask (change 8 hrly) a Live in a single room with good ventilation. Avoid close contact with family member. Avoid sharing of utensils. Keep hands clean and avoid outdoor activities. Stay away from elderly people/children and pregnated and symptoms of Fever/Cough/ Difficulty Breath Health Worker or call '104.' 	nt.
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B





Guidelines for Quarantine people and their family members with respect to the discharge from Quarantine facility and follow up action in the community

The Concerned Quarantine Person should:

- · Provide details of your stay for next 14 days including the contact numbers.
- Obtain the contact details of officials of the quarantine health facilities for follow up and reporting in case of any issue.
- Stay in a well-ventilated single-room preferably with an attached/separate toilet. If no separate room is available, continue to stay in the facility quarantine for next 14 days.
- Needs to stay away from elderly people, pregnant women, children and persons with co-morbidities (Hypertension, Diabetes, Kidney disease) within the household.Restrict his/her movement within the house.
- Under no circumstances attend any social/religious gathering e.g. wedding, condolences.
- Wash hand as often thoroughly with soap and water or with alcohol-based hand sanitizer.
- Avoid sharing household items e.g. dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people at home.
- Use triple layer surgical mask all the time. Change the mask every 6-8 hours. Used masks should be disinfected using ordinary 5% bleach solution (150 gm in 1 litre of water) or sodium hypochlorite solution (1%) and then disposed of either by burning or deep burlal.
- Use handkerchief while sneezing or coughing.
- If symptoms appear (cough/fever/difficulty in breathing), he/she should immediately report
 to the nearby health facility or CALL "104".identify one care giver (among family members)
 who will only accompany you. He / she will wear mask and wash hands, every time he/ she comes
 in contact with you.
- · Monitor your temperature twice daily.
- Retain the aircraft boarding pass/rall ticket/ details of Journey by taxi (including contact number of drivers etc).
- Monitor your health for a period of next 14 days (after leaving the quarantine centre) and inform about your health to health workers at the end of 14 days.
- Allow attendance by health workers / respond to call received from Health functionaries. Keep their contact numbers handy.

Advice to other family members at home:

- Only an assigned family member should be tasked with taking care of the such person
- Avoid shaking the soiled linen or direct contact with skin
- Use disposable gloves when cleaning the surfaces or handling solled linen of the person. Wash hands after removing gloves
- Visitors should not be allowed.
- · Wash your hands with soap and water frequently.
- Proper disinfection of bed/tables/ room/ all personal belongings should be followed with 1% Sodium hypochlorite solution/1% bleaching solution (30 gm bleaching powder+ 1 litre of water). Wash used cloths with normal detergent powder.

IN EMERGENCY CALL "104"

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চিকিৎসাল্যৰ পৰা হুটী দিয়াৰ শিহ্ত গৃহ-অসংক্ৰামাকৰণ (Home Quarantine) অৱস্থাত পালন কৰিবলগীনা কিছু সাৰ্গান্তান্ত্ৰক নিয়ন্ত্ৰকী:

ণুষ্ অসমোমাক্ষণ (Home Quarantine)ত আৰক্ষ হৈ পৰা বাক্তিভানৰ ক্ষেত্ৰত

- ১৪ দিন গৃত- অসংক্ৰণামাকৰণ ক'ত কটাৰ তাৰ সঠিক তথা স্বাস্থ্য কমী সকলক প্ৰদান কৰক তথা গোগাযোগৰ ফোন নম্বৰ দিয়াক।
- इটী দিয়া চিকিংসালয়ৰ সংশ্লিষ্ট চৰকাৰী বিষয়াৰ তালিকা লওক যাক আপুনি সোগাযোগ কৰিব।
- বতাহ ভালদৰে চলাচল কৰাৰ লগতে দৌচালা৷ সংলগ্ন থকা আছুডীয়া কোঠাত থাকক, যদি এই সুবিধা নাথাকে তেতে
 চিকিৎসালয়তে অতিৰিক্ত ১৪ দিন অতিসাহিত কৰক।
- ঘৰৰ ৰমোনোড়াঠ ৰাজি, গৰ্ভৱতী মহিদা, শিশু ভগা মধুমেহ, উচ্চ ৰক্তচাশ, খাস প্ৰখাস সম্মীয়া আৰু বৃক্ৰোগত আক্ৰান্ত ব্যক্তিৰ পৰা অভিৰত গাৰুত।
- ঘৰৰ ৰাহিৰলৈ নগৈ ঘৰৰ ভিতৰতে সীমাৰদ্ধ ৰাখি চলাচল কৰিব লাগে।
- गिকোনো পরিস্থিতিতে সামাজিক/ধর্মীয় সমাবেশত উপস্থিত নাগাকিব।
- আহাৰ গ্ৰহণ কৰাৰ আগত আৰু কাঁহ, হাঁচি মৰাৰ পাছত তথা শৌচাগাৰ ব্যৱহাৰ কৰি আৰু যিকোনো স্থান স্পূৰ্ণ কৰাৰ পাছত হাত
 চানোন আৰু পানীৰে বা এলকহলগৃক্ত হেও চেনিটাইআৰেৰে ক্ষেও ২০ ছেকেণ্ড ডালমৰে হাত পৰিস্কাৰ কৰিব।
- পৰৰ অন্যান্য সকলৰ সৈতে ঘৰুৰা সাম্ঞী শেনে কাঁহী-ৰাডি, গিলাচ-কাশ, চামুচ, গামোচা, বিচনাৰ আচৰাৰ বা অন্যান্য সাম্ঞীসমূহ আদান প্ৰদান নকৰিব।
- সকলো সন্যান্ত তিনিতৰণীয়া ছাৰ্ডিকেল মান্ধ ব্যৱহাৰ কৰিব। ৬-৮ ঘণ্টাৰ মূৰত মান্ধন পৰিবৰ্তন কৰিব। বাবহাৰ কৰা মান্ধসমূহ
 ৫% গ্ৰিচিং পানী (১৫০ গ্ৰাম ব্ৰিচিং পাউদাৰ + ১ লিটাৰ পানী) অথবা ১% হাইপজৰাইটৰে বীজাণুমুক্ত কৰি পুতি বা জ্লাই নউ
 কৰিব।
- হাঁচি বা কাই মাৰোতে কনাল বাবহাৰ কৰি নাক আৰু মুখ ঢাকি ল'ব।
- দিনত করেও দুবাবকৈ শবীৰৰ উন্মতা চাওঁক।
- 👁 ভ্ৰমণৰ তথাপাত্তি সঠিককৈ নাখক যোনে উৰাজাহান্তৰ টিকট, ৰে'লৰ টিকট, টেপ্লি আদিৰ বিষদ তথা (চালকৰ ফোন নং ইত্যাদি)।
- ঘদি স্বৰ উঠে, কাঁহ হ্বা বা উপাহ লবলৈ সমসা। হ'ল ততালিকে ওচৰৰ সাহাকেন্দ্ৰত বা ১০৪ নম্বৰত যোগাযোগ কৰিব।
 ঘদি সাহাকেন্দ্ৰলৈ যাবলগা পৰিস্থিতি হয় তেন্তে আপোনাৰ লগত পৰিয়ালৰ এজন বাজি কোন ঘাব তাক থিবাং কৰক, আৰু তেওঁ
 নাম পৰিধান কৰিব আৰু আপোনাৰ সম্পোশলৈ আহিলে তেওঁ প্ৰতিবাৰে চাবোনেৰে ভালদৰে হাত ধুব।
- শ্বাস্থাক্রীয়ে ফোন কবিলে সঠিককৈ সহাবি দিয়ক। তেওঁলোকৰ ফোন নম্বৰ হাততে পোবাকৈ বাখক।
- ১৪ দিনৰ অন্তত আপোনাৰ স্বাস্থ্য সম্পর্কে স্বাস্থ্যকর্মীক জনাওক।

পৰিয়ালৰ সদস্য সকলৰ ক্ষেত্ৰত

- ১) পৰিয়ালৰ যিকোনো এজন সদস্যইহে আক্ৰান্ত ব্যক্তিগৰাকীক ওশ্ৰুষাৰ দায়িত্ব দৃঁওক।
- ২) আক্ৰান্তভনে ব্যৱহাৰ কৰা কাপোৰ তথা হালৰ প্ৰত্যক্ষ সম্পেৰ্ণৰ পৰা আঁতৰি থাকক।
- ৩) ব্যক্তিজনে ব্যৱহাৰ কৰা কাশোৰ ডথা আচুতীয়া কোঠাড থকা যিকোনো বস্তু পৰিস্কাৰ কৰোতে ডিচ্পজৈবল শ্লোডচ ব্যৱহাৰ কৰক।
- ৪) গ্লোডচ ব্যবহাৰ কৰাৰ পিচত হাত চাৰোনেৰে ভালদৰে ধোৱক।
- ৫) অন্য ব্যক্তিৰ সম্পেৰ্ণৰ পৰা আঁতৰত ৰাখক।
- ৬) ৰাক্তিজনে সদায় ব্যবহাৰ কৰা ৰন্ধসমূহ যেনে বিচনা, টেবুল অনান্য সামগ্ৰী শ্ৰতিদিনে সম্বনায় ১% হাইপ্কৰাইট বা ১% ব্লিচিং পানীৰে (৩০ গ্ৰাম ব্লিচিং পাউদাৰ +১ দিটাৰ পানী) পৰিস্কাৰ কৰক।
- ৭) শৌচালয় ব্লিচিং বা ফেনাইলেৰে পৰিস্কাৰ কৰক।
- ৮) ব্যবহাৰ কৰা কাপোৰ সমূহ বেলেগতৈ ঘৰতে সহজে পোৱা কাপোৰ ধোৱা পাউদাৰ ব্যবহাৰ কৰি ধুঁই ৰ'দত ভালদৰে শুকাওক।

অৰুৰী সময়ত ১০৪ নম্বৰত যোগাযোগ কৰক

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