

**GOVERNMENT OF NAGALAND
OFFICE OF THE DEPUTY COMMISSIONER
KOHIMA: NAGALAND**

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Email- dckma-ngl@nic.in

No. DCK/CON/COVID-19/2020/Pt(Vol-IV)/
To,

Dated, Kohima the 1st June 2021

All the Area Administrative Officers,
Kohima, Nagaland.

Sub: **i) Revised Discharge Policy for COVID-19 confirmed cases in Nagaland**
ii) Guidelines for Home Isolation of Mild/ Asymptomatic COVID Cases.

Sir/ Madam,

Inviting a reference to the above stated subject and in pursuance to Letter No. DHFW/COVID-19/RX/2021/7403-05, Dated 20th May 2021, I am directed to forward herewith:

- i) Revised Discharge Policy for COVID-19 confirmed cases in Nagaland
- ii) Guidelines for Home Isolation of Mild/ Asymptomatic COVID Cases.

It may be mentioned herein that henceforth all discharge from Home Isolation/ Covid Care Centres shall strictly follow the aforementioned Policy. Guidelines for Home Isolation of Mild/ Asymptomatic COVID Cases is also enclosed herein for strict adherence.

This is for your kind information and necessary action please.

Encl.: **As Stated.**

Yours' faithfully,

(BHAVANI SRI) IAS

Additional Deputy Commissioner
Kohima: Nagaland

No. DCK/CON/COVID-19/2020/Pt(Vol-IV)/ NR-116(A) Dated, Kohima the 1st June 2021

Copy to:

1. The Legislato(r) In-charge of Kohima district for kind information please.
2. The State Nodal Officer for Covid-19 for Kohima district for kind information please.
3. The Chief Medical Officer, Kohima for kind information and necessary action
4. The DPRO Kohima & Convenor, IEC Committee of Kohima DTF for wide publicity of Guidelines for Home Isolation of Mild/ Asymptomatic COVID Cases please.
5. Office Copy.

(BHAVANI SRI) IAS

Additional Deputy Commissioner
Kohima: Nagaland

**GOVERNMENT OF NAGALAND
DIRECTORATE OF HEALTH AND FAMILY WELFARE
NAGALAND : KOHIMA**

NO.DHFW/COVID-19/RX/2021 / 7403-05

Dated Kohima, the 20th May 2021

To

The Chief Medical Officers and Medical Superintendents,
All Districts, Nagaland.

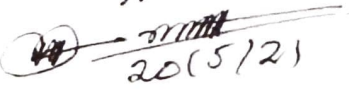
Sub:- (i) Revised Discharge Policy for COVID-19 confirmed cases in Nagaland.
(ii) Guidelines for Home Isolation of Mild/Asymptomatic COVID cases .

Sir/Madam,

In addition to the Management Protocol for Adult COVID-19 patients issued vide file of even number dated 7th May 2021, the CMO's and MS's of all the districts are hereby directed to follow the protocols prepared herein as "Revised Discharge Policy for COVID-19 Confirmed Cases in Nagaland" (Annexure-I) and "Guidelines for Home Isolation of Mild/Asymptomatic COVID-19 Cases" (Annexure-II) for management of Covid-19 cases.

Enclosed: Annexure-I
Annexure-II

Yours faithfully,


20(5/21)

(DR. NEIKHRIELIE KHIMIAO)

Principal Director
Directorate of Health & Family Welfare
Kohima : Nagaland

NO.DHFW/COVID-19/RX/2021

Dated Kohima, the May 2021

Copy to :-

1. The Sr. PS to the Hon'ble Minister, Health and Family Welfare Nagaland for kind information.
2. The Deputy Commissioner & Chairman DTF of all districts for kind information.
3. Guard file/office copy.

(DR. NEIKHRIELIE KHIMIAO)

Principal Director
Directorate of Health & Family Welfare
Kohima : Nagaland

**GOVERNMENT OF NAGALAND
DIRECTORATE OF HEALTH AND FAMILY WELFARE
NAGALAND : KOHIMA**

REVISED DISCHARGE POLICY FOR COVID-19 CONFIRMED CASES: NAGALAND

In tune with the MoHFW guideline and current transmission-based evidences around COVID-19, the discharge policy is revised with immediate effect.

A. Asymptomatic cases:

1. Have completed 10 days from the day of sample collection.
2. Patient remains asymptomatic.
3. There will be no retest for discharge from home isolation/ facility unless the patient is Immunocompromised.
4. If immunocompromised, the patient will be tested 10 days from the day of first sample collection by RT-PCR/ Truenat/ CABNAAT. If positive, retest can be done after a gap of 3 days.

NB. At any point of time the patient becomes symptomatic, the discharge policy will be as per any category under the symptomatic groups.

B. Mild Symptomatic cases:

1. Have completed 10 days after symptom onset.
2. No fever for the last 3 days.
3. There will be no retest for discharge from home isolation/ facility unless the patient is Immunocompromised.
4. If immunocompromised, the patient will be tested by RT-PCR/ Truenat/ CABNAAT after clinical discharge criteria is met. If positive, retest can be done after a gap of 3 days.

C. Moderate Symptomatic Cases:

1. Have completed 10 days after symptom onset.
2. No fever for the last 3 days.
3. Oxygen saturation is maintained for 3 consecutive days.
4. One negative RT PCR/ Truenat/ CBNAAT, for which sample will be collected when clinical discharge criteria is met. If positive, retest can be done after 3 days.

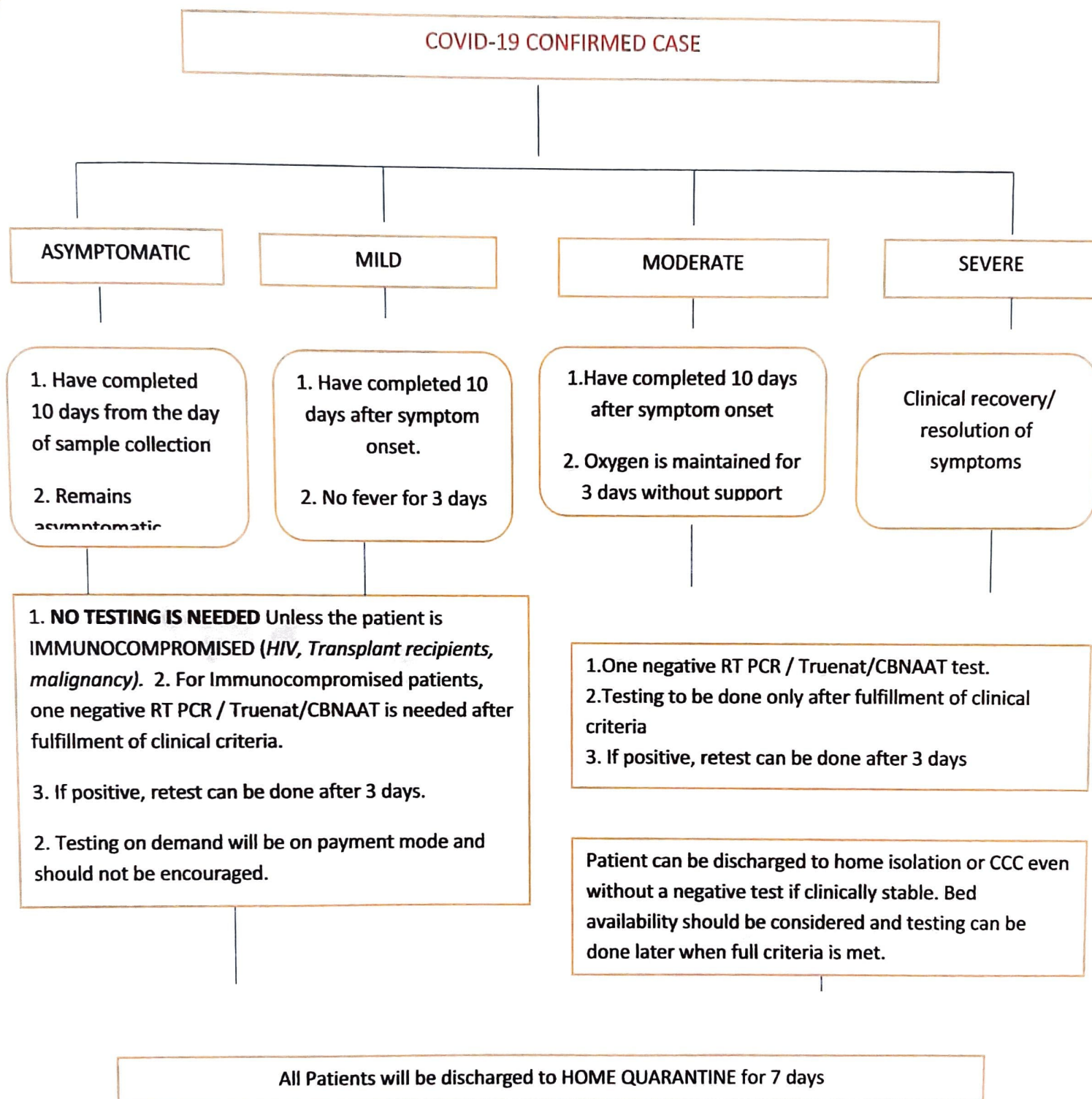
D. Severe Cases:

1. Resolution of clinical symptoms.
2. One negative RT PCR/ Truenat/ CBNAAT, for which sample will be collected only after clinical recovery.
3. If positive, retest can be done after 3 days.

ADDITIONAL TERMS AND CONDITIONS

1. Depending on bed availability, the COVID-19 facility can discharge clinically stable patients to home isolation/ CCC even without a negative test. Testing can be done at a later period when criteria is fulfilled.
2. After all criteria is met, patients will be provided with a discharge certificate from home/facility by the medical team/ facility. All categories of patients will be discharged to further HOME QUARANTINE of 7 days.
3. Any patient under Asymptomatic/ mild category who is not immunocompromised but insist on a negative test (On demand) will be tested by RTPCR/ Truenat/CBNAAT on payment.
4. Any testing, if desired by this discharge policy will be free in all public facilities.
5. Transportation of patient from home isolation for testing will be self -arranged.
6. There will be no unnecessary retesting of samples beyond this guideline.
7. Severity of symptoms is as per classification by the MoHFW Clinical management protocol.

REVISED DISCHARGE POLICY FOR COVID-19 PATIENTS: NAGALAND (May 2021)



*Transportation for testing of patients under home isolation (if necessary) will be self- arranged

*2nd Retest will not be required if the patient remains asymptomatic for 3 days and will be discharged with clinical correlation.

**GOVERNMENT OF NAGALAND
DIRECTORATE OF HEALTH AND FAMILY WELFARE
NAGALAND : KOHIMA**

GUIDELINES FOR HOME ISOLATION OF MILD/ASYMPTOMATIC COVID-19 CASES

ASYMPTOMATIC CASES/ MILD CASES OF COVID-19:

Patients who are clinically assigned to be mild/asymptomatic are recommended for Home Isolation

The Asymptomatic cases are laboratory confirmed cases not experiencing any symptoms and having oxygen saturation at room air of more than 94%. Clinically assigned mild cases are patients with upper respiratory tract symptoms (&/or fever) without shortness of breath and having oxygen saturation at room air of more than 94%.

1. PATIENTS ELIGIBLE FOR HOME ISOLATION:

- The patient should be clinically assigned as mild/Asymptomatic case by the treating Medical Officer.
- Such cases should have the requisite facility at their residence for self-isolation and for quarantining of the family contacts.
- A caregiver should be available to provide care on 24X7 basis. A communication link between the caregiver and hospital is a prerequisite for the entire duration of home isolation.
- Elderly patients aged more than 60 years and those with co-morbid conditions such as Hypertension, Diabetes, Heart disease, chronic lung/liver/kidney disease, Cerebro-vascular disease etc, shall be allowed home isolation after proper evaluation by the treating medical officer.
- Patients suffering from immuno compromised status (HIV, Transplant recipients, Cancer therapy etc.) are not recommended for home isolation and shall only be allowed home isolation after proper evaluation by the treating medical officer.

2. INSTRUCTIONS FOR THE PATIENT:

- Patient must isolate himself from other household members.
- Patient should be kept in a separate well-ventilated room with cross ventilation. Windows should be kept open to allow fresh air to come in.
- Patient should at all times use triple layered medical mask. Discard mask after 8 hours of use or earlier if they become wet or visibly soiled. Both care giver and patient may consider using N95 mask.
- Patient must take rest and drink lots of fluids. He/she should frequently wash hands with soap & water.
- Don't share personal items with other people. Follow respiratory etiquettes all the time.
- Ensure cleaning of surfaces in the room that are frequently touched (tabletops, doorknobs, handles etc.)
- Install Arogya Setu App compulsorily.

3. SELF MONITORING OF BLOOD OXYGEN SATURATION WITH AN OXIMETER IS STRONGLY ADVISED:

- If pulse oximeter is not available, a single breath holding test may be done. (Patient has to take a full but not too deep breath and hold it as long as possible). Based on duration of breath holding patients are categorized into:

25 seconds – Normal cardiopulmonary reserve.

15 to 25 seconds – limited cardiopulmonary reserve (Review with the medical Officer)

15 seconds – very poor cardiopulmonary reserve (Shift to hospital)

4. THE PATIENT WILL SELF-MONITOR HIS/HER HEALTH WITH DAILY TEMPERATURE MONITORING AND REPORT PROMPTLY FOR ANY DETERIORATION OF SYMPTOM AS GIVEN.

Fever: Any temperature of 100.4F (38 degree Celsius) or greater is considered as fever.

5. INSTRUCTIONS FOR CARE-GIVERS:

(As far as possible only one healthy care giver should be assigned)

- The caregiver should wear a triple layer medical mask.
- N95 mask may be considered when in the same room with the sick person.
- Hand hygiene must be ensured following contact with sick person.
- Avoid direct contact with body fluids of the patient, particularly oral or respiratory secretions.
- Patient/Care giver will keep monitoring their health. Immediate medical attention must be sought if serious signs or symptoms develop.

6. TREATMENT FOR PATIENTS WITH MILD/ASYMPTOMATIC DISEASE:

- Patients must be in communication with a treating physician and promptly report in case of any deterioration.
- Continue the medications for other co-morbid illness after consulting the treating physician.
- Patients to follow symptomatic management for fever, running nose and cough, as warranted.
- Patients may perform warm water gargling or take steam inhalation twice a day.
- In case of falling oxygen saturation or shortness of breath, the person should require hospital admission and seek immediate consultation of their treating physicians/surveillance team.

7. WHEN TO SEEK MEDICAL ATTENTION:

Patient/care giver will keep monitoring their health. Immediate Medical attention must be sought if serious signs or symptoms develop. These could include:

- Difficulty in breathing.
- Dip in oxygen saturation (SpO2 less than 94% on room air).
- Persistent pain, pressure in the chest.
- Mental confusion or inability to be aroused to alert state.
- High grade fever/ severe cough, particularly if lasting for more than 5 days.

8. WHEN TO DISCONTINUE HOME ISOLATION:

Patient under home isolation will stand discharged and end isolation after at least 10days have passed from onset of symptoms (or from date of sampling for asymptomatic cases) and no fever for 3days. There will be no testing required but the patient has to do home quarantine for 7 days more.

9. MILD DISEASES:

Upper respiratory tract symptom (&/or fever) WITHOUT shortness of breath or hypoxia.

➤ **MUST DOs**

- Physical Distancing, indoor mask use, strict hand hygiene.
- Symptomatic management (hydration, anti-pyretics, anti-tussive, multi-vitamins)
- Stay in contact with treating physicians.
- Monitor temperature and oxygen saturation (by applying an oximeter probe to fingers).

➤ **MAY Dos**

Therapist based on low certainty of evidence:

- Tab Ivermectin 12mg (once a day for three days). Avoid in pregnant and lactating women.
- Inhalational Budesonide (given via metered dose in inhalers/ dry powder inhaler) at a dose 800 mcg (two puff) twice daily after medical consultation.

Note: **ALL MEDICINES SHOULD BE TAKEN ONLY UNDER MEDICAL PRESCRIPTION & ADVICE.**

***High-risk for severe disease or mortality**

- Age > 60 years
- Cardiovascular disease, Hypertension, CAD
- DM (Diabetes Mellitus) and other immune compromised states.
- Chronic lung/kidney/lung disease.
- Cerebrovascular diseases
- Obesity

Department of Health & Family Welfare, Government of Nagaland.

Contact your nearest health units for more information. State Helpline No: 1800-345-0019

The guidelines on Home-quarantine for other members are available at:

<https://www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf>, shall be also followed