



**GOVERNMENT OF KHYBER PAKHTUNKHWA
HEALTH DEPARTMENT**

No. E&A Health/2-65/2020
Dated Peshawar, the 17.05.2020

To

1. All Commissioners in Khyber Pakhtunkhwa.
2. Director General Health Services, Khyber Pakhtunkhwa.
3. All Deputy Commissioners in Khyber Pakhtunkhwa.
4. All District Health Officers in Khyber Pakhtunkhwa.
5. All Medical Superintendents in Khyber Pakhtunkhwa.
6. All Hospital/Medical Directors MTIs in Khyber Pakhtunkhwa.

Subject: **GUIDELINES FOR HOME ISOLATION.**

Dear Sir,

I am directed to refer to the subject noted above and to enclose herewith guidelines for home isolation alongwith home isolation card (9 pages) for information and implementation in letter and spirit.

Encl: **A.A:**

Yours Faithfully

(Farhan Khan) 17/5/2020

Section Officer (General)

Endst: **No. & date even:**

Copy is forwarded to:

1. PS to Minister for Health, Khyber Pakhtunkhwa.
2. PS to Secretary Health Khyber Pakhtunkhwa.
3. PS to Spl. Secretary-I, Health Department.
4. PS to Spl. Secretary-II, Health Department.
5. PA to Addl: Secretary (E), Health Department.
6. PA to Deputy Secretary-II, Health Department.
7. PA to Deputy Secretary (Admn), Health Department.

Section Officer (General)

GUIDELINES FOR HOME ISOLATION

In situations where isolation of each and every case is not possible in a health care facility, WHO emphasizes the prioritization of those with highest probability of poor outcomes.

For this purpose patients are broadly categorized into three categories, where category A encompass patients who are with or at risk of moderate and severe disease and they will be managed in a health care facility.

Category B and C will be preferred for a home based care if they are consenting for it and have the capacity at home to look after them.

CATEGORIES	CRITERIA	ON GOING MANAGEMENT AND FOLLOW UP
Category A Requires immediate admission	Age >65 years (asses individually)	High Risk Categories 1. Increased Risk of severe illness <ul style="list-style-type: none"> • Diabetes • IHD • COPD, Emphysema, Bronchitis • Chronic Heart Disease • Chronic Kidney Disease • Chronic Liver Disease • Pregnancy • Obesity • Immunocompromised <ul style="list-style-type: none"> ○ Chemotherapy ○ Steroids ○ HIV Aids 2. High Risk of Severe illness <ul style="list-style-type: none"> • Organ transplant recipient • Solid organ or Blood Cancer having active chemotherapy or radiotherapy • Severe Asthma or Cystic Fibrosis requiring frequent hospital admission or steroids • Severe Kidney disease on dialysis
	Any age in the High risk categories (asses individually)	
	Any age with Warning signs: <ul style="list-style-type: none"> • Fever > 7 days or new fever after initial defervesce • SOB exertion or RR>20 • SpO2 of <94% on room air • Persistent palpitations • Pleuritic/Chest pain • Haemoptysis • New confusion/lethargy • Severe diarrhoea and dehydration • Excessive vomiting 	
Category B Home isolation with active health monitoring	Any age with stable lower risk comorbidities and no warning signs OR Age>65 years and no comorbidities and no warning signs	<ul style="list-style-type: none"> • Home isolation with active health monitoring • Document all Category B patients and inform local health authorities/ DHO office • Daily call and symptom monitoring arranged • Provide point of contact in case of deterioration. Operational 24/7

	AND Home isolation is assessed as feasible, safe and low risk of non-compliance	<ul style="list-style-type: none"> • Fill the home Isolation Card and give a deisolation plan based on time or symptoms based criteria
Category C Home isolation with health advice	Age < 65 years and no comorbidities and no warning signs AND Home isolation is assessed as feasible, safe and low risk of non-compliance	<ul style="list-style-type: none"> • Home isolation with health advice • Document all Category C patients and inform local health authority/ DHO. • Ensure know how to seek help and how to isolate appropriately • Advise how to identify deterioration and report • Fill the home Isolation Card and give a deisolation plan based on time or symptoms based criteria

A- Assess the suitability of the residential setting for home care. Rapid Response Team

In consultation with the DHO office, trained HCW of the Rapid Response Team should assess whether the residential setting is appropriate for home care. Considerations for care at home include whether;

- The patient is stable enough to receive care at home. This means the patient is either asymptomatic or has very mild symptoms
- The patient is consenting for home isolation.
- The patient or a family member in the house hold has a reliable communication tool (e.g a land line phone access or a mobile phone)
- Appropriate caregivers are available at home.
- There is a separate bedroom where the patient can stay till recovery without sharing space with others. If no separate room than at least a living place where appropriate distance of 6 feet can be maintained from others.
- Resources for access to food and other necessities are available.
- The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene)
- Make sure there are no household members who may be at increased risk of complications from COVID-19 infection (.e.g., older people and people with severe chronic health conditions, such as heart disease, lung disease, and diabetes).

- Provide the pamphlets which reads instructions for patient in home isolation

B- Advice for caregivers

Limit the number of caregivers. Ideally, assign one person who is in good health and has no underlying chronic conditions.

a) Home quarantine of other family members who are not tested

- All household members who remain well must not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill.
- It is likely that people living within a household will infect each other or be infected already. Staying at home for 14 days will greatly reduce the overall amount of infection the household could pass on to others in the community.
- Maximum isolation period of 14 days for **asymptomatic** household contacts who are not tested **regardless of further members developing symptoms**
- Anyone in the household, who starts displaying symptoms, should stay at home for 10 days from when the symptoms appeared, regardless of where they are in the 14 day isolation period.

b) Provide support and help cover basic needs

- Help the person who is sick and follow their doctor's instructions for care and medicine.
- Make sure the person who is sick drinks a lot of fluids and takes rest.
- Help them with getting food and other items they may need.

c) Watch for warning signs

- Know the toll-free phone number 1700
- Call 1700 and inform about the condition if patient develops fever, flu like symptoms or warning signs like Trouble breathing, Persistent pain or pressure in the chest, Confusion, Inability to wake or stay awake and bluish discoloration of face.

C- Protect yourself and your family: caregiver and patient can protect other family members by following below instructions

<p>Hand Hygiene</p>	<ul style="list-style-type: none"> • Wash hands: Wash your hands often with soap and water for at least 20 seconds. Tell everyone in the home to do the same, especially after being near the person who is sick. • Hand sanitizer: If soap and water are not readily available, use a hand sanitizer • Hands off: Avoid touching your eyes, nose, and mouth with unwashed hands
<p>Limit contact</p>	<p>COVID-19 spreads between people who are in close contact or through respiratory droplets(within about 6 feet), created when someone talks, coughs or sneezes.</p> <p>Use a separate bedroom and bathroom. If possible, the patient stay in separate dedicated room, away from others. If possible, the patient shall use a separate bathroom. Ensure the room has good air flow. Opening window and a turned on fan helps increase the air circulation.</p> <ul style="list-style-type: none"> • Avoid having visitors. Avoid having any visitors <p>Eat in separate rooms or areas</p> <ul style="list-style-type: none"> • Stay separated: The person who is sick should eat (or be fed) in their dedicated separate room, if possible. • Wash dishes and utensils using gloves and hot water: Handle any dishes, cups/glasses, or silverware used by the person who is sick with gloves. Wash them with soap and hot water. <p>Avoid sharing personal items</p> <ul style="list-style-type: none"> • Do not share: Do not share dishes, cups/glasses, silverware, towels, bedding, or electronics (like a laptop

	<p>and cell phone) with the person who is sick</p>
<p>When to wear a mask or gloves</p>	<ul style="list-style-type: none"> • Sick person: <ul style="list-style-type: none"> ○ The person who is sick should wear a facemask, especially when they are around other people at home and out (including before they enter a doctor’s clinic). • Caregiver: <ul style="list-style-type: none"> ○ Wear gloves when you touch or have contact with the sick person’s blood, stool, or body fluids, such as saliva, mucus, vomit, and urine. Throw out gloves into a trash can and wash hands right away. ○ The caregiver should ask the sick person to put on the facemask before entering his room. ○ The caregiver shall also wear a facemask when caring for a person who is sick.
<p>Clean and disinfect surfaces</p>	<ul style="list-style-type: none"> • Clean and disinfect “high-touch” surfaces and items every day: This includes tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, and electronics. • Clean the area or item with soap and water if it is dirty. Then, use a household disinfectant. Regular household soap or detergent should be used first for cleaning, and then, after rinsing, regular household disinfectant containing 0.1% sodium hypochlorite (i.e. equivalent to 1000 ppm) should be applied. • If sharing a bathroom: The person who is sick should clean and then disinfect after each use. If this is not possible, wear a mask and wait as long as possible after the sick person has used the bathroom before coming in to clean and use the bathroom.

Laundry	<ul style="list-style-type: none"> • Do not shake dirty laundry. • Wear disposable gloves while handling dirty laundry. • Dirty laundry from a person who is sick can be washed with other people's items. • Use the warmest water setting you can. • Once done, remove gloves, and wash hands right away. • Dry the laundry completely. • Wash hands after putting clothes in the dryer
Waste Management	Avoid throwing waste into open air, try to pack the used gloves, masks etc into waterproof bags and dispose of as infectious waste.
Trust official information	Always follow the official information shared through print and electronic media, avoid unnecessary use of social media as the un authentic and unproven information flow always create a mistrust, false hope and un warranted stress.
Physical activity	Encourage walk and exercise for a good wellbeing as restricting oneself to bed has poor impact on overall health.

De-isolation: (When to discontinue Home Isolation?)

A) Symptomatic Patients who were assigned to home isolation

At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**, At least 10 days have passed *since symptoms first appeared*. (**Symptom based strategy**)

B) Asymptomatic persons who turned out positive on screening and assigned to home isolation

At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. (**Time based strategy**). If they develop symptoms, then the symptom-based or test-based strategy should be used.

Test based strategy: Previous recommendations for a test-based strategy remain applicable; where 2 consecutive RT PCR tests for COVID-19 are done 24 hours apart after the Resolution of symptoms or 10 days has passed with no symptoms from onset however, however with the increasing number of patients test-based strategy is becoming more inconvenient and the overall impact on public health is comparable to the other strategies.

Note: if these patients (asymptomatic at start) develop symptoms, inform 1700 about the condition.

In all cases, decision to stop home isolation should be made in consultation with their Rapid Response Team and DHO office.

Home Isolation Card

Date: _____

Home Isolation Card

Name: _____ **Guardian Name:** _____ **CNIC:** _____
Age: _____ **Address:** _____ **Cell No:** _____
Epid no _____
Co-Morbidity: _____

At the time of Registration:

Fever _____ **Myalgias** _____ **cough** _____ **shortness of breath** _____ **chills** _____
Temp _____ **Pulse** _____/min **BP** ___/___mmHg **SPO2** ___% on AA

Daily Symptoms Check

DAYS	Fever/temp	Myalgias	Cough	Shortness of breath	Chills
DAY 01					
DAY 02					
DAY 03					
DAY 04					
DAY 05					
DAY 06					
DAY 07					
DAY 08					
DAY 09					
DAY 10					
DAY 11					
DAY 12					

DAY 13					
DAY 14					

Consent: I have been informed that I have got COVID-19 infection and after evaluation my condition is found to be stable enough to avoid in hospital care, I will not move outside the premises of my home unless officially de-isolated, will follow the SOPs, will document my symptoms check and will inform the concerned health team in case I develop some symptoms or worsening of my symptoms through the given numbers. I agree with the decision of home isolation and understand the terms and conditions.

Name _____ date _____

Signature _____