



ABSTRACT

COVID-19 – Comprehensive Guidelines for COVID-19 – Modified Orders – Issued.

HEALTH AND FAMILY WELFARE (P1) DEPARTMENT

G.O.(Ms) No.88

**Dated: 24.02.2021
Thiruvalluvar Aandu-2052
Sarvari, Maasi - 12**

Read:

1. G.O.(Ms) No.319, Health and Family Welfare (P1) department, dated 31.08.2020.
2. Government of India, Ministry of Health and Family Welfare, Guidelines for International Arrivals, dated 17.02.2021.
3. From the Director of Public Health and Preventive Medicine, Letter Ref. No. 4736/Epi/S1/2021, dated: 23.02.2021.

ORDER:

In the Government order first read above, the Government have issued Comprehensive Guidelines for COVID-19.

2. Based on the revised guidelines issued by the Government of India second read above for International arrivals with effect from 22nd February 2021 (23.59 Hrs IST), the Director of Public Health and Preventive Medicine has sent a proposal for issue of revised guidelines vide the letter third read above.

3. The Government after careful examination of the above guidelines issued by the Government of India and in partial modification of the orders issued in the Government order first read above, issue the following comprehensive guidelines for COVID-19 with immediate effect:-

1. Testing Strategies

1. All symptomatic (ILI Symptoms) individuals with history of International travel in the last 14 days.
2. All symptomatic (ILI symptoms) contacts of laboratory confirmed cases.
3. All symptomatic (ILI symptoms) health care workers / frontline workers involved in containment and mitigation of COVID-19
4. All patients of Severe Acute Respiratory Infection (SARI).
5. Asymptomatic direct and high-risk contacts of a confirmed case to be tested once between day 5 and day 10 of coming into contact.
6. All symptomatic ILI within hotspots/containment zones.
7. All hospitalized patients who develop ILI symptoms.
8. All symptomatic ILI among returnees and migrants within 7 days of illness.

9. No emergency procedure (including deliveries) should be delayed for lack of test. However, sample can be sent for testing if indicated as above (1-8), simultaneously.

NB:

- ILI case is defined as one with Acute Respiratory infection with fever $\geq 38^{\circ}\text{C}$ AND cough.
- SARI case is defined as one with Acute Respiratory Infection with fever $\geq 38^{\circ}\text{C}$ AND cough AND requiring hospitalization.
- All testing in the above categories is recommended by real time RT-PCR test only.

Testing Guidelines

Category A: Persons coming from Other State/Union Territory (Air, Railway and Road)

- i. Thermal screening is mandatory.
- ii. All passengers (other than Maharashtra and Kerala) have to undergo self monitoring of their health for 14 days. (During the period, if the individual develops fever, cough, breathlessness they shall visit health facility)
- iii. All passengers who travelled from Maharashtra and Kerala have to undergo 7 days of Home Quarantine and 7 days of self monitoring on their health. (During the period, if the individual develops fever, cough, breathlessness they shall visit health facility)
- iv. Testing to be done on Symptomatic persons coming from other States/Union Territory
- v. If they test positive and they are Symptomatic they will be taken to hospital isolation. If they are positive and asymptomatic they will be taken to COVID Care Centre for Management.
- vi. If they test negative and they are asymptomatic, they will be advised to self monitor themselves for 14 days.
- vii. If they test negative and they are symptomatic, they will be taken to Hospital isolation and be decided based on Medical Opinion.

Category B: For all International travellers except travellers coming through flights originating from United Kingdom, Brazil, South Africa, Europe and Middle East

- i. All travellers should submit self-declaration form on the online Air Suvidha portal (www.newdelhiairport.in).
- ii. All passengers should upload a negative COVID-19 RT-PCR report. This test should have been conducted within 72 hours prior to undertaking the journey. Uploaded false information will be liable for criminal prosecution.
- iii. Thermal screening on arrival is Mandatory.
- iv. The passengers found to be symptomatic during screening shall be immediately isolated and taken to medical facility as per Standard Treatment Protocol.
- v. Self-monitor of their health for 14 days.
- vi. All such passengers shall inform to the State/National Call Centres in case they develop symptoms at any time during the quarantine or self-monitoring of their health.

International travelers arriving at seaports/landports

- i. International travellers arriving through seaports/landports will also have to undergo the same protocol as above, except that facility for online registration is not available for such passengers currently.
- ii. They shall submit the self-declaration form to the concerned authorities of Government of India at seaports/landports on arrival.

Category C:

I. All international travellers coming/transiting from flights originating from United Kingdom, Brazil, South Africa, Europe and Middle East

- i. They should submit Self-Declaration Form (SDF) for COVID on the online Air Suvidha portal (www.newdelhiairport.in) before the scheduled travel and to declare their travel history (of past 14 days).
- ii. They should carry negative RT-PCR Test report for which test should have been conducted within 72 hours prior to undertaking the journey and uploaded on the online portal www.newdelhiairpot.in.
 - a. They will give their sample in the designated area and exit the airport only after confirmation of negative test report.
 - b. Those Coming / transit travellers from United Kingdom, Brazil and South Africa who are found negative on testing at the airport shall be allowed to take their connecting flights and advised quarantine at home for 7 days.
 - c. These travellers shall be tested after 7 days and if negative, released from quarantine, and continue to monitor their health for a further 7 days.
 - d. All those tested positive shall undergo treatment as per Standard Health Protocol.

II. All other travellers from Europe, Middle East (other than United Kingdom, Brazil and South Africa) who have to exit the destination airport or take connecting flights to their final domestic destination:

- a. Shall give samples at the designated area and exit the airport.
- b. If the test report is negative, they will be advised to self-monitor their health for 14 days.
- c. If the test report is positive, they will undergo treatment as per standard health protocol.

III. Travellers from United Kingdom, Brazil, South Africa testing positive (either at the airport or subsequently during home quarantine period or their contacts who turn positive) shall be isolated in dedicated COVID hospital in separate isolation ward and treatment will be given as per Standard Treatment Protocol.

- a. Positive samples to be sent to Whole Genomic sequencing to Indian SARS-CoV-2 Genomics Consortium (INSACOG) Labs.
- b. The patient shall be tested on 14th day, after having tested positive in the initial test and will be kept in the isolation facility till his sample is tested negative.

- IV. All the contacts* of travellers arriving from United Kingdom, South Africa and Brazil who test positive (either at the airport or subsequently during home quarantine period), shall be subjected to institutional quarantine in separate quarantine centers and would be tested on the 7th day (or early if develop symptoms). Contacts testing positive shall be treated as per Standard Treatment Protocol as mentioned above.

* Contacts of the suspect case are the co-passengers seated in the same row, 3 rows in front and 3 rows behind along with identified Cabin Crew, all the community contacts of those travellers who have tested positive (during home quarantine period) would be subjected to institutional quarantine in separate Quarantine Centers for 14 days as per the Indian Council of Medical Research Protocol.

2. Guidelines for Home Isolation of very mild/mild/pre- symptomatic COVID Positive cases.

Eligibility for home isolation

- i. The person should be clinically assigned as a very mild case/mild case/ pre-symptomatic case by the treating medical officer.
- ii. Such cases should have the requisite facility at their residence for self-isolation and also for quarantining the family contacts. Availability of a well-ventilated single-room preferably with an attached/separate toilet is needed.
- iii. A care giver should be available to provide care on 24x7 basis. Only the assigned caregiver alone should access the patient by taking utmost precaution such as wearing triple layer mask, hand hygiene, social distancing etc. A communication link between the caregiver and hospital is a prerequisite for the entire duration of home isolation
- iv. The patient shall agree to monitor his health and regularly inform his health status to the District Surveillance Officer for further follow up by the surveillance teams.
- v. The patient will fill in an undertaking on self-isolation and shall follow home quarantine guidelines. Such individual shall be eligible for home isolation.
- vi. Download Arogya Setu App on mobile (available at: <https://www.mygov.in/aarogya-setu-app/>) and it should remain active at all times (through Bluetooth and Wi-Fi)
- vii. In addition to the guidelines on home-quarantine available at: [https:// www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf](https://www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf), the required instructions for the caregiver and the patient as in Annexure II shall be also followed.

Policy for termination of Home isolation for very mild/mild/pre-symptomatic COVID cases

- Discharge after 10 days of symptom onset
- No fever for consecutive 10 days
- No need of testing RT-PCR

3. Demarcation of Containment Zone Strategies for Corona Virus Infection Prevention and Control

- I. Containment zone is formed for areas where cluster of cases or cluster of cases emerges and cluster is defined as area where more than 3 and

above index cases are reported or 3 families and more families are affected by COVID-19.

- i. If there are more than 3 / Index case or 3 households affected
 - a) in case of village, entire village (affected habitation) is demarcated as containment zone
 - b) in corporation and Municipality affected street or part of the street is demarcated as containment zone depending in ground situation
 - c) in the case of multi storey building the entire affected multi storey building or its part.
 - ii. In case of slums where it is highly crowded, wherein maintaining social distance is a challenge, families of positive cases shall be put in institutional quarantine
- II. In cases of upto 3 index cases or only upto three households having positive cases such of those affected households and their neighbors will be put in home quarantine
- III. The containment operations shall be deemed to be over in 14 days, if no active cases in this containment zone during this period from the date of last confirmation of positive case.

3.1 Containment zone is the Primary area where intensive action has to be carried out with the aim of breaking the chain of transmission with the following activities.

- Establishment of clear entry and exit point
- No movement to be allowed except for medical emergencies and essential goods and services.
- No unchecked influx of population to be allowed.
- People transiting to be recorded and followed through Integrated Disease Surveillance Programme (IDSP).

Stringent action need to be initiated within these containment zones in terms of

- i. Active search for cases through physical house to house surveillance by special teams formed for the purpose. 1 Health Worker to be assigned for the containment zone for every 50 houses in rural area and 1 Health Worker per 100 houses in urban area as appropriate based on local conditions.
- ii. Testing of all cases as per sampling guidelines
- iii. Contact tracing
- iv. Identification of local community volunteers to help in surveillance, contact tracing and risk communication.
- v. Extensive inter-personal and community based communication.
- vi. Strict enforcement of social distancing
- vii. Advocacy on hand hygiene, respiratory hygiene, environmental sanitation and wearing of masks/face-covers
- viii. Clinical management of all confirmed cases.

A buffer zone has to be delineated around each containment zone based on local conditions, in case of urban area. In case of rural areas 0.5 Km radius can be defined as buffer zone. It shall be appropriately defined by the district administration/local urban bodies with technical inputs at local level.

The focus of action in the buffer zone includes:

- i. Extensive surveillance for cases through monitoring ILI/SARI cases in Health facilities.
- ii. Identify Health Facilities (Government and Private), Healthcare workforce available (ASHAs/ANM/AWW and doctors in PHC/CHC/District hospital.
- iii. All Health facilities (including clinics) to report clinically suspect cases of COVID-19 on real time basis to the control room at the district level.
- iv. Create community awareness on preventive measures such as personal hygiene, hand hygiene and respiratory etiquettes.
- v. Use of face cover, physical distancing through enhanced IEC activities
- vi. Ensure social distancing.

The containment operations shall be deemed to be over in 14 days. If no active cases in this containment zone during this period from the date of last confirmation of positive case.

4. Categorization of patients

Patients may be categorized into three groups and managed in the respective COVID hospitals

- a. COVID Care Centers / Home Isolation (for mild cases)
- b. COVID Health Centre (for Moderate cases) and
- c. Dedicated COVID Hospitals (Severe cases)

Group 1 – Mild cases: Suspect cases, clinically assigned as asymptomatic/high -risk negative cases (none above 50 years of age or those with co-morbid conditions should be placed here).

Group 2 – Mild – Moderate cases: Suspect and confirmed cases clinically assigned as mild-moderate.

Group 3 – Severe cases & High Risk cases: Suspect and confirmed cases clinically assigned as severe/ with Co-morbid conditions/Vulnerable/Elderly.

5. Discharge policy for COVID-19 patients

a. For mild/very mild/pre-symptomatic cases at COVID Care Centre

- Patient can be discharged after 10 days of tested positive / date of home isolation / date of admission at COVID Care Center and no fever for consecutively 3 days.
- No need for testing prior to discharge
- Patient will be advised to follow home isolation for a further period of 7 days after discharge

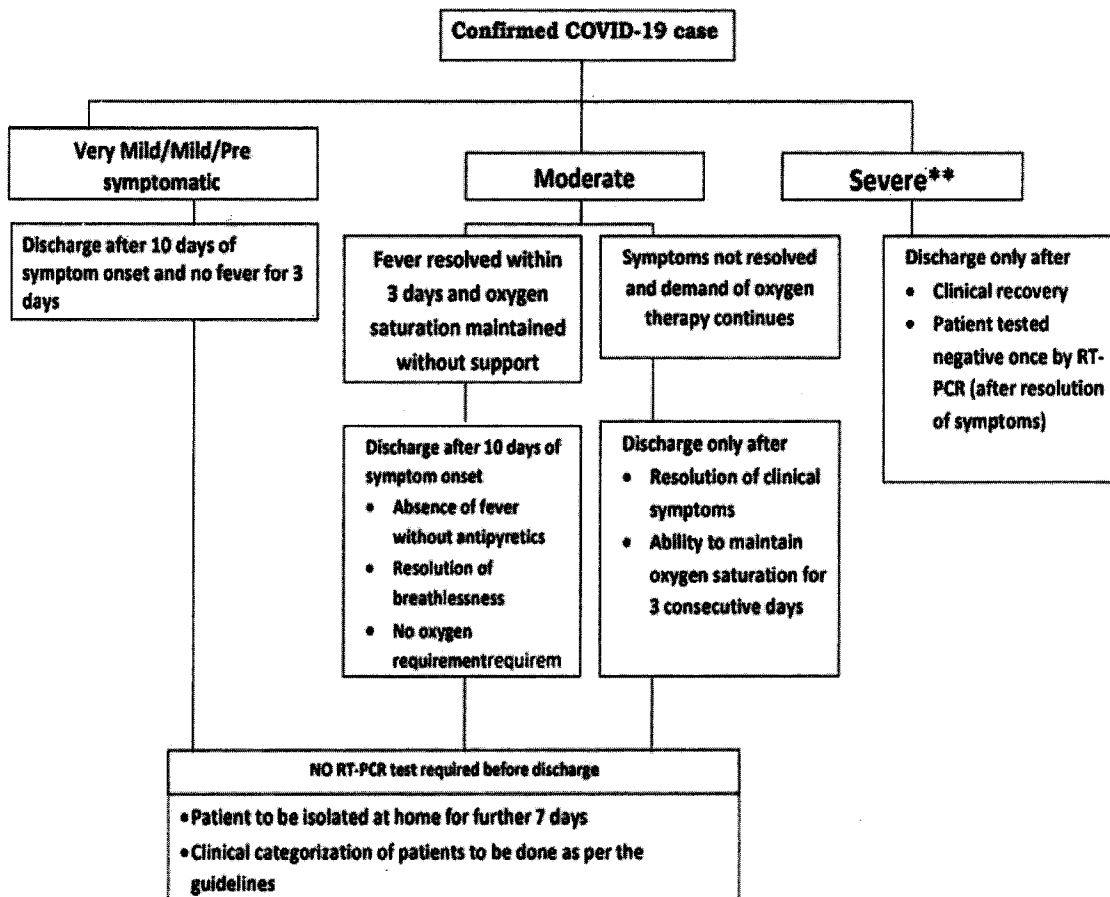
b. For moderate cases

- Patient can be discharged (a) if asymptomatic for 3 consecutive days and (b) after 10 days of tested positive
- No need for testing prior to discharge
- Patient will be advised to follow home isolation for a further period of 7 days after discharge

c. For severe cases

- Clinical recovery
- Patient tested negative once by RT-PCR after resolution of symptoms

Summary of the Revised discharge policy for COVID-19



(BY ORDER OF THE GOVERNOR)

**J.RADHAKRISHNAN,
PRINCIPAL SECRETARY TO GOVERNMENT.**

To

The Director of Public Health and Preventive Medicine, Chennai – 600 006.

The Director of Medical Education, Chennai – 600 010.

The Director of Medical and Rural Health Services, Chennai – 600 006.

All Deans of the Medical Colleges (through the Director of Medical Education, Chennai- 600 010)

All District Collectors.

The Commissioner, Greater Chennai Corporation, Chennai – 600 003.

All Secretaries to Government, Secretariat, Chennai – 600 009.

All Departments of Secretariat, Chennai – 600 009.

Copy to:-

The Airport Director, Airport Authority of India, Chennai Airport.

The Airport Director, Airport Authority of India, Tiruchirappalli Airport.

The Airport Director, Airport Authority of India, Coimbatore Airport.

The Senior Personal Assistant to Hon'ble Minister (Health and Family Welfare),
Chennai – 600 009.

The Principal Private Secretary to Chief Secretary, Chennai – 600 009.

The Personal Secretary to Principal Secretary, Public Department,
Chennai – 600 009.

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//FORWARDED BY ORDER//

JY 24/2/2024

SECTION OFFICER

JY 24/2/2024