

දුරකථන ) 0112669192 , 0112675011  
தொலைபேசி ) 0112698507 , 0112694033  
Telephone ) 0112675449 , 0112675280

ෆැක්ස් ) 0112693866  
பெக்ஸ் ) 0112693869  
Fax ) 0112692913

විද්‍යුත් තැපෑල ) postmaster@health.gov.lk  
மின்னஞ்சல் முகவரி )  
e-mail )

වෙබ් අඩවිය ) www.health.gov.lk  
இணையத்தளம் )  
website )



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சுகாதார அமைச்சு

Ministry of Health

Provincial Director of Health Services - Western Province.

Regional Directors of Health Services - Colombo, Kalutara and Gampaha.

All Heads of Health Institutions – Western Province

**Integrated Home-Based Isolation and Management of Asymptomatic & Mildly Symptomatic COVID-19 Infected Individuals –**

**Revised Guidelines for Pilot Project in the Western Province**

The current impact of COVID-19 illness has become very significant for the community and the healthcare delivery system with increasing number of individuals becoming positive both through targeted testing and random screening.

With the invasion of the new variants and high infectivity of the virus, the situation can be escalated and overwhelmed our healthcare services. Therefore, the existing clinical practice guidelines (of 06/11/2020 & 02/12/2020) on initial management of Asymptomatic and Mildly Symptomatic COVID-19 Infected Individuals are hereby further revised and updated.

All individuals with a positive diagnostic COVID-19 PCR test-result or Rapid Antigen Test (RAT) will require immediate isolation for the interruption of the disease transmission. Further, appropriate early risk assessment will allow timely intervention to prevent complications. As such, REMOTE ASSESSMENT SYSTEM will be considered during the period of home stay with priority given to those with deteriorating clinical features of the disease or those with co-morbidities.

Asymptomatic individuals or individuals with mild disease eligible for temporary remote assessment:

• Definitions

- Asymptomatic individuals are laboratory confirmed cases not experiencing any symptoms with Oxygen saturation at room temperature of more than 96%.
- Mildly symptomatic cases are laboratory confirmed individuals with upper respiratory tract infections (with or without fever), other associated symptoms and no shortness of breath (at rest or after mild exertion) and having Oxygen saturation at room temperature of more than 96%.



## Screening of patients by MOH and handing over for temporary remote assessment

1. The area MOH (and the field team) will be responsible for the triage of PCR positive individuals to consider who need institutional health care or remote (monitoring) assessment at home depending on their clinical situation.
2. Those fitting in to following selection criteria will be eligible and selected for the management of home-based care after getting consent from the patient or guardian (Annexure 1).
  - Individual is above 2 years and under 60 years of age, without any other medical conditions.
  - Women who are not pregnant.
  - Availability of separate well-ventilated room with adequate washroom facilities etc.
  - Without any chronic co-morbidities such as morbid obesity (BMI> 30), diabetes, hypertension, chronic heart/ lung/ renal diseases, OR well controlled other medical conditions
  - Not suffering from Immune compromised status or not on long-term immune suppression therapy
  - Adequate self-care or caregiver support at home
  - Individuals with proper communication facilities and ability to communicate (patient or care giver)
3. Eligible patients are registered in the 'Patient Home Isolation and Management System (PHIMS)' by the area MOH. The MOH will hand over the responsibility of patient care to the call center team through the PHIM system (Annexure 2).
4. The call center will coordinate with the patient and medical care team assigned for home-care management.
5. This remote initial assessment of patients and management are carried out through tele consultations and the findings will be recorded in the PHIM system by the medical care team.
6. Remote assessment medical team is allocated to each district. This team will assess the patient initially using a standardized remote screening tool. Subsequent remote assessment will be done daily or more frequently as required (Annexure 3). This team will be supervised by the Consultant Family Physicians and other on-call specialists.
7. Following parameters will be assessed and recorded in 'patient home isolation and management system' by the medical team considering the following.
  - o Day of illness (date of initial symptoms or PCR positive date)
  - o Febrile or not
  - o Breathing difficulty at rest
  - o Breathing difficulty on mild exertion (e.g. single breath count <30 OR after repeated standing and sitting 6 times)
  - o Symptoms of dehydration
  - o Individual is feeling unwell or any other significant symptoms
  - o Any other issues (isolation, communication etc.)


8. Following Instructions are given and need to be adhered by the individual while at home-based isolation and management.
- o Instruct the patient to provide correct information about the illness on medical officer's assessment (they may call once daily or twice or more frequently).
  - o Isolate from others (who are PCR negative) at home and stay in a separate well-ventilated room with open windows (and proper toilet facilities)
  - o Should always wear a medical mask while the PCR-negative caregiver at home should wear an appropriate mask if attending to the patient, always. Such worn masks are advised to be discarded after 8 hours (or earlier, if becomes wet or visibly stained).
  - o Should rest and drink adequate amount of fluids to maintain hydration.
  - o Should take a nutritionally balanced adequate diet
  - o Should not share personal items which can transmit the disease with others within the household.
  - o PCR-negative caregiver should avoid contact with potentially contaminated items (such as towels and bed linen). Hand hygiene using soap and water (or alcohol-based hand rub) must be ensured following contact with the infected person or the immediate environment.
  - o Patient should have dedicated personal items including mobile phone which should not be shared with other family members.
  - o Appropriate waste disposal should be ensured by the area Public Health Inspector (PHI) to prevent spread of infection within the household.
9. Following warning features are being considered for immediate admission to a hospital
- o Difficulty in breathing
  - o Persistent pain or heaviness in the chest
  - o Sudden onset mental confusion or inability to arouse
  - o If the SpO<sub>2</sub> measured at rest is below 96% or less than 94% after mild exertion.
  - o If one (or more) of the features are flagged in the remote assessment (on any day).
  - o Any derangement of features in the remote assessment screening tool.
10. Patients being remotely assessed requiring hospitalization will be picked up early and handed over to the supportive staff who are operating under the supervision of the Regional epidemiologist of Health Services in order to transport and admit for further specialized care.
11. Treatment for patients isolated at home for home-based isolation and management.
- o Symptomatic treatment for fever, runny nose, cough, as made available for those in home-based isolation which includes Paracetamol, Antihistamines, Oral Re-hydration Solution (ORS).
  - o Continue the medications for other pre-existing comorbid conditions or need to be optimized
  - o DO NOT prescribe any NSAIDs or systemic steroids



- o However, if a patient is on long-term steroids it should be continued, and specialized opinion need to be taken for further management
12. Exit strategy for the remotely assessed COVID-19 positive individuals.
- o Those who remain asymptomatic for 14 days or had mild symptoms from PCR positive date can resume normalcy (routine day-to-day activities).
  - o Advise on symptoms of possible post COVID syndrome on discharge and ask the client to report to the area MOH without any delay if any.
13. Exit strategy for other household members of the remotely assessed COVID-19 positive individuals.
- o A PCR test should be done for any household member who becomes symptomatic.
  - o All household members who were supervised and undergone self-quarantine at home for a period of 14 days could resume normalcy.

Refer the Algorithm (see Annexure 4).

All heads of healthcare institutions should take immediate measures to update the relevant categories of all clinical staff including all on-call specialists based on the information given in this circular. Further, necessary staff, logistics and other facilities should be provided immediately to facilitate this important service considering the prevailing crisis situation of the country.

  
**Dr Asela Gunawardena**  
**Director General of Health Services**

**Dr. ASELA GUNAWARDENA**  
Director General of Health Services  
Ministry of Health  
"Suwasiripaya"  
385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10.

# Annexure 1

## Integrated Management for COVID-19 Diagnosed Patients

### Public Health Field Officer's Log

Name : .....

Address : .....

COVID-19 RAT/PCR Positive on (date) ..... from (laboratory) .....

I hereby agree to undergo REMOTE ASSESSMENT under the supervision of remote medical assessment team/ local hospital admission on area MOH recommendation.

I further agree to be accommodated at a treatment facility on medical advice AND/ OR in violation of the Quarantine Regulations.

\_\_\_\_\_  
Signature (Patient/ Guardian)

\_\_\_\_\_  
Date

Co-morbidities :    Yes    No

Diabetes .... , ,  
Hypertension 1-----4-----4  
Dyslipidaemia 1-----4-----4  
Heart Disease , , ,  
Stroke 1-----1-----1  
Renal Disease , , ,

	<u>Yes</u>	<u>No</u>
Asthma	1-----4-----4	1-----4-----4
TB		
COPD		
CLD		
Cancer		
Other		

\_\_\_\_\_  
Name of Caregiver at home:

\_\_\_\_\_  
Contact No.:

\_\_\_\_\_  
Name of MOH/Area PHI:

\_\_\_\_\_  
Contact No.:

\_\_\_\_\_  
Contact No.:

\_\_\_\_\_  
Name of Hospital :

\_\_\_\_\_  
Contact Person at Hospital :

\_\_\_\_\_  
Contact No.:

*To be filled in duplicate (Copy to Caregiver)*

## Annexure 2

### Initial assessment to be completed by the area MOH/ Field Health Care Officer

Height (m)..... Weight (Kg) ..... BMI

Please tick if appropriate (if any "Yes" is ticked, the patient needs hospital care):

	Yes	No
<b>Age ≤ 2 years OR ≥ 60 years</b>		
<b>Pregnant</b>		
<b>Warning signs</b>		
Continuous fever > 3days		
Recurring fever with a history of fever within past 10 days		
Debilitating symptoms (fatigue, feeling weak)		
Difficulty in breathing at rest or exertion*		
Persistent chest pain or heaviness in the chest		
Recent mental confusion or inability to arouse		
If SpO <sub>2</sub> at rest is < 96% or SpO <sub>2</sub> after exertion* is < 94%		
Symptoms suggestive of other febrile illness (Eg. Dengue, leptospirosis)		
<b>Comorbid Conditions:</b>		
Diabetes (Long term, or uncontrolled?)		
Hypertension(Uncontrolled? )		
CKD on treatment		
On Immuno-suppression therapy		
Chronic Lung or Liver disease		
Cardiovascular disease (except isolated dyslipidaemia)		
Patients with active malignancies		
Patient taking warfarin		
Blood disorders – polycythemia, Thalassaemia, sickle cell disease)		
Obesity (BMI>30)		
<b>Social Conditions:</b>		
Separate room not available		
Family/Caregiver Support Unsatisfactory		
No facilities to communicate regularly or transport in emergency		
<b>According to field healthcare personnel:</b>		
Unsatisfactory social conditions		
Feels patient should be admitted		
<i>*refer to assessment of dyspnoea</i>		

ANNEXURE 3 (a)

**Initial Assessment for Integrated Management of  
asymptomatic/ mildly symptomatic individuals**

Ref. No:

**This part need to be completed by call center**

1. Name
2. Gender
3. Age
4. Address
5. NIC number
6. PCR date
7. Weight (Kg)
8. Height (m)
9. BMI i(f patient knows)
10. PCR Laboratory
11. MOH/PHI
- 12. Phone; two telephone numbers if available**
13. Name of Field Healthcare Personnel
14. Phone (of field healthcare personnel)



**Daily assessment (to be answered by patient/caregiver at home)**

[illegible][illegible][illegible]



