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COMMISSIONERATE

Health & Family Welfare Services

No. COM/HFW/PS/2020-21

Date: 06-07-2020

Circular

Sub : Triaging of Covid-19 positive persons who are eligible for home isolation.

Ref : Circular issued by Additional Chief Secretary, Health & FW for isolation of Covid positive person at home dated 04.07.2020

The State Government has issued detailed guidelines where the asymptomatic & mild symptomatic covid-19 positive persons have been allowed "**home isolation**". The person shall be clinically examined (triaged) to assign him / her to home isolation.

1. Both government & private hospitals are treating covid-19 positive persons. A meeting with these hospitals was held on 06.07.2020 at 11.00 a.m. under the Chairmanship of Commissioner, Health & FW Services & all of them consented to function as "Triage Centres" for such patients. The triage centre shall be as per SOP vide reference above and shall work from 9.00 a.m. till 7.00 p.m. daily including Sundays. The services of doctors (MBBS / BDS / AYUSH) and paramedical staff shall be taken.
2. The triage team should assess the following parameters:
 - a) Thermal scanning for fever(use Hand held thermal scanner)
 - b) Pulse oximetry for SpO2 and pulse rate(use fingertip pulse oximeter)
 - c) Random blood sugar (use glucometer)
 - d) Blood pressure recording (use BP apparatus)
 - e) Enquire the COVID positive person and examine his medical records for co-morbidities like hypertension, diabetes, obesity, thyroid disease, cancer, kidney disease including persons on dialysis, heart disease, stroke, Tuberculosis, People living with HIV, immune-compromised, on steroids and immune-suppressants, etc.

3. Based on the results of the triage the doctor shall certify that the patient is eligible for isolation at home or otherwise (as per Annexure-1). In case the person/family is not willing for isolation at home or the person has moderate or severe symptoms he/she should be shifted to appropriate Covid facility as per the chart vide -Annex.2.
4. The examining doctor should also explain the dos & don'ts, the diet chart, precautions to the person & give a handout to the person provided by the health department.
5. For the effort of triage of the Covid positive person a fee of Rs.500/- for each patient shall be paid by the Government.


6.7.20

**Commissioner
Health & Family Welfare Services
Government of Karnataka**

To,

1. Addl. Chief Secretary & Commissioner, BBMP
2. Addl. Chief Secretary, Health & FW Dept.
3. Addl. Chief Secretary & Managing Director, BMRCL
4. All Govt. & Private hospitals treating covid patients.

Annexure-1: Check-list for triage of persons for home isolation

1. Name of Patient:	2. Age/Sex:
3. SRF ID:	4. BU Number:
5. Father's/ Husband's Name:	6. Date of Examination:

1.	The person is clinically assigned as asymptomatic/mild case	Yes/No
2.	Age of the person is less than 60 years (verify ID):	Yes/ No
3.	Person is not having fever or having Mild fever (< 38 ⁰ C or < 100.4 ⁰ F) (check)	Yes/ No
4.	Person is having mild cough, cold, sore throat (Check)	Yes/ No
5.	Functional fingertip pulse oximeter is available with person at home (Ask)	Yes/ No
6.	Oxygen saturation measured with fingertip pulse oximeter is ≥ 95% (Check)	Yes/ No
7.	Random blood sugar using Glucometer is between 80-140 mmol (Check)	Yes/ No
8.	Systolic Blood pressure by digital BP Apparatus is more than 100 mm Hg (Check)	Yes/ No
9.	If the person has the following co-morbidities: they are under good clinical control as assessed by treating medical officer/ physician: <ul style="list-style-type: none"> a. Hypertension b. diabetes mellitus c. obesity d. thyroid disease 	Yes/ No
10.	The person has given history and certified that he/she does not have the following co-morbidities (Kidney diseases including persons on dialysis, heart diseases, stroke, Tuberculosis, Cancer, people living with HIV, immune-compromised on steroids and immune-suppressants, etc.)	Yes/ No
11.	The person is willing provide a signed undertaking (Annexur-3) on self-isolation and agreed to follow guidelines of home isolation	Yes/ No
12.	If the person is pregnant, her expected date of delivery (EDD) is beyond 4 weeks	Yes/ No
13.	Recommended diet chart and diet advice have been explained to the person	Yes/ No
14.	Recommended investigations and treatment prescription has been provided to the person	Yes/ No

15.	Person and caregiver have been explained regarding disinfection precautions including separately cleaning and washing utensils/linen at home	Yes/ No
16.	Information hand-out on Do's and Don'ts has been given to the person	Yes/ No
17.	The person has been explained regarding warning signs and symptoms	Yes/ No
18.	Person's primary/high risk contacts at home have been advised Hydroxy Chloroquine Sulphate (HCQ)	Yes/ No
19.	Person's primary/high risk contacts at home have been advised COVID test (5 days after date of most recent exposure)	Yes/ No
20.	Person has been explained regarding total 17 days for home isolation and protocol for release from home isolation	Yes/ No
21.	The person has been explained that any violation of home isolation protocols shall be liable for strict legal action	Yes/ No

Based on clinical Examination, the patient is advised for (encircle)

1. Home isolation
2. Movement to COVID facility viz. Covid Care Centre (CCC) or Covid Hospital

If option (2) advised: Reason for recommending institutional isolation:.....

Certification by Triage Team/ Doctor/Physician:

Signature:

Name and Date:



Annexure-2: The following criteria shall be used for shifting the person to CCC, DCHC or DCH as applicable (If person is not suitable for home isolation as per triage)

Criteria	COVID care Centre* (CCC)	Dedicated COVID Health Centre(DCHC) (Beds with Oxygen facility)	Dedicated COVID Hospital (DCH) (ICU Beds Available)
Clinical condition	Asymptomatic or Mild	Moderate	Severe
Measure Oxygen Saturation with fingertip Pulse oximeter	SpO ₂ more than 94%	SpO ₂ between 90 to 94%	SpO ₂ less than 90%
Pulse Rate	<100/ min	100-120/min	>120/ min
Systolic Blood Pressure	-	-	<100 mm Hg
Respiratory Rate	< 24/ min	24-30/min	>30/min
Co-morbid Conditions	Hypertension, diabetes mellitus, obesity, thyroid disease under good clinical control as assessed by medical officer/physician Without any other comorbid conditions	With co-morbid conditions Pregnant women- 4 weeks before expected date of delivery (EDD)	with comorbid conditions

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Annexure-3: Undertaking on home-isolation by covid +ve person

I S/D/W of, resident ofbeing diagnosed as a laboratory confirmed/positive of COVID-19, do hereby voluntarily undertake to maintain strict home-isolation at all times for the prescribed period. During this period, I shall monitor my health and of those around me. I shall co-operate with the physician and the surveillance team and with the call centre (14410). In case I suffer from any deteriorating symptoms or develop new symptoms or any of my close family members develop any symptoms consistent with COVID-19, shall immediately inform the physician and surveillance team.

I have been explained in detail about the precautions that I need to follow while I am under home- isolation.

I hereby declare that I have the following comorbid conditions (encircle):

1. Hypertension
2. Diabetes Mellitus
3. Thyroid disorder
4. Obesity
5. Others (specify).....

I hereby declare that I do not have the following comorbid conditions: kidney diseases, heart disease, stroke, Tuberculosis, cancer, HIV, immune-compromised conditions, etc.

I am liable to be acted on under the prescribed law for any non-adherence/violation to home-isolation protocol.

Signature of the person in home isolation:
Name:
Age/sex:
Date:
Contact Number:

Signature of the witness (household member):
Name:
Age/sex:
Relationship to the person:
Date:
Contact Number:

Countersignature by Treating Medical Officer/Physician:
Name:
Date: