

राष्ट्रीय राजधानी क्षेत्र. दिल्ली सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग, दिल्ली सचिवालय
9वां तल-ए विंग, आई पी एस्टेट, नई दिल्ली

F. No. स्वा.एव.प.क.वि./ प्र0शा0 / 2022/1059

दिनांक: 28.03.2022

सेवा में

उप-सचिव, (प्रश्न शाखा)
दिल्ली विधानसभा सचिवालय,
पुराना सचिवालय, दिल्ली -110054

विषय: विधान सभा सत्र दिनांक 29.03.2022 में माननीय विधायक श्री सोमनाथ भारती द्वारा पूछे गए
तारांकित प्रश्न संख्या -52 का उत्तर ।

(तारांकित प्रश्न संख्या - 52)

महोदय,

उपरोक्त विषय के संदर्भ में स्वास्थ्य एवं परिवार कल्याण विभाग से सम्बंधित उत्तर की 100 प्रतियां,

PDF सहित अग्रिम कार्रवाई हेतु संलग्न है ।

यह सक्षम अधिकारी की पूर्व स्वीकृति से जारी किया गया है ।

28/03/2022
(ओ. पी. पाण्डे)
उपसचिव (प्रश्न शाखा)

संलग्न -उपरोक्त

राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार
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तारांकित/अतारांकित : तारांकित
प्रश्न संख्या : 52
दिनांक : 29.03.2022
प्रश्नकर्ता का नाम : श्री सोमनाथ भारती

क्या माननीय स्वास्थ्य मंत्री यह बताने की कृपा करेंगे कि:-

	प्रश्न	उत्तर
क)	विधानसभा क्षेत्र एसी-43 में प्रस्तावित तथा कार्यरत मोहल्ला क्लिनिकों की सूची तथा जबसे वे क्रियाशील रहे हैं, तबसे उनमें उपलब्ध लैब-टेस्टों का विवरण	विधान सभा क्षेत्र एसी-43 में प्रस्तावित तथा कार्यरत मोहल्ला क्लिनिकों की सूची संलग्न है। (सूची नं० 1) तथा जब से वे क्रियाशील रहे हैं तब से उनमें उपलब्ध लैब टेस्टों का विवरण संलग्न है। (सूची नं० 2)
ख)	दिल्ली के अस्पतालों में ऑक्सीजन की उपयुक्त आपूर्ति सुनिश्चित करने के लिए उठाए जा रहे कदम;	पंडित मदन मोहन मालवीय अस्पताल में 167 लीटर पीएसए का आक्सीजन प्लॉट कार्यशील है। इसी प्रकार अन्य अस्पतालों में भी आक्सीजन प्लॉट लगाये गये हैं।
ग)	वर्तमान में कोरोना के रोगियों के लिए 'क्वैरंटाइन अवधि' क्या है, संबंधित दस्तावेज प्रदान करें	<ul style="list-style-type: none"> संक्रामक रोग से ग्रसित व्यक्तियों को आइसोलेसन में रखा जाता है। 1. कोरोना के रोगियों के लिए होम आइसोलेसन की अवधि 7 दिन की है संबंधित दस्तावेज संलग्न हैं। 2. कोरोना के रोगियों के लिए अस्पताल में भर्ती की अवधि संबंधित दस्तावेज संलग्न हैं।
घ)	क्षेत्रीय सीमा से हटकर संपूर्ण एसी-43 के संबंध में पंडित मदन मोहन मालवीय अस्पताल से विकलांगता प्रमाणपत्र जारी करने के संबंध में किए गए मेरे अनुरोध पर की गई कार्रवाई; और	यह नीतिगत मामला है, अतः इस सम्बंध में उठाए गए प्रश्नों पर नियमानुसार कार्रवाही की जाती है।
ङ)	पंडित मदन मोहन मालवीय अस्पताल का एक संपूर्ण अस्पताल के रूप में उन्नयन किए जाने के संबंध में मेरे अनुरोध पर मौजूदा स्थिति क्या है;?	वर्तमान में ऐसा कोई प्रस्ताव विचाराधीन नहीं है।

मनीषा
26.3.2022
(मनीषा सक्सेना)

प्रधान सचिव
स्वास्थ्य एवं परिवार कल्याण विभाग
राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार

MANISHA SAXENA
Pr. Secretary
Health & Family Welfare Deptt.
Govt. of NCT of Delhi
Delhi Secretariat, New Delhi-02

(सूचि नं. 1)

Reply of Vidhansabha question no. 52 (a) is as under:-

1. No. of AAMCs functional under Assembly 43 are 9 and proposed AAMC at present is one located in Main road to market, Office of JE(water), Green Park. The Land is already handed over to PWD by the health department.

S. No.		Address of working AAMC	Date of Opening
1	AAMC	AAMC, near DDA Market Arjun Nagar, Humayunpur	14.01.20
2	AAMC	AAMC, DJB site, Sewage Pumping Station, B-7, Arjun Nagar	05.09.19
3	AAMC	O/o J.E. Sewer, Green Park Extn.	16.11.19
4	AAMC	AAMC Siri Fort, Near Sai Baba Mandir, Hauz Khas	31.12.19
5	AAMC	PWD land, opp. Ansal Plaza, Hauz-Khas	08.10.21
6	AAMC	AAMC, Toot Sarai, Malviya Nagar	09.09.19
7	AAMC	Kumar Basti KOT, Press Enclave	13.09.19
8	AAMC	T- Point, Gandhi Park, Hauz Rani	14.09.19
9	AAMC	DJB site, Block-14-15, Shivalik Road, Malviya Nagar	08.10.21

2. List of diagnostic services provided in AAMC through outsourced lab: Annexed.

(सूचि नं. 2)

VII

Appendix-A

Annexure I

Categorization of Laboratory TestsGroup A -79.10

S. No.	Test	Recommended Method(s)
	II cells panel for antibody identification	
1.		
2.	24 hours urine for proteins, sodium, creatinine	Fully automated chemistry analyser
3.	24 hr. urinary cortisol	
4.	3 Cell panel Antibody screening for pregnant female	
5.	Absolute Eosinophil Count	Fully Automatic Analyser
6.	Acid phosphatase	Fully automated chemistry analyser
7.	Activated partial thromboplastin time	
8.	Alkaline phosphatase	Fully automated chemistry analyser
9.	ANA qualitative	IEA/Line immunoassay/ELISA
10.	Bacterial culture and sensitivity	
11.	BETA-2 microglobulin assay	
12.	Bleeding time	
13.	Blood grouping (Blood Group/Rh Type)	Slide Method/ Gel method
14.	Blood Sugar (Fasting/PP/Random)	Hexokinase method / fully automated analyser
15.	Blood Urea	Urease method / fully automated analyser
16.	Blood Urea Nitrogen (BUN)	Urease method / fully automated analyser
17.	C.P.K	Fully automated chemistry analyser
18.	C.R.P quantitative	Immunoturbidometry/Nephelometry
19.	CK MB	Rapid card/ Fully automated chemistry analyser
20.	Complete Haemogram (Hb, TLC, DLC, Pl. Count, RBC indices, reticulocyte count ESR, Blood smear)	Using automated counter
21.	Coomb's Test direct	
22.	Coomb's Test indirect	
23.	Cortisol	Chemiluminescence assay
24.	Creatinine Clearance	Fully automated chemistry analyser
25.	DLC	Using automated counter
26.	ESR	Using fully/semi automatic ESR Analyser
27.	Foetal Haemoglobin (HbF)	HPLC
28.	Free T3	Chemiluminescence assay

29.	Free T4	Chemiluminiscence assay
30.	FSH	Chemiluminiscence assay
31.	Glucose 6 phosphate Dehydrogenase (G6PD) Deficiency Test	
32.	Glucose tolerance test(GTT)	GOD-POD Method / Fully automated clinical analyser
33.	Gram stain and Pus and body fluid	Microscopy
34.	Haemoglobin	Using automated counter
35.	Haemogram (Hb, TLC, DLC, Pl.Count)	Using automated counter
36.	HB A1C	HPLC
37.	HBsAg	Rapid Card test/ELISA
38.	HCV	Rapid Card Test/ELISA
39.	HHV serology	as per NACO guidelines
40.	IgA	Immunoturbidometry/Chemiluminiscence
41.	IgG	Immunoturbidometry/Chemiluminiscence
42.	IgM	Immunoturbidometry/Chemiluminiscence
43.	Insulin levels	Immunoturbidometry/Chemiluminiscence
44.	Kidney Function Tests (Blood Urea , S. Creatinine, BUN, S. Uric acid)	Jaffe rate blanked on automated analyser
45.	L.D.H	Fully automated chemistry analyser
46.	LDL	Fully automated chemistry analyser
47.	LH	Chemiluminiscence assay
48.	Lipid Profile (S. Cholesterol, Triglycerides, LDL, HDL, VLDL)	Cholesterol - oxidase method; HDL- Direct method; LDL- direct method; TG-Lipase GPO-PAP (no correction) method
49.	Liver Function Tests (S. Bilirubin - Total & Unconjugated, SGOT, SGPT, S. Alkaline Phosphatase, S. proteins (Total, A/G ratio), GGT	Modified jendrassik/diazo with sulphanilic acid on automated analyser
50.	Malaria Screen (Both for P.V and P.F)	Rapid Card Method and P/S Examination
51.	MCH	Using automated counter
52.	MCHC	Using automated counter
53.	Peripheral Blood Smear	Microscopy
54.	Platelet Count	Using automated counter
55.	Platelet function test	
56.	Progesterone	Chemiluminiscence assay
57.	Prolactin	Chemiluminiscence assay
58.	Prothrombin time (PT)	Automated analyser
59.	RBC indices	Using automated counter
60.	Reticulocyte count	Using automated counter

61.	RH antibody titer	Immunoturbidometry/Nephelometry
62.	Rheumatoid factor test	
63.	Routine-H and E	
64.	S. Alkaline Phosphatase	AMP optimized to IFCC on automated analyser
65.	S. Bilirubin (Total, Unconjugated)	Modified Jendrassik/diazo with sulphanilic acid on automated analyser
66.	S. Creatinine	Jafe rate blanked on automated analyser/ Fully automated chemistry analyser
67.	S. proteins (Total protein, albumin and A/G ratio)	Biurate reaction end point on automated analyser
68.	S. Uric acid	Jafe rate blanked on automated analyser/ Fully automated chemistry analyser
69.	Serum Albumin	Fully automated chemistry analyser
70.	Serum amylase	BNPBG METHOD / Fully automated chemistry analyser
71.	Serum bilirubin total direct	Fully automated chemistry analyser
72.	Serum Calcium Ionised	ISE
73.	Serum Calcium Total	ARSENZO THREE automated analyser
74.	Serum Chloride	ISE
75.	Serum cholesterol	Fully automated chemistry analyser
76.	Serum Electrolytes (Chloride)	ISE
77.	Serum Electrolytes (Lithium)	ISE
78.	Serum Electrolytes (Sodium, Potassium)	ISE
79.	Serum electrophoresis	
80.	Serum ferritin	Chemiluminiscence
81.	Serum iron	
82.	Serum lactate	
83.	serum Lipase	Fully automated chemistry analyser
84.	serum magnesium	Xylidyl blue method/ Fully automated chemistry analyser
85.	Serum Phosphate	Phosphomolybdate UV method on automated analyser
86.	Serum protein	Fully automated chemistry analyser
87.	Serum Testosterone	Chemiluminiscence assay
88.	SGOT	Tris buffer without p5p / automated analyser
89.	SGPT	Tris buffer without p5p / automated analyser
90.	Smear for Acid fast bacilli	
91.	Smear for Gram stain and Albert stain for throat swab for diphtheria	Microscopy
92.	Stool (Routine, Microscopy, Occult blood)	Microscopy and card test
93.	Tests for lupus Anticoagant	
94.	Tests for RBCs sickling	

95. **Thalassemia studies (Red Cell indices and Hb HPLC)** HPLC
96. **Thyroid profile (T3, T4, TSH)** Chemiluminiscence assay
97. **Total Cholesterol** Cholesterol - oxidase method on automated analyser
98. **Total iron binding capacity (TIBC)** Automated method
99. **Total Leucocyte Count (TLC)** Using automated counter on automated analyser
100. **Total protein ALB/GLO ratio** Using automated counter on automated analyser
101. **Total Reticulocyte Count** TG-Lipase GPO-PAP (no correction) method
102. **Triglycerides** Chemiluminiscence assay
103. **TSH** Fully automated chemistry analyser
104. **Urinary calcium** Fully automated chemistry analyser
105. **Urinary chloride**
106. **Urinary potassium**
107. **Urinary sodium**
108. **Urine - Bile Pigment and Salts, pH, Specific gravity, Urobilinogen, proteins, Ketones, Glucose, Leuckocyte esterase, Nitrite** Strip Method
109. **Urine (Routine, Microscopy, Albumin and Sugar)** Microscopy and dipstick
110. **Urine Culture and Sensitivity** Conventional culture and CLSI/EUCAST based susceptibility testing
111. **Urine ketones**
112. **Urine microalbimin**
113. **Urine pregnancy test** Fully automated chemistry analyser
114. **Urine total proteins**
115. **VDRL Test** Approved assay using VDRL antigen
116. **Vitamin B12 assay** Chemiluminiscence assay
117. **Widal Test'** Tube Method

Group B - 158.20		Annexure II
S.No.	Test	Recommended Method(s)
1.	17-DH Progesterone.	Chemiluminescence
2.	ACTH	Chemiluminescence method
3.	AFP.	Chemiluminescence method
4.	ANA (atleast 14 differential antigens)	LIA
5.	ANA Quantitative	ELISA/ Immunoturbidometry/ Chemiluminescence/ Nephelometry
6.	Androstendione.	Chemiluminescence method
7.	Anemia Profile (Serum iron / TIBC / Serum Ferritin)	
8.	Anti cyclooctadecylated peptide (Anti CCP)	
9.	Anti-tissue transglutaminase antibody-IgA	ELISA/ Chemiluminescence
10.	Anti-amoebic IgM Antibodies	ELISA/ ELUA/Chemiluminescence Assay
11.	Anti-Chikungunya IgM Antibodies	ELISA
12.	Anti-Chlamydial IgG	ELISA/ ELUA/Chemiluminescence Assay
13.	Anti-Chlamydial IgM	ELISA/ ELUA/Chemiluminescence Assay
14.	Anti-CMV IgG Antibodies	ELUA/Chemiluminescence Assay
15.	Anti-CMV IgG avidity Antibodies	ELUA/Chemiluminescence Assay
16.	Anti-CMV IgM Antibodies	ELUA/Chemiluminescence Assay
17.	Anti-Cytomegalovirus/T. solium Antibodies	ELISA
18.	Anti-HSV IgG Antibodies	ELISA/ELUA/Chemiluminescence Assay
19.	Anti-HSV IgM Antibodies	ELISA/ELUA/Chemiluminescence Assay
20.	Anti-leishmanial Antibodies (rK 39 Antigen)	Rapid card/ELISA
21.	Anti-Mycoplasma IgM	ELISA/ ELUA/Chemiluminescence Assay
22.	Anti-Rubella IgG Antibodies	ELUA/Chemiluminescence Assay
23.	Anti-Rubella IgG avidity Antibodies	ELUA/Chemiluminescence Assay
24.	Anti-Rubella IgM Antibodies	ELUA/Chemiluminescence Assay
25.	Anti-thrombin	
26.	Anti-Toxoplasma IgG Antibodies	ELUA/Chemiluminescence Assay
27.	Anti-Toxoplasma IgG avidity Antibodies	ELUA/Chemiluminescence Assay
28.	Anti-Toxoplasma IgM Antibodies	ELUA/Chemiluminescence Assay
29.	Apo A1.	Immunoturbidimetric
30.	Apo B.	Immunoturbidimetric
31.	Ascitic fluid protein and sugar	On fully automated analyser
32.	ASO Titre Quantitative	Immunoturbidimetry/ Chemiluminescence/Nephelometry

[illegible]

70.	Protein S	Chemiluminescence method
71.	PSA- Free.	Chemiluminescence method
72.	PSA- Total.	
73.	PT/PTTK/INR	Automated Method
74.	PTH (Parathormone)	CHEMILUMINESCENCE
75.	Rapid Antigen Detection of Group A Streptococcus	Rapid card test
76.	Rota Virus serology	Rapid Card
77.	Rota Virus serology	ELISA
78.	Scrub Typhus antibody Test	ELISA
79.	Semen Analysis	Immunoturbidimetric
80.	Serum ADA	Enzymatic UV method on automated analyser
81.	Serum Ammonia	
82.	Serum erythropoietin	ISE
83.	Serum Fluoride	Chemiluminiscence method
84.	Serum Folic Acid	
85.	Serum homocystine	ELISA/ ELUA/ Chemiluminiscence Assay
86.	Serum Osmolality	Fully automated analyser
87.	Serum Phenytoin levels	Chemiluminiscence method
88.	Serum PTH	Fully automated analyser
89.	Serum Valproate level	Chemiluminiscence method
90.	Serum Vit B12 Assay	Automated ID and Sensitivity
91.	Stool Culture and sensitivity for Vibrio, Salmonella, Shigella	RNTCP Approved Method
92.	TB Culture (liquid culture method)	
93.	Test for antiphospholipid antibodies syndrome	Chemiluminescence
94.	Test for hypercoagulable states- Protein C, Protein S, Antithrombin	Chemiluminiscence method
95.	Thyroglobulin.	Chemiluminiscence method
96.	TPO	
97.	Triple Marker (Pregnancy) Estradiol, AFP, beta-HCG	Rapid card
98.	Troponin I	Rapid card
99.	Troponin T	Rapid Card
100.	Typhidot Test	
101.	Urinary copper	On fully automated analyser
102.	Urinary creatinine	On fully automated analyser
103.	Urinary Proteins -24 Hour	On fully automated analyser
104.	Urinary Uric acid	On fully automated analyser
105.	Urine ca/creatinine ratio	
106.	Urine Osmolality	On fully automated analyser
107.	Urine protein/Creatinine ratio	Chemiluminescence method
108.	VitD3 assay	

Annexure III

Group C -237.30

S. No.	Test	Recommended Method(s)
1.	Anti Sperm Antibodies	ELISA
2.	Brucella serology	ELISA/Weil Felix Test
3.	Catecholamines. Serum	Latex enhanced immuno turbidometry
4.	Fibrinogen	Automatic coagulation analyzer
5.	Fructosamine	ENZYMATIC
6.	Influenza A H1N1 PCR	As per recommendations
7.	Leukemia panel /Lymphoma	Flow cytometry
8.	PNH Panel-CD55,CD59	Flow cytometry
9.	Serum Procalcitonin Test	Chemiluminescence
10.	Serum Protein electrophoresis with	
11.	Vinyl Mandelic Acid (Urine)	Latex enhanced immuno turbidometry
12.	Chikungunya IgM ELISA	ELISA
13.	Dengue IgM ELISA	ELISA
14.	Dengue NS1 ELISA	ELISA

GOVT. OF NCT OF DELHI
DIRECTORATE GENERAL OF HEALTH SERVICES
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F. No. 154/PF. I/DGHS/PHW-IV/COVID 19/2020/ 5569-575 Dated: 05.01.2022

Sub: Revised guidelines for Home Isolation of asymptomatic/mild COVID-19 cases.

In supersession to the guidelines issued earlier on Home Isolation (HI) of asymptomatic/mild COVID-19 cases; Revised Guidelines for HI of mild/asymptomatic COVID-19 cases have been released by MoHFW dated: 05.01.2022. The same have been endorsed by Government of NCT of Delhi.

The detailed guidelines are enclosed. The salient features of these guidelines are as follows:

1. The asymptomatic cases are laboratory confirmed cases who are not experiencing any symptoms and have oxygen saturation at room air more than 93%.
2. Patients under HI will stand discharged and end isolation after at least 7 days have passed from test positive and no fever for 3 successive days. They shall continue wearing masks after HI period is over.
3. There is no need for testing after the HI period is over.
4. Immediate medical attention may be sought if following serious signs and symptoms develop:
 - a) Unresolved High-grade fever (more than 100° F for more than 3 days)
 - b) Difficulty in breathing
 - c) Dip in oxygen saturation ($SpO_2 \leq 93\%$ on room air at least 3 readings within 1 hour) or respiratory rate $>24/\text{min}$
 - d) Persistent pain/pressure in the chest
 - e) Mental confusion or inability to arouse
 - f) Severe fatigue and myalgia

These may kindly be further circulated/ made available to all concerned for compliance.

Enclosure: The detailed guidelines.



Dr. Avdhesh Kumar
Addl. Director (PHW-IV)

F. No. 154/PF. I/DGHS/PHW-IV/COVID 19/2020/ 5569-575
Copy to:

Dated: 05.01.2022

1. PS to Pr. Secy. (H&FW), GNCTD
2. PS to DGHS, GNCTD
3. All DCs
4. All CDMOs, All DSOs
5. Control Room, DHS (HQ), GNCTD
6. Officers of SSU
7. Guard File



Dr. Avdhesh Kumar
Addl. Director (PHW-IV)

Government of India
Ministry of Health & Family Welfare

Revised guidelines for Home Isolation of mild /asymptomatic COVID-19 cases

1. Background

Over the past two years, it has been seen globally as well as in India that majority of cases of COVID-19 are either asymptomatic or have very mild symptoms. Such cases usually recover with minimal interventions and accordingly may be managed at home under proper medical guidance and monitoring.

Ministry of Health & FW has thus issued and updated guidelines for home isolation from time to time to clarify selection criteria, precautions that need to be followed by such patients and their families, signs that require monitoring and prompt reporting to health facilities.

The present guidelines are applicable to COVID-19 patients who have been clinically assessed and assigned as **mild /asymptomatic cases of COVID-19**.

2. Asymptomatic cases; mild cases of COVID-19

The asymptomatic cases are laboratory confirmed cases who are not experiencing any symptoms and have oxygen saturation at room air of more than 93%.

Clinically assigned mild cases are patients with upper respiratory tract symptoms with or without fever, without shortness of breath and having oxygen saturation at room air of more than 93%.

3. Patients eligible for home isolation

- i. The patient should be clinically assigned as mild/ asymptomatic case by the treating Medical Officer. Further a designated control room contact number at the district /sub district level shall be provided to the family to get suitable guidance for undertaking testing, clinical management related guidance, assignment of a hospital bed, if warranted.
- ii. Such cases should have the requisite facility at their residence for **self-isolation** and for **quarantining the family contacts**.
- iii. A caregiver (**ideally someone who has completed his COVID-19 vaccination schedule**) should be available to provide care on 24 x7 basis. **A communication link between the**

caregiver and a Medical Officer is a prerequisite for the entire duration of home isolation.

- iv. 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 only be allowed home isolation after proper evaluation by the treating medical officer.**
- v. Patients suffering from immune 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.**
- vi. While a patient is allowed home isolation, all other members in the family including other contacts shall follow the **home quarantine guidelines available at:** <https://www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf>.

4. Instructions for the patient

- i. Patient must isolate himself from other household members, stay in the identified room and away from other people in home, especially elderly and those with co-morbid conditions like hypertension, cardiovascular disease, renal disease etc.
- ii. The patient should stay in a well-ventilated room with cross ventilation and windows should be kept open to allow fresh air to come in.
- iii. Patient should at all times use triple layer medical mask. They should discard mask after 8 hours of use or earlier if the mask becomes wet or is visibly soiled. In the event of Caregiver entering the room, both Caregiver and patient may preferably consider using N-95 mask.
- iv. Mask should be discarded after cutting them to pieces and putting in a paper bag for a minimum of 72 hours.
- v. Patient must take rest and drink lot of fluids to maintain adequate hydration.
- vi. Follow respiratory etiquettes at all times.
- vii. Undertake frequent hand washing with soap and water for at least 40 seconds or clean with alcohol-based sanitizer.
- viii. The patients shall not share personal items including utensils with other people in the household.
- ix. Need to ensure cleaning of frequently touched surfaces in the room (tabletops, doorknobs, handles, etc.) with soap/detergent & water. The cleaning can be undertaken either by the patient or the caregiver duly following required precautions such as use of masks and gloves.
- x. Self-monitoring of blood oxygen saturation with a pulse oximeter for the patient is advised.
- xi. The patient shall self-monitor his/her health with daily temperature monitoring (as given below) and report promptly if any deterioration of symptom is noticed. The status shall be shared with the treating Medical Officer as well as surveillance teams/Control room.

Patients Self -health monitoring Chart

Date and time	Temperature	Heart rate (from pulse oximeter)	SpO2 % (from pulse oximeter) *	Feeling: (better /same /worse)	Breathing: (better / same/ worse) **

*For self-monitoring blood oxygen saturation with a pulse oximeter, place the index finger (after cleaning hands and removing nail polish, if any) in the pulse oximeter probe and take the highest steady reading after a few seconds.

**The patient may self-monitor breathing rate/respiratory rate in sitting position, breathe normally and count the number of breaths taken in 1 full minute.

5. Instructions for Care Giver

i. Mask:

- The caregiver should wear a triple layer medical mask. N95 mask may be considered when in the same room with the ill person.
- Front portion of the mask should not be touched or handled during use.
- If the mask gets wet or dirty with secretions, it must be changed immediately.
- Mask should be discarded after cutting them to pieces and putting in a paper bag for a minimum of 72 hours.
- Perform hand hygiene after disposal of the mask.
- He/she should avoid touching own face, nose or mouth.

ii. Hand hygiene

- Hand hygiene must be ensured following contact with ill person or his immediate environment.
- Use soap and water for hand washing at least for 40 seconds. Alcohol-based hand rub can be used, if hands are not visibly soiled.
- After using soap and water, use of disposable paper towels to dry hands is desirable. If not available, use dedicated clean cloth towels and replace them when they become wet.
- Perform hand hygiene before and after removing gloves.

iii. Exposure to patient/patient's environment

- Avoid direct contact with body fluids (respiratory, oral secretions including saliva) of the patient. Use disposable gloves while handling the patient.

- Avoid exposure to potentially contaminated items in his immediate environment (e.g. avoid sharing eating utensils, dishes, drinks, used towels or bed linen).
- Food must be provided to the patient in his room. Utensils and dishes used by the patient should be cleaned with soap/detergent and water while wearing gloves. The utensils may be re-used after proper cleaning.
- Clean hands after taking off gloves or handling used items. Use triple layer medical mask and disposable gloves while cleaning or handling surfaces, clothing or linen used by the patient.
- Perform hand hygiene before and after removing gloves.

iv. Biomedical Waste disposal

Effective and safe disposal of general wastes such as disposable items, used food packets, fruit peel offs, used water bottles, left-over food, disposable food plates etc. should be ensured. They should be collected in bags securely tied for handing over to waste collectors.

Further, the used masks, gloves and tissues or swabs contaminated with blood / body fluids of COVID-19 patients, including used syringes, medicines, etc., should be treated as biomedical waste and disposed of accordingly by collecting the same in a yellow bag and handed over to waste collector separately so as to prevent further spread of infection within household and the community. Else they can be disposed of by putting them in appropriate deep burial pits which are deep enough to prevent access to rodents or dogs etc.

6. Treatment for patients with mild /asymptomatic disease in home isolation

- i. Patients must be in communication with a treating Medical Officer and promptly report in case of any deterioration.
- ii. The patient must continue the medications for other co-morbidities/ illness after consulting the treating Medical Officer.
- iii. Patient may utilize the tele-consultation platform made available by the district/state administration including the e-Sanjeevani tele-consultation platform available at <https://esanjeevaniopd.in/>
- iv. Patients to follow symptomatic management for fever, running nose and cough, as warranted.
- v. Patients may perform warm water gargles or take steam inhalation thrice a day.
- vi. If fever is not controlled with a maximum dose of Tab. Paracetamol 650 mg four times a day, consult the treating doctor.

- vii. Information floating through social media mentioning non-authentic and non-evidence-based treatment protocols can harm patients. Misinformation leading to creation of panic and in-turn undertaking tests and treatment which are not required has to be avoided. Clinical management protocol for asymptomatic/mild patients as available on the website of Ministry of Health & FW (https://www.icmr.gov.in/pdf/covid/techdoc/COVID_Management_Algorithm_23092021.pdf) may be referred to by the treating Medical Officer to aid management of the case.
- viii. Do not rush for self-medication, blood investigation or radiological imaging like chest X ray or chest CT scan without consultation of your treating Medical Officer.
- ix. Steroids are not indicated in mild disease and shall not be self-administered. Overuse & inappropriate use of steroids may lead to additional complications.
- x. Treatment for every patient needs to be monitored individually as per the specific condition of the patient concerned and hence generic sharing of prescriptions shall be avoided.
- xi. In case of falling oxygen saturation or shortness of breath, the person may require hospital admission and shall seek immediate consultation of their treating Medical Officer/surveillance team /Control room.

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-

- i. Unresolved High-grade fever (more than 100° F for more than 3 days)
- ii. Difficulty in breathing,
- iii. Dip in oxygen saturation ($SpO_2 \leq 93\%$ on room air at least 3 readings within 1 hour) or respiratory rate $>24/\text{min}$
- iv. Persistent pain/pressure in the chest,
- v. Mental confusion or inability to arouse,
- vi. Severe fatigue and myalgia

8. Monitoring of the Patient during Home Isolation

The concerned district administration under the overall supervision of State Health Authority shall be responsible for monitoring the patient under home isolation.

8.1. Responsibilities of grass root level Surveillance Teams

- i. The Surveillance Teams (ANM, Sanitary inspector, MPHW etc) shall be responsible for initial assessment of the patient and whether the requisite facilities are there for home isolation.
- ii. The health worker should contact the patient daily preferably in-person or over telephone/ mobile and obtain the details of temperature, pulse, oxygen saturation, patients overall wellness and worsening of signs/ symptoms.
- iii. The Surveillance Team may provide Home Isolation Kits to the patient/ caregiver as per the policy of the State Government. The Kit may contain masks, hand sanitizers, paracetamol along with a detailed leaflet to educate patients and family members in local language.
- iv. If there is reported worsening of signs/ symptoms and/or fall in oxygen saturation, the Surveillance team shall re-assess the patient and inform the Control Room for shifting the patient to hospital.
- v. The surveillance Team shall also undertake the patient education on the disease, its symptoms, warning signs, COVID appropriate behaviour and need for vaccination for all eligible members.

8.2. Responsibilities of the District/ Sub-District Control Room.

District and sub-district control rooms will be made operational and their telephone numbers should be well publicised in public so that people under home-isolation may contact the control rooms for seamless transfer of patients through ambulance from home to the dedicated hospital.

These Control Rooms shall also make outbound calls to the patients under home isolation to monitor their status.

8.4. Role of District Administration

The district administration should monitor all cases under home isolation on a daily basis.

9. When to discontinue home isolation

Patient under home isolation will stand discharged and end isolation after at least 7 days have passed from testing positive and no fever for 3 successive days and they shall continue wearing masks. **There is no need for re-testing after the home isolation period is over.**

Asymptomatic contacts of infected individuals need not undergo Covid test & monitor health in home quarantine.

Patient Tested Positive

Patients clinically assessed and assigned as mild /asymptomatic cases of COVID-19 or patients experiencing no symptoms and have oxygen saturation at room air of 93% or more.

Management of cases under Home Isolation

Instructions for the patient	<ul style="list-style-type: none"> Identify separate, well-ventilated room; Use triple layer mask and discard in a paper bag after 72 hours, cutting into pieces; Maintain adequate hydration; Follow respiratory etiquettes; Follow hand hygiene; Use triple layer mask and discard in a paper bag after 72 hours, cutting into pieces; Replace mask immediately if wet of dirty with secretion; Follow hand hygiene; Avoid touching face, nose or mouth; Patient must be in communication with a Medical Officer; Medication for co-morbidities must be continued after consulting treating Medical Officer; Leverage Tele-consultation platform; Follow symptomatic management for fever, cough, etc.; Avoid misinformation leading to panic; 	<ul style="list-style-type: none"> Do not share personal items including utensils with others; Clean frequently touched surfaces with soap/detergent and water; Monitor blood oxygen saturation and temperature regularly; Report promptly in case of any deterioration
Instructions for caregivers (caregiver must be fully vaccinated)	<ul style="list-style-type: none"> Use gloves and perform hand hygiene before and after using gloves; Avoid direct contact with body fluids of patient; Avoid exposure to contaminated items in patient's immediate environment; Ensure effective waste disposal; 	<ul style="list-style-type: none"> Do not rush for self-medication, blood investigation or radiological imaging without consultation of your treating Medical Officer. Steroids are not indicated in mild disease and shall not be self-administered; Only Medical Officer must decide about drugs, hoarding any drugs is not useful
Treatment for patients with mild /asymptomatic disease	<ul style="list-style-type: none"> The concerned district administration under the overall supervision of State Health Authority responsible for monitoring the patient under home isolation Initial assessment to be conducted by surveillance teams at ground level; Adequately staffed and well-equipped control rooms to aid end-to-end support to the patient under home isolation; 	<ul style="list-style-type: none"> Contact numbers of Control Room should be well publicized for seamless transfer of patients through ambulance from home to the dedicated hospital Necessary coordination with respect to infrastructure to be ensured by the district administration;
Monitoring of the Patient during Home Isolation by District administration		<ul style="list-style-type: none"> Contact numbers of Control Room should be well publicized for seamless transfer of patients through ambulance from home to the dedicated hospital Necessary coordination with respect to infrastructure to be ensured by the district administration;

Patient / Caregiver to monitor health of patient. Immediate medical attention must be sought if serious signs or symptoms develop. These could include-

Unresolved high grade Fever; >100° F for more than 3 days Difficulty in breathing SpO2 < 93% on room air at least 3 reading within 1 hour or Respiratory rate >24/ min Persistent pain/ pressure in the chest Mental confusion or inability to arouse Severe fatigue and myalgia

Discontinue Home Isolation: Patient under home isolation will stand discharged and end isolation after at least 7 days have passed from testing positive and no fever for 3 successive days and they shall continue wearing masks. There is no need for re-testing after the home isolation period is over. Asymptomatic contacts of infected individuals need not undergo Covid test & monitor health in home quarantine.

GOVT. OF NCT OF DELHI
DIRECTORATE GENERAL OF HEALTH SERVICES
F-17 karkardooma, Delhi- 110032

F.No184/PF1/DGHS/PHW-IV/COVID-19/Discharge Policy/2020/5662-69 Dated: 13/01/2022

Office Order

Ministry of Health & Family Welfare, Government of India has issued "Revised Discharge Policy for COVID-19" aligned with the COVID-19 clinical management protocol, guidelines for home isolation of mild COVID-19 cases and advisory on COVID -19 testing strategy, for better management of COVID-19 pandemic. Approval of competent authority is hereby conveyed to adopt "Revised Discharge Policy for COVID-19" updated on 9th January 2022 (Copy enclosed) in GNCTD with immediate effect.



Dr. Nutan Mundeja
Director General of Health Services
DGHS, GNCTD

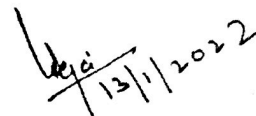
F.No184/PF1/DGHS/PHW-IV/COVID-19/Discharge Policy/2020/5662-69 Dated: 13/01/2022

To:

1. Medical Directors/ Medical Superintendents /Directors of all Hospitals of NCT of Delhi
2. All CDMOs and DSOs
3. In charges of all CCCs and CHCs

Copy for information to

1. All DMs, GNCTD
2. PS to Pr. Secy. (H &FW), GNCTD
3. PS to Secy(H& FW), GNCTD
4. PA to SS (H& FW) , GNCTD
5. Guard File



Dr. Nutan Mundeja
Director General of Health Services
DGHS, GNCTD

Government of India
Ministry of Health & Family Welfare

Revised Discharge Policy for COVID-19

The revised discharge policy is aligned with the COVID-19 clinical management protocol, guidelines for home isolation of mild COVID-19 cases and advisory on Covid-19 testing strategy issued by Ministry of Health & FW.

1. Mild cases of COVID-19

Mild cases admitted to a COVID Care Facility or under home isolation will undergo regular health monitoring. The patient shall be discharged after at least 7 days have passed from testing positive and with no fever for 3 successive days. There is no need for testing prior to discharge.

2. Moderate cases admitted to Dedicated COVID Health Centre

2.1. Patients whose signs and symptoms resolve and maintain saturation above 93% for 3 successive days

If there is resolution of symptoms and the patient maintains saturation above 93% for the 3 successive days (without oxygen support), and stable comorbidities, if any, such patient will be discharged as per the advice of the treating medical officer. There is no need for testing prior to discharge.

2.2. Patients on oxygen whose signs and symptoms do not resolve, and demand of oxygen therapy continues

Such patients will be discharged as per the advice of the treating medical officer only after

- resolution of clinical symptoms
- ability to maintain prescribed oxygen saturation for 3 successive days without oxygen support
- stable comorbidities, if any.

3. Severe Cases including immunocompromised (HIV patients, transplant recipients, malignancy etc.)

Discharge criteria for severe cases will be based on clinical recovery at the discretion of the treating medical officer.

Note: The patients post discharge are advised to self-monitor their health for further 7 days and shall continue wearing masks. Post discharge, if the patient develops any symptoms of fever, cough or breathing difficulty or she/she continues to experience residual/sustained symptoms, he/she shall contact the treating doctor for further clinical guidance or contact the State/District control room helpline or 1075.