



No: NVBDCP/COVID-19/EST7K/2020-21

Department of Health and Family
Welfare, Arogya Soudha
Date: 09-05-2021

CIRCULAR

Subject: Medical triage and follow-up of COVID-19 positive persons

Reference: 1. Government of Karnataka circular No. 136 ACS HFW 2020 regarding revised guidelines for home isolation/ home care of COVID positive person (version 3) dated 03.05.2021(https://covid19.karnataka.gov.in/storage/pdf-files/cir_hws/HFW%20136%20ACS%202021001.pdf).

2. Proceedings of the meeting held on 7th May 2021 under the chairmanship Deputy CM, Government of Karnataka.

The person who has tested positive for COVID-19 shall undergo triaging for a decision about placing him/her under home isolation, admission to a CCC or DCHC or DCH. The triaging can be done by telephonic mode or physical method. The physical triage shall be in a health center / hospital / a suitable facility in the ward / village / home etc. and done by a team of qualified and competent medical and health professionals that shall include MBBS / AYUSH / PG residents / interns / others. The following criteria shall be used for allowing a person in home isolation or shifting the person to CCC, DCHC or DCH and as given below:

Criteria	Home isolation / 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 ≥ 94%	SpO ₂ between 90 to 93%	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
a. Co-morbid Conditions b. Pregnancy	Co-morbidities like hypertension, diabetes, thyroid disease, cancer, kidney, liver, heart diseases, etc. under good clinical control as assessed by medical officer/ physician	- With co-morbid conditions not under good clinical control as assessed by medical officer/physician - Pregnant women- 2 weeks before expected date of delivery (EDD)	- With co-morbid conditions not under good clinical control as assessed by medical officer/physician)

Note:

1. When the house is found not suitable for home isolation he/ she shall be shifted to CCC.
2. An asymptomatic or mild symptomatic person may also be shifted to CCC following his/her request.

The following day-wise activities shall be performed meticulously at the facility/community/family level.

Day 1

Person tested COVID-19 positive and found suitable for home isolation.

- Telephonic triage/ physical triage should be done within 24 hours [Annexures 1, 2&3]
- The physical triage center shall be established in a health center/hospital/a suitable facility in the ward/village/home, etc.
- Triage form should be filled for every COVID-19 positive case reported.
- **Triage Activities:**
 - Enquire for symptoms and severity.
 - Enquire for any co-morbid conditions.

- Measure temperature, pulse rate and oxygen saturation
 - Clinical evaluation and recommended baseline investigations should be done for symptomatics and persons with co-morbid conditions.
 - Blood: CBC, RBS, HbA1C (if known diabetic), CRP, chest X-ray, liver function test, renal function test, ECG before starting HCQS, etc.(as feasible)
 - Persons with co-morbidity shall be evaluated for good clinical control of the condition. If the co-morbidity is not under good clinical control, then the person is shifted to DCHC/COVID hospital.
 - A technician in PPE kit collects blood sample from home / alternatively the patient is shifted to a nearby hospital/lab. for sample collection and chest X-ray
- Check whether the person has a room with bath & toilet for oneself.
- Verify suitability and acceptability of caregiver; mutually agreeable with COVID-19 positive person.
- **Home care triage and follow-up:** There shall be a mobile team (one doctor-MBBS / AYUSH / PG residents / interns / others and one staff nurse/ health-worker / Mid-Level-Health provider with a vehicle) for every 10-20 persons in home isolation and depending on geographical area.
- The mobile team or staff in public health institutes shall do initial triage and subsequently make house visits for all home isolated persons at least once in 3 days. However, symptomatics and those with co-morbidity shall be visited every day to check for warning signs and symptoms. If any warning signs and symptoms are noticed, they shall be immediately transferred to the hospital.
- The mobile team shall carry necessary medical equipment like digital thermometer, fingertip pulse oximeter, BP apparatus, glucometer with sufficient strips, essential and emergency drugs, etc. and shall follow universal infection prevention practices during medical triaging.
- The medical officer of the mobile team shall report daily to Administrative medical officer of the concerned PHC/s and Taluka Health Officer.
- If the Covid -19 positive person is found fit for home isolation, then:
 - A. Obtain signed undertaking [Annexure-4]
 - B. Downloads Arogya Setu app
 - C. Provide COVID-19 home care kit and train in use of digital thermometer and pulse oximeter. Provide instructions for use of other items in the kit.
 - D. **Contents of COVID-19 Home care Kit**

Medicines:

Tab Ivermectin 12mg 1-0-0 for 5 days	05 Tablets
Tab Vitamin C 500mg 1-1-1 for 7 days	20 Tablets
Tab Zinc 50mg 0-1-0 for 7 days	07 Tablets
Tab Paracetamol 650mg SOS, for fever etc.	10 Tablets
Tab Cetirizine 10mg SOS, for cold, etc.	05 Tablets
Tab Pantoprazole 40mg / Tab Ranitidine 150mg SOS, before food for gastric irritation	05 Tablets

Devices:

Fingertip Pulse Oximeter (measuring SpO ₂ and pulse rate)	01 No.
Triple layered medical face masks	10 Nos.
Hand Sanitizers (100ml)	01 bottle

This shall be neatly packed and provided as an attractive kit with instructions for its usage both in Kannada and English language. A special instruction shall be provided to guide the person about the correct usage of pulse oximeter. Refer to handout for person in home isolation/home care [Annexure-5]

- The following additional treatment is advised for patients in home isolation/homecare based on the advice of physician / medical officer
 - Inhalational Budesonide (given via Metered dose inhaler/ Dry powder inhaler) at a dose of 800 mcg BD for 5 days) to be given if symptoms (fever and/or cough) persistent beyond 5 days of onset
 - T. Colchicine, 1.5mg Stat as bolus, followed by 0.5mg after 1 hour, if there are no adverse gastro-intestinal effects like nausea, vomiting. From 2nd Day, 0.5mg 1-0-1 for 7 days. (Contraindicated if renal dysfunction eGFR < 30mL/min/1.73m²).
 - T. Aspirin 75mg 0-0-1, if D-dimer values are high, person with co-morbidities, need to consult the physician. (Contraindicated in GI Bleeding and Allergic to Aspirin).
 - Systemic oral steroids are not indicated in mild disease. If symptoms persist beyond 7 days (persistent fever, worsening cough, etc.) treat



with low dose oral steroids (Tab methylprednisolone OR Tab Dexamethasone).

- If the person is found not fit for home isolation, then:
 - Shift the person to CCC/COVID hospital as appropriate, in a dedicated ambulance.

Day 2 to Day 7

- The mobile team shall make house visits for all home isolated persons at least once in 3 days. However, symptomatics and those with co-morbidity shall be visited every day to check for warning signs and symptoms. If any warning signs and symptoms are noticed, they shall be immediately shifted to the hospital.
- Telephonic monitoring shall be done once every day for all home isolated persons:
 - Temperature, pulse rate, oxygen saturation, feeling and breathing [Annexure-6]
 - Enquire for symptoms and severity.
 - Enquire for warning signs and symptoms. If any warning signs and symptoms are noticed, they shall be immediately shifted to the hospital.

Day 8 to 10

Tele-check the patient for temperature, pulse rate and oxygen saturation, feeling and breathing

- Enquire about recovery and absence of symptoms for last 3 days.
- If no symptoms are reported during last 3 days:
 - The person may be considered suitable for release/discharge from home isolation/home care
- If the condition is good, instruct the person to stay indoors with face mask, physical distancing of over one meter from others and observing hand hygiene and respiratory etiquette.

- A "fitness certificate" shall be issued by the treating medical officer/physician [Annexure-7]
- The person shall be allowed to resume his normal activities/duty.

The data regarding triage done, persons allowed for home isolation, daily follow-up of persons in home isolation, number of home isolation patients referred to hospital admission shall be reviewed every day at PHC, Taluka and district level by Deputy Commissioner of the district/ Commissioner-BBMP. It is very important that if any deaths occur in home isolation, an audit shall be done immediately and followed by suitable action and a report sent.


Commissioner

Health & Family Welfare Services
Government of Karnataka

To,

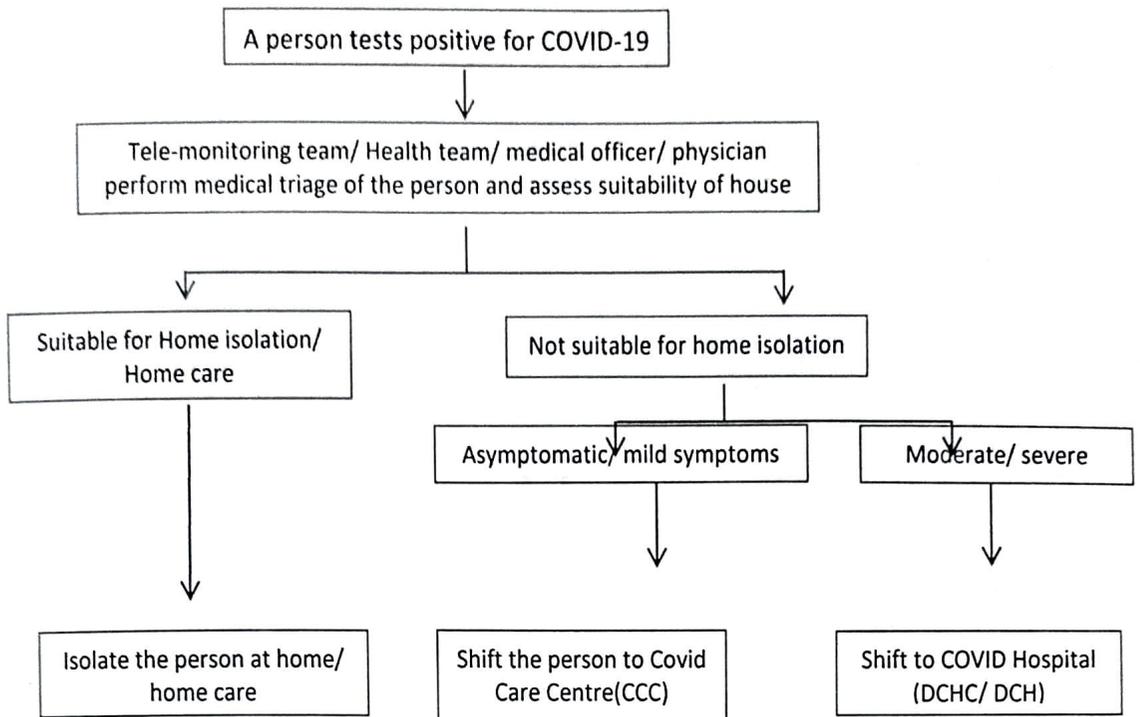
1. All Deputy Commissioners.
2. Special commissioner BBMP.
3. All CEOs of Zilla Panchayats.
4. All District Health Officers.
5. All District Surgeons.
6. All District Surveillance Officers.
7. President IMA/PHANA/IAP Karnataka.

Copy for information:

1. Chief Secretary, Government of Karnataka.
2. Additional Chief Secretary to Government, Health & Family Welfare.
3. Chief Commissioner-BBMP.
4. Mission Director, National Health Mission.
5. Director, Department of Medical Education.
6. Director, Department of Health and Family Welfare Services.

Annexure-01

Algorithm for triaging a covid-19 positive person



Annexure - 02

Triage for COVID Positive Person at home/health centre/hospital

1. Name of Person:		2. Age/Sex:	
3. SRF ID:		4. Case Number (District):	
5. Father's/ Spouse's Name:		6. Date of Triage:	
7. Mobile number of patient:			
8. Name and mobile number of caregiver:			
9. Date of swab collection for COVID testing:			
10.0	Separate well ventilated room with a separate toilet is available for the Covid positive person in 'home care' (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes []	No []
11.0	Is a caregiver (healthy adult) available at home on 24 x7 basis (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes []	No []
12.0	Is a caregiver agreeable to provide 'home care' (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes []	No []
13.0	Symptomatic (if no, person is considered asymptomatic)	Yes []	No []
	If Yes, Date of symptom onset		
13.1	Fever (use digital thermometer in armpit and record)		
13.2	Cough	Yes []	No []
13.3	Cold	Yes []	No []
13.4	Sore throat	Yes []	No []
13.5	Difficulty in breathing (if yes, shift patient to COVID hospital)	Yes []	No []
13.6	Persistent pain/pressure in the chest (if yes, shift patient to COVID hospital)	Yes []	No []
13.7	Mental confusion or inability to arouse (Enquire from caregiver: if yes, shift patient to COVID hospital)	Yes []	No []
13.8	Slurred speech/seizures (if yes, shift patient to COVID hospital)	Yes []	No []
13.9	Weakness or numbness in any limb or face (if yes, shift patient to COVID hospital)	Yes []	No []
13.10	Developing bluish discolorations of lips/face (if yes, shift patient to COVID hospital)	Yes []	No []
13.11	Any other symptoms, specify		
14.0	Check Pulse rate and Oxygen saturation using fingertip pulse oximeter (SpO2 less than 94, shift patient to COVID hospital)	Pulse Rate:	SpO2:
15.0	History of comorbidities		



15.1	Hypertension (Record using BP apparatus)	
15.2	Diabetes Mellitus (Record RBS using glucometer)	
15.3	Thyroid Disease	Under control [] Not under control [] No []
15.4	Heart disease	Yes [] No []
15.5	chronic lung disease	Yes [] No []
15.6	Liver disease	Yes [] No []
15.7	kidney disease (including on dialysis)	Yes [] No []
15.8	Cerebro-vascular disease (including stroke)	Yes [] No []
15.9	Cancer	Yes [] No []
15.1 0	Tuberculosis	Yes [] No []
15.1 1	HIV	Yes [] No []
15.1 2	On immunocompromised or steroid therapy	Yes [] No []
15.1 3	Any others, specify	
16.0	If Pregnant woman- expected date of delivery (EDD) (if EDD within next 2 weeks, shift to hospital)	EDD: NA []
17.0	Functional fingertip pulse oximeter is available with person at home	Available at home [] Shall be procured [] To be provided []
18.0	A functional digital thermometer is available with the person	Available at home [] Shall be procured [] To be provided []
19.0	The person is willing to provide/has provided a signed undertaking on self-isolation and agreed to follow guidelines of 'home care' (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes [] No []
20.0	The person has agreed to monitor his/her health and regularly inform their health status to the physician and District Surveillance Officer (DSO) for further follow up by the surveillance teams (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes [] No []
21.0	Person has been explained regarding total 10 days for	Yes [] No []



	'home care' and protocol for release from 'home care'	
22.0	Person has consented for daily tele-monitoring follow-up by (if private, name, mobile number of doctor & hospital)	Government [] Private []

Based on assessment of Telephonic Triage, the patient is advised (tick)

1. Home care []
2. Shift to COVID care centre/hospital [] Give Reason.....
3. Could not be assessed [] Give Reason.....

The patient is advised to consult medical officer/ physician/ family doctor for investigations, treatment/drugs and diet (tick) []

Remarks:

Certification of person performing telephonic triage:

Signature:

Name and Date:

Mobile Number:

✓

Annexure – 03

Telephonic Triage for COVID Positive Person

1. Name of Patient:	2. Age/Sex:
3. SRF ID:	4. Case Number (District):
5. Father's/ Spouse's Name:	6. Date of Triage:

7.0	Date of swab collection for COVID testing	
8.0	Separate well ventilated room with a separate toilet is available for the Covid positive person in 'home care' (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes [] No []
9.0	Is a caregiver (healthy adult) available at home on 24 x7 basis (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes [] No []
10.0	Is a caregiver agreeable to provide 'home care' (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes [] No []
11.0	Symptomatic (if no, person is considered asymptomatic)	Yes [] No []
	If Yes, Date of symptom onset	
11.1	Fever (if high fever, shift patient to hospital)	Low [] High [] No []
11.2	Cough	Yes [] No []
11.3	Cold	Yes [] No []
11.4	Sore throat	Yes [] No []
11.5	Difficulty in breathing (if yes, shift patient to COVID hospital)	Yes [] No []
11.6	Persistent pain/pressure in the chest (if yes, shift patient to COVID hospital)	Yes [] No []
11.7	Mental confusion or inability to arouse (Enquire from caregiver: if yes, shift patient to COVID hospital)	Yes [] No []
11.8	Slurred speech/seizures (if yes, shift patient to COVID hospital)	Yes [] No []
11.9	Weakness or numbness in any limb or face (if yes, shift patient to COVID hospital)	Yes [] No []
11.10	Developing bluish discolorations of lips/face (if yes, shift patient to COVID hospital)	Yes [] No []
11.11	Any other symptoms, specify	
12.0	History of comorbidities	



12.1	Hypertension (high blood pressure) (if not under control, shift patient to COVID hospital)	Under control [] Not under control [] No []
12.2	Diabetes Mellitus (sugar problem) (if not under control, shift patient to COVID hospital)	Under control [] Not under control [] No []
12.3	Thyroid Disease (if not under control, shift patient to COVID hospital)	Under control [] Not under control [] No []
12.4	Heart disease	Yes [] No []
12.5	chronic lung disease	Yes [] No []
12.6	Liver disease	Yes [] No []
12.7	kidney disease (including on dialysis)	Yes [] No []
12.8	Cerebro-vascular disease (including stroke)	Yes [] No []
12.9	Cancer	Yes [] No []
12.10	Tuberculosis	Yes [] No []
12.11	HIV	Yes [] No []
12.12	On immunocompromised or steroid therapy	Yes [] No []
12.13	Any others, specify	
13.0	If Pregnant woman- expected date of delivery (EDD) (if EDD within next 2 weeks, shift to hospital)	EDD:..... NA []
14.0	Functional fingertip pulse oximeter is available with person at home	Available at home [] Shall be procured [] To be provided []
15.0	A functional digital thermometer is available with the person	Available at home [] Shall be procured [] To be provided []
16.0	The person is willing to provide/has provided a signed undertaking on self-isolation and agreed to follow guidelines of 'home care' (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes [] No []
17.0	The person has agreed to monitor his/her health and regularly inform their health status to the physician and District Surveillance Officer (DSO) for further follow up by the surveillance teams (if no, shift patient to Covid Care Centre/ COVID hospital)	Yes [] No []
18.0	Person has been explained regarding total 10 days for	Yes [] No []



	'home care' and protocol for release from 'home care'	
19.0	Person has consented for daily tele-monitoring follow-up by (if private, name, mobile number of doctor & hospital)	Government [] Private []

Based on assessment of Telephonic Triage, the patient is advised (tick)

- 1. Home care []
- 2. Shift to COVID care centre/hospital [] Give Reason.....
- 3. Could not be assessed [] Give Reason.....

The patient is advised to consult medical officer/ physician/ family doctor for investigations, treatment/drugs and diet (tick) []

Remarks:

Certification of person performing telephonic triage:

Signature:

Name and Date:

Mobile Number:

✓

Annexure - 04:

Undertaking on home-isolation/ home care

I S/D/W of, resident ofbeing diagnosed as a laboratory confirmed/positive COVID-19, do hereby voluntarily undertake to maintain strict home-isolation/home care 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 medical officer/physician, surveillance team and with the call centre. 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 medical officer/ physician/ family doctor/ surveillance team or call 14410 Apthamitra helpline.

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

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

1. Hypertension []	7. Cerebro-vascular diseases including stroke []
2. Diabetes Mellitus []	8. Tuberculosis []
3. Thyroid disorder []	9. Cancer []
4. Obesity []	10. HIV []
5. Kidney diseases []	11. Immuno-compromised conditions []
6. Heart disease []	12. On steroid therapy []
13. Others (specify)	

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

Signature of the person in home isolation/ home care:

Name:

Age/sex:

Date:

Contact Number:

Personal ID number/document:

Signature of the witness (household member):

Name:

Age/sex:

N

Relationship to the person:

Date:

Contact Number:

Counter-signature by Medical Officer/Physician/ Family doctor/ Health staff:

Name:

Date:

✓

Hand-out for persons in home isolation/ home care



GOVERNMENT OF KARNATAKA

COVID-19 (NOVEL CORONA VIRUS): GUIDELINES FOR HOME ISOLATION/HOME CARE



I. For COVID positive person in home isolation

- Strictly stay in the identified room
- Wear medical facemask/ N-95 facemask at all times. The mask shall be discarded after 8 hours of use or earlier if it becomes wet or visibly soiled
- If you are alone in the room you can rest without facemask, but as soon as anyone steps in the room you should wear the facemask
- Follow cough etiquette. Cover your mouth and nose with a tissue paper/ handkerchief during sneeze/cough. Used tissue papers shall be disposed in closed bins. If you don't have tissue paper/hand kerchief cover mouth and nose by the elbow
- Always maintain a physical distance of 2 meters/ 6 feet from other people in the home
- Hands shall be washed often with soap and water for at least 40 seconds or use alcohol-based sanitizer
- Stay away from elderly persons at home and those with comorbid conditions like hypertension, cardiovascular disease, renal disease, etc.
- Don't meet visitors till you are released from home isolation
- Take adequate rest and sleep
- Do not share personal items like toothbrushes, eating utensils, dishes, drinks, bath/hand towels, wash cloths or bed linen
- Strictly follow physician's instructions and medication advice
- Check and record your temperature using digital thermometer (shall be $\leq 100.4^{\circ}$ F) in armpit and oxygen saturation with a fingertip pulse oximeter (shall be $\geq 95\%$) thrice daily
- Stay well hydrated. Drink boiled and cooled water, soup, home-made juice, etc.
- Eat a balanced and nutritious diet consisting of fruit, vegetables, legumes, proteins, nuts and whole grains. Eat home-cooked food

- Consume moderate amounts of fats and oils. Avoid fried, junk and processed food
- Eat less salt and sugars – Avoid fizzy/sugary drinks
- Have separate utensils for yourself and eat food in your room
- Strictly avoid smoking, chewing tobacco and alcohol intake
- Seek counselling services when necessary
- Clean and disinfect frequently-touched surfaces in your room like phones, remote controls, counters, table-tops, doorknobs, keyboards, tablets, bedside tables, etc. with 7% Lysol or 1% sodium hypochlorite solution. These solutions are available in the market
- Gloves, masks, disposed tissue and other waste generated during home isolation shall be soaked in 1% sodium hypo-chlorite solution for 30 minutes and placed in a separate waste bag and disposed
- Clean and disinfect bathroom, fixtures and toilet surfaces at least once daily. Regular household soap or detergent shall be used first for cleaning, followed by 1% sodium hypochlorite solution
- Download Arogya Setu App, Quarantine watch App and Apathmitra App on your mobile (<https://covid19.karnataka.gov.in/new-page/software/en>) and shall remain active at all times (through Bluetooth and Wi-Fi)
- Answer promptly to tele-monitoring call
- Report to the physician/ health authorities about your health status every day
- Always keep handy phone numbers of medical officer, treating physician and ambulance
- Resume duty at your office only after release from home isolation and certification by the treating physician

II. Seek medical advice immediately if you have:

- Difficulty in breathing
- Dip in oxygen saturation (SpO₂ < 94% on room air) using fingertip pulse oximeter
- Persistent pain/pressure in the chest
- Mental confusion or inability to arouse
- Slurred speech/seizures
- Weakness or numbness in any limb or face
- Developing bluish discolorations of lips/face
- Any other symptom the person considers serious
- Any other symptom as advised by treating medical officer/physician

III. For caregiver

- The caregiver shall be an adult and in good health
- Wear medical facemask/ N-95 facemask appropriately when in the same room with the COVID positive person. The front portion of the mask should

not be touched or handled during use.

- If the mask gets wet or dirty with secretions, it shall be changed immediately. Discard the mask after use and perform hand hygiene after disposal of the mask into separate closed bin.
- Avoid touching eyes, nose or mouth.
- Practice hand hygiene before and after preparing food, before eating, after using the toilet, and whenever hands look dirty. Wash your hands with soap and water at least for 40 seconds or use alcohol-based hand rub
- Avoid direct contact with body fluids of the COVID positive person, particularly oral or respiratory secretions. Use disposable gloves while handling the person. Perform hand hygiene before and after removing gloves
- Avoid exposure to potentially contaminated items. E.g. avoid sharing food, utensils, dishes, drinks, used towels or bed linen
- As soon as you step out of the person's room immediately remove gloves and wash hands
- Food must be provided to the COVID positive person in his/her room
- Utensils and dishes used by the person shall be cleaned with soap/detergent and water wearing gloves
- Person's clothes, bed linen, and bath and hand towels shall be washed separately using regular laundry soap and warm water or machine wash at 60–90 °C (140–194 °F) with common household detergent, and sundried thoroughly
- Gloves and protective clothing (e.g. plastic aprons) shall be used when cleaning surfaces or handling clothing or linen soiled with body fluids. Single-use gloves shall be used and discarded after each use
- Make sure that the person follows the prescribed treatment
- Ensure counselling services to the person, whenever necessary
- Always keep handy phone numbers of medical officer, treating physician and ambulance
- Assess your health with daily temperature monitoring and report promptly if you develop any symptoms suggestive of COVID-19 like fever, cough, cold, sore throat, difficulty in breathing, etc.
- Take Hydroxy-chloroquine Sulphate tablet under medical supervision
- From the first day of home-isolation till the person is released from home isolation, ensure that no one in the household leaves the home.
- Request the relatives, friends, neighbours to help with daily supply of essential items. Please tell people to leave essential items at the door-step Alternatively, one can order these items online and request home delivery

IV. For the family members

- Do not panic. Do not stigmatise.
- Keep the person cheerful and boost their morale
- Ensure that the person is in strict home isolation

- Maintain a physical distance of at least 2 metres/ 6 feet from the person
- Strictly do not allow visitors till the person is released from home isolation

V. Release from home isolation

- Patient under home isolation will stand discharged (released from home isolation/ home care) after 10 days of symptom onset (or date of sampling, for asymptomatic cases) and no fever (without antipyretics) for preceding 3 days. There is no need for Covid -19 testing after the home isolation period is over.
- They shall be released if the following criteria are met:
 - a. No symptoms
 - b. No fever (recorded body temperature $\leq 37.5^{\circ}\text{C}$ or $\leq 99.5^{\circ}\text{F}$)
 - c. Maintains oxygen saturation above $\geq 94\%$
 - d. Respiratory rate less than 24 per minute
- There is **no need for any COVID-19 test (RT-PCR/CBNAAT/True-NAT/Rapid Antigen test)** after the period of home isolation/home care is over
- The person shall be allowed to resume duty only after satisfactory completion of home isolation/ home care

REMEMBER THE FIGHT IS AGAINST THE DISEASE AND NOT THE PERSON
STAY HOME- BE SAFE

For COVID related queries please contact:
 Ambulance: 108; Bed Allocation & other queries in BBMP: 1912
Apthamitra helpline: 14410
Toll Free Health Helpline- Arogya Sahayavani: 104
NIMHANS counselling helpline: 080-46110007
 GoK Website on COVID-19: <https://covid19.karnataka.gov.in/>
 For Home isolation/Home care video of Government of Karnataka:
<https://covid19.karnataka.gov.in/storage/gallery/Video%20Gallery/Home-Isolation-English.mp4>
 For COVID related videos please visit Jagruti Karnataka https://www.youtube.com/channel/UC-iJ_NNwB9m8_OocGo1Zfcg

Annexure - 07

Fitness certificate for release from home isolation/ home care

(To whomsoever it may concern)

This is to certify that..... S/D/W of
....., residing at..... has satisfactorily
completed home isolation/home care for COVID-19.

He/ she is deemed fit to resume his/her duties.

Signature of Medical officer/ Physician/ Family doctor

Name:

Date:

Note: This may be issued as an e-certificate by tele-monitoring team

