

GOVERNMENT OF ARUNACHAL PRADESH
DEPARTMENT OF HEALTH & FAMILY WELFARE
CIVIL SECRETARIAT::ITANAGAR
ARUNACHAL PRADESH

File No.Secy(Health)/SOP-11/2020 /120
2020

Dated Itanagar the 31st August,

Notification

In supersession to all previous notifications for the management of Covid-19 management in the State, & in terms of the Government of India guidelines for Unlock 4.0, vide order no. D.O. No. 40-3/2020-DM-I (A), dated 29th August 2020 (ANNEXURE-I), the following protocol and guidelines for the State of Arunachal Pradesh is issued for strict compliance of all with immediate effect, from 1st Sept'2020 to 30th Sept'2020.

a) Protocol for Inter-State travelers

- i. All Inter-State travelers will be tested for COVID-19 by Rapid Antigen Test (RAT) at Point of Entry (PoE)/Helipad of the State.
- ii. The incoming Inter-State travelers are advised that the timing for the RAT tests at PoE will be strictly from 8:00 AM to 8:00 PM.
- iii. **If Asymptomatic and Negative by RAT on arrival**, they can report to work or perform their activities in the State following the 'new normal'. However, they shall self-monitor their health for 14 days from the date of their arrival for any symptoms of Covid-19 like fever, cough, cold, throat pain, difficulty in breathing, etc and immediately seek medical consultation without fail or call the District Help line (Displayed prominently at all PoE). Any violations of these instructions will lead to penal action by the concerned Circle Officer.
- iv. **If Asymptomatic and Positive by RAT on arrival**, they will have the option for Home Isolation at their destination district, if they fulfil the criteria for home isolation as detailed in **Annexure-III A**. If facility for home isolation is not as per the requirements, they will be shifted to the concerned Destination District Covid Care Center (CCC).
- v. **If Symptomatic i.e. having mild symptoms suggestive of Covid-19 and Negative by RAT on arrival**, they should self-isolate at home and call the District helpline within 24 hours, whereby they will be directed to the nearest testing center for collection of nasopharyngeal samples for RT-PCR/TrueNat.
- vi. **If Symptomatic (moderate/severe) and Negative by RAT on arrival**, they should be shifted to suspect case section of DCHC/DCH of the Point of Entry District for RT-PCR/True Nat testing. If negative on RT-PCR/TrueNat, he/she may be shifted to non-Covid health facility for management of symptoms. If Positive on RT-PCR/True Nat, he/she will be shifted to confirmed case section of DCHC/DCH and discharge as per discharge policy as detailed in **Annexure-II A**.
- vii. **If Symptomatic and Positive by RAT on arrival**, they will be shifted to Covid Care Center, Covid Health Center or Covid Hospital, depending on the severity of their symptoms.
- viii. 'New Normal': All travelers shall observe standard COVID-19 precautions like compulsory wearing of face mask, physical distancing, frequent hand washing with



- soap and water or use hand sanitizer, follow cough etiquette etc while in public areas and workplaces in the State of Arunachal Pradesh.
- ix. **CPMF/Armed Forces** shall follow their own Standard Operating Protocol for COVID-19 Management. Government of Arunachal Pradesh will continue to give support for testing kits at no cost RAT and VTMs, which should be collected from the Supply and Transport Branch of the Directorate of Health Services, Naharlagun by the CPMF/Armed Forces concerned.

b) SOPs for Truckers/Attendants

- i. Truckers coming into the State and leaving the State within 8 hours need not be tested for SARS CoV-2 Virus.
- ii. Truckers/Attendants carrying Essential Items:
- There shall be no restriction to movement of goods at the Point of Entry (PoE) to the State.
 - They will be tested at Point of destination (PoD) district and not at the PoE to the State.
 - Any truckers/attendants tested positive at destination district will be managed in CCCs of that district.
 - All truckers/attendants carrying goods should have their own necessary arrangements to cook their food and halt for the night away from public areas on their way to the destination district to avoid mixing with residents.
 - They should mandatorily wear masks and follow other precautionary measures of new normal and leave the State immediately after unloading their goods.
- iii. Any violations of these instructions will lead to penal action including seizure of Vehicle under the appropriate law.

c) Protocol for Intra-State/Inter-District travel:

- No authority including District Administration will restrict movement or impose any quarantine or testing requirement for inter district travelers, goods, services, etc. in violation of these instructions.
- Inter district movement of persons and goods through neighboring States will carry a facilitation pass valid for 24 hours from concerned District Administration at Point of Exit (Check gate). Such Persons shall not undergo any Testing at the Origin District. There will be no requirement of quarantine in such cases.
- Those individuals carrying facilitation pass need **not** be tested at PoE of the destination district.
- Inter district movement, not passing through neighboring States, will **not** be required to be tested or Quarantined at destination districts.
- District Administration is **not** authorized to impose any restriction of activities outside of Containment Zones for COVID Management.
- Travelers will however self-monitor their health and follow all due precautions including wearing masks, hand hygiene, etc. in totality.
- If a person is symptomatic, he/she should immediately self-isolate and call the District helpline number or visit the nearest Testing Center.

d) Discharge Policy

Government of Arunachal Pradesh shall follow the National MoH&FW revised discharge policy dated 8.05.2020 (**Annexure-II-A&II-B**). No one is allowed to deviate from these instructions except with the prior approval of DHS in writing.

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e) **Home Isolation for Asymptomatic Covid-19 Positive case (Annexure- III-A&III-B)**

The option of Home Isolation for Asymptomatic Positive cases in line with the GoI's Guidelines will be followed by all concerned. However, Individuals who fulfill the following eligibility criteria alone will be allowed Home Isolation.

- i. The person should be medically assigned as asymptomatic laboratory confirmed Covid-19 positive case by RAT/RT-PCR/TrueNat,
- ii. Such cases should have the requisite facility (separate single room preferably with an attached bathroom) at their residence for self-isolation,
- iii. A care giver within the family should be identified and should be available to provide care on 24 x7 basis,
- iv. The patient shall sign an undertaking and agree to monitor his health by thermometer and pulse oximeter and regularly inform his health status to the District Health Team/District control room, who will facilitate further follow up by the surveillance teams,
- v. Patients with co-morbid conditions like hypertension, diabetes, and elderly & Immunocompromised patients (HIV, Transplant recipients, Cancer Therapy etc.) may be allowed home isolation only after proper evaluation by the Health Team.

Surveillance of Home Isolated cases

- i. Home isolation board/signage will be placed in front of the house,
- ii. All addresses, contact details of home isolated cases should be updated with the M.O in charge/Incident commander of the area,
- iii. The village council/Town council/Municipal council may be engaged by the identified incident commander of the area to report any violation of the home isolation,
- iv. Front line workers (ASHA's, Anganwadi workers etc.) should monitor the home isolated cases by telephone or visit the homes as per schedule prepared by M.O in charge of the area.

Detailed guidelines for Home Isolation and Biomedical waste management can be referred to at Annexure III-A&III-B.

f) **Charges for COVID-19 Testing:**

Following will be charges for RAT/RT-PCR/TrueNat

- i. **RAT TEST:**
RAT @ Rs500 per test (For Non-APST)
RAT @ Rs 250 per test (For APST, Central & State Government Employees)
- ii. **RT-PCR/TrueNat test:**
RT-PCR/TrueNat @ Rs 2000 per test (For APST, Central & State Government Employees)
RT-PCR/TrueNat @ Rs 2400 per test (For Non APST)
- iii. **Exemption of charges for testing:**
 - BPL Card Holders of State should produce BPL Cards.

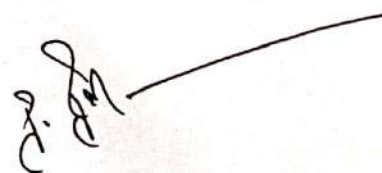
- Truckers/attendants carrying food items.
 - Elders above 60 & Children below 10.
 - Government servant on official duties.
- iv. Rates for testing should be clearly and prominently displayed at the testing centers at PoE/Health facilities etc.
 - v. For each test conducted, the test report countersigned by the Medical Officer should be given to the individual as per Specimen report at **Annexure-IV**).
 - vi. Tests will be free of cost for containment and contact tracing activities and Sero Surveillance.
 - vii. DMOs of respective districts shall collect and deposit the charges for the tests done into Govt. Account through treasury challan in the following head of accounts:
 - Major Head – 0210 Medical and Public Health
 - Sub major head – 02 Rural Health Services
 - Minor Head – 101 Receipts/contributions from patients and others.
 - viii. All DMOs should submit monthly revenue reports of these fees/charges for covid-19 tests to the Director of Health Services. Money shall not be appropriated to meet any departmental expenditure.

g) New Normal of Compulsory wearing of masks in Public spaces/Public transport/Workplaces

- i. District Administration shall ensure strict implementation of wearing of masks/face coverings in:
 - Public places like government offices, market, shops etc.
 - Public transport
 - Workplaces accessible to public including Govt. /pvt offices, Industries, commercial establishments, building/work sites etc.
- ii. **Penalty for violators for not wearing mask for each offence @ Rs 500, however exempted children less than 5 years old.**
- iii. **Penalty of spitting @ Rs 200 in public areas, Govt/Pvt offices, Hospitals etc. to be enforced by respective Institutes.**

h) General Instructions:

- i. Apart from the Charges mentioned in this notification, no other charges shall be collected by the District administration.
- ii. Truckers carrying Food items shall be allowed 24X7 Entry at the Check Gate.
- iii. People, who are going to Assam & Returning to Arunachal within 8 hours' time period, shall **not** be tested at the Point of Entry.



- iv. Social/Acadamic/sports/Entertaimnet/cultural/Religious/political Functions and other Congregations shall be regulated as per the MHA's Order dated 29th August'2020.(ANNEXURE_I)
- v. DC's are not authorized to issue any Orders/Instructions without the prior approval of the government in writing, which are in contravention of the Instructions issued vide. this Notification.

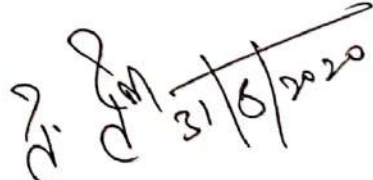
Sd/- (Naresh Kumar),
IAS
Chief Secretary
Govt. of Arunachal
Pradesh
Itanagar

Memo.No.Secy(Health)/SOP-11/2020
2020

Dated Itanagar, the 31st August,

Copy to:

1. The Commissioner to Hon'ble Governor, Raj Bhawan, Itanagar for kind information.
2. The PPS to HCM for kind information please.
3. PPS to HDCM for kind information please.
4. The PS to All Hon'ble Ministers, Govt. of Arunachal Pradesh for kind information please
5. PPS to Hon'ble Speaker/PS to Dy Speaker, Govt. of Arunachal Pradesh for kind information please
6. The US to Chief Secretary, Govt. of Arunachal Pradesh for kind information please.
7. All Principal Secretaries/All Dy. Commissioners/ Secretaries. Govt. of Arunachal Pradesh for information & necessary action.
8. The DHS, Govt. of Arunachal Pradesh for information and necessary action.
9. The SSO-IDSP, Govt. of Arunachal Pradesh for information and necessary action.
10. All DMOs, Govt. of Arunachal Pradesh for information and necessary action.
11. Office copy.


(P.Parthiban), IAS
Secretary (Health & FW)
Govt. of Arunachal
Pradesh
Itanagar

No. 40-3/2020-DM-I(A)
Government of India
Ministry of Home Affairs

North Block, New Delhi-110001

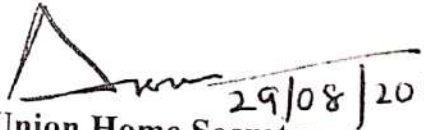
Dated 29th August, 2020

ORDER

Whereas, an Order of even number dated 29.07.2020 was issued for containment of COVID-19 in the country, for a period upto 31.08.2020;

Whereas, in exercise of the powers under section 6(2)(i) of the Disaster Management Act, 2005, National Disaster Management Authority (NDMA) has directed the undersigned to issue an order to re-open more activities in areas outside the Containment Zones and to extend the lockdown in Containment Zones upto 30.09.2020;

Now therefore, in exercise of the powers, conferred under Section 10(2)(1) of the Disaster Management Act 2005, the undersigned hereby directs that guidelines on **Unlock 4**, as **annexed**, will be in force upto 30.09.2020.


29/08/2020
Union Home Secretary

and, Chairman, National Executive Committee (NEC)

To:

1. The Secretaries of Ministries/ Departments of Government of India
2. The Chief Secretaries/Administrators of States/Union Territories
(As per list attached)

Copy to:

- i. All Members of the National Executive Committee
- ii. Member Secretary, National Disaster Management Authority

Guidelines for Phased Re-opening (Unlock 4)

[As per Ministry of Home Affairs (MHA) Order No. 40-3/2020-DM-I (A)
dated 29th August, 2020]

1. Activities permitted during Unlock 4 period outside the Containment Zones

In areas outside the Containment Zones, all activities will be permitted, except the following:

(i) Schools, colleges, educational and coaching institutions will continue to remain closed for students and regular class activity up to 30th September 2020. However, following will be permitted:

a. Online/ distance learning shall continue to be permitted and shall be encouraged.

b. States/ UTs may permit upto 50% of teaching and non-teaching staff to be called to the schools at a time for online teaching/ tele-counselling and related work, in areas outside the Containment Zones only, with effect from 21st September 2020 for which, Standard Operating Procedure (SOP) will be issued by the Ministry of Health & Family Welfare (MoHFW).

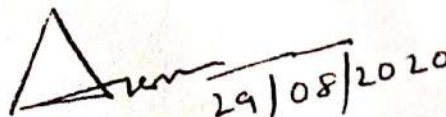
c. Students of classes 9 to 12 may be permitted to visit their schools, in areas outside the Containment Zones only, on voluntary basis, for taking guidance from their teachers. This will be subject to written consent of their parents/ guardians and will be permitted with effect from 21st September 2020 for which, SOP will be issued by MoHFW.

d. Skill or Entrepreneurship training will be permitted in National Skill Training Institutes, Industrial Training Institutes (ITIs), Short term training centres registered with National Skill Development Corporation or State Skill Development Missions or other Ministries of Government of India or State Governments.

National Institute for Entrepreneurship and Small Business Development (NIESBUD), Indian Institute of Entrepreneurship (IIE) and their training providers will also be permitted.

These will be permitted with effect from 21st September 2020 for which, SOP will be issued by MoHFW.

e. Higher Education Institutions only for research scholars (Ph.D.) and post-graduate students of technical and professional programmes requiring laboratory/ experimental works. These will be permitted by the Department of Higher Education (DHE) in consultation with MHA, based on the assessment of the situation, and keeping in view incidence of COVID-19 in the States/ UTs.


29/08/2020

(ii) Metro rail will be allowed to operate with effect from 7th September 2020 in a graded manner, by the Ministry of Housing and Urban Affairs (MOHUA)/ Ministry of Railways (MOR), in consultation with MHA. In this regard, SOP will be issued by MOHUA.

(iii) Social/ academic/ sports/ entertainment/ cultural/ religious/ political functions and other congregations with a ceiling of 100 persons, will be permitted with effect from 21st September 2020, with mandatory wearing of face masks, social distancing, provision for thermal scanning and hand wash or sanitizer.

However, marriage related gatherings with number of guests not exceeding 50 and funeral/ last rites related gatherings with number of persons not exceeding 20 will continue to be allowed upto 20th September 2020, after which the ceiling of 100 persons will apply.

(iv) Cinema halls, swimming pools, entertainment parks, theatres and similar places will remain closed. However, open air theatres will be permitted to open with effect from 21st September 2020.

(v) International air travel of passengers, except as permitted by MHA.

2. National Directives for COVID-19 Management

National Directives for COVID-19 Management, as specified in **Annexure I**, shall continue to be followed throughout the country.

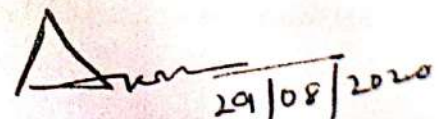
3. Lockdown limited to Containment Zones

(i) Lockdown shall remain in force in the Containment Zones till 30th September, 2020.

(ii) Containment Zones shall be demarcated by the District authorities at micro level after taking into consideration the guidelines of MoHFW with the objective of effectively breaking the chain of transmission. Strict containment measures will be enforced in these containment zones and only essential activities will be allowed. There shall be strict perimeter control to ensure that there is no movement of people in or out of these zones, except for medical emergencies and for maintaining supply of essential goods and services. In the Containment Zones, there shall be intensive contact tracing, house-to-house surveillance, and other clinical interventions, as required. Guidelines of MoHFW shall be effectively implemented for the above purpose.

(iii) These Containment Zones will be notified on the websites by the respective District Collectors and by the States/ UTs and information will be shared with MOHFW.

4. State/ UT Governments shall not impose any local lockdown (State/ District/ sub-division/City level), outside the containment zones, without prior consultation with the Central Government.


29/08/2020

5. **No restriction on Inter-State and intra-State movement**

There shall be no restriction on inter-State and intra-State movement of persons and goods including those for cross land-border trade under Treaties with neighbouring countries. No separate permission/ approval/ e-permit will be required for such movements.

6. **Movement of persons with SOPs**

Movement by passenger trains; domestic passenger air travel; movement of persons on Vande Bharat and Air Transport Bubble flights; and sign-on and sign-off of Indian seafarers will continue to be regulated as per SOPs issued.

7. **Protection of vulnerable persons**

Persons above 65 years of age, persons with co-morbidities, pregnant women, and children below the age of 10 years are advised to stay at home, except for essential and health purposes.

8. **Use of Aarogya Setu**

(i) *Aarogya Setu* enables early identification of potential risk of infection, and thus acts as a shield for individuals and the community.

(ii) With a view to ensuring safety in offices and work places, employers on best effort basis should ensure that *Aarogya Setu* is installed by all employees having compatible mobile phones.

(iii) District authorities may advise individuals to install the *Aarogya Setu application* on compatible mobile phones and regularly update their health status on the app. This will facilitate timely provision of medical attention to those individuals who are at risk.

9. **Strict enforcement of the guidelines**

(i) State/ UT Governments shall not dilute these guidelines issued under the Disaster Management Act, 2005, in any manner.

(ii) For the enforcement of social distancing, State/ UT Governments may, as far as possible, use the provisions of Section 144 of the Criminal Procedure Code (CrPC) of 1973.

(iii) All the District Magistrates shall strictly enforce the above measures.

10. **Penal provisions**

Any person violating these measures will be liable to be proceeded against as per the provisions of Section 51 to 60 of the Disaster Management Act, 2005, besides legal action under Section 188 of the IPC, and other legal provisions as applicable. Extracts of these penal provisions are at **Annexure II**.


29/08/2020
Union Home Secretary

and, Chairman, National Executive Committee

National Directives for COVID-19 Management

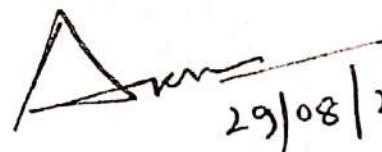
1. **Face coverings:** Wearing of face cover is compulsory in public places; in workplaces; and during transport.
2. **Social distancing:** Individuals must maintain a minimum distance of 6 feet (2 gaz ki doori) in public places.

Shops will ensure physical distancing among customers.

3. **Spitting in public places** will be punishable with fine, as may be prescribed by the State/ UT local authority in accordance with its laws, rules or regulations.

Additional directives for Work Places

4. **Work from home (WfH):** As far as possible the practice of WfH should be followed.
5. **Staggering of work/ business hours** will be followed in offices, work places, shops, markets and industrial & commercial establishments.
6. **Screening & hygiene:** Provision for thermal scanning, hand wash or sanitizer will be made at all entry points and of hand wash or sanitizer at exit points and common areas.
7. **Frequent sanitization** of entire workplace, common facilities and all points which come into human contact e.g. door handles etc., will be ensured, including between shifts.
8. **Social distancing:** All persons in charge of work places will ensure adequate distance between workers, adequate gaps between shifts, staggering the lunch breaks of staff, etc.


29/08/2020

Offences and Penalties for Violation of Lockdown Measures

A. Section 51 to 60 of the Disaster Management Act, 2005

51. Punishment for obstruction, etc.—Whoever, without reasonable cause —

- (a) obstructs any officer or employee of the Central Government or the State Government, or a person authorised by the National Authority or State Authority or District Authority in the discharge of his functions under this Act; or
- (b) refuses to comply with any direction given by or on behalf of the Central Government or the State Government or the National Executive Committee or the State Executive Committee or the District Authority under this Act,

shall on conviction be punishable with imprisonment for a term which may extend to one year or with fine, or with both, and if such obstruction or refusal to comply with directions results in loss of lives or imminent danger thereof, shall on conviction be punishable with imprisonment for a term which may extend to two years.

52. Punishment for false claim.—Whoever knowingly makes a claim which he knows or has reason to believe to be false for obtaining any relief, assistance, repair, reconstruction or other benefits consequent to disaster from any officer of the Central Government, the State Government, the National Authority, the State Authority or the District Authority, shall, on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.

53. Punishment for misappropriation of money or materials, etc.—Whoever, being entrusted with any money or materials, or otherwise being, in custody of, or dominion over, any money or goods, meant for providing relief in any threatening disaster situation or disaster, misappropriates or appropriates for his own use or disposes of such money or materials or any part thereof or wilfully compels any other person so to do, shall on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.

54. Punishment for false warning.—Whoever makes or circulates a false alarm or warning as to disaster or its severity or magnitude, leading to panic, shall on conviction, be punishable with imprisonment which may extend to one year or with fine.

55. Offences by Departments of the Government.—(1) Where an offence under this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly

unless he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence.

(2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a Department of the Government and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any officer, other than the head of the Department, such officer shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

56. Failure of officer in duty or his connivance at the contravention of the provisions of this Act.—Any officer, on whom any duty has been imposed by or under this Act and who ceases or refuses to perform or withdraws himself from the duties of his office shall, unless he has obtained the express written permission of his official superior or has other lawful excuse for so doing, be punishable with imprisonment for a term which may extend to one year or with fine.

57. Penalty for contravention of any order regarding requisitioning.—If any person contravenes any order made under section 65, he shall be punishable with imprisonment for a term which may extend to one year or with fine or with both.

58. Offence by companies.—(1) Where an offence under this Act has been committed by a company or body corporate, every person who at the time the offence was committed, was in charge of, and was responsible to, the company, for the conduct of the business of the company, as well as the company, shall be deemed to be guilty of the contravention and shall be liable to be proceeded against and punished accordingly:

Provided that nothing in this sub-section shall render any such person liable to any punishment provided in this Act, if he proves that the offence was committed without his knowledge or that he exercised due diligence to prevent the commission of such offence.

(2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a company, and it is proved that the offence was committed with the consent or connivance of or is attributable to any neglect on the part of any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also, be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Explanation.—For the purpose of this section—

(a) “company” means anybody corporate and includes a firm or other association of individuals; and

(b) “director”, in relation to a firm, means a partner in the firm.

59. Previous sanction for prosecution.—No prosecution for offences punishable under sections 55 and 56 shall be instituted except with the previous sanction of the Central Government or the State Government, as the case may be, or of any officer authorised in this behalf, by general or special order, by such Government.

60. Cognizance of offences.—No court shall take cognizance of an offence under this Act except on a complaint made by—

- (a) the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised in this behalf by that Authority or Government, as the case may be; or
- (b) any person who has given notice of not less than thirty days in the manner prescribed, of the alleged offence and his intention to make a complaint to the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised as aforesaid.

B. Section 188 in the Indian Penal Code, 1860

188. Disobedience to order duly promulgated by public servant.—Whoever, knowing that, by an order promulgated by a public servant lawfully empowered to promulgate such order, he is directed to abstain from a certain act, or to take certain order with certain property in his possession or under his management, disobeys such direction, shall, if such disobedience causes or tends to cause obstruction, annoyance or injury, or risk of obstruction, annoyance or injury, to any person lawfully employed, be punished with simple imprisonment for a term which may extend to one month or with fine which may extend to two hundred rupees, or with both; and if such disobedience causes or tends to cause danger to human life, health or safety, or causes or tends to cause a riot or affray, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to one thousand rupees, or with both.

Explanation.—It is not necessary that the offender should intend to produce harm, or contemplate his disobedience as likely to produce harm. It is sufficient that he knows of the order which he disobeys, and that his disobedience produces, or is likely to produce, harm.

Illustration

An order is promulgated by a public servant lawfully empowered to promulgate such order, directing that a religious procession shall not pass down a certain street. A knowingly disobeys the order, and thereby causes danger of riot. A has committed the offence defined in this section.

Revised Discharge Policy for COVID-19

The revised discharge policy is aligned with the guidelines on the 3 tier COVID facilities and the categorization of the patients based on clinical severity (Available at:

<https://www.mohfw.gov.in/pdf/FinalGuidanceonManagementofCovidcasesversion2.pdf>)

1. Mild/very mild/pre-symptomatic cases

Mild/very mild/pre-symptomatic cases admitted to a COVID Care Facility will undergo regular temperature and pulse oximetry monitoring. The patient can be discharged after 10 days of symptom onset and no fever for 3 days. There will be no need for testing prior to discharge.

At the time of discharge, the patient will be advised to isolate himself at home and self-monitor their health for further 7 days.

At any point of time, prior to discharge from CCC, if the oxygen saturation dips below 95%, patient is moved to Dedicated COVID Health Centre (DCHC).

After discharge from the facility, if he/she again develops symptoms of fever, cough or breathing difficulty he will contact the COVID Care Centre or State helpline or 1075. His/her health will again be followed up through tele-conference on 14th day.

2. Moderate cases admitted to Dedicated COVID Health Centre (Oxygen beds)

2.1. Patients whose symptoms resolve within 3 days and maintains saturation above 95% for the next 4 days

Cases clinically classified as “moderate cases” will undergo monitoring of body temperature and oxygen saturation. If the fever resolve within 3 days and the patient maintains saturation above 95% for the next 4 days (without oxygen support), such patient will be discharged after 10 days of symptom onset in case of:

- Absence of fever without antipyretics
- Resolution of breathlessness
- No oxygen requirement

There will be no need for testing prior to discharge.

At the time of discharge, the patient will be advised to isolate himself at home and self-monitor their health for further 7 days.

2.2. Patient on Oxygenation whose fever does not resolve within 3 days and demand of oxygen therapy continues

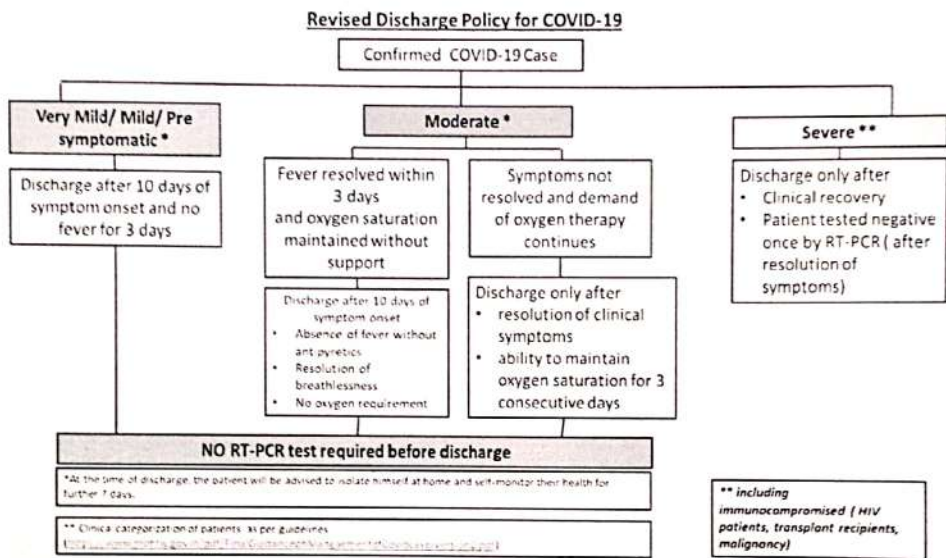
Such patients will be discharged only after

- resolution of clinical symptoms
- ability to maintain oxygen saturation for 3 consecutive days

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

Discharge criteria for severe cases will be based on

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



Frequently Asked Questions (FAQs) on Revised Discharge Policy, dated 8th May, 2020

A revised discharge policy for COVID-19 cases was issued by MoHFW on 8th May, 2020. (Available at: <https://www.mohfw.gov.in/pdf/ReviseddischargePolicyforCOVID19.pdf>). The policy was prepared in consultation with ICMR and is in line with the MoHFW's guidelines on the categorization of the patients based on clinical severity and their management in the 3 tier COVID facilities (Available at: <https://www.mohfw.gov.in/pdf/FinalGuidanceonMangaementofCovidcasesversion2.pdf>).

FAQs

1. What was earlier criteria for discharging COVID-19 patients

The earlier criteria for discharging RT-PCR positive were (a) chest radiograph has cleared and (b) two consecutive negative test results on RT-PCR.

2. What is the new discharge policy for COVID-19 patients?

For mild/very mild/pre-symptomatic cases

- Patient can be discharged after 10 days of symptom onset and no fever for 3 days
- No need for testing prior to discharge
- Patient will be advised to isolate himself/herself at home & self-monitor his/her health for further 7 days

For moderate cases

- Patient can be discharged (a) if asymptomatic for 3 days and (b) after 10 days of symptom onset
- No need for testing prior to discharge
- Patient will be advised to isolate himself/herself at home & self-monitor his/her health for further 7 days

For severe cases

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

3. Why was the discharge policy changed?

Several countries have changed the criteria for discharge from 'test based strategy to 'symptom based strategy' or 'time based strategy'. A review of ICMR laboratory surveillance data also indicated that after initial RT-PCR positive results, patients became negative after a median duration of 10 days. Recent studies have also suggested that the viral load peaks in the pre-symptomatic period (2 days before symptoms) and goes down over the next 7 days.

4. How then it will be established that a patient is cured of the disease?

Being cured of a disease may have different connotations for general public, treating doctors and the virologists. Unless there is a fear of resurgence of infection and subsequent transmissibility of an infection, resolution of clinical manifestation is usually taken as an evidence for cure.

5. Is there a risk of transmission from patients discharged based on the revised criteria?

Available evidence does not indicate any increase in the risk of transmission from patients discharged based on the revised discharge criteria. The revised criterion also specifies that such patient will be advised to isolate himself/herself at home & self-monitor his/her health for further 7 days.

6. What precautions the patient should undertake during home isolation?

Such patients should at all times use triple layer medical mask. Patient must stay in the identified room and away from other people in home, especially elderlies and those with co-morbid conditions like hypertension, cardiovascular disease, renal disease etc. They should maintain strict personal hygiene and self-monitor his/her health with daily temperature monitoring and report promptly if develops any deterioration of symptom.

7. Is there a need to get tested after the home isolation period is over?

No. As per the latest revised discharge policy, there is no need for testing prior to discharge all pre-symptomatic/very mild/mild confirmed cases of COVID-19 after 10 days of symptom onset and no fever for 3 days. Therefore, it stands to reason, that no testing is also needed for patients undergoing home isolation (pre-symptomatic/very mild/mild confirmed cases) after the home isolation period is over.

8. What does the current discharge policy mean for patients who are being home isolated?

As detailed above, as far as testing is concerned, there is no need for testing after the home isolation period is over. However, (as the current discharge policy advises that patients isolate themselves at home & self-monitor their health for further 7 days after discharge), the period of home isolation would end after 17 (10+7) days of symptom onset and no fever for 10 (3+7) days.

9. Does this policy apply to those undergoing home or facility quarantine?

Discharge policy is meant for patients (symptomatic/pre-symptomatic) diagnosed (using RT-PCR testing) to be suffering from COVID-19. Quarantine (home or facility) is meant for asymptomatic/healthy persons who may have been exposed to the COVID-19 infection but are not manifesting any symptoms. Therefore, there is no question of discharge of such persons. However, their stay under quarantine period will remain 14 days from the date of last exposure.

**Basic guidelines for Home Isolation of Asymptomatic Covid-19 positive case,
Arunachal Pradesh**

1. Persons Eligible for Home Isolation

- a. The person should be medically assigned as asymptomatic laboratory confirmed Covid-19 positive case by RAT/RT-PCR/TrueNat
- b. Such cases should have the requisite facility (separate single room preferably with an attached bathroom) at their residence for self-isolation
- c. A care giver within the family should be identified and should be available to provide care on 24 x7 basis
- d. The patient shall sign an undertaking and agree to monitor his health and regularly inform his health status to the District Health Team/District control room, who will facilitate further follow up by the surveillance teams
- e. Patients with co-morbid conditions like hypertension, diabetes, elderly and Immuno compromised patients (HIV, Transplant recipients, Cancer Therapy etc) may be allowed home isolation only after proper evaluation by the Health Team.
- f. 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)
- g. The person under Home Isolation shall agree to monitor his health and regularly inform his health status to the District Health Team/District control room, who will facilitate further follow up by the surveillance teams.
- h. A thermometer, pulse oximeter, triple layer masks, disposable gloves should be available to monitor his/her health.
- i. The patient will fill in an undertaking on self-isolation (Annexure A) and shall follow home isolation guidelines and any violation of such guidelines will result in him/her to be shifted to a Covid Care Center.
- j. Balanced and healthy diet should be ensured for the Home isolated case and the care giver.

2. Procedure for Approval for Home Isolation

- a. After testing positive for Covid-19 by RAT/RT-PCR/TrueNat, the individual can apply for Home Isolation to the concerned DSO/MO-In charge with a copy to the Incident Commander of the area, requesting for inspection of the isolation room/house.
- b. A medical doctor will examine and certify that the person is Asymptomatic and fit for Home Isolation. Appropriate medical advice including any medications, balanced diet and instructions on how to use fingertip pulse oximeter and thermometer will be given.
- c. The medical team will inspect the house and certify that the required facility as specified is available. The medical team may associate the district administration or the village council/town council/municipal council while carrying out the inspection.
- d. On receiving the approval from medical team, the patient may proceed to Home Isolation.

3. When to seek medical attention

Patient/Care giver will keep monitoring their health. Immediate medical attention must be sought if signs and symptoms develop. These could include:

- a. Any signs and symptoms like fever, cough, throat pain, difficulty in breathing
- b. Dip in oxygen saturation ($SpO_2 < 95\%$)
- c. Persistent pain/pressure in the chest
- d. Mental confusion or inability to arouse,
- e. Slurred speech/seizures
- f. Weakness or numbness in any limb or face
- g. Developing bluish discoloration of lips/face

4. Surveillance of Home Isolation cases

- a. Home Isolation board/signage should be displayed in front of the house of the person who is home isolated.
- b. **Digital Surveillance:** Arogya Setu app should be downloaded, installed and should always be active.
- c. **Community surveillance:** The District Administration after consultative meeting with The village council/Town council/Municipal council or CBOs may engage their services

to report any violation of the home isolation to the identified Incident Commander of the Area. On receiving such report, the medical surveillance team and the District Task Force will be alerted for appropriate contact tracing, isolation/quarantine and containment measures if required by the incident commander.

- d. Front line workers (ASHA's, Anganwadi workers etc) should monitor the home isolated cases by telephone or visit the homes as directed by M.O in charge of the area.

5. When to discontinue Home Isolation

Persons under home isolation will stand discharged after ten (10) days of isolation and no fever for 3 days. Thereafter, the patient will be advised to isolate at home and self-monitor their health for further 7 days. **There is no need for testing after the home isolation period is over.**

6. Instructions for the patient

- a. Patient should at all times use triple layer medical mask. Discard mask after 8 hours of use or earlier if they become wet or visibly soiled.
- b. Mask should be discarded only after disinfecting it with 1% Sodium Hypochlorite.
- c. Patient must 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.
- d. Patient must take rest and drink lot of fluids to maintain adequate hydration
- e. Follow respiratory etiquettes all the time.
- f. Hands must be washed often with soap and water for at least 40 seconds or clean with alcohol-based sanitizer.
- g. Do not share personal items with other people.
- h. Clean surfaces in the room that are touched often (tabletops, doorknobs, handles, etc.) with 1% hypochlorite solution.
- i. The patient must strictly follow the physician's instructions and medication advice.
- j. The patient will self-monitor his/her health with daily temperature monitoring and oxygen saturation by pulse oximeter and report promptly if any symptoms like fever, cough, breathing difficulty develops or SpO₂ falls less than 95%.

7. Instructions for caregivers

A. Mask:

- a. The care giver should wear a triple layer medical mask appropriately when in the same room with the ill person.
- b. Front portion of the mask should not be touched or handled during use.
- c. If the mask gets wet or dirty with secretions, it must be changed immediately.
- d. Discard the mask after use and perform hand hygiene after disposal of the mask.
- e. He/she should avoid touching own face, nose or mouth.

B. Hand hygiene:

- a. Hand hygiene must be ensured following contact with the asymptomatic covid-19 positive person or his immediate environment.
- b. Hand hygiene should also be practiced before and after preparing food, before eating, after using the toilet, and whenever hands look dirty.
- c. 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.
- d. 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.
- e. Perform hand hygiene before and after removing gloves.

C. Exposure to patient/patient's environment

- a. Avoid direct contact with body fluids of the patient, particularly oral or respiratory secretions. Use disposable gloves while handling the patient.
- b. Avoid exposure to potentially contaminated items in his immediate environment (e.g. avoid sharing cigarettes, eating utensils, dishes, drinks, used towels or bed linen).
- c. Food must be provided to the patient in his room
- d. Utensils and dishes used by the patient should be cleaned preferably with a dish washer and water wearing gloves. The utensils and dishes may be re-used. Clean hands after taking off gloves or handling used items.
- e. Use triple layer medical mask and disposable gloves while cleaning or handling

surfaces, clothing or linen used by the patient.

- f. Perform hand hygiene before and after removing gloves.

D. Care of the patient and family members

- a. The care giver will make sure that the patient follows the medical advice.
- b. The care giver and all close contact will self-monitor their health with daily temperature monitoring and report promptly if they develop any symptom suggestive of COVID-19 (fever/cough/difficulty in breathing)

Undertaking on self-isolation

I S/W of, resident of

being diagnosed as an Asymptomatic laboratory confirmed COVID-19 case, do hereby voluntarily undertake to maintain strict self-isolation at all times for the prescribed period. During this period, I shall monitor my health and those around me and interact with the assigned surveillance team/District Control Room, in case I develop any symptoms or any of my close family contacts develops any symptoms consistent with COVID-19.

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

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

Signature_____

Date_____

Contact Number_____

Countersignature by Treating Medical Officer

Disposal of Bio Medical Waste generated for Home Isolation of Asymptomatic Positive Covid-19 case, Arunachal Pradesh.

1. The waste (masks, disposable items, food packets etc.) should be disposed of as per CPCB guidelines (available at: http://www.cpcbenviis.nic.in/pdf/BMW-GUIDELINES-COVID_1.pdf) as enumerated below.
2. Biomedical waste generated from Homecare for Asymptomatic Positive Covid-19 case would be treated as 'domestic hazardous waste' as defined under Solid Waste Management Rules, 2016, and shall be disposed as per provisions under Biomedical Waste Management Rules, 2016
3. Responsibilities of person/Care giver of Asymptomatic positive cases at home
Less quantity of biomedical waste is expected from Home-Isolation cases. However, the persons responsible for taking care of Asymptomatic positive cases at home need to follow the below mentioned steps to ensure safe handling and disposal of waste:
 - i. Keep separate bins/bags/containers for waste generated (masks, gloves, disposable items, food packets etc.) of the covid-19 case and of the care giver identified.
 - ii. As precaution double layered bags (using 2 bags) should be used for collection of waste.
 - iii. Use a dedicated collection bin labelled as "COVID-19" to store COVID-19 waste and keep separately in temporary storage room prior to handing over to authorized staff/collection vehicles as identified by local administration.
 - iv. The (inner and outer) surface of containers/bins/trolleys used for storage of COVID-19 waste should be disinfected with 1% sodium hypochlorite solution daily.
 - v. Hand over the bags containing biomedical waste to authorized waste collectors at doorsteps engaged by local bodies wherever applicable or

- vi. Deposit biomedical waste in yellow bags at designated deposition Centers established by designated waste disposal team wherever applicable
- vii. General solid waste (household waste) generated should be handed over to waste collector identified by waste disposal team or as per the prevailing local method of disposing general solid waste

4. Duties of Waste disposal team/Local Administration

Waste disposal team as identified by the District Administration are responsible for ensuring safe collection and disposal of biomedical waste, if any, generated from Home Isolation for COVID-19 Asymptomatic cases.

- i. Information on each Home Isolated individuals with their addresses should be available with local administration and provide updated list to identified waste collection bodies from time to time.
- ii. Local administration shall engage Collection operator for ultimate disposal of biomedical waste collected from home isolated cases or waste deposition centers or from doorsteps as may be required depending on local situation.
- iii. Local administration may envisage following options to facilitate safe collection and disposal of biomedical waste from Home isolated cases
 - Engage authorized waste collectors for doorsteps collection and disposal of biomedical waste
 - In case number of Home-isolation units are less, local administration may engage services/outsourced to collect the waste directly from doorsteps.
 - Provide yellow colored bags (designated for BMW) to the persons responsible for homecare of positive cases.
- iv. District/Local Administration shall ensure the following in engaging

authorized waste collectors at doorsteps or at waste deposition centers.

- Create a separate team of workers who shall be engaged in doorstep waste collection.
- Ensure that only designated staff collects biomedical waste from home isolated cases.
- Impart training to waste collector in handling of biomedical waste including methods of sanitization. Training to waste collectors should be arranged through District Health Team
- The staff involved in handling and collection of waste from home isolated cases shall be provided with adequate Personnel Protective Equipment such as three-layer masks, splash proof aprons/gowns, heavy-duty gloves, gum boots and safety goggles. These PPEs are required to be worn all the time while collecting of waste.
- Use dedicated carts / trolleys / vehicles for transport of biomedical waste. Ensure sanitization of vehicles with 1% hypochlorite after each trip.
- Ensure that, waste collectors arriving at home of home isolated cases shall spray the disinfectant (1% hypochlorite solution) on the bin used for yellow bag
- The general solid waste collected from home care shall be disposed of as per SWM Rules, 2016.

5. For Rural/Remote areas/Households with area for Dry Deep Burial Pit

Dry deep burial pit can be one method for bio medical waste disposal of home isolated positive cases in rural/remote/households with area for dry deep burial pits. The local administration should ensure that the deep burial pit is as per the standards given below.

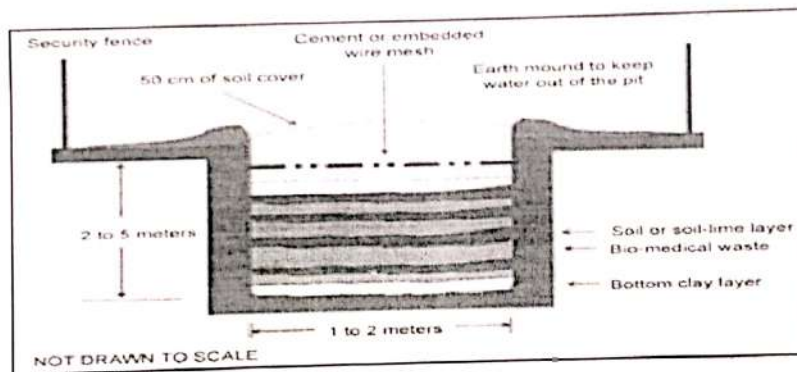
Standards for dry deep burial pit:

Deep burial should have the following specifications:

A Pit or trench should be dug about two (2) meter deep. It should be half filled with waste, then covered with lime within 50 cm of the surface, before filling the rest of the pit with soil.

- i. It must be ensured that animals do not have any access to burial. Covers of galvanized iron/wire meshes may be used.
- ii. On each occasion, when wastes are added to the pit, a layer of 10 cm of soil shall be added to over the wastes.
- iii. Burial must be performed under close and dedicated supervision.
- iv. The deep burial site should be relatively impermeable, and no shallow well should be close to the site.
- v. The pits should be distant from habitation and sited to ensure that no contamination occurs of any surface water or ground water. The area should not be prone to flooding or erosion.
- vi. The location of the deep burial site will be authorized by the prescribed authority.
- vii. The institution shall maintain a record of all pits for deep burial.

A typical deep burial pit is given in **Figure 1**.



ANNEXURE-IV

GOVERNMENT OF ARUNACHAL PRADESH
LABORATORY REPORT FOR COVID-19 SAMPLE _____

Testing done: PoE/CCC/DCHC/DCH/Others(specify).....

Date:

District:

Patient id:

Name of the traveller/client:		
Age:	Gender:	Father's /Husband's name:
Address:	Occupation:	BPL/Non-BPL:
Sample No:	Date of collection(dd/mm/yy):	Date of testing(dd/mm/yy):
Type of Test: RT-PCR/TRUNAT/RAT	Date of Report(dd/mm/yy):	
Result:		
Advice:		

- *A single negative test result, particularly if this is from an upper respiratory tract specimen, does not exclude infection*
- *In case of development/worsening of symptoms visit nearest health facility*
- *Social distancing, proper hand hygiene and mandatory wearing of facial mask is to be followed*

**Medical Officer i/c
POE/Health Facility**