

**GOVERNMENT OF ASSAM**  
ASSAM STATE DISASTER MANAGEMENT AUTHORITY  
Ancillary Block, Janata Bhawan, Dispur, Guwahati-781006  
Phone: 0361-2237221 (O); E-mail: asdmaghy@gmail.com

**ORDER**

No. ASDMA-29/5/2022/2

Dated 24<sup>th</sup> January, 2022

Whereas, the Assam State Disaster Management Authority (ASDMA) has issued vide order of January 7, 2022 and January 21, 2022 directives for containment of COVID-19 for both rural and urban areas across the state until further orders;

Whereas, the Ministry of Home Affairs (MHA) vide order dated 27<sup>th</sup> December, 2021 has directed the States/ UTs to consider implementation of the normative framework for taking evidence based containment measures at district/local level as conveyed vide MoHFW advisory dated 21<sup>st</sup> December, 2021 until 31<sup>st</sup> January, 2022 in view of the initial signs of surge in cases of COVID-19 as well as increased detection of the Variant of Concern (VoC) "Omicron" (**Annexure-I**);

Whereas, the Health & Family Welfare Department, Government of Assam has issued vide order of December 05, 2021, HLA.274/2020/177, Dated 8<sup>th</sup> January, 2022 and HLA.274/2020/187, Dated 18<sup>th</sup> January, 2022 regarding detailed guidelines for international travellers coming to Assam and for containment of the spread of the highly mutant SARS-CoV-2 variant (**Annexure-II/III**);

Whereas, the status of COVID-19 in the State has again been reviewed and it has been observed that the number of COVID-19 cases have been gradually increasing over the last few days thereby increasing the positivity rate;

Now, therefore, in exercise of the powers, conferred under Section 22(2) (h) of the Disaster Management Act, 2005, the undersigned, in his capacity as Chairperson, State Executive Committee of the State Disaster Management Authority, Assam, do hereby issue the following guidelines, which are to be strictly adhered across the State for public safety and possible outbreak of COVID with variant forms of the virus which will come into force with effect from **6 AM of January 25, 2022** and will remain in force until further orders:

**A. Containment Zones:**

In case the test positivity of COVID-19 in any area reaches **more than 20 cases in the last seven days**, the jurisdictional District Magistrate will notify such areas as total containment zone in consultation with MD, NHM and ensure necessary containment measures for COVID-19.

However, in such zones, emergency services will continue round the clock and essential services including shops dealing with groceries, fruits and vegetables, dairy and milk booths, animal fodder, etc. will remain open up to usual time of closure.

Delivery of all essential goods including food, pharmaceuticals, medical equipment through e-commerce in such areas will continue round the clock.

**B. Restrictions imposed:**

Except for exemptions given in Annexure “IV”,

SI No	Restrictions imposed for all districts	Restriction time for all districts
(1)	(2)	(3)
1	Curfew Time	10 PM – 6 AM
2	Opening of workplace and business/ commercial establishments	Not beyond 9 PM
3	Functioning of Government and Private Offices/ Establishments.	As per usual working hours but not beyond 9 PM
4	Opening of shops and commercial establishments	Upto 9 PM
5	Shops dealing with groceries, fruits and vegetables, dairy and milk booths, animal fodder	Upto 9 PM
6	Dine in restaurants, dhabas and other eateries (Upto 50% of seating capacity)	Upto 9 PM
7	Takeaway of food items from restaurants, dhabas and other eateries	Upto 10 PM
8	Opening of Sale counters, showrooms etc. of cold storages and warehouses	Upto 9 PM
9	Takeaway of food items from restaurants, dhabas and other eateries on State and National Highways	Allowed round the clock subject to observance of Covid protocol

**C. Other restrictions and relaxations:**

- 1. All Government servants (including contractual and fixed pay) should be fully vaccinated and shall attend office. Employees who are not fully vaccinated will not be allowed to attend office and they will have to avail leave, if available or extra ordinary leave for which they will not be paid salary.**

However, all other employees except those in whose case vaccination is contra-indicated as per guidelines issued by the Health Department of Government of Assam and /or such claim is certified by a registered medical practitioner, will have to get themselves vaccinated and attend office.



2. Employees engaged in emergency / essential services shall attend to their duty without any restrictions at any place.
3. The organizations (Government / Private) rendering Essential/Emergency Services, Law Enforcement Services and Election work will continue working without any restrictions in all districts.

**D. Public Transport (Government and private)**

1. Goods transport shall continue unhindered.
2. All Public transport authorities shall enforce COVID-19 appropriate behavior and seating inside the vehicles, carriers, containers etc.
3. Auto Rickshaws, cycle rickshaws and taxis shall operate for passengers with 100% seating capacity and observance of COVID-19 appropriate behavior for passengers who are fully vaccinated.
4. Pillion riding on motorcycles may be allowed for those pillion riders who are fully vaccinated and are wearing mask.
5. Intra-district transport, with 100% seating capacity subject to observance of COVID-19 appropriate behaviour, shall be allowed for passengers who are fully vaccinated.
6. All inter-district passenger transport and movement shall be allowed with 100% passengers who are fully vaccinated subject to observance of COVID-19 appropriate behaviour.
7. No standing passenger shall be allowed. Heavy fine will be imposed on such passengers and driving license of the driver/ registration of the vehicle will also be cancelled in the event of carrying standing passengers.
8. Wearing of face mask is mandatory even for a single person driving a vehicle. In case of persons traveling in any private car, up to 100 % of its seating capacity, wearing of face mask is mandatory for all the persons.

**E. Celebration of Republic Day, 2022**

1. In view of the Republic Day celebrations, the programme will be limited to National Flag hoisting, speech by the guest of honour and ceremonial parade only. Regular activities like cultural programmes, award/prize distribution are to be avoided. It is clarified that there shall be no tableaux display during the Republic day programme.
2. The gathering for Republic Day celebration may be limited to a maximum of 1000 for state level function in Kamrup (Metro) district and 500 for district level function in other districts and 200 for any other level.
3. Pre and Post Republic Day celebrations may be avoided in view of the prevailing COVID situation in the state.
4. There shall be no involvement of school children in ceremonial parade or march past. Only trained police, security personnel and Homeguards who are fully vaccinated shall be allowed to participate in the ceremonial parade and march past.

## F. Others

1. All other social/cultural functions which are avoidable shall not be given permission by the concerned DDMA.
2. All DDMA shall take strict steps to ensure that the protocols are well informed to the citizens and fully adhered to.

## G. Educational Institutions (Government and Private):

1. All Educational Institutions including Schools/Colleges/Universities shall continue to provide quality virtual options.
2. **Physical instruction in all schools upto class VIII in all districts shall be suspended and all such educational institutions shall migrate to virtual options until further orders.**
3. **The Situation shall be reviewed regularly and necessary instructions shall be issued by the Education Department.**
4. **Physical classes shall be allowed on alternate days for class IX and above in all districts.**
5. The physical classes in respect of Degree/Post-Graduate final year students of Engineering/Medical Colleges may be allowed with fully vaccinated students.

## H. Gatherings:

SI No	Restrictions imposed	Details of restriction imposed
(1)	(2)	(3)
1	Name of the district	All districts
2	Meeting/gathering at any open or closed spaces	<ul style="list-style-type: none"><li>●Public gathering to a maximum of 200 double vaccinated members are allowed.</li><li>●In closed venues maximum gathering upto 50% of seating capacity or 200 double vaccinated persons, which ever is lower to be allowed.</li><li>●No gathering beyond 50 persons in open areas and 50% of the seating capacity or 50 persons whichever is lower in respect of closed venues shall be allowed without prior permission from Jurisdictional District Disaster Management Authority.</li></ul>



3	Marriages/Religious functions	Allowed with not more than 200 double vaccinated persons subject to sl 2 above.
4	Religious Places/Social	Allowed up to 60 fully vaccinated persons per hour for iconic places and 40 fully vaccinated persons per hour for other religious places. Only fully vaccinated pilgrims to be allowed entry by Puja Committees/organizers.
5	Funeral/last rites	Allowed with not more than 20 persons.
6	Hotels/resorts	Upto 9 PM
7	Delivery of essential goods through e-Commerce	Upto 10 PM
8	Weekly Haats / bazaars	Allowed to open in shift of maximum 6 hours
9	Pharmacies, Hospitals, Animal Care Centres and Veterinary clinics	Round the clock
10	Cinema/Theatre Hall	Allowed with 50% of seating capacity of fully vaccinated viewers and observance of COVID-19 appropriate behaviour

### **I. Omicron specific regulation**

1. All District Magistrates, Superintendent of Police, and all other authorities concerned shall be responsible for ensuring COVID Appropriate Behaviour viz. wearing of masks, maintaining social distancing, regular hand washing and use of sanitizer, maintaining health hygiene, no spitting etc. in all shops, malls, markets, market complexes, weekly markets, restaurants, ISBTs, railway platforms / stations, cinemas /theatres / multiplexes, auditoriums / assembly halls, banquet halls / marriage halls, schools, colleges, educational / coaching institutes, religious places etc. for containment of COVID-19 virus.
2. All District Magistrates, Superintendent of Police should ensure that the people who visit the above mentioned places strictly follow COVID Appropriate Behaviour and are wearing masks, maintaining social distancing etc. without fail. If the aforesaid norms of COVID Appropriate Behaviour are not maintained at any establishment/ business premises/weekly market/ schools, colleges, educational / coaching institutes, libraries, religious places etc, then such premises/ weekly market shall be liable to be closed for containing the spread of COVID-19 virus and the defaulter shall also be liable for criminal prosecution under the relevant laws.
3. All District Magistrates and Superintendent of Police shall deploy sufficient number of teams for keeping utmost vigil at public places and for enforcing COVID Appropriate Behaviour so as to avoid any possibility of surge in COVID-19 cases.

## **J. Miscellaneous**

1. Wearing of face mask is compulsory in all public places **and non-compliance of the same will attract fine.**
2. **Non-vaccinated people shall not be allowed entry in public places/ spaces (except hospitals). All people are required to carry proof of being fully vaccinated while visiting public places/spaces. The owners of public/private establishments shall be responsible for ensuring that only those entrants who are fully vaccinated are allowed inside and this has to be done scrupulously by checking their vaccination status. Failure to do so shall attract penal action.**
3. Shop owners shall ensure minimum six feet distance among customers and shall not allow more than 5 persons inside the shop at any time. In addition, shop owners should compulsorily keep sanitizers and hand wash in their shops.
4. Shopkeepers and customers shall have to wear masks and maintain social distancing. Responsibility of maintenance of social distancing will be on the shop owner and failure to do so will be viewed very seriously and may entail summary closure of defaulting shops.
5. Industrial units and Tea gardens may function subject to observance of COVID appropriate behaviour. Head of the unit/tea garden shall be responsible for ensuring social distancing, mask wearing by workers and staff, sanitization of industrial premises, thermal scanning etc.
6. Deputy Commissioners and Excise authorities will continue taking strong action against illegal production and sale of country liquor in all the districts as a COVID containment measure.

## **K. Penal Provisions:-**

1. **Any person violating these measures will be liable to be proceeded against as per provisions of Section 51 to 60 of the Disaster Management Act, 2005, besides legal action under Sec. 188 of IPC and other legal provisions as applicable.**
2. **Any person not wearing face mask and/ or spitting in public places shall be fined to the tune of Rs.1000 vide ASDMA's earlier Order No. ASDMA/24/2020/Part 1/122 dt. 14/10/2020 which can be imposed by District wise Task Force comprising of District Disaster Management Authority, Magistrates, Police, Enforcement wing of District Transport Officer and Enforcement wing of Guwahati Municipal Corporation in their respective jurisdictions.**



(P.K. Borthakur, IAS)  
Officiating Chief Secretary, Assam.



Memo No. ASDMA-29/5/2022/2-A

Dated 24<sup>th</sup> January, 2022

Copy forwarded to:

1. All Additional Chief Secretaries to the Govt. of Assam, Dispur, Guwahati-6
2. The Director General of Police, Assam
3. All Principal Secretaries/Commissioner & Secretaries to the Govt. of Assam, Dispur, Guwahati-6
4. Commissioner of Police, Guwahati-6
5. The Principal Secretaries of BTC, NCHAC, KAAC.
6. All Deputy Commissioners
7. The Director, Directorate of Information and Public Relations, Assam
8. All Superintendent of Police
9. S.O to the Chief Secretary, Assam, Guwahati-6
10. PPS to Hon'ble Chief Minister, Assam
11. All P.S to Hon'ble Minister, Assam, Dispur, Guwahati-6

  
(Alakananda Medhi, ACS)  
State Project Coordinator,  
Assam State Disaster Management Authority

Annexure-I



राजेश भूषण, आईएएस  
सचिव

**RAJESH BHUSHAN, IAS**  
SECRETARY



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
Government of India  
Department of Health and Family Welfare  
Ministry of Health and Family Welfare

D.O.No.Z.28015/318/21-EMR  
21 December, 2021

*Dear Colleague,*

This is regarding the measures that need to be taken in view of initial signs of surge in cases of Covid-19 as well as increased detection of the Variant of Concern (VoC), 'Omicron' in different parts of the country.

2. In this context kindly recall this Ministry's earlier guidance shared with States/UTs on multiple occasions regarding the recommended strategies for containment and restrictions, keeping the District as a unit.

3. At the **district level** there should be constant review of emerging data regarding the population affected by COVID-19, geographical spread, hospital infrastructure and its utilization, manpower, notifying Containment Zones, enforcement of perimeter of containment zones etc. This evidence should be the basis for effective decision making at the district level itself. Such a strategy ensures that infection is contained at the local level itself before it spreads to other parts of the state.

4. The main elements of the framework to be used by States and UTs to facilitate decision making at the District Level are as follows:

- i) Test positivity of 10% or more in the last one week  
OR
- ii) Bed occupancy of 40% or more on oxygen supported or ICU beds

In case any one of these parameters are met in any District, district level containment measures and restrictions may be put in place forthwith. Equally important, the restrictions must be strictly enforced.

5. Based on current scientific evidence, the VOC Omicron is at least 3 times more transmissible than the Delta VOC. Besides, the Delta VOC is still present in different parts of the country. Hence, even greater foresight, data analysis, dynamic decision making and strict & prompt containment action is required at the local and district level. The decision making at the State/UT and district level must be very prompt and focussed.

6. The template above provides a normative framework. However, based on the **local situation** and population characteristics such as density etc., and keeping in mind the higher transmissibility of Omicron, States/UTs can take containment measures and restrictions **even before these thresholds** are reached.

7. Some of the **strategic areas of intervention** focusing on containment, test, track, surveillance, clinical management, vaccination and Covid Appropriate Behaviour to be taken up are as follows:



A - **Containment:** imposition of night curfew, strict regulation of large gatherings, curtailing numbers in marriages and funerals, restricting numbers in offices, industries, public transport etc. In case of all new clusters of Covid positive cases, prompt notification of "Containment Zones", "Buffer Zones" should be done, strict perimeter control of Containment Zone as per extant guidelines must be ensured. All cluster samples must be sent to INSACOG Labs for Genome Sequencing without delay.

B- **Testing and surveillance:** testing as per ICMR and MoHFW guidelines, door to door case search, testing of all SARI/ILI and vulnerable/co-morbid people, ensuring right proportion of RT-PCR tests in total tests being conducted daily, contact tracing of all Covid positive persons & their timely testing, utilizing the access to "AIR SUVIDHA" Portal by State Surveillance Officers (SSOs) & District Surveillance Officers (DSOs) to monitor the international passengers who have arrived in their States & Districts etc.

C- **Clinical Management:** increase bed capacity, other logistics like ambulances, mechanism for seamless shifting of patients, availability and operational readiness of oxygen equipments, buffer stock of drugs to be ensured by prompt utilization of Emergency Covid Response Package (ECRP-II) funds released by Central Government & other available resources etc. The existing National Clinical Management Protocol remains unchanged for Omicron.

Ensure stringent enforcement of home isolation as per extant guidelines. This would include among others: customized kit for persons undergoing home isolation, their regular monitoring through call centers as well as home visits etc. This will be a very critical activity in the days to come specially to ensure that persons under home isolation do not spread the virus to others in view of its higher transmissibility.

D- **Vaccination:** ensure 100% coverage of left out first and second dose eligible beneficiaries in an accelerated manner. Special focus to be given to those districts where the first & second dose coverage is less than the national average. The door-to-door vaccination campaign need to be strengthened.

E- **Community engagement and Covid Appropriate Behaviour:** Ensure advance engagement and information so that there is no misinformation or panic, transparent communication on hospital and testing infrastructure availability, regular press briefings etc. Participation of community backed by strict enforcement is necessary for ensuring Covid Appropriate Behaviour.

8. Kindly activate the War rooms/EOCs and keep analyzing all trends and surges, no matter how small and keep taking proactive action at the district/local level.

Regular reviews with field officers and proactive action in this regard will definitely control the spread of infection and flatten the curve.

*Warm Regards.*

Yours sincerely



(Rajesh Bhushan)

Chief Secretary/Administrator of all States / UTs

GOVERNMENT OF ASSAM  
HEALTH & FAMILY WELFARE DEPARTMENT  
DISPUR ::: GUWAHATI-781006

NOTIFICATION

Dated Dispur, the 8<sup>th</sup> January, 2022


No.HLA.274/2020/177: In supersession of all the earlier notifications issued for treatment protocol for COVID-19 patients in Assam, the Health & Family Welfare Department hereby notifies the "Revised Protocol for Hospitalisation, Treatment and Discharge from hospitals" in respect of COVID-19 patients (Annexure-A, containing 11 pages).

Further, patients who are not vaccinated or who have not taken the second dose of vaccine despite being due or overdue shall not be provided free treatment facilities including food expenses in the Government Hospitals/CCC. Those patients occupying paying cabins irrespective of vaccination status shall pay for the services.

The diet of the COVID patients in the government hospitals shall be at par with the hospital diet. However in the Hospitals/COVID Care Centres, up to Rs 200/- shall be allowed per patient per day considering the packaging costs. The district administration shall strictly restrict expenditure as per the patient admission on per head basis. BPL patients shall be given free diet and others may purchase their food or get delivered from home.

The Principals of all Medical Colleges are empowered to cancel the vacation of the faculty and recall them for service as per need.

This notification comes into immediate effect.



(Anurag Goel, IAS)

Principal Secretary to the Government of Assam  
Health & Family Welfare Department

Dated Dispur, the 8<sup>th</sup> January, 2022

Memo No.HLA.274/2020/ 177-A

Copy to:

1. Chief Secretary, Assam.
2. Director General of Police, Assam.
3. Principal Secretary to Hon'ble Chief Minister, Assam.
4. Principal Secretary, Revenue & Disaster Management Dept.
5. Principal Secretary, Home & Political, Assam.
6. ADGP (L&O) / ADGP (S), Assam.
7. Commissioner of Police, Guwahati.
8. Chief Executive Officer, Assam State Disaster Management Authority.
9. Commissioner & Secretary to the Govt. of Assam, Health & Family Welfare Department.
10. Mission Director, National Health Mission, Assam, Guwahati.
11. Managing Director AMSCL.
12. Principal Secretary, all Autonomous Councils, Assam.
13. Deputy Commissioner (all districts)/ Superintendents of Police (all districts).
14. Director of Health Services, Assam for necessary action.
15. Director of AYUSH/ Director of Medical Education / Director of Health Services (FW), Assam/ ED, NHM/ State Nodal Officer for COVID-19/ Addl. DME/ OSD NHM/ 104 Call Centre.



16. All Principal cum Chief Superintendents/ Superintendents, Medical College Hospitals, Assam.
17. Addl. Director of Health Services, Assam, Hengrabari, Guwahati.
18. Joint Director of Health Services (all districts) for information and necessary action and wider dissemination to all public and private health institutions in the districts.
19. P.S. to Hon'ble Chief Minister, Assam, Dispur
20. P.S. to Hon'ble Minister, Health & Family Welfare, Assam.
21. Any other concerned.

*Prigindar*  
*8/11/22*

By order etc.

Joint Secretary to the Government of Assam  
Health & Family Welfare Department

## **MANAGEMENT OF COVID-19 (January, 2022)**

### **A. ASYMPTOMATIC PATIENTS**

All asymptomatic Covid-19 positive patients should preferably be isolated at home if facility for isolation exists, or in a designated facility (CCC), for a total period of 10 days, by observing the following:

1. Place the patient in a well-ventilated single room
2. Limit the movement of the patient in the house and minimize shared space. Ensure that shared spaces (e.g. kitchen, bathroom) are well ventilated.
3. Visitors should not be allowed until the patient is discharged.
4. Perform hand hygiene after any type of contact with patients or their immediate environment.
5. To contain respiratory secretions, a medical mask should be provided to the patient and worn as much as possible, and changed daily.
6. Use dedicated linen and eating utensils for the patient.
7. Strict regular surface cleaning to be maintained.
8. If the patient develops symptoms he/she is to be transferred to a dedicated COVID hospital.
9. Released from institutional isolation (CCC) as per discharge protocol
10. After discharge from institutional isolation, they are advised home quarantine with the following instructions:
  - Wear a triple-layered surgical mask
  - Live in a single room with good ventilation
  - Avoid close contact with family members
  - Eat separately
  - Keep hands clean and avoid outdoor activities
  - Self-monitoring of the symptoms.

### **B. CRITERIA FOR HOSPITALIZATION OF COVID-19 POSITIVE CASES IN DESIGNATED COVID HOSPITALS**

1. All elderly Covid Positive patients above the age of 70 years irrespective of their co-morbidities and symptoms.
2. All Covid Positive patients above the age of 60 years having major co-morbidities like un-controlled diabetes & Hypertension, kidney diseases, lung diseases, cancer, organ transplant recipient etc.
3. All Covid-19 positive patients with respiratory distress ( $SPO_2 < 94\%$  in room air, respiratory rate  $> 24/\text{minute}$ ).





## C. MANAGEMENT OF MILD CASES

- I. Mild cases are those with low grade fever/cough/malaise/rhinorrhea/sore throat WITHOUT any shortness of breath
  - II. Admission in COVID care centers (CCC).
  - III. Contact and droplet precautions, strict hand hygiene
  - IV. Symptomatic treatment
    - a. Paracetamol, cough syrup, Gargle with warm saline
    - b. Tab. Zinc 50 mg/day
    - c. Tab. Vitamin-C 500 mg twice daily
    - d. Tab. Vitamin-D3 60 K once weekly
    - e. Tab. Famotidin 20 mg BD
  - V. Antibiotics : Azithromycin 500 mg daily for 5 days or Amoxycylav (500+125) mg 8 hourly for 5 days.
  - VI. Cocktail antibodies( Casirivimab and Imdevimab) can be consider in patients with:
    - a. Male or female > 18 years of age having high risk factors for progression of disease
    - b. Has (SARS-COV-2) infection as diagnosed by validated sars-CoV-2 antigen, RT-PCR , or other molecular diagnostic assay, using an appropriate sample such as nasopharyngeal, nasal, oropharyngeal, or saliva <72 hours prior to inclusion.
    - c. Maintain Oxygen saturation >94% on room air
    - d. Is willing and able to provide informed consent signed by the patient or legally acceptable representative.
- Patient who meets any of the following criteria will be excluded:**
- a. Moderate disease with oxygen saturation <92% requiring oxygen support
  - b. Has received Covid 19 convalescent plasma, monoclonal antibodies against SARS-CoV-2 or intravenous immunoglobulin (IVIG) within 3 months
  - c. Has known allergy or hypersensitivity to any components of drug
  - d. Pregnant and breastfeeding women
- VII. Consider Faviparavir in selected cases
  - VIII. Discharge-as per protocol




## **D. MANAGEMENT OF MILD CASES WITH SPECIAL SITUATION**

Group A: Patients with Co-morbidity like uncontrolled diabetes, Hypertension, Chronic Kidney disease, Malignancy, and elderly > 60 years

Group B: Patients with ALARM features (Clinical) any one

- I. If patients develops tachycardia(>110), Hypotension(SBP <100), Breathlessness on day to day activities
- II. Gradually decreasing SpO<sub>2</sub>, Even if SpO<sub>2</sub> values are >94% on room air
- III. Positive 6 min walk test

Group C: Elevated Bio-Markers (Done after 5 to 7 days of symptoms onset (any one): CRP >5 times, Ferritin >5 times, d-Dimer >5 times, IL-6 >5 times and ANC:ALC >3.5

Group D: Suggestive Radiological finding done after 5 to 7 days of symptoms onset

*N.B: Those four group of mild cases should be hospitalized and treat as Moderate cases*

## **E. MANAGEMENT OF MODERATE CASES**

### **1. SYMPTOMATIC TREATMENT**

- a. Paracetamol, cough syrup, Gargle with warm saline
- b. Tab. Zinc 50 mg/day
- c. Tab. Vitamin-C 500 mg twice daily
- d. Tab. Vitamin-D3 60 K once weekly
- e. Tab. Famotidin 20 mg BD

- ### **2. OXYGENATION:** Give supplemental oxygen therapy immediately to patients with moderate to severe Covidand respiratory distress, hypoxemia, or shock: Initiate oxygen therapy at 5 L/min and titrate flow rates to reach target SpO<sub>2</sub> ≥ 90% in non-pregnant adults and SpO<sub>2</sub> ≥ 92- 96% in pregnant patients. Children with emergency signs (obstructed or absent breathing, severe respiratory distress, central cyanosis, shock, coma or convulsions) should receive oxygen therapy during resuscitation





to target  $SpO_2 \geq 94\%$ . All areas where patients with Severe Covid are cared for should be equipped with pulse oximeters, functioning oxygen systems and disposable, single-use, oxygen-delivering interfaces (nasal cannula, simple face mask, and mask with reservoir bag). Use contact precautions when handling contaminated oxygen interfaces of patients with COVID – 19.

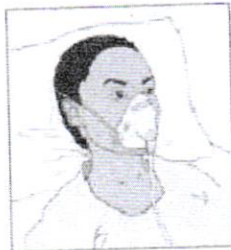
### How to deliver increasing oxygen



Place prongs inside the nostril. Hook tubing behind ears. Flow rates higher than 5 L will dry mucous membranes.

- Start oxygen at 5 L/min
- Use nasal prongs
- Assess response

If increasing respiratory distress or  $SpO_2 < 90\%$



Secure mask firmly on face over nose and mouth. Pull strap over head.

- Use face mask
- Increase oxygen to 6–10 L/min
- Assess response

If increasing respiratory distress or  $SpO_2 < 90\%$



Make sure bag is full to deliver highest oxygen concentration. An empty bag is dangerous.

- Use face mask with reservoir
- Increase oxygen to 10–15 L/min
- Make sure bag inflates
- Call for help from district clinician
- Assess response

If increasing respiratory distress or  $SpO_2 < 90\%$ , transfer to a hospital with available invasive mechanical ventilator possible

**High Flow Nasal Cannula (HFNC) if available**

**Apply Non Invasive Ventilation (NIV)**

*Damp*

*Lecky*

### 3. ANTIBIOTICS

Antibiotics as per clinician's discretion (to cover community acquired pneumonia including atypical pneumonia), preferably Inj. Piperacillin + Tazobactam 4.5 mg IV 8 hourly (Modify doses accordingly to creatinine clearance).

### 4. THROMBO-PROPHYLAXIS

- a. All hospitalized patients should be started on prophylactic LMWH (e.g., Enoxaparin 1 mg/kg per day subcutaneously)/unfractionated heparin if not contraindicated, and no high risk factors for bleeding are present
- b. Extended use of ant-thrombotic agents (Low molecular weight heparin/Apixaban): After discharge from COVID hospital, the patient may be recommended to prolong the use of ant-thrombotic therapy for a period of **14 days** from the day of discharge.

#### Eligible candidates

- (a) Age > 65 years
- (b) D-Dimer > 2 times upper limit of normal
- (c) Patient with history of previous VTE event
- (d) Patients at high risk of developing VTE eg. Cancer, those requiring prolong immobilization

#### Anti-thrombotic agent and dosing

- (a) Apixaban 5mg twice daily orally For serum creatinine > 1.5mg/dl or age > 80 years- 2.5mg twice daily
- (b) Enoxaparin 40 mg S/C injection once daily

### 5. MAINTAIN EUVOLEMIA, PROMOTE ORAL FLUIDS, AVOID IV FLUID UNLESS INDICATED

### 6. CORTICOSTEROIDS

In symptomatic COVID-19 patients with hypoxia ( $SpO_2 \leq 94\%$  at room air) and who required more respiratory support corticosteroid should be started.

- a. Dexamethasone 6 mg oral/IV daily for 5 to 10 days
- b. Methylprednisolone 40 mg IV daily for 5 to 10 days
- c. Hydrocortisone 50 mg IV 8 hourly for 5 to 10 days

N.B: *physician should closely monitor patients with COVID-19 who are receiving dexamethasone for adverse effects (e.g. hypoglycemia,*





*secondary infection, psychiatric effects) and doses of corticosteroid should be increases if patients are in ICU*

## 7. AWAKE PRONING

Awake proning should only be considered if patient:

- a. Patients with oxygen requirement of  $>4L$
- b. Is able to communicate and co-operate with the procedure
- c. Is able to rotate to front and adjust position independently
- d. Has no anticipated airway issue

Patients will undergo a rotational change in position from prone to lying on each side to sitting up. Typical protocols include,

- a. Prone position 30 to 120 minutes
- b. Left lateral decubitus 30 to 120 minutes
- c. Right lateral decubitus 30 to 120 minutes
- d. Upright sitting position 30 to 120 minutes

## 8. REMDESIVIR

It can be started in following groups of COVID-19 patients

- a. Symptomatic patients(better to start within 10 days of symptoms)
- b. Pulmonary infiltrates on chest radiographic imaging
- c.  $SpO_2 \leq 94\%$  on room air
- d. Required supplemental oxygen
- e. Required mechanical ventilation

Loading doses 200 mg IV over one hours following by 100 mg IV daily for 5 days. if patients require mechanical ventilation doses should be extended to 10 days. Remdesivir should not be started in following: groups of patients

- a.  $AST/ALT >5$  times of ULN
- b.  $eGFR < 30ml/Min$
- c. Pregnancy and lactating mothers
- d. Known to allergy to Remdesivir

## 9. BARICITINIB

It is a selective inhibitor Janus kinase 1 and 2, .it inhibits the intercellular signaling pathway of cytokines such as IL-2, IL-6, Interferon- $\gamma$ , GM-CSF.

It was approved by the FDA as a medication to be used an Emergency use authorization (EUA) for COVID

Inclusion criteria

- a. Age  $>18$  years
- b. COVID-19 infection documented by RT-PCR
- c. Moderate to severe disease as define by state protocol



d. To be started along with Remdesivir

Contraindication:

- a. Pregnancy and lactation
- b. In patients with impaired renal function (eGFR<60 ml/min)
- c. Patients with severe hepatic impairment (AST/ALT>5 times of upper limit of normal)

10. Follow up CRP, D-dimer & Ferritin, IL-6, Troponin-I, and Pro-calcitonin every 48-72 hourly (if available); CBC with differential count, Absolute Lymphocyte count, KFT/LFT daily

11. Clinical assessment to identify those patients who require treatment as severe disease (see definition of severe disease)

- a. Tachypnoea ( Excessive inspiratory efforts requiring accessory muscles of respiration, large volume tidal breaths, air hunger)
- b. Tachycardia
- c. Shallow breathing
- d. Increasing Oxygen requirement to maintain SpO<sub>2</sub> >94%
- e. Impaired sensorium
- f. Fall of blood pressure

## F. SEVERE CASES (ICU CARE):

1. If any two of the following are present, patient to be admitted in ICU:

- i. Severe Respiratory distress
- ii. Respiratory Rate >30/min
- iii. SpO<sub>2</sub> <90% in Room air
- iv. Altered sensorium
- v. Blood pressure <90/60 mm Hg
- vi. New onset/ worsening organ dysfunction

2. All treatment modalities for moderate disease to be instituted

3. High – flow nasal cannula oxygenation (hfno):

When respiratory distress and/or hypoxemia of the patient cannot be alleviated after receiving standard oxygen therapy, high – flow nasal cannula oxygen therapy or non – invasive ventilation can be considered. Compared to standard oxygen therapy, HFNO reduces the need for intubation. Patients with hypercapnia (exacerbation of obstructive lung disease, cardiogenic pulmonary oedema), hemodynamic instability, multi-organ failure, or abnormal mental status should generally not receive HFNO, although emerging data suggest that HFNO may be safe in patients with mild- moderate and non-worsening hypercapnia. Patients



receiving HFNO should be in a monitored setting and cared for by experienced personnel capable of endotracheal intubation in case the patient acutely deteriorates or does not improve after a short trial (about 1 hr).

4. NON INVASIVE VENTILATION (NIV):

- a. If the target SpO<sub>2</sub> is not achieved/maintained with the above mentioned devices, NIV may be given (via helmet interface is preferred)
- b. Use of NIV requires **intensive monitoring** for any increase in work of breathing and hemodynamic instability
- c. In NIV start IPAP-8 and EPAP-5 to 6, and gradually increased pressure according to patient requirement.
- d. When improving titrate the NIV pressure gradually by decreasing 2 of both IPAP and EPAP

**Note:**

- NIV is associated with high failure rates, particularly in de-novo respiratory failure.
- NIV without helmet interface is associated with greater risks of aerosolisation leading to higher exposure of health care workers
- Placing a Surgical mask over Nasal Cannula (NC) may help in reducing dispersion

**N.B:** *If conditions do not improve or even get worse within a short time (1 – 2 hours), tracheal intubation and invasive mechanical ventilation should be used in a timely manner.*

5. TOCILIZUMAB / ITOLIZUMAB :

If not responding, monitor IL-6, Ferritin, d-Dimer, if increased >5 times of upper limit of normal Consider for TOCILIZUMAB or ITOLIZUMAB

**Contraindication:**

Active bacterial infection, platelet count <50K

Before giving TOSILIZUMAB or ITOLIZUMAB rule out other infection, do one Chest X-ray and give broad-spectrum antibiotics and antifungal

**Dosage:**

TOSILIZUMAB: 8mg/kg (should not be more than 800mg) in 100 ml normal saline slowly infuse over 1 hour. May be repeated after 12 to 24 hours if indicated.

ITOLIZUMAB: 25mg/5 ml vial, Infuse 4 vial slowly with 100 ml normal saline over one hour,

6. VENTILATORY MANAGEMENT:

Indications for intubation:



- a. Moderate to severe ARDS
- b. Increased work of breathing on non-invasive respiratory support or not tolerating NIV
- c. Hemodynamic Instability

### Initial ventilator setting

Initial ventilator settings								
Calculate predicted body weight (PBW)								
Male =	50 + 2.3 [height (Inches) - 60] OR 50 + 0.91 [height (cm) - 152.4]							
Female =	45.5 + 2.3 [height (Inches) - 60] OR 45.5 + 0.91 [height (cm) - 152.4]							
Set mode to volume assist-control								
Set initial tidal volume to 6 mL/kg PBW								
Set initial ventilator rate $\leq 35$ breaths/min to match baseline minute ventilation								
Subsequent tidal volume adjustment								
Plateau pressure goal: Pplat $\leq 30$ cm H <sub>2</sub> O								
Check inspiratory plateau pressure with 0.5 second inspiratory pause at least every four hours and after each change in PEEP or tidal volume.								
If Pplat $> 30$ cm H <sub>2</sub> O, decrease tidal volume in 1 mL/kg PBW steps to 5 or if necessary to 4 mL/kg PBW.								
If Pplat $< 25$ cm H <sub>2</sub> O and tidal volume $< 6$ mL/kg, increase tidal volume by 1 mL/kg PBW until Pplat $> 25$ cm H <sub>2</sub> O or tidal volume = 6 mL/kg.								
If breath stacking (autoPEEP) or severe dyspnea occurs, tidal volume may be increased to 7 or 8 mL/kg PBW if Pplat remains $< 30$ cm H <sub>2</sub> O								
Arterial oxygenation and PEEP								
Oxygenation goal: P <sub>a</sub> O <sub>2</sub> 88 to 90 mmHg or SpO <sub>2</sub> 88 to 95 percent								
Use these F <sub>i</sub> O <sub>2</sub> /PEEP combinations to achieve oxygenation goal:								
F <sub>i</sub> O <sub>2</sub>	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
PEEP	5	5 to 8	8 to 10	10	10 to 14	14	14 to 18	18 to 24
PEEP should be applied starting with the minimum value for a given F <sub>i</sub> O <sub>2</sub> .								

Figure 8: Protocol for management of ARDS (ARDS.net)

### 7. CARE OF VENTILATED PATIENT:

- a. Fresh ventilator circuit to be used for every new patient
- b. Change circuit only when visibly soiled (not routinely)
- c. Use two HME filters- one at the patient end close to ETT and another at the ventilator end of expiratory limb of circuit. Do not use heated humidifiers
- d. HME-F to be changed only when visibly soiled
- e. Use closed inline suction system (avoid open suctioning)
- f. Use the same closed suction system to collect ET aspirate sample in a mucus trap chamber for RT-PCR
- g. Do not disconnect the circuit- push twist all connections
- h. In case disconnection is unavoidable (like patient transport) use deep sedation/muscle relaxation, put the ventilator on standby mode and clamp the ET tube just before disconnection
- i. Avoid nebulization (use MDI instead)

*Lucas*

*[Signature]*



- j. Avoid routine airway suctioning

#### 8. SUPPORTIVE TREATMENT IN CRITICALLY ILL PATIENTS:

- a. Head end elevation (30 to 45 degrees)
- b. Oral hygiene with mouthwash
- c. Glycemic control to maintain blood sugar between 140 to 180 mg/dl
- d. Ulcer prophylaxis with proton pump inhibitors
- e. LMWH for thromboprophylaxis (as mentioned above)
- f. Foley's catheter and Ryle's tube placement
- g. Central venous catheter (CVC) insertion
- h. Pressure ulcer prevention by position change every 2 hourly

#### 9. SEPTIC SHOCK:

- a. Recognize septic shock in adults when infection is suspected or confirmed AND vasopressors are needed to maintain mean arterial pressure  $\geq 65$  mmHg AND lactate is  $\geq 2$  mmol/L in absence of hypovolemia.
- b. Choice of antibiotic as per indication (community acquired Vs hospital acquired) and local antibiogram.
- c. To resuscitate in septic shock give 30 ml/ kg of isotonic saline (NS/RL) in first 3 hours, if there is no respond to fluid therapy start vasopressor (NORADRENALIN) with a target MAP of  $>65$  mm Hg
- d. If signs of poor perfusion and cardiac dysfunction persist despite achieving target MAP, consider DOBUTAMIN.

#### 10. RENAL REPLACEMENT THERAPY:

- a. Uremic encephalopathy
- b. Severe metabolic acidosis
- c. Uremic pericarditis
- d. Refractory hyperkalaemia
- e. Fluid overload

Renal replacement therapy to be done whenever necessary as per institutional protocol

*Boony*

*Dee*

## G. DISCHARGE CRITERIA

- a. COVID positive patients admitted in Covid Care Centres and Covid Hospitals shall be discharged after 5 (five) days of Hospitalisation provided the patient is asymptomatic (afebrile) for atleast 3 (three) consecutive days. NO RAT/RTPCR TEST is required at the time of discharge. However, in case of symptomatic patients, decision for discharge shall be taken by the treating doctor based on the clinical condition of the patient.
- b. After discharge, the patient will have to undergo 7 (Seven) days of strict HOME ISOLATION with self-health monitoring. In case of appearance of any COVID related symptoms, the patient shall call 104 services or attend the nearest health facility.

## H. ADVICE AFTER DISCHARGE

- a. Continue 7 days of home quarantine with self monitoring of symptoms
- b. Wear a triple layered surgical mask
- c. Live in a single room with good ventilation
- d. Avoid close contact with family members
- e. Eat separately
- f. Keep hands clean and avoid outdoor activities

NB: *It is recommended that discharged patients should have follow up visits at 2 and 4 weeks*

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GOVERNMENT OF ASSAM,  
OFFICE OF THE DIRECTOR OF MEDICAL EDUCATION ASSAM,  
SIXMILE, KHANAPARA, GUWAHATI-22  
email: [dmeassam@gmail.com](mailto:dmeassam@gmail.com)

No. DME/Covid-19/86/2020/488

Date: 17-01-2022


CORRIGENDUM

In partial modification of the revised protocol for hospitalization, treatment & discharge in respect of Covid-19 patients from hospitals issued by the Government of Assam in the Health Department vide No. HLB.274/2020/177 dtd 08<sup>th</sup> January, 2022, the following changes are made:

**G. DISCHARGE CRITERIA**

- a. COVID positive patients admitted in Covid Care Centres and Covid Hospitals shall be discharged after 5 (five) days of Hospitalisation provided the patient is asymptomatic (afebrile) for at least 3 (three) consecutive days. NO RAT/RTPCR TEST is required at the time of discharge. However, in case of symptomatic patients, decision for discharge shall be taken by the treating doctor based on the clinical condition of the patient.
- b. After discharge from the hospital, the patient will have to undergo **2 (two) more days** [instead of 7 (seven) days] of strict HOME ISOLATION with self-health monitoring. In case of appearance of any COVID related symptoms, the patient shall call 104 services or attend the nearest health facility.
- c. After a total period of 7 (seven) days ie., 5 (five) days institutional isolation + 2 (two) days home isolation, the patient shall be considered as cured.
- d. Asymptomatic patients in Home Isolation shall be considered as discharged on the 7<sup>th</sup> day.

*Note: modification is to para G (b) only. Para G (c) & G (d) are additional points. Rest of the protocol remains the same.*

  
17-01-22

Director of Medical Education, Assam

**GOVERNMENT OF ASSAM  
HEALTH & FAMILY WELFARE DEPARTMENT  
DISPUR ::: GUWAHATI-781008**

No.HLA.274/2020/187

Dated Dispur, the 18<sup>th</sup> January, 2022

**Modified Guidelines For Management of COVID-19 patients in Assam**

Whereas, the Country and State is witnessing a third wave of COVID-19 pandemic, possibly due the latest detected variant B1.1.529 (Omicron);

Whereas, the Ministry of Health & Family Welfare, Government of India has issued modified guidelines for Home Isolation for COVID positive patients on 5th of January, 2022, and Government of Assam had accordingly issued COVID testing, treatment and home isolation protocols vide communication No. HLA 274/2020/178 dated 08/01/2022;

Whereas, ICMR has issued an **Advisory on Purposive Testing Strategy for COVID-19 In India** (Version VII, dated 10<sup>th</sup> January 2022) to clarify who all need to be tested and at what frequency (enclosed herewith as **Annexure- I**);

Whereas, it is observed that a majority of cases of COVID-19 are either asymptomatic or have very mild symptoms and such cases usually recover within 4-5 days at hospital/ home under proper medical guidance and monitoring;

Whereas, the medical experts headed by Director Medical Education, Assam, have submitted their considered opinion in view of the recent observations in changing patterns of COVID-19 vide DME/Covid-19/86/2020/488 dated 17/01/2022 (enclosed herewith as **Annexure- II**);

Whereas, considering the milder nature of the symptoms and early recovery in majority of the patients, especially those at home isolation, there is further need of modifying the isolation and quarantine protocols in tune with the Government of India guidelines for home isolation;

Now, therefore, the following instructions are put in place for smooth management of COVID positive persons in Assam:

**Testing**

1. In view of the revised ICMR advisory for purposive testing, in supersession of previous protocols, the ICMR guidelines shall be strictly followed for testing of COVID at all places.
2. No emergency procedure (including surgeries and deliveries) should be delayed for lack of a test.
3. Any patient coming to Casualty/ emergency facilities in Medical Colleges/ District Hospitals/ other government and private health institutions, need not be made waiting for COVID test results unless the patient is specifically having COVID related symptoms.
4. Asymptomatic patients undergoing surgical / non-surgical invasive procedures including pregnant women in/near labour who are hospitalized for delivery should not be tested unless warranted or symptoms develop.
5. Patients should not be referred to other facilities for lack of a testing facility. All arrangements should be made to collect and transfer samples to testing facilities, mapped to the health facility.





6. However, the health care professionals shall strictly adhere to all COVID appropriate precautions including personal protection equipment as per guidelines and ensure that the health professionals are not exposed to COVID due to ignorance/negligence while on duty.
7. Patients who stand discharged as per home isolation guidelines and Patients being discharged from a COVID-19 facility as per revised discharge policy need not get tested at the time of discharge.

**Discharge of COVID Positive patients**

1. COVID positive patients admitted in Covid Care Centres and Covid Hospitals shall be discharged after 5 (five) days of Hospitalisation provided the patient is asymptomatic (afebrile) for at least 3 (three) consecutive days. NO RAT/RTPCR TEST is required at the time of discharge. However, in case of symptomatic patients, decision for discharge shall be taken by the treating doctor based on the clinical condition of the patient.
2. After discharge from the hospital, the patient will have to undergo **2 (two) more days** [instead of 7 (seven) days] of strict HOME ISOLATION with self-health monitoring. In case of appearance of any COVID related symptoms, the patient shall call 104 services or attend the nearest health facility.
3. After a total period of 7 (seven) days ie., 5 (five) days institutional isolation + 2 (two) days home isolation, the patient shall be considered as cured.
4. Asymptomatic patients in Home Isolation shall be considered as discharged on the 7<sup>th</sup> day.

These guidelines shall come in to force with immediate effect and may be modified on the basis of evolving nature of COVID pandemic.

Other instructions given in the Government communication No. HLA 274/2020/178 dated 08/01/2022 shall remain unchanged until further orders.

  
(Anurag Goel, IAS)

Principal Secretary to the Government of Assam  
Health & Family Welfare Department

Dated Dispur, the 18<sup>th</sup> January, 2022


Memo No.HLA.274/2020/ 187-A

Copy to:

1. Chief Secretary, Assam.
2. Director General of Police, Assam.
3. Principal Secretary to Hon'ble Chief Minister, Assam.
4. Principal Secretary, Revenue & Disaster Management Dept.
5. Principal Secretary, Home & Political, Assam.
6. ADGP (L&O) / ADGP (S), Assam.
7. Commissioner of Police, Guwahati.
8. Chief Executive Officer, Assam State Disaster Management Authority.
9. Commissioner & Secretary to the Govt. of Assam, Health & Family Welfare Department.
10. Mission Director, National Health Mission, Assam, Guwahati.
11. Managing Director AMSCL.
12. Principal Secretary, all Autonomous Councils, Assam.

13. Deputy Commissioner (all districts)/ Superintendents of Police (all districts).
14. Director of Health Services, Assam for necessary action.
15. Director of AYUSH/ Director of Medical Education / Director of Health Services (FW), Assam/ ED, NHM/ State Nodal Officer for COVID-19/ Addl. DME/ OSD NHM/ 104 Call Centre.
16. All Principal cum Chief Superintendents/ Superintendents, Medical College Hospitals, Assam.
17. Addl. Director of Health Services, Assam, Hengrabari, Guwahati.
18. Joint Director of Health Services (all districts) for information and necessary action and wider dissemination to all public and private health institutions in the districts.
19. P.S. to Hon'ble Chief Minister, Assam, Dispur
20. P.S. to Hon'ble Minister, Health & Family Welfare, Assam.
21. Any other concerned.

By order etc.

  
Joint Secretary to the Government of Assam  
Health & Family Welfare Department





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स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार  
कल्याण मंत्रालय, भारत सरकार

Indian Council of Medical Research  
Department of Health Research, Ministry of Health  
and Family Welfare, Government of India

## Advisory on Purposive Testing Strategy for COVID-19 in India (Version VII, dated 10<sup>th</sup> January 2022)

### Scope: This advisory on COVID-19 testing strategy is for:

- Early detection of symptomatic cases for quick isolation and care.
- Early detection of infections in elderly (>60yr) and individuals with co-morbidities (diabetes, hypertension, chronic lung or kidney disease, malignancy, obesity etc) for quick care.

### Spectrum of Tests available for COVID-19:

- **Point-of-Care Tests:** Home or Self-Test / Rapid Antigen Test (RAT)
- **Molecular Tests:** rRT-PCR, TrueNat, CBNAAT, CRISPR, RT-LAMP, Rapid Molecular Testing Systems, Newer SARS-CoV-2 Omicron or variant detection rRTPCR assays<sup>##</sup>

### Who may be tested:

#### **A. In community settings:**

1. Symptomatic (cough, fever, sore throat, loss of taste and/or smell, breathlessness and/or other respiratory symptoms) individuals.
2. At-risk contacts of laboratory confirmed cases.  
[At-risk contacts are elderly (>60yr) and individuals with co-morbidity such as diabetes, hypertension, chronic lung or kidney disease, malignancy, obesity etc].
3. Individuals undertaking international travel (as per country-specific requirements).
4. International travelers arriving at Indian airports/seaports/ports of entries as per laid down guidelines.

#### **B. In Hospital Settings:**

5. Testing may be undertaken as per discretion of the treating doctor with the following considerations:
  - *No emergency procedure (including surgeries and deliveries) should be delayed for lack of a test.*
  - *Patients should not be referred to other facilities for lack of a testing facility. All arrangements should be made to collect and transfer samples to testing facilities, mapped to the health facility.*
  - *Asymptomatic patients undergoing surgical / non-surgical invasive procedures including pregnant women in/near labour who are hospitalized for delivery should not be tested unless warranted or symptoms develop.*



- *Admitted patients may not be tested more than once a week.*

### **People who need not be tested:**

1. Asymptomatic individuals in community settings
2. Contacts of confirmed cases of COVID-19 unless identified as high risk based on age or co-morbidities
3. Patients who stand discharged as per home isolation guidelines
4. Patients being discharged from a COVID-19 facility as per revised discharge policy
5. Individuals undertaking inter-state domestic travel

### **Important points to consider:**

- Testing can be undertaken either through rRT-PCR, TrueNat, CBNAAT, CRISPR, RT-LAMP, Rapid Molecular Testing Systems or through Rapid Antigen Test (RAT).
- A positive point-of-care test [Home or Self-test / RAT] and Molecular Test is to be considered confirmatory, without any repeat testing.
- Point-of-care test [Home or Self-test / RAT] should be interpreted as per algorithm at **Annexure**. Symptomatic individuals, testing negative on Home/Self-test or RAT should undertake rRTPCR test as detailed in the algorithm.
- List of approved home tests, RAT and rRTPCR kits are available at the following links:
  - [https://www.icmr.gov.in/pdf/covid/kits/COVID Home Test Kit 23112021.pdf](https://www.icmr.gov.in/pdf/covid/kits/COVID%20Home%20Test%20Kit%2023112021.pdf)
  - [https://www.icmr.gov.in/pdf/covid/kits/List of rapid antigen kits 30122021.pdf](https://www.icmr.gov.in/pdf/covid/kits/List%20of%20rapid%20antigen%20kits%2030122021.pdf)
  - [https://www.icmr.gov.in/pdf/covid/kits/RT PCR Tests Kits Evaluation Summ 231 22021.pdf](https://www.icmr.gov.in/pdf/covid/kits/RT%20PCR%20Tests%20Kits%20Evaluation%20Summ%20231%2022021.pdf)
- Home Testing advisory of ICMR is available at:  
[https://www.icmr.gov.in/pdf/covid/kits/Advisory Home Test kit 19052021 v1.pdf](https://www.icmr.gov.in/pdf/covid/kits/Advisory%20Home%20Test%20kit%2019052021%20v1.pdf)
- All rRTPCR and RAT test results should be uploaded on ICMR portal at:  
<https://cvstatus.icmr.gov.in>.
- The vaccination status of all individuals tested for COVID-19 must be entered into the Sample Referral Form (SRF) in the RTPCR app both for individuals tested by rRTPCR and RAT. This information is of critical importance.
- Genome Sequencing is done for surveillance purposes and is not required to be undertaken for treatment purposes. Therefore, genome sequencing is to be performed only in a subset of positive samples as per recommendations of INSACOG (Indian SARS-CoV-2 Genomic Surveillance Consortium).
- ##The newer SARS-CoV-2 Omicron or variant detection rRTPCR assays are recommended to be used in areas with limited genomic surveillance capacity for quick detection of emergence of newer variants in such areas.

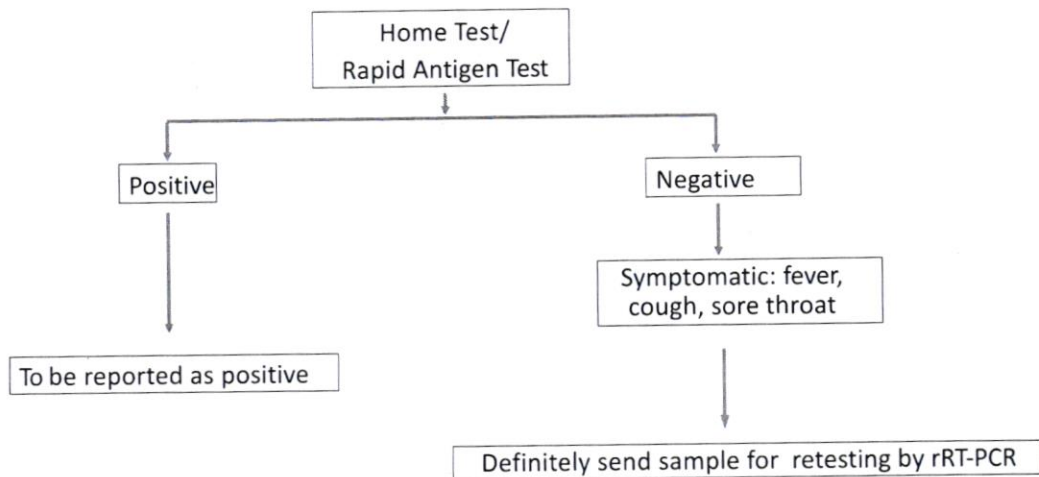




ICMR's advisory is generic in nature and may be modified as per discretion of the state health authorities for specific public health and epidemiological reasons

### Annexure

#### Algorithm for COVID-19 Test Interpretation Using Home Test/ Rapid Antigen Point-of-Care Test



- All positive and negative results should be entered into the ICMR portal on a real time basis after performing the test.
- Results of samples subjected to rRT-PCR should be entered after the rRT-PCR results are available.

#### Annexure-IV

- A. Following categories of persons are exempted from the purview of **restriction on movement** (as notified by jurisdictional DDMA) during curfew hours:
1. All Officials and persons, both government and private involved in **emergency services** such as Health and Family Welfare and all related medical establishments, Police, Prisons, Home Guards, Civil Defence, Fire and emergency services, District Administration, Pay & Account Office, Electricity, Water and Sanitation, Public Transport (Air/Railways/Buses) including all incidental services/activities that are essential for smooth functioning of all modes of public transport (such as handling of cargo, ticketing, air freight station, CFS, ICD etc.), Disaster Management and related services, IMD, CWC, Water Resources Department, PHE, NIC, NCC, Indian Red Cross Society, Postal Department and Municipal services, and all **other essential services** on production of valid Identity card. The uninterrupted delivery of public services shall be ensured by the concerned departments/agencies.
  2. All Judicial officers / officials of courts of Assam on production of valid Identity card.
  3. All private medical personnel such as doctors, nursing staff, paramedical staff etc. and other hospital services (such as hospitals, diagnostic centres, clinics, pharmacies, pharmaceutical companies and other medical & health services),
  4. Pregnant women and patients for getting medical /health services.
  5. Person coming from/going to Airports/Railway stations/ISBTs allowed to travel on production of valid ticket.
  6. Officers/officials related to functioning of offices of Diplomats of various countries as well as persons holding any constitutional post on production of valid Identity card.
  7. Electronic and print Media on production of valid Identity card.
  8. There shall be no restriction on inter-state and intra-state movement / transportation of essential / non-essential goods. No separate permission / e-pass will be required for such movements.
  9. Movement of persons related to commercial and private establishments providing following essential services/commodities shall be allowed:
    - a. Shops dealing with food, groceries, fruits & vegetables, dairy & milk booths, meat & fish, animal fodder, pharmaceuticals, medicines and medical equipment.
    - b. Banks, Insurance offices and ATMs.
    - c. Telecommunications, Internet services, Broadcasting and Cable services, IT and IT enabled services.
    - d. Delivery of all essential goods including food, pharmaceuticals, medical equipments through e-commerce.
    - e. Petrol pumps, LPG, CNG, petroleum and gas retail and storage outlets.
    - f. Power generation, transmission and distribution units and services.
    - g. Cold storage and warehousing services.
    - h. Private security services.
    - i. Manufacturing units of essential commodities.



- j. Production units or services, which require continuous process.
  - k. Persons who are going for COVID-19 vaccination.
10. All the officials/persons entrusted with election related works either by Government authorities or by private enterprises or by the authorities of any political party or contesting candidate on production of a valid Identity card/ engagement letter / appointment order / work order.
  11. All the employees / persons involved in operations related to forestry under the Environment & Forest department on production of valid Identity card.
  12. Organizations involved in humanitarian / philanthropic works such as supply of cooked food to the COVID patients, feeding of stray animals subject to obtaining prior permission from the jurisdictional DC.
- B. Following activities are allowed during curfew hours:
1. All Agricultural implement supply and maintenance activities may be allowed.
  2. Hotels which are accommodating quarantined persons, medical and emergency staff, air crew may be allowed to operate with skeletal service.
  3. Continuous process industries may be allowed to function, subject to workforce staying in the premises without outwards/inwards movement during the curfew timing.
  4. Agricultural and Tea Garden activities shall continue with strict observance of COVID-19 appropriate behaviour.
  5. Activities relating to supply of essential goods from and to FCI establishments shall continue.
  6. Hospitals and other related medical establishment including their manufacturing and distribution units both in public and private sector such as dispensaries, chemist and medical equipment shops, laboratories, clinics, nursing homes, ambulances etc. will continue to remain functional. The transportation of all medical personnel, nurses, paramedical staff, other hospital support services be permitted;
  7. Private security services shall continue;
  8. Manufacturing units of essential commodities shall continue.
  9. Railway offices and persons directly linked with operation of passenger and goods trains shall continue to operate.
  10. Bank, Insurance Company and other financial institutions are allowed to work with skeletal staff. ATMs shall continue to operate 24x7.
  11. Medicine Distributors and C&F can operate round the clock with optimum workforce for maintaining supply chain of medicines.