

Ministry of Health & Family Welfare

Seasonal Influenza

➤ Guidelines for Providing Home Care (Revised on 25.02.2019)

Any persons suggestive of ILI or Patients in categories A, B and those who have been discharged from hospital with advise for home isolation, should be **confined at home** and avoid mixing with public and other members in the family that are at higher risk.

Guiding Principles for home care:

- **For the patient:**

The patient should –

1. Be informed about the illness.
2. Stay home for seven days, preferably isolate himself / herself in a well-ventilated room. Avoid common areas frequented by other family members of the family. If the living space is small and more than one person need to sleep in a room, ensure that the head end of patient and others sleeping in that room are in opposite direction (head to toe).
3. Wear mask all the time. Disposable Triple layered mask should be used. If mask is not readily available, mouth and nose should be covered with a piece of cloth or handkerchief. The mask or handkerchief should be changed every six hours or earlier if it gets wet. The used cloth or handkerchief should be washed with locally available disinfectant and should be sundried/ironed.
4. Avoid both active and passive smoking.
5. Avoid close contact with others. If inevitable, they should always maintain an arm's length (at-least one metre).
6. Avoid having visitors.
7. Avoid hand shaking and wash hands frequently with soap and water. In case of non-availability of soap and water, commercially available hand rubs can be used
8. Be monitored to assess worsening of symptoms.
9. Take plenty of fluids.
10. Follow cough etiquettes whenever mask is not worn/not available -
 - Cover mouth and nose with a tissue/ handkerchief when coughing or sneezing; In case tissue/handkerchief is not available cough/ sneeze onto your upper arm or shoulder; coughing/ sneezing directly onto hands should not be done.
 - Turn away from others when coughing or sneezing
 - Do not spit/blow nose here and there, use a water filled receptacle for collecting sputum, thereby minimizing aerosol generation.

- **Precautions to be taken by Care Giver:**

The care provider should –

1. Wear disposable triple layer mask.
2. Wash hands frequently using soap and water or commercially available hand rubs

- **Early Warning signs/ Symptoms for hospitalization:**

The care giver at home should be aware of the **early warning signs**.

- A. The early warning signs **in adults** are:
 1. High grade fever not responding to antipyretics.
 2. Difficulty in breathing or shortness of breath
 3. Pain or pressure in the chest or abdomen
 4. Sudden dizziness, Confusion and
 5. Severe or persistent vomiting.
- B. The early warning signs in children are:
 1. Fast breathing or difficult breathing
 2. Bluish skin/lips/nails colour
 3. Inability to drink enough fluids/ refusal of feeds
 4. Lethargy/somnolence
 5. Irritability/persistent crying
 6. High fever with rash/cold extremities
 7. Seizures
- C. These signs/ symptoms needs to be identified early for immediate start of treatment and hospitalization.
- D. Most of the adverse outcomes occur because of late reporting of the cases to hospital.
- E. In particular, patients with co-morbid condition (Diabetes, chronic respiratory diseases, immune-compromised status, Obesity etc.) need to be observed for worsening of symptoms.

- **Preventive care for the contacts:**

- A. All the contacts need to self-monitor their health.
- B. House hold contacts of the cases having co morbid conditions shall be put on **chemoprophylaxis** with Oseltamivir drug. Prophylaxis should be provided till 10 days after last exposure (maximum period of 6 weeks) – Usual dosage for adults is 75 mg OD.

Dosage by Weight

1.	For weight <15kg	30 mg OD
2.	15-23kg	45 mg OD
3.	24 - <40kg	60 mg OD
4.	>40kg	75 mg OD

For infants

1.	< 3 months	Not recommended
2.	3-5 months	20 mg OD
3.	6-11 months	25 mg OD

- **Infection Control:**

- The **infection control practices** listed in the guiding principles should be followed including frequent hand wash, cough etiquettes, maintaining arm's length distance from others.
- The **contact surfaces** should be disinfected by wiping, with sodium hypochlorite solution or with household bleach (5%) solution.
- Disposable Triple layer mask **should not be re-used**.
- Masks used by patients / care givers/ close contacts **during home care** should be disinfected using ordinary bleach solution (5%) or sodium hypochlorite solution (1%) or appropriate concentration of Quaternary Ammonium household disinfectant and then disposed off either by burning or deep burial.
- Where medical waste management protocol cannot be practiced, it may be disposed off either by burning or deep burial.
- Hands should be washed after handling any infected or potentially infected material.
- Utensils used by the patient should not be used by others without washing.