

**GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT**

Orders by the Governor

NOTIFICATION

Dated Shillong, the 8th May, 2020.

No. Health.94/2020/53 :- The annexed protocol is put in place for Discharging Suspect/High Risk Contact at Annexure-I, for Home Isolation at Annexure-II & COVID -19 Cases at Annexure -III in Meghalaya in view of COVID-19 pandemic.

All concerned are to note for necessary compliance.

(Sd/-Sampath Kumar)

Commissioner & Secretary to the Government of Meghalaya
Health & Family Welfare Department

Memo No. Health.94/2020/53-A,

Dated Shillong, the 8th May, 2020.

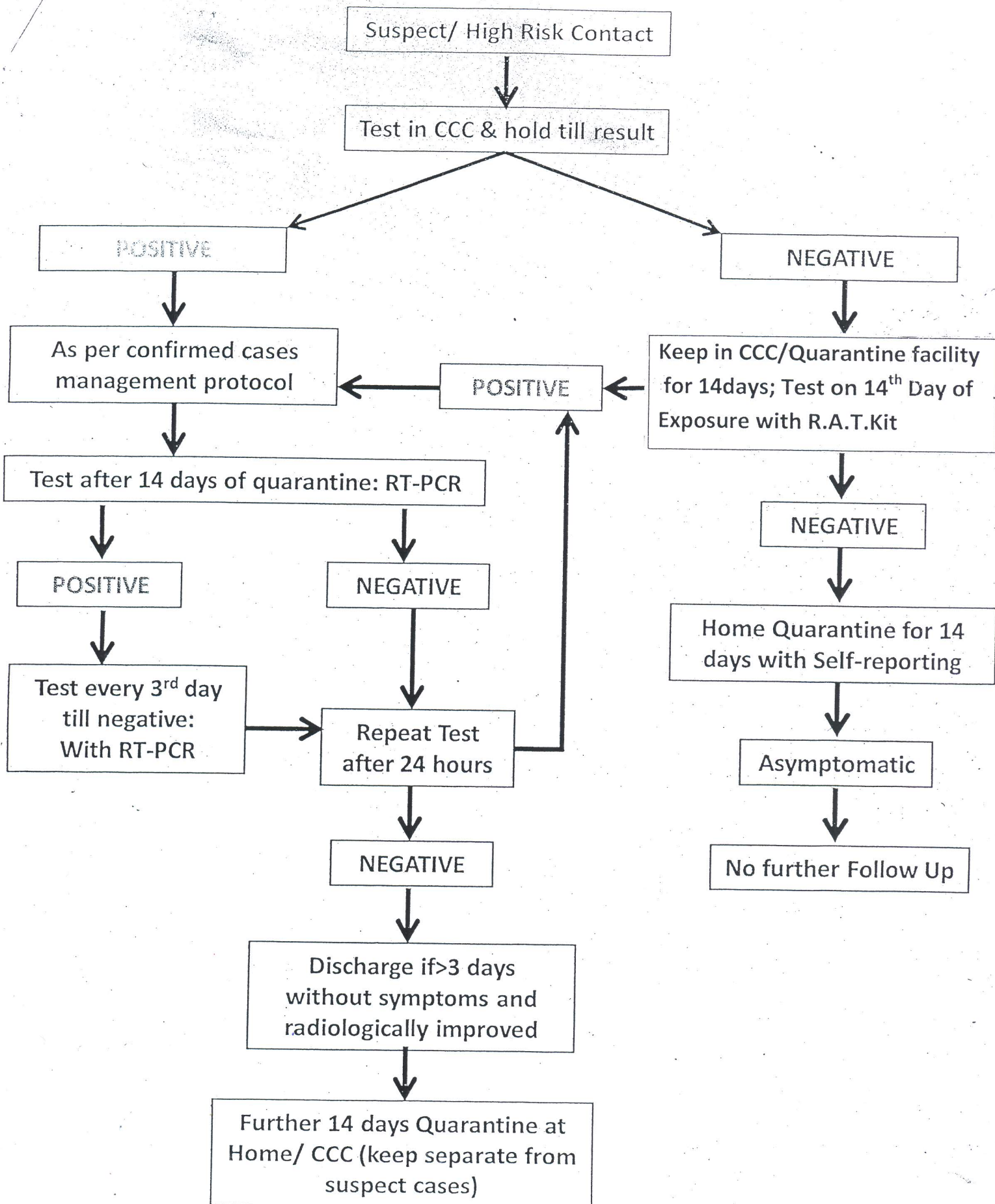
Copy to:-

1. The Private Secretary to Chief Minister, Meghalaya, Shillong for kind information of Chief Minister.
2. The Private Secretary to Deputy Chief Minister, Meghalaya, Shillong for kind information of Deputy Chief Minister.
3. The Private Secretary to Health Minister, Meghalaya, Shillong for kind information of Minister.
4. Private Secretary to Chief Secretary for kind information of the Chief Secretary.
5. Commissioner & Secretary/Secretary, Health & F.W. Department.
6. Director of Health Services (MI), Meghalaya, Shillong with reference to letter No.HSM/GEN/COVID-19/5/20/Pt.535 dt.29.4.2020 for kind information and necessary action.
7. The Director, Printing & Stationery, Shillong for publication in the Meghalaya Gazette.
8. Joint Director of Health Services (MCH & FW) i/c IDSP, Meghalaya, Shillong.

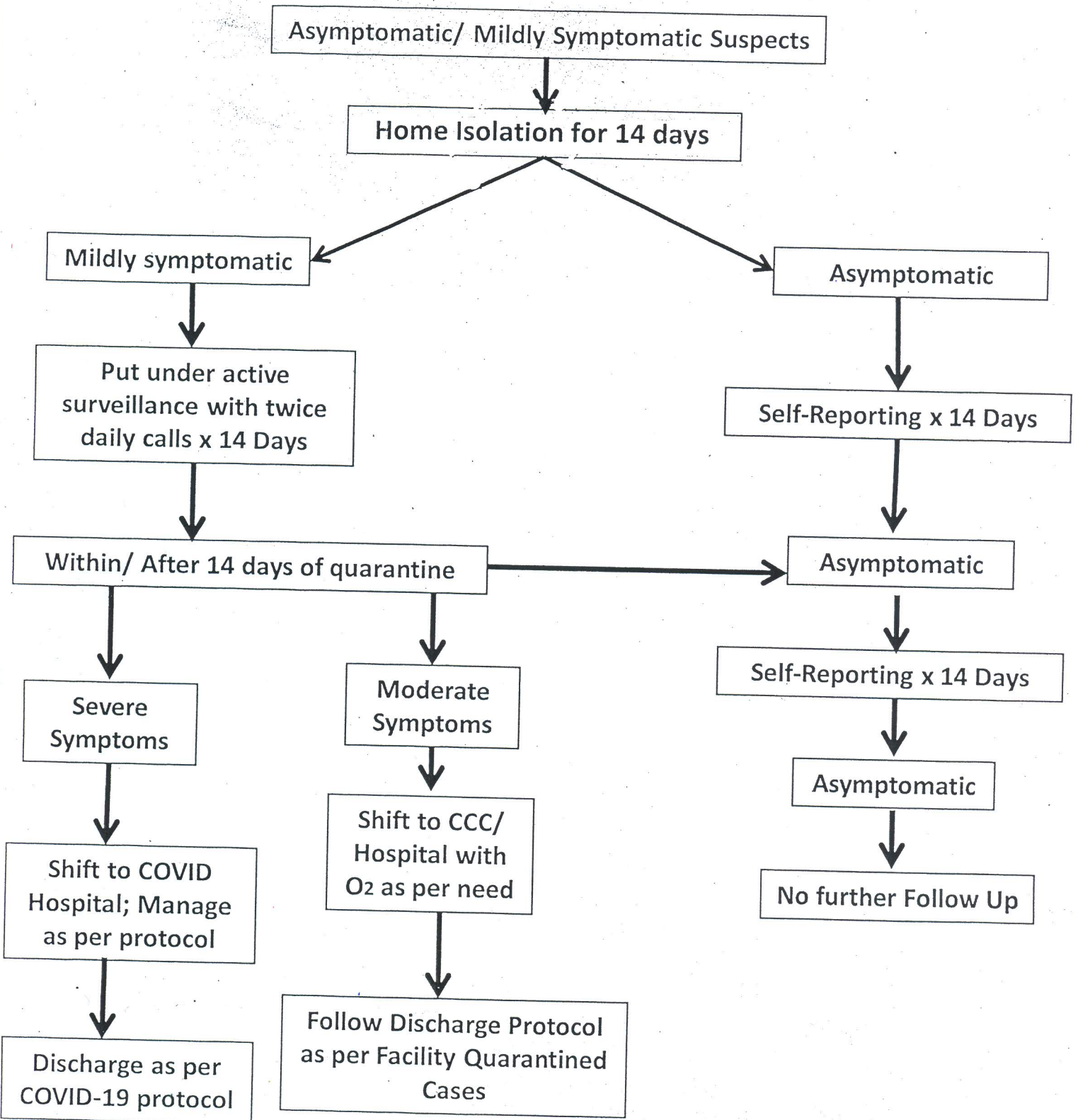
By Orders etc.

Deputy Secretary to the Government of Meghalaya,
Health & Family Welfare Department

DISCHARGE POLICY for FACILITY QUARANTINED COVID-19 Cases



DISCHARGE POLICY for HOME QUARANTINED COVID-19 Cases



DISCHARGE POLICY FOR COVID-19 CASES

Suspect cases:

- A patient with acute respiratory illness {fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath)}, AND a history of travel to or residence in a country/area or territory reporting local transmission (See NCDC website for updated list) of COVID-19 disease during the 14 days prior to symptom onset;

OR

- A patient/ Health care worker with any acute respiratory illness AND having been in contact with confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR

- A patient severe acute respiratory infection {fever at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath)} AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation;

OR

- A case for whom testing for COVID-19 is inconclusive

