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Guidelines

Establishing Quarantine Facility

Quarantine is the restriction of activities or separation of persons (in a non-health care facility) who are not ill, but who might have been exposed to an infectious agent or disease such as COVID 19 with the objective of monitoring symptoms and early detection of cases.

Isolation is different from quarantine, and is the separation of ill or infected persons from others, so as to prevent the spread of infection or contamination.

Objective

To provide public health and health care professionals and staff the guidelines regarding the need to adopt uniform standard operating procedures by all stakeholders for coordination, management and response for quarantine of all suspected and probable cases, their management at quarantine centres and shifting to isolation wards in hospital when required.

Rationale

Standardized and coordinated working is of immense importance for smooth management of all reported cases and saving precious lives.

Responsibilities

The responsibility for administration, demarcation, logistics, security, human resource, rations etc. of quarantine facility has been assigned to respective district management. This evolving document / interim SOP has been developed for guidance on the basis of current knowledge of COVID 19, so that standardized protocols can be followed by those responsible for establishing local quarantine centres.

1. Quarantine Decision Matrix is attached as **Annex 'A'**.
2. Following aspects shall be ensured at the quarantine centres
Accommodation While establishing quarantine centres, following shall be ensured:



- a. Separate facility shall be established for males and females or separate partition within the same facility.
- b. 14 days of quarantine starting from the day of contact is mandatory. Details of contact(s) definition is attached as **Annex 'B'**.
- c. No quarantine facility shall be established in hospital premises. It should preferably be located away from population, with quarantine centre having a clear perimeter of at least 500 meters on all sides.
- d. It should have ready access to a nearby hospital / dedicated healthcare establishment.
- e. Rooms should be spacious single rooms, along with adequately ventilated washroom (hand hygiene and toilet facilities). If single rooms are not available, beds should be placed at least 2 plus meters apart. In absence of attached toilets, community toilets may be earmarked / dedicated for the quarantined individuals, with dedicated staff for cleaning with disinfectant after each use.
- f. No outsider / relative will be allowed inside the quarantine facility.

Logistics/ Facilities Following will be ensured:

- a. Appropriate level of comfort with food, water and hygiene provision.
- b. Clothing, bedding, disposable utensils and ration/meals ready to eat.

Detailed organization of a Quarantine Facility is attached as **Annex 'C'**

- a. Staff serving the individuals as well as health care professionals to use Personal Protective Equipment (PPE) and be trained in its use.
- b. Adequate supplies of PPEs including hand hygiene disinfectant products / soap and water to be made available. PPEs will be provided for individuals detailed on duty. PPE required for different groups of people is attached as **Annex 'D'**.
- c. Checklist for quarantine facility is attached at **Annex 'E'**.
- d. In case, 70% alcohol-based hand sanitizers are not available, management will establish adequate hand washing stations with separate soap(s) and adequate water supply for each individual. Ample support of running chlorinated water must be ensured round the clock for hand washing stations and toilets.
- e. Wifi facilities may be provided.
- f. All waste generated like disposable PPE (masks, gloves etc) and fomites to be disposed off by incineration / burning in closed and covered drums to avoid possibility of spread through fomites.
- g. Focal person to be appointed by quarantine committee to deal with relatives, medical establishment and Casualty Medical Officer (CMO).
- h. Quarantined individuals be trained to ensure proper hand hygiene and coughing and sneezing etiquettes. (Separate Guidelines for Handwashing and hand rubbing techniques)
- i. Disinfection of surfaces in common areas to be carried out twice daily. (Separate Guidelines for disinfection)
- j. In case any confirmed patient is transferred to the hospital / isolation, the room will be sealed



- immediately and disinfected as per protocol. (Separate Guidelines)
- k. Health education material for preventive measures, hand hygiene, cough and sneezing hygiene to be displayed at prominent places in quarantine centres. (Separate Guidelines)
 - l. Supplies that are likely to be required to be stockpiled for quarantine centre can be earmarked by administrative authorities. Logistic supplies required by medical staff detailed with the facility (equipment, quarantine forms etc) may also be catered for in log supplies.

Staff Requirement Room attendants, staff and sanitary staff (male / female) has to be detailed for 8x hourly duties as per the ratio of one attendant for five rooms / individuals. Food servers and sanitary staff to have minimal contact with quarantined individuals.

Staff Arrangement

- a. Administrative and Security Staff. Shall be arranged/provided from district own resources.
- b. Medical Staff
 - MOs along with nursing staff will be detailed for visiting all quarantine centres on daily basis. Detail of said staff will be communicated to Management Origination and quarantine facility for Coordination.
 - Medical staff will be responsible for filling of form for investigation of person under quarantine. (Separate Guidelines). Subject data will be shared with respective district management.

Ambulance Facility 1 x ambulance along with requisite staff and PPE can be earmarked as on call facility from the local hospital which will transfer the cases or medicine or specimen as required by health/ administrative staff.

Data Management and Sharing Liaison Officer responsible for management of quarantine centre will be responsible for consolidation of data regarding all quarantined individuals with likely contacts (identified through quarantine form filled by Medical staff) and will update daily (on specified time) to management organization.

Note: The above recommendations are being regularly reviewed by the Ministry of National Health Services, Regulations & Coordination and will be updated based on the international & national recommendations and best practices.

These interim guidelines are to be read in conjunction with WHO Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID 19) Dated 29 Feb 2020 and National Action Plan for COVID 19 Pakistan uploaded on National Institute of Health, Pakistan website.

The Ministry acknowledges the contribution of Dr. Fawad Mashhadi and HSA/ HPSIU/ NIH team to compile these guidelines.

For more information, please contact:

HSA/ HPSIU/ NIH, PM National Health Complex, Islamabad

<http://covid.gov.pk/>

<http://nhsrco.gov.pk/>

<https://www.facebook.com/NHSRCOOfficial>

<http://www.hsa.edu.pk/>

<https://twitter.com/nhsrcoofficial>

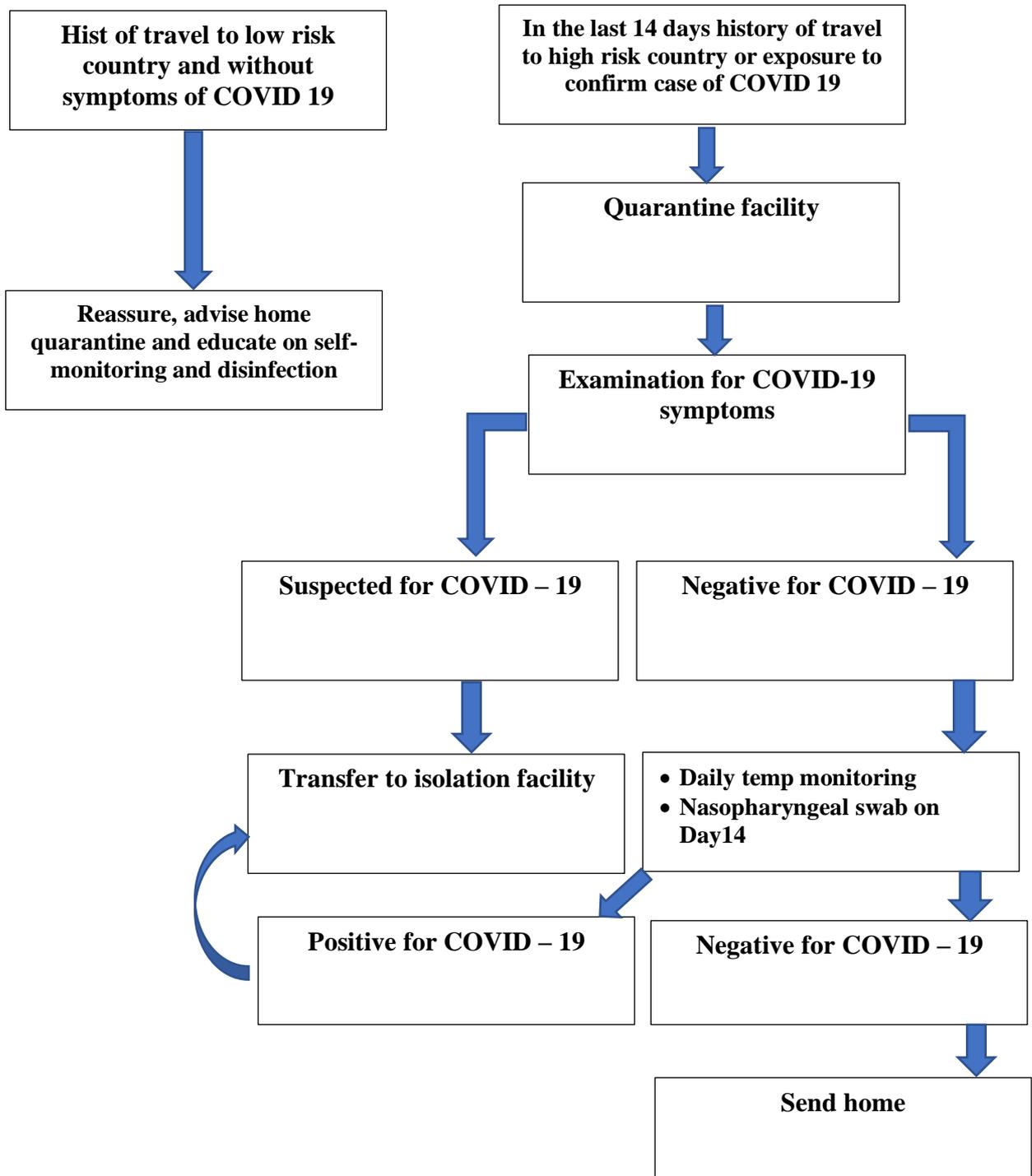
<https://www.nih.org.pk/>

https://www.youtube.com/channel/UCdYuzeSP4Ug1f_ZZ



Annex 'A'

Quarantine Decision Matrix





Annex 'B'

Who can be called as contact?

A contact of a confirmed COVID19 case is defined as any of the following:

- being within approximately 6 feet (2 meters) of a COVID19 case for a prolonged period (define the period) of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case

– *or* –
- having direct contact with infectious secretions of a COVID19 case (for example being coughed or sneezed on)

– *or* –
- Person providing direct care without proper personal protective eqpt (PPE) for COVID-19 patient.

– *or* –
- Staying in same close environment of a COVID19 patient (including workplace, classroom, household, gathering)

– *or* –
- Travelling together in close proximity (within 1 meter) with a COVID19 patient in any kind of conveyance within a 14-day period after the onset of symptoms in the case under consideration.



Annex 'C'

Quarantine Centre Organization

	Appointment	Responsibility
a)	Quarantine Centre Manager (Non-Medical / public health officer) (Separate for male and female facilities)	Appointed by District / Tehsil Management, Over all responsible for smooth functioning and management, replenishment of stores etc. d training of the staff of the facility.
b)	Asst Quarantine manager	<ul style="list-style-type: none">▪ Will also act a Public relation officer▪ (one per shift of twelve hours)▪ Will be responsible for data collection and communication
c)	Nursing Assistants / Charge Nurse	1 per 25 individuals per shift - 8 hourly Also responsible for medicines store
d)	Janitors	One per 30 individuals / shift (12 hourly)
e)	Room attendants	One per 10 rooms or 20 individuals
f)	Food incharge / store keeper	Responsible for provision of food to the quarantined individual
g)	Clerks / telephone attendant	<ul style="list-style-type: none">▪ One per shift of twelve hours▪ Also responsible for record keeping and data management
h)	Ambulance driver	<ul style="list-style-type: none">▪ One per shift of 12 hours

Budget will be provided by the district / tehsil management as per the requirement

Records to be kept

- Entry and discharge register
- SOPs and roster registers
- Waste management Performa
- Disinfection calendars and Performa



Annex 'D'

PPE Required for COVID-19

		None	Surgical Mask	N95 Mask	Gloves	Gowns	Eye Shield
Non - Healthcare Worker	General Population	✓					
Patient	Suspected		✓				
	Confirmed		✓				
	In single room isolation	✓					
	At triage		✓		✓		✓
	Taking care of suspected or confirmed patient			✓	✓	✓	✓
					✓	✓	✓
	While collecting Nasopharyngeal Swab			✓	✓	✓	✓
	While removing linen/ waste			✓	✓	✓	✓



Annex 'E'

Checklist of Quarantine Facility

1. Quarantine facility address:
2. District
3. Contact details of LO (who deals with relatives and all stakeholders):
4. Capacity (Number of persons accommodated in the facility):
5. Covered space:
6. Coordination:

	Established	Not Established
With airport staff before transporting patients		
With lab Team to collect Nasopharyngeal swabs		
With designated hospital staff for daily consultation for patients		
With designated hospital staff for transfer patients in case of requirement		

7. **Ambulance detail**

- a. No of shifts per day:
- b. Duration of shift:
- c. No. of ambulance detailed per shifts:
- d. Shift wise roster:

Shift	Driver	Liaison
Morning		
Evening		
Night		

8. **Amenities details**

Amenity	Availability	
	Yes	No
Food service		
Meals ready to eat (MRE)		
Disposable Utensils		
Health education material		
Disinfection of surfaces (twice daily)		



Utilities		
Waste Disposal		
Waste disposal by incineration (including utensils disposal)		

9. **Room wise details**

Room No	No of beds	Distance between beds	Attached Bath room availability	Wi fi	TV	Books etc	Surg masks	Thermo meter/ Temp/ Chart	Tea/ water

10. **PPE**. List of staff detailed at quarantined facility along with PPE provided