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CIRCULAR H 75 OF 2020: POLICY FOR OPERATIONALISATION OF ISOLATION AND QUARANTINE FACILITIES

This document provides a fairly detailed overview description of the need for and the types of Public Isolation and Quarantine facilities required to prevent transmission of the coronavirus.

It then covers in detail all aspects around the establishment of Public Isolation and Quarantine Facilities focussing on both the Policy for that aspect as well as the Operationalisation of that aspect.

Yours sincerely

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A. OVERVIEW DESCRIPTION OF ISOLATION AND QUARANTINE FACILITIES

The coronavirus disease 2019 (COVID-19) pandemic has required the activation of a number of public health measures to contain the spread of the virus. One of the key interventions includes preventing person to person spread, and to achieve this invokes the restriction of movement of persons who tested positive for the infection as well as those who are at risk of having been exposed. The infected patient requires isolation, whereas those who have been exposed to possible infection may require quarantine until such time as their infection status can be determined. Isolation and quarantine therefore aims to separate **people who have COVID -19 (isolation)** or **might have COVID-19 (quarantine)** from other people who do not have COVID-19.

Shown below is an overview of:

- 1.1 Isolation for COVID-19
- 1.2 Quarantine for Contacts and PUIs
- 1.3 Types of patients requiring separation and their level of infectivity
- 1.4 Types of Isolation and Quarantine Required
- 1.5 Differences in Public Isolation and Public Quarantine facilities
- 1.6 Flow from Home Quarantine to Home Isolation
- 1.7 Detailed Description of Types of Isolation and Quarantine Facilities (Public and Home)

A.1. OVERVIEW OF ISOLATION FOR COVID-19

- In the context of coronavirus Isolation **separates** those proven to have **COVID-19 from both those who do not have it, and from those in quarantine**. This is important as people in quarantine might not have COVID-19 and hence if they are mixed with those who do have COVID-19, then they might contract it and further spread the pandemic.
- Hence quarantine and isolation are two different spaces and should not be lumped together.
- **Isolation is continued until** the patients with COVID-19 are well (**minimum of 14 days**) and no longer capable of transmitting the virus to others. These patients are then re-integrated back into society and into their households.
- Isolation can be done in hospital wards, individual homes or in group facilities.
- Those who are ill are admitted to hospital isolation wards.
- Those who are well can isolate in their own homes or in a group isolation facility.
- Whether done at home or in group facilities, people with COVID-19 should have access to caregivers who will assist them and monitor them to check if there is any deterioration in their condition.
- If those with COVID-19 isolated at home or in a group facility become ill then they are admitted to an isolation ward in a hospital.
- If they remain well, then they can end their isolation after 14 days from start of symptoms or from date of testing if they are asymptomatic, and be re-integrated into society.

A.2. OVERVIEW OF QUARANTINE FOR CONTACTS AND PUIs

- Quarantine is used for those people who might be infected and the quarantine lasts until we are sure that they are not infected. Those in quarantine are separated from the uninfected and from those who have COVID-19.
- However, quarantine in the context of coronavirus is a bit more complicated as it has two distinct sub-groups:
 - **Contacts of people with COVID-19**
 - **Persons under investigation (PUI)**

- **Contacts** are people who have been in close contact with someone who has COVID-19 and hence could have been infected.
- However, contacts do not have any symptoms and hence it is difficult to determine if they have the disease or not.
- It could take up to 14 days for them to develop symptoms and hence they need to be quarantined for 14 days in case they do have COVID-19.
- They cannot be tested for COVID-19 since if they don't have symptoms, then the test could be a false negative test. This means that the test is negative but they actually do have COVID-19.
- They therefore have to wait until they develop symptoms before being tested.
- If they don't develop symptoms after 14 days then they don't have COVID-19 and no longer need to be in quarantine.
- So, **contacts** in quarantine are separated from other people just as a precaution because they **might not have COVID -19** or they **might have COVID-19**.
- Even if they have COVID-19 they are less likely to pass it to others than those people who have symptoms.
- If they **develop symptoms** then they **should be tested**.
- The test consists of taking a swab from either their nose or their throat and then checking that for the presence of the coronavirus.
- Unfortunately, it takes 1 to 3 days to get the test results back.
- While waiting for the test results this group of people are called **persons under Investigation (PUIs)**.
- If a **PUI tests negative** then they **do not have COVID -19** and no longer need to be in quarantine.
- If a **PUI tests positive** then they **have COVID-19** and need to be **placed in isolation**.

A.3. TYPES OF PATIENTS REQUIRING SEPARATION AND THEIR LEVEL OF INFECTIVITY

There are therefore 3 types of patients and they should be separated from each other:

- **COVID-19: very highly infectious** as they have the disease
- **PUIs: zero to high infectivity** as some do not have the disease while others have symptoms and hence at high risk to pass on the disease (if they have it)
- **Contacts: zero to low infectivity** as some do not have the disease and others have no symptoms and hence at low risk to pass on the disease (if they have it)

A.4. TYPES OF ISOLATION AND QUARANTINE REQUIRED

There are 2 to 3 different sites for isolation or quarantine for each of these 3 groups:

- Hospital isolation ward: COVID-19 who are ill
- **Group isolation: COVID-19 patients** who are well but whose home circumstances do not allow isolation
- **Home isolation: COVID-19 patients** who are well and whose home circumstances are conducive to isolation
- Hospital Quarantine ward: PUIs who are ill
- **Short-term Group Quarantine: PUIs** who are well but whose home circumstances do not allow quarantine
- **Short-term Home Quarantine: PUIs** who are well and whose home circumstances are conducive to quarantine
- **Medium-term Group Quarantine: Contacts** who are well but whose home circumstances do not allow quarantine
- **Medium-term Home Quarantine: Contacts** who are well and whose home circumstances are conducive to quarantine

In the rest of the document we do not consider the isolation and quarantine facilities for COVID-19 and PUIs who are ill, as they require hospital care.

The document therefore covers isolation and quarantine facilities for COVID-19 and PUIs who are well and Contacts.

A.5. DIFFERENCES IN GROUP ISOLATION AND GROUP QUARANTINE FACILITIES

Whether in isolation or in quarantine as a PUI or in quarantine as a Contact, the essential aim of separating the person from other people is the same.

However, the secondary aims and activities to be undertaken differ between the types of isolation and quarantine and hence it is useful to separate them.

Also, the risk the person poses in terms of transmitting the infection to others differ substantially with Contacts having a zero to moderate risk. The risk could be zero since they may not have COVID-19 and hence cannot transmit the infection. The risk could be moderate since even if they have COVID-19 they are asymptomatic and hence they are less likely to transmit the coronavirus.

The risk amongst PUIs is zero to high. Again, zero since they may not have COVID-19 and very high if they have COVID-19 as they are symptomatic.

Those with COVID-19 are at very high risk of transmitting the coronavirus.

Given these different secondary aims and different levels of risk it is very important to keep these isolation and quarantine facilities as separate facilities or at the very least as separate sections of the same facility

A.6. FLOW FROM HOME QUARANTINE TO HOME ISOLATION

As noted above there are different secondary aims and risks of infection transmission between COVID-19 patients, PUIs and Contacts.

Despite this the 3 different categories could be isolated and quarantined at home as they could shift from one category to another.

So, a Contact develops symptoms and becomes a PUI, the PUI tests positive and becomes a COVID-19 patient. Through all these phases the same person will be in quarantine and then isolation.

However, the secondary aim and activity to follow with each phase differs and hence it is still useful to consider them as separate categories, despite the location of quarantine and isolation being in the same venue (the home).

A.7. DETAILED DESCRIPTION OF TYPES OF ISOLATION AND QUARANTINE FACILITIES (PUBLIC AND HOME)

The following types of isolation and Quarantine Facilities are described in Appendix F:

- Group Isolation: COVID-19 Patients
- Short-term (1 – 3 days) Group Quarantine: PUIs
- Medium-term Group Quarantine: Contacts
- Home isolation: COVID-19 patients
- Short-term (1 – 3 days) Home Quarantine for PUIs
- Medium-term Home Quarantine for Contacts
- Home Isolation intersecting with Quarantine

B. POLICY FOR AND OPERATIONALISATION OF ISOLATION AND QUARANTINE FACILITIES

Isolation and Quarantine could be done at home or in a specific Public Isolation and Quarantine Facility. The proposed policies which would govern Public Isolation and Quarantine Facilities and the activities required to be undertaken to operationalise them are described below.

B.1. ESTABLISHMENT OF PUBLIC ISOLATION AND QUARANTINE FACILITIES

B.1.1. POLICY

Public Isolation and Quarantine Facilities will be established by the Department of Transport and Public Works, by identifying suitable existing facilities which can be used for this purpose. This can also be done by local municipalities.

Key criteria that these facilities should meet are:

1. Ability to provide guest residential facilities, ideally with a separate room per guest
2. Located close enough to a hospital, should definitive medical care be required.
3. Ability to secure the facility
4. Have disability access.
5. Have access to basic municipal services.

For a detailed list of requirements see Appendix C.

B.1.2. OPERATIONALISATION

What to do	How to do it	Who does it
Source and contract facilities to provide group quarantine and isolation	<ol style="list-style-type: none">1. Ensure facility meets criteria.2. Contract the facility.	<ol style="list-style-type: none">1. Department of Transport and Public Works.2. Local Municipality.

B.2. REQUIREMENTS FOR LARGE ISOLATION AND QUARANTINE FACILITIES

The proposed internal structure arrangement of the of large Isolation and Quarantine facilities are as listed below, noting that it also has to take cognisance of keeping family members together.

B.2.1. ISOLATION FOR COVID-19 PATIENTS

Where possible they should be housed in single rooms with en suite bathroom facilities.

If en suite is not available then shared bathrooms is satisfactory.

Two people sharing a room is acceptable with shared bathroom.

Mother and breastfeeding baby in a room.

Parent/s with children in a room large enough to contain family or use adjacent rooms.

If separate rooms are no longer available then they could be placed in a large space with separate closed or semi-closed cubicles to allow some privacy:

- Cubicles which are reasonably spacious with 4 sides closed with board products and a door. 4 metres by 4 metres with a height of at least 2 metres.

- As a further fall-back if we need to conserve space and decrease costs, then cubicles should be at least 3 metres by 3 metres, with at least 3 sides closed with a height of at least 2 metres
- A further fall-back would then be dormitory style accommodation with 2 metre space between beds in a dormitory.
- Communal bathrooms with strict cleaning routines.

B.2.2. QUARANTINE FOR CONTACTS AND PUIS

Where possible they should be housed in single rooms with en suite bathroom facilities.

If en suite is not available then shared bathrooms with strict cleaning routines **after each use** is satisfactory.

Mother and breastfeeding baby in a room.

Parent/s with children in a room large enough to contain family or use adjacent rooms.

Placing Contacts and PUIs in large open facilities is not desirable, however if it becomes necessary then they could be placed in a large space with closed cubicles.

- Cubicles which is reasonably spacious with 4 sides closed with board products and a door. 4 metres by 4 metres with a height of at least 2 metres.
- As a further fall-back if we need to conserve space and decrease costs, then cubicles should be at least 3 metres by 3 metres, with at least 3 sides closed with a height of at least 2 metres
- Two to four sharing bathrooms with strict cleaning routines **after each use**.
- If not possible then communal bathrooms with **controlled access** and strict cleaning routines **after each use**.

For all accommodation facilities, natural ventilation with windows is preferred.

Where air conditioning cannot be avoided then there should be no re-circulation with at least 12 air changes per hour.

B.3. ACTIVATION OF PUBLIC ISOLATION AND QUARANTINE FACILITY SITES

B.3.1. POLICY

Once a suitable facility has been contracted, that facility needs to be added to the UNITI database by the Department of Transport and Public Works.

It then needs to prepare to receive guests.

B.3.2. OPERATIONALISATION

What to do	How to do it	Who does it
Register facilities on Department of Transport and Public Works UNITI database	As per UNITI registration protocol	Department of Transport and Public Works
Designate the facility as having one or more of the following sections: <ul style="list-style-type: none"> • Isolation • PUI Quarantine • Contacts Quarantine 	Ensure that the facility is separated into sections and that each section is prepared for activities required for it.	Department of Transport and Public Works

B.4. FLOW PATHWAY OF PATIENTS FROM SCREENING TO ISOLATION, QUARANTINE AND RE-INTEGRATION

B.4.1. POLICY

The pathway from screening to determine if they need testing or not to quarantine/isolation until re-integration into society has been mapped. See Appendix A.

B.4.2. OPERATIONALISATION

What to do	How to do it	Who does it
Determine flow pathway of patients from screening to re-integration	By determining a practical flow process. See Appendix A.	Department of Health

B.5. WHO ACCESSES PUBLIC ISOLATION AND QUARANTINE FACILITIES IN WHICH PRIORITY

B.5.1. POLICY

People with COVID-19, PUIs and Contacts who are unable to isolate or quarantine at home as they do not have the facilities in the home to do this safely, will be placed at the Public Isolation/Quarantine facilities.

Criteria to be placed in the Public Isolation/Quarantine facilities include:

- Willing to relocate
- Don't have a separate room to isolate/quarantine in
- Don't have an internal dwelling bathroom
- Rest of family will be safe if leave the household
- Breast feeding children to stay with mother (wear mask and strict hygiene when breast feeding)
- Other age children to accompany parent/s as required by family/social circumstances
- Most of, or entire household, requires to be quarantined/isolated as lack food security
- Most of, or entire household, requires to be quarantined/isolated as lack social and community support

1. Any one of the above criteria combined with willingness to relocate to a Public Isolation/Quarantine facility, should trigger a decision to place them there.
2. If one or more of the above criteria, but unwilling to relocate to a Public Isolation/Quarantine facility, then would need to activate counselling, psycho-social support and socio-economic support (although this might be challenging in some contexts as it might trigger community anger).
3. To ensure the smooth operation of the facility, **some categories of guests** who have additional containment needs, will have to be **excluded**, as the necessary security arrangements to facilitate their accommodation would not be available.

These categories would include:

- Prisoners (sentenced and awaiting trial)
- People in police custody,
- People with substances abuse challenges
- People with challenging behaviours

These categories of people should be accommodated at facilities appropriate for their context and equipped to manage them safely.

4. As there will not be sufficient resources to place everyone in Public Isolation/Quarantine facilities, we have to prioritise who gets placed there.

The prioritisation of those willing to be relocated would in descending order of priority, as follows:

- A. Health Staff:** Health staff are at greatest risk of contracting coronavirus at health facilities and then transmitting it to their families and household members. To avoid this where required health staff should be isolated and quarantined at public facilities.
- B. Those at risk of physical harm:** Due to fear some communities might ostracise and threaten those who have contracted the coronavirus infection. Since these people would then be at risk of physical harm from some members of the community, it is important to place them in public facilities and then negotiate their return after their isolation period has ended.
- C. Those at risk of severe illness: People with COVID-19 and PUIs** who are at high risk of severe disease should be preferentially isolated/quarantined so that a close check can be kept on their clinical condition. These would include those with co-morbidities and the elderly (>60 years).
- D. PUIs with symptoms tested at health facilities:** These are people who actively presented at a health facility with symptoms and do not have a separate room at home in which to isolate or quarantine and hence would need to be admitted to the health facility if they were not placed at a public Isolation/quarantine facility.
- E. General Public Tested via Community Screening: Note that Public Isolation and Quarantine Facilities will primarily accommodate those from Community Screening in Rural Districts.** Many members of the general public might not have a separate room at home in which to isolate or quarantine and hence would require placement. It is recommended that this group be further prioritised in the order below.

Priority E.1: COVID-19 patient

Priority E.2: PUI

Priority E.3: Contact >60 years of age

Priority E.4: Contact 30-60 years with additional chronic illness

Priority E.5: Contact 30-60 years who is healthy

Priority E.6: Contact <30 years

Note that when someone is allocated to a Public Isolation/Quarantine, then the effect of removing that person from the **household MUST be considered** and the possible need to quarantine/isolate others in the household, **MUST** be considered.

B.5.2. OPERATIONALISATION

What to do	How to do it	Who does it
Decide which PUIs can utilise the public Quarantine facilities	Apply criteria to determine who accesses the public Quarantine facilities	Designated people at substructure, district offices and occupational health unit at central hospitals
Follow-up on PUI patients to determine who go into Isolation and who are sent home	Obtain results for patients at PUI quarantine facility and transfer those positive (and hence COVID-19) to the Isolation facility, while those who are negative are sent home	Nursing staff at Public Quarantine facility
Decide which Contacts can utilise the public Quarantine facilities	Trace and find the contacts of COVID-19 patients and determine if they need to be placed at public quarantine facilities	Designated people at substructure, district offices and occupational health unit at central hospitals
Provide support to those who require Public Isolation or	Provide counselling and psycho-social support. Provide socio-economic support.	Department of Social Development

Quarantine but reluctant to be relocated		
House and household of relocated person or persons form a household is kept safe	Ensure that the safety of household members left behind and the physical house is kept safe.	Department of Social Development Police department

B.6. PLACEMENT DECISIONS: WHICH PUBLIC FACILITY PATIENTS ARE PLACED WHERE

B.6.1. POLICY

Request for a COVID-19 patient, or PUI, or Contact to be accommodated needs to be logged at the Provincial Disaster Management Centre by the referring facility or referring health care worker. The procedures to follow are:

- The initial proposal to place a PUI who has been tested and a known COVID-19 patient at a Public Quarantine and isolation facility respectively will be made by the clinical team conducting the test or attending to the patient.
- This proposal then needs to be vetted by the designated people at the relevant sub-structure office in the Cape Metro, or the district office in the rural districts.
- Once vetted these identified people at the sub-structure and district office will notify the Provincial Disaster Management Centre.
- At central hospitals the vetting function will be fulfilled by designated people in the occupational health unit and/or the social work unit.

Details to be logged will include:

1. Status of patient

COVID-19 patient: priority 1

PUI: priority 2

Contact: priority 3

2. Patient's Age
3. Case number
4. Identification Number
5. Contact Number
6. Point of Collection
7. Whether Quarantine or Isolation is required
8. Duration of Quarantine or Isolation

The patient's personal details will not be logged at this stage due to confidentiality issues. This information (name, address, pick-up address if different, ID number and cellphone number) will be logged by the Clinical Team as soon as possible.

All this data will be placed on the UNITI database system.

Placement of a patient on the UNITI database will automatically inform the Department of Transport and Public Works, who will then activate the bed(s) at an appropriate facility.

Allocation of a bed will be based on availability of beds and priority status of the patient (with due consideration of the possible need to quarantine/isolate others in the household).

B.6.2. OPERATIONALISATION

What to do	How to do it	Who does it
Contact designated people at substructure, district offices and occupational health unit at central hospitals to obtain vetting for placement of a patient	Email preferably disaster.management@westerncape.gov.za or Phone 021 9376300	Department of Health staff at Testing Centres. Department of Health Contact Tracing Team
Contact the Provincial Disaster Management Centre to place a patient at a Public facility	Email preferably disaster.management@westerncape.gov.za or Phone 021 9376300	Designated people at substructure, district offices and occupational health unit at central hospitals
Data capture of patient on the UNITI database and allocation to a Public facility	Electronic capture on UNITI database	Staff at Provincial Disaster Management Centre
Placement of patient at a Named Public Facility	Automatic trigger to place all patients captured on the UNITI database	Department of Transport and Public Works

B.7. TRANSPORT

B.7.1. POLICY

Transportation of persons requiring quarantine and/or isolation will, where possible, be co-ordinated by the Provincial Health Operations Centre. Capture onto the UNITI database will alert the Department of Transport and Public Works in the Cape Metro and HealthNet in the rural areas, that the patient needs to be transferred from the Referring place to the Public Isolation/Quarantine facility where the patient will be placed.

The patient is then transferred to the facility via the DTPW "Red Dot Taxi System" (Cape Metro) or by HealthNet (Rural Districts), if required. Due to the stigmatization associated with COVID-19, the transportation will be undertaken with unmarked vehicles. The "Red Dot Taxi System" will operate using unmarked vehicles from the private sector consisting of mainly minibus taxis but also other types of vehicles as required. Alternatively, unmarked government vehicles can also be used. If required in addition then HealthNet vehicles could also be used in the Cape metro but HealthNet will focus on being the main provider of transport in the Rural districts.

B.7.2. OPERATIONALISATION

What to do	How to do it	Who does it
Transport patient from the Referring place to the Public facility where the patient was placed for Isolation or Quarantine.	Primarily via Red Dot Taxi System in unmarked vehicles in Cape metro. HealthNet vehicles in the Rural districts.	Department of Transport and Public Works for Cape Metro

		HealthNet control centre; Dept of Health for Rural areas
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B.8. WHAT GUESTS SHOULD BRING TO THE PUBLIC ISOLATION/QUARANTINE FACILITY

B.8.1. POLICY

Guests should be made as comfortable as possible at the public facilities. Hence, they should bring with them clothes, personal hygiene items, books, craft items and electronic communication devices. Nutritious meals will be provided, but guests may wish to bring luxury food items with them.

B.8.2. OPERATIONALISATION

What to do	How to do it	Who does it
Guests to bring personal items with them	Make a checklist before leaving home to ensure that all items they wish to bring along has been packed.	Guests
Remind guests to bring personal items with them	Provide a checklist of suggested items to bring to the isolation/quarantine facility	Department of Transport and Public Works

B.9. RECEPTION AND ORIENTATION PROCEDURES AT PUBLIC FACILITY

B.9.1. POLICY

Patient is received at Public Isolation/Quarantine facility by Health and Administrative staff and the procedures to follow at the facility is provided to them verbally and in writing.

B.9.2. OPERATIONALISATION

What to do	How to do it	Who does it
Receive patient at Public Facility	Formally meet and welcome patient to the Public Facility as a guest	Admin and management at Public Facility. Department of Transport and Public Works
Orient patient and inform patient of procedures at the Public Facility	A list of procedures to follow at the facility is provided to patient verbally and in writing	Admin and management at Public Facility. Department of Transport and Public Works

B.10. DAILY MONITORING OF GUESTS

B.10.1. POLICY

Full documentation of the patient's present clinical wellbeing at the time of admission into the facility, inclusive of any existing chronic illness which they may have and of any medication which they are using. Correct placement of COVID-19 patients in isolation and PUIs and Contacts in quarantine sections of the Public facility.

Monitor for symptoms and signs of illness related to COVID-19 for Contacts who do not yet have the disease but might be incubating it.

Obtain results of tests done for PUIs and decide whether to transfer them to Isolation or to re-integrate them back into their households.

Monitor for symptoms and signs of deterioration of medical condition of those who have COVID-19.

B.10.2. OPERATIONALISATION FOR PUI

What to do	How to do it	Who does it
Place guest in the correct Quarantine facility	Confirm that are PUI	Assigned nurse from the Department of Health.
Daily monitor of symptoms and signs	Daily report on symptoms Daily temperature check (use thermal scanner if available) Daily breathing check Daily pulse check	
Symptomatic treatment and assessment for referral	Symptomatic care as required If condition deteriorates then decide on whether to transfer to hospital or not.	
Await laboratory results	Daily check for laboratory results	
Decide on further course of action when test results are available	Place in isolation if test positive. If test negative then decide on whether to retest or not. If test negative then decide on whether to re-integrate into household or not.	

B.10.3. OPERATIONALISATION FOR COVID-19 PATIENT

What to do	How to do it	Who does it
Place guest in the correct Isolation Facility	Confirm that are COVID-19 patient	Assigned nurse from the Department of Health.

Daily monitor of symptoms and signs	Daily report on symptoms Daily temperature check (use thermal scanner if available) Daily breathing check Daily pulse check	
Symptomatic treatment and assessment for referral	Symptomatic care as required If condition deteriorates then decide on whether to transfer to hospital or not.	

B.10.4. OPERATIONALISATION FOR CONTACTS

What to do	How to do it	Who does it
Place guest in the correct Quarantine facility	Confirm that are Contact	Administrative staff at the facility
Guests report daily on any symptoms which they developed	Complete a paper or electronic questionnaire on the Daily report on symptoms by guests: cough, sore throat, shortness of breath fever	Assistance from the Provincial Disaster Management Centre
Decide on whether to test or not	If one or more symptoms develop then refer for testing either on-site or off-site	

B.11. TRANSFER TO HOSPITAL AND BACK HOME: TRIGGERS FOR TRANSFER

B.11.1. POLICY

There are various triggers for actions that need to be taken for guests including transferring guests from the Isolation and Quarantine Public facilities.

The triggers vary based on the type of guest in Isolation or Quarantine. Outlined below are specific triggers and actions.

B.11.2. OPERATIONALISATION FOR PUI

What to do	How to do it	Who does it
Follow up on test result (result should be ready in 1 to 3 days)	1. transfer to an isolation facility if the test is positive 2. re-integrate into their homes if the test is negative	Assigned nurse from the Department of Health.
Monitor to see if health condition worsens while waiting for the test result	Transfer PUI guest to a hospital if: Adult: Breathing rate > 24 breaths per minute	

	Heartbeat rate > 120 beats per minute Temperature >39 degrees Child <12 years: Breathing rate > 30 breaths per minute Heartbeat rate > 130 beats per minute Temperature >39 degrees	
Prepare for re-integration	If required , prepare integration plan for each guest early on in the stay as their stay will be short.	As required a Counsellor or social worker from Department of Social Development
Decide on transfer of guests who do not develop symptoms	After 14 days they are medically ready to re-integrate into their homes.	Assigned nurse from the Department of Health.

B.11.3. OPERATIONALISATION FOR COVID-19 PATIENT

What to do	How to do it	Who does it
Monitor to see if health condition worsens	Transfer PUI guest to a hospital if: Adult: Breathing rate > 24 breaths per minute Heartbeat rate > 120 beats per minute Temperature >39 degrees Child <12 years: Breathing rate > 30 breaths per minute Heartbeat rate > 130 beats per minute Temperature >39 degrees	Assigned nurse from the Department of Health. Assigned nurse from the Department of Health.
Prepare for re-integration	If required prepare integration plan for each guest	As required a Counsellor or social worker from Department of Social Development
Decide on transfer of guests who do not develop symptoms	After 14 days then they are medically ready to re-integrate them into their homes.	Assigned nurse from the Department of Health.

B.11.4. OPERATIONALISATION FOR CONTACTS

What to do	How to do it	Who does it
Observe guests for development of symptoms	Send Contacts for testing if they develop: cough, sore throat,	Administrative staff at the facility

	shortness of breath fever	Assistance from the Provincial Disaster Management Centre
Prepare for re-integration	If required prepare integration plan for each guest	As required a Counsellor or social worker from Department of Social Development
Decide on transfer of guests who do not develop symptoms	If they remain symptom free for 14 days then they are medically ready to re-integrate them into their homes.	Assigned nurse from the Department of Health.

B.12. INFECTION PREVENTION AND CONTROL (IPC) AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

B.12.1. POLICY

Stringent Infection Prevention Control (IPC) measures need to be put in place, and include the following:

Facility mapping to regulate and advise the movement of staff in relation to high-risk areas.

Facility mapping to regulate key points and times for hand hygiene.

Facility mapping to regulate key points and times for surfaces and objects hygiene.

Facility mapping to regulate and advise the movement of staff in relation to high-risk areas.

Facility mapping to regulate IPC for kitchen, laundry and infectious waste management activities.

IPC training and use of PPE training will be provided for all staff providing services at these facilities.

Training of guests on cough/sneeze etiquette and use of surgical masks.

For detailed description of IPC and PPE see Appendix C

B.12.2. OPERATIONALISATION

What to do	How to do it	Who does it
Implement full IPC and PPE procedures at Public facilities	Ensure all IPC and PPE procedures are in place before the facility is opened and that they are regularly checked for compliance.	Assigned nurse from the Department of Health.
Train staff on IPC and PPE procedures	Train staff on IPC and PPE procedures and run several practise drills before they commence duties at the Public facilities. Regular update checks on familiarity with procedures to be done weekly.	Department of Health to provide IPC training and supply PPE
Train guests on IPC and PPE procedures.	Train guests on IPC and PPE procedures and run several practise drills for the first e3 days that they are there.	

B.13. CATERING

B.13.1. POLICY

All facilities to have catering systems in place, capable of providing 3 meals a day. Meals need to take into consideration individual's dietary requirements, and can be pre-packed or prepared on-site if the necessary food preparation facilities exist. Delivery of food to be carried out in such a manner as to prevent contact between facility staff and quarantined individuals.

B.13.2. OPERATIONALISATION

What to do	How to do it	Who does it
Prepare meals for guests	Kitchen staff or caterers	Kitchen and Admin staff at the Public Facility Department of Health to provide IPC training and supply PPE
Distribute meals to guests	Meals are provided to guests in their rooms with kitchen/catering/admin staff avoiding contact with the guest by placing the meal on a tray outside the door of the guest. The used crockery and utensils are collected in the same manner. Use disposable gloves when collecting	
Cleaning of crockery and utensils	This can be done by hand washing in soap and water or using a dishwashing machine. Use disposable gloves.	

B.14. LAUNDRY MANAGEMENT

B.14.1. POLICY

All laundry must be seen as a potential source of contamination. As such, stringent procedures must be in place to manage laundry requirements at these facilities.

Laundry must be collected in pre-designated containers, and taken to a separate laundry area or taken off-site, if laundry facilities are not available on-site. All washable laundry items must be washed with detergent in warm water. Laundry should be ironed.

B.14.2. OPERATIONALISATION

What to do	How to do it	Who does it
Collect laundry from guests	Collect dirty laundry from outside rooms in plastic bags	Laundry and Admin staff at the Public Facility Department of Health to provide IPC training and supply PPE
Return clean ironed laundry to guests	Return clean ironed laundry to room door	

B.15. WASTE MANAGEMENT

B.15.1. POLICY

All waste from guests should be treated as being potentially infectious as it might contain secretions. Staff should therefore be cautious when handling waste and should wear disposable gloves and must wash their hands. All infectious medical waste generated at the quarantine or isolation public facilities must be double bagged in a 60-micron red plastic bags at source and placed in a high-risk medical waste container. Infectious medical waste must be transported from the Public facility in a safe manner by a registered transporter and taken to a registered treatment and disposal facility. For further details on waste management see Circular: Guidelines for the management of waste at quarantine and isolation field facilities/centres, from the department of environmental affairs and development planning.

B.15.2. OPERATIONALISATION

What to do	How to do it	Who does it
Collect waste from Guests	Provide guests with a bin lined with a red plastic bag. Ask the guest to close and tie the bag before placing it outside their door. Collect the red bag and place it in another red bag while using gloves. Wash hands thoroughly after collecting all bags from guests.	Cleaning staff at the Public Facility Department of Health to provide IPC training and supply PPE
Store waste safely until it is collected	Place all double bagged red bags into a secure medical waste container.	
Clean waste storage area daily	Clean waste storage area daily with a bleach solution (20ml bleach per litre water)	
Arrange regular removal of medical waste container.	Collection of medical waste container by registered transporter.	Admin staff at the Public Facility

B.16. PSYCHO-SOCIAL SUPPORT AND COUNSELLING

B.16.1. POLICY

The effects of isolation compounded by the fear caused by Covid-19 may result in adverse effects on mental wellness in afflicted individuals. For this reason, constant monitoring of the aforementioned mental wellness should be seen as an important step in mitigating the negative effects of isolation and quarantine.

B.16.2. OPERATIONALISATION

What to do	How to do it	Who does it
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Assuage the fear of infection and the loneliness resulting from being isolated/quarantined	Stress coping counselling by counsellor or social worker.	Department of Social Development
Prevent and manage exacerbation of pre-existing psychological illness	Support and counselling as required by counsellor or social worker.	

B.17. RE-INTEGRATION (INCLUDES PREPARATION): PERSON, FACILITY, HOUSEHOLD, COMMUNITY

B.17.1. POLICY

Covid-19 has elicited panic in some communities resulting in individuals who tested positive, or who underwent testing and are awaiting results, being stigmatized by their communities. This stigmatization sometimes escalated into threats against the individuals concerned. As such, a multi-disciplinary approach is required in order to ensure the safe re-integration into the community of the individuals concerned. Such a multi-disciplinary approach would need to include both professional and community-based organizations. To assist with this, telephonic social worker support should be available to each facility. As part of this process, a comprehensive risk-assessment needs to be undertaken and an appropriate mitigation strategy should be developed on a case-by-case basis, prior to discharge.

B.17.2. OPERATIONALISATION

What to do	How to do it	Who does it
Assess level of risk involved with re-integration at the time of placement in quarantine/Isolation	Assess level of animosity and fear of community members when guest removed from household	Department of Social Development as required
Prepare guest for re-integration, if required	Counsel and discuss how guest will react to return to household using a problem-solving approach, if required	
If required then prepare household and community to receive guest back home when Isolation/quarantine	If required, visit household to determine what reception the guests will receive from the household and community and lay the preparation for the return.	

B.18. CENTRAL TRACKING SYSTEM: COMMUNICATIONS

B.18.1. POLICY

This will be done on the UNITI database. Maintenance and updating of the UNITI database as it relates to Isolation and Quarantine facilities and which patients have been transferred where, will remain the responsibility of the Department of Transport and Public Works.

B.18.2. OPERATIONALISATION

What to do	How to do it	Who does it
Track movement of patients from testing to quarantine to Isolation	Via the UNITI database	Department of Transport and Public Works

B.19. MANAGEMENT AND ADMINISTRATION OF THE FACILITY

B.19.1. POLICY

Each large Public Isolation/Quarantine facility requires a manager. Smaller facilities could be managed as a cluster. The operation of facilities earmarked for quarantine and/or isolation sites brings with it a set of unique challenges. For this reason, the appointment of a facility manager who is able to manage such accommodation facilities is crucial. The manager will need to maintain links with the relevant authorities as pertains to services provision for isolation and quarantine.

B.19.2. OPERATIONALISATION

What to do	How to do it	Who does it
Manage and administer the facility	Standard facility management and administration mixed with specific adherence to isolation and Quarantine requirements	Management and Admin staff at Isolation/Quarantine Facility

B.20. SECURITY

B.20.1. POLICY

Security personnel have to protect the premises, ensure that no unauthorized visitors enter the facility and ensure that guests inside the facility remain within their rooms unless they need to leave for medical reasons.

B.20.2. OPERATIONALISATION

What to do	How to do it	Who does it
Secure guests within their rooms	Remind guests to remain in their rooms. Assist guests to return to their room if they leave without reason.	Security staff at the Isolation/Quarantine Facility.

	When assisting a COVID-19 guest or a PUI guest, they should wear glove, mask and goggles/visor.	
Secure premises	Standard security procedures.	
Implement visitor policy	Visitors must have prior permission to enter the facility.	

B.21. LONG TERM ROLE AND PHASING OUT OF PUBLIC ISOLATION AND QUARANTINE FACILITIES

B.21.1. POLICY

As our capacity to provide isolation and Quarantine becomes overwhelmed by the sheer numbers of people that need to be isolated and quarantined in Public facilities then we need to decrease the service in stages.

A decrease in service is proposed in the following

First decrease the Contacts in Quarantine and then phase out this service.

1. Prioritise Contacts and accept into Public Quarantine facilities only those contacts who have extremely adverse socio-economic circumstances and are absolutely unable even to a minimal degree, to quarantine themselves from the rest of their household.
2. Of those Contacts who are absolutely unable to quarantine themselves accept only those who are at risk of severe illness and hence should be more closely monitored. These would include the elderly (>60 years) and those with a chronic illness.
3. Don't accept any Contacts into Public Quarantine Facilities.

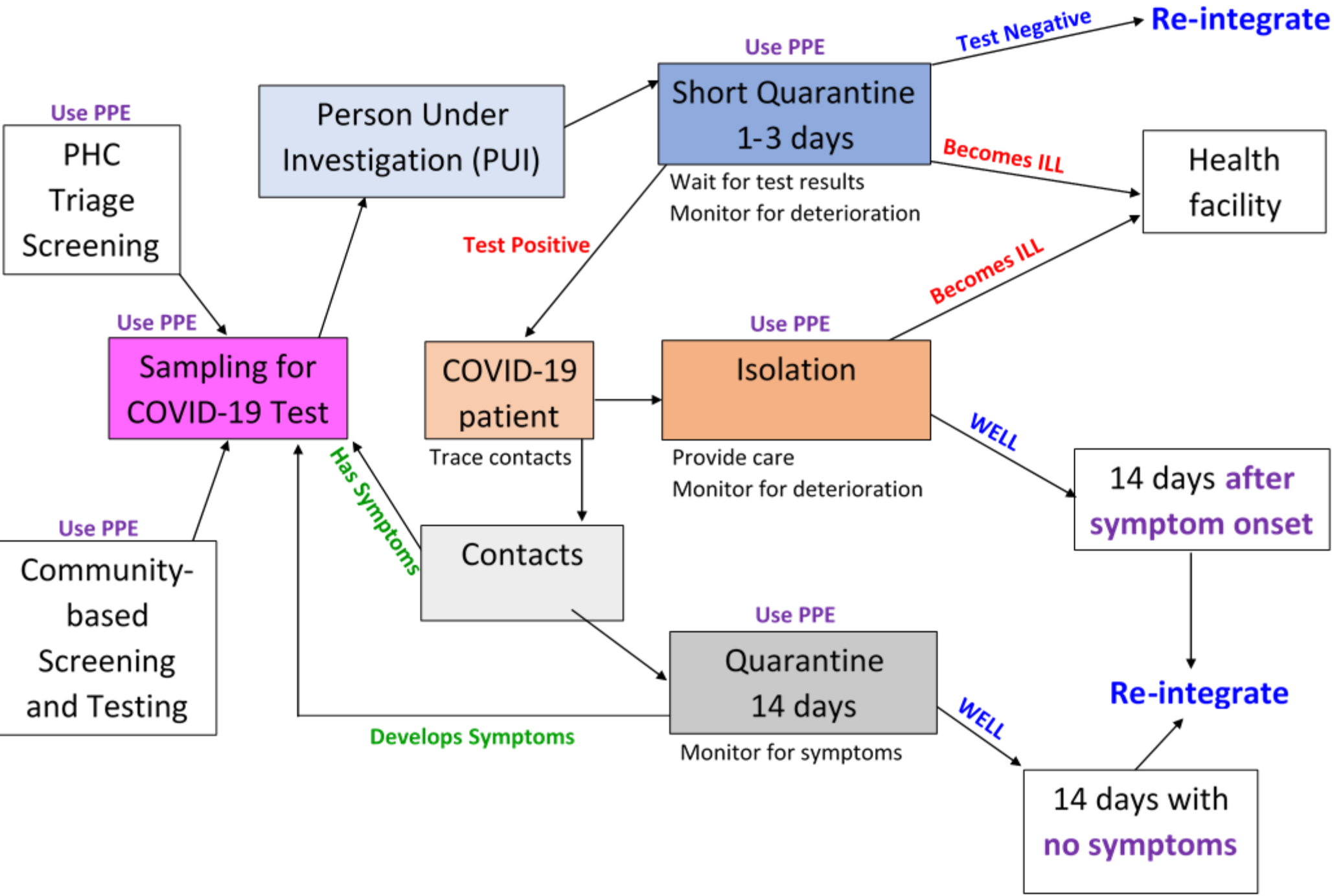
Secondly decrease the PUIs in Quarantine and then phase out this service.

1. Prioritise PUIs and accept into Public Quarantine facilities only those PUIs who have extremely adverse socio-economic circumstances and are absolutely unable even to a minimal degree, to quarantine themselves from the rest of their household.
2. Of those PUI who are absolutely unable to quarantine themselves accept only those who are at risk of severe illness and hence should be more closely monitored. These would include the elderly (>60 years) and those with a chronic illness.
3. Don't accept any PUIs into Public Quarantine Facilities.

Thirdly and Finally decrease the COVID-19 patients in Isolation and then phase out this service.

1. Prioritise COVID-19 patients and accept into Public Isolation facilities only those COVID-19 patients who have extremely adverse socio-economic circumstances and are absolutely unable even to a minimal degree, to isolate themselves from the rest of their household.
2. Of those COVID-19 patients who are absolutely unable to isolate themselves accept only those who are at risk of severe illness and hence should be more closely monitored. These would include the elderly (>60 years) and those with a chronic illness.
3. Don't accept any COVID-19 patients into Public Isolation Facilities

APPENDIX A: CARE FLOW PATHWAY: SCREENING, TESTING, ISOLATION AND QUARANTINE



1. GENERAL GUIDELINES FOR INFECTION PREVENTION CONTROL (IPC) PROCEDURES AND USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Limitation of movement:
 - Patients with (or suspected of having) COVID-19 should remain in their private room/area at all times unless necessary to leave briefly (e.g. to use bathroom).
- Hand hygiene:
 - Wash hands after any type of contact with patients with (or suspected of having) COVID-19 or their belongings.
 - Wash hands after blowing nose, after coughing, before and after preparing food, before eating, after using the toilet, and whenever hands look dirty.
 - Wash hands before putting on PPE and after taking off PPE.
- Respiratory hygiene:
 - Patients with (or suspected of having) COVID-19 should cover their mouth and nose with a tissue when coughing or sneezing. The tissue should be discarded appropriately after use (i.e. into a bin with a lid).
- Use of appropriate PPE where required:
 - See tables below for detail of when PPE is required.
 - Surgical masks should not be touched during use. If the mask gets wet or dirty, it must be replaced immediately with a new clean, dry mask.
 - Surgical masks should be removed using the correct method:
 - Do not touch the front of the mask.
 - Untie the mask from the back.
 - Place the mask in a bin immediately.
 - Wash hands.
 - Do not reuse surgical masks or gloves.
- Environmental cleaning:
 - Every day, clean and disinfect surfaces that are frequently touched in the room where the patient is being cared for/ where the person is quarantined, such as bedside tables, bedframes, and other bedroom furniture. A normal detergent should be used first for cleaning, and then, after rinsing, a disinfectant (e.g. a 1:50 bleach solution) should be applied.
 - Clean and disinfect bathroom and toilet surfaces at least once daily as above.

2. LAUNDRY MANAGEMENT

- The laundry of patients with (or suspected of having) COVID-19 should be kept separate from other laundry.
- Laundry should be placed into a laundry bag.
- Soiled laundry should not be shaken out.
- Avoid soiled laundry coming into contact with skin and clothes.
- Soiled laundry can be cleaned with normal detergent in a machine wash at 60–90 °C.
- Laundry must be dried thoroughly.
- Laundry staff in group facilities who handle large amounts of soiled laundry should wear appropriate PPE as described below.

3. KITCHEN MANAGEMENT

- In a home environment, patients with (or suspected of having) COVID-19 should have separate utensils (e.g. cutlery, plates, cups) from the rest of the household. These should not be touched by other household members.
- In the kitchen of a group facility, cutlery and crockery which has been used by patients with (or suspected of having) COVID-19 should only be handled when using appropriate PPE as described below.

4. WASTE MANAGEMENT

- An individual waste bag should be placed in the patient's/ quarantined person's room.
- Paper tissues and face masks used by the patient/ quarantined person should be immediately put in the waste bag that was placed in the patient's room.
- Gloves and face masks used by the caregiver and by the cleaner should be immediately put in a second waste bag, placed near the door to the patient's/ quarantined person's room, when the caregiver or cleaner leave.
- The waste bags should be closed before they are removed from the patient's/ quarantined person's room and replaced frequently; they should never be emptied in another bag.
- These waste bags can be collected together and placed in a clean general garbage bag; the closed patient/ quarantined person waste bags can be put directly in the unsorted garbage. No special collection activity or other disposal method is necessary.
- After handling waste bags, strict hand hygiene should be performed: use water and soap or alcohol-based hand disinfectants.

APPENDIX C: TABLE LISTING IPC ACTIVITY AND PPE REQUIRED

Shown below is a table summarising what infection prevention control (IPC) procedures should be followed and what personal protective equipment (PPE) is required for various categories of people undertaking various activities in various contexts.

1. PUBLIC ISOLATION FACILITIES

Setting	Person	Activity	IPC	PPE
Private room/area of COVID-19 patient	COVID-19 patient	Any	Hand hygiene Respiratory hygiene Remain in private area unless absolutely necessary	None required if alone. Surgical mask if any other person has entered the room
	Caregiver	Providing direct care to COVID-19 patient (e.g. touching the person or changing their linen)	Hand hygiene	Surgical Mask Apron Non-sterile Gloves Eye protection (goggles or visor)
	Caregiver	Providing indirect care to person with COVID-19 (e.g. bringing food or monitoring condition verbally)	Maintain distance of 1m Hand hygiene	Surgical Mask
	Cleaner	Cleaning the room/area of COVID-19 patient	Maintain distance of 1m Hand hygiene	Surgical mask Apron Long rubber utility cleaning gloves (ideally up to elbow) that can be washed Eye protection (goggles or visor) Closed work shoes

Setting	Person	Activity	IPC	PPE
Shared bathroom	Person with COVID-19	Any	Hand hygiene Respiratory hygiene	Surgical mask when possible
	Cleaner	Cleaning the bathroom of person with COVID-19	Hand hygiene Do not enter bathroom when COVID-19 patients present.	Surgical mask Apron Long rubber utility cleaning gloves (ideally up to elbow) that can be washed Eye protection (goggles or visor) Closed work shoes
Administrative areas	COVID-19 patients	Any	Hand hygiene Respiratory hygiene Maintain distance of 1m	Surgical mask
	Administrators	Administrative tasks that do not involve contact with COVID-19 patients	Hand hygiene Maintain distance of 1m	No PPE required
Kitchen	Kitchen staff	Handling utensils used by COVID-19 patients	Hand hygiene Respiratory hygiene	Surgical mask Apron Long rubber utility cleaning gloves (ideally up to elbow) that can be washed Eye protection (goggles or visor) Closed work shoes

Setting	Person	Activity	IPC	PPE
Laundry	Laundry workers	Laundering of COVID-19 patient linen	Linen to be bagged separate from other linen Hand hygiene Respiratory hygiene	Surgical mask Apron Long rubber utility cleaning gloves (ideally up to elbow) that can be washed Eye protection (goggles or visor) Closed work shoes
Transit areas (e.g. corridors)	COVID-19 patients	Any	Hand hygiene Respiratory hygiene Maintain distance of 1m	Surgical mask
	All staff	Any activity that does not involve contact with COVID-19 patients	Hand hygiene Maintain distance of 1m	No PPE required
Entrance to facility	Security personnel	Any	Hand hygiene Maintain distance of 1m	No PPE required

2. HOME ISOLATION

Setting	Person	Activity	IPC	PPE
Private room/area of COVID-19 patient	COVID-19 patient	Any	Hand hygiene Respiratory hygiene Remain in private area unless absolutely necessary (e.g. using bathroom)	None required if alone. Surgical mask if any other person has entered the room

Setting	Person	Activity	IPC	PPE
	Caregiver	Providing direct care to COVID-19 patient (e.g. touching the person or changing their linen)	Hand hygiene	Surgical Mask Apron Non-sterile Gloves Eye protection (goggles or visor)
	Caregiver	Providing indirect care to person with COVID-19 (e.g. bringing food or monitoring condition verbally)	Maintain distance of 1m Hand hygiene	Surgical Mask
	Cleaner	Cleaning the room/area of COVID-19 patient	Maintain distance of 1m Hand hygiene	Surgical mask Apron Long rubber utility cleaning gloves (ideally up to elbow) that can be washed Eye protection (goggles or visor) Closed shoes
Shared bathroom	Person with COVID-19	Any	Hand hygiene Respiratory hygiene	Surgical mask when possible
	Cleaner	Cleaning the bathroom of person with COVID-19	Hand hygiene Do not enter bathroom when COVID-19 patients present.	Surgical mask Apron Long rubber utility cleaning gloves (ideally up to elbow) that can be washed

Setting	Person	Activity	IPC	PPE
				Eye protection (goggles or visor) Closed shoes
Kitchen	Person with COVID-19	Any	Hand hygiene Respiratory hygiene Maintain distance of 1m Use separate utensils	Surgical mask
	Other household members	Any	Maintain distance of 1m Hand hygiene	No PPE required
Other common areas	Person with COVID-19	Any	Hand hygiene Respiratory hygiene Maintain distance of 1m	Surgical mask
	Other household members	Any	Maintain distance of 1m Hand hygiene	No PPE required

3. PUBLIC QUARANTINE FACILITIES

Setting	Person	Activity	IPC	PPE
Private room/area of quarantined person	Quarantined person	Any	Hand hygiene Respiratory hygiene Remain in private area unless absolutely necessary (e.g. using bathroom)	None required if alone. Surgical mask if any other person has entered the room

Setting	Person	Activity	IPC	PPE
	Cleaner	Cleaning the room/area of COVID-19 patient	Maintain distance of 1m Hand hygiene	Long rubber utility cleaning gloves (ideally up to elbow) that can be washed Eye protection (goggles or visor) Closed work shoes
Shared bathroom	Quarantined person	Any	Hand hygiene Respiratory hygiene	Surgical mask when possible
	Cleaner	Cleaning the bathroom of person with COVID-19	Hand hygiene Do not enter bathroom when COVID-19 patients present.	Long rubber utility cleaning gloves (ideally up to elbow) that can be washed Eye protection (goggles or visor) Closed work shoes
Administrative areas	Quarantined person	Any	Hand hygiene Respiratory hygiene Maintain distance of 1m	Surgical mask
	Administrators	Administrative tasks that do not involve contact with quarantined person	Hand hygiene Maintain distance of 1m	No PPE required
Kitchen	Kitchen staff	Handling utensils used by quarantined person	Hand hygiene Respiratory hygiene	Long rubber utility cleaning gloves (ideally up to elbow) that can be washed Eye protection (goggles or visor)

Setting	Person	Activity	IPC	PPE
				Closed work shoes
Laundry	Laundry workers	Laundering of COVID-19 patient linen	Linen to be bagged separate from other linen Hand hygiene Respiratory hygiene	Long rubber utility cleaning gloves (ideally up to elbow) that can be washed Eye protection (goggles or visor) Closed work shoes
Transit areas (e.g. corridors)	Quarantined person	Any	Hand hygiene Respiratory hygiene Maintain distance of 1m	Surgical mask
	All staff	Any activity that does not involve contact with quarantined person	Hand hygiene Maintain distance of 1m	No PPE required
Entrance to facility	Security personnel	Any	Hand hygiene Maintain distance of 1m	No PPE required

4. HOME QUARANTINE

Setting	Person	Activity	IPC	PPE
Private room/area of quarantined person	Quarantined person	Any	Hand hygiene Respiratory hygiene Remain in private area unless absolutely necessary (e.g. using bathroom) Should clean own area if possible.	None required if alone. Surgical mask if any other person has entered the room

Setting	Person	Activity	IPC	PPE
	Cleaner	Cleaning the room/area of COVID-19 patient	Maintain distance of 1m Hand hygiene	Long rubber utility cleaning gloves (ideally up to elbow) that can be washed Closed shoes
Shared bathroom	Quarantined person	Any	Hand hygiene Respiratory hygiene	Surgical mask when possible
	Cleaner	Cleaning the bathroom of quarantined person	Hand hygiene Do not enter bathroom when COVID-19 patients present.	Long rubber utility cleaning gloves (ideally up to elbow) that can be washed Eye protection (goggles or visor) Closed shoes
Kitchen	Quarantined person	Any	Hand hygiene Respiratory hygiene Maintain distance of 1m Use separate utensils	Surgical mask
	Other household members	Any	Maintain distance of 1m Hand hygiene	No PPE required
Other common areas	Quarantined person	Any	Hand hygiene Respiratory hygiene Maintain distance of 1m	Surgical mask
	Other household members	Any	Maintain distance of 1m Hand hygiene	No PPE required

APPENDIX D: CHECKLIST FOR THE ESTABLISHMENT OF A QUARANTINE FACILITY

Annexure C: Checklist for the establishment of a Quarantine facility			
1.	Basic Information		
1.1	Name of Facility:		
1.2	Physical address:		
1.3	Contact Person:		
1.4	Email address:		
1.5	How far is the nearest hospital?		
2.	Facilities and Amenities		
2.1	Is access controlled to the facility?	Yes	No
2.2	How many floors are there in the facility?		
2.3	How many accommodation rooms are available in the facility?		
2.4	How many en-suite accommodation rooms are available in the facility?		
2.5	How many beds in each room of the facility?		
2.6	Independent air conditioning in rooms?	Yes	No
2.7	Windows that open up to outside	Yes	No
2.8	24/7 Security available?	Yes	No
2.9	Separate entry for non-healthcare professionals (housekeeping/catering)?	Yes	No
2.10	Number of bathrooms in the building (excluding en-suite rooms)?		
2.11	In-house catering facilities?	Yes	No
2.12	Separate resting rooms for staff?	Yes	No
2.13	Are the catering facilities on-site or pre-packed off-site?		
2.14	Are there telephones in each room?	Yes	No
2.15	Are there television sets in each room?	Yes	No

APPENDIX E: UNITI SCREENSHOTS

16:07:46

Search...

Dashboard → COVID-19
Your current operational overview for COVID-19

Map Satellite

COVID-19 Summary

Affected Persons	Facilities	Messages & Actions
94 In Quarantine	43 Level 3: Private Quarantine	6 Last 24 Hours
27 In Isolation	3 Level 2: Step Down Facility	24 Pending
	90 Level 5: Public Isolation Centre	50 Escalated / Awaiting Feedback
	19 Shelter	252 Resolved
	1 Feeding Site	

Messages & Actions

Message #335 from Zuko Mavelle taken by Veliswa Tsukula

Good Day Kindly please be advised that SASSA Western Cape Region is preparing to distribute food parcels to the poor of the poorest as from the 14th - 17th April 2020. Seeing that there are various calls

Recent Reports

- Communicable Diseases Report
 - Veliswa Tsukula 17/04/20 at 16:07
 - CD-WCDMC-200412-05
 - City of Cape Town
- Communicable Diseases Report
 - Ismaïl Geldenhuys 12/04/20 at 13:07
 - CD-ODM-200412-04
 - Overberg District Municipality
- Health Report
 - Samantha Saville 12/04/20 at 11:02
 - CD-WCDMC-200412-01
 - Western Cape Provincial Disaster Management Centre
- Communicable Diseases Report
 - Samantha Saville 12/04/20 at 09:44
 - CD-WCDMC-200412-01
 - Western Cape Provincial Disaster Management Centre
- Local Report
 - Samantha Saville 17/04/20 at 08:56
 - CD-WCDMC-200412-01
 - Western Cape Provincial Disaster Management Centre
- Business, Economy & Tourism Report
 - Samantha Saville 12/04/20 at 08:05
 - CD-WCDMC-200412-01
 - Western Cape Provincial Disaster Management Centre
- Salary & Security Report
 - Veliswa Tsukula 12/04/20 at 01:44
 - SS-WCDMC-200412-01
 - Western Cape Provincial Disaster Management Centre

16:08:12

Search...

COVID-19 → Affected Persons Report
Affected persons report for COVID-19

Summary

94 In Quarantine	27 In Isolation
43 Level 3: Private Quarantine	3 Level 2: Step Down Facility
90 Level 5: Public Isolation Centre	19 Shelter
1 Feeding Site	

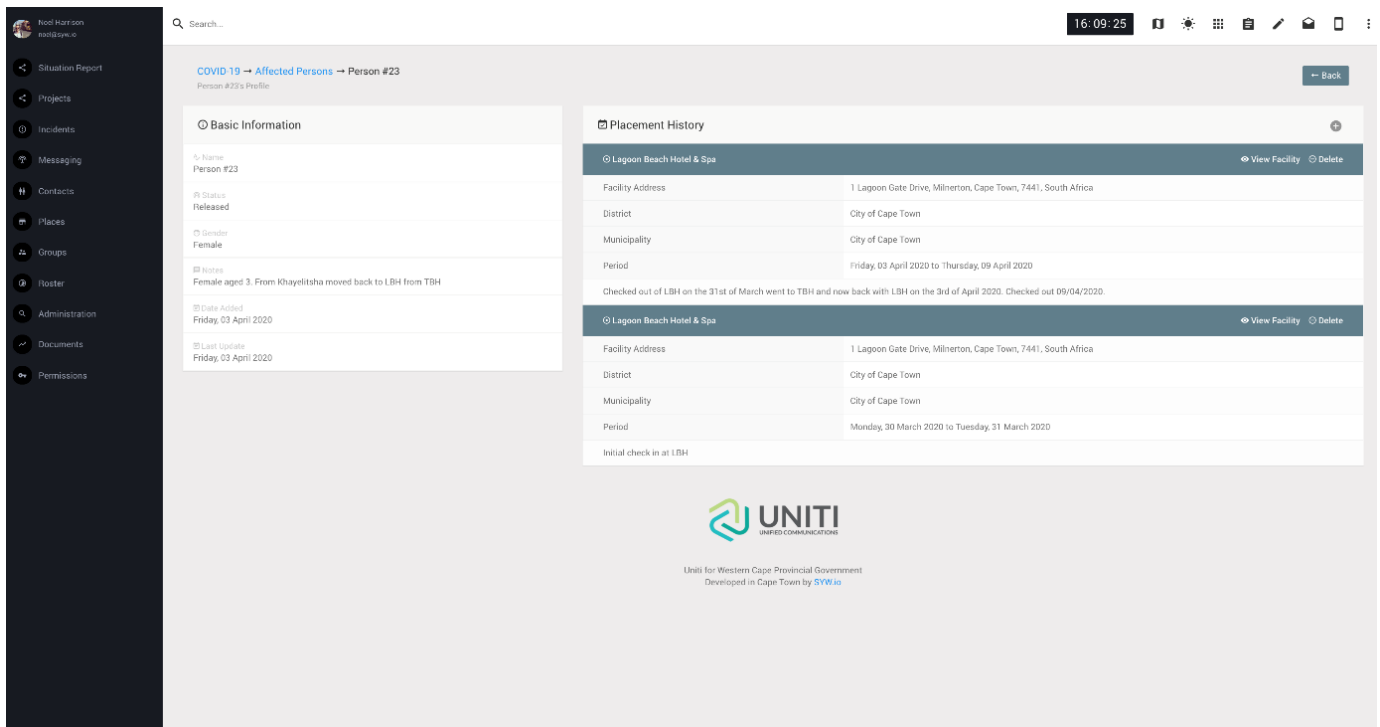
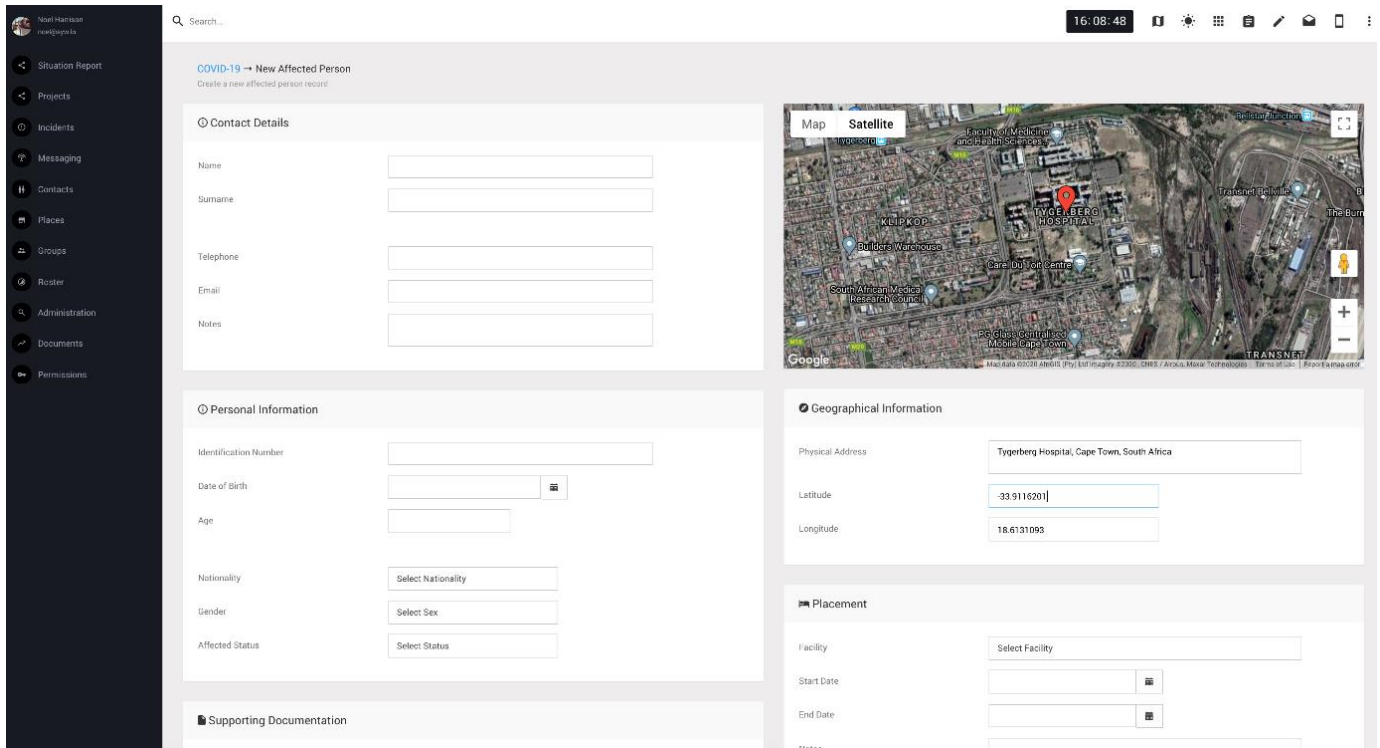
Affected Persons Report

Overberg District Municipality (40)

Cape Agulhas Local Municipality (7)

Type	Name	Address	Number of Beds	In Quarantine	In Isolation
Level 3: Private Quarantine	Amiston Hotel	Amiston Spa Hotel, Main Road, Amiston, South Africa	134	0	0
Level 3: Private Quarantine	Amiston Seaside Cottages	Amiston Seaside Cottages, Huxham Street, Amiston, South Africa	54	0	0
Level 5: Public Isolation Centre	Bredasdorp Community Hall	Bredasdorp, South Africa	60	0	0
Level 5: Public Isolation Centre	Bredasdorp Thusing Centre	58 Du Meule Street, Bredasdorp, South Africa	0	0	0
Level 5: Public Isolation Centre	Nelson Mandela Hall	Nelson Mandela Hall, Bastaan Street, Bredasdorp, South Africa	0	0	0
Level 5: Public Isolation Centre	The Glaskasteel Community Hall	Glaskasteel, South Street, Bredasdorp, South Africa	0	0	0

Swellendam Local Municipality (11)



1. Attachment 1 - auto refreshing screenshot of cases / messages etc. Could be as easily beds and associated metrics required for reporting. Ideal for dashboard / quick glance statistics. Map with hospitals (10, 20km radius + public, private and clinics). Customisable.
2. Attachment 2 - Overview of all facilities loaded (there is also a filtered list view) of levels, types, address, number of beds, number of rooms, people placed (by state - isolation, quarantine) as well as the remaining capacity.

3. Attachment 3 - New affected person capture screen with details about which facility for what period they are being placed, nationality, sex and a number of personal identifiers as requested by Health. Ability to load supporting documentation should it be required.
4. Attachment 4 - Placement history for a specific affected person as well as (with correct permissions - the ability to show / hide personal information - screenshot in protection mode) as well as any medical notes from check-ups and all linked documentation.

APPENDIX F: DETAILED DESCRIPTION OF TYPES OF ISOLATION AND QUARANTINE FACILITIES (PUBLIC AND HOME)

Provided below is a description of the various types of Public Facility and Home Isolation and Quarantine facilities, including the basic requirements for each and the key activities that each would need to perform.

1. GROUP ISOLATION: COVID-19 PATIENTS

Target Group:

COVID-19 patients who are well but who cannot isolate at home

Aim:

- To provide guest care to well COVID-19 patients while they remain inside their isolation room at all times
- To monitor patients for any deterioration in their condition and decide if they need to be transferred to a hospital
- To re-integrate them into their homes if they remain well for 14 days

Activities:

House and care for COVID-19 patients

Medical monitoring

Food provision

Laundry

Cleaning

Transport

Emergency medical care: oxygen cylinder available

Requirements:

Manager (twinned with another facility depending on size of facility)

Administrative staff

Caregivers: Nurse or nursing assistant

Community Health Worker

Catering/kitchen staff

Cleaning staff

Laundry staff

Access to transport vehicle or rapid response by EMS

Access to counselling and social worker

Triggers Points for Action:

Patients should be [transferred to a hospital emergency centre](#) if:

Adult:

Breathing rate > 24 breaths per minute

Heartbeat rate > 120 beats per minute

Temperature >39 degrees

Child <12 years:

Breathing rate > 30 breaths per minute

Heartbeat rate > 130 beats per minute

Temperature >39 degrees

If they remain well for 14 days then re-integrate them into their homes

Special Equipment:

Oxygen cylinder and nasal cannulae

Waste management and Kitchen management:

As per table below

Infection Prevention Control (IPC) Activities:

As per table below

Personal Protective Equipment (PPE) to be used:

As per table below

2. SHORT-TERM (1 – 3 DAYS) GROUP QUARANTINE: PUIS

Target Group:

PUIs who are well but whose home circumstances do not allow quarantine

Aim:

- To provide guest care to PUIs who are well while they remain inside their quarantine room at all times
- To await test results and either transfer to an isolation facility if the test is positive or re-integrate into their homes if the test is negative
- To monitor patients for any deterioration in their condition and decide if they need to be transferred to a hospital

Activities:

House and care for PUIs

Medical monitoring

Food provision

Laundry

Cleaning

Transport

Emergency medical care: oxygen cylinder available

Requirements:

Manager (twinned with another facility depending on size of facility)

Administrative staff

Caregivers: Nurse or nursing assistant

Community Health Worker

Catering/kitchen staff

Cleaning staff

Laundry staff

Access to transport vehicle or rapid response by EMS

Access to counselling and social worker

Triggers Points for Action:

Test result becomes available:

transfer to an isolation facility if the test is positive

re-integrate into their homes if the test is negative

PUIs should be [transferred to a hospital emergency centre](#) if:

Adult:

Breathing rate > 24 breaths per minute

Heartbeat rate > 120 beats per minute

Temperature >39 degrees

Child <12 years:

Breathing rate > 30 breaths per minute

Heartbeat rate > 130 beats per minute

Temperature >39 degrees

Waste and Kitchen management, IPC, PPE:

As per table below

3. MEDIUM-TERM GROUP QUARANTINE: CONTACTS

Target Group:

Contacts who are well but whose home circumstances do not allow quarantine

Aim:

To provide guest care to Contacts who are well

To monitor patients for symptoms so that they can be directed to go for testing if they do develop symptoms

Activities:

House and care for PUIs

Medical monitoring

Food provision

Laundry

Cleaning

Transport

Requirements:

Manager (twinned with another facility depending on size of facility)

Administrative staff

Community Health Worker

Catering/kitchen staff

Cleaning staff
Laundry staff
Access to transport
Access to counselling and social worker

Triggers Points for Action:

The development of any of the symptoms below means that they would need to be sent for testing:

cough,
sore throat,
shortness of breath
fever $\geq 38^{\circ}\text{C}$

If they remain symptom free for 14 days then re-integrate them into their homes

Waste and Kitchen management, IPC, PPE:

As per table below

4. HOME ISOLATION: COVID-19 PATIENTS

Target Group:

COVID-19 patients who are well and have a separate room and ideally a separate bathroom which they can use

Aim:

To provide care to well patients who are family members or close friends while they remain inside their isolation room at all times

To monitor patients for any deterioration in their condition and decide if they need to be transferred to a hospital

Activities:

Home living in a room in isolation from others in the home
Assistance with food, cleaning and laundry provision

Requirements:

Caregiver
Provision of grocery and other shopping
Access to transport or rapid response by EMS

Triggers Points for Action:

Patients should be [transferred to a hospital emergency centre](#) if:

Adult:

Breathing rate > 24 breaths per minute
Heartbeat rate > 120 beats per minute
Temperature > 39 degrees

Child < 12 years:

Breathing rate > 30 breaths per minute

Heartbeat rate > 130 beats per minute

Temperature >39 degrees

If they remain well for 14 days then they may come out of their isolation room

Waste and Kitchen management, IPC, PPE:

As per table below

5. SHORT-TERM (1 – 3 DAYS) HOME QUARANTINE FOR PUIs

Target Group:

PUIs who are well and have a separate room and ideally a separate bathroom which they can use

Aim:

- To provide care to well PUIs who are family members or close friends while they remain inside their quarantine room at all times
- To await test results and either go into isolation facility if the test is positive or stop quarantine if the test is negative
- To monitor PUIs for any deterioration in their condition and decide if they need to be transferred to a hospital

Activities:

Home living in a room in quarantine from others in the home

Assistance with food, cleaning and laundry provision

Requirements:

Caregiver

Provision of grocery and other shopping

Access to transport or rapid response by EMS

Triggers Points for Action:

Test result becomes available:

Enter into 14 days isolation if the test is positive

Stop quarantine if the test is negative

PUIs should be [transferred to a hospital emergency centre](#) if:

Adult:

Breathing rate > 24 breaths per minute

Heartbeat rate > 120 beats per minute

Temperature >39 degrees

Child <12 years:

Breathing rate > 30 breaths per minute

Heartbeat rate > 130 beats per minute

Temperature >39 degrees

Waste and Kitchen management, IPC, PPE:

As per table below

6. MEDIUM-TERM HOME QUARANTINE FOR CONTACTS

Target Group:

Contacts who are well and have a separate room and ideally a separate bathroom which they can use

Aim:

- To provide care to well Contacts who are family members or close friends while they remain inside their quarantine room at all times
- To monitor Contacts for symptoms so that they can be directed to go for testing if they do develop symptoms

Activities:

Home living in a room in quarantine from others in the home

Assistance with food, cleaning and laundry provision

Requirements:

Caregiver

Provision of grocery and other shopping

Triggers Points for Action:

The development of any of the symptoms below means that they would need to be sent for testing:

- cough,
- sore throat,
- shortness of breath
- fever $\geq 38^{\circ}\text{C}$

If they remain symptom free for 14 days then quarantine is over

Waste and Kitchen management, IPC, PPE:

As per table below

7. HOME ISOLATION INTERSECTING WITH QUARANTINE

To add to the complexity of home quarantine and isolation is that there might be one or more people with COVID-19 isolating in the same home that others are being quarantined in.

This might be a quite common phenomenon amongst families as the family members of a COVID-19 patient are likely to be close contacts of that person and hence would qualify to be Contacts. Similarly, if one of the Contacts then develops symptoms they would become a PUI those having all three categories present in the one home.

In this situation it is important that an adult amongst the contacts becomes the caregiver of the others, or else some other non-household adult caregiver is present to provide assistance to and ensure that all the contacts, PUIs and COVID-19 people remain separate from each other with each of them being confined to a specific room.

The caregiver would also have to keep track of what activity is required for each person (COVID-19, PUI, Contact) and that each one receives the specific care/monitoring required and that each one's quarantine/isolation is lifted at the appropriate time.