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 Mashadi to compile these guidelines.*

For more information, please contact:
Annex ‘A’

Quarantine Decision Matrix

Hist of travel to low risk country and without symptoms of COVID-19

Reassure, advise home quarantine and educate on self-monitoring and disinfection

In the last 14 days history of travel to high risk country or exposure to confirm case of COVID-19

Quarantine facility

Nasopharyngeal swab on Day 1 of quarantine

Positive for COVID – 19

Transfer to isolation facility

Positive for COVID – 19

Negative for COVID – 19

Negative for COVID – 19

Daily temp monitoring
Nasopharyngeal swab on Day 14

Send home
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

<table>
<thead>
<tr>
<th>Appointment</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Quarantine Centre Manager (Non-Medical / public health officer) (Separate for male and female facilities)</td>
<td>Appointed by District / Tehsil Management, Over all responsible for smooth functioning and management, replenishment of stores etc. training of the staff of the facility.</td>
</tr>
</tbody>
</table>
| b) Asst Quarantine manager                      | ▪ 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                  | ▪ One per shift of twelve hours  
▪ Also responsible for record keeping and data management                                                                                     |
| h) Ambulance driver                              | ▪ 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
<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Surgical Mask</th>
<th>N95 Mask</th>
<th>Gloves</th>
<th>Gowns</th>
<th>Eye Shield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non - Healthcare Worker General Population</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Suspected</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Confirmed</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient In single room isolation</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient At triage</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Patient Taking care of suspected or confirmed patient</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Patient While collecting Nasopharyngeal Swab</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Patient While removing linen/ waste</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Action</th>
<th>Established</th>
<th>Not Established</th>
</tr>
</thead>
<tbody>
<tr>
<td>With airport staff before transporting patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With lab Team to collect Nasopharyngeal swabs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With designated hospital staff for daily consultation for patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With designated hospital staff for transfer patients in case of requirement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Shift</th>
<th>Driver</th>
<th>Liaison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Night</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Amenities details

<table>
<thead>
<tr>
<th>Amenity</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food service</td>
<td>Yes</td>
</tr>
<tr>
<td>Meals ready to eat (MRE)</td>
<td></td>
</tr>
<tr>
<td>Disposable Utensils</td>
<td></td>
</tr>
<tr>
<td>Health education material</td>
<td></td>
</tr>
<tr>
<td>Disinfection of surfaces (twice daily)</td>
<td></td>
</tr>
</tbody>
</table>
Utilities
Waste Disposal
Waste disposal by incineration (including utensils disposal)

9. **Room wise details**

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

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