NATIONAL INTERIM GUIDELINE QUARANTINE MEASURES FOR COVID-19 CONTAINMENT

Strategic Planning and Performance Department

Scope of the document

This document offers guidance on quarantine measures for individuals in the context of COVID-19. It deals with managing contacts who were exposed to COVID-19 disease as a pre-emptive measure to contain the spread of the disease.

Quarantine is included within the legal framework of the International Health Regulations (2005), specifically

- Article 30. Travellers under public health observation

- Article 31. Health measures relating to entry of travellers

- Article 32. Treatment of travellers

This document is informed by current knowledge of the COVID-19 outbreak and by similar considerations for other respiratory pathogens, including SARS-CoV, MERS-CoV and influenza viruses. WHO will continue to update these recommendations as new information becomes available.

Definitions

Quarantine of persons is the restriction of activities or separation of persons who are not ill, but who may have been exposed to an infectious agent or disease, with the objective of monitoring symptoms and early detection of cases.

Isolation

The separation of symptomatic persons from other people, so as to prevent the spread of infection or contamination.

Contacts

A person who is not ill, but may have been exposed to COVID-19 is defined as Contact and was involved in any of the following:

- Providing direct care without proper personal protective equipment (PPE)2 for COVID-19 patients

- Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings)

- Traveling together in close proximity (within 1 m) with a COVID-19 patient in any kind of conveyance within a 14-day period after the onset of symptoms in the case under consideration

- For contacts with high likelihood of being infected, organized quarantine can be considered. This could be applied for example when a group of people are repatriated from areas with high prevalence or after spending an extended period together in a closed environment.

Contact identification

Immediately after a case is confirmed, the case should be interviewed, and the contacts listed and classified as high-risk exposure ('close contact') or low-risk exposure contacts. The team then communicates with all contacts to inform and advise.

- High-risk exposure contacts will be actively monitored by public health department at a quarantine facility.

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- Low-risk exposure contacts should self-monitor for symptoms and avoid social contacts. They can home quarantine with particular criteria; the person should occupy a well-ventilated single room, or if a single room is not possible, maintain a distance of at least 1 meter from other household members, minimizing the use of shared spaces and cutlery and ensuring that shared spaces (kitchen, bathroom) are well ventilated. Please see home isolation in National Interim IPC guidelines for COVID-19 for further details.

The Health Protection & Communicable Diseases Control staff will determine whether the contact is "high-risk" to go to quarantine or low-risk to self-monitor.

Duration of the Quarantine

Contacts should be followed up for the duration of the incubation period (14days) from the last time they were exposed to a COVID-19 patient. For the group of people who are repatriated from areas with high prevalence, they should be followed up for 14 days from the time of leaving this area.

Follow up of Contacts

Daily follow-up of persons quarantined should be conducted within the quarantine facility for the duration of the quarantine and should include daily body temperature and symptom screening. Groups of persons at higher risk of infection and severe disease may require additional surveillance for chronic conditions or specific medical treatments.

Recommendations for implementation of quarantine measures

1. Appropriate quarantine setting

2. Minimum infection prevention and control measures;

3. Minimum requirements for health monitoring of quarantined persons during the quarantine period

1.   Appropriate quarantine setting

- Adequately ventilated, spacious single rooms, with dedicated toilet (hand hygiene and toilet facilities). If single rooms are not available, beds should be placed at least 1 meter apart;

- Suitable environmental infection controls, such as adequate air ventilation, filtration systems and waste-management protocols;

- Maintenance of social distancing (more than 1 meter) of the persons quarantined;

- Accommodation with an appropriate level of comfort, including:

    a. food, water and hygiene provisions;

    b. protection for baggage and other possessions;

    c. appropriate medical treatment for existing conditions;

    d. communication in a language that they can understand explaining: their rights; provisions that will be made available to them; how long they will need to stay; what will happen if they get sick; contact information of their local embassy or consular support;

- assistance for quarantined travelers, isolated or subject to medical examinations or other procedures for public health purposes;

    ◊   assistance with communication with family members outside the quarantine facility;

    ◊   if possible, access to the internet, news and entertainment;

    ◊   psychosocial support; and

    ◊   special considerations for older individuals and individuals with co-morbid conditions, due to their increased risk for severe COVID-19 disease.

Regardless of the setting, an assessment must ensure that the appropriate conditions for safe and effective quarantine are being met. Possible quarantine settings are hotels, dormitories, other facilities catering to groups, or the home of the contact.

2. Minimum infection prevention and control measures;

a. Early recognition and control

Any person in quarantine who develops febrile illness or respiratory symptoms, at any point during the quarantine period, should be treated and managed as a suspect COVID-19 case.

b. IPC Practices

All persons quarantined and quarantine personnel (HCWs and staff dealing with persons in the quarantine) should apply standard precautions ;

- Perform hand hygiene frequently, (see Appendix 1 &2) particularly after contact with respiratory secretions, before eating and after using the toilet. Hand hygiene includes either cleaning hands with soap and water for 20 seconds or with an alcohol-based hand rub. Alcohol-based hand rubs are preferred if hands are not visibly soiled; wash hands with soap and water when they are visibly soiled;

- Ensure that all persons quarantined are practicing respiratory hygiene, and are aware of the importance of covering their nose and mouth with a flexed elbow or paper tissue when coughing or sneezing and disposing immediately of the tissue and performing hand hygiene;

- Refrain from touching mouth and nose;

- A medical/surgical mask is not required for persons with no symptoms. There is no evidence that wearing a mask of any type protects people who are not sick.

- Apply additional precautions if person's conditions change as per the national IPC Interim guideline for COVID-19

c. Administrative controls

- educating persons quarantined and quarantine personnel about IPC; all personnel working in the quarantine facility need to have training on standard precautions before the quarantine measures are implemented.

- The same advice on standard precautions should be given to all quarantined persons on arrival.

- Both personnel and quarantined persons should understand the importance of promptly seeking medical care if they develop symptoms;

- developing policies on the early recognition and referral of a suspect COVID-19 case.

d. Environmental controls

- Environmental cleaning and disinfection procedures must be followed consistently and correctly. Cleaning personnel need to be educated and protected from COVID-19 infection and ensure that environmental surfaces are regularly and thoroughly cleaned throughout the quarantine period:

- Clean and disinfect high-touch surfaces such as bedside tables, bedframes, and other bedroom furniture daily with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water). For surfaces that do not tolerate bleach, 70% ethanol can be used;

- Clean and disinfect bathroom and toilet surfaces at least once daily with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water);

- Clean clothes, bedclothes, bath and hand towels, etc., using regular laundry soap and water or machine wash at 60–90 °C with common laundry detergent and dry thoroughly;

- Consider measures to ensure that waste is disposed appropriately.

- Cleaning personnel should wear disposable gloves when cleaning or handling surfaces, clothing or linen soiled with body fluids, and should perform hand hygiene before and after removing gloves.

3. Minimum requirements for health monitoring

Daily follow-up includes:

- daily body temperature

- symptom screening

- Groups of persons at higher risk of infection and comorbidities may require additional surveillance for chronic conditions or specific medical treatments.

- Any person who develops symptoms should be treated as suspected case (refer to national IPC Interim guidelines for COVID-19).

Consideration should be given to the resources, personnel and rest period of staff at quarantine facilities. This is particularly important in the context of an ongoing outbreak, during which limited public health resources may be better prioritized towards health care facilities and case-detection activities.

Lab testing

Laboratory testing of a respiratory sample from quarantined persons, irrespective of symptoms, is advised at the end of the quarantine period.

Appendix 1: Hand Rub Procedure

HOW TO HANDRUB?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

1a Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

2 Rub hands palm to palm;

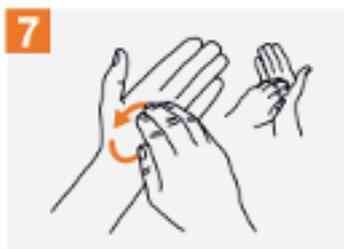**3** Right palm over left dorsum with interlaced fingers and vice versa;

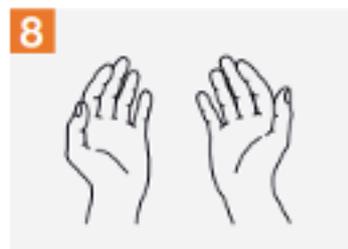**4** Palm to palm with fingers interlaced;

5 Backs of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of left thumb clasped in right palm and vice versa;

7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8 Once dry, your hands are safe.

Appendix 2: Hand Wash Procedure

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

0 Wet hands with water;

1 Apply enough soap to cover all hand surfaces;

2 Rub hands palm to palm;

3 Right palm over left dorsum with interlaced fingers and vice versa;

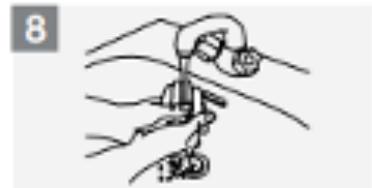**4** Palm to palm with fingers interlaced;

5 Backs of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of left thumb clasped in right palm and vice versa;

7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8 Rinse hands with water;

9 Dry hands thoroughly with a single use towel;

10 Use towel to turn off faucet;

11 Your hands are now safe.

Hand care

- Take care of your hands by regularly using a protective hand cream or lotion, at least daily.
- Do not routinely wash hands with soap and water immediately before or after using an alcohol-based handrub.
- Do not use hot water to rinse your hands.
- After handrubbing or handwashing, let your hands dry completely before putting on gloves.

Please remember

- Do not wear artificial fingernails or extenders when in direct contact with patients.
- Keep natural nails short.

References

- file:///C:/Users/eradwan/Downloads/20200229-covid-19-quarantine.pdf

- https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-resources-for-contact-tracing-2-March-2020.pdf

- https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf?ua=1