health

Department:
Health
REPUBLIC OF SOUTH AFRICA

GUIDELINES FOR QUARANTINE AND ISOLATION IN RELATION TO COVID-19 EXPOSURE AND INFECTION

FOREWORD

The World Health Organization (WHO) declared COVID-19 a global pandemic on 11th March 2020. The first case was diagnosed in South Africa on 5th March 2020, and the country now faces a particular challenge given the large vulnerable immunocompromised population living in overcrowded conditions.

These guidelines provide guidance on the management of persons requiring quarantine or isolation during the COVID-19 pandemic, as well as the identification, setup, maintenance and management of quarantine and isolation facilities.

As knowledge regarding strategies to address COVID-19 develops globally and in South Africa, these guidelines will be updated based on emerging evidence, WHO recommendations and operational experience.

The Department would like to thank all those who contributed to the development of this guideline.

Dr T Pillay
Acting Director-General: Health
Date: 03/05/2020

CONTENTS

1. AIM OF THE GUIDELINES 4
2. OBJECTIVES 4
3. WORKING DEFINITIONS 4
   3.1 Quarantine 4
   3.2 Isolation 5
4. IDENTIFICATION AND ESTABLISHMENT OF FACILITIES 7
   4.1 Composition of facility assessment team 7
   4.2 Suitability Characteristics 8
      4.2.1 Location 8
      4.2.2 Access considerations 8
      4.2.3 Ventilation requirements 9
      4.2.4 Basic infrastructure/functional requirements 9
      4.2.5 Space requirements for the facility 9
   4.3 Key Responsibilities in the Identification of Facilities 10
      4.3.1 Identification of Facilities 10
      4.3.2 Assessment of possible facilities for compliance 10
5. OPERATIONALISATION OF FACILITIES 11
   5.1 Facility management 11
   5.2 Healthcare staff 11
   5.3 Support staff 12
   5.4 Minimum facility equipment requirement 12
   5.5 Security 12
   5.6 Zoning of facility 12
   5.7 Consideration related to Room allocation 13
   5.8 Furniture 13
   5.9 Catering, cleaning and sanitising service 14
   5.10 Triage area/treatment room 14
   5.11 Training 14
6. MANAGEMENT OF FACILITIES 15
   6.1. Standard Operating Procedures (SOPs) for Non-Medical Team 15
   6.2. Standard Operating Procedures (SOPs) for Clinical Team 15
   6.3. Personal protective equipment (PPE) 15
   6.4. Establishment of Infection Prevention Control (IPC) measures 16
   6.5. Daily clinical examination and referral 17
   6.6. Recording and reporting mechanisms 18

6.7. Monitoring and supervision 19
6.8. Housekeeping 19
6.9. Health care risk waste (HCRW) management 20
6.10. Complaints and Escalations 21
6.11. Discharge of persons in quarantine from quarantine facilities 21
6.12. Disinfection and decontamination procedures (See section on Terminal cleaning in National IPC Manual) 22
7. Tracking and Placing of PUI's 22
7.1 Port Authority Quarantine 22
7.1.1 Notification and preparation for incoming PUIs 23
7.1.2 Port of Entry Clearances 23
7.1.3 Transportation to quarantine facilities 23
7.2 Circumstantial Quarantine 24
8. Quality Assurance of Facilities 24
9. Data Management 24
10. GUIDELINES FOR SELF-QUARANTINE/SELF-ISOLATION 25
10.1 Hygiene at home 25
10.2 Social relations whilst isolating 25
10.3 Living with older/vulnerable persons 26
10.4 Children and childcare 26
10.5 Laundry 27
10.6 Mental health and wellbeing 27

1. AIM OF THE GUIDELINES

To provide guidelines on the management of persons requiring quarantine or isolation during the COVID-19 pandemic, as well as the identification, setup, maintenance, management and quality assurance of quarantine and isolation facilities.

2. OBJECTIVES

The objectives of this document is thus to provide:

- Guidance on how quarantine and isolation should be conducted.
- A checklist for the identification of suitable facilities.
- Guidance on the set-up of such facilities.
- Guidance on the management of the quarantine and isolation facilities.
- A framework for standard operating procedures for the daily work and interaction of Department of Health and other staff with occupants/patients.
- Guidelines for people who self-isolate.
- Guidelines to ports of entry on the management of South African travellers from high risk countries

3. WORKING DEFINITIONS

3.1 Quarantine

Quarantine is for people or groups who are asymptomatic, but who may be infected with COVID-19. Quarantine keeps these people away from others so they do not unknowingly infect anyone.

Because some quarantined people might be COVID-19 positive (or might become positive during the quarantine period), individuals in quarantine facilities must be kept under individual quarantine (self-quarantine) within the facility. Those who develop symptoms (meet the person-under- investigation (PUI) criteria) should be tested and managed appropriately.

Quarantine may be applied in different ways during the course of the coronavirus epidemic. Currently quarantine is applied to:

- An individual or group of persons who were in close contact with a person infected with coronavirus;
- Persons at high risk of having been exposed during international travel; and
- Symptomatic persons who have been identified as requiring testing or who have tested, but are awaiting test results. These persons can be discharged if they test negative.

The conditions for which quarantine is required may change over time.

In some cases, quarantine will be administered. This means that the person must enter into a designated quarantine facility. Where quarantine is not mandatory, people can self-quarantine at home providing they meet the criteria for self-quarantine (see below). Individuals who are unable to quarantine at home or have failed to comply with quarantine requirements during self-quarantine should be admitted to designated quarantine sites.

Criteria for self-quarantine

In order to successfully self-quarantine, a person requires access to a separate room where the person should self-isolate (e.g. no-one else must sleep or spend time in the room). The person must also be able to contact and/or return to a health facility if their condition worsens. Where these requirements cannot be met, the person should quarantine in a designated facility. Note that from a practical point of view self-quarantine and self-isolation have the same requirements. Practical advice on how to self-quarantine/self-isolate is included in Section 10.

Period of quarantine

The recommended duration of quarantine for COVID-19 exposure is 14 days from the time of exposure (close contact or entering the country). If the patient remains well during the period of quarantine, they do not need to test during or at the end of the 14-day period.

Alternatives may be considered on a case-by-case basis where travelers may complete part of their quarantine at home after clinical assessment and testing.

People discharged from quarantine or isolation after 14 days should self-monitor for a further 14 days (making a total of 28 days), and report development of any symptoms to their general practitioner, to the NICD hotline or to their local health facility.

Persons in quarantine must be monitored regularly (self-monitoring is recommended where possible). Those who develop symptoms should be tested, and managed according to clinical guidelines. People who test positive should no longer be managed at a quarantine facility, and should be transferred to an appropriate facility (i.e. hospital or isolation facility).

3.2 Isolation

While isolation serves the same purpose as quarantine, it is reserved for those who are already sick and/or have tested positive for COVID-19 infections, but do not require hospital admission for medical care.

In the context of the COVID-19 pandemic, isolation may include:

- Isolation at a person's home known as self-isolation (see guide on how to self-isolate in Section 11). This is the preferred option, but is dependent on the person meeting the self-isolation criteria (see below).
- Isolation in a health facility or at a designated isolation facility. People who cannot self-isolate at home should be considered for admission to such a facility.

The period of isolation is as follows:

- Asymptomatic patients: 14 days from time of positive test
- Mild disease: 14 days from onset of symptoms
- Moderate or Severe disease: 14 days following clinical stabilisation (no longer requiring oxygen)

There is no need to test/retest at the end of the isolation period. People discharged from isolation after 14 days should self-monitor for a further 14 days, and report development of any symptoms to their general practitioner, to the NICD hotline or to their local health facility.

People in isolation need to be closely monitored (may be self-monitoring) for worsening symptoms which require admission to hospital. A plan for ensuring access to a hospital needs to be in place.

Criteria for self-isolation

In order to successfully self-isolate, a person requires access to a separate room where the person should self-isolate (e.g. no-one else must sleep or spend time in the room). The person must also be able to contact and/or return to a health facility if their condition worsens. Note that the requirements for self-quarantine and self-isolation are the same. Practical advice on how to self-quarantine/self-isolate is included in Section 10.

Table 1: Categories of people and quarantine/isolation recommendations

Category	Quarantine	Isolation
Close Contact (asymptomatic)	Quarantine at home for 14 days. If not possible, admit to a quarantine facility	*Not Applicable*
Health Care worker (asymptomatic) following exposure	Quarantine at home. If well, test on day 8 and if result is negative consider early return to work	*Not Applicable*
Symptomatic person who meets testing criteria: awaiting test or test results	Quarantine at home for 14 days. If not possible, admit to quarantine facility (can be released from quarantine if test result is negative).	*Only if test is positive (see below)*
COVID-19 positive person with asymptomatic infection	*Not Applicable*	Isolate at home for 14 days from day of test. If unable to self-isolate at home, admit to isolation facility
COVID-19 positive person with mild infection	*Not Applicable*	Isolate at home for 14 days from onset of symptoms. If unable to self-isolate at home, admit to isolation facility
COVID-19 positive person who has been admitted to hospital	*Not Applicable*	De-isolate 14 days after clinically stable (not requiring oxygen) or 14 days after onset of symptoms (if did not require oxygen)

People entering South Africa	Quarantine should last 14 days. This may be provided in a designated facility and/or as self-quarantine at home. Travelers may complete part of the quarantine period at home after clinical assessment and testing at a designated quarantine facility. There is no requirement to test during or at the end of the 14 day quarantine period.	*Not Applicable*
Aircraft crew (in transit)	Mandatory quarantine in designated hotel for duration of stay (provided and monitored by airline)	*Not Applicable*

4. IDENTIFICATION AND ESTABLISHMENT OF FACILITIES

Identification of and making available sites to be used as isolation and quarantine facilities as the need arise should be done by:

- Minister of Public Works & Infrastructure;
- Members of the Executive Council responsible for public works; and
- Accounting officers of municipalities

Establishment of quarantine and isolation facilities is the responsibility of the relevant provincial Department of Health. Each province is expected to establish a sufficient number of quarantine and isolation sites in order to accommodate persons who require to be quarantined or isolated.

Each site must be designated as either a quarantine or an isolation facility, and should only accommodate the relevant category of person. In determining a suitable site, the broader guidelines below should be followed. With regard to the selection of possible site(s) the detailed checklist in Annexure B can be used.

4.1 Composition of facility assessment team

The quarantine and isolation facility assessment team should ideally comprise of:

- Infrastructure Management (Lead)
- Head of Local/District Disaster Risk Management/Communications Centre
- District Health Office of the Department of Health
- Representative from government and private hospitals in the area, and any other persons co-opted as necessary.
- Environmental Health Practitioner
- Provincial and Local Department of Transport
- Local Municipality/Metro Water and Sanitation and Electricity.
- South African Police Services (SAPS) (and/or local traffic/metro police)

- Fire and Emergency Services
- Emergency Medical Services
- Representative from the local hospital/clinic (nurse or doctor) or any other designated person.
- Infection Control Practitioner

Members of the facility identification team are expected to provide ongoing support to the facility.

4.2 Suitability Characteristics

In order for a facility to be suitable as a quarantine or isolation facility and be considered for assessment, it needs to align to the characteristics as indicated below:

4.2.1 Location

Facilities must be:

- Ideally located on the outskirts of the urban/city area (can be hotels or resorts/, unused health facilities/hostel, university/college facility, military field hospital tents in hospital grounds etc.). Stand-alone houses are not suitable.
- Easily isolated to prevent public access.
- Protected and secured with a perimeter fence (preferably by security personnel).
- Security should be provided to ensure authorised access control in or out and safeguard the persons.
- If possible, the facility should have a fenced perimeter to prevent access from the public.
- Outside of known natural hazard risk zones (consult local/district disaster risk management plan).
- Have the ability to deal with natural disasters and have a disaster management plan in place.

4.2.2 Access considerations

- Perimeter fencing.
- 24-hour security and access control points (preferably supported by SAPS or SANDF).
- Preferably one primary entrance in and out. If there are multiple entrances, the recommendation is for the non-primary entrances to be closed. Emergency or fire exits must be closed and administered accordingly.
- Parking space including access by ambulances.
- Identifiable nearest helipad or emergency helistop.

- Disability access.
- Ease of access for delivery of food/medical/other supplies separated from normal access points.

4.2.3 Ventilation requirements

- Well ventilated natural ventilation is preferred.
- Room type air conditioning units are not the recommended form of ventilation. The main reason is that the units cannot be disinfected properly and the main requirement is to prevent the distribution of microorganisms.
- Central ventilation systems are not feasible

4.2.4 Basic infrastructure/functional requirements

- Rooms with bed (and linen). Beds should have frames that can be cleaned and disinfected.
- **For quarantine facilities, occupants must be able to be self-isolated in single occupancy bedrooms (with en-suite toilet facilities wherever possible).**
- If communal bathrooms are used, strict cleaning procedures must be in place.
- For isolation facilities, if shared bedrooms are used the distance between the edge of the two beds must be at least 1.5m.
- Lighting, natural ventilation, electricity, sanitation and potable water.
- Laundry services.
- Sanitation services.
- Waste disposal services including appropriate disposal of healthcare waste.
- Uninterrupted potable water.
- Electricity supply.
- Cleaning and housekeeping services.
- Functional system for providing communications/internet access.
- Support services – extra food, snacks and television – should, if possible, be provided. Food and snacks should not be provided through vending machines.

4.2.5 Space requirements for the facility

- Logistics area.
- An adequately ventilated room that can be easily used as a temporary clinical examination room, nursing station and/or pathology sampling area.
- Catering facilities either on -site or off-site (preferred).
- Outside temporary holding area for contaminated waste.

- Safe working areas for staff working at the facility, e.g. administration, kitchen, ablution facilities etc.

4.3 Key Responsibilities in the Identification of Facilities

A few role players are involved in the identification and assessment of facilities as already indicated in section 4.1 above. These needs to be unpacked to ensure that the responsibilities of each be made clearer. For this purpose, the identification and assessment of facilities is split and further discussed in more detail below:

4.3.1 Identification of Facilities

Identification of and making available sites to be used as isolation and quarantine facilities as the need arise will be primarily done the Department of Public Works & Infrastructure.

Facilities can also be identified by other departments at the three spheres (national, provincial and local) of government. These nominated sites need to be communicated regularly as identified to the National Department of Public Works (NDPW), who would be responsible to collate a master list of facilities. This list thus provides the nominated facilities aggregated from the various sources that can now be assessed for possible quarantine or isolation facilities.

4.3.2 Assessment of possible facilities for compliance

The NDPW is responsible to distribute the master list to (1) Provincial Department of Public Works, (2) National Department of Health (NDoH), and (3) Provincial Department of Health (PDoH) through their provincial counterpart respectively. The Infrastructure unit in each of these provincial departments would ensure that the facilities in their respective provinces are assessed and feedback is provided to the NDoH Infrastructure team. through the relevant appointed Provincial Coordinators.

The following process is to be followed in this regard:

i. An assessment team as describe in section 4.1 will complete the “COVID-19 QUARANTINE INFRASTRUCTURE CHECKLIST” and submit online via the google forms application;

ii. The completed “COVID-19 QUARANTINE INFRASTRUCTURE CHECKLIST” is checked (quality assured) by NDoH and thereafter the assessed and approved facilities are submitted in the form of a daily report “SPACES AVAILBLE FOR QUARANTINE PURPOSES” to NATJOINT.

iii. NDPW is to contract, in the case of private facilities, with the assessed and approved facilities and activate for receiving person under investigation (PUI’s);

iv. In the case of state-owned facilities, where such a facility can be utilised on completion of a readiness intervention, a list of what is required is to be prepared by NDPW and actioned. Once these have been actioned the site would be re-assessed for readiness; and

v. Sites found to be ready, would be handed over to the PDoH for operationalisation of the site as per paragraph 5 below.

5. OPERATIONALISATION OF FACILITIES

Quarantine/Isolation facilities is to be operationalised by the PDoH. This includes the management of the PUI's, facility and medical teams and attending to daily queries raised and ensuring the implementation of appropriate actions where required. This also entails the provisioning of the following:

5.1 Facility management

The PDoH must assign a person to manage the operations of the facility. This may be the person who routinely manages the facility (e.g. if the facility is a hotel or student residence) and does not need to be a healthcare worker, but should have experience in managing operations at a health or hospitality facility.

5.2 Healthcare staff

The Department will ensure that the site should have access to medical screening before the residents are admitted at the quarantine/isolation sites. The medical team will conduct regular checks at the site to monitor the health status of the residents. The management of the sites will have direct access to request medical attention as and when it becomes necessary.

The medical team composition will vary given the needs of the facility, but will require the minimum of a primary health care nurse to be stationed at the facility at least 8 hours a day in facilities with more than 20 persons to ensure that infection prevention and control guidelines are correctly implemented, carry out symptom screening and daily temperature checks, to assess and manage minor ailments and existing health conditions, to identify patients who require referral to hospital and to ensure that these referrals are conducted smoothly. Access to after-hours medical care and emergency transport is especially important for isolation facilities

Access to the following categories of health professionals should ideally be available. These services do not be have to be on-site, but should be available on referral.

- Infection Prevention and Control (IPC) practitioner
- Environmental Health Practitioner to advise on environmental health issues including waste disposal.
- Medical doctor and specialists
- Paediatrician (in the case that children are hosted in the facility).
- Emergency Medical Services.
- Pharmacist or pharmacy assistant.
- Psychiatrists and psychologists.

5.3 Support staff

At a minimum each facility should also have the following personnel:

- Administration
- Housekeeping, catering, cleaning and sanitation
- Security to ensure access control over 24 hours per day

5.4 Minimum facility equipment requirement

The amount of facility equipment must be assessed on a case by case basis and depends on the number of persons in the quarantined facility:

Table 2: Minimum facility equipment requirements list

Minimum Equipment
Clinical gloves (latex, single-use gloves for clinical care)
N95 respirators – only for aerosol generating procedures (taking of specimens) Medical/Surgical masks
Aprons - disposable
Sharps containers
Red health risk waste bags to be in health care risk waste box with biohazard sign
Alcohol-based hand sanitiser
Liquid hand wash
Clean single-use paper towels to dry hands (e.g. paper towels)
Cleaning gloves (reusable vinyl or rubber gloves for environmental cleaning)
Appropriate detergent for environmental cleaning and disinfectant for disinfection of surfaces, (1:000 parts per million (ppm) chlorine OR 70% alcohol) Disinfection of medical devices and equipment
Large plastic bag for general waste (black or transparent)
Linen bags
Collection container for used equipment

5.5 Security

The facility should have appropriate 24-hour security measures including perimeter security fencing around the entire premises with entry and exit boom access control for the required type of vehicles.

5.6 Zoning of facility

Each facility must be geographically separated in the specified zones for safety, security and containment. The facility must be zoned and clearly marked according to the guidelines below:

Red Zone

Rooms, toilet and bathroom areas, areas of bio-waste collections, segregation and disposal and triage/treatment area.

Yellow Zone

Sections at the entrance to the rooms. Will be used as a safe transfer corridor for additional medical supplies, food etc. to be taken into the red zone. Items taken out of the Red Zone for disposal will follow strict biohazard management processes. The yellow zone should also include the corridors to the rooms, a demarcated area at the entrance of all rooms and garden/outside areas.

Green Zone

All areas within the facility not designated as red or yellow zones will be deemed green zones. Any non-essential medical, allied health personnel and general support personnel will remain in the Green Zone. Additional medical and non-perishable supplies will be held in the Green Zone.

Periodic screening of cleaners/catering staff accessing the red and yellow zones must be undertaken.

5.7 Consideration related to Room allocation

After a welcome briefing, residents will be allocated rooms and given Information, Education and Communication (IEC) materials. The following need to be considered when allocating rooms:

- Families (should be accommodated together);
- Elderly persons;
- People with disabilities;
- Persons with pre-existing medical conditions; and

To minimise contact with on-site domestic support, all cleaning material, liquid soap only (no bar soaps), towels, linen, beverages, alcohol-based hand sanitisers, gloves and face masks will be replenished as required at the door of each room by the cleaning staff i.e. in the yellow zone.

5.8 Furniture

- All furniture in the room must be washable or able to be sanitised;
- Only single beds should be procured or sourced for all communal facilities to maximize use of space as there needs to be a minimum of 1.5 m between side ends of each bed
- Every bed must have a washable mattress protector;
- All rooms should be equipped with appropriate cleaning equipment and products; and

- Every room should have a health care risk waste bin lined with red plastic bag and a normal waste bin with black/transparent plastic bag lining

5.9 Catering, cleaning and sanitising service

A clear plan must be in place for provision of these services (see management of facilities for details).

5.10 Triage area/treatment room

- A nurse with IPC knowledge and training should be allocated by the Provincial Department of Health or Local Government to provide primary healthcare service during the day.
- Each facility must establish a roster for daily COVID-19 symptom screening including twice daily temperature monitoring. Where residents are in self-quarantine, this should ideally be done in the resident's room. It is acceptable for this to be done in the triage/treatment area, providing physical distancing is maintained.
- The triage area should be used to provide treatment.

5.11 Training

Training is the most important and critical part to ensure that all activities take place as per recently published National Infection Prevention and Control Manual 2020. Training should be conducted by a team from provincial departments of health ideally before any residents are admitted to the facility. Training should specifically focus on:

- Training of healthcare professional on SOPs that needs to be followed at the quarantine centres for daily examination, movements in the facility, infection prevention control measures and use of PPE.
- All staff need to be trained on SOPs to be followed at quarantine/isolation centres and use of PPE.
- Support staff (housekeepers/cleaners, caterers, security staff, drivers and general duty staff) need to be trained on the use of masks, gloves, cleaning and disinfection procedures and use of PPE.
- Training should include the provision and format of mandatory statistics and data as prescribed by NATJOINTS and Provincial Department of Health.
- It should also include the protocols to be followed for complaints being lodged and escalations channels to be followed.
- When a new staff member is assigned to a quarantine/isolation site, it needs to be ensured that he/she has received proper training before undertaking the work.
- All training should emphasise that all activities/procedures must be done under the strict monitoring and observation of trained specialists.

6. MANAGEMENT OF FACILITIES

The management of the quarantine facility should be done under the strict instructions of the appointed Medical Officer and should adhere to the sections below. It is important to note that the dignity and rights of the residents must be respected at all times. The facility manager must aim to communicate to all residents on a regular basis. Such communication must include aspects such as:

- Number of people in the facility, positive cases and management decisions
- Daily/weekly arrangements of care
- Possible schedule for activities in the facility (recreation and other)
- Actions required by residents, and under which circumstances

6.1. Standard Operating Procedures (SOPs) for Non-Medical Team

To ensure smooth operation in the quarantine facility, Standard Operating Procedures (SOPs) need to be formulated by the management of the facility for the following activities/persons:

- Non-medical personnel roles and responsibilities
- Staff and resident briefings
- Allocation of rooms
- Working roster for non-medical staff
- Access to open areas
- Emergency Evacuation Plan
- Public information/communication with the media

6.2. Standard Operating Procedures (SOPs) for Clinical Team

To ensure smooth operation in the quarantine facility, Standard Operating Procedures (SOPs) need to be formulated by the PDoH and needs to be communicated to the clinical team on site. This includes the following activities/persons:

- Medical personnel roles and responsibilities
- Working roster for medical staff
- Daily monitoring surveillance of patients
- Triage/isolation procedure
- Case and contact monitoring and response
- Transfers of people with symptoms or whose condition deteriorates to designated hospital (through ambulances)
- Complaints and escalation protocols

6.3. Personal protective equipment (PPE)

- IPC procedures as outlined in the National Manual for IPC[1] v as well as COVID-19 IPC guidelines[2] must be followed in isolation facilities.
- Provisions for IPC and PPE includes hand hygiene, gloves, aprons, face masks and disinfectant to be used only by designated staff.
- It is not necessary for residents to wear PPE except for a face mask (see table 3 below).
- The used PPE is to be disposed of in line with SANS codes, in designated health care risk waste bins, to be supplied by the Provincial Department of Health.
- A disposal process must be in place, under the supervision of the Environmental Health Practitioners.
- The following PPE rules apply in all quarantine facilities:
  - Wash hands before and after putting on PPE.
  - Change the surgical mask for a new one when it becomes damp or is visibly dirty.
  - Place used PPE directly into a bag/waste container with a lid. Never leave it on a surface such as a chair or a table.

6.4. Establishment of Infection Prevention Control (IPC) measures

The possibility exists that a quarantined person might develop COVID-19 infection and infect other residents or staff members. As such basic Infection Prevention Control (IPC) measures should be put in place. These include:

- The creation of a map of the facility, demarcating the red, yellow and green zones to outline the details of movement of healthcare and other personnel around the quarantine area and in the building.
- The map can be used to regulate the movement of staff so as to limit interactions with high risk areas and to prevent and control infections.
- Well informed and trained security personnel need to be deployed all around the building on a 24/7 rotation basis to monitor the facility and to avoid entry of unauthorised persons. Training of all personnel in the use PPE as per guidelines by a designated health care worker; should ideally be an IPC practitioner.
- Earmarking separate areas for PPE donning and doffing (assigning a compliance officer to the area to ensure PPE is correctly donned and doffed).
- Stationing a trained person at the building to regulate the movement of the staff entering the facility. He/she should be assigned the duty that every person entering the facility should register all of their personal details, designation, and time of entry and exit. The nursing officer must be provided with sufficient stationery to ensure that

[1] National Department of Health. National Practical Manual for the Implementation of the National IPC Strategic Framework, March 2020.Available from: (http://www.health.gov.za/index.php/antimicrobial-resistance/category/629-infection-prevention-and-control-documents)

[2] National Department of Health. COVID-19 Disease: Infection Prevention and Control Guidelines. Version 1. April 2020

all persons are labelled/scanned while entering the building so that they can be identified by security staff.

- Having separate entrances and exits within the building for healthcare/support staff and quarantined/isolated persons to minimise infection risks
- The daily cleaning of the entire quarantine facility with disinfectants as specified in the IPC Manual including surface mopping of all the floor, bathrooms, toilet facilities, undersides of beds and other related items placed in the rooms of quarantined people. Residents should wherever possible be responsible for cleaning their own rooms.

Table 3: Transmission based Precautions for COVID-19[3]

Type	**Recommendations**	**Alternatives**
Patient placement	See engineering controls	Shared toilet facilities to be cleaned regularly (1-2 hr)
Hand Hygiene	Before and after each patient contact (5 Moments of Hand Hygiene) Before wearing PPE After removing PPE	Use ABHR between patients if hands not visibly soiled
PPE - for contact and droplet precautions Gloves - non-sterile, face mask, apron		
Environmental cleaning	Frequent cleaning 2- 3 times/ day. Water, detergent. Wipe over with disinfectant such as 1:1000 ppm available chlorine or 70% alcohol	Use universal wipes which is a combination of detergent and disinfectant.
Terminal cleaning	Remove all linen, healthcare waste and medical equipment and send for disinfection or discard. Clean with water and detergent. Wipe with disinfectant	Use universal wipes which is a combination of detergent and disinfectant
Clinical & Patient care equipment	Dedicated equipment. Disposable where possible Shared equipment to be heat or chemical disinfected after cleaning.	None

6.5. Daily clinical examination and referral

- All quarantined persons should be clinically assessed twice a day (morning & evening) for the presence of symptoms according to the symptom monitoring tool in Annexure

[3] National Department of Health. COVID-19 Disease: Infection Prevention and Control Guidelines. Version 1. April 2020

C, and have their temperature taken. Where symptoms are identified, appropriate action must be taken.

- Those in quarantine requiring who develop symptoms of coronavirus (fever, cough, sore throat, breathlessness etc.) or any other reason need to be referred to a designated hospital with due precautions as per referral SOP.
- Isolated persons must be assessed clinically at least twice a day (morning and evening) according to the guideline on Clinical management of suspected or confirmed COVID-19 disease. Any person who develops disease which no longer meets the criteria for mild disease (as defined in the guideline and shown in table 4) must be managed appropriately and referred. Particular attention should be paid to older residents (> 65 years) and those with underlying medical conditions.
- Arrangements must be in place for assessment, management and referral of persons who develop worsening illness after hours.

Table 4: Criteria for mild disease (for age >12 years)[1]

Respiratory rate <25 breaths/minutes
Heart rate <120 beats/min
Temp 36-39°C
Mental status normal

[1]For age 5-12, use respiratory rate <30, and heart rate <130. For younger ages, use age-appropriate normal values.

6.6. Recording and reporting mechanisms

- Records of all residents need to be maintained.
- The following data elements need to be forwarded on a daily basis to the PDoH and NDoH represented at NATJOINTS.

Quarantine facilities
Number of quarantine beds for COVID-19
Number of admissions into quarantine facility
Number of inpatients in quarantine facility
Number of persons discharged from quarantine facility
Number of persons in quarantine tested for COVID-19
Number of persons in quarantine confirmed positive for COVID-19
Number of inpatients transferred from quarantine into isolation facility once confirmed positive for COVID-19
Isolation facilities
Number of inpatients with COVID-19
Number of positive COVID-19 cases < 5 years discharged
Transfer out of positive COVID-19 cases < 5 years
Number of positive COVID-19 cases 5 - 60 years discharged
Transfer out of positive COVID-19 cases 5 - 60 years
Number of positive COVID-19 cases > 60 years discharged
Transfer out of positive COVID-19 cases > 60 years

- Information needs to be forwarded on a daily basis to the designated district or provincial official who has been designated by the provincial Department of Health to be responsible for collection and collation of data from these sites.

6.7. Monitoring and supervision

- Daily monitoring visits need to be conducted by public health and in-charge officers and gaps to be noted.
- Necessary corrective actions and preventive actions to be taken by the Public Health officer

6.8. Housekeeping

The following is to be noted related to housekeeping at the facility:

Accommodation

- All quarantined persons should be assigned to separate beds in separate rooms (family groups may be housed together). Where this impossible, beds must be spaced at least 2 meters apart (the beds must not be set up facing each other directly).
- Persons in isolation facilities may be accommodated in communal rooms.
- Personal toiletries should be brought in by each resident. Facilities should have a small supply of toiletries and other essential supplies e.g. sanitary pads, tooth paste and brush, for instances where residents are unable to provide their own supplies.
- Linen including towels, blankets, bedsheets, pillows with covers will be provided to each person
- Residents' own clothes may be laundered at own cost or they need to bring enough clothes for the quarantine period.
- All laundry and linen items should be sent to laundry in bags marked infectious and washed in temperatures of 65-70^{O}C cycle.

Catering

- All residents should receive three healthy meals per day with adequate fruit and vegetables. Special dietary requirements (halaal/kosher/vegetarian or vegan) must be catered for.
- Meals should be delivered outside accommodation door every day (yellow zone), three times a day.
- All meals should ideally be prepacked and served in disposable containers with disposable utensils. If utensils are not disposable, these should be placed in collection containers outside the room door for washing in hot water using gloves.
- The facility management/restaurant/caterers are required to provide details of menu options (an eight-day menu cycle is preferred).
- Adequate drinking water should be supplied daily/ accessibility to safe drinking water

Of importance the meal plan for quarantine and isolation sites need to include the following:

- Breakfast
    - Starch: maize or mabele porridge/oats/dry cereal/bread
    - Protein: egg/fish/mince/liver/meat sausages/beans
    - Veg: sliced tomato/cucumber/etc.
    - Milk
    - Tea/coffee
    - Water 500ml
- Lunch
    - Starch: rice/pap/pasta/potatoes/samp/bread
    - Protein: chicken/beef/lamb/pork/mince/fish/beans/lentils
    - Veg/salad x 2: Any variety
    - Fruit: 1 medium fruit/fruit salad/fruit skewers
    - Water 500ml
- Supper
    - Starch: rice/pap/pasta/potatoes/samp/bread
    - Protein: chicken/beef/lamb/pork/mince/fish/beans/lentils
    - Veg/salad x 1: Any variety
    - Tea/coffee (optional)
    - Water 500ml
- Snack pack for the day
    - Starch: crackers/croissant/scone/bread
    - Protein: Cheese/nuts/any meat filler e.g. tuna
    - Milk: Yoghurt
    - Fruit: 1 medium ensure variety
    - Fruit juice

Facilities where food is prepared should have the following:

- Valid Certificate of Acceptability (COA) certificate;
- Copy of Regulations governing General Hygiene Requirements for food Premises, the Transport of Food and Related Matters (R638 of 2018); and
- Follow waste management protocol for safe disposal of all waste (disposable plates, cutlery and food)

6.9. Health care risk waste (HCRW) management

- Collection of health care waste (normal waste) should occur daily by normal municipal services
- All medical and support staff need to be well oriented to requirements of handling and management of general and clinical waste generated at the facility. Steps in the management of HCRW include generation, accumulation, handling, storage, treatment, transport and disposal as mentioned in the SOP need to be followed.
- Daily monitoring & supervision to ensure compliance with HCRW protocol.
- All health care waste generated including masks, gloves and tissues should be treated as Health Care Risk Waste as per SANS 10248-1, 2008. Provinces should utilize the contracted service provider for that particular province for collection, treatment and disposal of waste generated in the designated quarantine facility.

6.10. Complaints and Escalations

All quarantined persons, family of these, staff and facility managers have the right to lodge a complaint. These complaints are to be addressed as per the SOP for complaints and escalations as defined by the PDoH and duly communicated to persons in quarantine. Complaints can be escalated in writing to the NDoH representative at NATJOINTS if there is no resolution provided at provincial level. These would then be tabled at NATJOINTS for deliberation and would be responded to in writing to the PDoH and the complainant.

6.11. Discharge of persons in quarantine from quarantine facilities

- Quarantined persons need to be discharged at the end of the minimum quarantine period of 14 days;
- Upon discharge from quarantine, a letter will be issued to the person confirming that they have concluded the quarantine period;
- The quarantined persons are expected to make their own arrangements for transportation from the facility to their respective homes;
- Where a person who has concluded quarantine period can prove that individual arrangements for transportation to their respective destination cannot be made, the provincial Department of Health will make such arrangements; and
- Instructions should be provided to discharged patients to continue to self-monitor their health at their home for the next 14 days. If they develop symptoms, they should contact their GP, the Covid-19 hotline or their local health facility.

*6.12. **Disinfection and decontamination procedures** (See section on Terminal cleaning in National IPC Manual[4])*

- Once the building ceases to serve as a quarantine facility a terminal disinfection procedure should be implemented;
- Cleaning and decontamination to be performed using the proper personal protective equipment (PPE) and adopting a cleaning system as prescribed by a formulated SOP;
- Cleaning of all surfaces with a neutral detergent;
- Surfaces will be disinfected using 0.5% chlorine, or 70% alcohol wipes or universal wipes with H_2O_2 and peracetic acid;
- While cleaning, windows need to be opened in order to protect the health of cleaning personnel;
- All frequently touched areas, such as all accessible surfaces of walls and windows, doorknobs and handles, the toilet bowl and bathroom surfaces need to be carefully and frequently cleaned and disinfected (see recommended disinfectants above);
- All textiles (e.g. pillow linens, curtains, etc.) should be packed and sent to get washed in laundry using a hot-water cycle (80°C) and adding laundry detergent; and
- Mattresses/pillows should be wiped over with an appropriate disinfectant

7. TRACKING AND PLACING OF PUI'S

Mandatory quarantine or isolation can be done through two processes. The first is travellers who enter border posts and the second relate to people that cannot self-quarantine or isolate and for whom quarantine or isolation facilities is to be provided.

7.1 Port Authority Quarantine

In the case of travellers entering our borders either through air, ports or land, the following process applies:

[4] National Department of Health. National Practical Manual for the Implementation of the National IPC Strategic Framework, March 2020.Available from: (http://www.health.gov.za/index.php/antimicrobial-resistance/category/629-infection-prevention-and-control-documents)

7.1.1 Notification and preparation for incoming PUIs

- Department of International Relations and Cooperation (DIRCO) provides the flight schedule and manifest of incoming persons to Port Health. A notification lead time of 72 hours is required on all port entries prior to arrival;
- Port Health advises NDoH Infrastructure via the Tracking and Placing Coordinator once all information has been verified and confirmed;
- The Tracking and Placing Coordinator notifies the Provincial Coordinator;
- The Provincial Coordinator identifies the facility from the approved and activated list as per NDPW and notifies the relevant PDoH;
- The Tracking and Placing Coordinator advises Port Health of the identified quarantine facility; and
- Port Health liaises with DIRCO and SAPS and arranges transport of the people who have arrived to the quarantine facility.

7.1.2 Port of Entry Clearances

- Port Health is responsible for ensuring that all persons arriving in South Africa are correctly processed (including screening) and referred to the appropriate facility.
- The current default for persons arriving in South Africa is 14 days mandatory quarantine (in a quarantine site). Alternatives may be considered on a case-by-case basis, based on current regulations (these may change during the course of the pandemic), origin of travelers (high vs low risk countries) and extent to which quarantine/infection control procedures were followed before and during travel.
- On arrival, Port Health Officers will explain procedures and provide information to travellers on measures to be implemented related to the quarantine. Port authorities should identify a designated area where South African citizens arriving from high risk countries will undergo all border entities clearance processes, ideally this area should be close to areas where citizens will exit for transportation to quarantine facilities.
- Once clearance has been provided by all border entities, the citizens/permanent residents will be accompanied to the transportation area.

7.1.3 Transportation to quarantine facilities

- The port authorities should provide designated space and exit areas for vehicles transporting citizens from the port of entry to the quarantine facilities.
- The National Department of Health will facilitate transportation from ports of entry of citizens to the quarantine facility.
- Such vehicles should be escorted by the South African Police Service or any other law enforcement agency as and when required.

7.2 Circumstantial Quarantine

In the case where quarantine or isolation facilities is to be provided due to circumstances where individuals cannot self-isolate/quarantine, the process is as follows:

- PDoH is to be informed by the identifying organisation of the details related to the person/s that require mandatory quarantine/isolation.
- The PDoH would identify the facility to be used for quarantine or isolation and facilitate transportation of individuals where required;
- PUI/s is to be transported to the site indicated and would be informed of the process to follow to facilitate admission to the facility.

8. QUALITY ASSURANCE OF FACILITIES

The NDoH would undertake quality assurance activities at the activated facilities at regular intervals in accordance with the requirements of the "COVID-19 QUARANTINE INFRASTRUCTURE CHECKLIST". This would entail the following:

- facility readiness and preparedness in dealing with PUI's;
- assessing the PUI's experience;
- ensuring issues raised have been dealt with appropriately by the PDoH;
- Audit of flight manifest to PUI's in quarantine

9. DATA MANAGEMENT

The collection of information is crucial to assist in the fight of COVID-19 and thus it is important that the facilities and the PDoH be duly informed of their responsibility in this regard. This include the following data

- assessed and approved quarantine facilities;
- number of incoming PUI's and where placed;
- daily tracking of PUI's checked in per facility and discharged;
- random quality assurance site visits; and
- adhoc reports as requested by NATJOINTS

The data responsibilities in this regard are summarised in the table below:

Table 5: Reporting Responsibilities

NDoH – NATJOINTS:	• Communicate reporting and data requirements for collecting • Provide information on incoming Port arrivals
NDoH – Provincial Coordinators:	• Ensure that the communication channels with their respective PDoH is maintained, communicate reporting requirements and facilitate the collating of information required.

NDoH – Assessment Team:	• Quality assurance site visits and feedback • Provide detail on PUI site audit and figures
DPW:	• Ensure that the data and information requirements is specifically defined and narrated as part of the contracting process • Provide feedback on activated site • Provide occupancy potential data
PDoH:	• Provide information related to facilities, PUI, challenges experienced • Daily admissions, discharged and PUI status • Facility occupancy

10. GUIDELINES FOR SELF-QUARANTINE/SELF-ISOLATION

Note that from a practical point of view self-quarantine and self-isolation have the same requirements. People who are required to self-quarantine or self-isolate, should be given the following advice.

10.1 Hygiene at home

- Protect yourself and the people you live with by cleaning your hands frequently throughout the day;
- Wash your hands with warm water and soap for at least 20 seconds before drying your hands thoroughly preferably with a clean single-use towel;
- Alternatively, use alcohol-based hand sanitiser applied to clean hands;
- Cover your mouth and nose with a tissue when you cough or sneeze, or cough or sneeze into your elbow. Use a cloth mask;
- Use of a cloth face-mask is recommended for all household members;
- Throw used tissues in a lined trash can and immediately wash your hands with soap and water for at least 20 seconds, making sure you dry them thoroughly, preferably with a clean single-use towel; and
- Avoid touching your eyes, nose and mouth with unwashed hands.

10.2 Social relations whilst isolating

- As much as possible, limit your contact with people other than the people you are self-isolating with;
- Avoid having visitors at home, but friends, family or delivery drivers can drop off food and other essential supplies. Maintain a distance of 1 to 2 metres during these deliveries;
- If in a home where the others who live with you aren't self-isolating, one should minimise close contact with them by avoiding situations where you have face-to-face contact closer than 1 m. The other household residents do not need to self-isolate provided these precautions are followed;

- Use your own toothbrushes, eating and drinking utensils (including cups and glasses in the bathroom and bedroom), dishes, towels, washcloths or bed linen;
- Do not share food and drinks or prepare food for others;
- Wash your clothing and dishes separate to others in your home;
- You should not share a bed or a room with others during your 14-day isolation period. This includes sleeping in communal areas;
- Minimise the time you spend in shared spaces such as bathrooms, kitchens and sitting rooms as much as possible and keep shared spaces well ventilated;
- Clean surfaces like kitchen benches and sink tops after you use them and try to avoid touching them after you have cleaned them;
- Make sure you use separate towels from other people in your house, both for drying yourself after bathing or showering and for drying your hands;
- If you use a shared toilet and bathroom, it's important that you clean them every time you use them (for example, wiping surfaces you have come into contact with);
- You should use your own toilet paper, hand towels, toothpaste and other supplies during your self-isolation;
- If you share a kitchen with others, avoid using it while others are present;
- Take your meals back to your room to eat;
- If you have one, use a dishwasher to clean and dry your used crockery and cutlery. If this is not possible, wash them using your usual washing up liquid and warm water and dry them thoroughly, remembering to use a separate tea towel; and
- Don't invite or allow social visitors, such as friends and family, to enter your home. If you want to speak to someone who is not a member of your household, use the phone or other means of contact.

10.3 Living with older/vulnerable persons

- Evidence from many countries suggests that older people and vulnerable people (those who are immune-compromised or have pre-existing conditions like cardiovascular disease, diabetes or hypertension) are more at risk for COVID-19 transmission, morbidity and mortality. Particular care should be taken to reduce close contact with such persons. Avoid visiting the elderly if you are in self-isolation at home.

10.4 Children and childcare

- Try to reduce your contact with your children as far as possible, but that may not be possible, particularly with young children;
- Try to explain what is happening in a way that is easy to understand. Tell them you are staying at home to protect other people. Try to avoid worrying them;
- If a child develops symptoms, you should contact their GP, the COVID-19 hotline or their local health facility. They will also need to stay at home for 14 days from the onset of their symptoms;

- If you have tested positive, and you are breastfeeding, take precautions to limit the potential spread of COVID-19 to the baby by:
    - Wearing a mask when breastfeeding
    - washing your hands before touching the baby or bottles
    - avoiding coughing or sneezing on the baby while feeding at the breast
    - considering asking someone who is well to feed your expressed breast milk to the baby
    - if you are feeding with formula or expressed milk, sterilise the equipment carefully before each use. You should not share bottles or a breast pump with someone else.

10.5 Laundry

- Wash items according to manufacturer's instructions;
- You can wash your dirty laundry with the rest of your household if you do the washing yourself, but you should only fold and put away your own items;
- It may be easier for someone else to fold and put away clean shared laundry items (such as towels and tea towels) and provide a supply for you; and
- If you do not have a washing machine, wait 72 hours after your 14-day isolation period has ended before taking your laundry to a laundrette.

10.6 Mental health and wellbeing

- Emotional and mental health is important. It is normal to feel stressed or lonely when self-isolating, during this time you can do the following:
    - Reach out to your usual supports, like family and friends, and talk about how you feel.
    - Stick to a routine such as having regular mealtimes, bedtimes and exercising.
- If you feel you are not coping, it is important to talk with a health professional (which includes allied health practitioners or traditional health practitioners).

11. ENFORCEMENT FOR SELF-QUARANTINE/SELF-ISOLATION

If a person refuses to self-quarantine or self-isolation himself or herself according to the guidelines an enforcement officer, which can be a member of the South African Police Service, the South African National Defence Force, Metro police traffic officers, can enforce the person to a mandatory isolation or quarantined facility as directed per instruction or order from the enforcement officer. Provided that if a person does not comply with the instruction or order of the enforcement officer. that person must be placed in quarantine for a period not exceeding 48 hours, pending a warrant being issued by a competent Court.

ANNEXURE 1: SUMMARY FOR THE OPERATIONALISATION OF QUARANTINE AND ISOLATION FACILITIES

Introduction

The purpose of this operational guide is to facilitate a rapid response to any emergency disaster faced by South Africa that requires quarantine facilities for residents for COVID-19. It seeks to clarify the various government role players required to facilitate a coordinated response.

Objectives

- To provide a checklist for the identification of suitable facilities.
- To provide guidance on the set-up of such facilities.
- To provide guidance on the management of the quarantine facilities

Key Government Departments responsible for quarantine site operationalization

Department of Health

- to identify cities/provinces where quarantine facilities are needed
- to provide specifications for facilities required
- to inspect and assess possible sites as suggested by DPW
- to operationalize these facilities
- to provide data associated with the facility

Department of Public Works

- to identify possible sites based on specifications provided
- to negotiate agreement and occupation
- to procure and mobilise quick infrastructure requirements identified
- to facilitate cleaning of facility prior to occupation

South African Police Services

- to be part of the security services required to secure the quarantine site
- to advise on weak points in the site security
- to liaise with other security services e.g. metro police

Transmission reduction can be achieved by:

- Separation of COVID-19 suspects, as early as possible, from other quarantined or asymptomatic persons.
- Separation of contacts of COVID-19 patients from community; and
- Monitoring of close contacts for development of sign and symptoms of COVID-19.

Focus area	Activities	1 Line department/ sector/ stakeholder	2 Line sector department

Medical screening	• All residents will undergo medical screening (symptom screening and laboratory testing)
	• Medical screening will be conducted by a team from the nearest health facility or provided for by the health district in which the facility is located.
	• At quarantine sites:
	  ○ The screening will be done persons can enter the main door of the facility. This means that the facility must provide space for medical screening.
	  ○ Once the person has been screened, he/she is allowed to have access to the room
	  ○ The purpose of the medical screening is to establish the health status of each resident.
		• Provincial Department of Health including the health district	NDoH

Training of the facility staff	• The training will take place before the residents arrive at the facility. • The DOH staff will conduct training of the facility staff. • The focus is on basic hygiene (infection prevention and control) and universal precautionary measures to be taken • Proper support to the residents	• Provincial Department of Health including the health district	NDoH
Medical/clinical support team	• The local health facility or the district in which the quarantine facility is located will render regular medical and clinical support services to the residents for the duration of their quarantine/isolation facilities. • PHC nurse should be stationed there during working hours to undertake daily symptom screening and twice daily temperatures of residents. • The facility will be provided with contact details for after-hours emergency for standby medical staff • Medical/Clinical team will provide support on referral basis. • The medical/clinical must be linked to the EMS in the case of emergency (if there is a need to immediately	• Provincial Department of Health including the health district	NDoH

Focus area	Activities	1 Line department/ sector/ stakeholder	2 Line sector department
	transfer residents to the hospital for admission, should the status change)		
Provision of the PPE	• The provincial department of health, in which the quarantine facility is located will provide the PPE • The PPE is for the staff, medical/clinical team and other persons who may come into contact with residents.	• Provincial Department of Health including the health district	NDoH
Management of the health care waste	• All items that are used by the residents shall be treated as infectious and must be managed as such • The local health district closest to the quarantine facility will manage the health care risk waste.	• Provincial Department of Health including the health district	NDoH
Provision of cleaning services	• Ensure cleaning services are sourced • Cleaners are trained on IPC – use of appropriate PPE, cleaning material and detergents • Cleaning roster is established for that facility – every 1-2 hours for each communal bathroom; and daily for communal bedrooms and living spaces; every 3rd day for individual bedrooms • Cleaning contract in place for outsourced services	• Provincial Department of Health including the health district	NDoH
Provision of catering	• Prepackaged meals in disposable material sourced • Special dietary requirements catered • Contract for catering in place	• Provincial Department of Health including the health district	NDOH
Provision of linen	• Linen requirements as listed sourced • Contract for laundry services in place or arrangements for local hospital to service facility	• Provincial Department of Health including the health district	NDOH
Assessment of accommodation	• Individual rooms with en-suite or communal bathrooms • Cohort or communal rooms with bed distancing of minimum 2m and communal bathrooms • Natural ventilation • Beds with mattresses • Functional toilets, hand wash basins, baths or showers • Site must have electricity/potable water and functional sanitation	• Provincial Department of Health with Department of Public Works	NDOH/ NDPW
Provision of security at the facility	• The owners of the quarantine facility shall be responsible for the security	• Provincial Department of	NDoH SAPS

Focus area	Activities	1 Line department/ sector/ stakeholder	2 Line sector department
	of both the facility staff and the PUIs in that facility • The department of health shall determine if there is a need for additional security and inform SAPS. • South African Police Service shall conduct the patrol of the facility for the duration of the presence of the PUIs	Health including the health district	

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

ANNEXURE 2: CHECKLIST FOR OPERATIONALISATION OF QUARANTINE FACILITIES

DETAILED CHECKLIST FOR THE ESTABLISHMENT OF A QUARANTINE FACILITY	
1.	**BASIC INFORMATION**
1.1	Name of facility:
1.2	Physical Address:
1.3	Coordinates (Degrees Minutes Seconds): i.e. (25°44'27.40"S; 28°11'24.18"E)
1.4	Contact person:
1.5	Email address:
1.6	Phone number:
1.7	Alternative contact detail:

Checklist		Specifications	Responsibility	Status		Date Updated	Comment
Facility Readiness	**Facility Preparation**	Venue secured	Facility Management Team with support of SAPS	YES	NO		
		Site cleared of guests	Facility Management Team	YES	NO		
		Site cleared of functions	Facility Management Team	YES	NO		
		Staff has been briefed and trained	Provincial DoH/DHMT	YES	NO		
		Referral pathway established for hospital and specialists	Provincial DoH/DHMT	YES	NO		
		Emergency contact numbers available	Provincial DoH/DHMT	YES	NO		
		Accommodation allocated	Facility Management Team	YES	NO		
		Biomedical waste area identified	Provincial DoH/DHMT	YES	NO		
		Meal receiving area identified	Facility Management Team	YES	NO		
		Security post established	Facility Management Team with support of SAPS	YES	NO		
		Process for medical assessment pre- and post-quarantine planned	Provincial DoH/DHMT	YES	NO		
		Process for transport of medical samples to relevant laboratory planned	NICD/NHLS	YES	NO		
		EMS contact details available	Provincial DoH/DHMT	YES	NO		
		Administrative systems in place (IT, printers etc)	Provincial DoH/DHMT/Facility Management Team	YES	NO		
	Facility Specification	Space available for triage/health post room	Facility Management Team	YES	NO		
		Secured perimeter and open areas	Facility Management Team	YES	NO		
		Lift/Disability access	Facility Management Team	YES	NO		
		Reception/Admin area	Facility Management Team	YES	NO		

		Cleaners room	Facility Management Team	YES	NO		
		Green zone for non-PUI staff to rest and change	Facility Management Team	YES	NO		
		Uninterrupted potable water supply	Facility Management Team	YES	NO		
		Functional sanitation	Facility Management Team	YES	NO		
		Functional electricity	Facility Management Team	YES	NO		
		Area for waste storage and collection	Facility Management Team	YES	NO		
		Firefighting equipment, certified	Facility Management Team	YES	NO		
		Parking space	Facility Management Team	YES	NO		
	Facility Capacity	Number of floors in the facility	Facility Management Team				
		Total number of rooms in the facility	Facility Management Team				
		Number of individual rooms with en-suite bathroom	Facility Management Team				
		Number of communal/shared rooms	Facility Management Team				
		Total number of beds in the facility	Facility Management Team				
		Total number of bathrooms in the facility	Facility Management Team				
		Number of en-suite bathrooms	Facility Management Team				
		Number of communal bathrooms	Facility Management Team				
		Number of separate toilets	Facility Management Team				
		Number of Cleaners	Facility Management Team				
		Number of Clinical Staff	Facility Management Team				
		Number of Admin/Reception Staff	Facility Management Team				
		Number of Site Managers	Facility Management Team				
		Number of Security	Facility Management Team				

	Service Readiness	Training team identified, contract in place	Provincial DoH/DHMT				
		On-site clinical team identified, contract in place	Provincial DoH/DHMT				
		On-site facility support staff identified (admin/reception, site managers), contract in place	Provincial DoH/DHMT	YES	NO		
		Catering service provider identified to provide 3 nutritionally balanced meals per day (with dietary requirements and allergy options) pre-packaged with disposable containers and cutlery, contract in place	Provincial DoH/DHMT	YES	NO		
		Laundry service, contract in place	Provincial DoH/DHMT	YES	NO		
		Cleaning service provider identified, contract in place	Provincial DoH/DHMT	YES	NO		
		Waste removal service provider identified, contract in place	Provincial DoH/DHMT	YES	NO		
		Health care risk waste removal service provider identified, contract in place	Provincial DoH/DHMT	YES	NO		
		Security service identified to cover all exits and internal postings if needed, contract in place	Provincial DoH/DHMT	YES	NO		
		Stock management system established	Provincial DoH/DHMT	YES	NO		
		Transport in and out of site established, contract in place	Provincial DoH/DHMT	YES	NO		
		Clinical staff onboarded onto Vula Mobile Application for surveillance and referral	Provincial DoH/DHMT	YES	NO		
		After hours admission and facility management protocol and contact people in place	Provincial DoH/DHMT/Facility Management Team	YES	NO		
		CONTACT DETAILS OF ALL OPERATIONAL STAFF AT FACILITY PROVIDED	Provincial DoH/DHMT/Facility Management Team	YES	NO		

	Consumables: PPE	Clinical gloves (latex, single use gloves for clinical use) available and delivered	Provincial DoH/DHMT	YES	NO		
		Cleaning gloves (reusable vinyl or rubber gloves for environmental cleaning) available and delivered	Provincial DoH/DHMT	YES	NO		
		Surgical masks available and delivered	Provincial DoH/DHMT	YES	NO		
		Aprons (disposable) available and delivered	Provincial DoH/DHMT	YES	NO		
	Consumables: Cleaning products	Disposable towels (e.g. paper towels) and delivered	Provincial DoH/DHMT	YES	NO		
		Toilet paper and delivered	Provincial DoH/DHMT	YES	NO		
		Cleaning clothes available and delivered	Provincial DoH/DHMT	YES	NO		
		Liquid or gel hand soap available and delivered	Provincial DoH/DHMT	YES	NO		
		Appropriate cleaning equipment (buckets, mops etc) available and delivered	Provincial DoH/DHMT	YES	NO		
		Appropriate detergent for environmental cleaning and disinfectant for disinfection of surfaces, instruments or equipment (as per IPC guideline) available and delivered	Provincial DoH/DHMT	YES	NO		
		Toilet and bathroom disinfectant available and delivered	Provincial DoH/DHMT	YES	NO		
		Black/transparent plastic bags for normal waste available and delivered	Provincial DoH/DHMT	YES	NO		
		Red plastic bags for health care risk waste available and delivered	Provincial DoH/DHMT	YES	NO		
		Health care risk waste box available and delivered	Provincial DoH/DHMT	YES	NO		
		Linen collection bags (transparent) available and delivered	Provincial DoH/DHMT	YES	NO		

Accommodation: Room Readiness	**Accommodation Specification**	Rooms have natural ventilation; windows that can open or individual unit air conditioner (NOT central air conditioner)	Facility Management Team	YES	NO		
		Rooms for individuals minimum 12sqm	Facility Management Team	YES	NO		
		Room for use by couple or family minimum 16sqm	Facility Management Team	YES	NO		
		Communal rooms - beds to have at least 1,5m between the edges of both beds	Facility Management Team	YES	NO		
		Room has a lockable door	Facility Management Team	YES	NO		
		En suite bathroom (preferable) or access to toilet and shower/bath in same block	Facility Management Team	YES	NO		
		Room has cupboard with at least one drawer and shelves (preferably lockable)	Facility Management Team	YES	NO		
		Rooms have at least a single bed	Facility Management Team	YES	NO		
		Every bed has washable mattress protector	Facility Management Team	YES	NO		
		Fully functioning lights	Facility Management Team	YES	NO		
		One plug point	Facility Management Team	YES	NO		
		All furniture can be washed or sanitised	Facility Management Team	YES	NO		
	Linen available in every room	Bed sheet	Facility Management Team	YES	NO		
		Pillow case	Facility Management Team	YES	NO		
		Pillow with washable pillow protector	Facility Management Team	YES	NO		
		Blanket	Facility Management Team	YES	NO		
		Bath Towels	Facility Management Team	YES	NO		
	Cleaning tools available in every room	Broom	Facility Management Team	YES	NO		
		Dustpan	Facility Management Team	YES	NO		
		Mop	Facility Management Team	YES	NO		
		Bucket	Facility Management Team	YES	NO		
		Cleaning clothes	Facility Management Team	YES	NO		
		Disposable towels (e.g. paper towels)	Facility Management Team	YES	NO		

	Cleaning products available in every room	Alcohol-based hand sanitiser with at least 70% alcohol	Facility Management Team	YES	NO		
		Liquid or gel hand soap	Facility Management Team	YES	NO		
		Appropriate detergent for environmental cleaning and disinfectant for disinfection of surfaces, instruments or (as per IPC guideline)	Facility Management Team	YES	NO		
		Toilet and bathroom disinfectant	Facility Management Team	YES	NO		
	Other items available in every room	Health care risk waste bins lined with red plastic bag	Facility Management Team	YES	NO		
		Normal waste bin with black/transparent plastic bag lining	Facility Management Team	YES	NO		
		Toilet Paper	Facility Management Team	YES	NO		
		IEC materials	Provincial DoH/DHMT/Facility Management Team	YES	NO		
Triage/ Health Post Consulting Room Readiness	**Room Specification**	Rooms have natural ventilation; windows that can open or individual unit air conditioner (NOT central air conditioner)	Facility Management Team	YES	NO		
		Privacy	Facility Management Team	YES	NO		
		Hand wash basin (preferable)	Facility Management Team	YES	NO		
		Space for small desk and two chairs	Facility Management Team	YES	NO		
		Single bed/consulting bed	Facility Management Team	YES	NO		
	Basic equipment required to be brought daily on site or left at functional quarantine site	Infrared no contact thermometer	Provincial DoH/DHMT	YES	NO		
		Scale	Provincial DoH/DHMT	YES	NO		
		BP machine	Provincial DoH/DHMT	YES	NO		
		Stethoscope	Provincial DoH/DHMT	YES	NO		
		Glucometer with glucose sticks	Provincial DoH/DHMT	YES	NO		
		Basic medication for minor ailments	Provincial DoH/DHMT	YES	NO		
		Sharps container in triage room	Provincial DoH/DHMT	YES	NO		

		Health care risk waste bins lined with red plastic bag	Provincial DoH/DHMT	YES	NO		
		Normal waste bin with black/transparent plastic bag lining	Provincial DoH/DHMT	YES	NO		
		Appropriate detergent for environmental cleaning and disinfectant for disinfection of surfaces, instruments or (as per IPC guideline)	Provincial DoH/DHMT	YES	NO		

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

ANNEXURE 3: DAILY SYMPTOM MONITORING TOOL

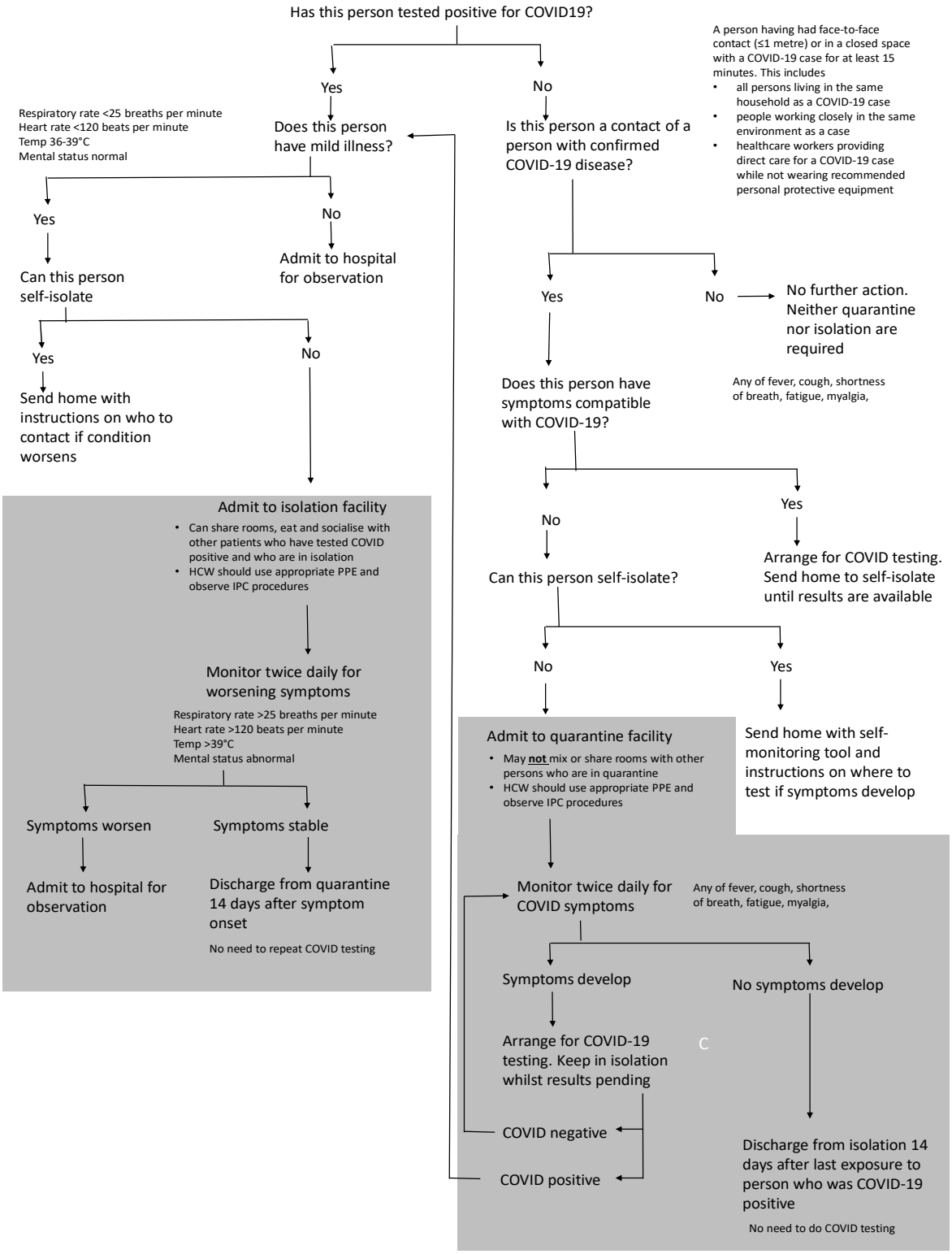
(may also be found at https://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-resources/)

Details of contact of case under investigation/confirmed case			
NICD Identifier	Date last contact DD/MM/YYYY	Place last contact	
Surname		Name	
Date of birth	DD/MM/YYYY	Age (Years)	Sex M ☐ F ☐
Contact #		Alternative contact #	
Relation to case		Place of contact	
Healthcare worker	Y ☐ N ☐	Facility name	
Traced	Y ☐ N ☐	Contact type*	Close ☐ Casual ☐
Email		Monitoring method**	Direct ☐ Self-digital ☐ Self-telephonic ☐ Active-telephonic ☐
Quarantine	Home ☐ Facility ☐	Facility where quarantined	
Physical address (for next month, in South Africa			
House #	Street	Suburb	
Town		Municipality	
District		Province	
Next of kin or alternative contact person details			
Name, surname		Contact number(s)	

Details of health official completing form		Today's date	DD/MM/YYYY
Surname		Name	
Role		Facility name	
Email address		Telephone number(s)	

Instructions for completion: Mark "Y" if symptom present and "N" if not. If any symptoms are present collect, contact _____ immediately and make immediate arrangements for the collection of a combined nasopharyngeal and oropharyngeal swab. Refer to 2019-nCOV Quick Guide on the NICD website for additional details.

DAY	1	2	3	4	5	6	7
Date (DD/MM)							
Fever (≥38°C)	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Chills	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Cough	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Sore throat	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Shortness of breath	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Myalgia/body pains	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Diarrhoea	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

DAY	8	9	10	11	12	13	14
Date (DD/MM)							
Fever (≥38°C)	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Chills	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Cough	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Sore throat	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Shortness of breath	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Myalgia/body pains	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Diarrhoea	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

ANNEXURE 4: FLOW CHART FOR MANAGEMENT OF PERSONS IN QUARANTINE OR ISOLATION FACILITIES