



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

# NATIONAL GUIDELINES FOR QUARANTINE IN CONTEXT OF COVID-19

APRIL 2020



## Foreword

On 30 January 2020, the WHO declared the outbreak of coronavirus disease (COVID-19) a Public Health Emergency of International Concern. Uganda reported its first confirmed case on 21 March 2020. All the countries bordering Uganda have reported confirmed COVID-19 cases with evidence of community transmission in some countries. Globally the WHO risk assessment for this pandemic is very high. In view of this global risk, the government of Uganda decided to close its borders and institute other prevention measures to stop the spread of the virus in Uganda. Quarantining of individuals who have been exposed to confirmed cases of COVID-19 is one of the containment measures that the government of Uganda is implementing. Quarantine involves the restriction of movement, or separation from the rest of the population, of healthy persons who may have been exposed to the virus. The objective of quarantine is to monitor exposed persons for symptoms and ensure early detection of cases to prevent additional exposures or spread of infection.

The purpose of this document is to offer guidance to all ministries, departments and agencies on implementing home, institutional, and geographic quarantine measures for individuals in the context of the current COVID-19 outbreak. These guidelines are in accordance with WHO guidance on quarantine of individuals in the context of coronavirus disease in the world.

This document is informed by current knowledge of the COVID-19 outbreak and by considerations undertaken in response to other respiratory pathogens, including the severe acute respiratory syndrome coronavirus (SARS-CoV), the Middle East respiratory syndrome (MERS)-CoV and influenza viruses. The government of Uganda through the Ministry of Health will continue to update these recommendations as new information becomes available.

Publication and communication of these guidelines should be sent out to all stakeholders including travelers from other countries through the Ministry of Foreign Affairs and Uganda Mission Offices abroad.

I am grateful to all individuals and the health development partners WHO, CDC, UNICEF and DFID for the technical guidance in developing these guidelines.



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## Acronyms

ARDS	Acute Respiratory Distress Syndrome
BP	Blood Pressure
COVID-19	Coronavirus disease
CRP	C-reactive protein
CV	Central Venous
FiO <sub>2</sub>	Fraction of Inspired Oxygen
HFNO	High Flow Nasal Oxygen
ICU	Intensive Care Unit
IPC	Infection Prevention and Control
IV	Intravenous
LFT	Liver Function Test
MERS	Middle East Respiratory Syndrome
PCR	Polymerase Chain Reaction
PEEP	Positive End Expiratory Pressure
PHEIC	Public Emergency of International Concern
PPE	Personal Protective Equipment
RR	Respiratory rate
SARS	Severe Acute Respiratory Syndrome
SOP	Standard Operating Procedure
SpO <sub>2</sub>	Oxygen saturation

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## 1.0 Background

On 30 January 2020, the WHO declared the outbreak of coronavirus disease (COVID-19) a Public Health Emergency of International Concern. The new virus is highly infectious and transmits by respiratory droplets when an infected person coughs or sneezes. As of today, nearly all the countries in the world had been affected, including Uganda, where the first case was reported on March 21. As a result, all Ugandan borders and points of entry were closed till further notice according to a presidential directive. As the outbreak continues to evolve, Uganda is considering options to prevent introduction of the disease to new areas or to reduce human-to-human transmission in areas where the virus that causes COVID-19 is already circulating. A key strategy Uganda is employing to contain COVID-19 spread is to interrupt transmission of the virus through quarantine by separation of healthy persons who may have been exposed to the virus from the rest of the population, with the objective of monitoring their symptoms and ensuring early detection of cases.

Quarantine is a transparent home or institutional restriction of exposed persons' activities when they are not ill or do not have symptoms of COVID-19 for the purpose of protecting unexposed members of the communities from contracting the disease should any at risk person become sick. Quarantine involves the restriction of movement, or separation from the rest of the population, of healthy persons who may have been exposed to the virus. The objective of quarantine is to monitor exposed persons for symptoms and ensure early detection of cases to prevent additional exposures or spread of infection.<sup>1</sup> Quarantine has a different goal from isolation, which is the separation of ill or infected persons from others to prevent the spread of infection or contamination.

To address the need for control of further spread of COVID-19 in Uganda, each of these three types of quarantine may be considered:

- **Home quarantine:** Exposed persons are asked to quarantine themselves individually at home.
- **Institutional quarantine:** Exposed persons are asked to quarantine in a monitored group setting with others
- **Geographic quarantine:** Quarantining across a village, district, region, or country.

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<sup>1</sup> Uganda has the legal authority to impose quarantine (Constitution of the Republic of Uganda 1995, Article 23d; Public Health Act, Section 27, Section 36c). This measure will be implemented as part of a comprehensive package of public health response and containment measures included in the International Health Regulations (2005) which ensures respect of the dignity, human rights and fundamental freedoms of persons.

## **1.1 Purpose:**

The purpose of this document is to offer guidance to all ministries, departments and agencies on implementing home, institutional, and geographic quarantine measures for individuals in the context of the current COVID-19 outbreak. Publication and communication of these guidelines should be sent out to all travellers through the Ministry of Foreign Affairs and Uganda Mission Offices abroad.

This document is informed by current knowledge of the COVID-19 outbreak and by considerations undertaken in response to other respiratory pathogens, including the severe acute respiratory syndrome coronavirus (SARS-CoV), the Middle East respiratory syndrome (MERS)-CoV and influenza viruses. The government of Uganda through the Ministry of Health will continue to update these recommendations as new information becomes available.

## **Specific guidance on;**

### **2.0 Persons to be Quarantined**

1. A person who has had close contact with a confirmed case of COVID-19, with in the period of 0 to 14 days
2. A person (traveler) entering the country from other countries affected by the COVID19 pandemic

A contact is defined as someone who:

- Had face-to-face contact with a COVID-19 patient within 1 meter and for >15 minutes.
- Provided direct care for patients with COVID-19 disease without using proper personal protective equipment.
- Stayed in the same close environment as a COVID-19 patient (including sharing a workplace, classroom or household or being at the same gathering) for any amount of time.
- Traveled in proximity with (<1m away from) a person with COVID-19 disease in any kind of conveyance.

### **2.1 Duration of admission in the quarantine sites**

Quarantine for persons exposed or potentially exposed to COVID-19 lasts 14 days. The days begin being counted from the date of the last exposure to the confirmed case.



In addition, if persons are quarantined in a setting with others (such as a hotel) **and do not maintain complete separation from other persons in quarantine (not sharing eating, sleeping, or other space; staying at least 4 m away from others when passing or in shared toilet facilities if this applies)**, then anyone who tests positive will result in a 14-day extension of quarantine of everyone in facility. For this reason, it is important that persons in quarantine maintain strict separation from others and follow the guidance given to them.

## 2.2 Quarantine sites

An ideal site may include hotel, school dormitories, institutional hostels and any other facilities deemed appropriate to cater for groups of people. Regardless of the setting, an assessment must be conducted to ensure that the appropriate conditions for safe and effective quarantine are being met (attached checklist)

## 3.0 Quarantine setting

Quarantine facilities should be appropriate for this purpose ensuring that a person or persons are physically separated from the community while in the quarantine and separate from each other within the quarantine setting.

### 3.1 Minimum requirements for the Quarantine site

- Quarantine facilities must have ventilated, spacious single rooms with *en suite* facilities (that is, hand hygiene and toilet facilities). If single rooms are not available, beds should be placed at least 4 meters apart.
- Each room must have a mechanism of providing information from the 'outside', such as radios, phones and televisions
- Each site must have a mechanism to allow telecommunication between quarantined persons and their families; all rooms should have a working outlet for persons to charge their phones. For persons without cellular phones, a phone should be availed to them to talk with their families at least twice a week for a period not to exceed ten minutes. This may be achieved through the psychosocial support worker assigned to the facility or through other means.
- For facilities with shared bathroom/toilets there must be an assigned cleaner resident at the facility and ensures the place is cleaned and disinfected at least 6 times a day. The cleaner should put on protective gear while cleaning.

- The residents must be trained to sanitize their hands before entering the bathroom/toilet as well as after leaving the bathroom/toilet.
- Only one person may use the bathroom/toilet at a time
- Bathroom/toilet cleaner should be provided with a sprayer and 1.0% % chlorine solution (that is, 1-part chlorine solution to 99 parts water) to disinfect the common surfaces in the bathrooms.
- Suitable environmental infection controls must be observed, such as ensuring adequate air ventilation, air filtration systems, and waste-management protocols.
- Social distance of 4 meters must be maintained between all persons who are quarantined throughout the quarantine period.

### 3.2 Infection Prevention and Control

Infection Prevention and Control (IPC) involves healthy individual practices that are intended to limit the spread of pathogens from person to person.

Standard precautions for IPC apply to all persons who are quarantined and to quarantine personnel. The quarantine persons and service providers should:

- Be educated/oriented on infection control at the time of admission.
- Observe and perform hand hygiene frequently, particularly after contact with respiratory secretions, before eating, and after using the toilet. Hand hygiene includes either cleaning hands with soap and water or with an alcohol-based hand rub. Alcohol-based hand rubs are preferred if hands are not visibly dirty; hands should be washed with soap and water when they are visibly dirty.
- Ensure that all persons in quarantine are practicing respiratory hygiene and are aware of the importance of covering their nose and mouth with a bent elbow or paper tissue when coughing or sneezing and then immediately disposing of the tissue in a wastebasket with a lid and then performing hand hygiene. A mask can be used where possible
- Refrain from touching the eyes, nose and mouth.
- Any person in quarantine who develops febrile illness or respiratory symptoms at any point during the quarantine period should be Isolated and managed as a **suspected case of COVID-19**.

### 3.3 Environmental controls

Environmental cleaning and disinfection procedures must be followed consistently and correctly. Cleaning personnel need to be educated about and protected from COVID-19

and ensure that environmental surfaces are regularly and thoroughly cleaned throughout the quarantine period. The following procedures should be implemented:

- Clean and disinfect frequently touched surfaces – such as bedside tables, bed frames and other bedroom furniture – daily with regular household disinfectant containing a diluted chlorine solution (that is, 1-part chlorine solution to 99 parts water). For surfaces that cannot be cleaned with chlorine, 70% ethanol can be used.
- Clean and disinfect bathroom and toilet surfaces at least once daily with regular household disinfectant containing a diluted chlorine solution (that is, 1-part chlorine to 99 parts water).
- Clean clothes, bed linens, and bath and hand towels using regular laundry soap and water or machine wash at 60-90 °C (140–194 °F) with common laundry detergent, and dry thoroughly.
- Countries should consider implementing measures to ensure that waste is disposed of in a sanitary landfill and not in an unmonitored open area.
- Cleaning personnel should wear disposable gloves when cleaning surfaces or handling clothing or linen soiled with body fluids, and they should perform hand hygiene before putting on and after removing their gloves.

#### **4.0 Welfare of residents**

- Each resident should receive a minimum of three meals a day, and adequate safe drinking water.
- Every resident should have personal toilet requirements (toilet paper, toothpaste, toothbrush, etc.)
- Baggage and other possessions must be safely kept
- Appropriate medical care must be provided for all residents in quarantine setting.
- Information, Education and Communication materials must be available in a language that quarantined residents can understand.
- Medical assistance must be provided for quarantined travelers who are isolated or subject to medical examinations or other procedures for public health purposes.
- Quarantined residents must be able to communicate with family members and friends who are outside the quarantine facility.
- If possible, access to the internet, news, and entertainment should be provided.
- Psychosocial support to residents must be available at least twice a week.

- Persons >60 years, Pregnant women, breastfeeding mothers and those with comorbid conditions require special attention because of additional needs.

## **5.0 Requirements for all quarantined persons (QP)**

All QP must:

- Provide their name, physical address, and telephone contact to the monitoring team
- Remain isolated in the specified place by themselves for a minimum of 14 days
- Receive testing for COVID-19 at entry (Day 0) and Day 14 of quarantine
- Not to go to work for the duration of the quarantine
- Completely avoid any physical contact with anyone who is not a health care worker
- Have dedicated bedding, towels, cutlery, cups, and plates to last them for the duration of the 14 days
- Wear a medical face mask as per MOH guidance if available
- Have tissues, toilet paper, soap, water, disinfectant, and hand sanitizer
- Report their health status to the medical team daily or any time of the day they feel unwell
- Be available to receive either a phone call or a visit every day, cooperate with the medical team at any time.
- Have a single, healthy, dedicated person to provide them with food and remove their trays where possible
- Observe social distancing of 4 meters at any time during the Quarantine.
- Observe the rules and guidelines set by the hotel management
- Practice health living within your room... exercise
- Exercise outside the room is prohibited
- Communicate any welfare concern to the management

## **6.0 Medical procedures (Tests, Care and monitoring for quarantined persons)**

### **6.1 Testing**

- Tests shall be done on the 1<sup>st</sup> sample at 0 days, and the 2<sup>nd</sup> at 14 days of admission
- The quarantine team should notify the lab team to take samples for testing at an appropriate time. This is to avoid samples to be taken at an inappropriate time
- A sample should be taken for testing immediately from any QP who develops signs and symptoms of COVID-19.

## 6.2 Care and Monitoring

- Medical assessment will be done at time of admission and discharge to the quarantined person using an MOH health status assessment tool (attached).
- All persons quarantined at home OR in a facility must be monitored daily for the duration of the quarantine period by assigned medical team. Self-temperature reporting may be allowed for persons in home quarantine
  - Temperature-daily for all
  - BP-daily for Hypertensives
  - RBS-Daily for Diabetics
- Ideally, the same person should do the daily monitoring throughout to reduce the number of contacts.
- Psychosocial support should be provided to persons in institutional quarantine by the social worker or counsellor
- Quarantined persons with known or identified illnesses shall be monitored closely and or treated by the assigned medical personnel or assisted to access medication
- The clinician on the medical team shall be responsible for referring any QP in case of a need
- Persons who develop COVID-19 related signs and symptoms should be isolated first, treated symptomatically awaiting test results as guided by the testing protocol
- Upon registering a positive case during quarantine, the clinician should call the case management team for emergence evacuation to any of the designated admission center

## 6.3 Discharging from the Quarantine

- The QP is discharged from the quarantine at the end of 14 days if the following criteria are met
  - The 2<sup>nd</sup> test at the end of 14 days is negative
  - There is no evidence of contact with any confirmed case or exposed person during the quarantine period
- A certificate of completion with lab results shall be given from Incident Management structure at the time of discharge
- As an emphasis, a negative result at Day 0 or any day before 13<sup>th</sup> Day of quarantine does NOT qualify a person for release.
- Persons who are symptomatic at discharge, even if they have tested negative, should be referred or advised to access medical attention in any medical facility

- The person being released may obtain their own transport or may be provided transport by the response management team depending on the prevailing circumstances.

## **7.0 HOME QUARANTINE**

Home quarantine refers to the voluntary isolation of an exposed person in the home. If the following requirements below cannot be met, institutional quarantine is recommended when available.

### **7.1 Requirements for persons quarantined at home**

- The Home should be well secured with a fence and gate to physically separate the suspect from the rest of the family/community members.
- The Home must have a dedicated room, beddings, towels, cutlery, cups, and plates *only* for their use, to last them for the duration of the 14 days. The room should be well ventilated and preferably self-contained.
- The home should have, healthy, dedicated person who **MUST** be provided with Personnel Protective Equipment and Infection Prevention and Control educational materials to provide the resident with food and other support activities. This person should also remain in the enclosure for the entire quarantine period.
- The home should have water and electricity within the enclosure, including other social amenities.
- The resident should have access to individual requirements like tissues, toilet paper, soap, water, disinfectant or hand sanitizer without interacting with other community members.
- The home should have separate toilet and hygiene facilities from the rest of the family members/community members. Disinfect after each use using regular household disinfectant or soap and water.
- The Quarantined Person should have adequate food, water, hygiene provisions and appropriate medical treatment for existing medical conditions while in home quarantine.
- The home should have the necessary communication facilities e.g. power, mobile telephone to communicate with family members and other people while in quarantine. Mobile phones must **NOT** be touched by anyone besides the Quarantine Person for the duration of quarantine.
- Home should have hand washing facilities with soap and reliable water source or use an alcohol-based hand rub.

- The QP is encouraged to stay away from pets, which may become contaminated with germs when touched.
- The QP should quarantine team should be willing to be followed up daily by the quarantine team for daily medical and psychosocial follow ups and keep record of the resident's temperature. records
- If the home doesn't have separate rooms the individual should be assessed for institutional quarantine is recommended.

## 7.2 Obligations of Government to persons under home quarantine.

- To orient and provide educational materials to persons in the home of the exposed person to ensure they understand appropriate IPC measures.
- To ensure the QP at home is treated respectfully and their concerns addressed as promptly as possible.
- To ensure the QP at home is visited daily for the routine medical assessments.
- To ensure social support mechanisms and communication are available to QP at home to address concerns or issues
- Provide appropriate assistance to any QP reporting symptoms consistent with COVID-19 for testing (if appropriate) and transport to an isolation facility, if warranted.
- Ensure mechanisms for QP to access urgent medical care for (pregnancy-related issues, or issues related to other chronic underlying diseases
- The government is NOT expected to cover the cost of their home quarantine or activities

## 7.3 Obligations of the Community members and leaders during home quarantine.

- The community leaders should ensure the QP is safe during quarantine and abiding by the quarantine guidelines of not physically interacting with other community members.
- The community members should provide psychosocial support by making phone calls to QP.
- The Community leaders should organize a re-integration meeting for the QP upon completion of the mandatory Quarantine.

## 7.4 Unexposed household members during home quarantine.

Only persons who have had contact with persons suspected or confirmed to have COVID-19 disease require quarantine. Beyond the exposed person, other members of a household are not required to home-quarantine **unless** they have had close contact with

a person with suspected or confirmed COVID-19. However, if a person is quarantining at home, falls ill, and was not sufficiently isolated, *their family members will be required to begin quarantine.*

## 8.0 INSTITUTIONAL QUARANTINE

Institutional quarantine is more complex than home quarantine. It requires oversight and management, as well as training and strict guidelines for care. However, it has the advantage of allowing greater oversight of and support to QP. Guidelines are detailed below, and options are outlined in the Appendix.

### 8.1 Transiting to the institutional quarantine facility

- Persons who need to travel to an institutional quarantine facility must be picked by **ONLY** one person
- The person picking the QP must wear a face mask.
- The QP must sit in the back of the vehicle on the opposite side of the car from the driver
- Adequate ventilation must occur throughout your trip (windows open, not air conditioning)
- QP must avoid contact with the driver

### 8.2 Transiting from place to place e.g. facility to quarantine site

- Transport to the quarantine site must be provided by the Ministry of Health or the local government in the districts
- Persons providing transit services must be dedicated and trained in infection prevention and control and adhere to the above guidelines
- Regional quarantine facilities may be utilized where needed; regional quarantine facilities may serve 3-4 districts
- In these situations, the regional quarantine facilities may not necessarily be in the same district as the home district of the quarantined person
- Persons required to be quarantined in a facility not located in their home district must be offered transport by the Regional Rapid Response Team where the facility is located

### 8.3 Entry medical screening

- All persons entering an institutional quarantine facility must undergo basic screening involving demographics, pre-existing / underlying conditions,



medications, allergies, contacts of personal physicians, other relevant medical needs

- Basic vital signs will also be evaluated

#### 8.4 Rights of persons in institutional quarantine (quarantined persons; QP)

- QP may bring a limited number of personal effects, including medications, a toothbrush, books, a phone, a computer, pens and pencils, notebooks, and clothing.
- QP in institutional quarantine may bring their own beddings (sheets and pillows) and towels if desired.
- QP must receive prompt medical attention when required.
- Any QP who develops other medical issues (running out of medications for chronic conditions, other problems related to underlying illnesses) should communicate this with the surveillance officer / symptom screener reporting daily, who will communicate to the team leader for further awareness and/or action.
- All QP who have a medical emergency (such as a heart attack, pregnancy-related issue, or other medical crisis) and require hospital care will be evacuated with the designated ambulance. An ambulance near to the quarantine facilities should be made available for this purpose.
- All QP with chronic underlying conditions such as diabetes, hypertension, heart disease (anything requiring regular medication) can and should alert the facility focal person on arrival to ensure that appropriate medical support is available if needed. The person to whom the QP discloses medical information must be trained in confidentiality and medical ethics.
- All QP should have access to hand sanitizer in their rooms and throughout facility.
- Any QP at higher risk of infection and severe disease will receive additional surveillance for chronic conditions or specific medical treatments.
- **Anyone who develops symptoms** should remain in their room, **call the hotline** (0800-100-066, 0800 203033) or the district surveillance focal person whose number should be provided, and inform the local point-of-contact at the facility.

#### 8.5 Staff requirements for institutional quarantine

The quarantine site will have the following staff categories:

1. Medical; 1 Clinician, 1 Nurse, 2 Social workers/counselors
2. Administration/welfare staff

### 3. Security

Each of these categories shall have the terms of reference (Annexed). However, majorly their roles are as follows.

The quarantine oversight team must be attached to each quarantine site and may sleep at the site or nearby to ensure easy access to the site.

- Medical:
  - The medical team is responsible for providing a rapid assessment of persons entering and leaving the quarantine at the time of discharge. This is for evaluating any clinical conditions or other medical issues that may need attention.
  - Monitor the health status of all the quarantined persons.
  - Educate and ensure infection control.
  - Treat any conditions and/or refer where necessary
  - Provide psychosocial support
    - I. Responsible for evaluating the emotional well-being of persons entering quarantine
    - II. Ensure that persons in quarantine receive psychosocial support as needed or requested for issues such as anxiety or fear about their situation
    - III. Assist quarantined persons with communication with their loved ones
  - Address environmental controls as described in the infection prevention and control section of this document, including ensuring provision of sanitizers, handwashing supplies, and other IPC materials for the facility.
  - Provide education to incoming persons in quarantine about IPC and the expectations for each person regarding IPC practices during their stay.
- Administration staff/Welfare:

Each site shall have a quarantine manager

  - Responsible for overseeing logistics and compliance with guidelines in the facility among quarantined persons
  - Ensures the safety of persons in the facility and addresses concerns with food, water, utilities, or other issues that may arise
  - Responsible for assessing the facility on a weekly basis to ensure that they remain compliant with requirement as described above

## 8.6 Minimum requirements for all staff

All staff (not just the MoH staff) working at the institutional quarantine facilities should:

- Be trained on the basics of infection prevention and control (IPC) procedures for non-medical facilities, as well as how to don and doff PPE.
- Be provided with special disposal bins for PPE disposal.
- Always maintain a minimum distance of 2m from all other persons in the quarantine site
- Undergo temperature and symptom screening on entry to and exit from work each day. These screenings should be logged in a paper log, to be checked by the Ministry of Health surveillance officer / symptom monitor who visits the quarantine facility.
- Anyone feeling ill should report symptoms immediately to the quarantine site Medical team

## 8.7 Instructions for resident room maintenance in institutional quarantine

- Staff interaction with the QP should be kept to the minimum number necessary.
- Staff should provide QP with materials to clean their own rooms.
- Staff should provide extra sheets and towels in the room with one change per week (if the sheets and towels are provided by the institution)
- Cleaning staff should clean and disinfected all surfaces outside of resident rooms with 1% chlorine solution (1part chlorine to 99 parts water) daily. Surfaces include doorknobs, railings, bathroom surfaces (in places with shared bathrooms), elevator buttons and inside the elevators, and other things that may be frequently touched by residents.
- Cleaning staff should wear eye protection (goggles) when preparing the 1% chlorine solution.
- Cleaning staff should wear disposable aprons, gloves, and masks throughout the process.

## 8.8 Instructions for food preparers and servers

- Food preparers and servers should be kept to a bare minimum number needed to prepare and serve food without additional staff.

- Food should be brought to rooms and left at the door. Servers can knock on the door to indicate that food has been brought.
- Where possible, food should be served in disposable containers. Persons in quarantine should dispose of the containers in a trash bag after finishing their meals.
- At the end of each mealtime, the same servers should clear away dishes or plates.
- Servers should wear gloves and masks when cleaning away dishes or plates.
- For boarding schools or university settings, cafeteria surfaces must be cleaned and disinfected between each shift of persons eating.

#### 8.9 Instructions for administrative staff

- Administrative staff should be kept to a minimum number.
- Staff interaction with QP should also be kept to a minimum number.
- While interacting with QP or their belongings (such as carrying suitcases, etc.), administrative staff should use a face mask and gloves.
- All sites must provide a phone number for an administrative focal point at the hotel. This person and his/her contact information must be identified to the incoming quarantined persons on entry. If residents experience any symptoms, this person should be their first point of contact.
- The administrative focal point coverage should be available 24/7.

#### 8.10 Instructions for maintenance staff

- A minimum number of dedicated maintenance staff should be assigned to the facility for the duration of the quarantine activities.
- The maintenance staff should wear a mask, gown, gloves, and eye protection when working inside any guest rooms.

#### 8.11 Instructions for waste management

- Ensure that each room has a dustbin with a bin liner for disposal of tissues and other waste products.
- All dining facilities should have large trash can with a bin liner for disposal of napkins or other contaminated materials.

## 9.0 GEOGRAPHICAL QUARANTINE

In areas where there are clusters of confirmed cases, geographical quarantine may be considered. Geographical quarantine involves the prevention of movement into or out of proscribed geographic regions. The purpose of geographical quarantine is to limit the spread of infections from a 'hotspot' and to assist with monitoring of exposed persons and identification of symptomatic persons. The minimum geographic area that may be quarantined is a parish, but larger areas may also be subject to geographic quarantine. The decision should be made based on logistics and availability of necessities such as food and water.

### 9.1 Trigger for implementation of geographic quarantine

The decision to implement geographic quarantine will be made on a case-by-case basis by the Director General of Health Services in consultation with the Ministry of Health.

### 9.2 Implementation process for geographical quarantine

If an area qualifies for geographic quarantine, law enforcement persons will be deployed to the area. Contact follow-up will occur as per the Ministry of Health guidelines for any other area. However, persons inside the geographic quarantine area will not be permitted to leave the area for the duration of quarantine except for medical emergencies.

### 9.3 Medical emergencies

Any area required to undergo geographic quarantine will have an assigned medical facility for medical evacuations or provision of other routine medical care as necessary. Efforts should be made to ensure that other social services are not disrupted.

#### Other

In situations where food acquisition will be made more difficult by geographic quarantine, the government is responsible for ensuring the access to food for persons living in the affected area.

## **10.0 SPECIAL SITUATIONS**

### 10.1 Guidance for pregnant women in quarantine

- Pregnant women who require hospital care will be evacuated with the designated ambulance. An ambulance near to the quarantine facilities should be made available for this purpose. Refer to the guidance above.

### 10.2 Guidance for children in institutional quarantine

Disruption of the parent-caregiver relationship can be highly stressful for and damaging to children, creating “toxic stress” which causes physiological responses that can lead to negative lifelong consequences including for a child’s developmental trajectory, educational achievement, and health status among others. Additionally, evidence has demonstrated that harassment, sexual abuse, exploitation, and violence can happen in situations where adequate supervision and separate facilities for males and females, including children, are not in place. These situations can be aggravated by the stress associated with quarantine and fear of disease outcomes.

It is therefore recommended that efforts be made to avoid, and mitigate any separation of children from siblings, parents, and caregivers who are affected by COVID-19. Additionally, ensure all activities, services and facilities have child safeguarding measures to prevent harassment, sexual exploitation, abuse and that any concerns/reports are effectively responded to as part of the best practice.

### **10.4 Standard Operating Procedure (SOP) for identification, referral and support for COVID-19 affected children (Recommended case definitions apply)**

#### *Symptoms and first interaction with the Health System*

When parents call the hotline/Toll Free center, health workers should advise them about self-isolation of the parent or child with symptoms and inform the surveillance team immediately to facilitate access to testing.

If **child/children/parent(s) and caregiver(s) all experience symptoms**: all self-isolate together (no separation) until they can get to a medical facility.



If **child/children experience symptoms but parents/caregivers do not**: practice social distancing from adults and ensure other means of support to the child, they get to the medical facility (Test based admission or clinical assessment-based admission)



If **parent(s)/caregiver(s) experience symptoms but children do not**: parent(s)/caregiver(s) practice social distancing while also maintaining contact with the child until they can reach a medical facility. They inform (a) extended family, (b) trusted neighbor(s) to designate caretaker(s) if they are put into isolation centres to ensure the continuum of care for children.



If the above scenario as **but the parent(s)/caregiver(s) do not have any of the above trusted persons for alternative care or the child is unaccompanied/separated**: Use the child protection case management framework (Mental Health, Psychosocial Support and Child Protection Strategy) including referral pathways to district welfare and probation and para-social workers at community levels, and supporting partners e.g. INGOs, NGOs and CBOs for temporary alternative care. Ensure frontline workforce is practicing self-care and prevention and are provided with psychosocial support (PSS) to keep healthy and safe. For child protection case management, keep siblings together. Identify/train social workers that are oriented and mentored on IPC to provide the necessary care<sup>2,3</sup>. Additional guidance should be sought from the following reference documents for children separated from family-based care: The Children (Approved Homes) Rule, 2013, The draft National Framework for Alternative Care, the Children (Approved Homes) Rules 2013 Assessment Toolkit to ensure compliance with national standards for emergency residential care.

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<sup>2</sup>Safeguarding in Emergencies toolkit <https://resourcecentre.savethechildren.net/library/guidance-note-protection-children-during-infectious-outbreaks>

<sup>3</sup> Technical Note on the Protection of Children during the Coronavirus Pandemic <https://alliancecpha.org/en/COVID19>

## *Considerations for quarantine spaces holding children*

Government and non-governmental partners working with children without parental care during COVID 19 emergency will uphold the following key principles:

- 1) The best interest of the child should be considered in the decision-making process on placement of children in temporary care.
- 2) The family of the child in quarantine will not abdicate their parental responsibility to provide and care for their children. They will operate within the modalities provided by government for family support.
- 3) Document details of parents/family of children placed in quarantine in order to support as family tracing and reunification
- 4) The MGLSD and MoLG to work in an integrated manner with the health sector to strengthen available community prevention and response mechanisms.
- 5) Respective authorities will register, monitor and review each child's care placement.
- 6) The Probation and Social Welfare Officer Prevent and respond to family separation issues arising from the child's discharge from quarantine.
- 7) The family is the basic unit for growth and development of children, therefore, all family-based care option should be prioritized when children are discharged from quarantine.
- 8) Treatment and care in the isolation centre:
  - a. Case management:** Ensure child protection case management forms include details of all family members of the child and parent(s)/caregiver(s) and all data protection and confidentiality is observed.
  - b. Gender-based violence prevention and risk mitigation and response:**
    - i.** Isolation centres should have separate facilities for males and females including for sleeping, sanitation and hygiene (including toilets) and provide sanitary material (including dignity kits)
    - ii.** Efforts should be made to ensure affected families (children and parents) should be kept together. If not feasible, children remain with their mothers (regardless of sex) and no child is on his/her own
    - iii.** Ensure safe /confidential reporting mechanisms in the centre for patients to confidentially share any concerns/feedback e.g. suggestion or complaint boxes
    - iv.** A trained social worker with MHPSS expertise regularly visits the isolation or quarantine centre and meets with patients
      - a. In situations where the child/children may be on their own without parent(s)/caregiver(s) including family-based and foster-care



- v. If prevention of separation of child/children from parent(s)/caregiver(s) is not feasible, and the child/children are on their own:

**4 . Child in isolation:** ensure at least one parent/caregiver resides close to the isolation centre and all efforts are made to ensure non-physical contact with the on a regular basis to mitigate the effect of distress. For children who are unaccompanied and separated, for whom there is no parent(s)/caregiver(s), ensure a social worker who is practicing self-care is tending to the child's welfare and PSS needs.

**5 . Parent(s)/caregiver(s) in isolation:** before any or both parent(s)/caregiver(s) are put in isolation, ensure alternative care for the child/children is in place, while keeping siblings together, and ensuring they have regular contact with their parent(s)/caregiver(s). Case management forms should be completed with all information recorded family members information. Links should be established with the welfare, probation, social workers at district level and para-social workers at community level, coordinated with supporting partners i.e. INGOs, NGOs and CBOs.

1) Death of the parent(s)/caregiver(s):

- a. In addition to the MHPSS needs, providing alternative care in accordance with the national guidelines and global standards, long-term alternative care is provided in the event both parent(s)/caregiver(s) die.

2) Post treatment/care and reunification in family/community:

The 'return to normalcy' issues include stigma/discrimination, the disruption to normal life, including schooling, and recreation among others for children, and stress/fears of parents(s)/caregiver(s) and the immediate community. A MHPSS strategy is required including PFA. Risk communication and community engagement are important with access to inter-personal communication when applicable. Mass media should be used to inform communities, with community influencers and senior leaders messaging to communities. NGOs based in the community should be engaged to leverage these activities on routine programs.

Return home should be carefully monitored and supported with a care plan by the Social Worker. Note that: the process of returning the child to their family after quarantine should begin from the moment a child is placed into quarantine. Continuous communication with the family and community about the child placed in quarantine is important for family and community reunification. Follow-up support in reunification can include:

- a. Ensuring access to health care and information on COVID 19, including education, and other services (after the lockdown)
- b. Support efforts to address stigma and discrimination (a factor in initial quarantine) and work with the community-based structures, including religious leaders

Specifically, assessments and inspections by the PSWO and the Public Health Inspector are important. An inspection report is to be prepared by PSWOs and the Public Health Inspector for accountability to the MGLSD and the District Local Government of the host district.

## APPENDICES

### APPENDIX 1: Designated Institutional Quarantine Facilities

The government has designated sites for institutional quarantine. The sites below are under consideration, and others may be added at the national and district levels. Various advantages and disadvantages are attached to each site type; examples are below.

Name	Location	Details	Advantages	Disadvantages
Makerere Houses of Residence	Kampala	<ul style="list-style-type: none"> <li>• Govt provides mattresses, bedding</li> <li>• Food is home-pay</li> <li>• Guards to monitor</li> </ul>	<ul style="list-style-type: none"> <li>• Large (500+ capacity)</li> <li>• Single rooms</li> <li>• Easy security</li> <li>• Cafeteria setup</li> <li>• Easy to take symptomatic persons to referral hospital</li> <li>• Only one set of facility staff need training</li> </ul>	<ul style="list-style-type: none"> <li>• May need to remove student belongings</li> <li>• Shared bathrooms and eating area</li> </ul>
Hotels	Kampala & Entebbe	<ul style="list-style-type: none"> <li>• Home-pay, \$60-100</li> <li>• Food is home-pay</li> <li>• Should be exclusive for quarantined guests</li> <li>• Guards to monitor</li> </ul>	<ul style="list-style-type: none"> <li>• Individual rooms &amp; bathrooms</li> <li>• Food variety</li> <li>• Privacy</li> <li>• Wi-Fi, televisions</li> </ul>	<ul style="list-style-type: none"> <li>• Stay is expensive</li> <li>• Food expensive</li> <li>• Difficult to secure</li> <li>• Requires training</li> </ul>
Boarding school And institutional housing	Kampala & Entebbe	<ul style="list-style-type: none"> <li>• Gov't provides mattresses, bedding</li> <li>• Food is home-pay</li> <li>• Guards to monitor</li> </ul>	<ul style="list-style-type: none"> <li>• Need to remove student belongings from rooms</li> <li>• Inexpensive</li> <li>• Cafeteria facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Shared dormitories (not single rooms)</li> <li>• Shared bathroom, food facilities</li> <li>• No privacy</li> </ul>

## **APPENDIX 2: TERMS OF REFERENCE FOR THE QUARANTINE MANAGEMENT TEAM**

### QUARANTINE MANAGER (QM)

Within delegated authority, and under the overall leadership of the Quarantine Pillar Head and reporting to the Incident manager, the QM will:

1. Lead and coordinate the Quarantine activities at the National level, assess and reassess the operations, determine strategies, set objectives appropriate to the level of response
2. Direct and guide the rapid implementation of the Quarantine Management guidelines, ensuring synergies between the surveillance, Risk Communication, Psychosocial, IPC including WASH within the quarantine facilities
3. Oversee the monitoring and evaluation of the quarantine facilities and take corrective actions where necessary. Engage with owner of premises to understand operational obligations in terms of maintenance of structures and provision of essential services related to water, sanitation and electricity
4. Develop a detailed and fully costed budget that covers all the resources required to undertake the work, including details of basis for charging (daily fees, number of days, expenses, etc)
5. Prioritizing delivery of health service to needy individuals under quarantine, facilitate access to specialized medical services and supplies (for chronic conditions, other problems related to underlying illnesses)
6. Review the COVID 19 trends within quarantine and conduct risk assessments to inform interventions to reduce transmission within the facilities
7. Maintain a data base of all the quarantine facilities including the occupants date of admission, sex, age, date of discharge and outcome
8. Facilitate exit interviews for the members completing the quarantine period and issue clearance certificates

9. Ensure that security of all individuals in quarantine facilities is maintained as per the national quarantine guidelines, and report violations of the guidelines and human rights or abuse
10. Facilitate availability of provisions for the teams working in quarantine facilities

## **ACCOUNTABILITY**

1. The Quarantine Manager is ultimately accountable to the populations in quarantine. The QM reports to the Quarantine Pillar Lead and Incident manager
2. The QM works closely with the DIC and Secretariat and any other relevant coordination authority.

## **MEDICAL TEAM**

The medical team will consist of 4 persons:

1. Clinician
2. Nurse
3. Psychosocial worker
4. Counselor

### **Clinician**

- Is the overall leader of the care team (Medical and Psychosocial)?
- Reports to the site supervisor on the daily basis
- Responsible for the general medical/health care of the Quarantined Clients (QC)
- Does clinical assessment at the entry and discharge of the QCs (Chronic illnesses and developing medical concerns)
- Monitors the medical state of clients daily and reports medical issues raising
- Ensures quarantine guidelines and protocols at the site are observed by all; the Medical team, Hotel/institutional staff, QCs, and security
- Provides daily updates on the welfare of the site
- Together with team members educate site staff, QCs and security on the Quarantine protocols and guidelines
- Supervises the Nurse and the Social worker and the counsellor

- Refers any QC who needs medical attention in a health facility
- Oversee the transfer of any QC who tests positive

### **Nurse**

- Reports to the clinician
- Monitors the temperature of all the QCs daily
- Monitors the health status of the QCs
  - Chronic illnesses
  - including their medications
- Assists the clinician in his/her responsibilities

### **FAMILY LIAISON OFFICER (FLO) /SOCIAL WORKER- TERMS OF REFERENCE**

- The FLO/Social worker is the main point of contact for a quarantined family member.
- At the beginning of the quarantine period, the FLO/Social worker should accompany a Surveillance Officer to explain the rationale for quarantine and clearly outline the process so that the people to be quarantined know what to expect. If the FLO/Social worker is unable to attend, a suitable alternative will be sent by the Quarantine Manager.
- The FLO/Social worker is responsible for liaising with the Case Management Pillar to follow up on all patients transferred from quarantine to COVID 19 Treatment Centre and provide regular updates to family members.
- In the event of a death of a COVID-19 patient, the FLO/Social worker should inform family members of the event in person (not via a telephone) as soon as possible, and immediately arrange for additional psychosocial support to be provided through the Pillar
- The FLO/Social worker should provide his/her contact details to the quarantined individuals and maintain regular contact with them to monitor the timely provision of other services and where necessary to alert the responsible partner while also informing the Quarantine manager and designated psychosocial support team

- Where additional support is needed, the FLO/Social worker should alert the Quarantine Manager, who will refer as appropriate.

#### **APPENDIX 4** RAPID ASSESSMENT CHECK LIST FOR DISTRICT BASED INSTITUTIONAL QUARANTINE CENTRES (IQC) FOR COVID 19 SUSPECTS.

**Background:** Uganda like most countries in the world is currently responding to the COVID 19 pandemic that started from Wuhan China and rapidly spread to most countries in the world. As part of our national COVID 19 response strategy we are required to establish and functionalize district based Institutional Quarantine Centers at regional level (district hosting a Regional Referral Hospital) and selected high risk districts mostly boarder districts and districts were COVID 19 cases were identified.

This rapid assessment of district based Institutional Quarantine Centres is conducted by members of the Non-Medical Logistics Committee on behalf of the COVID 19 National Task Force with the goal of providing accurate status information that will guide preparedness and response interventions.

#### **The objectives of the rapid assessment are to;**

1. To evaluate the physical state and suitability of the proposed Institutional Quarantine Centre (IQC).
2. To observe and document the availability of standard Infection Prevention and Control (IPC) practices.
3. To assess availability of Critical Medical and Non- Medical Logistics for Institutional Quarantine Centres (IQC). The Critical Non-Medical Needs for Institutional Quarantine Centres;
  - i. Individual resident Logistics  
Beddings, Food and water, medical care, room utensils, other special needs etc.
  - ii. Institutional Logistics  
Power, Water, Security, Cleaning services, Waste Mgt, disinfection and fumigation, support staff, Technical staff
  - iii. Cross Cutting Logistical needs that require financial support.
    - Vehicles (Ambulances for High risk patients, Double cabins and Vans for contacts, Pickups as utility cars)

- Fuel (Ambulances, Field teams, transport of medical workers, transport of the residents upon completion of their time of quarantine)
- Payments to technical and support teams at the quarantine facilities.
- Production and distribution of Information Education Communication (IEC) materials, guidelines and protocols
- Supervision and Monitoring of all response interventions by the DHT.
- Coordination meetings with other stakeholders.
- Special need residents like Mothers, Disabled and Babies
- Advocacy and social Mobilization on radios.

#### IQC ASSESSMENT CHECKLIST:

S/N o.	Item Assessed.	Description	Score (0-5)	Comment
<b>1.0 PHYSICAL STATE AND SUITABILITY ASSESSMENT.</b>				
01.	<b>Building state and capacity.</b>	Observe if the walls, windows, doors, roof, ceiling are in good state.  Establish the no. of rooms available.		
02.	<b>Availability of Fence and physical location</b>	Observe if the structure is well secured with an intact fence and gate to control entrance?  Comment of physical location, IQC should not be in the middle of a high population.		
03.	<b>Availability of reliable running water</b>	Observe if the building has running water currently and has an alternative water source		
04.	<b>Availability of reliable power supply</b>	Observe if the building has power, bulbs and sockets are functional and has alternative power source.		



05.	<b>Availability of Toilets/Pit Latrines and Bathing facilities.</b>	Observe state and also document the number of both Toilets and showers.		
06.	<b>Availability of waste management facilities.</b>	Medical waste ask for Waste Segregation facilities and Incinerator.  Waste management Bins for ladies' hostels.  Non- Medical Waste ask for waste Management Plan		
07.	<b>Availability of Formal request for facility.</b>	The facility should be formally requested from the management of the school.		
<b>2.0 INFECTION CONTROL AND PREVENTION (IPC)ASSESSMENT</b>				
01	<b>Hand Hygiene</b>	Observe availability of hand washing facilities at least (02) or more with soap.		
02.	<b>Availability of trained IPC Committee</b>	Ask for head of IPC and plan.		
03.	<b>Availability of IPC guidelines</b>	Observe availability and use		
04.	<b>Availability of Translated IEC materials on COVID 19</b>	Observe		
05.	<b>Availability of IPC Logistics</b>	Ask and if possible observe, Jik, soap, gloves, Disposable face masks, N95, sanitizers, gowns, Vim, heavy duty gloves, Gum boots for cleaners.  Plastic waste bins.		

06.	<b>Availability of disinfection and fumigation facilities.</b>	Ask if district Entomology Officers can support this.		
07.	<b>Availability of spray pumps</b>	These are very important for the 4 times daily disinfection of the shared toilets and showers. We recommend at least 02 spray pumps.		
<b>CRITICAL MEDICAL NON-MEDICAL NEEDS ASSESSMENT</b>				
01.	<b>Availability of Human Resources to manage the IQC.</b>	<ul style="list-style-type: none"> <li>● Ask availability of resident technical team we recommend 04 people (01 Clinician, 02 Nurses and 01 Psychosocial worker/Counsellor)</li> <li>● Ask availability of support staff We recommend (04) Cleaners and One Warden who can be engaged locally on locum basis. These people should also be resident at the IQC to avoid carry infection to community.</li> <li>● Ask for availability of local Askari we recommend (02) to support Police and Army, these should also be engaged on local contracts.</li> </ul>		

02.	<b>Beddings and other individual needs Estimated at medium capacity IQC of 75 people.</b>	IQC has capacity to accommodate <b>50-75</b> quarantine residents.  <b>75</b> (Mattresses, bed sheets, blankets, Mosquito nets, plates, cups, water containers, bathing soap, washing soap tooth paste and brush, Sanitary pads)		
03.	<b>Feeding Needs of Residents</b>	Assess availability of food or supplier of meals to give breakfast, Lunch, and Supper.  Assess also availability of adequate safe drinking water for residents.		
<b>CROSS CUTTING LOGISTICS</b>				
01	<b>Vehicles</b>	Ask how many vehicles are designated to do COVID 19 work on daily basis.  What are the recurrent needs of the vehicles.  Availability of Budget to Estimate the monthly Fuel requirements for at least 6 months.		
02.	<b>Stationery and small office equipment.</b>	IQC Medical Assessment and Admission forms, Quarantine guidelines, Sample Collection forms, Daily attendance logs, Discharge assessment forms, Discharge certificates, Emergency travel forms, IEC materials, Medical review forms, counselling forms.		

		Paper files, envelopes, stapler, punching machine, Counter books ( stores, security, ward)		
<b>03.</b>	<b>Medical logistics Small Medical Equipment</b>	Assess availability of First Aid kit with basic first Aid supplies, Infrared Thermometer, Stethoscopes, Malaria RDTs.		
<b>04.</b>	<b>Availability of communication Gadgets</b>	Assess availability of communication gadgets like phones and TVs in rooms and radios.		
<b>COVID 19 RESPONSE COORDINATION TEAM</b>				
<b>01.</b>	<b>Availability of costed preparedness and response plan</b>	Review copy of costed plan		
<b>02.</b>	<b>Availability of Functional District Task Force</b>	Ask for; Attendance Lists. Minutes and action reports		
<b>03</b>	<b>Participation of the Regional Referral Hospital in the COVID response activities</b>	Specify the role of RRHs in COVID response.  Ask about progress on the Isolation Centre for confirmed cases		
<b>04.</b>	<b>Availability of Regional epidemiologists</b>	Assess if the Epidemiologists are already at the region.		

## APPENDIX 4: MINISTRY OF HEALTH QUARANTINE CHECKLIST

Date	__/__/__	Location/Site address
NAME OF SERVICE PROVIDER		
Name of Officer on site		

Item No	Infrastructure	Yes	No	Comments
1.	Separate rooms (one person per room) with dedicated toilet facility are available			
2.	In case of no single rooms available, a 2-meter space can be maintained between the beds			
3.	In case separate bathrooms are not available, a shared bathroom has an assigned person to monitor hand sanitizing before/after toilet use			
4.	The institute is well ventilated with electricity and water supply.			
5.	Basic amenities are available			
6.	IEC materials are posted throughout the facility			
<b>Staffing</b>				
1.	The building has a security person who restricts leaving/entering the institute and ensures that no visitors are allowed in.			
2.	There is an administrative person to maintain a log sheet of entry.			
3.	A medical supply staff is assigned for checking the availability of needed supplies including the Personal Protective Equipment's.			
4.	There is a public health team to conduct daily active monitoring for the absence/presence of symptoms and filling the follow up sheet and to provide the person with an information card of institutional isolation			
5.	There is access to psychosocial, general medical support, and emergency services available at the facility			
<b>WASH</b>				
1.	There is availability of requirements for hand hygiene (water and soap and touchless alcohol-based hand sanitizer dispensers in each room, outside of bathrooms, and at facility entry and exit)			
2.	There is a hand sanitizer in every room			
3.	There is a hand sanitizer in every bathroom			
4.	There is a hand sanitizer in all common areas			
5.	Soap and water are available in all rooms			
6.	There is chlorine solution at the facility			

<b>Supplies</b>				
1.	There are paper tissues in all rooms and common areas			
2.	There are waste bins in all rooms and common areas			
3.	Chlorine solution available			
4.	Soap and water are available in all rooms			
5.	Gloves are available			
6.	Masks are available			
<b>Utilities</b>				
1.	Government to provide the basic needs including food, water, laundry, and housekeeping services.			
2.	Telephone network available			
3.	Government to provide bedding and towels for all persons in quarantine			
4.	Toilet surfaces are cleaned and disinfected daily with regular Chlorine solution (1 part of chlorine solution to 99 part of water)			
6.	Clothes and other linen used by the quarantined/isolated person are cleaned separately using common household detergent and dried.			

**APPENDIX V: ASSESSMENT FORM FOR HEALTH STATUS AT DISCHARGE OF INDIVIDUALS UNDER INSTITUTIONAL QUARANTINE**

1 Date: [D\_] [D\_]/[M\_] [M\_]/[Y\_] [Y\_][Y\_][Y\_]

2 Name of individual to be discharged: \_\_\_\_\_

3 Telephone contact of individual to be discharged: \_\_\_\_\_

4 Location of quarantine: \_\_\_\_\_

5 Date entered quarantine: \_\_\_\_\_

6 Number of days under quarantine: \_\_\_\_\_

7 Assess for any of the symptoms below (check all reported symptoms):

Temperature: [ ] [ ] [ ] °C

History of fever<sup>2</sup> / chills     Shortness of breath     Pain (check all that apply)

General weakness     Diarrhea ( ) Muscular ( ) Chest

Cough     Nausea/vomiting ( ) Abdominal ( ) Joint

Sore throat     Headache     Loss of appetite

Runny nose     Irritability/Confusion

Other, specify

Date of onset of symptoms (if any): [D\_] [D\_]/[M\_] [M\_]/[Y\_] [Y\_][Y\_][Y\_]

Unknown

8. Any underlying medical/surgical condition Yes No

9. If Yes, what is the condition \_\_\_\_\_

10. Results of Laboratory testing for COVID 19 \_\_\_Positive \_\_\_Negative

11. Health status:  Good     Further assessment required

12. Recommended for discharge:  Yes     No (Specify \_\_\_\_\_)

13. Name of Interviewer/Assessor: \_\_\_\_\_ Tel #: \_\_\_\_\_

