

**Directorate of Health Services
Satpuda Bhawan, Bhopal
Madhya Pradesh**

S.No: / /2020

Bhopal, 25/04/2020

To,

The District Magistrate
Chief Medical and Health Officer
All Districts
Madhya Pradesh

Subject: Guideline for the quarantine facilities.

Quarantine is the separation and restriction of movement or activities of persons who are not ill but who are believed to have been exposed to infection, for the purpose of preventing transmission of diseases. Persons are usually quarantined in their homes, but they may also be quarantined in community-based facilities.

I. Who needs to be Quarantined:

All asymptomatic contacts of suspect/confirmed cases will be quarantined either in home or facility. Home quarantine is always preferred over facility (institutional) quarantine. However, the following needs to be accommodated in facility quarantine:

- 1) When there is no possibility of home quarantine due to paucity of space in home or if there is any member at home who is above 60 or having a co-morbid condition.
- 2) Those above 60 years of age or having comorbid conditions.
- 3) In Evacuee situations, an individual or to a group of persons who are exposed at a large public gathering/Hotspot zones or to persons believed exposed on a conveyance during international, interstate, inter-district travel. For Ex: Migrant labours coming from red zone districts etc.
- 4) HCW working in COVID facilities for 14 days continuously, will be quarantined for the next 14 days.

Evaluation of potential sites for facility-based quarantine is important for preparedness planning. Following are the important points for selection and operation of the facility quarantine.

II. Requirements for Quarantine facility:

1. Location:

- preferably placed in the outskirts of the urban/ city area (can be a hostel/unused health facilities/buildings/marriage halls/dharamshala/community halls etc.)
- away from the people's reach, crowded and populated area
- well protected and secured (preferably by security personnel/ army)
- preferably should have better approachability to a tertiary hospital facility having critical care and isolation facility

2. Access considerations

- Parking space including Ambulances etc.
- Ease of access for delivery of food/medical/other supplies
- Differently-abled Friendly facilities (preferably)

3. Ventilation capacity:

- Well ventilated preferably natural

4. Basic infrastructure/functional requirements:

- Rooms/Dormitory separated from one another may be preferable with in-house capacity of 5-10 beds/room.
- Each bed to be separated 1-2 meters (minimum 1 metre) apart from all sides.
- Lighting, well-ventilation, heating, electricity, ceiling fan
- Potable water to be available
- Functional telephone system for providing communications.
- Support services- fooding, snacks, recreation areas including television
- Laundry services
- Sanitation services/Cleaning and Housekeeping
- Properly covered bins as per BMW may be placed

5. Space requirements for the facility:

- Administrative offices- Main control room/clerical room
- Logistics areas/Pharmaceutical rooms
- Rest rooms- doctors/nurses/supporting staffs
- Clinical examination room/ nursing station / Sampling area
- Laundry facilities (on- or off-site)
- Mess/Meal preparation (on- or off-site)
- Holding area for contaminated waste

- Washroom/Bathroom/Toilet

6. Social support resources/ Recreational areas

- Television and radio / Reading materials/ indoor plays

7. Monitoring the health of contacts:

- During that period, contacts should be monitored at least daily for fever and respiratory symptoms.

III. Standard operating Procedures:

To ensure smooth operation in the quarantine facility, the standard Operative procedures (SOPs) needs to be framed as under

- Daily monitoring surveillance using the daily reporting format
- Fever triage/ Isolation
- Case and contact monitoring and response
- Transfers of suspect/symptomatic to designated hospital (through ambulances)
- Public information
- Provider information SOP's
 - medical personnel
 - nursing
 - movement of health personnel and support staff
 - security staff

IV. Following points also needs to be taken care of :

- It is preferred to limit the strength to 25 in facility quarantine. However if the situation demands, it can be increased depending upon the availability of the supporting infrastructure and human resource.
- The Entertainment facility like TV , music system shall be installed.
- Signages and posters depicting common dos and don'ts , helpline numbers and movement plan in the faculty should be used.
- Risk assessment of the quarantine facility: The risk level refers to how likely it is that someone in the Quarantine camp will become infected with coronavirus as a result of movements and activities performed in the Quarantine camp.
- Securing Entry and Exit points: In order to prevent and control infection in the facility, strategic points in the facility need to be identified.
- Human resource Deployment: In the quarantine facility, the Chief Medical officer needs to be appointed as In-charge /nodal officer for overall coordination and supervision of the quarantine center.

- Training: Training is the most important and critical part to ensure that all activities take place as per established protocol and SOPs, training of health care professionals and other relevant staff was undertaken initially.
- Daily Clinical Examination and referral: All quarantined people needs to be examined twice (morning & evening) daily clinically and those requiring referrals for related symptoms of Coronavirus (fever, cough, sore throat, breathlessness etc.) or any other reason needs to be referred to designated hospital in ambulance directly with due precautions as per referral SOP.
- Daily review meetings need to be conducted under chairmanship of the Chief medical officer to discuss day to day affairs and sort out any issue requiring attention.
- 24*7 control room need to be established at the facility with monitors for CCTV cameras and speakers at each floor so that quarantined people can be communicated on a routine basis and necessary instructions can be provided.
- Establishment of Infection Prevention Control (IPC) measures: As per risk assessment was undertaken with respect to probability of infection from possibly infected quarantine people to health care, other staff and surrounding areas.
- Lodging, Catering, Laundry and other related activities: Disposable and pre-packed food needs to be served to quarantined people.
- Biomedical waste (BMW) management: To ensure that biomedical waste management in the facility takes place as per standard guidelines, separate yellow, red /black bags, foot operated dustbins need to be kept at each floor and outside the facility.
- Information, Education & Communication (IEC) and Psycho-social support: As on arrival, there might be an obvious sense of psychological fear and panic among all the quarantine people and some of the involved stakeholders like health care professionals/staff including doctors, security personnel etc.
- Sample collection and packaging: For baseline testing, Samples (Nasopharyngeal swab and throat swabs) for COVID-19 need to be collected from all quarantine people.
- Discharge of quarantine people from Quarantine Facility: The quarantine people need to be discharged at the end of 14 days of incubation period provided samples are negative on resampling.
- Terminal Disinfection and decontamination procedures: Quarantine facility terminal disinfection procedures to be performed as per guidelines.

V. Instructions for the inmates in the Quarantine :

A - Home Quarantine

- Download Sarthak and Arogya Setu app and self monitor everyday
- Cope Up program for 14 days to overcome psychological stress.
- Administration of HCQS to all the persons in the home on the Physician's advice.
- Stay in a well-ventilated single-room preferably with an attached/separate toilet.
- Needs to stay away from elderly people, pregnant women, children and persons with co-morbidities within the household.

- Restrict his/her movement within the house.
- Under no circumstances attend any social/religious gathering e.g. wedding, condolences, etc.
- Wash hands as often thoroughly with soap and water or with alcohol-based hand sanitizer.
- Avoid sharing household items e.g. dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people at home.
- Wear a surgical mask at all times. The mask should be changed every 6-8 hours and disposed of. Disposable masks are never to be reused.
- Masks used by patients / caregivers/ close contacts during home care should be disinfected using ordinary bleach solution (5%) or sodium hypochlorite solution (1%) and then disposed of either by burning or deep burial.
- Used masks should be considered as potentially infected.
- If symptoms appear (cough/fever/difficulty in breathing), he/she should immediately inform the nearest health centre, 104 or call 011-23978046.

Instructions for the family members of persons being home quarantined

- Only an assigned family member should be tasked with taking care of such a person.
- Avoid shaking the soiled linen or direct contact with skin.
- Use disposable gloves when cleaning the surfaces or handling soiled linen.
- Wash hands after removing gloves.
- Visitors should not be allowed.
- In case the person being quarantined becomes symptomatic, all his close contacts will be home quarantined (for 14 days) and followed up for an additional 14days or till the report of such case turns out negative on lab testing.
- Clean and disinfect frequently touched surfaces in the quarantined person's room (e.g. bed frames, tables etc.) daily with 1%Sodium Hypochlorite Solution.
- Clean and disinfect toilet surfaces daily with regular household bleach solution/phenolic disinfectants.
- Clean the clothes and other linen used by the person separately using common household detergent and dry.

B - Facility/Institutional Quarantine

- Download Sarthak and Arogya Setu app and self monitor everyday
- Cope Up program for 14 days to overcome psychological stress.
- Administration of HCQS to all the persons in facility quarantine on the Physician's advice.
- Wash hands as often thoroughly with soap and water or with alcohol-based hand sanitizer.
- Wear a surgical mask at all times. The mask should be changed every 6-8 hours and disposed of. Disposable masks are never to be reused.

- Used masks should be considered as potentially infected.
- If symptoms appear (cough/fever/difficulty in breathing), he/she should immediately inform the caretaker.
- Inmates should follow the common instructions applicable in home quarantine.

VI. Monitoring

Regular Monitoring is to be done through **CCTV Cameras, Sarthak , Aarogyasetu, Portals,** Field visits, Feedbacks, Portal dashboard etc. Monitoring can be done under 2 heads:

- 1) Monitoring of functional status of the center :
 - a) To ensure that all the protocols and guidelines are thoroughly followed.
 - b) To ensure supply chain management and logistics are well planned and operational.
 - c) To monitor clinical examinations and the reporting is done as per the guidelines.
- 2) Monitoring of Inmates :
 - a) Health check up at least twice a day .
 - b) Sampling and testing
 - c) Referrals
 - d) Discharge

(Faiz Ahmed Kidwai)
Commissioner, Health Services
Bhopal, MP

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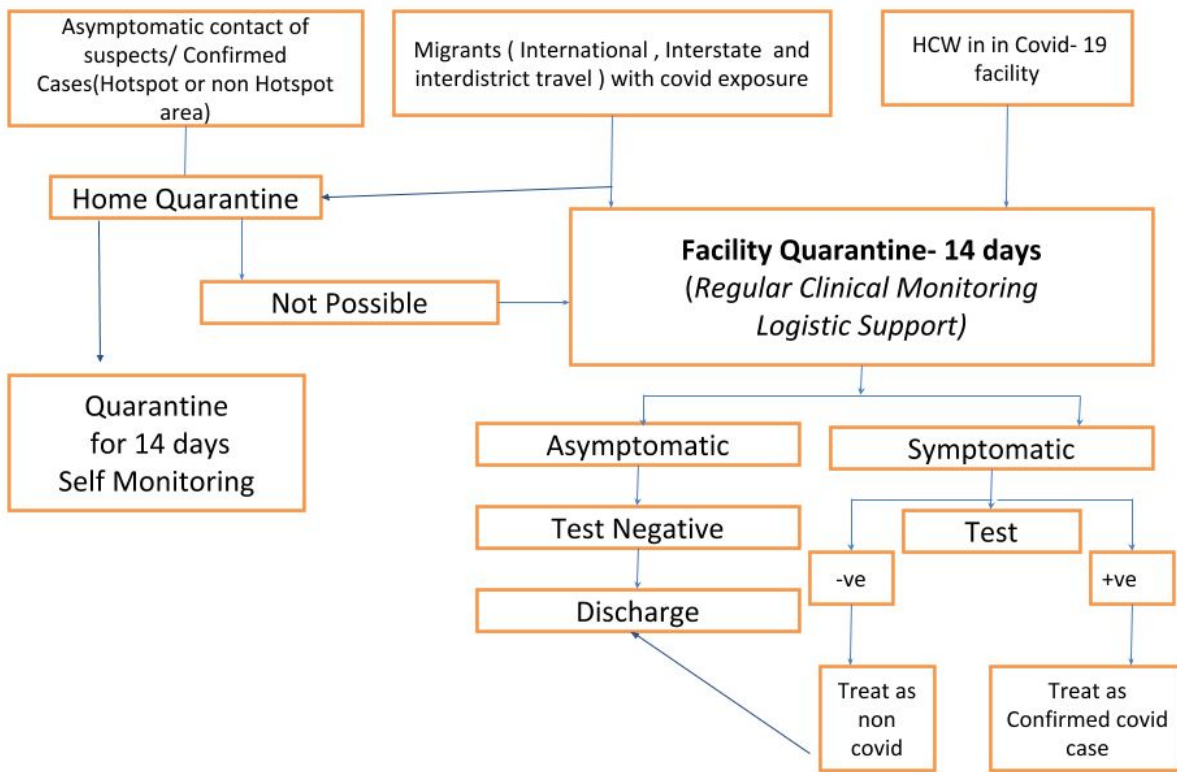
Copy to:

1. Additional Chief Secretary, Public Health & Family Welfare , GoMP, Vallabh Bhawan, Bhopal, M.P
2. Principal Secretary, Public Health & Family Welfare, GoMP, Vallabh Bhawan, Bhopal, M.P
3. Principal Secretary, Medical Education, GoMP, Vallabh Bhawan, Bhopal, M.P
4. Commissioner, Medical Education, GoMP, Bhopal, M.P
5. Mission Director, NHM, M.P
6. All Divisional Commissioners, M.P

7. Incharge, Covid-19 Control room, Directorate, Health Services, M.P

Commissioner, Health Services
Bhopal, MP

Quarantine Algorithm



Note:

- Symptomatic suspected cases are isolated in Covid facilities (CCC, DCHC or DCH) depending upon severity of the case.
- Confirmed Positive cases are **NOT** admitted in quarantine facilities.

Quarantine Guidelines - GMC Bhopal (Based on SGPGI Quarantine recommendation for Health Care Workers (HCWs))

Category	High Risk	Low Risk	
		Group A	Group B
HCW to include	1. All HCWs working in ICUs in any area in COVID hospital	1. A protected or unprotected exposure of less than 15 minutes	1. Kitchen staff
	2. HCWs involved in performance of aerosol generating procedures	2. A protected exposure with a distance more than 2 meters and duration less than 15 minutes	2. Registration counter staff
	3. Any protected contact of more than 15 minutes and at a distance less than 2 meters from a	A. X-ray technician	3. Security personnel
	4. Any unprotected exposure to suspected or confirmed case at a distance less than 2 meters	B. Porters involved in patient transport	4. Data entry operator
	5. Laundry workers	C. Physiotherapist	5. Those involved in sample transport or logistic transport
	6. Waste disposal staff and sanitary staff	3. Protected HCWs involved in non-ICU setting	
	7. If any of the staff feels that there was a breach in personal protection during the entire duration of exposure while working in Covid hospital		
	8. Any HCW who became symptomatic during the period of work in Covid hospital (regardless		
Active Quarantine During Duty Period in the Hospital (7 Day)	Required	Required	NOT Required
Passive Quarantine 14 days Post Duty	Required	Home Quarantine Preferred (Given Guidelines to be followed)	NOT Required
Monitoring	Twice Daily Monitoring of fever, cough, breathing difficulty and other symptoms	Twice Daily Monitoring of fever, cough, breathing difficulty and other symptoms	Twice Daily Monitoring of fever, cough, breathing difficulty and other symptoms
Corona Testing	On 13th Day	On 13th Day	NOT Required
Resume Duty	After Negative Test	After Negative Test	N/A

All HCWs should immediately report to the nodal officer, Covid Hospital, if he/she either develop any symptoms of COVID19 infection or have unprotected exposure (accidental) to the Covid positive case