



Republic of Botswana

MINISTRY OF HEALTH & WELLNESS

Botswana COVID-19 Guideline 5: Quarantine and Isolation

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Table of Contents

FOREWORD	<i>Error! Bookmark not defined.</i>
ACKNOWLEDGEMENTS	3
DEFINITION OF TERMS	5
ABBREVIATIONS AND ACRONYMS	6
SCOPE OF THE DOCUMENT	7
CASE DEFINITIONS	8
PRINCIPLES OF QUARANTINE	9
INSTITUTIONAL QUARANTINE	11
HOME QUARANTINE	14
PRINCIPLES OF ISOLATION	15
FACILITY ISOLATION OF COVID-19 CASES	16
HOME ISOLATION OF COVID-19 CASES	17
APPENDICES	20
Appendix 1: Quarantine Agreement	20
Appendix 2: Facility Quarantine Register	21
Appendix 3: District Home Quarantine Register	22
Appendix 4: Overall Quarantine Summary	23
Appendix 5: Patient daily monitoring tool for all quarantined individuals	25
Appendix 6: Medical Certificate to be issued on completion of quarantine	26
Appendix 7: Quarantine Facility Readiness Checklist	27
Appendix 8: Patient daily monitoring tool for all isolated individuals	30
Appendix 9: WHO IPC Facility Assessment Scorecard	31
Appendix 10: Basic equipment requirements for isolation facilities	33
Appendix 11: Facility Isolation Register	34
Appendix 12: District Home Isolation Register	35
Appendix 13: Overall Isolation Summary	36

FOREWORD

Coronavirus disease 2019 (COVID-19) is an infectious disease that has newly appeared in the human population. It may result in morbidity of different severities and may cause sustained community outbreak or proceed to a pandemic.

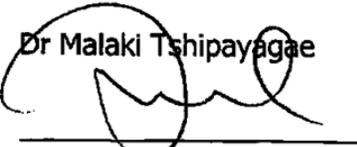
Globally, there has been an increase in the number of COVID-19 cases. On 30 January 2020, the Director-General of the World Health Organization, following the advice of the Emergency Committee convened under the International Health Regulations (2005), declared the current outbreak of COVID-19 a public health emergency of international concern (PHEIC). This called for global coordination and temporary recommendations were issued under International Health Regulations (IHR). Through the advice, all countries are called to prepare for containment by adopting the following strategies:

- i. active surveillance
- ii. early detection
- iii. case management
- iv. contact tracing

Botswana has trade and travel relations with many countries which will directly or indirectly impact the risk of transmission in the country. There is also limited capacity at Points of Entries (PoEs) which makes the country more vulnerable. There are social events such as mass gatherings, personal events and unsatisfactory health seeking behaviors hence risk of transmission is high in the event of the COVID-19 infection reaching the country.

It is in this view, that the country preparedness and response to COVID-19 outbreak has become imperative in the light of exponential increase in number of cases in China and the spread to multiple countries across continents. In order to strengthen the country preparedness and response efforts, there is need to document a systematic approach to coordinate the COVID-19 outbreak.

This document therefore presents comprehensive guidelines on the quarantine of returning travelers and COVID-19 contacts as well as the isolation of suspected and confirmed cases of COVID-19.


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DEFINITION OF TERMS

For purposes of this document, the following terms are defined:

Quarantine: Means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

Isolation: Means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected, to prevent spread of the communicable disease.

Self-Monitoring: Means people should monitor themselves for fever by taking their temperatures twice a day and remain alert for respiratory symptoms such as cough or difficulty breathing.

Active Monitoring: Means that the local public health authority (DHMT) assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever, cough, or difficulty breathing. For people with high-risk exposures, this communication should occur at least once each day.

Social Distancing: Means remaining out of congregate settings, avoiding crowded gatherings, and maintaining a safe distance (at least 2 meters) from others when possible.

Congregate Settings: Crowded public places where close contact with others may occur, such as shopping centres, movie theatres, stadiums etc

ABBREVIATIONS AND ACRONYMS

COVID-19	Coronavirus 2019 Disease
DHMT	District Health Management Team
HCW	Health care worker
IHR	International Health Relations
IPC	Infection Prevention and Control
MERS	Middle East Respiratory Syndrome
MOHW	Ministry of Health and Wellness
NIOSH	National Institute for Occupational Safety and Health
PHEIC	Public Health Emergency of International Concern
PoE	Point of Entry
PPE	Personal Protective Equipment
RRT	Rapid Response Team
SARS	Severe Acute Respiratory Syndrome

SCOPE OF THE DOCUMENT

This document outlines the necessary steps required to facilitate the following:

- Institutional Quarantine
- Home Quarantine
- Institutional Isolation
- Home Isolation

The purpose of this document is to outline how to organise and operate each of these different facilities. Depending on the stage of the epidemic, some or all of these different categories of facility may be in use. This document is therefore to be applied in response to current operational guidance received from the government.

CASE DEFINITIONS

SUSPECTED CASE
<ol style="list-style-type: none">1. A patient with acute respiratory illness (sudden onset of at least one of the following: cough, sore throat, shortness of breath or fever) AND a history of any travel outside of Botswana or to a location within Botswana reporting community transmission of COVID-19 during the 14 days prior to symptom onset; OR2. A patient with any acute respiratory illness (sudden onset of at least one of the following: cough, sore throat, shortness of breath or fever) AND having been in contact with a suspected, probable or confirmed case of COVID-19 (see definition of contact) in the last 14 days prior to symptom onset; OR3. A patient who is hospitalised with a severe acute respiratory illness (sudden onset of at least one of the following: cough, sore throat, shortness of breath or fever) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.
PROBABLE CASE
<ol style="list-style-type: none">1. A suspect case for whom testing for the COVID-19 virus is reported by the laboratory as inconclusive. OR2. A suspect case for whom testing could not be performed for any reason.
CONFIRMED CASE
A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.
CONTACT
A contact is a person who experienced any one of the following exposures during the 4 days before and the 14 days after the onset of symptoms of a suspected, probable or confirmed case: <ol style="list-style-type: none">1. Face-to-face contact with a COVID-19 case within 2 metres and for more than 15 minutes;2. Direct physical contact with a COVID-19 case;3. Direct care for a patient with COVID-19 disease without using proper personal protective equipment. <p>Note: for confirmed asymptomatic cases, the period of contact is measured as the 4 days before through the 14 days after the date on which the sample was taken which led to confirmation. A COVID-19 case includes suspected, probable, and confirmed cases.</p>

PRINCIPLES OF QUARANTINE

Introducing quarantine measures early in an outbreak may delay the introduction of the disease to a country or area and also delay the peak of an epidemic in an area where local transmission is ongoing.

Quarantine is included within the legal framework of the International Health Regulations (2005). However, before anyone can be quarantined, the Ministry of Health and Wellness shall undertake a rapid assessment to identify the establishment of a suitable facility for quarantine and to determine if an individual should be quarantined in a facility or at home. People who are quarantined need to be provided with necessary health care, social and psychosocial support, and basic needs including food, water and other essentials. The needs of vulnerable populations should also be prioritized.

This document provides guidance to the National Task Force and the National Public Health Emergency committee to implement quarantine measures of returning citizens and residents as well as contacts of COVID-19. All returning citizens and residents will be subjected to a mandatory 14 day quarantine. All contacts of confirmed or probable cases will be subjected to quarantine until 14 days have lapsed since the last contact with the case.

For further information on the identification and management of contacts, please refer to Guideline 6: Contact Tracing. In the event that a quarantined individual meets the definition of a suspected COVID-19 case, refer to Guideline 4: Interim clinical guidance for the management of patients with COVID-19 in Botswana.

Specific objectives of quarantine of returning travelers and COVID-19 contacts is:

- i. To facilitate rapid identification of new cases and to support containment
- ii. To identify and isolate any symptomatic individuals as quickly as possible
- iii. To reduce the opportunity for transmission to others in the community
- iv. To provide quarantined individuals with information regarding infection prevention and control (IPC) measures they should follow, as well as what to do if they develop symptoms

An assessment has to be made to ensure that the appropriate conditions for safe and effective quarantine are met.

Minimum Health Monitoring Requirements of Quarantined People

Monitoring of quarantined individuals is a two pronged approach which includes self-monitoring and active monitoring by deployed health personnel.

- All quarantine individuals should sign a declaration form at the commencement and at the end of the quarantine (Appendix 1).
- Quarantine registries shall be maintained
 - Facility Quarantine Register (Appendix 2)
 - District Home Quarantine Register (Appendix 3)
 - Overall Quarantine Summary (Appendix 4).
- A Daily Monitoring Tool should be provided to all the quarantined individuals (Appendix 5).
- Frequent follow-up of people on quarantine should be conducted for the duration of the quarantine period and should include twice daily body temperature and symptom screening using the daily monitoring tool.
- People with a higher risk of infection and severe disease (elderly and those with co-morbid conditions), may require additional surveillance for chronic conditions or specific medical treatments.
- All quarantined individuals need to have access to health information and the contact of a healthcare worker they can contact with questions or to report the development of symptoms.
- If a quarantined individual becomes a suspected case of COVID-19, they should be immediately notified to National Contact Tracing Coordinating Office (MOHW) who will coordinate contact tracing and arrange transfer to an isolation area.
- Respiratory samples will be collected by a designated healthcare worker and sent for testing for COVID-19 at the start of the quarantine period and after 10-14 days in quarantine.
- A certificate of release will be signed and issued at the end of the quarantine period (Appendix 6).

Minimum Infection Prevention and Control Measures

The following IPC measures should be used to ensure a safe environment for quarantined persons. Please refer to SOP1: Infection Prevention and Control.

- Apply standard precautions for all persons quarantined and quarantine personnel:
 - Regular hand hygiene at all times - this includes either cleaning hands with soap and water or with an alcohol-based hand rub.

- Practice respiratory hygiene - cover nose and mouth with a flexed elbow or paper tissue when coughing or sneezing and dispose of immediately and perform hand hygiene.
- Refrain from touching mouth and nose.
- Maintain social distance of 2 metres at all times.
- A medical mask may be worn regardless of symptoms, and is mandatory for those with respiratory symptoms.

INSTITUTIONAL QUARANTINE

Appropriate Institutional Quarantine Setting

Individuals may be quarantined in institutional settings. These may be hotels, guest houses, or other facilities adapted specifically for quarantine purposes.

All prospective institutional quarantine facilities must be assessed using a quarantine facility checklist which ensures the following: (Appendix 7)

- The person should occupy a well-ventilated single room, with en-suite toilet and bathroom
- If a single room is not possible, beds should be placed at least 2 metres apart and there should be no more than two people in a room (who are related and agree to share the room)
- Adequate dining and laundry services in all facilities
- Appropriate water and waste management services should be available
- Should be safe, secure and accessible
- Should cater for disabled individuals
- Pregnant or breastfeeding mothers should have a provision for a double bed
- Parents with children under 10 years should have a provision of more than 1 bed
- A designated health desk/station should be available
- Maintenance of social distancing (more than 2 metres) between the persons quarantined. **If this is not adhered to the 14-day quarantine period must be restarted for all contacts.**
- The individual should not leave their room and no visitors are allowed
- Outside family members/friends can bring items but must leave them with staff
- The individual can only give items to the visiting family members on a case-by-case basis and after through disinfection of the item
- No congregation is allowed at the facility

Health Care Desk/Station

The health care desk or station should have the following:

- Health personnel including a nurse (FNP), paramedic and auxiliary
- The role of the FNP is to offer services to individuals with co-morbidities, auxiliaries will monitor vitals and symptoms
- A medical officer should be assigned to each quarantine area
- Adequate PPE should be provided (Guideline 2: Personal Protective Equipment)
- Access to an emergency trolley and basic medicines
- Access to ambulance services
- Provision for patients with pre-existing chronic conditions
- A designated temporary isolation room

Food Services

Option A: Staff Allowed in Room

- Requests for service or assistance should be made through the reception rather than in-room menus or other paper.
- Staff should avoid contact with the guest but are allowed to be in the same room with the guest (for example when delivering food or cleaning), as long as the guest has no symptoms and a distance of 2 metres between the staff and the guest is kept
- The guest should wear a surgical mask if staff are in the room
- Regardless, before entering the room, staff should ask the guest if they have symptoms. If the guest is symptomatic, staff should not enter the room.

Alternatively, the quarantine facility can opt not to provide cleaning or housekeeping services during the stay out of an abundance of caution.

Option B: Staff Not Allowed in Room

- All food deliveries should be packed using disposable paper/plastic containers
- All food and beverages ordered through reception should be left at the guest's door for pick-up by the guest
- Each guest should receive standard complimentary amenities (e.g., water, tea, coffee, napkins, etc.) and non-perishable type food items to limit the need to make numerous daily deliveries
- Fresh linens and additional amenities should be left outside the guest's door
- Disposable gloves should be used whenever hotel staff comes in contact with an item the guest handled

Environmental controls during

During the quarantine period:

- The cleaning personnel should be trained in IPC measures and provided with appropriate PPE: please refer to Guideline 2: Personal Protective Equipment and SOP 1: Infection Prevention and Control.
- Clean and disinfect frequently touched surfaces such as bedside tables, bedframes, and other bedroom furniture daily with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water).
- Clean and disinfect bathroom and toilet surfaces at least once daily with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water)
- Clean clothes, bed linen, bath and hand towels, etc., using regular laundry soap and water or machine wash at 60–90 °C with common laundry detergent and dry thoroughly. When carrying linen do so in a bag rather than holding linen against the body.
- Provide adequate supply of hand sanitizers in the hallways
- Provide pedal dustbin in all the rooms and shared spaces. Guests should keep the rubbish bags in the room (rather than placing them in the hallway) until a coordinated time for pick-up is arranged. Staff removing rubbish should wear, at minimum, disposable gloves.

If the guest remained asymptomatic throughout their stay and tested negative before departure, routine room cleaning is all that is necessary. If they developed symptoms please follow the below guidance:

- After departure the room should be ventilated for four hours before being cleaned and disinfected
- Clean and disinfect the entire room and linen as described above.

Enforcement of quarantine

For quarantine to be effective and ensure it does not create additional sources of contamination and dissemination of the disease enforcement is essential. Individuals need to receive strict instructions not to leave their rooms. Enforcement personnel should be placed in positions to observe that all quarantined individuals are restricted to their rooms for 24 hours a day. These could be police, military, private security, or volunteers. These individuals may also facilitate health monitoring if required.

HOME QUARANTINE

Appropriate Home Quarantine Setting

When home quarantine is chosen, the following measures should be taken:

- The person should occupy a well-ventilated single room, with en-suite toilet and bathroom
- Maintenance of social distancing (more than 2 metres) between the person quarantined and other household members in shared spaces
- The quarantined person shall not leave their home for the 14-day quarantine period.
- No visitors are permitted to the quarantine home.

Environmental controls

Environmental cleaning and disinfection procedures must be performed consistently and correctly. Ensure that environmental surfaces are regularly and thoroughly cleaned throughout the quarantine period:

- Clean and disinfect frequently touched surfaces such as bedside tables, bedframes, and other bedroom furniture daily with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water).
- Clean and disinfect bathroom and toilet surfaces at least once daily with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water)
- Clean clothes, bedclothes, bath and hand towels, etc., using regular laundry soap and water or machine wash at 60–90 °C with common laundry detergent and dry thoroughly
- The individual doing the cleaning should wear disposable gloves when cleaning or handling surfaces, clothing or linen soiled with body fluids, and should perform hand hygiene before and after removing gloves.

PRINCIPLES OF ISOLATION

Isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected, to prevent spread of the communicable disease.

Depending on the phase of the epidemic and current operational guidance, it may be suitable for some suspected and confirmed cases of COVID-19 to be isolated outside of hospital, either in a designated facility or at their own home.

All moderate and severe cases of COVID-19 must be managed in hospital so it is only mild cases who may be isolated outside of hospital (Table 1).

Table 1: Criteria for management at isolation facility or home isolation (for age >12 years):

1. Mild disease as defined by ALL of the below:
a. SpO ₂ ≥95%
b. Respiratory rate <25
c. HR <120
d. Temperature 36-39°C
e. Normal mental status
2. Able to safely self-isolate
a. Separate bedroom with private bathroom available
b. Patient able to contact and return to healthcare facility if becomes unwell
3. Not at high risk of deterioration defined by ALL of the below:
a. Age <50 years
b. No cardiac or pulmonary comorbidities
c. No other debilitating comorbidities (e.g. cancer)

Public Health Monitoring of Suspects and Cases

It is recommended that Public Health Personnel provide active daily monitoring of these patients. This includes daily contact for symptom monitoring, to assess for symptom resolution, or to assess for progression of illness (Appendix 8).

- **Confirmed and Probable Cases:** conduct active daily monitoring of the case's health status for duration of illness (and until they have met the criteria to be released from isolation and can be de-isolated).

- **Suspect Cases:** conduct active daily monitoring of the individual's health status until laboratory investigation has confirmed or ruled out COVID-19. If COVID-19 confirmed, follow the advice for a confirmed case.

When dealing with suspected, probable, and confirmed cases of COVID-19 the patient, relatives and staff need to follow Guideline 2: Personal Protective Equipment and SOP 1: Infection Prevention and Control.

Individuals can be released from isolation when meeting the de-isolation criteria as outlined in Guideline 4: Interim clinical guidance for the management of COVID-19 in Botswana. Individuals are to be released with a medical summary of their stay and copies of their test results to confirm they have recovered from COVID-19.

FACILITY ISOLATION OF COVID-19 CASES

Isolation centres will serve as an intermediate option between hospitalisation and provision of care and self-isolation at home. Isolation centres should ideally be located within the proximity of a hospital.

Isolation centres could either be existing facilities that have been sectioned off for isolation or established facilities that need to be adapted for this purpose. They may be clinics, hotels, guest houses or other facilities.

Isolation centers are not only meant to isolate patients and prevent community transmission but also to provide care. While initially they will provide care primarily to patients with mild disease who are unable or not currently recommended to self-isolate at home due to current operational guidance, they might be expanded to provide care for unwell patients depending on the extent of the pandemic.

At a minimum, isolation centers will have an entry/exit for patients that is separate from the entry/exit for staff, an entry for ambulances devoted solely to COVID-19 patients, and if necessary, clear segregation between facilities that can be used by suspected cases and confirmed cases. Ideally, each individual should have access to their own room and an en-suite toilet but this may not always be possible. It is acceptable to cohort COVID-19 cases in isolation facilities if there are large numbers of cases and accommodation in individual rooms is not possible. Social distancing of 2 metres should be maintained throughout.

When identifying potential locations for isolation facilities, conduct a facility readiness assessment using the IPC Scorecard (Appendix 9) and ensure facilities have the adequate equipment to handle those requiring inpatient or outpatient isolation (Appendix 10).

Isolation facilities need to meet the same IPC and PPE standards specifications outlined for institutional quarantine facilities.

Isolation Registries shall be maintained

- Facility Isolation Register (Appendix 11)
- District Home Isolation Register (Appendix 12)
- Overall Isolation Summary (Appendix 13).

HOME ISOLATION OF COVID-19 CASES

Who could be treated at home?

In addition to being a mild case of COVID-19, it is essential to consider the following:

- The ill person should be able to monitor their own symptoms and maintain respiratory etiquette and hand hygiene.
- There should be a suitable home care environment with a room of their own so that they can be isolated from other household members.
- Access to supplies and necessities such as food, running water, drinking water, and supplies for the duration of isolation.
- Risk to others in the home: household members with conditions that put them at greater risk of complications of COVID-19 (e.g. underlying chronic or immunocompromising conditions, or the elderly) should not provide care for the patient and alternative arrangements may be necessary.
- For breastfeeding mothers: considering the benefits of breastfeeding and the insignificant role of breast milk in transmission of other respiratory viruses, breastfeeding can continue. If the breastfeeding mother is a case, she should wear a medical or procedural mask when near the baby, practice respiratory etiquette, and perform hand hygiene before and after close contact with the baby.
- Access to care: while it is expected that the patient convalescing at home will be able to provide self-care and follow the recommended preventative measures, some circumstances may require care from a household member (e.g. the

suspect/case is a child). The caregiver should be willing and able to provide the necessary care and monitoring for the suspect/case.

How to care for patient at home?

- The health care worker should ensure that the home environment is safe and secure and establish that there is a communication link between the health care worker and the patient for the full duration of the treatment until patient recovers.
- Health care personnel should be involved in reviewing the current health status for the progression of symptoms of contacts by phone and, ideally and if feasible, by face-to-face visits on a daily basis.
- Patients and the household members should be educated on personal hygiene, IPC measures, and PPE use.
- The patient and family should be provided with ongoing support, education and monitoring.
- Healthcare workers providing home care should follow the PPE guidelines.
- Persons with symptoms remain isolated until they meet the criteria for release from isolation (de-isolation) which is two negative RT-PCR tests at least 24 hours apart.
- All household members should be considered contacts and monitored accordingly.
- If a household member develops symptoms of acute respiratory infection, including fever, cough, sore throat and difficult breathing, treat as a suspect case.

What equipment is required for home isolation?

- PPE – surgical masks, disposable gloves, eye protection gowns
- Medical equipment – Thermometer, fever reducing medications
- Hygiene – Running water, hand soap, alcohol based hand sanitizer containing at least 60% alcohol, tissues
- Waste and cleaning – Waste contained with plastic liner, disinfectant, alcohol wipes, laundry detergent, dish soap, disposable paper towels.

How to manage waste at home?

- Discard materials used to cover the mouth or nose or clean them appropriately after use (e.g. wash handkerchiefs using regular soap or detergent and water).
- Discard materials used to cover the mouth or nose or clean them appropriately after use (e.g. wash handkerchiefs using regular soap or detergent and water).
- Gloves, tissues, masks and other waste generated by ill persons or in the care of ill persons should be placed in a lined container in the ill person's room before disposal with other household waste.

How to manage contacts?

The healthcare provider should ensure the following if contacts become symptomatic:

- Advice is given to contacts on how to seek care if they become ill
- Arrange screening, triage and sample collection for the contact
- While traveling to seek care, the ill person should wear a medical mask.
- Avoid public transportation to the health care facility
- Use designated ambulance
- Wash hands frequently with soap and water or Alcohol based rub when available
- Ensure contact practice cough etiquette at all times

APPENDICES

Appendix 1: Quarantine Agreement

Quarantine Agreement

I _____ of identity number _____ declare that I will follow the quarantines rules below and failure to abide by the rules I will be charged as per the Public Health Act of 2013.

Quarantine rules

1. You must restrict activities and limit all movements that may put you in contact with others during the quarantine period.
 - Stay at the quarantine facility / home. Do not go to work, school, or public areas.
2. Do not allow visitors. If at home, limit the number of people in your home.
3. If at home, separate yourself from others in your home (unless they are also in quarantine).
4. Stay in a specific room and away from other people if in your home.
 - It is very important to stay away people who are at higher risk of serious illness.
 - This includes people who are age 65 years and older, are pregnant, or have a health problem such as a chronic disease or a weak immune system.
 - Use a separate bathroom, if available.
 - Stay at least 2 metres away from others. When this is not possible, wear a face cover.
5. Do not handle pets or other animals.
6. Do not prepare or serve food to others.
7. You may not leave your place of quarantine or enter another public or private place.
8. Call 96649 or your local clinic when you need medications
9. If you do not have someone to help you, you can arrange for food and other necessities to be left at your door.

Name	Position	Signature	Date
1 _____	Quarantined Person	_____	_____
2 _____	Quarantine Master	_____	_____
3 _____	Building Manager	_____	_____

Appendix 4: Overall Quarantine Summary

Overall Quarantine Summary: DD/MM/YYYY

DHMT	Quarantine Site	Total Clients on Site	Suspects	Specimen Collected	Client Discharged	Total New Clients
CHOBE	CHOBE SAFARI (BUSH LODGE)					
	HOME					
LOBATSE & GOODHOPE	SEBOTLHE MOTEL					
	RAMS GARDEN MOTEL					
	RIDGE GUEST HOUSE					
	HOME					
OKAVANGO	EXECUTIVE GUEST HOUSE					
	RAMORWA GUEST HOUSE					
	OKAVANGO BRIGADE					
	MAKGOVANGO					
	HOME					
PALAPYE	DESERT SANDS					
	HOME					
GANTSI&CHARLESHILL	GETREST					
	KALAHARI ARMS					
	HOME					
NORTH EAST & FRANCISTOWN	MANTSHETSA					
	BOIZELO					
	STOP OVER					
	INCA ROSE					
	KANANA GUEST HOUSE					
	ORION					
	FARM HOUSE					
	CONFORT PALACE					
	CHIPMAS					
	TATI GUEST HOUSE					
MARICCO						

	NGILICHI HOUSE					
	LAJOYA GUEST HOUSE					
	HOME					
GABORONE	OASIS HOTEL					
	TRAVEL LODGE GABS					
	GRAND ARIA					
	NICOPOLIS					
	STAYWELL					
	AQUARIAN TIDE					
	CAMEL INN					
	AVANI					
	CITY VIEW					
	DC TOURS					
	HOME					
KGALAGADI SOUTH	MOKHA LODGE					
	HOME					
KGALAGADI NORTH	ENTABENI					
	SHI HOTEL					
	HOME					
TOTAL						

Overall Quarantine Summary by District: DD/MM/YYYY

DISTRICTS	TOTALS
CHOBE	
LOBATSE & GOODHOPE	
OKAVANGO	
PALAPYE	
GANTSI&CHARLESHILL	
NORTH EAST & FRANCISTOWN	
GABORONE	
KGALAGADI SOUTH	
KGALAGADI NORTH	
TOTALS	

Appendix 6: Medical Certificate to be issued on completion of quarantine



TO WHOM IT MAY CONCERN

This serves to certify that

Of National Identity Card/Passport Number.....was quarantined fordays for medical observation and monitoring

From: DD...../ MM/ YYYY..... to : DD...../ MM/ YYYY.....

Based on the medical examinations conducted, he/she was found free of coronavirus (COVID-19) disease and released from quarantine.

Government Medical Officer/Specialist Name:

Signature: **Date:**

Registration Number:

Place:

Ministry of Health & Wellness | Vision: A Healthy Nation by 2023
Toll free number: 0800 600 740, Tel: 363 235677 | Values: Customer Focus, Boldness, Timeliness, Equity, Teamwork, Accountability

Appendix 7: Quarantine Facility Readiness Checklist

1. FACILITY COMMUNICATIONS:	Completed	In progress	Not done
Communications focal person identified. (Insert name, title, and contact information for each.)			
Quarantine Facility Contact:			
DHMT Contact:			
MOHW Contact:			
A person has been assigned responsibility for communications with public health authorities and the public at large Insert name and contact information:			
A person has been assigned responsibility for communications with staff, quarantined individual, and their families regarding the status and impact of COVID-19 in the facility.			
Communication plans include how signs, phone trees, and other methods of communication will be used to inform staff, family members, visitors, and other persons coming into the facility (e.g. consultants, sales and delivery people) about the status of quarantined individuals in the facility.			
2. SUPPLIES AND RESOURCES	Completed	In progress	Not done
The facility provides supplies necessary to adhere to recommended IPC practices including:			
Alcohol-based hand sanitizer for hand hygiene is available in every room, hallway and other common areas.			
Washing areas are well-stocked with soap and paper towels for hand washing.			
Signs are posted immediately outside of common rooms indicating appropriate IPC precautions and required personal protective equipment (PPE).			
Facility provides tissues and facemasks for coughing people near entrances and in common areas with no-touch receptacles for disposal			
Facilities should have supplies of facemasks, gowns, gloves, and eye protection (i.e. face shield or goggles).			
Trash disposal bins should be positioned near the exit, inside of the room to make it easy for staff to discard gloves after removal, prior to exiting the room, or before providing care for another COVID-19 suspect in the same room			

Facility ensures HCW have access to disinfectants to allow for frequent cleaning of high-touch surfaces and equipment			
The facility has a process to monitor supply levels.			
3. IDENTIFICATION AND MANAGEMENT OF ILL COVID-19 SUSPECTS:	Completed	In progress	Not done
The facility has a process to identify and manage COVID-19 suspects with symptoms of respiratory infection (e.g., cough, fever, sore throat) upon admission and daily during their stay in the facility, which include implementation of appropriate Transmission-Based Precautions.			
The facility has criteria and a protocol for initiating active surveillance for respiratory infection among COVID-19 suspects and healthcare personnel.			
Plans developed on how to immediately notify the DHMT and MoHW for clusters of respiratory infections, severe respiratory infections, or suspected COVID-19.			
The facility has criteria and a protocol for: limiting symptomatic and exposed COVID-19 suspects to their room, halting group activities and communal dining, and closing units or the entire facility to new admissions.			
The facility has criteria and a process for triaging COVID-19 suspects with symptoms of respiratory infection, including dedicating HCW to work only on affected units.			
4. CONSIDERATIONS ABOUT VISITORS:	Completed	In progress	Not done
The facility has plans and material developed to post signs at the entrances to the facility instructing visitors not to have contact with quarantined individuals.			
The facility has criteria and protocol for when visitors will be limited or restricted from the facility.			
Should visitor restrictions be implemented, the facility has a process to allow for remote communication between quarantined individual and visitors (e.g., video-call applications on cell phones or tablets, bringing valuable items)			
5. OCCUPATIONAL HEALTH	Completed	In progress	Not done
The facility has sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill healthcare workers (HCWs) to stay home.			
The facility instructs HCWs to regularly monitor themselves for fever and symptoms of respiratory infection, as a part of routine practice.			
The facility has a process to actively screen HCWs for fever and symptoms when they report to work.			
The facility has a process to identify and manage HCWs with fever and symptoms of respiratory infection.			

The facility has a plan for monitoring and assigning work restrictions for ill and exposed HCWs.			
The facility has a respiratory protection plan that includes medical evaluation, training, and fitness testing of employees.			
6. EDUCATION AND TRAINING	Completed	In progress	Not done
The facility has plans to provide education and training to HCWs, quarantined individuals, and other support staff in the quarantine facility, to help them understand the implications of, and basic prevention and control measures for, COVID-19. All HCWs should be included in education and training activities			
A person has been designated with responsibility for coordinating education and training on COVID-19 (e.g., identifies and facilitates access to available programs, maintains a record of personnel attendance) Insert name, title, and contact information:			
Language and reading-level appropriate materials have been identified to supplement and support education and training programs to all quarantined individuals and a plan is in place for obtaining these materials.			
Plans and material developed for education and job-specific training of HCWs which includes information on recommended infection control measures to prevent the spread of COVID-19, including: <ul style="list-style-type: none"> • Signs and symptoms of respiratory illness, including COVID-19. • How to monitor COVID-19 suspects for signs and symptoms of respiratory illness. • How to keep quarantined individuals and HCWs safe by using correct infection control practices including proper hand hygiene and selection and use of PPE. Training should include return demonstrations to document competency. • Staying home when ill. HCW sick leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact).			

Appendix 9: WHO IPC Facility Assessment Scorecard



IPC SCORECARD					
Name of health center : _____		Number of beds : _____			
Number of health personnel: _____					
Type of health facility		primary health center	<input type="checkbox"/>		
		Hospital	<input type="checkbox"/>		
		mobile clinic	<input type="checkbox"/>		
		traditional practitioner	<input type="checkbox"/>		
County/district : _____					
Date of evaluation: ___/___/___					
Name of evaluator: _____		Contact of evaluator: _____			
EVALUATION CRITERIA/THEMATICS		RATING		SCORE	COMMENTS
		YES	NO		
1. IPC Focal point and hygiene committee in place					
1	The establishment has an IPC Committee or an IPC FP with responsibility, accountability and authority			3	
2	TOR available and the FP knows them well				
3	The FP has the time allocated to perform tasks of IPC				
2. Triage in place					
4	Temperature and symptoms are checked correctly - Functional thermo flash				
5	screening/ Triage sheet and register available				
6	Correct use of the screening/ Triage sheet and register				
3. Identification of an isolation					
7	Zone clearly identified "isolation" and away from other units / service				
8	Dedicated latrine / toilet in the isolation area or presence of a bed / urinal basin				
9	The isolation space includes: a hand washing station, supplies (PPE, a bed, basin / urinal, etc.), an area for putting on PPE and an area for removing PPE				
4. Hand washing / Hand hygiene stations					
10	Should include (Clean water + soap and / or; alcohol and / or; 0.05% chlorinated water solution				
11	Staff are able to perform hand hygiene correctly (according to WHO technique)				
12	Presence of posters on the different hand hygiene techniques at each hand washing station				
5. Availability and use of Personal Protective Equipment (PPE)					
13	PPE accessible to personnel at all times and in sufficient quantity in the dressing room				
14	Presence of posters (standard precautions) MSP / OMS on how to put on and remove PPE				
15	The staff is able to put on and remove PPE (standard precautions and COVID-19) by correctly following all the steps				
6. Waste segregation					
16	Leak-proof, covered and labeled bins (infectious or non-infectious) and posters on waste management are available at all patient service points)				
17	Containers for sharps are available at all points of use				
18	The waste is sorted according to the type of waste (e.g. indicated by colors): Infectious, non-infectious, sharp				
7. Elimination of waste					
19	Staff wear appropriate PPE (latex or nitrile gloves, household gloves, protective glasses, rubber boots, aprons and protective masks) when handling waste				
20	The waste is burned on site in an incinerator or a system exists for its transport to another suitable place				
21	A placenta pit or organic waste is present when required				

8. Staff training					
22	All staff have been trained on a minimum of standard precautions, additional precautions (practical and theory)				
23	A record is kept of the names of the health care providers who received the training, the date, the type of training and the organization that provided the training.				
24	The healthcare provider receives continuous training through on-site supervision/ mentorship				
9. Reporting of suspected cases with in the health facility					
25	An alert number is known and visible				
26	Hospitalized patients are screened at least twice a day to identify suspected cases				
27	Once identified, suspect cases are moved to the isolation and an alert is raised				
10. Sterilisation					
28	Sterilization equipment available such as Autoclave, poupinel and accessories necessary for sterilization, PPE)				
29	SOP available on how to sterilize materials / equipment				
30	personnel doing the Sterilization have been trained				
11. Bio-cleaning of the patient's environment					
31	SOP available on how to perform cleaning / disinfection when there is body fluids or blood spills and cleaning and decontamination of reusable material				
32	Staff performing cleaning and disinfection have been trained				
33	Cleaning personnel wear appropriate PPE (latex or nitrile gloves, protective glasses, rubber boots, aprons and protective masks)				
12. Exposure of a health worker to the corona virus					
34	An assessment protocol and management in the event of exposure is in place (including a register, assessment tools, communication, etc.)				
35	The care of exposed health personnel is clearly defined and ensured				
36	The investigation team is alerted and proceeds with the investigation when a health worker is exposed				
GENERAL TOTAL					
PERFORMANCE SCORE					
CLASSIFICATION					
			< 70%		FOLLOW UP
			70% - 79%		Once a day
			> 80%		2 or 3 times a week
					1 time per week

Appendix 10: Basic equipment requirements for isolation facilities

BASIC EQUIPMENT REQUIREMENTS FOR ISOLATION FACILITIES

Commodity	Detailed Equipment Quantification		
	Category	Grouping	Item
In-patient care			
PPE	IPC	Hygiene	Chlorine, HTH 70%
Gloves, heavy duty	IPC	Hygiene	Alcohol-based hand rub
Gloves, examination	IPC	Hygiene	Liquid soap
Gloves, surgical	IPC	PPE	Gown, protective
Face shield	IPC	PPE	Scrubs, tops
Mask, particulate respirator	IPC	PPE	Scrubs, pants
Mask, medical	IPC	PPE	Apron, disposable
Mask, medical patient	IPC	PPE	Apron, heavy duty, reusable
Scrubs, tops	IPC	PPE	Gum boots
Scrubs, pants	IPC	Diagnostics	Triple packaging boxes
Gown, protective	IPC	Diagnostics	Viral Transport Medium
Apron, disposable	IPC	Diagnostics	Safety box
Apron, heavy duty, reusable	IPC	Diagnostics	Lab extraction kit (250 extractions)
Goggles, protective	IPC	Diagnostics	Lab screening test kit (94 tests)
Gum boots	IPC	Diagnostics	Lab confirmation test kit (94 tests)
Diagnostics	IPC	Diagnostics	RT-PCR kit (100 tests)
Safety box	IPC	Hygiene	Bio-hazardous bag
Hygiene	IPC	PPE	Gloves, heavy duty
Bio-hazardous bag	IPC	PPE	Gloves, examination
Liquid soap	IPC	PPE	Gloves, surgical
Alcohol-based hand rub	IPC	PPE	Goggles, protective
Chlorine, HTH 70%	IPC	PPE	Face shield
Case management	IPC	PPE	Mask, particulate respirator
Patient monitor, multiparametric w/o ECG, with accessories	IPC	PPE	Mask, medical
Pulse oximeter - fingertip	IPC	PPE	Mask, medical
Concentrator O2, 10 L, with accessories	IPC	PPE	Mask, medical patient
O2 need (m3)	Case management	Drugs and consumables	Drugs modules 40 patients (severe + critical)
Flowmeter, Thorpe tube, for pipe oxygen 0-15L/min	Case management	Drugs and consumables	Medical supply, consumables, 40 patients (severe + critical)
CPAP, for neonate, with accessories	Case management	Biomedical Equipment	Patient monitor, multiparametric w/o ECG, with accessories
CPAP, for adult, with accessories	Case management	Biomedical Equipment	Pulse oximeter - fingertip
Suction pump, manual	Case management	Biomedical Equipment	Concentrator O2, 10 L, with accessories
Electronic drop counter, IV fluids monitor	Case management	Biomedical Equipment	O2 need (m3)
Clinical Chemistry Analyser, portable (PoC)	Case management	Biomedical Equipment	Flowmeter, Thorpe tube, for pipe oxygen 0-15L/min
Patient monitor, multiparametric w/ECG, with accessories	Case management	Biomedical Equipment	CPAP, for neonate, with accessories
Cricothyrotomy, set, emergency, 6 mm, sterile, single use	Case management	Biomedical Equipment	CPAP, for adult, with accessories
Laryngoscope, FO, diameter 28 mm, w/blades	Case management	Biomedical Equipment	Suction pump, manual
Laryngoscope, FO, neonate, diameter 19 mm, w/blades	Case management	Biomedical Equipment	Electronic drop counter, IV fluids monitor
Self-inflating bag, adult/child	Case management	Biomedical Equipment	Clinical Chemistry Analyser, portable (PoC)
Self-inflating bag, child/neonate	Case management	Biomedical Equipment	Patient monitor, multiparametric w/ECG, with accessories
Suction bulb, for newborn, reusable, autoclavable	Case management	Biomedical Equipment	Cricothyrotomy, set, emergency, 6 mm, sterile, single use
Suction pump, manual	Case management	Biomedical Equipment	Laryngoscope, FO, diameter 28 mm, w/blades
Patient ventilator, intensive care, for adult, paediatric and neonate w/breathing circuits	Case management	Biomedical Equipment	Laryngoscope, FO, neonate, diameter 19 mm, w/blades
High Flow Nasal Cannula, with accessories	Case management	Biomedical Equipment	Self-inflating bag, adult/child
Suction pump, electrical, w/accessories	Case management	Biomedical Equipment	Self-inflating bag, child/neonate
Infusion pump, w/accessories	Case management	Biomedical Equipment	Suction bulb, for newborn, reusable, autoclavable
Drill, for vascular access, w/accessories adult and paediatric, w/transport bag	Case management	Biomedical Equipment	Suction pump, manual
Defibrillator, semiautomatic, w/accessories	Case management	Biomedical Equipment	Patient ventilator, intensive care, for adult, paediatric and neonate w/breathing circuits
Electrocardiograph, portable, w/accessories	Case management	Biomedical Equipment	High Flow Nasal Cannula, with accessories
Ultrasound, portable, w/ transducers and trolley	Case management	Biomedical Equipment	Suction pump, electrical, w/accessories
Table, resuscitation, neonate	Case management	Biomedical Equipment	Infusion pump, w/accessories
Infant scale, electronic, 0-20 kg	Case management	Biomedical Equipment	Drill, for vascular access, w/accessories adult and paediatric, w/transport bag
Scale, electronic, 50g/0-200kg	Case management	Biomedical Equipment	Defibrillator, semiautomatic, w/accessories
Autoclave, 40-60L, with accessories	Case management	Biomedical Equipment	Electrocardiograph, portable, w/accessories
Autoclave, 90L, with accessories	Case management	Biomedical Equipment	Ultrasound, portable, w/ transducers and trolley
Out-patient care	Case management	Biomedical Equipment	Table, resuscitation, neonate
PPE	Case management	Biomedical Equipment	Infant scale, electronic, 0-20 kg
Mask, medical	Case management	Biomedical Equipment	Scale, electronic, 50g/0-200kg
Mask, medical patient	Case management	Biomedical Equipment	Autoclave, 40-60L, with accessories
Gloves, examination	Case management	Biomedical Equipment	Autoclave, 90L, with accessories
Gown, protective			
Goggles, protective			
Hygiene			
Alcohol-based hand rub			
Consultation			
PPE			
Gloves, examination			
Mask, medical			
Gown, protective			
Goggles, protective			
Scrubs, tops			
Scrubs, pants			
Hygiene			
Alcohol-based hand rub			
Bio-hazardous bag			
Liquid soap			
Laboratories			
PPE			
Goggles, protective			
Mask, medical			
Face shield			
Gloves, examination			
Gown, protective			
Diagnostics			
Triple packaging boxes			
Viral Transport Medium			
Safety box			
Lab extraction kit (250 extractions)			
Lab screening test kit (94 tests)			
Lab confirmation test kit (94 tests)			
RT-PCR kit (100 tests)			
Hygiene			
Liquid soap			
Bio-hazardous bag			
Chlorine, HTH 70%			
Alcohol-based hand rub			

Appendix 13: Overall Isolation Summary

Overall Isolation Summary: DD/MM/YYYY

DHMT	Isolation Site	Total on site	Suspects	Probable/ Confirmed	Clients Discharged	Daily New Clients
CHOBE	HOSPITAL					
	NON-HOSPITAL					
	HOME					
LOBATSE & GOODHOPE	HOSPITAL					
	NON-HOSPITAL					
	HOME					
OKAVANGO	HOSPITAL					
	NON-HOSPITAL					
	HOME					
PALAPYE	HOSPITAL					
	NON-HOSPITAL					
	HOME					
GANTS&CHARLESHILL	HOSPITAL					
	NON-HOSPITAL					
	HOME					
NORTH EAST & FRANCISTOWN	HOSPITAL					
	NON-HOSPITAL					
	HOME					
GABORONE	HOSPITAL					
	NON-HOSPITAL					
	HOME					
KGALAGADI SOUTH	HOSPITAL					
	NON-HOSPITAL					
	HOME					
KGALAGADI NORTH	HOSPITAL					
	NON-HOSPITAL					
	HOME					
TOTAL						

Overall Isolation Summary by District: DD/MM/YYYY

DISTRICTS	TOTALS
CHOBE	
LOBATSE & GOODHOPE	
OKAVANGO	
PALAPYE	
GANTS&CHARLESHILL	
NORTH EAST & FRANCISTOWN	
GABORONE	
KGALAGADI SOUTH	
KGALAGADI NORTH	
TOTALS	