



**Uttarakhand State Disaster Management Authority &  
Department of Health & Family Welfare  
Government of Uttarakhand**

**COVID-19:  
ADVISORY RELATED TO  
QUARANTINE AT  
QUARANTINE CENTRE**

Issued on 18/3/2020

*All activities need to be conducted in consultation with department of health*

**Personnel involved in these operations need to be trained by the master trainers of the district.**

### **Advisory related to Quarantine at Quarantine Centre**

Quarantine of persons is the restriction of activities or separation of persons who are not ill, but who may be exposed to COVID 19 disease, with the objective of monitoring symptoms and early detection of cases.

Quarantine is different from isolation, which is the separation of ill or infected persons from others, so as to prevent the spread of infection or contamination.

Quarantine implies the use or creation of appropriate facilities in which a person or persons are physically separated from the community while being attended to.

<b>Advisory</b>
<b>1. For the purpose of implementing quarantine, a contact is defined as a person:</b>
▪ Providing direct care without proper personal protective equipment (PPE) for COVID-19 patients;
▪ Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings);
▪ Traveling together in close proximity (within 1 meter) with a COVID-19 patient in any kind of conveyance within a 14-day period after the onset of symptoms in the case under consideration.
<b>2. Arrangements at Quarantine Centre:</b>
▪ Those in quarantine be placed in adequately ventilated, spacious single rooms, with attached toilet (hand hygiene and toilet facilities). If single rooms are not available, beds should be placed at least 1 meter apart;
▪ Suitable environmental infection controls, such as adequate air ventilation, filtration systems and waste management protocols;
▪ Maintenance of social distancing (more than 1 meter) of the persons quarantined;
<b>3. Accommodation with an appropriate level of comfort, including:</b>
▪ Food, water and hygiene provisions;
▪ Protection for baggage and other possessions;
▪ Appropriate medical treatment for existing conditions;
▪ Communication in a language that they can understand explaining: their rights; provisions that will be made available to them; how long they will need to stay; what will happen if they get sick; contact information of their local embassy or consular support;
▪ Assistance for quarantined travellers, isolated or subject to medical examinations or other procedures for public health purposes;
▪ Assistance with communication with family members outside the quarantine facility;
▪ If possible, access to the internet, news and entertainment;
▪ Psychosocial support; and
▪ Special considerations for older individuals and individuals with co-morbid conditions, due to their increased risk for severe COVID-19 disease
▪ Possible quarantine settings are hotels, dormitories, other facilities catering to groups, or the home of

the contact. Regardless of the setting, an assessment must ensure that the appropriate conditions for safe and effective quarantine are being met.

- When home quarantine is chosen, the person should occupy a well-ventilated single room, or if a single room is not possible, maintain a distance of at least 1 meter from other household members, minimizing the use of shared spaces and cutlery and ensuring that shared spaces (kitchen, bathroom) are well ventilated.

#### **4. Infection prevention and control measures in Quarantine Centres**

The following infection prevention and control measures should be used to ensure a safe environment for quarantined persons.

##### **4.1. Early recognition and control**

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

b. Apply standard precautions for all persons quarantined and quarantine personnel:

1. 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 soiled; wash hands with soap and water when they are visibly soiled;

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

3. Refrain from touching mouth and nose;

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

#### **5. Administrative controls: Administrative controls and policies for IPC within quarantine facilities include, but may not be limited to:**

a. establishing sustainable IPC infrastructures (design of facility) and activities;

b. educating persons quarantined and quarantine personnel about IPC;

c. all personnel working in the quarantine facility need to have training on standard precautions before the quarantine measures are implemented;

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

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

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

#### **6. Environmental controls:**

a. Environmental cleaning and disinfection procedures must be followed consistently and correctly.

b. Cleaning personnel need to be educated and protected from COVID-19 infection and ensure that environmental surfaces are regularly and thoroughly cleaned throughout the quarantine period:

- Clean and disinfect 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). For surfaces that do not tolerate bleach, 70% ethanol can be used;
- Clean and disinfect bathroom and toilet surfaces at least once daily with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water);

<ul style="list-style-type: none"> <li>▪ 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;</li> </ul>
<ul style="list-style-type: none"> <li>▪ Countries should consider measures to ensure that waste is disposed of in a sanitary landfill, and not in an unmonitored open area;</li> </ul>
<ul style="list-style-type: none"> <li>▪ Cleaning personnel should wear disposable gloves when cleaning or handling surfaces, clothing or linen soiled with body fluids, and should perform hand hygiene before and after removing gloves</li> </ul>
<p><b>7. Minimum requirements for health monitoring of quarantined persons during the quarantine period</b></p>
<p>a) i. Daily follow-up of persons quarantined should be conducted within the quarantine facility for the duration of the quarantine and should include daily body temperature and symptom screening.</p>
<p>b) ii. Groups of persons at higher risk of infection and severe disease may require additional surveillance for chronic conditions or specific medical treatments.</p>
<p>c) iii. Consideration should be given to the resources, personnel and rest period of staff at quarantine facilities. This is particularly important in the context of an ongoing outbreak, during which limited public health resources may be better prioritised towards health care facilities and case-detection activities.</p>
<p>d) iv. Laboratory testing of a respiratory sample from quarantined persons, irrespective of symptoms, is advised at the end of the quarantine period.</p>
<p>8. Introducing quarantine measures early in an outbreak may delay the introduction of the disease to an area and/or may delay the peak of an epidemic in an area where local transmission is ongoing. However, if not implemented properly, quarantine may also create additional sources of contamination and dissemination of the disease</p>
<p>9. Containment strategy includes the rapid identification of laboratory-confirmed cases, and their isolation and management in either a medical facility or at home.</p>
<p>10. For contacts of laboratory-confirmed cases, it is recommended that such persons be quarantined for 14 days from the last time they were exposed to a COVID-19 patient.</p>