



**GOVERNMENT OF KHYBER PAKHTUNKHWA
RELIEF, REHABILITATION & SETTLEMENT
DEPARTMENT**

Dated Peshawar the 7th of March, 2020

NOTIFICATION

No. SO(Est)RR&SD/3-5/2019: In pursuance of the declaration of emergency throughout the Province of Khyber Pakhtunkhwa due to Corona Virus (COVID19), vide this Department Notification of even No. dated 3.5.2019 read with powers conferred on the Khyber Pakhtunkhwa Provincial Disaster Management Authority under clauses (c), (g) and (i) of sub-section (2) of Section 16 of the National Disaster Management Authority (Khyber Pakhtunkhwa) Act, 2010, the Authority is pleased to lay down the following **Guidelines for Quarantine Measures:**

Purpose

Guidelines for individual and community level containment measures – Quarantine. Purpose is to aid administrative action.

Target of Document

Divisional & District Administrations, Health Staff and all other related Departments, including Enforcement

Limitations

In absence of any previous specific guidelines for Corona Virus (COVID19), these guidelines base on already available material on SARS and other documents dealing with Quarantine. Errors and Omissions are therefore excepted.

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. For purpose of ease, such individuals will henceforth be listed as “Qs”

Types of Quarantine covered in this Document

Quarantine (A) – Individual (Home)

Quarantine (B) – Individual (not possible in Home), Groups of Travelers

Quarantine (C) – Community (Close/higher risk contacts of laboratory confirmed cases be quarantined for 14 days from the last point of exposure to the confirmed patients)

Quarantine (D) – Working, Occupational Hazard

Quarantine (A) – Individual (at Home)

1. Identification of Qs including his/her telephone number, age, medical history, contacts when placed at home for Quarantine
2. Identification of Home including complete address, GPS coordinates, a rough design of the residence, its PoEs, access to outside leading to where etc.
3. Placement of monitoring mechanism outside home to ensure 24/7 Quarantine – must ensure it is least invasive
4. Infrastructure at Home:
 - a. Functioning telephone
 - b. Electricity
 - c. Running water
 - d. Bathroom with commode and sink
 - e. Waste and sewage disposal (septic tank, community sewage line)
5. Accommodation at Home
 - a. Separate bedroom for Qs for sleeping & eating
 - b. Dedicated bathroom for Qs (where not possible, contacts around him may be advised on how to sanitize the bathroom after each use)
6. Resources at Home
 - a. Separate meal preparation, utensils, laundry, masks, tissues, hand hygiene products
 - b. Full Medical Education to others residing at home, and in vicinity on how to take care. This should include use of mask when in room with others.
7. Regular visit by Health authorities to check on symptoms, carry out tests etc
8. Mechanism to deliver prescriptions and special needs
9. Household members may go to school, work, etc., without restrictions unless the quarantined person develops symptoms. or is a confirmed case. in case of confirmation all the house hold members may also be quarantined in the same house but in a separate room.
10. Committee comprising Enforcement & community reps to ensure restrictions placed are followed, and if not, to trace out the Qs

Quarantine (B) – Individual (not possible in Home), Groups of Travelers

1. Determination of Designated Facility (called DF hereafter)
 - a. Preferably not in congested area but with proper road access and as close to PoE as possible
 - b. Stay arrangements of at least 200 Qs and support staff
 - c. Extra care for old age people, females and co-morbid persons
 - d. Separate cooking place, laundry, accommodation of staff
2. Placement of monitoring mechanism outside DF to ensure 24/7 Quarantine
3. Basic infrastructure requirements
 - a. Functioning telephone system
 - b. Electricity
 - c. Running water

- d. Air conditioning / heating where required and possible
 - e. Bathroom with commode and sink
 - f. Waste and sewage disposal (septic tank, community sewage line)
 - g. Multiple rooms for housing Qs
 - h. Ventilation capacity
 - i. Preferably, rooms with individual ventilation systems (e.g., room or window fan coil units that do not recirculate to other parts of the building)
 - ii. Alternatively, facility with a non-recirculating ventilation system that permits redirection of the air flow from corridors and staff areas into patient rooms.
 - i. Access considerations
 - i. Proximity to hospital
 - ii. Parking space
 - iii. Ease of access for delivery of food and medical and other supplies
 - iv. Handicap accessibility (where possible)
 - j. Space requirements
 - i. Administrative offices
 - ii. Offices/areas for clinical staff
 - iii. Holding area for contaminated waste and laundry
 - iv. Laundry facilities (on- or off-site)
 - v. Meal preparation (on- or off-site)
4. Social support resources
 - a. Television and radio (where possible as Qs will be there for considerable time)
 - b. Reading materials
 5. Monitoring of health status of staff working at such DFs is covered under Working, Occupational Hazard.
 6. Resources
 - a. Separate meal preparation, utensils, laundry, masks, tissues, hand hygiene products, disinfectants, IEC material
 - b. Full Medical Education to staff, with directions to use PPE and masks on premises.
 7. Regular visit by Health authorities to check on symptoms, carry out tests etc
 8. If the quarantined person develops symptoms, he/she may be removed to a designated **Isolation** health facility by trained and **protected** health staff, and the carriage vehicle may be sanitized after every trip.
 9. Psycho-social support
 10. Mechanism to deliver prescriptions, special needs
 11. Dedicated Health focal person/staff and ambulance (not necessarily on premises)

Quarantine (C) – Working, Occupational Hazard

(Applicable to healthcare workers or other essential personnel who have, or may likely to as part of their duties, come in contact with Person Under Investigation for COVID-19 or confirmed cases but are needed to continue to work as occupational hazard. These also include those deployed on Points of Entry (PoE), Law Enforcement Personnel including defence personnel, essential officers on duty or coming in contact with Person Under Investigation for COVID-19. ***Such individuals should consider themselves Qs either at home, wherever they reside, or at DFs during off-hours.***

1. Administration must ensure each such individual is identified, with duty hours and where off-duty hours are spent
2. All conditions of individual Quarantine will apply to them at Home, or of Groups if residing in a hostel, or a joint-living accommodation with other workers, or individuals
3. A vigorous system of monitoring during duty hours / shifts towards development of symptoms
4. Where required, provision of sanitized transport to and from work

Quarantine (D) – Community

1. Standards for such Quarantine (number of confirmed cases, number of Person Under Investigation for COVID-19, or Surveillance indicators) to be part of plan of Health Department
2. Identification of area deemed fit for Quarantine (based on Health Department thresholds) and all PoEs
3. Enforcement – Control Points on all PoEs 24/7
4. Increasing Social Distance – Closure of all institutions where people gather including educational institutions, non-essential offices, courts, religious places, shopping centers etc. Transport (Buses and Railways) is to be limited.
5. Cancellation of all social events including marriage receptions, cultural & sports events and any other events where people may gather
6. Temperature checking on all movements, where randomly possible
7. Provision of essential items to remain open during particular hours, but to be strictly regulated to ensure everyone keeps out of touch-contact, wears gloves while interacting and picking up articles (seller-buyer), and exchanging money or any other article
8. Travel permits for health staff, essential personnel and personnel taking food, essential items and medical equipment, medicines across POEs.
9. It must be ensured that no individual or transport vehicle crosses PoE without Travel Permit and without proper PPE as his / her identification is essential to check on any suspected symptoms they develop in future.
10. PPEs for all such travel permits

11. Communication – Strategy, means (through media, or mosques, or other methods)
12. Enforcement is the key in this. Although quite frustrating for the community, clarity should be there that these measures are for the protection of public.

General measures applicable to all Quarantines

1. At least once per day monitoring for fever, respiratory symptoms, and other symptoms
2. Monitor compliance with quarantine through daily visits or telephone calls
3. A hotline number for Qs to call if they develop symptoms or have other immediate needs
4. If Qs develops symptoms, arrangements should be in place for immediate medical evaluation of the patient & symptomatic persons should be shifted to Isolation setups isolated in a separate room
5. At the end of the designated quarantine period, contacts should have a final assessment for fever and respiratory symptoms. Persons without fever or respiratory symptoms may return to normal activities
6. A certificate may be issued by the concerned DHO after completion of the incubation period. Persons without fever or respiratory symptoms may return to normal activities
7. To cater to violations of restrictions, all Qs must be given a call every day. In case they do not respond, a Monitoring Team should be activated to locate them by first visiting the place of Quarantine, and then other probable places.
8. Government must issue official and legally binding Quarantine orders.

General Measures

1. Checking of Temperature for all PoEs of public sector buildings
2. Establish an Incident Command Structure, Establish district Disease surveillance centre (DDSRC) & Rapid Response Team
3. Incident Command Structure & DDSRC should be headed by Deputy Commissioner with membership from Health, Police, LEAs and any other required members (including community influencers)
4. Rapid Response Team should include an AAC (notified by Health Dept to be headed by DHO). Team should have a PPE protected medical team, Enforcement Team and ambulance with him/her for responding to any individual being reported as Person Under Investigation for COVID-19
5. Communication strategy and mechanism for the public, government decision makers, healthcare and emergency response providers, and the law enforcement community.
6. Hotline UAN for reporting, guidance, communication, psycho-social support
7. Ensure fit-testing and training in PPE for responders and providers on necessary community containment measures

8. Ensure that legal authorities and procedures are in place to implement the various levels of movement restrictions as necessary.
9. Identify key partners and personnel for the implementation of movement restrictions, including quarantine, and the provision of essential services and supplies & bring them to one platform (Commissioner, DC):
 - a. Local elected representatives – both for public communication as well as taking public pressure when Quarantine measures are set in place
 - b. Law enforcement (term used in this document is Enforcement)
 - c. First responders (Rapid Response Unit)
 - d. Other government service workers required for backend support
 - e. Volunteers, including Razakars (to be balanced with fact they may not become part of problem)
 - f. Utilities
 - g. Transporters (Some restrictions on their movement are inevitable, besides encumbrances of sanitization after each trip to affected area, DF, wherever required with its financial cost)
 - h. Local businesses – limitations or complete closure is an option on non-essential businesses
 - i. Masjid Committees – limitations or complete closure is an option
 - j. Private Schools' Owners – limitations or complete closure is an option
 - k. District Judiciary – limitations or complete closure is an option
10. Daily check of all detention facilities including Jails to take action if any Person Under Investigation for COVID-19 is noted. May even consider request to lay off inmates involved in petty nature cases to thin out detention numbers
11. Daily check of all training facilities (across the board including LEAs) for similar check.
12. Keeping in view sensitivity, Police and LEAs may also like to have their exclusive DFs too.

Points of Entry (PoE) – First Point of Contact

(this deals essentially with International, Inter-Provincial and Inter-District PoEs, but can be extended to PoEs under Community Quarantine. Further transport includes private 4, 3 & 2 wheel vehicles, public transport including road, water ways or railway & goods transport)

1. Mapping of all PoEs with traffic count (estimated) to also map intensity of movement and set in place checking mechanism accordingly. PoEs on motorway can be the exits after paying toll, and so on. PoEs for railways is the Railway Station concerned. PoE for waterways is disembarkation point.
2. Establishment of Quarantine Stations (QS) at each POE
3. Deployment of appropriate **types** of trained professionals with necessary skill sets
 - a. Those who can monitor temperature alone

- b. Those who can, in case of Person of Interest for COVID-19, take measures to transport him/her to designated hospital
 - c. Those who can communicate the Quarantine measures which are now to be taken to the contacts (rest of passengers including driver, cleaner, helper)
 - d. Those who then transport the contacts to DFs
 - e. Those who sanitize the transport vehicle under question
 - f. Those who sanitize the transport vehicle being used to shift contacts to DFs
4. A sanitized transport vehicle – the vehicle which was checked should NOT be used for transport of contacts to DF
 5. Trained staff should ask everyone on board a transport vehicle to disembark and then take individual temperatures as there is a chance of ripping of PPE in congested confined space. In case of car or a 2-wheeler, he/she should take temperature standing alongside.
 6. The staff should be properly housed.
 7. Enforcement (polite) to ensure that all contacts and the individual with suspected symptoms comply to being moved to Hospital or DF
 8. Review manifest – there may be passengers who may have disembarked on what – In such a case, inform the concerned Deputy Commissioner (even if in other province) with location and estimated time of disembarkation, and if any info on the contact. Passengers include those using boats & railway as transport
 9. Ensure regular monitoring of all staff deployed for the purpose for symptoms, and inform them that they are under Quarantine in off-duty hours too (pl see Occupational Hazard)
 10. Also survey if there are unfrequented routes, waterways crossings or pedestrian crossings also. In such cases ensure same protocols as PoEs for unfrequented routes and waterways crossings (point of disembarkation can be PoE).
 11. Duration of Quarantine is 14 days, but is subject to review by Health Department

Provincial Level Measures

1. A Committee under Home Secretary to coordinate these measures, especially their components with Federal Agencies, Ministry of Railways and/or other provinces
2. Committee should also plan for ensuring transport of essential items including food, medicine etc to all Districts incase there is a quarantine implemented on larger areas
3. An IT based tracking and monitoring of all above steps from A to Z at centrally managed and housed location.
4. Centralized report sharing mechanism – to include sharing of Person Under Investigation for COVID-19 and persons quarantined reports with travel history

and other details with areas of origin or areas from where they were travelling and mode of travel, with federal government, Ministry of Railways, other Provincial Governments or any other stakeholders.

2. Further to the above, in exercise of powers conferred under 16(A)(1) of the National Disaster Management (Khyber Pakhtunkhwa) Act, 2010 and the emergency so notified, the expenditure on this account is declared a fit charge on the Relief Account.

3. The Deputy Commissioners in Khyber Pakhtunkhwa are directed to exercise prudence and follow financial discipline while undertaking such expenditure.

SECRETARY
RELIEF, REHABILITATION AND SETTLEMENT DEPARTMENT

Endst No & date even

Copy to:

1. Principal Secretary to Governor Khyber Pakhtunkhwa
2. Principal Secretary to Chief Minister Khyber Pakhtunkhwa
3. The Inspector General of Police Khyber Pakhtunkhwa
4. The Additional Chief Secretary P&D
5. All Administrative Secretaries – to formally extend all support where required from their Department(s)
6. All Divisional Commissioners in Khyber Pakhtunkhwa
7. All Deputy Commissioners in Khyber Pakhtunkhwa
8. PSO to Chief Secretary Khyber Pakhtunkhwa
9. HQ 11 Corps Peshawar


Deputy Secretary (Admin)