



**STANDARD OPERATING PROCEDURE FOR THE QUARANTINE OF
CONTACTS OF COVID 19 CASES IN QUARANTINE CENTRES IN
GAUTENG PROVINCE, SOUTH AFRICA**

BACKGROUND

The quarantine of persons is the restriction of activities and the separation of people who are not ill but who have been exposed to the infectious agent; in this case SARS -CoV 2 virus through direct exposure to a COVID 19 positive case. (Contact definition per national guidelines ;(Annex 1)

Quarantine should be differentiated from **isolation** as two separate concepts. Isolation is the separation of infected individuals from the uninfected in order to prevent the spread of infection and contamination.

Quarantining is one of several interventions that together can be part of an effective strategy to help quickly detect, isolate and stop the spread of the COVID 19 pandemic in Gauteng Province, South Africa. It has been used effectively in this outbreak in several countries successfully for e.g. the People's Republic of China and South Korea.

Mindful of the fact that there may be contacts of COVID 19 cases that are unable to self-quarantine due to crowded living conditions (and other social factors) in Gauteng province; the province has initiated the set-up of a number of quarantine centres.

PURPOSE

The purpose of this SOP is to detail the processes and procedures to be undertaken before and during the quarantine process

SPECIFIC OBJECTIVES

1. To detail the minimum required standard of infrastructure, human resources and IPC at a designated quarantine centre
2. To detail the baseline and daily health screening procedures, psychosocial and basic needs (food, water and other essentials) at a quarantine centre
3. To provide guidance on management of a quarantine facility
4. To detail the procedures to be undertaken if a person in a quarantine centre becomes symptomatic
5. To detail the discharge procedures from a quarantine centre

SCOPE

This SOP should be adhered to at all quarantine centres in Gauteng province. In addition to this SOP; staff must adhere to all the national COVID-19 guidelines and SOPs on IPC; PPE use, waste management and management of suspected COVID 19 cases and all other relevant guidelines

MINIMUM REQUIRED STANDARD OF INFRASTRUCTURE, HUMAN RESOURCES AND PPE AT A DESIGNATED QUARANTINE CENTRE

Please see detailed checklist for establishment of a quarantine facility (Annex 2)

1. Infrastructure

- a. Secure premises with entry and exit controls
- b. Well ventilated (natural, no air-conditioning), single en-suite rooms (preferred) or spacious accommodation with at least 2 metres distance between single beds. For mothers with children basinetts/ cots should be provided. Consideration for family to be closer together where possible. Males and Females should be in separate quarantine sites/wings/floors. Elderly, frail and high-risk clients should be placed closer to the nursing station.
- c. Toilets and bathrooms (consideration for washbasins/baths for infants and toddlers).
- d. Uninterrupted potable water
- e. Electricity
- f. Laundry services (offsite)
- g. Secure space for personal belongings
- h. Secure space for medication e.g. chronic medication for clients (this could be a central cupboard manned by an assistant pharmacist/PN)
- i. Communication facilities e.g. cellphones and airtime to communicate with family/friends. Newspaper, Television and wifi/internet connectivity.
- j. Sterile food preparation facilities and storage facilities
- k. Equipped resuscitation room with oxygen and pulse oximeter
- l. Clinical examination rooms equipped with thermometers, swabs, specimen bottles, lab forms etc.
- m. Staff change rooms and lockers
- n. Storeroom for PPE stock etc.
- o. Waste disposal (Biowaste and other waste)
- p. Ambulance access

2. Human resources

- a. 24-hour availability of key staff for e.g.
- b. Security personnel
- c. Caterers (cooks)
- d. Cleaners
- e. Psychologist/Social worker on call
- f. Professional nurse trained in PHC (ratio of 1:20)
- g. Enrolled nurses (ratio of 1:20)
- h. Medical Doctor on call
- i. Infection Control and prevention Nurse (1:100)
- j. Dietician/Nutritionist on call
- k. Driver as needed

I. Data capturers

3. Infection Prevention and Control

- a. Conduct a risk assessment of all areas within the quarantine site and label them low, medium and high risk. Therefore, a detailed flow map of the facility should be prepared detailing the risk areas and recommended movement patterns. IPC procedures should be done based on the risk assessment and following the national guidelines All staff should be trained on these.
- b. Training of all residents and staff on standard precautions (hand & respiratory hygiene, social distancing) and the risk zones.
- c. Provision of soap and alcohol-based hand sanitizers for each resident and staff member.
- d. If en-suite bathrooms not available, need to roster use of bathrooms and decontaminate between use (refer National Guidelines for Quarantine).
- e. Availability of PPE- gloves, masks, eye shields, gowns. Gloves, masks and eye shields to be used appropriately for staff as per SA COVID-19 guidelines. Rationale use of PPE per national and WHO guidelines should be applied
- f. Daily decontamination of the facility.
- g. Cleaning and disinfection of all surfaces (frequency determined by risk assessment
- a. Bathrooms, basins, toilets cleaned with dilute bleach solution (1% hypochlorite solution) at least 3 times a day. Bath roster should be instituted for facilities with no en-suite rooms with decontamination in-between people
- h. Appropriate cleaning of all cutlery and utensils (using hot water and soap)
- i. All laundry should be done at 60°-90°C with appropriate laundry detergent.
- j. Waste disposal should follow normal disposal SOPs for biowaste.

DAILY HEALTH SCREENING PROCEDURES, PSYCHOSOCIAL AND BASIC NEEDS (FOOD, WATER AND OTHER ESSENTIALS) TO BE UNDERTAKEN AT A QUARANTINE CENTRE

1. BASELINE SCREENING (Annex 3)

- a. No walk-ins will be admitted to a quarantine centre. All individuals should be brought in/referred by the tracer teams with clear details of the case they are directly linked to.
- b. Symptoms of COVID-19 (cough, sore throat, fever, respiratory distress, myalgia, diarrhea etc.)
- c. Clinical history – detailed history of co-morbidities and identify any high-risk conditions (>65 years, Diabetes, Cardiovascular, immunosuppressed condition).
- d. Ensure and verify availability of any chronic medication that the client is taking.
- e. Screening for TB
- f. Literacy level assessment (to assess the ability of the individual to do and record self-assessment of symptoms)
- g. During the stay; the following screening activities are recommended: HIV and substance abuse, immunization and nutritional status of all children under 5; psychological assessment and social assessment for support post discharge
- h. The following are prohibited items: alcohol, cigarettes, firearms, sharp instruments; traditional medicines and all quarantined individuals must sign consent and indemnity forms upon admission

2. Daily Screening (Annex 4)

- a. Symptoms of COVID-19 (cough, sore throat, fever, respiratory distress, myalgia, diarrhea etc.) using NICD symptom screening form. All quarantined individuals should be trained to report symptoms twice daily
- b. The twice daily fever screening will be done by a nurse on all quarantined cases
- c. The nurse will also do the twice daily screening on all high risk, illiterate and children
- d. Psychological assessment screen (per need)
- e. Twice a day vital screening for all clients with risk factors

3. Basic needs

- a. Water- drinking, ablution and for showering. Ideally each person should have a separate water bottle.
- b. Food- 3 meals a day and 2 snacks. Recommend meal plan be prepared by a nutritionist/dietician with consideration for special dietary needs e.g. diabetes, hypertension, children, food allergies, halaal etc.
- c. Other essentials- availability of sanitary pads, adult and baby diapers; toothpaste etc.

TO PROVIDE GUIDANCE ON MANAGEMENT OF A QUARANTINE FACILITY

2. Management Structure

All quarantine facilities should develop and have a clear management structure with clear roles and responsibilities for all staff; with the contact details of all staff and other staff in charge. All staff should be prohibited from coming on duty if they are symptomatic. There should be daily symptom screening prior to all staff members commencing duty. There should be a staff duty roster.

In addition, there should be a detailed daily roster for the facility.

Each quarantine centre should have a clearly displayed poster of the addresses and contact details of the following:

- The nearest police station
- Emergency Medical Services
- Hospital

3. Baseline orientation of all residents

All people who arrive at a quarantine facility should be provided the following information in a language they understand:

- a. Reason for quarantine
- b. Duration of quarantine
- c. Rules and responsibilities while in quarantine
- d. Daily schedule
- e. Area map and allowed and prohibited areas
- f. Emergency contact numbers
- g. What to do if they develop symptoms
- h. What will happen if they become symptomatic

4. Daily processes

- a. Roll call should be done twice a day
- b. Minor ailment management will be done by the professional nurse supported by the doctor on call. Medication will be obtained from the nearest facility
- c. Major ailment management will be professional nurse supported by the doctor on call and these patients will be transported by ambulance to the hospital using the standard referral pathway
- d. Group sessions will be done using a roster for the quarantined individuals for health education-different health topic; sports and recreation activities and daily motivation talks - (limiting numbers and observing social distance)

- e. Personal clothing laundry: Quarantined individuals should wash their own clothes with water and soap and hang in the sun
5. Daily reports (Annex 5)
- Daily report to central level and should contain the following minimum elements below per template:
- a. Total admitted (gender and age)
 - b. Total separations
 - i. Discharged
 - ii. Positive for COVID-19
 - iii. Absconded
 - iv. Deaths
 - c. PPE audit

TO DETAIL THE PROCEDURES TO BE UNDERTAKEN IF A PERSON IN A QUARANTINE CENTER BECOMES SYMPTOMATIC

1. EARLY RECOGNITION AND CONTROL

- a. Any person who develops respiratory symptoms or a febrile illness during the quarantine period should be treated as a suspected case of COVID-19.
- b. Given a surgical mask and moved immediately to the symptomatic wing.
- c. Swab is taken and sent to the lab as soon as possible (Health worker must wear appropriate PPE during the procedure)
- d. While awaiting results, client is moved to an identified wing for symptomatic cases

TO DETAIL THE DISCHARGE PROCEDURES FROM QUARANTINE CENTRE

People who are asymptomatic will be discharged from quarantine on Day 14. The discharged person should be given a discharge note.

LINKAGE TO OTHER CARE SERVICES

It is envisaged that some of the people in quarantine may need to be linked to a variety of care services depending on the baseline and discharge assessments.

	ISSUE IDENTIFIED	ACTION TO BE UNDERTAKEN
1	Positive screening test for TB	If a person responds (YES) to any of the TB screening questions; they should be given a sputum collection container and sputum taken for Gene-Xpert testing at the nearest health facility (isolation while waiting for results). If results are positive for TB; patient should be initiated on TB treatment
2	HIV positive on rapid test	All the people who test HIV positive will be initiated on ART wherever possible. If not possible they should be given a referral letter to take to the nearest health facility upon discharge from quarantine. The district HAST coordinators should be notified immediately of such people
3	Missed vaccination doses	All children who are not up to date with vaccinations should receive catch up doses during the 14 days in quarantine. Any child 6months - 5years with no record of vaccination should be given measles vaccination
4	MAM and SAM	Quarantine centre dietician to do further assessment (and advice on nutritional advice) and referral .
5	Insufficient quantities of chronic medication	Doctor to prescribe and pharmacist assistant to collect from nearest health facility
6	Substance abuse detected, suicidal and other psychological matters	Pyschologist and social worker to manage and refer
7	Food insecure and Client with no clothing upon discharge	Linked to DSD for a relief pack
9	Homeless contact	Referred back to DSD
10	Over 7 year old not in school	DBE to intervene
11	No birth certificate	DHA to intervene
12	Domestic violence	DSD to intervene
13	Pregnant but not on ANC	Refer to ANC post discharge



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HEAD OF DEPARTMENT: GAUTENG DEPARTMENT OF HEALTH

DATE: 2020/04/03

Annex 1: Definitions from NICD

PUI (Person under Investigation)

Criteria for person under investigation (PUI), i.e. a person to be tested for COVID-19

A **hospitalised** patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath) **AND** the absence of an alternative diagnosis that fully explains the clinical presentation

OR

Any person with acute respiratory illness with sudden onset of at least one of the following: cough, sore throat, shortness of breath or fever [$\geq 38^{\circ}\text{C}$ (measured) or history of fever (subjective)] irrespective of admission status **AND**

In the 14 days prior to onset of symptoms, met at least one of the following epidemiological criteria:

Were in close contact¹ with a confirmed² or probable³ case of COVID-19;

OR

Had a history of travel outside of South Africa;

OR

Worked in⁴ or attended a health care facility where patients with SARS-CoV-2 infections were being treated.

Contact

Close contact:

A person having had face-to-face contact (≤ 2 metres) or was in a closed environment with a COVID-19 case; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated.

Casual contact:

Anyone not meeting the definition for a close contact but with possible exposure

Annex 2

DRAFT BASIC ASSESSMENT TOOL WHEN INSPECTING A QUARANTINE FACILITY

DATE OF VISIT:

DISTRICT:

NAME OF FACILITY:

ADDRESS:

CAPACITY:

ITEM	FINDINGS	RECOMMENDATIONS
TYPE OF PROPERTY		
OWNERSHIP		
RENTAL		
CONTRACTUAL ARRANGEMENTS		
ASSESSMENT OF THE CONDITION OF THE FACILITY (PRONOUNCE ON FITNESS FOR OCCUPANCY AND PURPOSE)		
ENVIRONMENTAL HEALTH		
COMPLIANCE TO LEGISLATIVE REQUIREMENTS IN TERMS OF OCCUPATION, ENVIRONMENT AND LICENSING		
CERTIFICATE OF OCCUPANCY AND ACCEPTABILITY		
STRUCTURE AND ENVIRONMENT ARE COMPLIANT		
FOOD PREP ERQUIREMENTS		
WASTE MANAGEMENT		
GENERAL WASTE DISPOSAL		
MEDICAL WASTE DISPOSAL		
DESIGNATED SMOKING AREAS		
CLEANING		
IN SOURCED OR OUTSOURCED		

CATERING INSOURCED/OUTSOURCED		
WATER FOR QUARANTINED PATIENTS		
PPE		
GLOVES		
SURGICAL OR N95 MASK		
GOWN LONG SLEEVE		
FACE SHIELD / GOGGLES		
BOOTS/CLOSED SHOES		
SCRUBS		
EMERGENCY EQUIPMENT		
FIRE HYDRANT AND ASSEMBLY EXIT POINTS		
FIRE EXTINGUISHER		
EMERGENCY EXIT PLAN		
INFRASTRUCTURE		
NUMBER OF SINGLE ROOMS		
NUMBER OF DOUBLE ROOMS		
DISABILITY ACCESS		
ABLUTION		
ENSUITE		
COMMUNAL (1:8)		
DISABILITY ACCESS		
ACCESS TO OUTSIDE AREA		
CONTAINED ACCESS TO BALCONY OR ENCLOSED GARDEN		
SECURITY		
CCTV		
STAFF FOR DAY AND NIGHT		
LINEN		
PILLOWS		
BLANKETS		
TOWELS		
LAUNDARY		
LINEN		
PATIENTS CLOTHES		
STAFF CLOTHES		
TOILETRIES: (Soap, toothbrush, toothpaste)		
FACECLOTHES		
MEDICAL SERVICES		

ACCESS TO MEDICAL DR		
NURSING		
PROF NURSE		
ENROLLED NURSE		
MEDICAL EMERGENCY EQUIPMENT		
EMERGENCY TROLLEY		
OXYGEN (MOBILE CYLINDER AND MASKS)		
SUCTION		
MEDICAL WASTE BOX		
MEDICATION		
STORAGE		
RECORDS MANAGEMENT AND STATIONERY		
ACCESS TO COLD STORAGE/ MEDICINE FRIDGE		
PRESCRIPTION SHEETS		
DISCHARGE AND REFERRAL		
PROTOCOL		
DIET AND NUTRITION		
3 MEALS AVAILBALE AND IN-BETWEEN SNACKS		
FOOD IS NUTRITIOUS		
CO MORBID CONDITIONS		
PSYCHOSOCIAL		
TV		
INTERNET		
PHONE		
GENERAL ITEMS		
General comments - Comment on Overall readiness of the facility:		

TEAM LEADER: _____

TEAM MEMBERS: _____

Annex 3

Baseline Assessment Form

Demographics

Name: _____ Surname: _____

DOB: _____(dd/mm/yyyy) Age: _____years/months Gender: _____

ID/Passport number if available: _____

Contact #: _____ Address: _____

Responsible Family Member: _____

Relationship: _____ Contact #: _____

Address: _____

Occupation: _____ Highest Standard: _____

For Children 7 years and older:

Attending School: Yes/No; If yes, name of School _____

If No, reason _____

Note: Referral for Social worker to assist

For Children <5 years:

Immunization up to date: Yes/No; If no, specify _____

RTH Booklet seen: Yes/No

If not RTHB provide measles vaccination to children 6 months to 5 years

Note: If not up to date, vaccinate and refer to clinic post discharge, ensure follow-up by social worker

Substance Abuse history (adapted from WHO):

In your life, which of the following substances have you ever used?	Ever use	Current Use	Last Use
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	Y/N	Y/N	
b. Alcoholic beverages (beer, wine, spirits, etc.)	Y/N	Y/N	
c. Cannabis (marijuana, pot, grass, hash, etc.)	Y/N	Y/N	
d. Cocaine (coke, crack, etc.)	Y/N	Y/N	
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	Y/N	Y/N	
f. Inhalants (nitrous, glue, petrol, paint thinner, nyope, whoonga, etc.)	Y/N	Y/N	
g. Sedatives or sleeping pills (valium, serepax, rohypnol, etc.)	Y/N	Y/N	
h. Hallucinogens (LSD, Acid, mushrooms, PCP, Special K, etc.)	Y/N	Y/N	
i. Opioids (heroin, morphine, methadone, codeine, etc.)	Y/N	Y/N	
j. Other-specify:	Y/N	Y/N	

Clinical History:

Co-morbidities Yes/No; If yes, specify

Condition	Yes/No	Diagnosis Year	Treatment	Dosage	Medication sufficient for # of days
Diabetes					
Hypertension					
Asthma					
Cardiovascular disease					
Chronic Lung Disease					
Malignancy					
HIV					
TB					
Other:					

Date of last contact with case (Day 0): _____

Anthropometrics (Children <5y)

Weight: _____ kg Height: _____ cm MUAC: _____ cm

Assessment: _____

If underweight/SAM: Refer dietician/nutritionist for management during quarantine and post discharge refer to clinic and social worker for follow-up. Medical doctor needs to review if needed.

Baseline Vitals

Temperature: _____ BP: _____ HGT (random blood sugar): _____

If Female, pregnant Yes/No; If Yes, ≥36 weeks; defer quarantine; home isolation with surgical mask.

LMP (if applicable): _____; EDD (if applicable) _____

Attending ANC: Yes/No; If yes, clinic _____

Any high risk factors: _____

If No, refer to nearest clinic of choice for ANC follow-up on discharge

HIV screen: Known Status Yes/No; If positive on ART Yes/No. If No, refer for linkage at discharge to clinic of choice (ensure linkage- DSP to be contacted).

If Negative, date of last test _____. If more than 6 weeks, offer testing. If Positive, refer to clinic of choice at discharge (ensure linkage- DSP to be contacted).

If <18m, HIV exposed Yes/No; If yes, final status known: Yes/No

Refer post discharge if PCR not done

TB screen

Symptom	Yes/No	Duration
Cough of any duration		
Unexplained weight loss		
Fever		
Night sweats		
Shortness of breath		
Chest pains		
TB contact		

If yes, for any one question, investigate for TB.

Sputum samples for GeneXpert x 1

If positive, refer to nearest facility for notification and TB Rx initiation.

Annex 4

Daily Monitoring Tool:

Day	Date	Vitals	T (°C)	GM	BP	Chills	Cough	Sore Throat	Shortness of Breath	Fever	Myalgia/ Body pains	Diarrhoea
Do		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
D1		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
D2		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
D3		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
D4		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
D5		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
D6		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
D7		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
D8		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
D9		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
D10		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
D11		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
D12		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
D13		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
D14		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
D15		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
D16		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
D17		AM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
		PM				Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

Mental Health Screening Questionnaire

Name of Clinic			
Patient Name		File Number	
Date of Birth		Gender	M F
Address			
Contact Number			

<i>Please tick the appropriate box in response to the following questions</i>	YES	NO
1) Over the last two weeks , have you felt little interest or pleasure in doing things and /or feeling down, sad, depressed, or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you currently experience feeling nervous, anxious or on edge; not being able to stop worrying, feeling afraid as if something awful might happen and/or becoming easily annoyed or irritable?	<input type="checkbox"/>	<input type="checkbox"/>
3) Relating to any lifetime experience that was so frightening or upsetting: have you in the past month had nightmares about it, went out of your way to avoid situations that reminded you of it, or are constantly on guard, watchful, or easily startled?	<input type="checkbox"/>	<input type="checkbox"/>
4) Are you currently unable to cope with your current stressors (such as work, children, illness, finance, etc.) or any emotional problems?	<input type="checkbox"/>	<input type="checkbox"/>
5) Have you experienced any major problems relating to your eating habits or your weight?	<input type="checkbox"/>	<input type="checkbox"/>
6) During the last 6 months have you used alcohol or other drugs and felt that you use too much of it, tried to cut down or quit drinking, found that it caused problems between you and your family or friend, or made you feel bad or guilty about it?	<input type="checkbox"/>	<input type="checkbox"/>

(Since the questionnaire relies on patient self-report, all responses should be verified by taking into account how well the patient understood the questionnaire).

If the client answer "Yes" to one or more of these questions, the PHC practitioners is required to proceed to:

- a) A full clinical interview / assessment using APC guidelines
- b) Refer the client to the PHC doctor to make a definitive diagnosis on clinical grounds and institute appropriate intervention based on PHC Standard Treatment Guidelines.

PHC Practitioners Name:	
Date:	

Annex 5: Daily Report

Facility Name:		
	Male	Female
# Admitted		
# Adults > 60years		
# Adults 15-60years		
# Children <15 years		
# Absconded		
# RIP		
# Discharged- well		
# Remaining in Quarantine		
# Asymptomatic		
# Symptomatic result pending		
# Symptomatic result positive		
# Positive sent to isolation		
# Hospitalized		

Annex 6

FIRST INTERVIEW OR FIRST CONTACT SESSION WITH A QUARANTINED PERSON

1. Provide information to orientate the person:

- What is quarantine?
- Length of stay at the identified facility
- Orientate about the facility and services available onsite: is there a telephone, TV, internet on the premises
- Alert to any risk factors
- Outline do's and don'ts during the quarantine period regarding movement and contact with other people
- Clarify to all new admissions that at the end of the quarantine period AND depending on their test results they will eventually be going back to their home environment
- Orientate about procedures to follow in an emergency: in their room or in the facility

1. Provide education about the possible health interventions that will be conducted during the quarantine period

- Overall health education
- Pre-test and post-test counselling and education
- Depending on the test results, provide support and health education if the result is positive

2. Psychosocial support

- Gauteng Department of Health Services for Social Work and Psychology can be accessed during quarantine period for weekly telephonic counselling during the period of quarantine and will work on a referral system.
- Gauteng Department of Health Services for Social Work and Psychology will be able to call from a landline if instead of persons using their data
- Social Work and Psychology therapeutic telephonic interviews can be provided as they are in line with professional bodies governing both these professionals i.e: South African Council For Social Service Professionals (SACSSP) and Health Professionals Council of South Africa (HPCSA)
- Other services :24 hour telephonic counselling options such as Lifeline , SADAG (SA Depression and Anxiety Group)
- See attached relaxation Techniques provided by Therapist aid. com (copyright 2013 Therapist aid. LLC)
- See attached list of contact numbers : 24 hour telephonic counselling

3. Other factors

- If the situation permits, prior to admission, the patient can be advised to bring along any personal items such as a favourite blanket, family photo, magazines, crafts etc.

CONTACT LIST : 24 HOUR TELEPHONIC COUNSELLING SERVICES

Lifeline: 011 728 1331/0861 322 322

Child line: 0800 005 555

SADAG: SA Depression and Anxiety Group 011 234 4837

Suicide Crisis Helpline: 0800 567 567/0800 456 789

Gender-based violence command centre: 0800 428 428/*120*7867#