

# **Pacific Heads of Health**

**Réunion des directeurs de la santé du Pacifique**

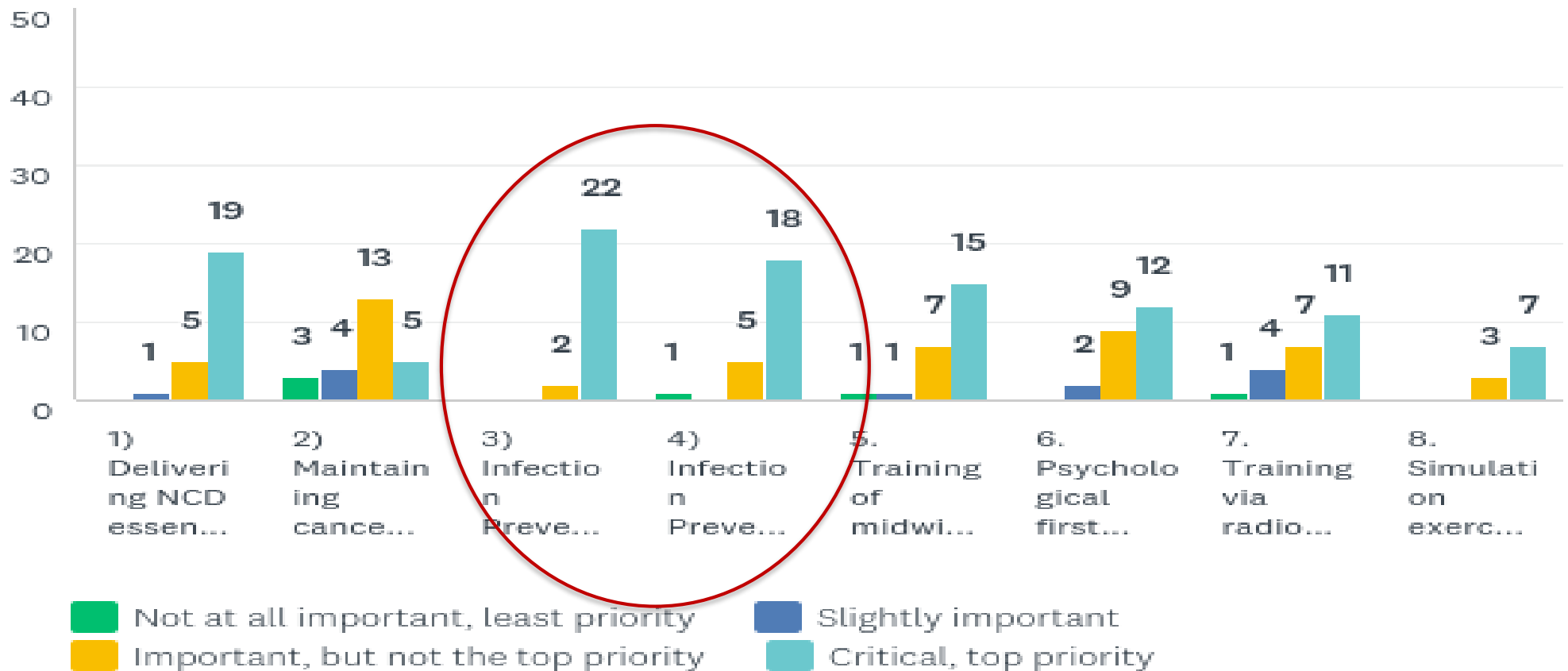
**Infection Prevention and  
Control (IPC) including rational  
use of PPE**

# Presentation Outline

- **Country response to priority areas of training**
- **IPC COVID-19 Resources**
- **IPC webinars**
- **Rationale Use of PPE**

# IPC identified as top priority for training by PICTs

Q3: The Pacific Joint COVID-19 Incident Management Team (JIMT) endeavours to organise delivery of trainings listed below to support country's preparations/response to the COVID-19 pandemic. [Please indicate the level of importance of the trainings below for your country's preparations/response to COVID-19.](#)



# IPC COVID-19 Resources

- COVID-19: Guidance on Environmental Cleaning for Healthcare Facilities
- Pacific-Adapted Guidance on Rational Use of Personal Protective Equipment (PPE)
  - Developed Power-point slides
- Care of the Deceased with Suspected or Confirmed COVID-19
- COVID-19 Advisory on Medical and Fabric Masks
- Care of the Deceased with Suspected or Confirmed COVID-19
- Guidance on Protecting Cargo Handlers from the Potential Risk of COVID-19
- Intensive Care Unit (ICU) IPC guidance for suspected or confirmed COVID-19 patients
- Audit Tool-COVID-19 Environmental Cleaning Guidance

# IPC Resources

World Health Organization | unicef | Pacific Community

## CONTACT PRECAUTIONS

In addition to STANDARD PRECAUTIONS

All Visitors must check with Staff before Entry to the Room

**STOP**

### STAFF REQUIREMENTS

BEFORE ENTRY TO THE ROOM

- 1 Perform hand hygiene before entering the room
- 2 Put on a Disposable Gown or Apron
- 3 Put on Gloves

ON LEAVING THE ROOM

World Health Organization | unicef | Pacific Community

## DROPLET PRECAUTIONS

In addition to STANDARD PRECAUTIONS

All Visitors must check with Staff before Entry to the Room

**STOP**

### STAFF REQUIREMENTS

BEFORE ENTRY TO THE ROOM

- 1 Perform hand hygiene before entering the room
- 2 Put on a Surgical Mask
- 3 If contact with body fluid: Body use Goggles, Gown & Eye Shield

World Health Organization | unicef | Pacific Community

## AIRBORNE PRECAUTIONS

In addition to STANDARD PRECAUTIONS

All Visitors must check with Staff before Entry to the Room

**STOP**

### STAFF REQUIREMENTS

BEFORE ENTRY TO THE ROOM

- 1 Perform hand hygiene before entering the room
- 2 Put on a N95 or P2 mask

World Health Organization | unicef | Pacific Community

## ISOLATION (COVID-19 Use)

### Droplet & Contact Precautions

In addition to STANDARD PRECAUTIONS

All Visitors must check with Staff before Entry to the Room

**STOP**

### STAFF REQUIREMENTS

BEFORE ENTRY TO THE ROOM

- 1 Perform hand hygiene
- 2&3 Put on Disposable Gown and Mask
- 4 Put on Eye Protection
- 5 Put on Gloves

ON LEAVING THE ROOM

- 1 Remove Gloves
- 2 Remove Disposable Gown
- 3 Remove Eye Protection
- 4 Remove Mask
- 5 Perform hand hygiene
- 6 Remove Mask
- 7 Remove Goggles or Eye Protection
- 8 Perform hand hygiene

### STANDARD PRECAUTIONS

- Perform hand hygiene before and after every patient contact
- Use PPE when risk of body fluid exposure
- Clean and reprocess shared patient equipment
- Respiratory hygiene and cough etiquette
- Safe handling and disposal of waste
- Safe handling of linen
- Safe injection practice and disposal of sharps
- Perform environmental cleaning

For more information, please contact Public Health Division

Website: [www.spc.int](http://www.spc.int)

## Sequence for putting on personal protective equipment (PPE)

Gather all PPE supplies, check correct size for fit. Remove all personal items (jewellery, watches, wedding ring, cell/mobile phone). Ensure you have a Supervisor/buddy or mirror. Perform hand hygiene using soap and water (40-60 seconds) or alcohol based hand rub (20-30 seconds)

- 1. Gown**
  - Long sleeves down to wrist
  - Length of gown to knee
  - Fit at back of neck and wrist
- 2. Mask or Respirator**
  - Put on apron if necessary
  - If wearing a medical mask: Place mask over nose and mouth and secure
  - If wearing a respirator mask: Perform a seal check: Place mask over nose and mouth. Pull elastic bands over head. Inhale and exhale. Check for leaks. Lower band below ear line. Do check by inhaling and exhaling into your hands with finger tips of both hands to get a snug fit.
- 3. Goggles or Eyeshield**
  - Put on goggles or shield
- 4. Gloves**
  - Put gloves on
  - Put over wrist of isolation gown

**Safe practices:**

- PPE needs to be for the appropriate use for the person
- Do not adjust PPE once you enter isolation area
- Do not touch your face
- Minimize contact with environmental surfaces

## Sequence for removing Personal Protective Equipment (PPE)

IMPORTANT

Remove PPE at doorway or in anteroom. Remove mask after leaving isolation room and closing door.

**Remove glove**

**Perform hand hygiene**

**Remove apron**

**Remove eye shields or eye goggles**

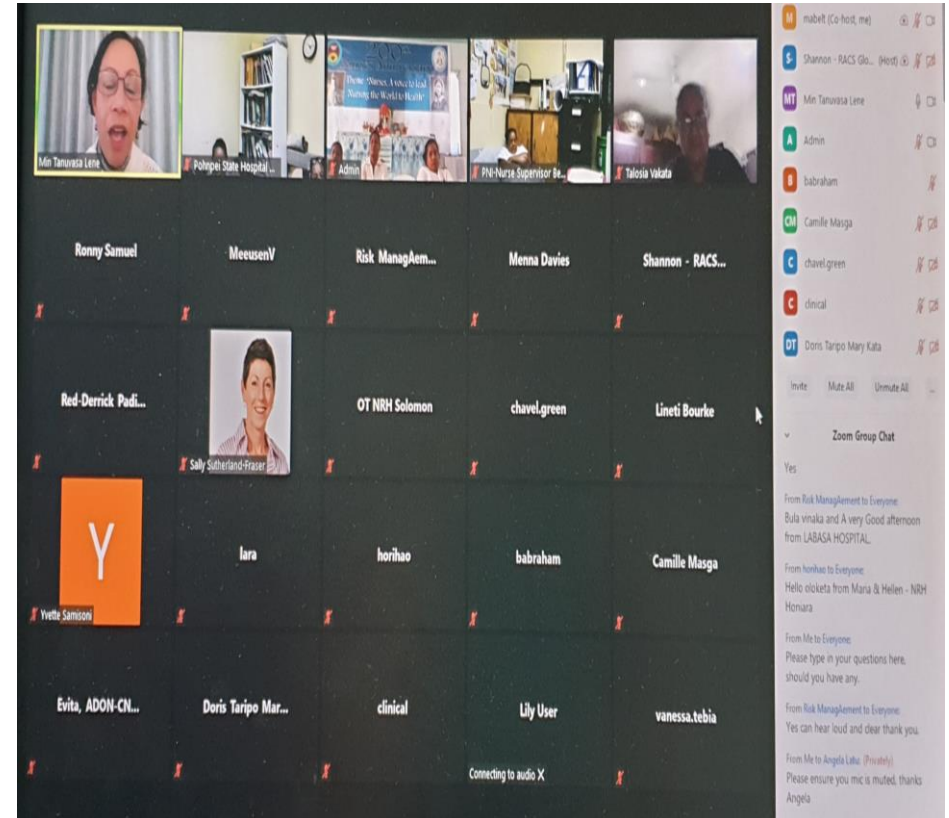
**Remove surgical or respirator mask**

**Perform hand hygiene**



# IPC Delivered Webinars

- **4 Webinars delivered**
  - Rational Use of Personal Protective Equipment
  - Environmental Cleaning for Healthcare facilities
- Upcoming webinar's



# Pacific-Adapted Guidance on Rational Use of Personal Protective Equipment (PPE)

Date: 23 April 2020



# Rational Use of PPE

## Objective of the guidance note

To support Pacific Island Countries and Territories in effectively managing supply and use of personal protective equipment (PPE).

## Background

### Safe use of PPE is important to protect healthcare workers

The COVID-19 virus is a respiratory disease that is transmitted via droplets, through close contacts of infected individuals and bodily fluids during coughing, sneezing and speaking. Therefore, droplet, contact, and standard infection prevention and control measures are recommended to prevent transmission.

### There is a global shortage of PPE

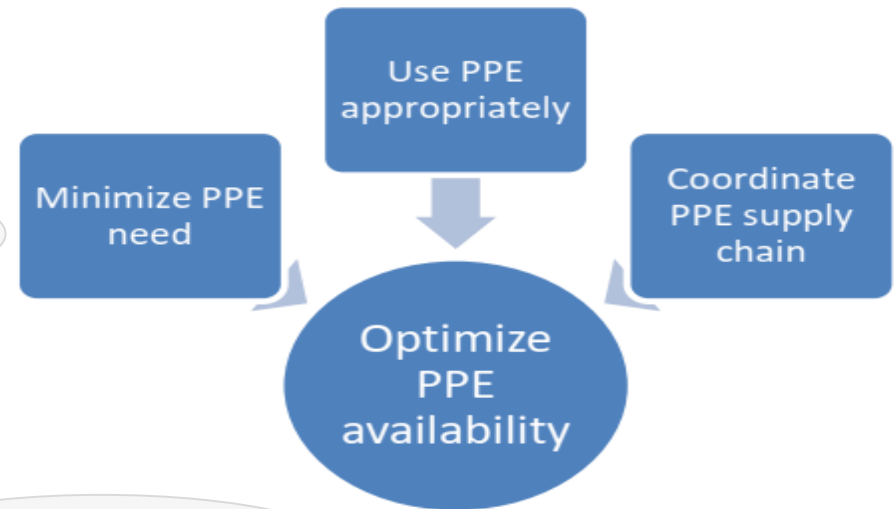
The current shortage of personal protective equipment (PPE), particularly N95 masks and surgical masks, will have a significant impact on the ability of healthcare workers to safely manage patients.

### Current stock of PPE can be extended if used rationally

Ministries of Health can take actions to ensure that current stocks can cover as many patients as possible. It is vital that all Pacific Island Countries implement guidelines on rational use of PPE, including extended use, so that adequate supplies are available during times of peak demand. For example, a respirator mask (N95, FFP2, FFP3, or equivalent) is only used if performing aerosol generating procedures.

### Institute a strong PPE supply management

Ensure a system to monitor and control PPE requests. For example, require that all requests for PPE are coordinated via your Infection Prevention and Control (IPC) and central medical supplies team.



global shortage

used rationally

supply management

WHO Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages 6 April 2020

# Way Forward

- Strong political will and leadership to guide IPC visibility nationally
- Governance structure – IPC Monitoring and feedback (IPC Indicators)
- Available Resources (HR and supplies)
- National IPC guideline/policy
- Leadership support with implementation of IPC programs at national and facility level
- Continue Support with training and resources



**Pacific Heads of Health**

**Réunion des directeurs de la santé du Pacifique**

**Clinical Services  
and ICU**

# Presentation Outline

- **Regional ICU Survey**
- **ICU Infrastructure Support**
- **Workforce – Technical Support**
- **Workforce – Technical Support; Nurses**
- **Guidelines**

# Regional ICU Survey



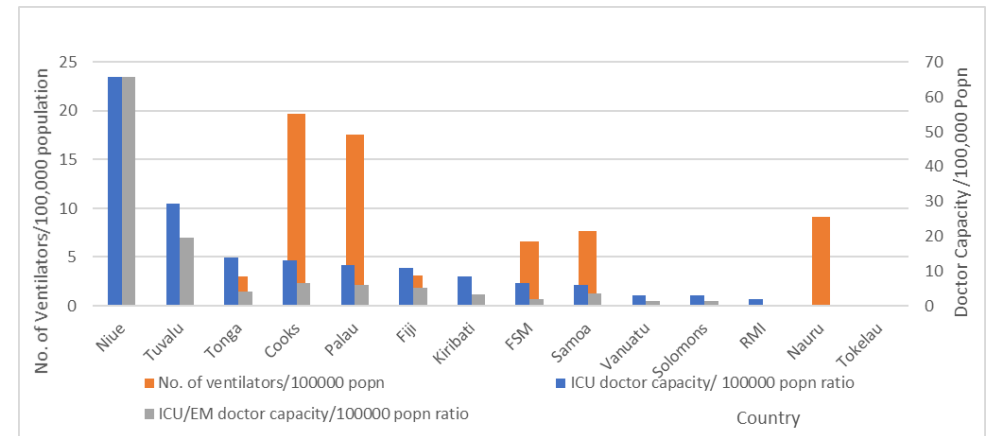
16 hospitals in 12 PICTs (86%) responded to this survey

10 out of the 12 PICTs had some form of ICU/HDU support

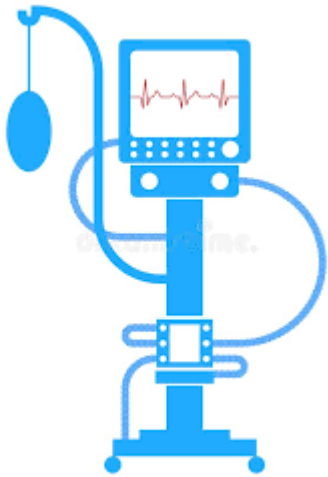


Only 6 (37%) out of the 16 hospitals have both an ICU and HDU facility

75% (12/16) of the 16 hospitals have a HDU facility  
44% (7/16) have an ICU facility



# ICU Infrastructure Support



Equipment	Number
Ventilators	60
Oxygen Concentrators	41
Nasal Prongs	720
Monitors	4

Equipment	Number
Pulse Oximeters	120
ECG portable Recorders	60
Laryngoscopes adult/child	120
Monitors	60

# Workforce – Technical Support



20+

COLLABORATION

No	Topic	Approx. # participants	Partners
1	Remote Nursing Support	50	SPC, RACS, ACORN
2	PPE's for COVID	50+	SPC, RACS, ACORN
3	Rational Use of PPEs	50 -60	SPC & RACS
4	Environmental & Equipment IPC	50-60	SPC & RACS
5	Airway Management & Patient Care	50 – 60	Australian College of Peri Anaesthesia Nurses; ACORN & RACS
6	IPC for ICU (23 <sup>rd</sup> July)		SPC; Melbourne Uni; RACS

46+ webinars

290+ nurses & clinicians

14+ Disciplines



Clinical Discipline	# of Webinar	# of pps	Partners
Anaesthesia	5	Av. 30	ASA, ANZCA
EM	7	Av. 25	ACEM
Internal medicine	5	Av. 20	WGO, ANZGITA
Mental Health	10+	Av. 20	OHMHS, St Vincents, FNU
O&G	4	Av. 40-50	RANZCOG, UNFPA, PSRH
Paediatrics	1	Av. 20	RACP
Radiology	1	Av. 15	PRadSi, RAB
Surgery	6	Av. 15	RACS, PISA

# Workforce – Technical Support: Nurses

## Surge Critical Care

114 Placements 17 PICs  
Completion = 50

Post graduate certificate in Critical Care

32 Places 1 year program



Australian Government

Department of Foreign Affairs and Trade

Country	ASM	COK	FJI	FSM	KIR	NRU	NIU	PLW	PNG	RMI	WSM	SLB	TKL	TON	TUV	VUT	CNMI	Total
Total number of nurses enrolled	2	2	22	8	6	3	2	2	11	4	10	19	2	8	3	8	2	114
Completed course	0	1	20	1	6	1	1	1	1	2	7	4	2	6	3	0	0	56
In progress	2	0	2	7	0	2	1	1	10	2	3	15	0	2	0	8	2	55
Total	2	2	22	8	6	3	2	2	11	4	10	19	2	8	3	8	2	114
Percentage completed	0	50	91	13	100	33	50	50	9	50	70	21	100	75	100	0	0	50



# Guidelines



## HEALTH WORKER SAFETY GUIDE FOR COVID-19

### PROTECTING YOU AND YOUR FAMILY

**BEFORE WORK**

- Remove watch and rings (be below the elbow)
- Keep money and phone in a plastic zip lock bag
- Bring your own food in a sealed container
- Work in a change and wear your own clothes to work. Take uniform in a washable/plastic bag

**AT WORK**

- Clean your hands (WHO guidelines) when you arrive and have temperatures checked
- Change into your uniform
- Cover your hair with a mesh hood (if you do) and wash it daily
- No food in clinical areas

**FINISHING WORK**

- Clean your hands when you finish work
- Change into your home clothes and put your uniform in the bag
- If you have open footwear wash or disinfect your feet if possible
- Clean your hands and equipment

**ARRIVING HOME**

- If no change area at work, remove and wash hands before arriving at your family
- Keep bag of dirty work clothes and your uniform in a separate family washing
- Wash work clothes in hot (60°C) and dry in the hot sun
- Place your work bag in a bag

## AIRWAY MANAGEMENT ESSENTIALS

Fiona Newman RN, MN, BN (hons), CertAnaesthSg, FACPAN

World Health Organization Novel Coronavirus (COVID-19) v3

Transmission route	Prevention	Control
Person-to-person	Hand hygiene, respiratory hygiene, physical distancing, face masks, eye protection (if available)	Isolation, cohorting, contact tracing, personal protective equipment (PPE)
Surface-to-person	Hand hygiene, surface disinfection	Disinfection, cleaning
Aerosol-to-person	Hand hygiene, respiratory hygiene, physical distancing, face masks, eye protection (if available)	Isolation, cohorting, contact tracing, PPE

### Personal protective equipment (PPE) requirement in Maternity settings for prevention of COVID-19

Where possible women should be telephone screened prior to any face to face visit. This is a guide on recommended PPE. It is expected that clinicians involved in care will use appropriate clinical judgement on PPE required.

Activity	Standard Precautions	Transmission-based precautions	Respiratory Hygiene and Physical Distancing	Eye Protection	Face Mask	Gloves
For women who do not have COVID-19, and who are not suspected of having COVID-19	Standard	None	None	None	None	None
For women who may have COVID-19 (suspected or confirmed)	Standard	Standard	None	None	None	None
For women who are confirmed or suspected of having COVID-19	Standard	Standard	None	None	None	None

## Australasian College for Emergency Medicine



Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. Interim guidance v.1.2

### Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected.

Interim guidance  
13 March 2020



### Oxygen Therapy with Limited Resources

COVID-19 Severe Acute Respiratory Infection (SARI) and Pneumonia

**KEY POINTS**

- Practical oxygen therapy
- Prevent infections in hospital staff

**Suspect and Confirm Diagnosis of Covid-19 Infection**

- Diagnose by case definition, clinically, by laboratory test
- Put a simple surgical facemask on patient
- Start infection prevention and control (IPC) measures
- Consider staff personal protection equipment (PPE), dedicated medical equipment and dedicated Covid-19 hospital areas

**Suspect Severe Pneumonia and Confirm Need for Oxygen**

- Respiratory signs and symptoms
- Axial or anterior SpO<sub>2</sub> 90%
- Child SpO<sub>2</sub> <95%

**Confirm Hypoxia by Pulse Oximeter**

- Start oxygen therapy if SpO<sub>2</sub> <90%
- Nasal cannula (prong) or nasal catheter or face mask
- Nasal or anterior SpO<sub>2</sub> < 95 years
- Adjust O<sub>2</sub> flow to target SpO<sub>2</sub> >90%
- Try prone position - pillow under chest
- If SpO<sub>2</sub> not ↑ or <90% → advanced oxygen/ventilator care needed

**Cautions**

- Keep surgical facemask over protruding oxygen mask
- Dropset spread with high flow O<sub>2</sub> from all devices
- No humidification to be used

**Oxygen Delivery Devices**

- Nasal prong O<sub>2</sub> 1-4 L/min (20)
- Nasal cannula O<sub>2</sub> 1-4 L/min (Infant) & (4-6) (20)
- Oxygen face mask O<sub>2</sub> 6-10 L/min (20)
- Oxygen face mask reservoir bag O<sub>2</sub> 10-15 L/min (20) (20)
- Make sure reservoir bag inflates
- Monitor oxygen face mask O<sub>2</sub> 4-15 L/min (20) (20)
- O<sub>2</sub> flow rate specific device

**Resource Limitations**

- Practical supply or the availability of oxygen delivery devices
- Anxious and restless oxygen supply
- Consider disinfection of prongs and masks

**Decontamination and Disinfection**

- Disinfect oxygen delivery devices
- Soak in 0.1% sodium hypochlorite solution for 30 minutes
- Contains 1000 ppm available chlorine

**Preparation of 0.1% Sodium Hypochlorite Solution**

Check concentration of sodium hypochlorite in household bleach contains 5g or 5g/100ml sodium hypochlorite (= 50,000 ppm chlorine). Dilute bleach 1:50 with tap water. One measure of bleach to 49 measures of tap water (1% solution = 1000 ppm chlorine). Bleach concentration less than 1% according to give 0.1% solution = 1000 ppm chlorine. Prepare a bucket in a well-ventilated place. Store covered in a cool shaded place and discard at 24 hours. Do not mix with disinfectants. Avoid contact with eyes. Thoroughly rinse the oxygen delivery devices before reuse.

### Guide Operator

Models: EMV+, AEV, Eagle II



## COVID-19 Clinical Guidelines CWM Hospital

**COVID-19 Technical Brief for Antenatal Care Services**

April 2020

UNFPA

Table 3.1 Description and comparison of oxygen delivery options

Respiratory options	Nasal cannula (prong)	Nasal catheter	Other non-invasive options (Face mask, hood)
<b>General characteristics</b>	Low flow oxygen therapy for the treatment of hypoxaemia.	Low-flow oxygen therapy for the treatment of hypoxaemia.	Low-flow oxygen therapy for the treatment of hypoxaemia.
<b>Appropriate level of health system level (observation, emergency services, etc.)</b>	Low flow oxygen therapy for the treatment of hypoxaemia.	Low-flow oxygen therapy for the treatment of hypoxaemia.	Low-flow oxygen therapy for the treatment of hypoxaemia.
<b>Advantages</b>	Causes less interference with eating, drinking, speaking.	Less likely to be dislodged.	Lower cost alternative to nasal cannula.
<b>Disadvantages</b>	More costly than nasal cannula.	More invasive than nasal cannula.	More likely to be dislodged.

### Intensive Care Unit (ICU) infection prevention and control-related guidance for suspected or confirmed COVID-19 patients

IS NOT A REPLACEMENT FOR YOUR PPE GUIDELINES

As a reference and guideline only, your work is less a

World Health Organization

Standard and transmission-based precautions

Staff guide for patients with suspected or confirmed COVID-19 in ICU

1. Standard and transmission-based precautions

2. Staff guide for patients with suspected or confirmed COVID-19 in ICU

3. PPE considerations for airway management in COVID-19 patients

4. Infection emergency team response for patients with suspected/confirmed COVID-19

5. Transfers for patients with suspected/confirmed COVID-19 in ICU

1. See Box 3.3 for use of personal communication. Source: Some content adapted from Oxygen Therapy for Children (1), Table 2, p. 28.



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**Laboratory Services**

# Presentation Outline

- **COVID-19 testing algorithm**
- **RT-PCR – “open” and “closed” RT-PCR**
- **Way Forward**



# Laboratory testing algorithm

**COUNTRIES WITH NO KNOWN CASE OF COVID-19 and patient has no travel history**

**COUNTRIES WITH KNOWN CASES OF COVID-19 and/or countries with no known case yet patient has travel**

## WHO ILI and SARI Case

**ILI case definition**  
An acute respiratory infection with:

- measured fever of  $\geq 38\text{ C}^\circ$
- and cough;
- with onset within the last 10 days.

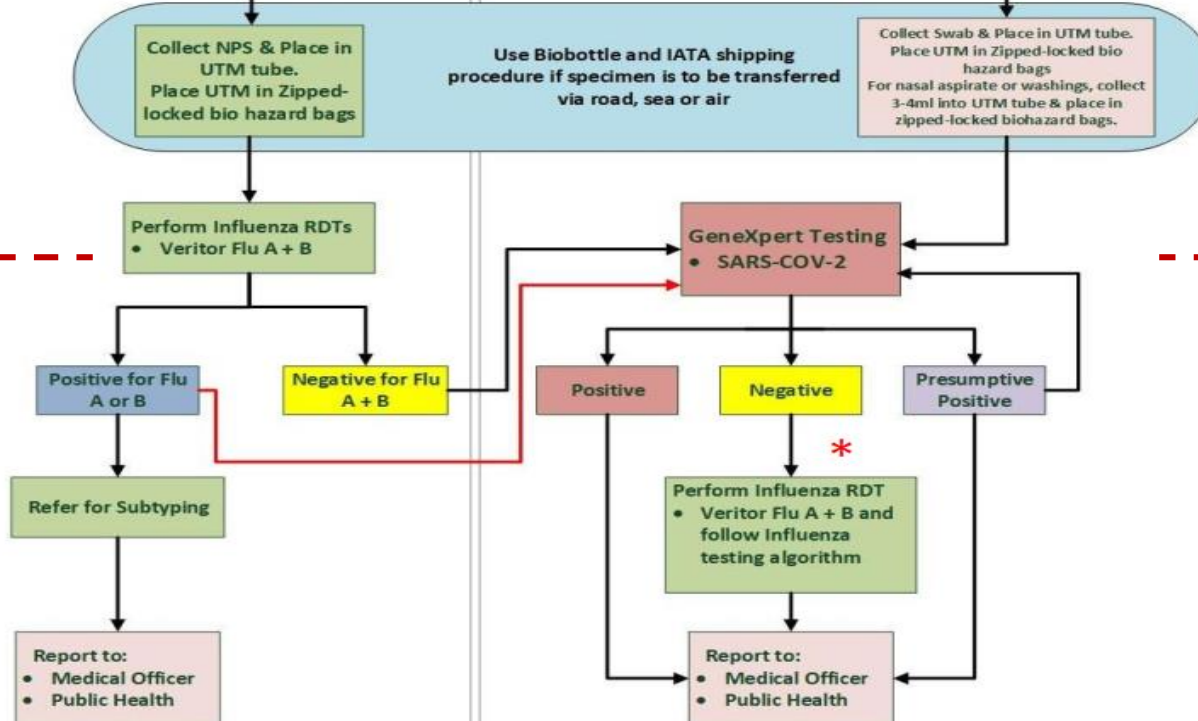
**SARI case definition**  
An acute respiratory infection with:

- history of fever or measured fever of  $\geq 38\text{ C}^\circ$ ;
- and cough;
- with onset within the last 10 days;
- and requires hospitalization

## WHO COVID-19 Case

1. Acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset.  
**OR**
2. Acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset;  
**OR**
3. Severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation  
**OR**

Shortness of breath (SOB) and not in SARI case definition



## COVID-19 testing: GeneXpert

- All national lab facilities with machine, except Tokelau
- ~200,000 cartridges ordered, ~20,000 delivered
  - JIMT (WHO, DFAT, MFAT, PIHOA, SPC)
  - CDC/PIHOA
  - UNICEF
  - UNDP

**Influenza testing:**  
Veritor system and test kits provided to 14 PICTs

# Real-time PCR testing

- Remains the gold standard for testing
- **Advantage:** In addition to testing for COVID-19, can also test for other diseases that needed to be shipped overseas for testing including arboviruses (Dengue, Chikungunya, Zika), Leptospirosis, etc.
- **Challenge:** requires specific infrastructure and equipment with average set-up time of three to six months
- Funding for work to set up RT-PCR supported by Australia, China, Korea, New Zealand, Taiwan, USA (CDC) with technical assistance from CDC, VIDRL/Doherty, PIHOA, SPC and WHO

## RT-PCR testing capacity in PICTs

Before COVID-19 (5 PICTs)	Since COVID-19 (3 PICTs)	Currently being set up (10 PICTs)
French Polynesia, Fiji, Guam, New Caledonia, Papua New Guinea	Palau, Solomon Is, Tonga	A. Samoa, CNMI, Cook Is, FSM (Yap), Kiribati, Nauru, RMI, Samoa, Tuvalu, Vanuatu

# Way forward

- Building testing capacity in country to test COVID 19 using RT-PCR in addition to GeneXpert.
- PCR training and webinars supported by Victorian Infectious Diseases Reference Laboratory (VIDRL) / Doherty Institute
- On additional testing platforms, a number of kits are available and need to be assessed and validated before recommendations are made to countries
- Monitoring of usage of GeneXpert cartridges and in due course RT-PCR and other platforms if they come into play



# Allocation of GeneXpert cartridges

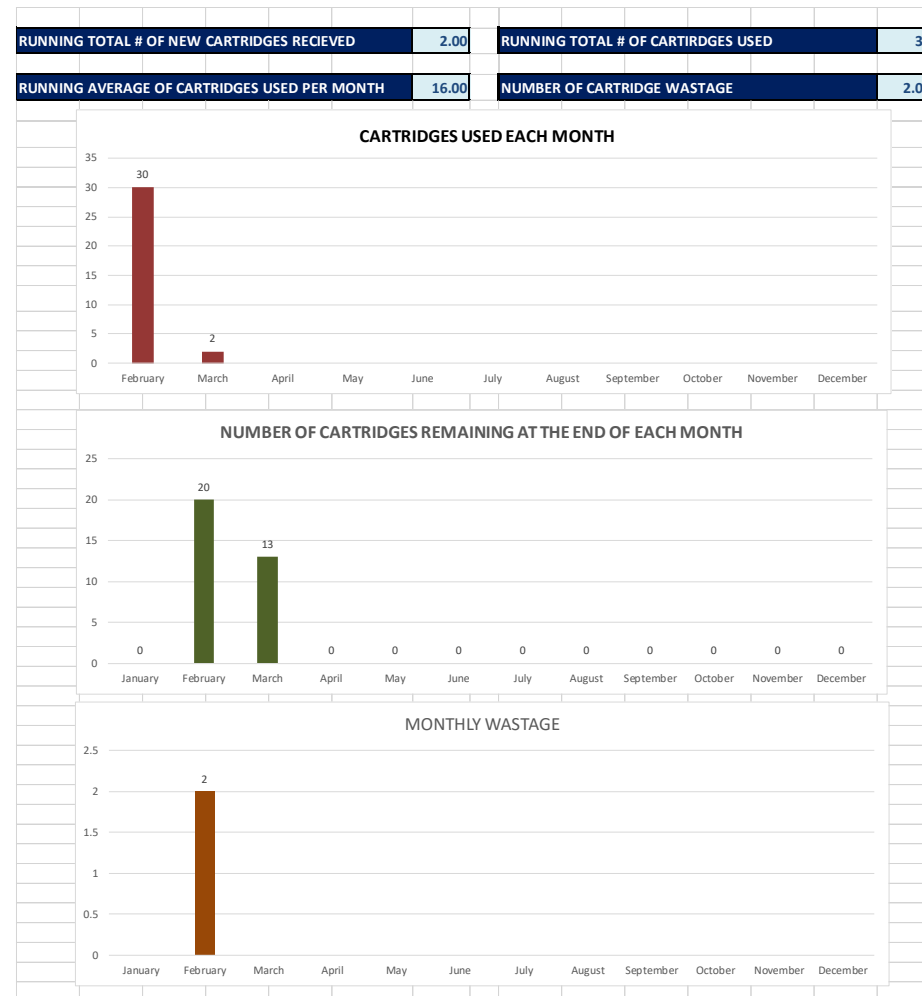
- Initial allocation: based on 3% of country population
  - Succeeding deliveries: JIMT-defined criteria
- HIGH**
- With confirmed COVID-19 cases and high risk of community transmission
- MEDIUM**
- With plans to repatriate over 3-months period
  - Increasing number of PUI and unusual increase in ILI and SARI
- FAIR**
- With no confirmed cases; with functioning GeneXpert machine + local capacity to commence testing
  - Countries with RT-PCR capacity, but limited supply of RE-PCR consumables
  - Countries with adequate stock level of GeneXpert cartridges

# Guidance for GeneXpert testing

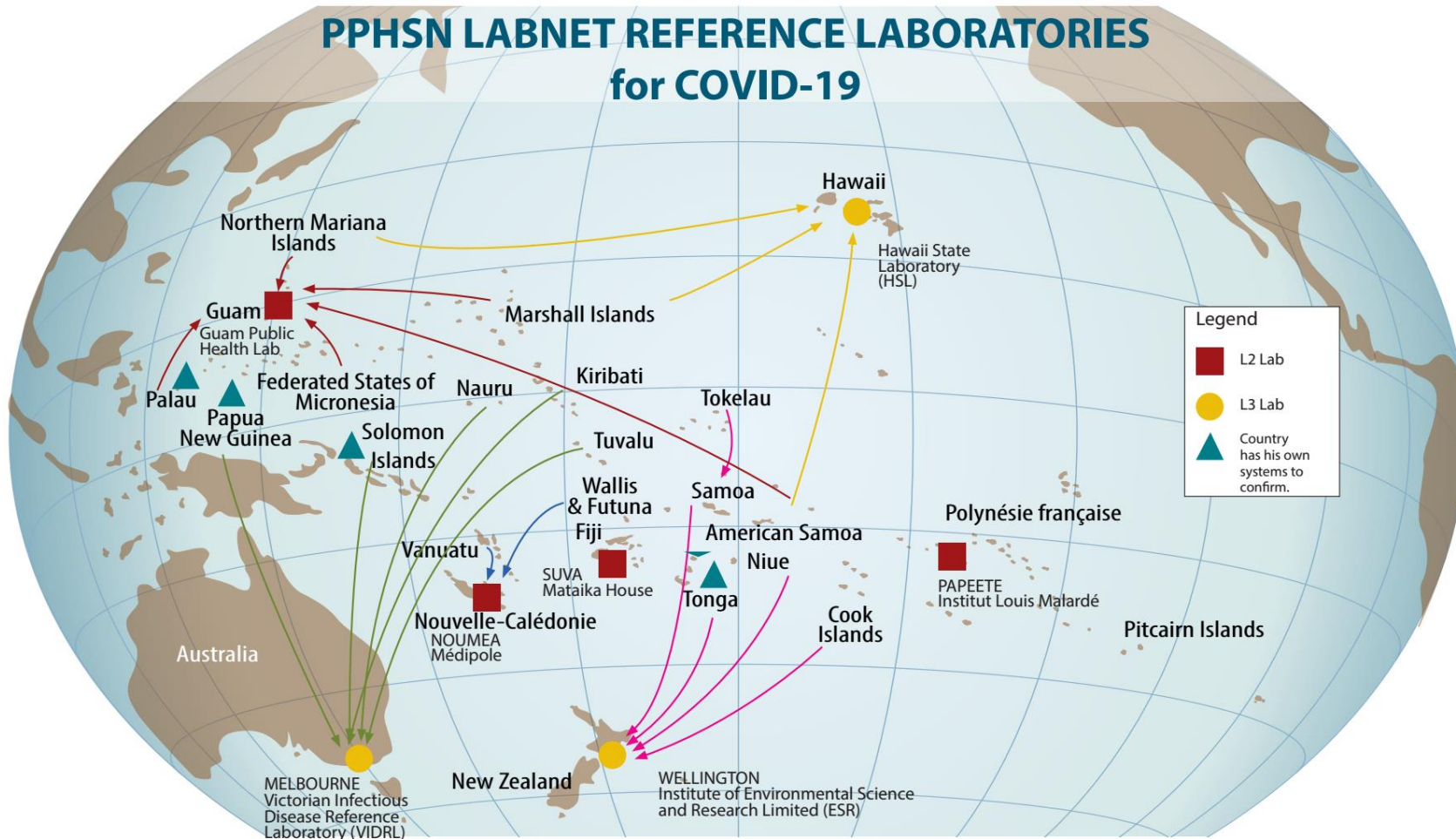
- Approval process: PICTs to use standard protocol supplemented by clear approval process
- Tiered-approach for testing
  - Tier 1: individuals and their contacts meeting the COVID-19 case definition
  - Tier 2: individuals with atypical and unexplained symptoms potentially related to COVID-19
  - Tier 3: Healthcare and other frontline workers with unexplained respiratory illness
  - Tier 4: Asymptomatic where clinical suspicion or public health rationale for testing has been identified
- Monitoring process for test utilization and stock management

# Extra slide: Monitoring tool

DATA ENTRY SHEET										
1. COUNTRY/SITE (SELECT FROM DROP-DOWN MENU)		Tuvalu								
2. DATA ENTRY FOR CARTRIDGE USAGE										
MONTH <i>(Please send in your reports within the first week of each month)</i>	RE-COUNT DATE Date on which a physical re-count of cartridge number was done	OPENING STOCK Number of cartridges at the beginning of the month	OUT Total number of Cartridges used	WASTAGE Total number cartridge wastage	IN Total number of new cartridges received	CLOSING STOCK Total number of cartridges remaining at the end of each month	Date report received <i>(For SPC/WHO to fill)</i>			
Note: Enter data only in the cells shaded blue										
January						0				
February	10-Jan	50	30	2	2	20				
March		15	2			13				
April						0				
May						0				
June						0				
July						0				
August						0				
September						0				
October						0				
November						0				
December						0				
Average # of cartridges used per month				16.0						
Running total of cartridges used in the year				32						
Total wastage				2.00						
Running total of cartridges received throughout the year				2						
3. DATA ENTRY TABLE FOR KPIs										
Note: Enter data only in the cells shaded blue. Data for this table should be derived from the GeneXpert machine										
Date	Total # Xpert SARS-COV-2 run	Total # successful Xpert tests	Total # unsuccessful Xpert tests	Total # Xpert SARS-COV-2 positive	Total # Xpert SARS-COV-2 Presumptive positive	Total # Xpert SARS-COV-2 negative	Total # error results	Total # invalid results	Total # no results	Total
January	0		0							0
February	30	25	5	2	3	16	1	2	1	25
March	2		2							0
April	0		0							0
May	0		0							0
June	0		0							0
July	0		0							0
August	0		0							0
September	0		0							0
October	0		0							0
November	0		0							0
December	0		0							0
<b>Total</b>	<b>32</b>	<b>25</b>	<b>7</b>	<b>2</b>	<b>3</b>	<b>16</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>25</b>
<b>Average</b>	<b>2.67</b>	<b>25.00</b>	<b>0.58</b>	<b>2.00</b>	<b>3.00</b>	<b>16.00</b>	<b>1.00</b>	<b>2.00</b>	<b>1.00</b>	<b>2.08</b>



# Extra slide: LabNet - support service network



RECOMMENDED TEST FOR COVID-19  
Confirmation tests  
(L2 or L3 laboratory)

RT-PCR



Reference Laboratory mapping and shipping of biological specimens in the Pacific - July 2020

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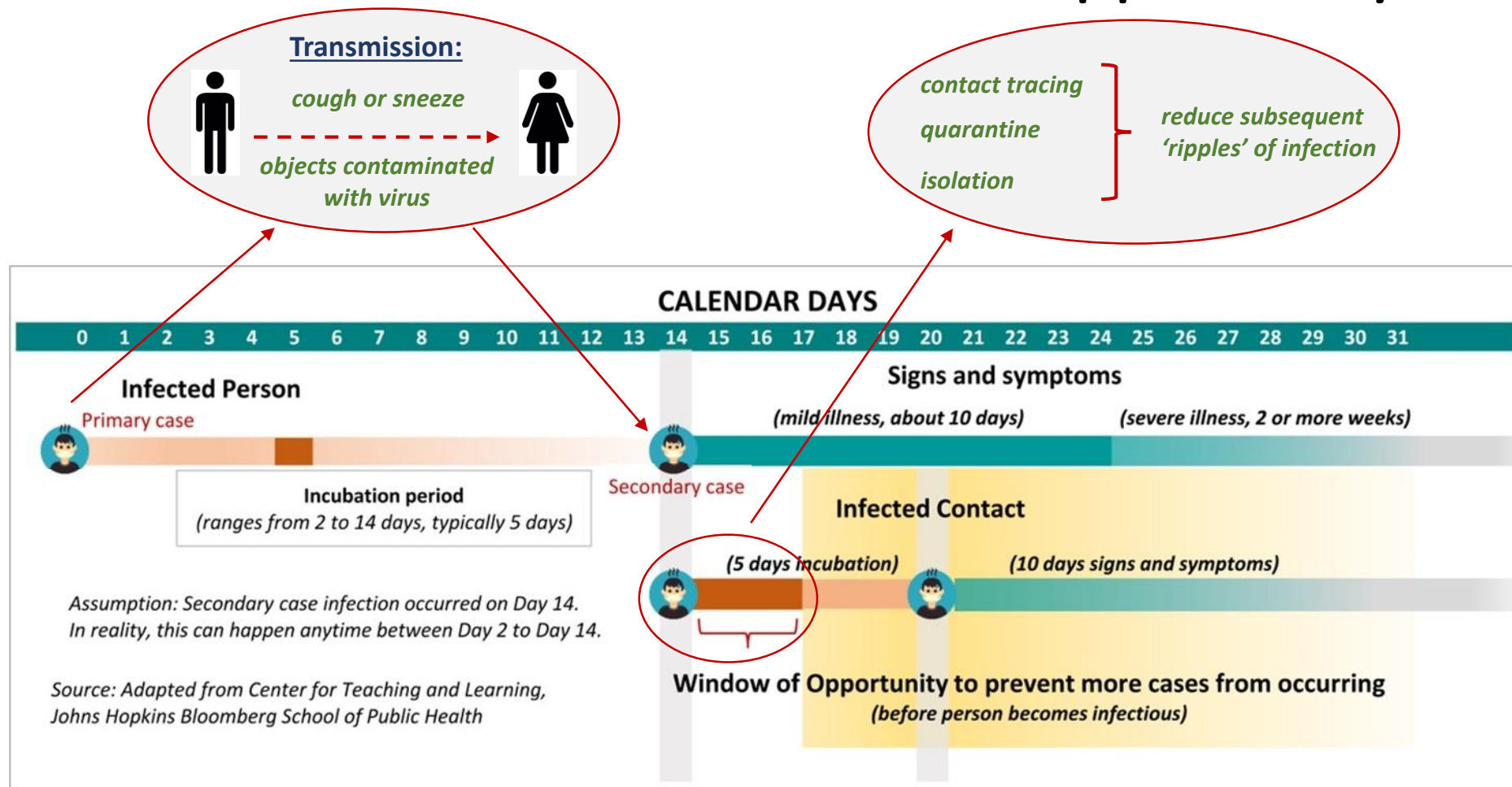
**COVID-19: Navigating  
Repatriation, Border Control  
and Quarantine**

# Presentation Outline

- **Timeline of infection**
  - **Window of opportunity**
- **Quarantine and what it means to be in quarantine**
- **3 steps approach in opening border**
  - **Assessment tool**
- **Matrix for border control actions**



# Timeline of infection: window of opportunity





# Quarantine

Those with history of travel to affected country, including repatriated citizens

Contact of COVID-19 cases

Quarantine  
14 days (to be sure!)\*

• You must stay away from others for 14 days to see if you get sick.

 **14 DAYS**

Facility-based quarantine: in a government-mandated facility

Home-based quarantine: self quarantine

Supervised monitoring: actively monitored for development of symptoms by health service provider

Self-monitoring: with instructions on how to self monitor for symptoms and to contact health authorities if they become ill

## What does it mean to be in quarantine?

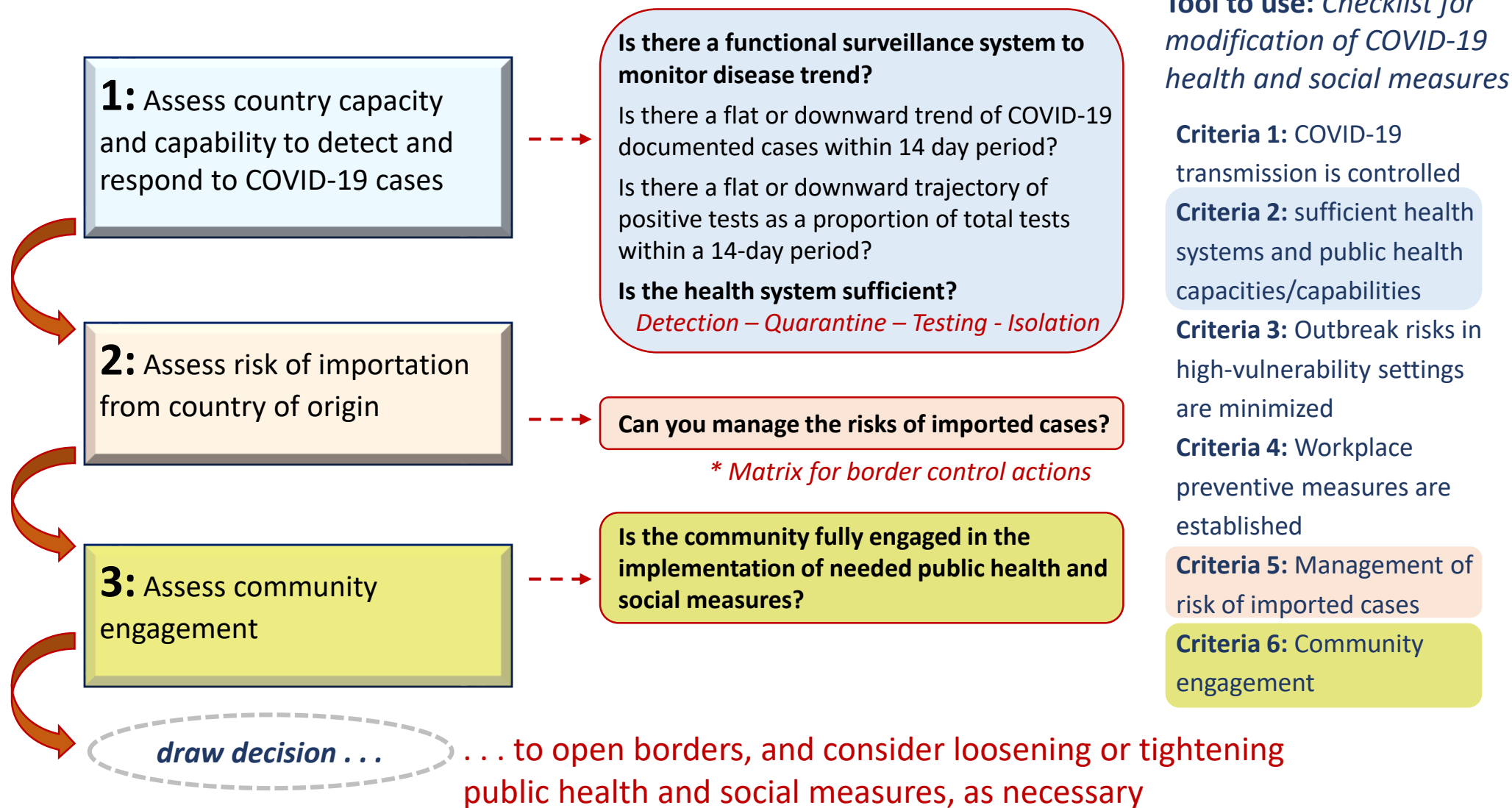
- Stay in a hotel room/at home;
- Cannot go to work, school or public areas such as shops, cafes or restaurants
- Need to tell people not to visit you while on quarantine
- Need to monitor yourself closely for any symptoms of COVID-19, and if with symptoms, arrange to get tested

If unwell - - - - -> **Test**

**Isolate**

- - - - -> **Treat**

# 3-steps approach for phased opening of border



# Matrix for border control actions

Country A (Origin) / Country B (Destination)	NO CASES	CASES AT THE BORDER	CASES IN THE COMMUNITY
NO CASES	<b>Country A exit actions:</b> No border restrictions	<b>Country A exit actions:</b> Exit screening (with / without test)	<b>Country A exit actions:</b> Exit screening; issuance of medical certificate (with negative test), advise self-quarantine and self-monitoring
	<b>Country B entry actions:</b> Entry screening (with / without test)	<b>Country B entry actions:</b> Entry screening; advise self- or supervised quarantine	<b>Country B entry actions:</b> Entry screening (with/without test) advise supervised quarantine
CASES AT THE BORDER	<b>Country A exit actions:</b> No border restrictions; issuance of medical certificate	<b>Country A exit actions:</b> Exit screening (with / without test)	<b>Country A exit actions:</b> Exit screening; issuance of medical certificate (with negative test), advise self-quarantine and self-monitoring
	<b>Country B entry actions:</b> Entry screening (with/without test)	<b>Country B entry actions:</b> Entry screening (with / without test); advise self or supervised quarantine	<b>Country B entry actions:</b> Entry screening (with/without test) advise supervised quarantine
CASES IN THE COMMUNITY	<b>Country A exit actions:</b> No border restrictions; issuance of medical certificate	<b>Country A exit actions:</b> Exit screening (with / without test)	<b>Country A exit actions:</b> Exit screening; issuance of medical certificate (with negative test), advise self-quarantine and self-monitoring
	<b>Country B entry actions:</b> Entry screening (with / without test)	<b>Country B entry actions:</b> Entry screening; advise self-quarantine or supervised quarantine	<b>Country B entry actions:</b> Entry screening; advise self-quarantine and self-monitoring

# Guidance

- Repatriation
  - 2 March 2020: [Management of ill travelers on aircraft and at airports: Interim guidance for the Pacific island countries and areas](#)
  - 8 June 2020: [Repatriation of Pacific Nationals: Key messages and communication strategies for responding to public questions and concerns](#)
- Border control
  - 11 May 2020: [Checklist for modification of COVID-19 Public Health and social measures](#)
  - 15 May 2020: [Calibrating long-term non-pharmaceutical interventions for COVID-19](#)
  - 11 June 2020: [Interim Guidance: Managing Border Restrictions and Other Non-Pharmaceutical Interventions in the Pacific](#)
- Quarantine
  - 10 March 2020: [Interim operational information for Pacific Island countries and areas – COVID-19 Contact Management \(quarantine\)](#)