



GUIDANCE ON ISOLATION WARDS, QUARANTINE FACILITIES AND CONFIGURATION OF TCC/PCC BARRACKS

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BACKGROUND

The COVID-19 pandemic requires different measures for different scenarios:

Isolation of COVID-19 Cases

Individuals who are ill and develop an acute respiratory illness (e.g., with fever and/or respiratory symptoms) or other signs and symptoms compatible with COVID-19 must stay home and away from others, as well as away from the workplace, for the duration of the illness. In the context of the current COVID-19 pandemic, such individuals could be deemed as:

- a. “*suspect/probable*” cases if they have COVID-like symptoms but lab results are pending/not done; or
- b. “*lab-confirmed*” cases if they have a PCR or antigen positive test result (they can be symptomatic or asymptomatic).

Medically, this is known as “**isolation**” (i.e., an individual who has symptoms and who stays at home until no longer deemed infectious). Such individual should ideally remain in a single room, with their door closed. Patients who cannot be cared for in their home location should be cohorted in an isolation ward/area. If isolation is in large cohorts rather than single room, it is expected that the “suspect/probable cases” should be segregated from the “lab-confirmed cases”.

Alternatively, a hospital facility specifically set up for Severe Acute Respiratory Infection (SARI) could also be used for isolation of such patients. However, typically SARI facilities should be reserved strictly for severe/critical patients or “high-risk” patients, rather than be used by mild/moderate patients.

NOTE: Isolation of suspect or confirmed COVID-19 cases within one’s own barracks is not advised as this could be operationally challenging and risks exposing more contacts.

Release from isolation for symptomatic patients can occur 10 days after symptom onset plus at least 3 additional days without symptoms. For asymptomatic cases release from isolation is 10 days after date of the negative test. A test prior to the end of isolation is not required.

Quarantine of Contacts of Cases

Persons who have been exposed to individuals with suspected or confirmed COVID-19 are considered “contacts”¹ “who should monitor themselves for development of signs and symptoms consistent with COVID-19. They need to go into “**quarantine**” (i.e., an individual who is well with no symptoms but may have been exposed to COVID-19 and stays at home to monitor for symptoms) and be monitored in case they develop symptoms and put others at risk. Please check with your local health authorities on their requirements for quarantine period following exposure to a case.

New [WHO guidance](#)² states that in the current Omicron predominance context, contacts at high risk and those living in high-risk settings who have not yet completed a primary series or received a booster vaccine dose, or

¹ For more details, see WHO guidance on ‘Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts’: [https://www.who.int/publications/i/item/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications/i/item/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

² https://www.who.int/publications/i/item/WHO-2019-nCoV-Contact_tracing_and_quarantine-2022.1



who have not reported a previous infection in the last 90 days, should quarantine for 10 days. Quarantine can be shortened to 5 days if the contact tests negative on day 5 and does not have symptoms.

In certain situations (for example a new VOC, or indicated by national health authorities) all contacts should quarantine for 14 days as a precautionary measure, although this period could be shortened with testing, if the characteristics of the new variant and detection methods for it are suitable.

As soon as symptoms consistent with COVID-19 develop, the individual should be moved into **isolation**.

NOTE: Any suspect or confirmed COVID-19 patients cannot be kept in the same area as contacts. They must be kept separately in “isolation”, and not be mixed with contacts who are in “quarantine”.

Physical distancing

SARS-CoV-2 is a respiratory virus transmitted through respiratory droplets when individuals sneeze, sing, cough, speak or breathe. The WHO advises to maintain at least one to two meters (1 to 2 meter) distance between people to reduce the risk of spread of this virus, together with other public health and social measures including mask use, vaccination, and regular and strict hand hygiene. Consequently, the key to containing the spread of the disease is reducing the population density through “**physical distancing**” (previously known as “*social distancing*”).

GUIDELINE AND MEASURES FOR ACCOMMODATION

In UN Field Missions, each of the scenarios described above requires the proper accommodation solution and set up: isolation wards, quarantine facilities and barracks that allow for sufficient physical distancing. Where possible, missions can also make use of UNCT isolation and quarantine facilities as required under UN duty of care and established administrative measures³, to ensure all personnel to receive the necessary medical attention from the most appropriate UN clinic. For uniformed personnel, capabilities and/or resources need to be available, where required, to provide for additional facilities to ensure compliance with these guidelines.

Isolation Wards

DHMOSH has previously released a guide on ‘Home-based care, Screening & Isolation ward set up’⁴ with sample of layout of screening and triage station and list of (medical) equipment for isolation rooms. It provides UN duty stations with guidelines on how to screen and triage suspect cases of COVID-19, and how to set up isolation ward for patients who cannot be cared for in their homes. The same guidance was disseminated by Engineering Support Section of the Logistics Division to Chiefs Engineers in Field Missions on 25 March 2020 and distributed again on 28 April 2020.

All Missions should (in coordination with the UNCT) establish **Isolation Wards** for personnel with symptoms of COVID 19, in line with the guide produced by DHMOSH. These mild (or moderate) cases can be largely self-caring, although separate ablutions should be available, with food (using disposable plates and utensils) delivered to the isolation facility. In isolation wards, beds should, if possible, be at least 2 meters apart from one another and suspect/probable cases should be located in an area separate from a lab-confirmed case. Alcohol-based hand rubs and soap and water should also be made available either within these isolation wards or right outside the rooms, or in both locations.

³ See also CEB/2019/HLCM/19/Ann.1-4 of 26 March 2020

⁴ Guide on Home-based care, Screening & Isolation ward set up: https://www.un.org/sites/un2.un.org/files/coronavirus_isolationwardguidance.pdf



Quarantine Facilities

On 5 June 2020, the Department of Operational Support (DOS) and the Department of Peace Operations (DPO) issued a code cable, number 0259 - CC-DPO-2020-002327, regarding 'Transitional Measures for the Partial Resumption of Uniformed Rotations in a COVID-19 Environment', henceforth referred to as *Transitional Measures*, attached. Those *Transitional Measures* include a period of mandatory and rigorous *quarantine* for all uniformed units and personnel to ensure that anyone who presents COVID symptoms during that quarantine period will be quickly detected and moved to an isolation area for treatment.

As per the latest *Transitional Measures* effective 1 April 2022, for all incoming contingent uniformed personnel, a 5-day quarantine period will be required for all contingent uniformed personnel upon arrival in the mission area. At the end of the 5 day period, a COVID-19 antigen test should be conducted, and such personnel can be released from quarantine and commence operations in the mission area if the test is negative.

Accordingly, Missions shall ensure the availability of suitable **Quarantine facilities** for personnel arriving in the mission area, as well as sufficient COVID-19 Antigen tests. For all uniformed personnel, the Force Commander and Head of the Police Component, together with the C/DMS, shall ensure that respective Military or Police Chiefs of Staff and national contingent commanders secure the availability of quarantine facilities prior to the commencement of travel to mission of the deploying personnel. These quarantine facilities must be separate from UN civilian personnel and the general population in the Mission area with their own ablutions and catering arrangements. They should also be separate from the isolation facilities with suspect/confirmed COVID-19 cases. Where the security situation permits and in line with host nation requirements, this may be achieved through use of transit camps or hotel accommodation. Quarantine facilities must be suitable for a 5 day stay (and in some instances as outlined above up to 14 day stay) and individuals should stay 1-2 meters apart from another and not engage in activities such as games, communal eating, etc. Eating should be staggered and in small groups. Alcohol-based hand rubs and soap and water should also be made available either within these quarantine facilities or right outside the rooms, or in both locations.

Quarantine facilities should also be used for contacts of COVID-19 cases. Quarantine facilities should not be used for suspect/probable or lab-confirmed COVID-19 cases.

Physical distancing - Practical measures for reducing population density

In order to achieve effective physical distancing (previously known as “*social distancing*”), several practical measures should be considered.

Multi-occupancy Sleeping Accommodation

Achieving physical distancing in multi-occupancy sleeping accommodation can be difficult as there is a requirement for spatial separation in three dimensions. Collectively, this generates both a floor area requirement, expressed in square metres, and a cube requirement, expressed in cubic metres.

Everyone requires an area equivalent to the width and length of their bed (1 meter x 2meters) plus 2meters (m) in each direction. Where the head of a bed is against a wall, this comes to 40 cubic meters (m³). If the bed is free standing with a passageway at the foot and head ends, this increases to 60m³. Achieving these space requirements within the headroom of a typical UN multi-occupancy room will be difficult. Additionally, the 2m requirement is calculated on horizontal distance. All expelled droplets will fall under gravity irrespective of the vertical distancing. This indicates that the use of bunkbeds is not advisable and should, where possible, be discontinued. In situations where the use of bunkbeds is unavoidable, the individuals' laying position so positioning allows for the least transmission risk as possible⁵.

⁵ Guide on bed placement in congregate settings in UN duty stations: https://www.un.org/sites/un2.un.org/files/coronavirus_bedplacement.pdf



Horizontal distancing between beds may be reduced if it is possible erect bed length screens between beds of at least 2.5m height. Heavy, liquid resistant and fire retardant, curtains may be used provided the top is at least 2.5m above the floor and the bottom the curtain is suspended not more than 0.25m above the floor.

In Camp Measures to Reduce Population Density.

While it may become necessary in some locations to construct additional facilities or modify existing buildings through engineering solutions, other simple measures should be considered either while this is being done or as an alternative. Suggestions include:

- Temporarily relocating of non-essential personnel from Forward Operating Bases/Company Operating Bases, which tend to be cramped to larger Force/Mission level facilities, where more space may be available.
- Temporarily relocating personnel with risk factors for severe COVID-19 from Forward Operating Bases/Company Operating Bases, which tend to be cramped to larger Force/Mission level facilities where possible.
- Use of covered garages, warehouses, aircraft hangers and storerooms as accommodation, provided the materiel contained within can be safely stored outside on pallets and under tarpaulin.
- Allowing individuals to sleep in and work from their offices, especially where they have single use office accommodation.
- Use of tentage and soft shelters erected within existing secure of compounds for accommodation.
- Extended mealtimes to facilitate eating in shifts.
- Discontinue team sports.
- Briefings, meetings, and operational planning conferences conducted using technologies such as MSTeams or Zoom.

Off Camp Measures to Reduce Population Density.

In some locations it may be impossible to achieve reductions in population density within existing UN camp infrastructure. Consequently, staff may need to be relocated 'off-camp'. Suggestions for achieving this include:

- Local universities and schools have been closed in many mission areas. Consequently, student accommodation, classrooms and exam halls may be utilised if available and suitable.
- With the significant reduction in the tourism, large amounts of hotel/resort accommodation are unused. This may be exploited for single room or low-density accommodation.
- Hotel/resort accommodation in neighbouring countries may be available; Rwanda in the case of MONUSCO, for example. Sub-units, such as infantry companies could be rotated on a periodic basis – rotations should be greater than 10-days given likely shortened incubation period for Omicron VOC. Many of these hotels/resorts are fenced and can be separated from the local population to assuage the fears of the local government and people of the UN acting as a vector. This solution will require significant air movement support.

Operational Activities

Maintaining physical distance while conducting operational tasks will be difficult; there is little room in an APC or helicopter. The wearing of protective face covering⁶ during vehicle movement, where close proximity is inevitable, will provide some limited protection. The passenger density in patrol vehicles could be reduced, but this may increase the number of vehicles in patrols and increase the exposure to malicious attack. Additional vehicles may also give the impression of an expanded/more aggressive posture that may not be appropriate. In a vehicle, individuals should try to keep at 1 meter distance or have a physical barrier installed. Additionally, medical masks (or cloth masks meeting standards) should be worn at all times and hand hygiene performed.



Distancing military personnel from the local population, when interacting with them, may be achieved by reducing access to UN camps and compounds to a minimum and reducing any unnecessary external activity not required to deliver the mandate. The wearing of protective face covering, e.g., UN issued cloth facemask, will reassure the population that the UN is taking measures to protect them. Visible decontamination of vehicles with spray as they exit and enter camps, while of little real value, may help reassure the local population that vehicles and personnel exiting camps do not represent a threat (shaping operations).