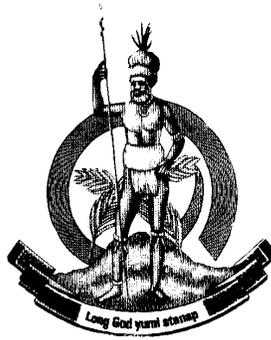


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NOTIFICATION OF PUBLICATION

ORDER

PUBLIC HEALTH ACT [CAP 234]

- QUARANTINE PROCEDURES
REGULATION ORDER NO. 26 OF 2022



REPUBLIC OF VANUATU

PUBLIC HEALTH ACT [CAP 234]

Quarantine Procedures Regulation Order No. 26 of 2022

In exercise of the powers conferred on me by paragraph 113(ac) of the Public Health Act [CAP 234], I, the Honourable SILAS MELVE BULE Minister of Health, make the following Regulation.

1 Quarantine Procedures

The “COVID-19 related procedures and infection prevention and control guidance for public health and medical officers involved with repatriation and quarantine” issued by the Ministry of Health in November 2021 and attached to the Schedule of this Regulation is prescribed by this Regulation to be Quarantine Procedures.

2 Commencement

This Regulation commences on the day on which it is made.

Made at Port Vila this 6th day of March, 2022.

Honourable SILAS MELVE BULE
Minister of Health



SCHEDULE

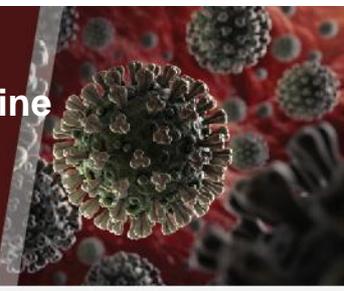


Ministry of Health
Vanuatu Government

COVID-19

**COVID-19 related procedures and
infection prevention and control
guidance for public health and medical
officers involved with repatriation and
quarantine**

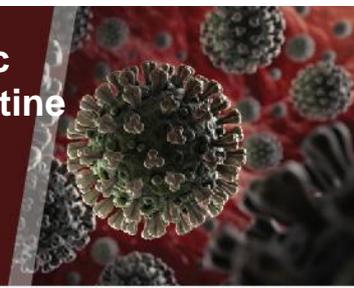
Version 2, November 2021



APPROVALS AND ENDORSEMENTS

This document has been reviewed by the Health Technical Advisory Group and has received endorsement for use by the Director of Public Health on 10 November 2021.

Ms Wendy Williams
Acting Director of Public Health
Ministry of Health



ABBREVIATIONS

IPC	Infection Prevention and Control
MoH	Ministry of Health
PPE	Personal Protective Equipment
QCO	Quarantine Coordination Officer

DEFINITIONS

Airside/Airside area(s)	Any part of the airport that is inaccessible to the general public but is accessible to international arriving or international transiting passengers and border workers (for example, a civil aviation security area or a Customs-controlled area).
Border and quarantine support staff	A worker or contractor who carries out work in any capacity (whether paid or unpaid) at an airport where an aircraft arrives from a location outside Vanuatu or where a traveller from outside Vanuatu is quarantined
Higher risk passengers	Passengers who have presented with a higher risk of transmitting COVID 19 following health screening assessment and will be required to complete 14 days in a Quarantine Facility. Criteria to be considered a higher risk country includes the last 14 days incidence > 10 cases per 100,000 population OR B) Transmission Type: Community Transmission OR C) Transits required to travel to Vanuatu.
Face covering	Any type of covering that covers the face and mouth of the wearer. (e.g., mask, scarf, or a bandana).
Full PPE	Gown, eye protection, gloves and n95 masks
Medical mask	A medical or procedure mask that is flat or pleated and is affixed to the head with straps that go around the ears or head or both. Its performance characteristics are tested according to a set of standardised test methods (ASTM F2100 Level 1, 2 or 3, EN 14683 Type IIR, or equivalent) that aim to balance high filtration, adequate breathability and optionally, fluid penetration resistance. Refer to “COVID-19 Infographics for the quarantine and repatriation process” for mask use guide. The terms medical mask and masks are used interchangeably throughout this document.
Non-medical mask	Also called a fabric mask or face covering. It is neither a medical device nor personal protective equipment because it is not subject to regulation or a set of standards. Fabric reusable masks should consist of three layers and should meet thresholds for filtration, breathability and fit. These should not have exhalation valves, as these bypass the protection that is afforded by fabric reusable masks.
Physical Distancing	At least one meter distance should be maintained

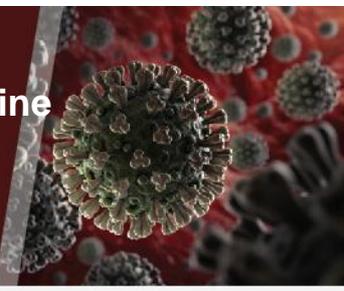
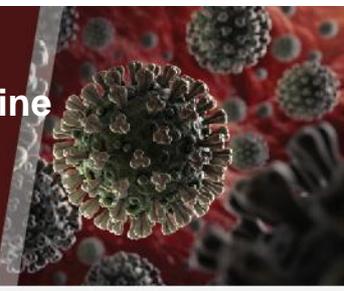


TABLE OF CONTENTS

Abbreviations.....	2
Definitions.....	3
Table of contents	4
1 Purpose and Scope.....	7
2 General Infection prevention and control measures	7
2.1 How COVID-19 spreads	7
2.2 General infection prevention and control measures.....	8
2.2.1 Hand hygiene	8
2.2.2 Respiratory hygiene and cough etiquette	8
2.2.3 Physical distancing	8
2.2.4 Personal protective equipment (PPE).....	9
3 Management measures	10
3.1 Safety officer	10
3.2 Vaccination of public health and medical officers	11
3.3 Education and training	11
3.4 PPE pre-positioning	11
3.5 PPE transition zones.....	11
3.6 Auditing process.....	12
3.7 Staff health	12
3.7.1 In Alert Level 0: Low.....	12
3.7.2 In Alert Level 1: Medium and above.....	12
3.8 Incidents.....	13
3.8.1 Reporting incidents.....	13
3.8.2 Incident response.....	13
4 Quarantine procedures.....	13
4.1 Health screening measures before arrival	13

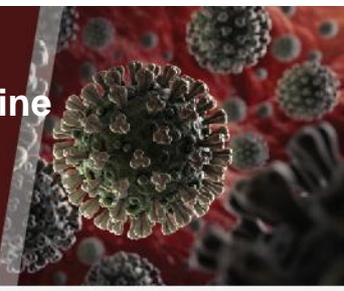


4.1.1	Vanuatu Electronic Traveller System	14
4.1.2	Testing before departure	14
4.1.3	Vaccination of travellers	14
4.1.4	People travelling with known underlying medical conditions.....	15
4.2	COVID-19 health screening measures on arrival to airport	15
4.3	Arrival at hotel.....	16
4.4	Routine COVID-19 symptom and quarantine wellbeing monitoring calls	16
4.5	Laboratory surveillance	17
4.5.1	Schedule for laboratory surveillance of people in quarantine	17
4.5.2	Swabbing team composition and limits.....	17
4.5.3	Swabbing team equipment list	17
4.5.4	Forms and labels	18
4.5.5	Procedures for nasopharyngeal swab collection.....	18
4.5.6	Cleaning and disinfection of the PPE trolley.....	19
4.5.7	Return of specimens to laboratory	19
4.5.8	Communication of negative test results.....	19
4.5.9	Communication of positive test results	20
4.6	Urgent COVID-19 medical care during quarantine	20
4.7	Non-urgent COVID-19 medical care.....	20
4.8	Transfer of cases to hospital	21
4.9	Discharge from quarantine	21
5	Other related medical care procedures.....	23
5.1	Acute urgent care (non-COVID-19 related symptoms).....	23
5.2	Non-urgent medical care	24
6	Management of breaches.....	24
6.1	Reporting.....	24
6.2	Response following reports.....	25
7	Procedures after a person in quarantine is found to be a confirmed case	25

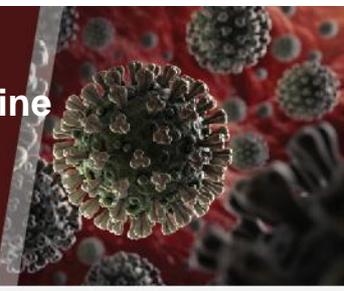


COVID-19 related procedures guidance for public health and medical officers involved with quarantine and repatriation in Vanuatu

Version 2, November 2021



8 Appendix27



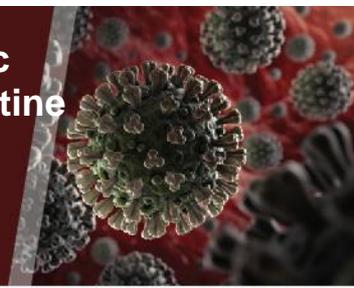
1 PURPOSE AND SCOPE

The document provides guidance to all public health and medical officers involved in repatriation and quarantine operation to conduct their duties and responsibilities in a safe and efficient manner and to minimise the threat of importation of COVID-19 into Vanuatu.

2 GENERAL INFECTION PREVENTION AND CONTROL MEASURES

2.1 How COVID-19 spreads

- Coronavirus disease (COVID-19) is a viral infection caused by the virus SARS-CoV-2. The primary mechanism of transmission is via infected respiratory droplets from a person who has COVID-19.
- SARS-CoV-2 replicates in the respiratory tract and the highest viral load is just prior to symptom onset (2 days) or in the first 5 days of symptoms. Transmission also occurs with people who do not have symptoms, referred as asymptomatic.
- Infection occurs by direct or indirect contact with the infected person's respiratory droplets. Most transmission occurs through close contact:
- People who are physically near (within 1 metres) a person with COVID-19, or have direct contact with that person, are at greater risk of infection compared to individuals who remain >1 metres from cases
- Transmission studies show household members are at the highest risk
- Infections occur mainly through exposure to respiratory droplets when in close contact with someone who has COVID-19. Respiratory droplets of various sizes are produced by coughing, sneezing, talking, breathing and behaviours such as singing and shouting
- The immediate surrounding environmental surfaces of the patient infected with COVID-19 are more likely to be contaminated with COVID-19 virus
- Respiratory droplets cause infection when they are inhaled or deposited on mucous membranes, such as those that line the inside of the nose, mouth and eyes.
- Viruses mainly transmitted by close contact can sometimes also be spread via airborne transmission or aerosols under specific circumstances, but these transmission events are uncommon.
- Transmission of COVID-19 has been reported in the absence of close physical contact, where there has been inadequate air circulation within various confined spaces.
- Circumstances where airborne transmission of SARS-CoV-2 appears to have occurred include:
 - Enclosed spaces after an infectious person has left the space and a susceptible person immediately enters that space.



- Prolonged exposure to respiratory particles often generated when a person is shouting, singing or exercising as these actions increase the concentration of suspended respiratory droplets in the air space.
- Inadequate ventilation or air handling that allowed a build-up of suspended small respiratory droplets and particles
- Viruses constantly change through mutation and new variants of a virus are expected to occur over time. Sometimes new variants emerge and disappear. Other times, new variants emerge and persist. The current variants seem to spread more easily and quickly than other variants.

2.2 General infection prevention and control measures

2.2.1 Hand hygiene

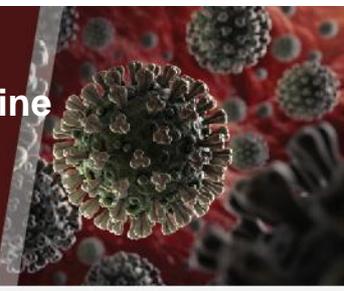
- Staff are required to perform hand hygiene by using alcohol-based hand rub or washing hands using soap and water. Hand hygiene should be performed:
 - Before entering the quarantine facility or airport
 - Before putting on PPE
 - Between each step when removing PPE
 - After touching high touch points (e.g. buttons, doors)
 - Before and after eating
 - Before leaving the quarantine facility or airport
- Individual personal units can be used, such as personal kits kept by security staff or included as bottles placed on trolleys where items or food is delivered to guests.
- Individual alcohol-based hand rub bottles should not be refilled if the bottles (inside and outside the bottle) are not cleaned and dried correctly when emptied.

2.2.2 Respiratory hygiene and cough etiquette

- All persons should:
 - Cover their mouth and nose with tissues when coughing, sneezing, blowing and/or wiping their nose
 - Dispose of tissues in the nearest waste bin after use. If no tissues are available, cough or sneeze into their inner elbow rather than their hand
 - Wash their hands with soap and water or use alcohol-based hand rub after coughing, sneezing or blowing their nose

2.2.3 Physical distancing

- All persons should maintain a minimum 1 metres distance from others when able and practical and avoid physical greetings.



2.2.4 Personal protective equipment (PPE)

- All Quarantine public health and medical officers must wear the appropriate PPE relevant to their task (refer to “COVID-19 Infographics for the quarantine and repatriation process”) and practice good hand hygiene when working to minimise the risk of transmission
- All Quarantine public health and medical officers must have completed infection prevention and control training
- If full PPE is required, the sequence described in Appendix 3 must be followed

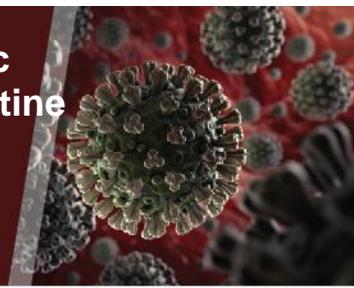
Medical masks

- Refer to infographic in “COVID-19 Infographics for the quarantine and repatriation process” on how to wear correctly
- If medical masks are recommended, they must fit securely around the face and is worn over the nose and mouth must be used by staff
- Cloth masks are not recommended for use by any public health or medical officer as they do not provide adequate protection
- When wearing a disposable surgical mask:
 - Make sure the coloured side faces out
 - Make sure the mouth, nose and chin are covered
 - Do not twist the side loops
 - Press the metal piece/hard edge of the mask down on the nose
 - Do not touch the front of the mask
 - When it is time to remove the mask, dispose of it in the nearest waste bin
 - Perform hand hygiene as detailed below
- Medical masks should be changed if they get wet or moist, or after they have been used for cumulative period of x hours
- Medical masks must be disposed of after use and should not be reused

Gloves

- New gloves must be worn for each patient and if becomes visibly soiled during a procedure, they must be changed and dispose appropriately.
- Alcohol based hand rub/sanitiser cannot be used to clean gloves as it has the potential to cause microscopic holes in the gloves
- Gloves must be disposed of after use and should not be reused

N95 masks



- Respirator masks such as N95 masks are designed to protect healthcare workers who provide care to COVID-19 patients in settings and areas where aerosol generating procedures are undertaken
- Healthcare workers should be fit tested before using a respirator to ensure that they are wearing the correct size. Wearing a loose-fitting respirator will not offer the same protection to the wearer and may allow small particles to get inside the mask through the sides
- All people that are likely to use n95 masks must complete training in the use of and proper fitting of n95 masks
- N95 must be disposed of after use and should not be reused

Eye protection

- Options for eye protection in Vanuatu include goggles and face shields
- Eye protection must be comfortable and allow for sufficient peripheral vision and must be adjustable to ensure a secure fit
- It may be necessary to provide several different types, styles, and sizes
- Eye protection must be disposed of after use and should not be reused

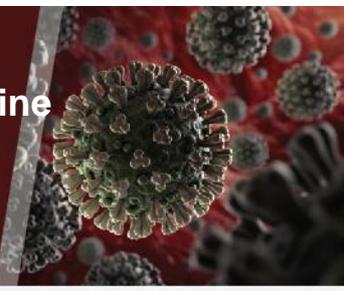
Gowns or coveralls

- Gowns and coveralls help protect you from the contamination of clothing with potentially infectious material
- Gowns are easier to put on and to take off but coveralls typically provide 360-degree protection because they are designed to cover the whole body
- Care should be taken to ensure that staff do not touch outer surfaces of the gown or coverall during care
- Gowns or coveralls must be disposed of after use and should not be reused

3 MANAGEMENT MEASURES

3.1 Safety officer

- Shefa Health should appoint a staff member as the COVID-19 safety officer
- The responsibilities for this person include overseeing implementation of and adherence to the Work Health and Safety Plan, including good handwashing and hygiene practices and risk communication
- The COVID-19 safety officer should also be the person responsible to ensure that all staff working during operations are fully vaccinated, monitor compliance to IPC measures and requesting regular updates for training



3.2 Vaccination of public health and medical officers

- Public health and medical officers are a designated a priority group for vaccination
- On 27 October 2021, the Public Service Commission advised that **all public servants must not attend their respective work stations if they have not yet taken their first dose of Covid 19 vaccine.** To enforce the instructions outlined above, Government agencies are advised to engage Security Officers to monitor and control the movement of public servants and visitors moving in and out of their premises and to keep a visitors log book for this purpose

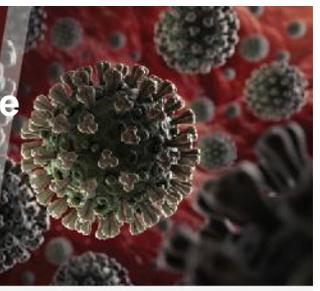
3.3 Education and training

- It is the responsibility of the Director of Public Health to ensure that all Ministry of Health public health staff and Shefa Health staff working in the repatriation and quarantine process are appropriately trained and educated in the proper use of PPE
- It is the responsibility of the Director of Curative Services to ensure that all VCH staff working in the repatriation and quarantine process are appropriately trained and educated in the proper use of PPE
- The MOH Infection Prevention and Control Officer and/or Public Health Officer will provide education sessions (including Q&A) to management and border staff (including cleaners, food handlers, waste management & security) on the following:
 - Facts about COVID-19
 - Infection prevention and control requirements, specifically
 - Waste management
 - Disinfection
 - Psychosocial care for staff
 - Procedures if a passenger develops COVID-19 symptoms or tests positive during quarantine
 - Vanuatu Outbreak Alert System
 - Quarantine restrictions, security and policing arrangements
- Refresher training will be organized every two months and on request via the MOH training team (email c david@vanuatu.gov.vu)

3.4 PPE pre-positioning

- Quarantine medical teams should carry a full PPE kit (gown, eye protection, n95, gloves) with them at all times to be used in an emergency situation. This should be provided by the MOH IPC team.

3.5 PPE transition zones



- The airport and quarantine hotels must designate a fixed PPE transition zones where staff undertake decontamination and removal of PPE
- Fixed transition zones should be clearly indicated with signage
- If staff are visiting one person in quarantine only, quarantine medical teams should use these transition zones for donning and doffing of PPE
- If staff are visiting several rooms (for swab collection, for example) quarantine medical teams should establish a mobile transition zones rather than a fixed point (i.e. carry around a bin and other requirements rather than returning to fixed transition zone each time to change gloves)
- Transition zones must:
 - Be clearly indicated with signage if fixed
 - Have fresh PPE available
 - Have a lined hazard waste bin with foot pedal lid
 - Have hand sanitizer and/or washing stations

3.6 Auditing process

- The MOH is in the process of organising routine and ongoing audit of the repatriation and quarantine process to ensure compliance to protocols. All agencies are required to comply with requirements and requests during auditing.
- It is anticipated that an audit will be conducted at least fortnightly

3.7 Staff health

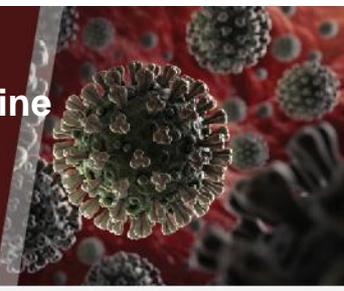
3.7.1 In Alert Level 0: Low

In Alert Level 0: Low, if a quarantine public health or medical officer develops any COVID-19 symptoms they should:

- Stay at home/do not go to work until symptoms resolve
- Stop work as soon as they are aware that they are becoming unwell
- Advise their manager

3.7.2 In Alert Level 1: Medium and above

- In Alert Level 1: Medium, if a public health and medical officer that has worked in a quarantine site or the airport develops any COVID-19 symptoms they should:
 - Stay at home/do not go to work
 - Stop work as soon as they are aware that they are becoming unwell
 - Advise their manager
 - Put a medical mask on (if they are not already wearing one)



- Leave work and self-isolate
- Arrange to be tested for COVID-19.

3.8 Incidents

3.8.1 Reporting incidents

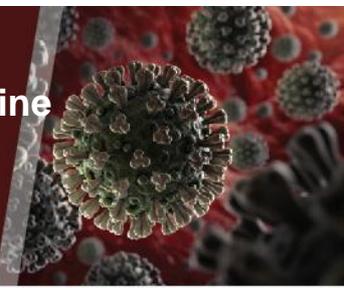
- Reporting all incidents that occur is **mandatory duty** for the safety of the complete operation
- All incidents and breaches must be reported immediately to the quarantine coordinator and followed up with a written incident report (using Appendix 5). An online form is currently being developed.
- The person who identifies an incident or breach (hereinafter termed the reporting officer) is required to complete an incident report (with support, if required). The reporting officer is required to ensure:
 - The incident report is submitted within 24hrs of the incident occurring
 - A detailed description of the event
 - Time & Date
 - Who was involved?
 - Who was affected?
 - What was the circumstances of the breach or incident.
 - Names and contacts of witnesses
- Shefa Health should have an incident log book and the reporting officer must ensure that the completed incident form is recorded in the incident log
- Incident forms must then be scanned and emailed to the surveillance team - vnsu@vanuatu.gov.vu and to QCO_ – for entry into VETS

3.8.2 Incident response

- In the first instance, the offender should be reminded of the restrictions by security personnel, hotel management or other staff where appropriate
- The offender should be made aware that a breach of quarantine procedures is in contravention of the Public Health Act and may result in the reporting of the matter to the police and potential fine and/or imprisonment
- The MoH surveillance team will undertake a risk assessment of all incidents and/or breaches
- Physical distancing should be maintained whenever questioning or interacting with guests who have breached quarantine procedures.

4 QUARANTINE PROCEDURES

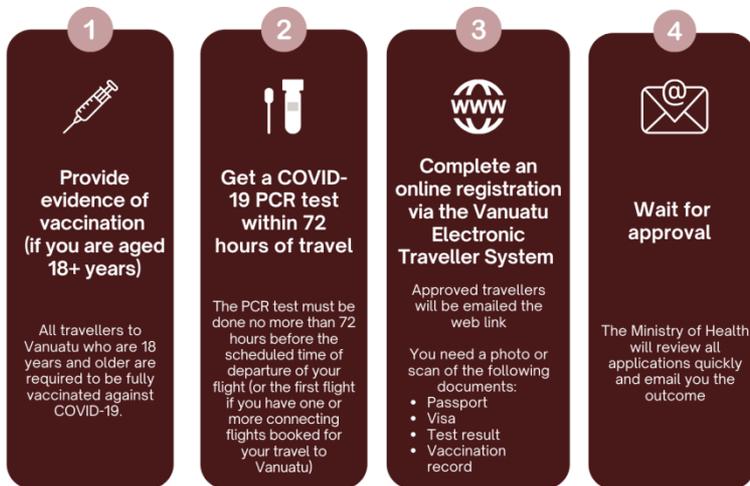
4.1 Health screening measures before arrival



How to obtain COVID-19 health clearance before you travel to Vanuatu



Once you have been told that you are on a flight list to travel to Vanuatu:



For more information, go to:
<https://covid19.gov.vu/index.php/travelling-to-vanuatu>



4.1.1 Vanuatu Electronic Traveller System

Pursuant to the Public Health Act 22 of 1994 [Cap 234] (Part 16 Section 113 (h)), all international passengers who intend to travel to and enter Vanuatu are required to provide data pertaining to public health to the Vanuatu Ministry of Health by registering with the Vanuatu Electronic Traveler System (VETS) in advance of embarking on international travel. This collects basic traveler's details, information to assess COVID-19 exposure and other information related to health and well-being.

Approved travelers are emailed with the link to register from the relevant overseas mission (refer to "COVID-19 Infographics for the quarantine and repatriation process" for the health clearance process)

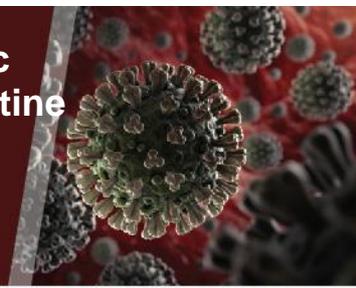
Individuals should only register when they have completed all required steps and have evidence of a negative PCR test and vaccination

- The surveillance unit reviews all applications for health clearance and updates VETS if approved. This is then communicated to other agencies including NDMO and Foreign Affairs that they have received health clearance

4.1.2 Testing before departure

- Travellers from regions listed at <https://covid19.gov.vu/index.php/travelling-to-vanuatu> must have a COVID-19 PCR test before travelling.
- The PCR test must be done no more than 72 hours before the scheduled time of departure of the flight (or the first flight if there is one or more connecting flights booked for your travel to Vanuatu).

4.1.3 Vaccination of travellers



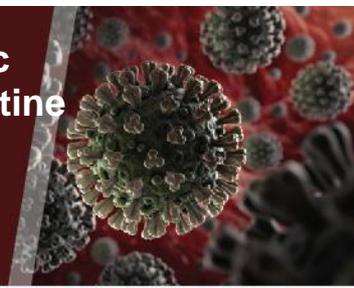
- As of 20 August 2021, all travellers to Vanuatu who are 18 years and older are required to be fully vaccinated against COVID-19. To be considered fully vaccinated, travellers must have received the final dose of a WHO Emergency Use Listed vaccine a minimum of either:
 - 14 days prior to departure from the travel origin if receiving a vaccine product with 2 recommended doses OR
 - 28 days prior to departure from the travel origin if receiving a vaccine product with 1 recommended dose
- As of 13 October 2021, there are 7 WHO EUL vaccines: Moderna mRNA-1273, Pfizer/BioNTech BNT162b2, Janssen (Johnson & Johnson) Ad26.COV2.S, Oxford/AstraZeneca AZD1222, Serum Institute of India Covishield (Oxford/AstraZeneca formulation), Sinopharm (Beijing) BBIBP-CorV (Vero Cells) and Sinovac CoronaVac. This list may be subject to update – please check the WHO website.
- Some Vanuatu citizens in exceptional circumstances may be exempt from this requirement. Exemption will be granted at the discretion of the Government of Vanuatu. Eligibility for exemption is extremely limited and is not available to those who are not Vanuatu citizens. Those citizens wishing to be considered for exemption can access a request form by emailing the National Health Emergency Operations Center at nheoc@vanuatu.gov.vu. There is no guarantee that requests will be approved and travellers should plan accordingly.

4.1.4 People travelling with known underlying medical conditions

- All land based quarantine facilities on the island of Efate, that are within a 5 km radius of Vila Central Hospital, can be used to accommodate passengers who have been identified to have pre-existing medical conditions
- All people in quarantine with known underlying conditions should declare conditions in VETS in advance of travel
- Surveillance unit should advise the ShefaMAT team in advance of all individuals with known medical conditions in advance of flights arriving

4.2 COVID-19 health screening measures on arrival to airport

- There is limited evidence for the effectiveness of thermal screening on arrival however Shefa Health has advised that it will continue. If thermal screening is conducted, departing passengers entering the terminal should be subjected to thermal screening as soon as they enter the airport, in order to ensure the amount of interaction and time spent by potential suspected cases inside the terminal is reduced to a minimum
- Thermal screening should be performed by a validated non-invasive method
- Airport operators should ensure the installation of separate interview booths for the secondary health assessment. These interview booths should ensure privacy and prevent viral



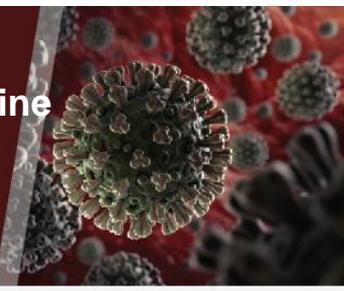
transmission to individuals in the neighbouring interview booths. The booths should be disinfected after each use to prevent viral transmission to other interviewees (refer to 4.5.6)

4.3 Arrival at hotel

- Where possible, the QCO will facilitate room allocation for special need passengers such as those with medical conditions, family and friend groupings.
- Individuals travelling on their own should be given the choice whether to share with another person or to stay in room on their own. Full room rate may apply.
- If guests share a room, they should be informed that quarantine period resets to 0 days if the person they are sharing with develops symptoms.
- On arrival, individuals are transported to their allocated hotels. Within 24 hours, hotels are required to email the quarantine coordinator the room number and contact details. This information is then updated in VETS.
- Once received, the Shefa Health HIS team updates the VETS record with the admission date and facility information

4.4 Routine COVID-19 symptom and quarantine wellbeing monitoring calls

- Shefa Health Officer/s and Quarantine Health Monitoring (QHM) Officer/s will oversee regular monitoring for all persons in quarantine facilities
- Regular monitoring will be conducted by QHM Officers by phone to assess if any symptoms have developed on approximately day 2, day 8 and day 13 after arrival
- QHM Officers will have a schedule to contact the guests in quarantine on the following days:
 - The Shefa Health Medical Team will conduct brief health observation of the passengers during specimen collection on Day 0/1, Day 5 and Day 11.
 - The first monitoring check will take place within 48-72 hours after arrival and the initial health screening conducted at the airport.
- Shefa Health will task a person to print out a daily list of people requiring monitoring on that day. The designated person will print the list each morning. The list has the QR code and relevant details for all people due for a monitoring call.
- The QHM Officer will call the facility and be asked to be transferred to the room.
- The QHM Officer will screen for any COVID Symptoms and any other health/medical issues the passengers may be experiencing.
- In addition to screening for COVID-19 symptoms, the public health officer asks the following questions to assess for any distress or concerns.
 - Continued contact with family and friends whilst in the facility



- Financial difficulties
 - Any fears or worries about infection
 - Sleep problems
 - Adequate basic supplies (food, water)
 - Any other worries or concerns that are troubling.
- The QHM Officer records the information in the VETS application using a tablet. The data will be directly uploaded into the cloud-based VETS Database.
 - Any person expressing distress will be referred to the MHPSS Team

4.5 Laboratory surveillance

4.5.1 Schedule for laboratory surveillance of people in quarantine

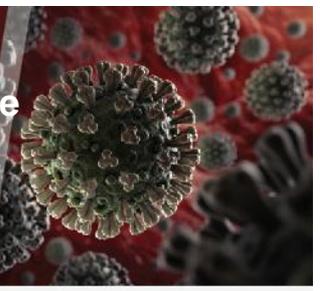
- High risk passengers should be tested the day after arrival, and day 5 and 11 after arrival
- Low risk passengers should be tested the day after arrival, and day 5 and 11 after arrival
- Once the requesting doctor has received and reviewed laboratory results, the laboratory surveillance team can send results via SMS if requested

4.5.2 Swabbing team composition and limits

- Each testing team is comprised of the following:
 - Trained medical officer to collect specimen (doctor or nurse)
 - Assistant to hold specimen bags, place in transportation box, sprays the hands of the swabber immediately after any physical contact with the guest, provide replacement gloves, complete any required paperwork
 - IPC observer to ensure IPC standards are met and advise staff and patients of protocols
- Only nurses and doctors that have completed IPC and nasopharyngeal swab collection training can collect specimens
- All members of the testing team must have completed IPC training and be fully vaccinated
- Testing teams should not test more than 40 people per day to prevent fatigue among staff

4.5.3 Swabbing team equipment list

- One full PPE kit (gown, mask or goggles, n95 mask, gloves) per 40 people to be swabbed
- Spray bottle with ~70% ethanol or Isopropyl alcohol (for use when changing gloves in between swabs)
- Box of gloves (to ensure gloves remain uncontaminated whilst not in use)
- Box of medical masks (in case guests do not have mask)
- Foot pedal bin with yellow biohazard waste liner
- Trolley to carry equipment



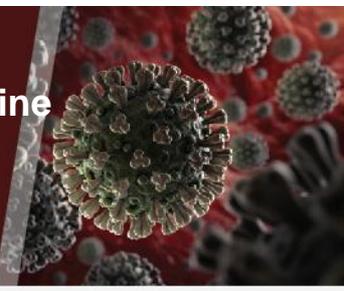
- Esky to carry specimens with cold packs
- Biohazard bags, tubes swabs prepared with forms and labels (Universal Transport Medium (UTM) Kit (red top viral transfer container)
- Surface-disinfectant wipe
- Donning and doffing checklist (see Appendix 3)

4.5.4 Forms and labels

- The HIS team is responsible to prepare in advance pre-filled forms and labels for scheduled specimen collection. These are created using the VETS database and a mail merge document using personal information (such as name, date of birth) entered into VETS and facility name and room number.

4.5.5 Procedures for nasopharyngeal swab collection

- Prior to departure to hotels, prepare swabbing bags with prefilled forms and labels, see 4.5.4)
- Guests are advised to turn off the air conditioner and wait 60 seconds before answering the door
- During the quarantine period, guest will periodically requested to submit to swabbing for COVID19 testing. The swabs will be collected in the corridor outside of their rooms. All guests are requested to close their hotel room doors while they are being swabbed.
- Guests should sit on the seat that is placed outside each door for room deliver
- The medical officer should confirm the person's name and date of birth and confirm that it matches the prepared forms and labels
- Modified guidance s per VCH "Nasopharyngeal Swab Collection Standard Operating Procedure":
 - Explain procedure to resident/patient
 - If the patient/resident has a lot of mucous in his/her nose, this can interfere with the collection of cells. Ask the patient/resident to use a tissue to gently clean out visible nasal mucous before a swab is taken. Influenza viruses are located in cells that line the surface of the inner nose. The virus is not found in the mucous discharge.
 - Seat resident/patient in a comfortable chair outside quarantine room. It is best if the patient is placed in a high-fowler's position in bed with the back of the head supported. It may be necessary to have a second person available to assist with collection
 - Enter a flexible swab several centimeters with a slow, steady motion along the floor of the nose (straight back, not up the nose) until the posterior nasopharynx has been reached (distance from nostrils to external opening of ear)
 - Place finger on the tip of the patient/resident's nose and depress slightly
 - Once resistance is met (the swab should pass into the pharynx relatively easily), rotate the swab several times and withdraw the swab.



- Break off top of swab (it will snap off)
- Place in transport medium.
- Remove personal protective equipment, wash hands.
- Remove top pair of gloves
- Sanitise
- Reglove
- Ensure the specimen is labeled and transport to the laboratory with completed requisition
- After specimen collection, ask the patient to reapply her mask.
- The specimen collection team should change gloves in between each specimen collection

4.5.6 Cleaning and disinfection of the PPE trolley

- The PPE trolley should be cleaned after swabbing
- Clean and disinfect with sodium hypochlorite 0.5% all high-touch surfaces
- Environmental cleaning requires a two-step system.
- 1st thoroughly clean all hard surfaces and frequently touched areas with a solution of water and normal neutral detergent. Allow to air-dry completely.
- 2nd disinfect all cleaned surfaces with a chlorine solution of sodium hypochlorite 0.5%
- Ensure contact time of a minimum of one (1) minute when wiping or mopping with disinfectant

4.5.7 Return of specimens to laboratory

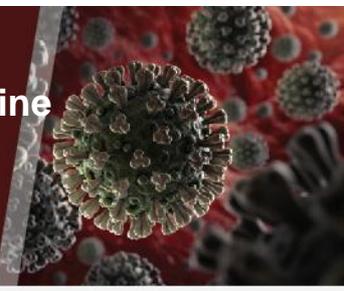
- Specimens to be placed into eski, driven in appropriate designated vehicle and dropped off at the appropriate location in the laboratory.
- Laboratory COVID-19 testing officers should be informed in advance

4.5.8 Laboratory processing

- Refer to specific protocols for processing of specimens
- PPE use depends on the specific role and if a certified class II Biosafety Cabinet is available
- A plexiglass shield can reduce risk from any splashing during sample manipulation
- Staff presence in proximity to open patient samples or sample manipulation should be limited while the procedures are underway
- The sample processing team should be limited to 2 persons.

4.5.9 Communication of negative test results

- The laboratory will send compiled results lists to the requesting doctor
- If approved to send negative results by SMS, the requesting doctor will send the compiled results list to the laboratory surveillance data officer to send SMS to person with test results



4.5.10 Communication of positive test results

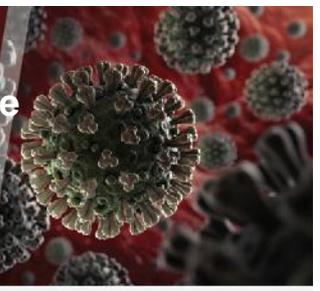
- Positive test results must be communicated to patients by the requesting doctor. Phone is preferable.
- Refer to COVID-19 Case Management Protocols if there is a positive case in quarantine

4.6 Urgent COVID-19 medical care during quarantine

- Acute urgent care situations
 - Shortness of breath
 - Difficulty breathing
 - Chest pain
 - Asthma
 - Seizures
 - Unconscious or altered conscious state
 - Severe psychosis
 - Severe shortness of breath
 - Serious trauma, injury or burns
- Refer to Appendix 4.
- Steps:
 - Guests or a roommate should advise reception if they require medical care
 - The hotel should call ProMed immediately
 - ProMed should follow their existing protocols for responding to emergency medical situations and use appropriate PPE for all guests including n95, face shield, gloves and gown
 - ProMed should:
 - Conduct assessment
 - Check vitals
 - Provide verbal report to on-call doctor at VCH Emergency Department (112 or 33082, or refer to monthly roster for doctors direct phone number if required out of hours)
 - If transfer is required, seek approval to transfer patient to VCH
 - After the event, a summary of medical care provided should be provided to ShefaMAT and the Quarantine Coordination Officer as soon as possible. Reports should be sent to: Dr Joel Shem (shem77joel@gmail.com) , Kali Ameara (kali.ameara@gmail.com)

4.7 Non-urgent COVID-19 medical care

- Refer to Appendix 4
- ShefaMAT should be called to respond to non-urgent medical care requests



- If ShefaMAT cannot respond, private physicians have been given approval to enter quarantine facilities (at cost to the guest)
- Where possible, consultation should occur over the phone
- If required, only medical officers should enter the room and the medical officer must be wearing full PPE including gown, gloves, n95 mask and eye protection

4.8 Transfer of cases to hospital

- The VCH hospital should be used to transfer confirmed cases to the appropriate VCH COVID-19 ward
- **Cleaning isolation areas**
 - Refer to specific nursing SOPs for isolation areas – this includes cleaning of isolation
 - For mild cases, cleaning staff should not enter room and cleaning products should be provided to patients to clean area
 - For severe cases, cleaning staff may be required to enter room in which case the following should be implemented
 - Prior to entry by cleaning staff, fans should be turned on high and placed at the window facing outwards to create directional airflow outside for 30 minutes to promote exchange of room air (ensure people are not able to congregate in area outside of room first, fencing of area is preferred)
 - Windows, curtains and doors should be opened during cleaning
 - Remove linens before starting cleaning
 - Clean and disinfect with sodium hypochlorite (bleach) 0.1% all high-touch surfaces and items such as light switches, bed rails, door handles, tables, water/beverage pitchers, trays, sinks using a physical wiping motion from the top down. Commercial bleach is ~5% bleach, so a 0.1% is 1 part of bleach in 49 parts water (1:50 dilution). After a minimum of 1 minute contact time with a chlorine solution at 0.1% concentration, surfaces should then be rinsed with clean water¹. Other disinfectants may be used on surfaces that may be damaged by bleach.
 - Commercial bleach (0.1%) should be used to clean the bathroom and toilet; allow a minimum of 1 minute contact time before wiping
 - If fabric (or porous) covered furniture is used in the isolation area, spray furnishing with disinfectant and wipe down

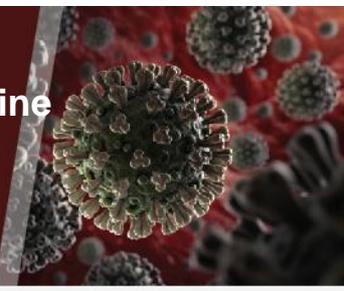
¹ Cleaning and disinfection when guests or employees are identified with COVID-19, <https://apps.who.int/iris/handle/10665/333992>



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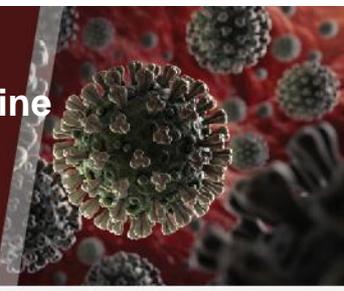
COVID-19 related procedures guidance for public health and medical officers involved with quarantine and repatriation in Vanuatu

Version 2, November 2021



- All consumables, such as opened toilet rolls or tissue boxes, should be discarded unless they can be cleaned.
- The room should be allowed to air dry before being used again.





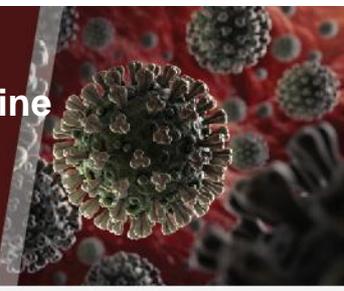
4.9 Discharge from quarantine

- All guests must serve 14 full days in quarantine and receive medical advice to be discharged
- Discharge is a two stage process:
 - Request for discharge approved by Director of Public Health and NDMO
 - Prior to the release day, the release team should draft a letter of recommended discharges from the approved medical officer and send this to the Director of Public Health. The letter details their adherence to quarantine protocols, confirmation of good health and having returned a Negative COVID-19 Test.
 - The DPH will then forward this to the Director of NDMO for final approval
 - The NDMO advised by email if discharge is approved
- Discharge letters and passports returned to individuals
 - The Shefa discharge team should prepare individual discharge letters using mail merge
 - Letters should be sorted according to hotel
 - Once prepared electronically, discharge letters should be emailed to Kali who will then forward to the relevant hotel
 - Customs and Immigration is responsible to attend the hotel on the day of release and return passports
 - Guests are responsible for organizing their own transport to leave quarantine

5 OTHER RELATED MEDICAL CARE PROCEDURES

5.1 Acute urgent care (non-COVID-19 related symptoms)

- Acute urgent care situations
 - Shortness of breath
 - Difficulty breathing
 - Chest pain
 - Asthma
 - Seizures
 - Unconscious or altered conscious state
 - Severe psychosis
 - Severe shortness of breath
 - Serious trauma, injury or burns
- Refer to Appendix 4.
- Steps:



- Guests or a room mate should advise reception if they require medical care
- The hotel should call ProMed immediately
- ProMed should follow their existing protocols for responding to emergency medical situations and use appropriate PPE for all guests including mask, goggles or shield, gloves and gown
- ProMed should:
 - Conduct assessment
 - Check vitals
 - Provide verbal report to on-call doctor at VCH Emergency Department (112 or 33082, or refer to monthly roster for doctors direct phone number if required out of hours)
 - If transfer is required, seek approval to transfer patient to VCH
- After the event, a summary of medical care provided should be provided to ShefaMAT and the Quarantine Coordination Officer as soon as possible. Reports should be sent to: Dr Joel Shem (shem77joel@gmail.com) , Kali Ameara (kali.ameara@gmail.com)

5.2 Non-urgent medical care

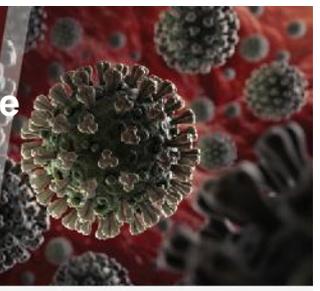
- Refer to Appendix 4.
- ShefaMAT should be called to respond to non-urgent medical care requests
- If ShefaMAT cannot respond, private physicians have been given approval to enter quarantine facilities (at cost to the guest)
- All health care workers requiring non-urgent medical care are required to wear appropriate PPE and have an IPC observer present

5.3 Ambulance transfer

- Ventilation for ambulance during transfer:
 - All openable windows must be open regardless of weather
 - Non-circulating (outside) air flow setting in vehicle must be on high speed
- Removal of paramedics PPE to occur at the station
- New PPE should be worn for decontaminating ambulance
- ProMed has separate protocols for decontamination of ambulance. Where possible, the ambulance should have all windows/doors open and wait 30 minutes before starting decontamination.

6 MANAGEMENT OF BREACHES

6.1 Reporting



- All incidents and breaches must be reported immediately to the Lead, and Co-Lead of the relevant agency (eg. Breaches of security to JPOC, breach of quarantine protocol to Shefa Health) and followed up with a written incident report.
- Refer to
- Reporting any incident in the quarantine to the MoH is mandatory duty for the safety of the all operation
- Identification must be provided for efficient and accurate investigation
- Confidentiality must be provided to the by requesting a de-identified code by the MoH team lead
- The reporting officer is required to complete an incident report (refer to Appendix 5)
- The reporting officer must ensure that the completed incident form is scanned and recorded in the incident log and a copy is forwarded to the relevant agency head with a copy to the Surveillance team - vnsu@vanuatu.gov.vu
- The relevant agency is responsible for identifying the root cause of the incident and recommending appropriate corrective action, if necessary, to prevent the incident re- occurring.
- The Lead of the relevant agency is responsible for ensuring the thorough investigation of an incident or breach to record accurate details pertaining to the incident or breach.
- After the report is submitted, the MOH Quarantine Monitoring team leader to complete an investigation form “Quarantine Breach and Incident Form Follow Up”
- Note : note the Safety Assessment Code tool completed on the two forms guides a prioritisation of the breach/ incident of the management of the event.

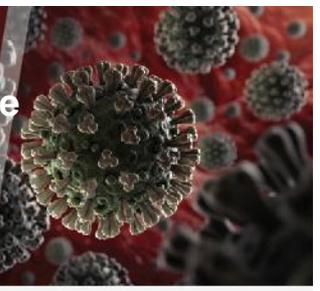
6.2 Response following reports

- In the first instance, the offender should be reminded of the restrictions by security personnel, hotel management or other staff where appropriate.
- The offender should be made aware that a breach of quarantine procedures is in contravention of the Public Health Act and may result in the reporting of the matter to the police and potential fine and/or imprisonment.
- The MOH surveillance team will undertake a risk assessment of all incidents and/or breaches. Physical distancing should be maintained whenever questioning or interacting with guests who have breached quarantine procedures.

7 PROCEDURES AFTER A PERSON IN QUARANTINE IS FOUND TO BE A CONFIRMED CASE

COVID-19 related procedures guidance for public health and medical officers involved with quarantine and repatriation in Vanuatu

Version 2, November 2021



- Quarantine public health and medical officers are to be tested at a suitable time after the case is identified (based on the incubation period of COVID-19)
- Shefa Health's current internal protocols require Quarantine public health and medical officers to quarantine until a negative day 5 test result is received however if an IPC observer was present at swabbing and confirms that PPE was used appropriately then quarantine is not necessary



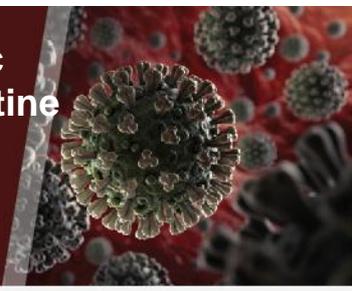
8 APPENDIX

Appendix 1. Roles and responsibilities

Role/Team	Lead	Responsibilities
Quarantine Inter-agency coordinator	Kali	<ul style="list-style-type: none"> • Liaise with agencies about flight logistics • Liaise with payment office for who has process payments • Provide a central point of coordination between all agencies for quarantine and testing arrangements when required • Ensure agencies have relevant health guidance: <ul style="list-style-type: none"> ○ COVID-19 related procedures and infection prevention and control guidance for the air border Version 3, October 2021 ○ COVID-19 related procedures and infection prevention and control guidance for the air border Version 3, October ○ Guidance and requirements for quarantine hotels, v2 • Monitor and respond to non-health agency breaches
Health operations coordinator	TBA	<ul style="list-style-type: none"> • Ensure that all staff working during operations have received appropriate training and are aware of protocols • Develop communication and coordination mechanism for health operations team (i.e. weekly meetings) • Prepare testing, monitoring call, result and discharge schedule for all flights and monitor completion • Troubleshoot issues as they emerge with various health teams • Forward planning for resourcing medical and monitoring teams • Regularly update Shefa PHM and PHA and MOH DG, DPH and DHCS on quarantine and repatriation operations • Review and implement recommendations from infection prevention and control audits • Update protocols for quarantine and repatriation protocols for public health and medical officers as required • Establish systems to monitor implementation of timing-based tasks (such as day 1 test, day 5 test, day 3 symptom monitoring call) • Manage and follow up on incident reports involving the health team
Border health officers	Kalo	<ul style="list-style-type: none"> • Thermal screening and symptom monitoring on arrival • Respond to anyone with symptoms
Pre-arrival team	Joanne	<ul style="list-style-type: none"> • Review applications for health approval • Review lab and vaccination data • Provide health approval if criteria are met
Symptom monitoring team	TBA Shefa Health surveillance officer	<ul style="list-style-type: none"> • Coordinate monitoring team • Ensure monitoring team equipment is working (phones, printers, wifi, phone credit) • Oversee phone calls to monitor symptoms to everyone in quarantine on required day

COVID-19 related procedures guidance for public health and medical officers involved with quarantine and repatriation in Vanuatu

Version 2, November 2021



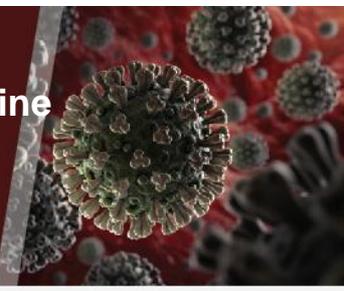
		<ul style="list-style-type: none"> • Ensure all data is entered into VETS • Advise ShefaMAT team if any person report symptoms
MHPSS monitoring team	Alex	<ul style="list-style-type: none"> • Phone calls to monitor mental health • Follow up vulnerable passengers
Swabbing team	Dr Shem	<ul style="list-style-type: none"> • Coordinate swabbing roster with Shefa Health and VCH • Prepare specimen bags with forms and labels in advance (with support from HIS team) • Ensure swabs are collected in accordance with protocols • Ensure all team members are wearing appropriate PPE • Collection of routine specimens • Delivery of swabs to VCH laboratory after collection • Approve release of results by SM
Laboratory surveillance data officer	Aaron	<ul style="list-style-type: none"> • Update VETS with results • Provide negative results by SMS to people in quarantine
Shefa Medical Assessment Team (Shefa MAT)	Barry	<ul style="list-style-type: none"> • Respond to non-COVID-19 non-urgent medical care • Collection of specimens for people with symptoms
Pre-hospital medical team	TBA	<ul style="list-style-type: none"> • When there is one or more confirmed cases in quarantine, manage cases in quarantine until they are transferred to hospital (i.e. additional serological or NP tests, medical management)
HIS team	Lola	<ul style="list-style-type: none"> • Enter room numbers on arrival • Prepare forms and labels for swabbing team • Prepare digital letters for release • Secure approval for release • Advise hotels that people are released • Send SMS for release
ProMed	Charlotte	<ul style="list-style-type: none"> • Respond to urgent requests for urgent medical care



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Vanuatu Government

COVID-19 related procedures guidance for public health and medical officers involved with quarantine and repatriation in Vanuatu

Version 2, November 2021



Appendix 2. Swabbing equipment checklist



www.covid19.gov.vu



Call: 119



COVID19@vanuatu.gov.vu

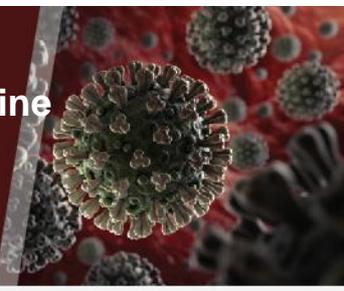


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Swabbing equipment checklist

- n95 masks
- Box of gloves
- Gown/s
- Face shield/s
- Spray bottle (70% ethanol sopropyl alcohol)
- Box of medical masks
- Foot pedal bin
- Yellow biohazard waste liner
- Esky with cold packs
- Surface-disinfectant wipe
- Donning and doffing checklist
- Prepared specimen bags, tubes, forms and labels



Appendix 3. Steps to put on personal protective equipment (PPE) including coverall

Steps to put on personal protective equipment (PPE) including coverall

1 Remove all personal items (jewelry, watches, cell phones, pens, etc.)



2 Put on **scrub suit** and rubber **boots**¹ in the changing room.

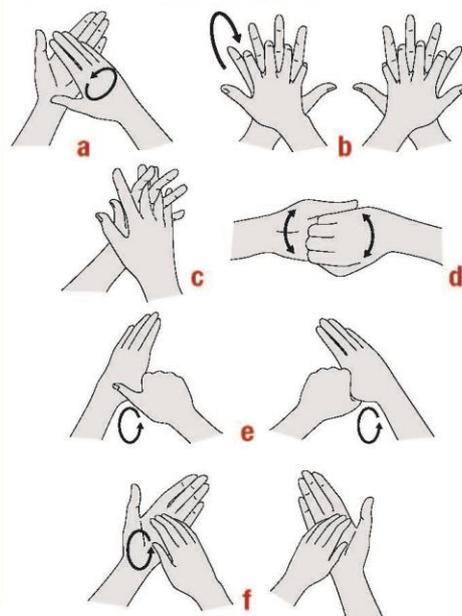


3 Move to the clean area at the entrance of the isolation unit.

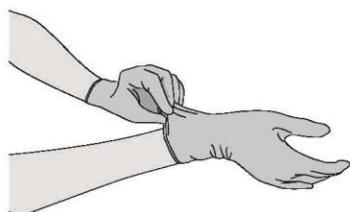
4 By visual inspection, ensure that all sizes of the PPE set are correct and the quality is appropriate.

5 Undertake the procedure of putting on PPE under the **guidance and supervision of a trained observer** (colleague).

6 Perform **hand hygiene**.



7 Put on **gloves** (examination, nitrile gloves).



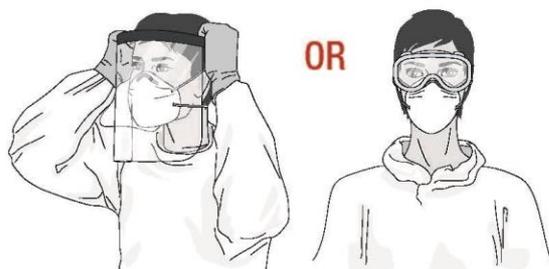
8 Put on **coverall**.²



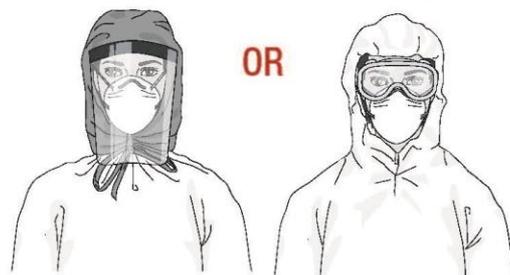
9 Put on **face mask**.



10 Put on **face shield OR goggles**.



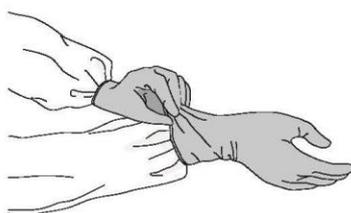
11 Put on **head and neck covering** surgical bonnet covering neck and sides of the head (preferable with face shield) **OR** hood.



12 Put on **disposable waterproof apron** (if not available, use heavy duty, reusable waterproof apron).



13 Put on **second pair of (preferably long cuff)**² **gloves** over the cuff.



¹ If boots are not available, use closed shoes (slip-ons without shoelaces and fully covering the dorsum of the foot and ankles) and shoe covers (nonslip and preferably impermeable)

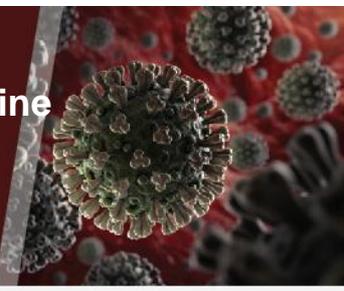
² Do not use adhesive tape to attach the gloves. If the gloves or the coverall sleeves are not long enough, make a thumb (or middle finger) hole in the coverall sleeve to ensure that your forearm is not exposed when making wide movements. Some coverall models have finger loops attached to sleeves.



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Version 2, November 2021



Appendix 4. Medical care in quarantine



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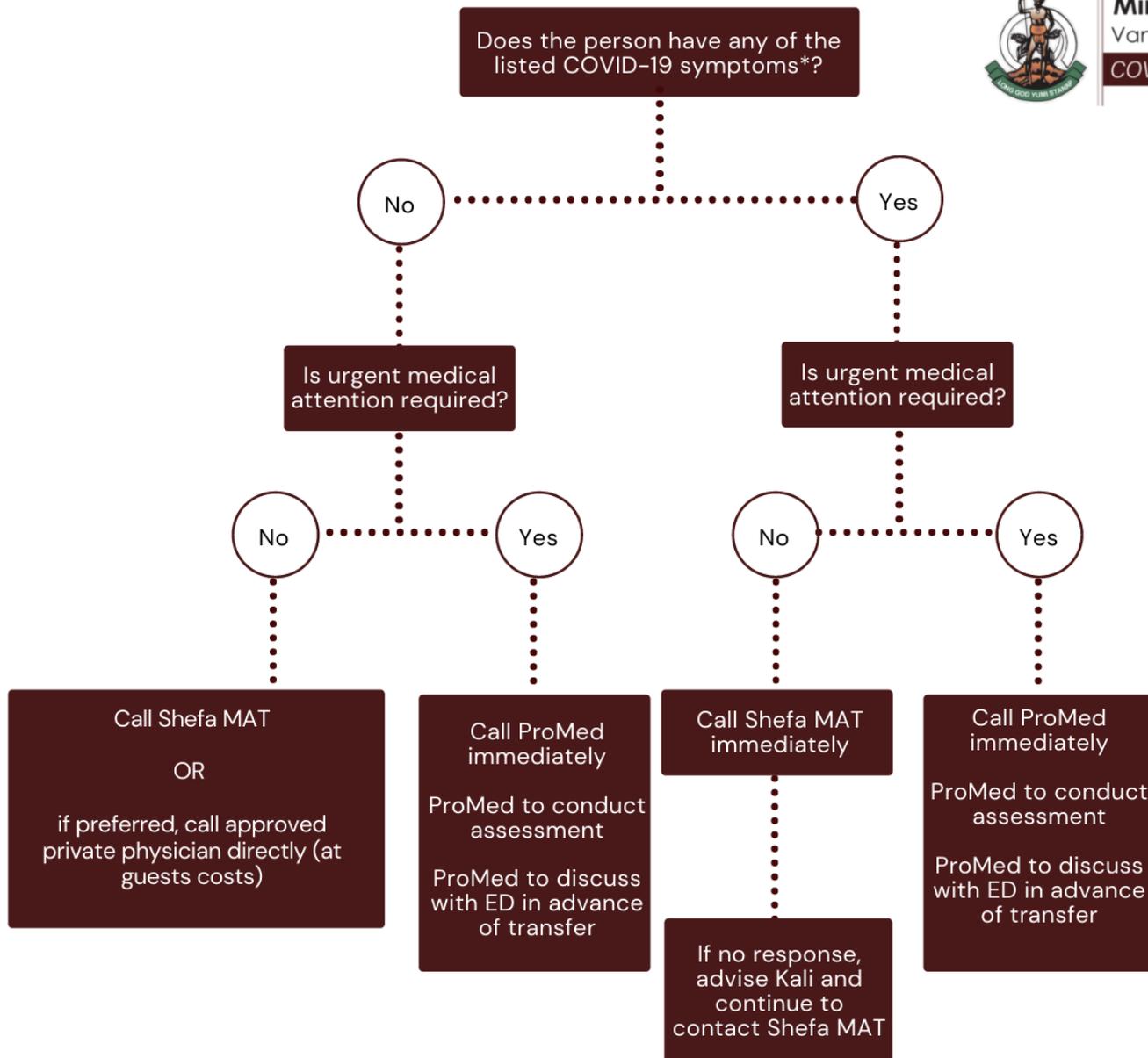
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Obtaining medical care while in quarantine

Approved October 2021
Version: 1.1



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COVID-19



NOTES:

COVID-19 symptoms may range from mild to severe and may include any of the following:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhoea

COVID-19-related symptoms that require **urgent** medical attention includes:

- Shortness of breath
- Difficulty breathing
- Chest pressure or pain

Other medical situations that require **urgent** medical care include:

- Chest pain
- Asthma
- Seizures
- Unconscious or altered conscious state
- Severe psychosis
- Severe shortness of breath
- Serious trauma, injury or burns

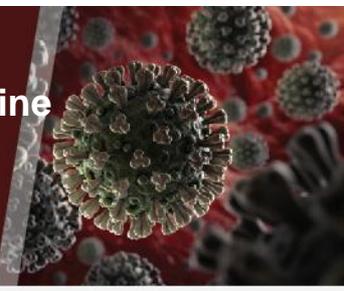
TELEPHONE NUMBERS

SHEFA MAT: Kalangai Kalkandi 7104482
SHEFA MAT: Barry Saniel 7752533
Kali Ameara: 5541400 or 7741401
ProMed: 115
VCH Emergency Department: 112 or 33082



COVID-19 related procedures guidance for public health and medical officers involved with quarantine and repatriation in Vanuatu

Version 2, November 2021



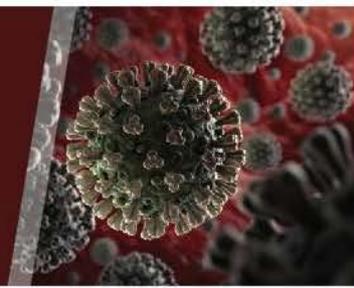
Appendix 5. Quarantine Breach and Incident Form



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Quarantine Incident an Breach Reporting Form

Date of update: October 2021



		Ref #	
		SAC #	
REPORT DETAILS			
Date of report			
Name of person making report			
Role of person making report	<input type="checkbox"/> SHEFA health officer <input type="checkbox"/> MHPSS officer <input type="checkbox"/> Police, VMF, QF Security <input type="checkbox"/> Hotel Management or Staff	<input type="checkbox"/> Quarantine Monitoring Support <input type="checkbox"/> Transport Personnel <input type="checkbox"/> Border Control Officer <input type="checkbox"/> Other:	
INCIDENT DETAILS			
Date of incident or breach			
Category of incident or breach	<input type="checkbox"/> Medical Condition <input type="checkbox"/> Quarantine non compliance - major <input type="checkbox"/> Quarantine non compliance - minor <input type="checkbox"/> Other health related incident	<input type="checkbox"/> Security or Safety related incident <input type="checkbox"/> Registration and/or Discharge process <input type="checkbox"/> Other:	
Details of incident or breach (What happened? When? Who was involved? Why)			
Who was involved in the incident or breach?	<input type="checkbox"/> Person in Quarantine <input type="checkbox"/> Member of Public <input type="checkbox"/> Border Control Officer <input type="checkbox"/> Hotel Management or Staff	<input type="checkbox"/> Police, VMF, QF Security <input type="checkbox"/> NDMO <input type="checkbox"/> Other Quarantine Support staff <input type="checkbox"/> Other	
Name of person involved			
Contact of the Person involved			
Names of Witnesses			
ASSESSMENT			
Is there a need for a Risk Assessment to be conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		

Please scan and send this form to the Quarantine Coordinator (kali.ameara@gmail.com) and Surveillance vnsu@vanuatu.gov.vu.

Information will be forwarded and actioned as required. A Risk Assessment may be conducted.

