

TRIANGULAR PARTNERSHIP PROGRAMME STANDARD OPERATING PROCEDURES (SOPS) ON COVID – 19 (CORONA VIRUS) FOR FIELD MEDICAL ASSISTANTS COURSE (FMAC)

Prepared for United Nations Regional Service Centre (RSCE)
In Entebbe, Uganda

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Triangular Partnership Programme
JUNE 2022



INTRODUCTION

These Standard Operating Procedures (SOPs) describe the protocols and procedures to be followed when operating under COVID 19 conditions during the UN TPP FMAC trainings. They are adapted from the World Health Organization (WHO) and Uganda Ministry of Health (UMoH) guidelines and are designed to ensure business continuity whilst mitigating the risk of COVID 19 spread in Uganda. The first part of the SOP deals with general guidelines applicable to all personnel. The second part deals with specific measures applicable to trainers and trainees at RSCE facilities.

SCOPE

This SOP will cover the following areas:

1. Description of Government of Uganda COVID-19 requirements for inbound and outbound travelers
2. Description of general COVID-19 prevention guidelines applicable to staff, trainers and trainees.
3. Description of access procedures applicable to the training facility.
4. Description of equipment and supplies required at RSCE for maintaining the health and safety of RSCE personnel, trainers and trainees.
5. Important contact addresses and phone numbers.
6. Description of applicable medical referral and evacuation procedures.

DISCUSSION

GOVERNMENT OF UGANDA COVID-19 REQUIREMENTS FOR INBOUND AND OUTBOUND TRAVELERS

- A negative Covid-19 PCR test undertaken within 72 hours prior to boarding is no longer a requirement for fully vaccinated passengers. It is only passengers who are not fully vaccinated that are required to present a negative COVID-19 PCR test undertaken within 72 hours from the time of sample collection to boarding aircraft from country.
- Passengers departing Entebbe International Airport (EIA) are required to know, understand, and interpret COVID-19 requirements of the country they are travelling to.
- A negative COVID-19 PCR test certificate for outbound passengers who are fully vaccinated is suspended for passengers with proof of full COVID-19 vaccination certificates except where it is a requirement of the destination country. Airlines will guide passengers on destination requirements.
- For more information visit these links:
<https://caa.go.ug/combating-covid-19-pandemic/>
<https://www.health.go.ug/covid/>

GENERAL COVID-19 PREVENTION GUIDELINES APPLICABLE TO STAFF, TRAINERS AND TRAINEES

- The RSCE requires that all participants be fully vaccinated. Proof of vaccination will be requested prior to travel and will be required for entry to the RSCE compound.
- “Fully vaccinated” describes the condition of anyone having received the complete primary series of any vaccine fully recognized by the WHO.

Vaccines and necessary dose(s)



Vaccine recognized by the WHO	primary series
The Oxford/AstraZeneca	two doses
Janssen (Johnson and Johnson)	single dose
Moderna	two doses
Pfizer/BionTech	two doses
Sinopharm	two doses
Sinovac	two doses
COVAXIN	two doses
Covovax	two doses
Nuvaxovid	two doses

- Participant must carry a copy of their vaccination card/report.
- TPP requires all participants to have a negative COVID-19 PCR test certificate issued within 72 hours from the time of sample collection to boarding of the aircraft leaving the country.
- RSCE encourages individuals to self-monitor for symptoms and report as needed. Participants can use wall-mounted thermometers and pulse oximeters at the training facility.
- All participants should ensure they do not have any COVID-19 symptoms before arriving at the RSCE.
- In an effort to mitigate the risks associated with Covid-19, the RSCE strongly recommends that participants maintain at least 1 meters of space between each other during the course and at mealtimes.
- TPP provides surgical masks and hand sanitizers.
- The UN Entebbe Support Base (ESB) operates a clinic, which provides minor ailments or first aid.
- The Base has contracted the services of local hospitals; Nakasero hospital, Case hospital, and Kampala international hospital. The nearest one, Case hospital, is located in Entebbe, at approximately 7 minutes' drive (at normal speed) from ESB and operates 24/7.

COVID-19 PREVENTION & MITIGATION MEASURES

Specific Measures	Implementation
1. Physical distancing	a) All persons within the RSCE premises should maintain a distance of at least 1m in accordance with WHO guidelines. b) Handshakes and other types of physical contact should be avoided at all times.
2. Face Masks	a) Fully vaccinated individuals will not be required to wear face masks when they are outdoors provided there are no crowds. b) Regardless of vaccination status, the wearing of face masks is required indoors or in closed spaces, where social distancing cannot be maintained. c) High-risk population (i.e., 50 years and above, and people living with comorbidities) are required to wear face masks at all times, regardless of their vaccination status.
3. Ventilation	a) Indoor spaces must remain well ventilated with allowance for natural air flow. b) To achieve this, external doors & individual room windows should be left open.
4. Training classrooms and offices	a) Training classrooms should be thoroughly cleaned every day before the start of training and at the end of the training session. b) During the training session, intermittent 2-hourly cleaning will also be done for frequently handles surfaces such as door handles.



	c) Individual Staff will be responsible for cleaning their desks at the start of the working day with an alcohol-based wet-wipe.
5. Hand Hygiene	<p>a) All persons within the RSCE premises should wash their hands regularly with soap and running water for at least 20 seconds. Where this is not possible, alcohol-based hand sanitizers should be used. (At least 60% alcohol concentration)</p> <p>b) Likewise, all persons within RSCE are advised to avoid touching eyes, nose and mouth to avoid possible transfer of the COVID-19 causing virus from contaminated surfaces.</p>
6. Respiratory Hygiene	<p>a) All persons within RSCE are expected to observe good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when coughing or sneezing to avoid aerosol transmission of viruses causing COVID-19 and other respiratory illnesses.</p> <p>b) Tissues are used to cover coughs/sneezes should be disposed safely in an enclosed bin with covering lid.</p>
7. Temperature checks	<p>a) Temperature checks will be carried out on all persons entering RSCE camps.</p> <p>b) All trainees and trainers will be provided with thermometers for self-temperature checks which they will log in twice a day-morning and evenings</p> <p>c) Personnel with a temperature over 37.5 C, will be requested to step aside from other persons at an area designated for this purpose.</p> <p>d) The Clinic team will subsequently be notified to recheck the temperature and evaluate the individual with elevated temperature before a final decision on access(s) to RSCE is made.</p> <p>e) Persons confirmed to have fever, or other COVID-19 symptoms will not be allowed into the RSCE facility.</p>
8. Sharing of equipment	a) Sharing pens at entry/registration points is discouraged. Alcohol hand sanitizer should be available at these entry points for use in situations when use of a common pen is unavoidable.
9. Early Testing and Treatment	<p>a) Persons accessing RSCE premises are strongly advised to stay at home/accommodation facility if they feel unwell. For Persons already within the RSCE premises, it is strongly recommended that they do not leave their rooms unless intending to seek medical assistance for their symptoms.</p> <p>b) They should inform the Clinic team or their personal physician about their symptoms by phone for necessary guidance on COVID-19 testing, referral and treatment.</p> <p>c) Calling in advance will also protect other persons in the premises by preventing the spread of COVID-19.</p>
10. Health Awareness (Risk Communication)	<p>a) RSCE will promote COVID-19 health awareness to mitigate it's spread at the training facility.</p> <p>b) A variety of tools may be used for health promotion including COVID-19 signage, Posters, online brochures together with regular briefings, email and SMS broadcasts.</p> <p>c) RSCE personnel, trainers and, trainees are to be informed on basic prevention measures, what to do if unwell or when exposed to an individual with COVID-19, and how to seek support for COVID-19 assessment and treatment.</p>
11. Safe waste management	<p>a) RSCE will implement segregation of dirty and contaminated wastes with appropriately marked bins and hazard bags at the source for safe waste management.</p> <p>b) A waste management protocol needs to be in place and accessible to all users</p>



	of RSCE
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MEDICAL REFERRAL & EVACUATION PROCEDURES

1. If any person develops symptoms of COVID-19, they should immediately get in touch with the ESB clinic and subsequently inform the course coordinator that they will be self-isolating and not attending in-person training.
2. Following assessment of a patient with COVID-19 like symptoms, the ESB clinic will make management decisions based on the following key questions:
 - a) Does the clinic assessment point towards a suspect COVID-19 case, a Probable COVID-19 case or alternative diagnosis? (See WHO case definition)
 - b) Is the Patient stable or unstable (Critical)?
 - c) Does the patient require transfer to a facility for testing and/or further management?
 - d) What kind of medical transport is required for this transfer (Designated COVID-19 Ambulance, self-driving or alternative transport arranged by RSCE)
 - e) What initial treatment (if any) is required?
3. In cases where emergency medical referral is required, the ESB emergency protocol will be activated, and ambulance transfer arranged to the nearest appropriate facility.
4. The United Nations Office in Nairobi (UNON) Joint Medical Service 24hr emergency center (SITCEN) is available to support the RSCE medical team in coordination of emergencies upon request. The UNON JMS SITCEN contacts are listed in annex 7 together with contacts of some local emergency ambulance providers. UNON JMS has contracts with ambulance providers which can be utilized to support RSCE emergency transfers.
5. The TPP course manager will inform the permanent Mission of the member state /PKO missions, and the training center assists in contacting the Travel Unit about changing the patient's return ticket, if scheduled travel is not possible.
6. The TPP course manager will inform the hotel to accommodate a positive case and to extend their stay if necessary for isolation purposes.
7. Participants must have valid health insurance coverage while attending the course in Uganda. For participants traveling to the RSCE from peacekeeping missions, established UN medical coverage arrangements provided by the sending Mission would apply. Any alternative payment arrangements must be likewise documented and deposited to facilitate smooth emergency transfer and admission to hospital when the need arises.



COVID-19 CASE DEFINITIONS

WHO COVID-19: Case Definitions

Updated in Public health surveillance for COVID-19, published 16 December 2020



Case Definitions

Suspected case of SARS-CoV-2 infection

- A** A person who meets the clinical **AND** epidemiological criteria:
Clinical Criteria:
 - Acute onset of fever **AND** cough; **OR**
 - Acute onset of **ANY THREE OR MORE** of the following signs or symptoms: Fever, cough, general weakness/fatigue¹, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting², diarrhoea, altered mental status.**AND**
Epidemiological Criteria:
 - Residing or working in an **area with high risk of transmission of virus**: closed residential settings, humanitarian settings such as camp and camp-like settings for displaced persons; anytime within the 14 days prior to symptom onset; or
 - Residing or travel to an **area with community transmission** anytime within the 14 days prior to symptom onset; or
 - Working in **any health care setting**, including within health facilities or within the community; any time within the 14 days prior of symptom onset.
- B** A patient with **severe acute respiratory illness**: (SARI: acute respiratory infection with history of fever or measured fever of ≥ 38 C°; and cough; with onset within the last 10 days; and requires hospitalization).
- C** Asymptomatic person not meeting epidemiologic criteria with a **positive SARS-CoV-2 Antigen-RDT**²

¹ Signs separated with slash (/) are to be counted as one sign.
² NAAT is required for confirmation, see [Diagnostic testing for SARS-CoV-2](#)
 See [Antigen detection in the diagnosis of SARS-CoV-2 infection using rapid immunoassays](#)

Note: Clinical and public health judgment should be used to determine the need for further investigation in patients who do not strictly meet the clinical or epidemiological criteria. Surveillance case definitions should not be used as the sole basis for guiding clinical management.

Probable case of SARS-CoV-2 infection

- A** A patient who meets **clinical criteria** above **AND** is a **contact of a probable or confirmed case**, or linked to a **COVID-19 cluster**³
- B** A **suspect case with chest imaging** showing findings suggestive of COVID-19 disease⁴
- C** A person with recent onset of **anosmia** (loss of smell) or **ageusia** (loss of taste) in the absence of any other identified cause.
- D** **Death**, not otherwise explained, in an adult with **respiratory distress** preceding death **AND was a contact of a probable or confirmed case** or linked to a **COVID-19 cluster**³

Confirmed case of SARS-CoV-2 infection

- A** A person with a positive **Nucleic Acid Amplification Test (NAAT)**
- B** A person with a **positive SARS-CoV-2 Antigen-RDT** **AND** meeting either the **probable case definition or suspect criteria A OR B**
- C** An **asymptomatic person with a positive SARS-CoV-2 Antigen-RDT** who is a **contact of a probable or confirmed case**

³ A group of symptomatic individuals linked by time, geographic location and common exposures, containing at least **one NAAT-confirmed** case or at least **two** epidemiologically linked, symptomatic (meeting clinical criteria of Suspect case definition A or B) persons with **positive Ag-RDTs** (based on $\geq 97\%$ specificity of test and desired $>99.9\%$ probability of at least one positive result being a true positive)

⁴ Typical chest imaging findings suggestive of COVID-19 include the following:
 • **Chest radiography:** hazy opacities, often rounded in morphology, with peripheral and lower lung distribution
 • **Chest CT:** multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution
 • **Lung ultrasound:** thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms.



https://www.who.int/publications/i/item/WHO-2019-nCoV-Surveillance_Case_Definition-2020.2



CLOSE, INTERACTIVE, IN-PERSON TRAINING REQUIREMENTS

Daily Pre-training Health screening for all persons via brief questionnaire focusing on exposure to COVID-19 or concurrent COVID-19 symptoms
Daily Pre-training entry temperature checks for Trainees and facilitators.
Daily cleaning of high touch surfaces in the training room such as door handles.
Provision of regular COVID-19 briefings to facilitators and participants.
Utilization of a well-ventilated spacious room for both theoretical and indoor practical training sessions. Open air spaces are preferable for larger group training.
Utilize large visible COVID-19 Signage and Posters in the training rooms and other shared spaces.
Availability of Virtual or hybrid(blended) training formats where full in-person training is not required. Conversion to full virtual training can also act to safeguard participant safety during training in the event that a facilitator or participant tests positive for COVID-19 before a scheduled in-person training session.
Keeping to a low instructor: student ratio for practical skills sessions to promote physical distancing.
Skills training through small teams; keeping the number of participants in a team to a minimum with the same team being retained throughout the course to avoid intermixing and risk of COVID-19 exposure. Class and meeting sizes should comply with local public health guidance.
Minimize use of papers for testing and instruction where possible. Online testing modules to be explored where applicable.
Minimize use of shared items such as pens, files or equipment. If use of such items is inevitable, proper hand hygiene should be applied immediately after use.
Use of PPE such as masks, gloves, eye protection when training involves close contact where physical distancing is not always possible.
The use of live human actors for training is discouraged e.g for demonstrating real-time first- aid skills on volunteers. If required, facilitators should use mannequins for such demonstrations.
Any equipment used by multiple persons for training should be cleaned in between use with alcohol based (> 60%) cleaning agents.
Enforcement of COVID-19 precautions during interactions outside training rooms e.g maintenance of Face mask use, avoidance of high-risk gatherings, removal of buffet dining formats etc.
Encourage team rotations when utilizing restricted spaces or facilities; adjust dining hall sessions for trainees.
Be ready to cancel or postpone training if COVID-19 exposure is confirmed in a training class. This will allow for contact tracing, medical evaluation, COVID-19 testing, Isolation, and quarantine.



LIST OF KEY CONTACTS

	Organization / Office	Focal Point Name	Telephone	Email address
ESB Medical Unit				
1.	ESB Clinic Emergency Duty	24-hour hotline	+256 757 708 099	
2.	UN Doctor's EXT		198-3060	
3.	UN Nurse's EXT		198-3029 / 3058	
United Nations office at Nairobi				
4.	UNON Joint Medical Service	24hr Situation Center (SITCEN)	+254 724 255 378 (24hr access)	Unon-jms-medicalevacuation@un.org
Triangular Partnership Programme United Nations Department of Operations Support				
5.	TPP	Mary Thiong'o	+254 720 357 573	Mary.thiongo@un.org
6.	TPP	Machiko Kawasaki	+81 90 4693 8625 +256 760 688 990	machiko.kawasaki@un.org
Receiving Hospital Contacts (Uganda)				
7.	Nakasero hospital		+256 312 531400	
8.	Case hospital		+256 392 004315 +256 707 250362	
9.	Kampala international hospital		+256 312 200400	
Ground & Air Ambulance providers				
10.	International SOS	Region Specific https://www.internationalsos.com/locations	Region Specific https://www.internationalsos.com/locations	



ANNEX1; ABOUT COVID-19

WHAT IS COVID-19?

COVID-19 (coronavirus disease 2019) is a disease caused by a virus named SARS-CoV-2 and was discovered in December 2019 in Wuhan, China. It is very contagious and has quickly spread around the world.

COVID-19 is a disease caused by a virus called SARS-CoV-2. Most people with COVID-19 have mild symptoms, but some people become severely ill. Older adults and people who have certain underlying medical conditions are more likely to get severely ill. Post-COVID conditions are a wide range of health problems people can experience four or more weeks after first getting COVID-19. Even those who do not become severely ill from COVID-19 may experience post-COVID conditions.

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19/basics-covid-19.html>

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Basics>

ANNEX2; SYMPTOMS OF COVID-19

WATCH FOR SYMPTOMS

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms. People with these symptoms may have COVID-19:

- 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
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

WHEN TO SEEK EMERGENCY MEDICAL ATTENTION

Look for emergency warning signs* for COVID-19:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>



<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:

Symptoms can range from mild to severe illness, and appear 2–14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has Emergency Warning Signs of COVID-19

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.

Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

cdc.gov/coronavirus

11-075340

ANNEX3; PREVENTION

WHAT MUST NOT BE DONE

- Avoid hand shaking and hugging at all times.
- Avoid close contact with people who are visibly sick with flu-like symptoms (fever, cough, sneeze).
- When sick with flu-like symptoms avoid going to public places, offices and public gatherings. Remain at home to avoid infecting others.
- You do not need to wear medical masks if you do not have respiratory symptoms such as cough, sneezing or running nose.
- Don't take self-medication such as antibiotics.
- Do NOT spit in public. Find a secluded place like toilets or pit latrines in which to spit.



WHAT MUST BE DONE

- Wash your hands frequently with soap and water or, use an alcohol-based hand rub. This will remove the virus if it is on your hands.
- Cover your mouth and nose with tissue or a handkerchief when coughing and sneezing. Throw away the used tissue immediately into a dustbin or burn it and wash your hands with soap and water or use an alcohol-based hand rub. The handkerchief must be washed by yourself daily, dried and ironed with a hot iron. In this way, you protect others from any virus released through coughs and sneezes.
- Maintain reasonable distance between yourself and someone who is coughing, sneezing (at least 1 meter apart).
- Avoid touching your eyes, nose and mouth. Hands touch many surfaces, which can be contaminated with the virus, and you can transfer the virus from the surface to yourself.
- If you have fever, cough and difficulty in breathing, seek medical care immediately. If possible, call a health worker and alert them about your condition. Always follow the guidance of your health care worker.
- People with flu-like symptoms should use face masks to cover the nose and mouth and stay home in a well-ventilated room.
- If you are caring for individuals who have symptoms, such as cough and fever you are encouraged to use a facemask to cover your nose and mouth for personal protection.
- Clean and disinfect frequently touched surfaces such as doorknobs/handles, car doors, elevator buttons etc. daily with regular household disinfectant or soap and water.

<https://www.health.go.ug/covid/prevention/>



ANNEX4; ASSESSMENT ON COVID-19 TEST

<https://www.health.go.ug/covid/project/testing-eligibility-tool/>



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

CHECK IF YOU NEED A COVID-19 TEST

For timely prevention and management of COVID-19, answer the following questions to assess if you are at risk of infection and need to be tested.

- | | | | | |
|----------|--|--|--------------------------|--------------------------|
| 1 | | Do you have flu and a running nose? | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | Do you have dry cough and sore throat? | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | Do you have a fever (body temperature higher than normal/usual)? | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | Are you having difficulty breathing? | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | Have you been in direct contact with someone suspected or confirmed to have the Coronavirus? | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

If all your answers are no (ticked only green boxes), keep safe: stay home, avoid crowded places, wash/sanitize your hands regularly and avoid touching your face.

If you have only ticked any or all of the first three yellow YES boxes (have a fever, or cough, or flu) and the rest are ticked NO, you do not need a COVID-19 test. Keep assessing the situation. Stay at home, wash/sanitize your hands regularly, cover your nose and mouth while coughing and keep a distance from other people.

If you have ticked an extra yes (one or both the red yes boxes) for questions four to five you could be at high risk of COVID-19 call the MOH toll free helplines provided below and you will be tested from home or guided on what to do.



919, 0800 100 066, 0800 203 033, 0800 303 033



0770 818 139



8500



ANNEX5; QUARANTINE AND ISOLATION

DEFINITIONS

1. Quarantine
Quarantine is a strategy used to prevent transmission of COVID-19 by keeping people who have been in close contact with someone with COVID-19 apart from others.
2. Isolation
Isolation is used to separate people with confirmed or suspected COVID-19 from those without COVID-19.
3. Exposure
Contact with someone infected with SARS-CoV-2, the virus that causes COVID-19, in a way that increases the likelihood of getting infected with the virus.
4. Close Contact
A close contact is someone who was less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period. For example, three individual 5-minute exposures for a total of 15 minutes. People who are exposed to someone with COVID-19 after they completed at least 5 days of isolation are not considered close contacts.

WHO SHOULD QUARANTINE?

if you have contact with positive person, you need self-quarantine in your hotel/accommodation.

WHO SHOULD ISOLATION?

- People who have a positive viral test for COVID-19, regardless of whether or not they have symptoms.
- People with symptoms of COVID-19, including people who are awaiting test results or have not been tested. People with symptoms should isolate even if they do not know if they have been in close contact with someone with COVID-19.

WHAT TO DO FOR ISOLATION

- Monitor your symptoms. If you have an emergency warning sign (including trouble breathing), seek emergency medical care immediately.
- Stay in a separate room from other household members, if possible.
- Use a separate bathroom, if possible.
- Take steps to improve ventilation at home, if possible.
- Avoid contact with other members of the household and pets.
- Don't share personal household items, like cups, towels, and utensils.
- Wear a well-fitting mask when you need to be around other people.

ENDING ISOLATION

If the result is negative after 7 days, the staff is allowed to come to the public. But if after 7 days still positive, he/she continues isolations until the result is negative.