COVID-19 Outbreak Response Coordination Group
Position on Quarantine Practices in the 9 Temporary Shelters

Background and current situation

Under the Thai legal framework, refugees who leave the camps without requisite permission are subject to arrest, detention and deportation in the same manner as other undocumented migrant workers as they are only legally entitled to stay within the confines of the nine temporary shelters as an exception to the Immigration Act. However, it is recognised that many refugees and their families leave the temporary shelters informally to seek livelihood opportunities in Thailand to better meet their basic needs or spontaneously return to Myanmar, in some cases to prepare for an eventual permanent return.

Following the declaration of COVID-19 as a dangerous communicable disease as per the Thai Communicable Diseases Act 2015, a number of announcements were made at different levels of the RTG regarding access control and surveillance (quarantine). This has affected, among others, those refugees who were outside the temporary shelters at the time the announcements were made. In particular, these announcements have affected their ability to return to the temporary shelters in some cases, or the surveillance practice applied to them upon return.

Affected refugees can be categorized into four categories: (a) those who have a travel history within the province or who are not coming from designated high-risk areas (e.g. Bangkok, Nonthaburi, etc.); (b) those who have a travel history from designated high-risk areas; (c) those who are known to have had close contacts with persons coming from designated high-risk areas; and (d) those who have a history of close contact with or exposure to probable or confirmed case of COVID-19. In principle, the surveillance (quarantine) of these different categories should be adapted accordingly. In practice, different quarantine practices are being applied in the nine temporary shelters by the different camp commanders (and to some extent, the camp committees) with regards to refugees who are returning from outside, without necessarily taking these differences into consideration. At the time of writing, the situation is as follows:

Camps	HOME QUARANTINE Practice	# of returnees (current)	COMMUNITY QUARANTINE Practice	# of returnees (current)	Current capacity
BDY	14 days' quarantine is recommended for camp residents **returning from elsewhere in Thailand.**	**0**	Camp residents who are **unable to do home quarantine** are hosted in community quarantine area	**0**	**16**
THI	14 days' quarantine is recommended for camp residents **returning from elsewhere in Thailand.**	**0**	Camp residents who are **unable to do home quarantine** are hosted in community quarantine area	**0**	**10-15**
MLA	Camp residents who came **back in early March and not coming from risk area.**	**2**	Camp residents who came **back from designated risk area such as BKK.**	**23**	**30**
NPO	Camp residents who came **back in March and early April and not coming from risk area** e.g. nearby Thai villages.	**9**	Camp residents who came **back recently in April from Myanmar and elsewhere.**	**29**	**30**

Camps	HOME QUARANTINE Practice	# of returnees (current)	COMMUNITY QUARANTINE Practice	# of returnees (current)	Current capacity
UMP	Family members of sick persons.	**2**	Camp residents **stranded outside camp who have gradually returned**. Isolation for **person coming from outside and presenting symptoms.**	**29**	**30-35**
BMN	14 days' quarantine is recommended by RTG and KnRC for camp residents **returning from elsewhere in Thailand.** Home quarantine is encouraged.	**0**	Camp residents who are **unable or unwilling to do home quarantine** are hosted in community quarantine areas.	**65**	**67**
BMS	14 days' quarantine is recommended by RTG and KnRC for camp residents **returning from elsewhere in Thailand.** Home quarantine is encouraged.	**0**	Camp residents who are **unable or unwilling to do home quarantine** are hosted in community quarantine areas,	**4**	**10**
MRM	**Returning camp residents** were encouraged to conduct home quarantine until mid-April.	**24**	Since the community spaces were created(mid-April). Now, **all returning camp residents** are invited to quarantine in the community spaces. Food is provided by families.	**37**	**5 facilities**, *unclear # of beds* available at the moment, in expansion
MLO	**Returning camp residents** were encouraged to conduct home quarantine until mid-April.	**14**	Since the community spaces were created(mid-April). Now, **all returning camp** residents are invited to quarantine in the community spaces. Food is provided by families.	**9**	*unclear # of beds* available at the moment, in expansion

Position

The differences in practice is somewhat understandable and moreover in some instances, is due to challenges in doing home quarantine in individual households, e.g. where there was limited space and/or where households also accommodated children, elderly or chronic patients. On the other hand, such a varied approach may also present some risks in terms of potentially overwhelming the supply of community quarantine facilities in the camps should the numbers of returning refugees increase. Moreover, it may lead to a protracted stay outside the temporary shelters for stranded refugees who are unable to return due to a shortage of community quarantine facilities, where these are required, thus exposing them to further protection risks. Recognizing the above, the position of the COVID-19 Outbreak Response Coordination Group is that the process flow should be as outlined below:

Regardless of which of the four categories they fall under, all refugees returning to temporary shelters, they **SHOULD** be brought to the camp hospitals every time they enter camp to be screened. Medical teams will examine them to determine if they are a suspect COVID-19 case (Person Under Investigation – PUI). More generally, health actors will also continue to provide more in-depth training to camp commanders and staff on safely screening people coming from outside the camps.

Scenario 1: If they are determined to be PUI, then they will be isolated and prepared to be sent to the district hospital or other designated facility for testing and care. If necessary, food supplies and preparation of meals will be ensured.

Scenario 2: If it is determined that: they are not sick, they are not linked to any COVID-19 case, but **authorities want to quarantine them**, health actors will:

(a) Recommend that they are quarantined at home;
(b) Provide technical guidance on how to do this safely as per SOPs that follow the Thai Surveillance and Investigation MOPH guideline (21 February Updated);
(c) Monitor them regularly for the length of the quarantine, with the support of section leaders or/and a team of volunteers; and
(d) Immediately conduct a more thorough investigation if one or more individuals show any symptoms and take to health care facility if necessary

NOTE: The above measure most closely aligns with MOPH DDC recommended procedure for people travelling from outbreak areas into another province. It is also in line with Provincial-level guidance (e.g. in Tak) where only those arriving from outside of the Province are asked to go into quarantine areas.

Scenario 3: If it is determined that: they are not sick; they are not linked to any COVID-19 case, but **authorities or camp committees insist on quarantining them in a facility**, health actors will:

(a) Provide technical guidance on safely quarantining these people;
(b) Ensure that sites have water, washing facilities, a toilet, and waste management;
(c) Respond if any one of them is reported sick and bring them to the health care facility if needed where health actors will screen them, and treat or refer.
(d) Such facilities should keep into consideration the protection needs of the different categories, e.g., children, person with disability, women, etc.

Under this scenario, in the event that community facilities reach full capacity, increasing the risk that refugees are stranded outside the camps in an irregular state for a prolonged period of time, and the refugees meet the conditions under scenario 2, home quarantine will be recommended.

Other considerations

- Health actors will not be able to manage or survey the quarantine facility as medical staff must prepare for an outbreak response.
- Health actors will not be able to provide PPE as we have a severe shortage of PPE which must be prioritized for health care workers.
- It will not be possible to do any construction to renovate the building, but core relief items (e.g. plastic sheeting, mats) can be provided to improve the living conditions in the community quarantine facilities, particularly as these take into consideration the protection needs of specific groups.

24 April 2020