



Guidelines on the **Management and Operation of Temporary Living/Testing Facilities** For Inbound Travelers

Edition 3

March 31, 2020

This document provides the COVID-19 Response Guidelines of the Republic of Korea as of March 31, 2020. Note that it may be modified to suit particular circumstances of each country and community.

**Central Disease Control Headquarters
Central Disaster Management Headquarters**

Overview of Korea's Quarantine Policy for Overseas Entrants

| 1 | Introduction

- (Purpose) To bolster efforts to prevent the inflow and spread of COVID-19, the Korean government introduced tightened quarantine regulations on passengers from the US and Europe*, but in the face of the continuously growing number of COVID-19 patients and confirmed cases among incoming arrivals**, it decided to implement strengthened quarantine inspections on all passengers arriving from all parts of the world.

* These measures include (1) diagnostic testing for all passengers arriving from Europe (March 22) and streamlining of the national quarantine system (March 24) and (2) a mandatory self-quarantine on all inbound passengers from the US, diagnostic testing and stand-by for all foreign nationals with short-term stay arriving from the US, and other related measures (March 27).

** Trajectory of cumulative total of confirmed cases among incoming arrivals: 44 cases (March 16) → 144 cases (March 23) → 476 cases (March 30)

- (Types of entrants subject to the new rule) All inbound passengers entering Korea (both on direct flights and for stopovers)
- (Legal grounds) Article 49 of the Infectious Disease Control and Prevention Act* and Article 15 of the Quarantine Act**

* Article 49 (1) 14 of the Infectious Disease Control and Prevention Act stipulates that relevant authorities must take preventive measures necessary to keep suspected cases hospitalized or quarantined for a set period of time at an appropriate place.

** Article 15 (1) 7 of the Quarantine Act mandates relevant authorities to medically examine or test those deemed necessary to be checked for infection.

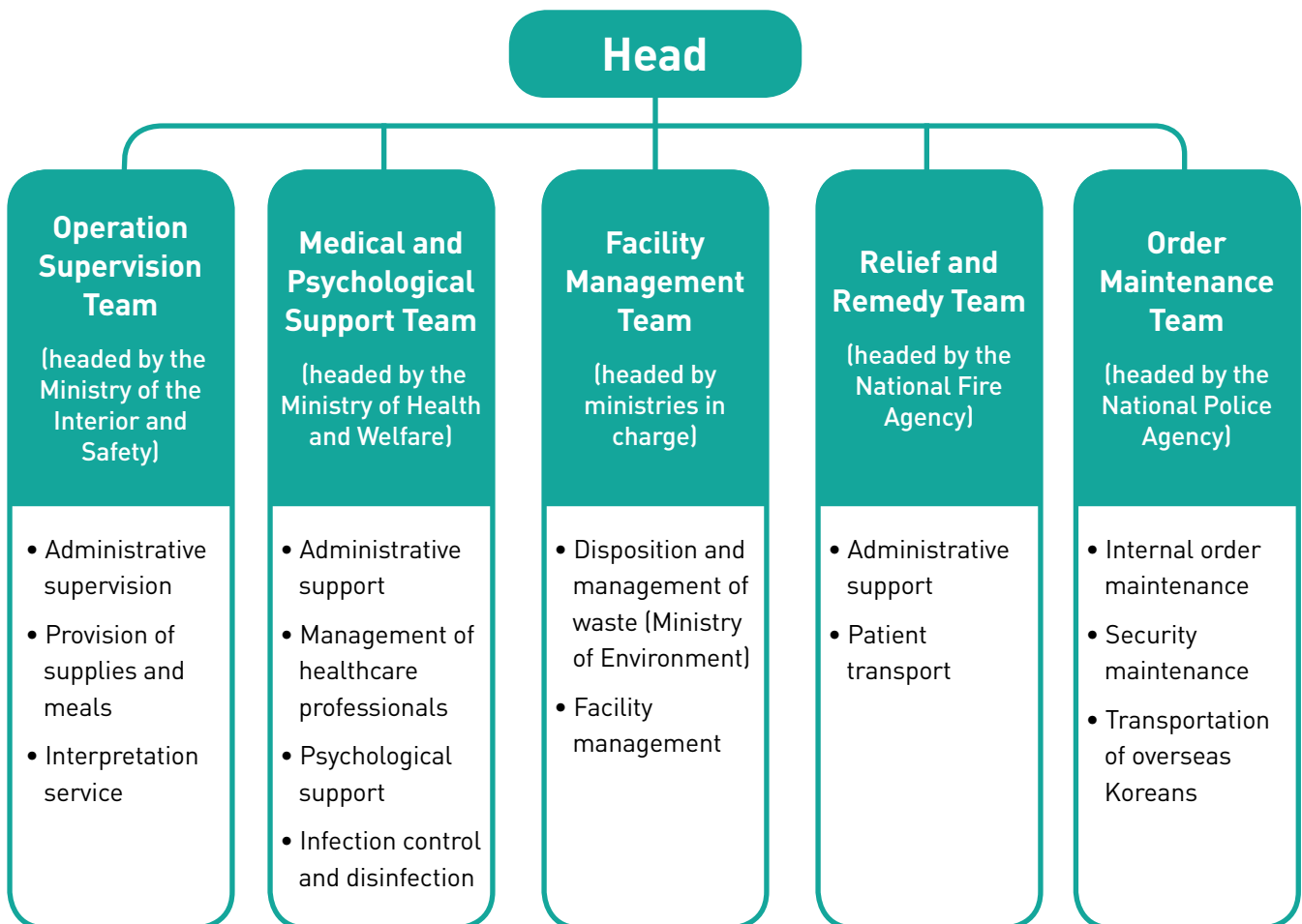
| 2 | Measures Taken So Far

- The reinforced quarantine plan for passengers arriving from Europe was established by the Central Disaster and Safety Countermeasure Headquarters (headed by the Prime Minister) on March 20, following various discussions, including the joint meeting of the Central Disaster Management Headquarters and Central Disease Control Headquarters (March 19).
- At the joint meeting of relevant ministries (presided over by the head of the Disaster Management Cooperation Office of the Ministry of the Interior and Safety), it was decided that the Joint Government Operation Support Taskforce* consisting of relevant ministries was to be formed and managed under the leadership of the Ministry of the Interior

and Safety (MOIS) starting from March 20, in an effort to ensure effective and efficient operation of temporary living facilities.

* The organization of the taskforce is composed of 5 teams with the head, operated by 8 agencies.

<Joint Government Operation Support Taskforce for the Operation of Temporary Living Facilities>



- (Passengers from Europe) The Korean government began applying stronger quarantine measures for all entrants arriving from Europe by enforcing self-quarantine or active monitoring after a mandatory diagnostic testing. (March 22)
- (Streamlined quarantine inspections) Korea's entry quarantine system went through several changes (with a particular attention to symptomatic passengers) that aimed to improve the country's response to challenges from the continuing rise in the number of inbound passengers arriving from Europe and the growing inflow of overseas arrivals from countries other than Europe. (March 24)
- (Passengers from the US) Beginning on March 27, all inbound passengers from the US are placed under self-quarantine for 14 days and required to get diagnostic tests at local public health centers when they develop respiratory symptoms, such as fever and cough.

| 3 | Stronger Measures for Infection Prevention and Control of Overseas Entrants

- (Basic rule) Beginning from April 1, 2020, all inbound passengers entering Korea must undergo a mandatory 14 day quarantine at their place of residence or at designated facilities.
 - Those subject to self-quarantine must install a “self-quarantine safety protection application” (run by the MOIS) and are thoroughly managed by the MOIS and local governments in charge.
 - Entrants exempted from quarantine must get a “self-diagnosis mobile application” (run by the Ministry of Health and Welfare) installed for reinforced active monitoring.
 - Entrants who use quarantine facilities offered by the central or local governments* due to their lack of a place to stay must pay for the use of services** regardless of their nationality.

* foreign nationals with short-term stay status (B1, B2, C1, C3, and C4 visa holders), excluding those exempt from self-quarantine

** Each individual is responsible for paying KRW 1.4 million for the period of 14 days (KRW 100,000 per day).

- (All entrants with symptoms) Regardless of nationality, all passengers from abroad must go through at-airport diagnostic testing if they have fever or respiratory symptoms and stand by for the results at separate designated facilities.
 - Passengers who test positive for COVID-19 will be transferred either to a hospital or to Residential Treatment Center (Community Treatment Center), depending on the severity of symptoms.
 - For passengers who receive a negative test result, (1) Korean nationals or foreign nationals with long-term stay status will be placed under self-quarantine for 14 days, and (2) foreign nationals with short-term stay status will be quarantined at facilities for 14 days (excluding those exempt from self-quarantine).
- (Asymptomatic Korean nationals)
 - Asymptomatic Korean nationals arriving from Europe will go through self-quarantine for 14 days and get diagnostic testing within 3 days of arrival.
 - Asymptomatic Korean nationals arriving from countries other than European countries will undergo self-quarantine for 14 days and get diagnostic testing if they display any symptoms.
- (Asymptomatic foreign entrants)
 - ① With long-term stay status

- Asymptomatic foreign nationals for long-term stay arriving from Europe will get diagnostic testing at an open walk-through screening station at the airport, and stand by at a separate facility until the results arrive. Then, they will go into self-quarantine for 14 days if tested negative.
- Asymptomatic foreign nationals for long-term stay arriving from elsewhere will go into self-quarantine for 14 days and be required to get diagnostic testing if any symptoms appear.

② With short-term stay status

- Asymptomatic foreign nationals for short-term stay arriving from Europe will get diagnostic testing at an open walk-through screening station at the airport* and be put under facility quarantine for 14 days.

* Outside the operating hours of walk-through screening stations, diagnostic testing is performed at temporary testing facilities.

- Asymptomatic foreign nationals for short-term stay arriving from elsewhere will go into facility quarantine for 14 days and get diagnostic testing if they develop any symptoms.

③ Those exempt from quarantine

- Entrants exempted from quarantine (those holding A1, A2, or A3 visa, or self-quarantine exemption certificates) will get diagnostic testing at an open walk-through screening station at the airport and be placed under reinforced active monitoring.



Those Exempt from Quarantine

1. A1 (Diplomat), A2 (Government official), and A3 (Agreement) visa holders
2. Those who received a quarantine exemption certificate issued by the Korean embassy prior to entry for the following purposes:
 - ① Business of importance (contract, investment, etc.),
 - ② Academic activities (international seminars), or
 - ③ Other public or humanitarian purposes recognizable as valid and necessary

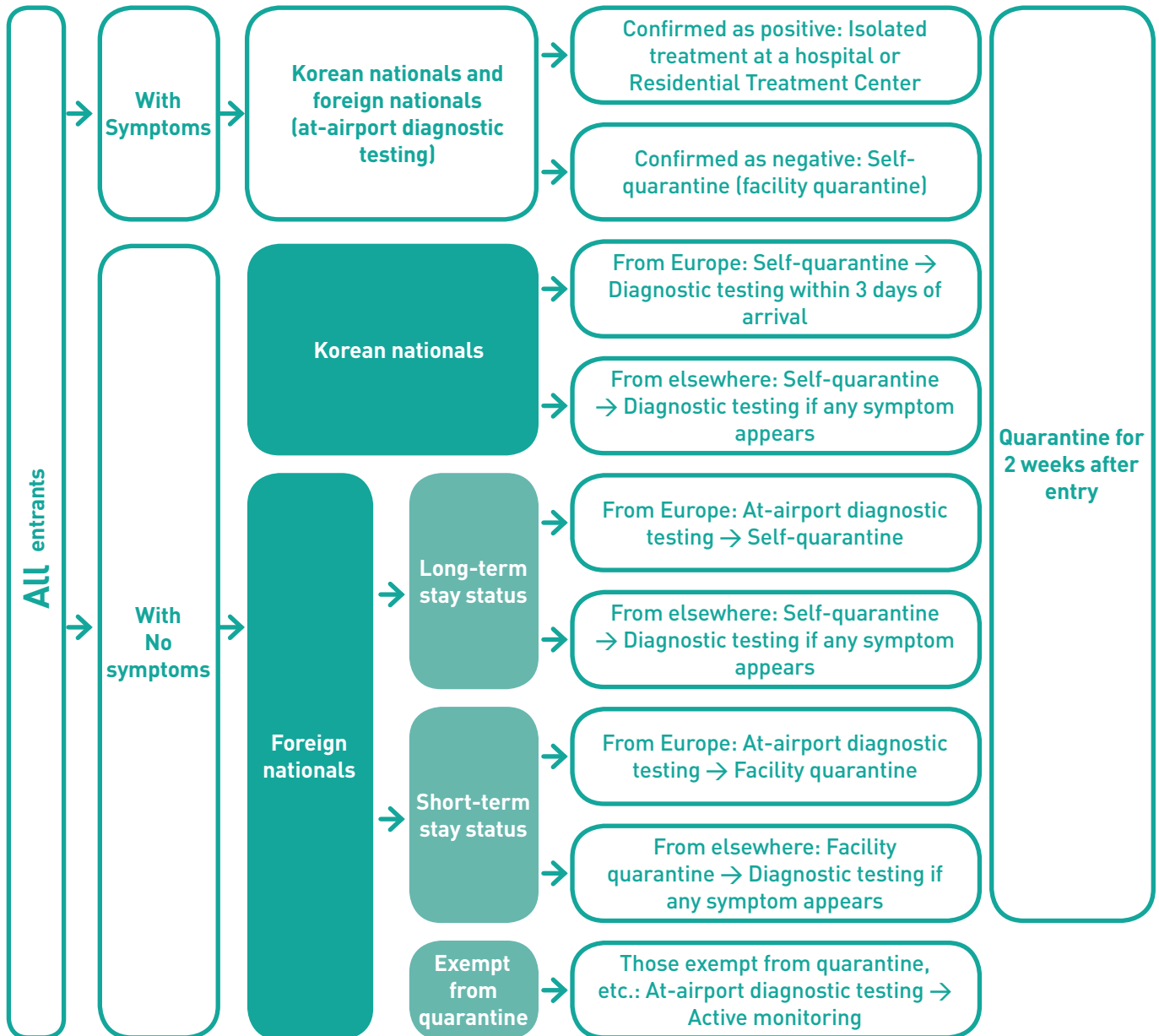
- (Date of enforcement) The above-mentioned quarantine rule will be effective from 00:00 on April 1 (Wednesday).
- (Duration) They will remain effective until otherwise notified.

| 4 | Ministerial Cooperation

- The Ministry of Foreign Affairs will provide necessary notifications to related countries in advance, assist inbound passengers with necessary guidance prior to departure at local airports, and offer interpretation service.
- The Ministry of Land, Infrastructure and Transport will assist inbound passengers with guidance on the new rules in the quarantine process prior to departure at local airports, and offer transportation services from the airport to the location nearest to their place of stay for those subject to self-quarantine after entry.
- The Ministry of the Interior and Safety will oversee the management of people under self-quarantine to ensure full compliance, through measures such as operating a self-quarantine safety protection application and working with local governments to implement regular health checks and coronavirus testing for them. The MOIS is also in charge of operating and managing quarantine facilities.
- The Ministry of Justice will take charge of measures regarding the deportation of foreign nationals who refuse to get diagnostic testing or go into self-quarantine. It will also provide support for the installation of the self-quarantine safety protection application at the airport, and transfer the list of entrants who fail to install the application to local governments in charge.

Reference

Flow Chart for Quarantine Inspection Procedures for Incoming Passengers from Abroad



■ Types of entrants who are placed in temporary living facilities:

- ① asymptomatic foreign nationals for short-term stay and
- ② symptomatic foreign nationals for short-term stay who test negative through at-airport diagnostic testing

■ Types of entrants who are placed in temporary testing facilities:

- ① foreign nationals for long-term stay and
- ② those exempt from quarantine



Overview of Temporary Living / Testing Facilities

| 1 | Purpose

- The purpose of temporary living/testing facilities is to safeguard communities from possible sources of COVID-19 and risks of its spread through early detection and enforcement of 14-day quarantine for passengers entering Korea, especially those who are infected but asymptomatic, thereby to uphold and secure everyone's right to health.

| 2 | Definition of Temporary Living/Testing Facilities

- Temporary living facilities refer to accommodations where inbound passengers who are placed under 14-day quarantine can stay safely, aimed at containing the inflow of overseas risk factors regarding COVID-19 and preventing asymptomatic transmission of coronavirus.
- Temporary testing facilities mean accommodations where asymptomatic inbound passengers can receive diagnostic tests and wait for their test results, with the aim of shielding the re-entry of overseas risk factors regarding COVID-19.
- Both types of facilities are operated by the Joint Government Operation Support Taskforce (led by the MOIS), which consists of 5 teams: the Operation Supervision Team (run by the MOIS), Medical and Psychological Support Team (Ministry of Health and Welfare), Relief and Remedy Team (National Fire Agency), Order Maintenance Team (National Police Agency), and Facility Management Team (Ministry of Environment and other relevant ministries).

| 3 | Types of Passengers who Enter Temporary Living/Testing Facilities

- Passengers who fall under the following categories and thus enter temporary testing facilities have to standby until their diagnostic testing results are returned:
 - Asymptomatic foreign nationals for long-term stay arriving from Europe who are subject to self-quarantine
 - Those exempt from self-quarantine including A1, A2, and A3 visa holders who are subject to active monitoring

- Passengers who fall under the following categories and thus enter temporary living facilities have to quarantine for 14 days from the day following the day of entry:
 - Asymptomatic foreign nationals for short-term stay
 - Foreign nationals for short-term stay who test negative through at-airport diagnostic testing*

| 1 | Basic Requirements

- In principle, each individual should use a single room which is equipped with an en-suite shower and toilet.
- Each facility must have water supply and drainage systems, a laundry facility, and emergency disaster response facilities*.

* Emergency disaster response facilities should include fire protection facilities, emergency exits, fire extinguishing equipment, etc., as required by relevant laws and regulations.

- It is also required for all facilities to have adequate space and equipment for waste disposal and make sure they are managed according to hygiene standards.

| 2 | Management Personnel

- A healthcare professional who holds a license granted by the Minister of Health and Welfare (Article 2 of the Medical Service Act) must be designated as “a healthcare manager” in charge of the healthcare of facility residents, epidemiological investigation, infection prevention activities, etc.

* The healthcare manager should be performed by a physician/doctor and operate an around-the-clock emergency alert system that maintains a 24-hour resident-doctor contact network. Working in shifts is allowed.

- It is advised to station nurses within the facility around-the-clock.

* They should work in shifts in compliance with legal working hours as mandated by the Labor Standards Act.

- Local public health centers or healthcare institutions should be designated in advance to form part of the emergency response system so that they can provide timely medical and transfer services in case of emergency.
- In addition to the healthcare manager, operation staff members in charge of security, laundry, meal service, etc. should be stationed as necessary, taking into consideration the number of facility residents and their needs.

| 3 | Required Supplies

- Thermometers (tympanic thermometers, electronic thermometers, etc.)
- Electronic manometers and oxygen saturation gauges
- Mobile oxygen tanks and cardiopulmonary resuscitation equipment (defibrillators, etc.)
- First-aid medication (constipants, fever reducers, painkillers, etc.)
- Ambulances (to be on call if it is difficult to have ambulances ready on the premises)
- Specimen collection supplies (including containers for specimen transportation)
- An emergency operation room and phones for contact with facility residents (personal mobile phones, wire phones, etc.)
- Personal protective equipment for healthcare and administrative workers

| 4 | Communication and Services for Residential Convenience

- It must be ensured that the healthcare manager or a member of the facility operation staff is always ready to answer calls from residents in case of the onset of symptoms or other emergencies.
- The installation of a TV, phone, emergency bell, and Internet access is recommended for convenience of facility residents.

| 1 | Overview

- (Living facilities) The period of stay in a living facility is 14 days from the day following the date of entry*. At the end of the 14-day period, those confirmed as negative are given health education and discharged. Discharge before the end of the 14-day period is not allowed except for confirmed cases and other predefined exceptions.

* Example: If the date of entry is April 1, the discharge date is April 15, the 14th day from the day following the date of entry.

- (Testing facilities) The maximum period of stay at a testing facility is 2 days*, and those who test negative through diagnostic testing are discharged after ensuring that (1) they install the self-diagnosis mobile application or self-quarantine safety protection application** and (2) they receive health education.

* In principle, the period of stand-by at a testing facility is not more than 24 hours, but it may exceed 24 hours in case of unavoidable circumstances such as a delay in diagnostic testing or an outbreak of a confirmed case.

** Foreign nationals arriving from Europe with long-term stay status must install the self-quarantine safety protection application, while those under active monitoring, including those exempt from quarantine, are required to install the self-diagnosis mobile application.

- Those discharged and placed under self-quarantine must install the “self-quarantine safety protection application” and follow the code of conduct as guided by municipal officials in charge.

* Those who violate the self-quarantine guidelines will be imposed with a fine of KRW 3 million (imprisonment with labor for 1 year or less, or a fine of KRW 10 million or less beginning from April 5) and lose eligibility for living expenses support.

- While staying in living/testing facilities, residents are banned from leaving the facilities or receiving outside visitors.
- The movement paths of facility residents should be carefully controlled or separated so as to minimize contact among facility residents and between facility residents and operation staff.
- When communication is inevitable between facility residents and operation staff, they should not come face-to-face and must wear masks and maintain a distance of at least 2 meters during the conversation.
- Prior to its operation, each facility must complete establishing a patient referral system in connection with local healthcare institutions in preparation for emergencies.

- If a facility resident starts developing symptoms or tests positive for COVID-19, they should contact the Patient Classification Bureau (the bureau's *Bed Allocation Team* in particular) of the upper-level local government(Si/Do)* where the facility is located. The bureau will transfer the patient to a local healthcare institution equipped with government-designated beds for hospitalized treatment.

* Upper-level local governments refer to governments presiding metropolitan cities, a special city, a special autonomous city, provinces, and a special autonomous province.

** Diagnostic testing can be performed by healthcare staff members on the premises or by healthcare professionals visiting from a screening station in the vicinity of the facility.

- If the resident starts experiencing a fever, respiratory or any other coronavirus symptoms, he/she should report to the on-site healthcare manager (healthcare professional), who then should check the symptoms and take necessary measures in accordance with the existing emergency alert system or the examination/transfer system.
- The upper-level local government where the facility is located is responsible for transferring the patient from the facility to a local healthcare institution using necessary means such as an ambulance.

* The above procedures apply when the healthcare manager deems it necessary for the patient to receive an examination by an outside healthcare institution for symptoms other than those indicating COVID-19.

- Temporary living/testing facilities must be equipped with sufficient quantities of personal protective equipment such as face masks, N95 respiratory protective gear, hand sanitizers, and gloves for operation staff and facility residents.

| 2 | Management of Hygiene and Disinfection

- In principle, toiletries, such as soap and towels, and bed linens are provided for each individual.
- Personal clothing, in principle, should be prepared by each resident.

* Each facility resident is responsible for arranging his/her own clothing to wear during the stay at the facility.

- Disinfection must be carried out before and after new residents are accepted to the facility. Additional disinfection is required when confirmed cases occur. Also, an accurate disinfection ledger must be kept.

* The specific format of the disinfection ledger is left to the discretion of each facility, but the ledger must include the time and method of disinfection (along with the type of disinfectant used and specific procedures) and the articles disinfected (spaces, equipment, devices, etc).

- * Rooms must be disinfected by a professional disinfection service provider before and after their use. As to frequently used and common-use areas, they must be disinfected on a daily basis with wipes for environmental disinfection (or cotton pads sprayed with alcohol disinfectant).
- * If COVID-19 confirmed cases occur within the facility, disinfection must be carried out in accordance with the instructions of the epidemiological investigation officer and relevant guidelines.

| 3 | Procedures for Living/Testing Facility Placement

- (Quarantine notice) When passengers arrive at the living facility, the public official dispatched from the Ministry of Health and Welfare will complete necessary paperwork regarding the quarantine notice by filling out “Temporary Quarantine Facility” in the section for the place of quarantine and writing his/her signature.
 - A copy of the quarantine notice will be sent to a family member, caregiver, or person designated by the facility resident (via email, fax, etc.).
- * Under inevitable circumstances, the notification of the placement in the quarantine facility will be made by phone or text message.
- Facility staff will check whether the residents have properly installed the required “self-diagnosis mobile application” (run by the Ministry of Health and Welfare).
 - Residents under 14-day quarantine must install the self-diagnosis mobile application, where they will record their daily symptoms at least once a day. If the resident leaves the information that they have any symptoms related to COVID-19, the healthcare manager will examine in person and take necessary measures.
 - Passengers who test negative and go into self-quarantine at their place of residence (foreign nationals from Europe for long-term stay) will be checked and required to proceed with installation of the “self-quarantine safety protection application.”
 - Passengers who test negative and are subject to 14-day active monitoring (those exempt from quarantine) will be checked and required to install the “self-diagnosis mobile application.”
 - The follow-up activities concerning the self-diagnosis mobile application should be kept in the ledger for all newly adopted facility residents every day and sent to the Overseas Entrants Management Bureau of the Central Disaster Management Headquarters on a daily basis (The ledger containing data up until 24:00 of the day should be sent by 09:00 of the following day).
- In principle, a single room is allocated for each resident.
- The facility should collect and transport specimens of facility residents.

* However, passengers requiring a caregiver (e.g. children aged 12 or younger, people with disabilities), in a family relationship (husband and wife, etc.), or entered Korea together may stay in the same room at their request.

- The facility resident management ledger must be kept.
- The facility should collect and transport specimens of facility residents.
 - Facility residents are checked for body temperature, any sign of illness, etc., and interviewed for health conditions while their specimens are collected.
- All facility entrants will receive the facility guide, which contains information about the facility, and relevant education.
 - The facility guide for residents will include such information as the purpose of their placement in the facility, the grounds for quarantine, and future schedules. It intends to help fulfill the resident's right to be informed.
 - Relevant education will include guidance on how to stay safe and healthy while staying in the facility. Every participant in such education should wear personal protective equipment such as masks.

| 4 | Management of Facility Residents

- Healthcare for facility residents
 - The healthcare manager is responsible to check health conditions and clinical symptoms of facility residents on a daily basis until their discharge from the facility*.
- * If a facility resident reports the appearance of any symptoms either on the self-diagnosis mobile application or in person, the healthcare manager should check the resident's conditions and take necessary measures.
- If the resident suffers a body temperature of 37.5 degrees Celsius or higher, or respiratory symptoms such as coughing, shortness of breath, the healthcare manager must promptly report to the official in charge of medical support on site (dispatched from the Ministry of Health and Welfare). Necessary measures should be taken according to established protocols for patient treatment and transfer (including decision on whether to get the resident treated within the facility or transferred to a hospital).
- Diagnostic testing
 - (Target) Passengers who did not have their specimen collected at a screening station will receive diagnostic tests in the facility.
 - (Place) The diagnostic tests should be performed in well-ventilated, independent space such as lobbies or outdoors. If indoors, the windows should be kept open.

* It is possible to visit each facility resident's room for specimen collection.

- (Staff) The specimen should be collected by a physician (or healthcare worker) assisted by one nurse. The physician must wear personal protective equipment (such as Level-D protection suits) and remain seated when collecting the specimen.
- (Collection method) In principle, both nasopharyngeal and oropharyngeal swabs are collected and stored in a single virus transportation medium. Upon completing the collection, staff will call in the associated testing institution for specimen transportation.
- (Storage) The specimen should be properly packaged and stored after being collected.
 - After the collection process is completed, a staff member wearing Level-D personal protective equipment will disinfect the specimen container and put it into a plastic bag while avoiding its contact with the surroundings. Label it if necessary.
 - The plastic bag covering the specimen container should be sealed securely for safe storage.
 - The specimen is transferred to the testing institution, being protected by three-tier container storage (innermost container, middle container, outer container).
- Management of meals
 - Meals are provided to each room three times a day in a disposable food tray.
 - Residents should have meals within their room.
 - Potable water is provided to each room.
- Education on personal hygiene
 - Each facility will offer education on good personal hygiene practices such as thorough hand washing and cough etiquette, upon the arrival of each resident.
 - Residents should be aware that masks must be worn at all times when they leave their personal space. When a meal delivery or cleaning worker enters the room, everyone outside and inside the room must wear masks.
- So forth
 - In principle, all facility residents must stay in their own rooms all the time. Nevertheless, it will be allowed for them to leave their room for activities absolutely necessary for medical examinations and screening, such as seeing healthcare workers. Even in this case, however, the movement of residents must be restricted to within the buildings.
 - Consumption of alcoholic beverages, smoking, or making excessive noise is prohibited during the stay in the facility.
 - In the event of a fire, residents should immediately call a staff member and evacuate following the staff's instructions.

| 5 | Discharge Policy in Temporary Testing Facilities

- Overseas entrants confirmed as positive will be transferred based on the severity to a hospital (moderate-to-severe cases) or to Residential Treatment Center (mild cases) for treatment and healthcare.
- In cases of entrants who test negative, ① foreign nationals with long-term stay status who has a place of domestic residence* will be placed under 14-day self-quarantine at their place of residence and ② those exempt from quarantine will go into 14-day reinforced active monitoring**.

* Those who cannot be quarantined at their place of residence should be (1) placed at quarantine facilities designated by each upper-level local government to care those who had contact with COVID-19 patients or (2) put under reinforced active monitoring. The decision shall be made by each local government in consultation with the Self-Quarantine Team of the MOIS.

** They should enter information about their health conditions into the self-diagnosis mobile application and report their status by phone on a daily basis.

- Information on passengers who are to undergo self-quarantine will be made available to local governments through KCDC's Integrated Disease Information System.

- **(Self-quarantine) The quarantine notice will be issued by a head of the public health center which has jurisdiction over the passenger's place of residence. Also, to ensure full compliance with the quarantine rule and prevent possible deviation, a designated municipal official will communicate with the passenger under self-quarantine on a one-on-one basis and assist with provision of living support.**
- **(Active monitoring) Entrants must record information on their health conditions into the self-diagnosis mobile application for 14 days, and the designated public official will conduct monitoring by phone on a daily basis.**

- All entrants who leave the facility for self-quarantine will be guided to wear masks and receive explanations on the rule of self-quarantine, etc. at the time of discharge.
- The transport services are provided for all entrants who are discharged from the facility. They will use a chartered bus (arranged by the MOIS, Ministry of Health and Welfare, and National Police Agency) to get to the nearest terminal or station. Leaving the facility using a private car escorted by a guardian or visitor is also allowed.

However, facility residents are prohibited from leaving the facility individually unescorted. Strolling around the facility or entering nearby eateries/restaurants is also banned strictly.

| 6 | Management of Staff

- Personal protective equipment should be made accessible for and readily used by all staff members to control infection and protect the health and safety of staff members.
- All staff must wear personal protective equipment (face masks and gloves) at all times while on duty within the facility.
- Thorough education on infection prevention and hygiene management should be provided for all staff members.
- After the completion of their frontline services, any healthcare workers or operation staff members who are concerned with their own health due to contact with confirmed cases are eligible for a free diagnostic test upon their request.

| 7 | Measures for Potential COVID-19 Cases and Accidents

- If a confirmed case is identified* in the temporary living facility, healthcare staff on site will perform an epidemiological investigation of the patient's symptoms, underlying health conditions, etc. and assess their severity.

* If the resident's diagnostic testing shows "inconclusive," he/she should receive another diagnostic test and wait for a result while staying in the facility.

- If the patient's symptoms are mild, he/she will be transferred to a Residential Treatment Center*. Facility operation staff should arrange smooth transition through continuous communication with officials working at Residential Treatment Centers.

* There are officials in charge of patient management at the Residential Treatment Center Bureau under the Central Disaster Management Headquarters, who are responsible for placement of patients in the country's residential treatment centers.

- If the patient's symptoms are moderate or severe, a transfer to a hospital and an allocation of a bed should be arranged. For this, facility operation staff will have the Epidemiological Investigation Report filled out and deliver it to both the public health center with jurisdiction over the patient's place of residence* and local officials who take charge of bed allocation in their upper-level local districts.

* If the patient's place of residence is unidentified or if no bed is available, the public health center nearest to the facility should be contacted.

- The facility manager will decide on the proper mode of transportation (from options ranging from a public health center's ambulance, an emergency healthcare institution's vehicle to 119 national emergency service, etc.) and carry out the transfer.
 - A patient scheduled to be transferred must stand by in his/her room until the time of transfer.
 - During transfer, it is strictly required that the transferred patient keep wearing a face mask.
 - In addition, the facility's healthcare manager should keep the KCDC Emergency Operation Center updated about the situation regarding a confirmed case in the facility.
 - When the patient is transferred to a Residential Treatment Center, the healthcare manager should send the following paperwork to the Residential Treatment Center staff: the patient's health condition questionnaire, basic epidemiological investigation report, and Declaration on the Confirmed Case.
- * The required documents should not be given to the patient, as the documents may become contaminated. Make sure to have the transfer staff (ambulance paramedics, etc.) deliver them to the Residential Treatment Center staff.
- ** Patient registration will be carried out by the local public health centers with jurisdiction over the Residential Treatment Center.

| 8 | Management of Guardians, etc

- In principle, guardians, caregivers or visitors are prohibited from entering temporary living facilities.
 - The facility will give residents and their caregivers advance notification of the restriction and seek understanding that it is part of an effort to prevent the spread of infection within communities.

| 9 | Cleaning and Disinfection Management

- Keep a disinfection ledger on site.
 - The format of the ledger may be designed freely by each facility, but must include necessary information such as the time and method of disinfection (type of disinfectant used and procedures) and the objects disinfected (spaces, equipment, devices, etc).
 - If the facility's floor is carpeted, entrust its disinfection to a professional service provider for proper disinfection, or carry out steam (high temperature) sterilization.
 - Spaces and surfaces frequently touched by facility residents, such as corridors and

elevators, must be disinfected with wipes for environmental disinfection (or cotton pads sprayed with alcohol disinfectants).

- If a confirmed case occurs within the facility, the room occupied by the patient must be disinfected by a professional disinfection service provider.
 - Personal protective equipment must be worn before cleaning and disinfection.
- * Disinfection workers must wear a full-body protective suit, hygiene masks (KF94 or its equivalent), goggles, disposable gloves, boots, etc.
- Disinfection of contaminated walls, electric cords, switches, door knobs, bed, bed linen, wash basin, toilet, etc., must be thoroughly carried out and sufficient ventilation is necessary after disinfection.
- Staff must use environmental disinfectants as guided.
 - They must follow the dilution ratios, contact time, and other precautions.
 - ▶ It is advised to hire a professional disinfection service provider for the disinfection of rooms before a new resident enters and after all the residents are vacated.

| 10 | Waste Disposal

- All facilities must separately collect general waste and medical waste and dispose of them safely in collaboration with public health centers and municipal officials in charge of environment management.
- All workers handling and disposing of waste must wear personal protective equipment.
- Plastic bags or containers exclusively for medical waste, disinfectants, etc., must be made available on the premises to be readily used for workers.
 - (Medical waste from confirmed cases) Waste from confirmed cases (including food waste) should be sealed in plastic bags or synthetic resin containers for medical waste and placed in front of each room, then collected by the staff members in charge and disposed of by companies specialized in waste collection, transportation and incineration.
 - (General medical waste) Waste which is generated from the facility operation and not contacted with confirmed cases should be discarded in plastic bags and corrugated board containers for medical waste and disposed of by companies specialized in waste collection, transportation and incineration.

Reference 1

Interpretation Service for Foreign Facility Residents: Danuri Call Center and BBB Korea

1 Danuri Call Center (1577-1366)

- Interpretation services provided 24 hours a day, available in 13 different languages

| 1 | Overview

- (Purpose) Danuri Call Center is a public service designed to provide interpretation services and helpful information about life in Korea for immigrants and multicultural families. It also offers emergency support and consultation services for migrant women who are victims of domestic violence. The service is available in 13 languages* 24 hours a day, 365 days a year.

* Vietnamese, Chinese, Filipino (Tagalog), Mongolian, Russian, Thai, Cambodian, Japanese, Uzbek, Lao, Nepali, English, and Korean

- (Organization) The call center is operated in 7 different locations* across the country.
 - The central center is located in Seoul, which runs 24 hours a day (in morning/night shifts).
 - The six other centers are located in Seoul, Suwon, Daejeon, Gwangju, Busan, Gumi, and Jeonju. They run from 9:00 to 18:00.

* Services from 18:00 to 9:00 and on national holidays are provided by the central center.

- (Operated by) The public organization “Korea Institute for Healthy Family” is responsible for managing and operating the call center.

| 2 | Major Services

- The center provides interpretation/translation services for everyone in need. It also operates emergency shelters for migrant women who suffer from domestic violence and runs various support programs for vulnerable migrant women to help them find adequate protection facilities.
- It offers consultation services for individuals, husbands and wives, and families; legal counseling; and online counseling (Danuri Call Center's portal site).
- It gathers and provides comprehensive information about living in Korea and available support programs such as multicultural family support projects, Korean language education, and assistance for children of multicultural families.

- There are other useful services offered by the center, such as daily and specialized interpretation services and simultaneous interpretation services for three-way phone calls.

2 BBB Korea’s “3-way call” (1588-5644)

- It is a free interpretation service provided by BBB Korea. A three-way phone call service can be requested to the telecommunications operator(KT), and all telephone charges are billed to the initial caller.
- How to request and use the three-way phone call service:

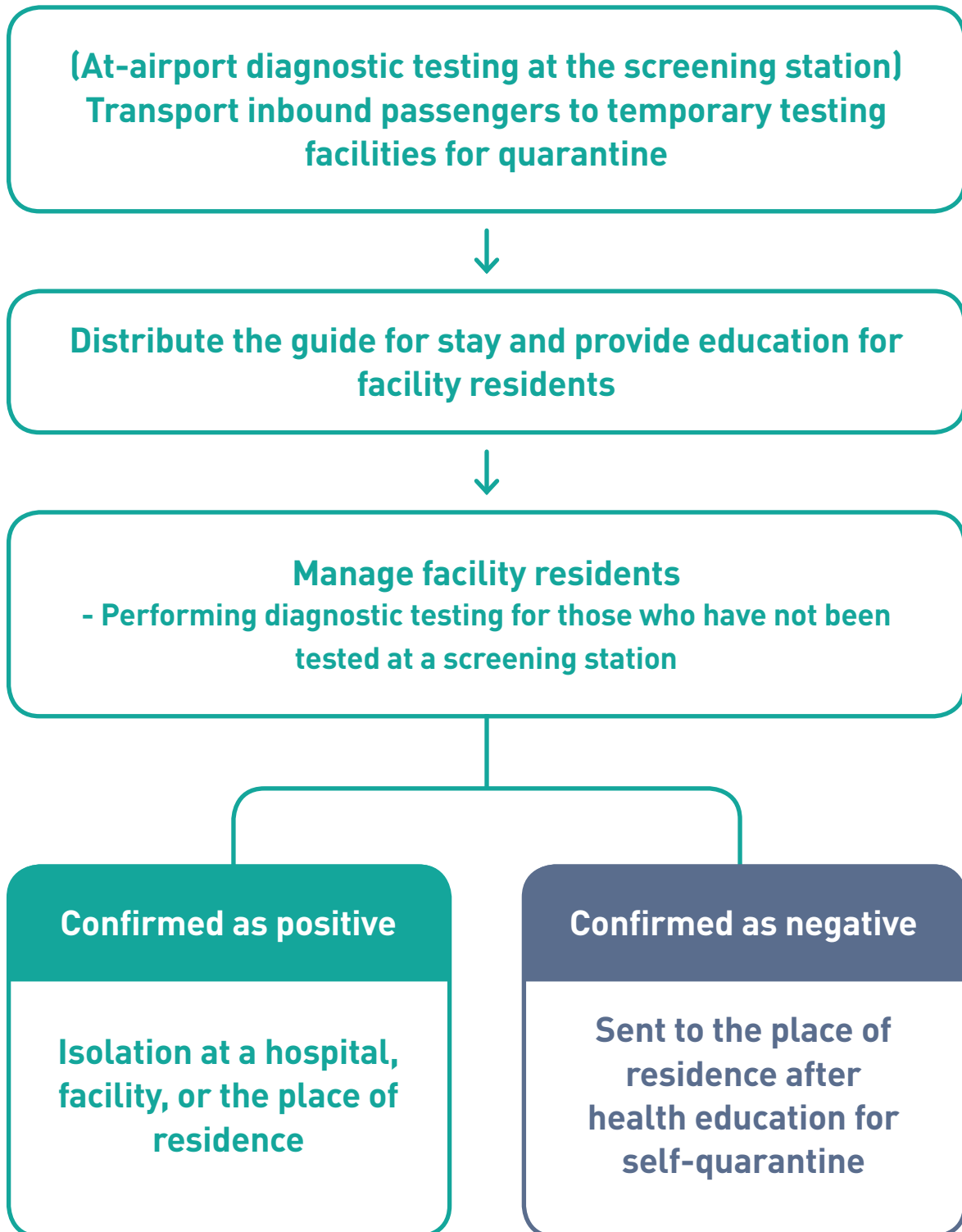
Category	KT		SKT/LG
	How to Request	How to Use	
Office phone	Press 100 (no exchange number) → Press 1 (ARS) → Press 5 (Inquire about Additional Services) → Press 0 (Connect to the Counselor) → Request the three-way phone call service	(Connecting to a third party during a phone call) Press the flash button → Listen to the guidance → Press the telephone number to connect	Service not available
Internet phone			
IP phone			

Interpretation assistance from staff members at local Immigration Offices of the Ministry of Justice capable of interpretation

- (Remote and real-time interpretation) When a chat room for remote self-quarantine management between facility residents and staff members of the local government is created, public officials of the Ministry of Justice can join the chat room when interpretation service is needed and offer assistance.

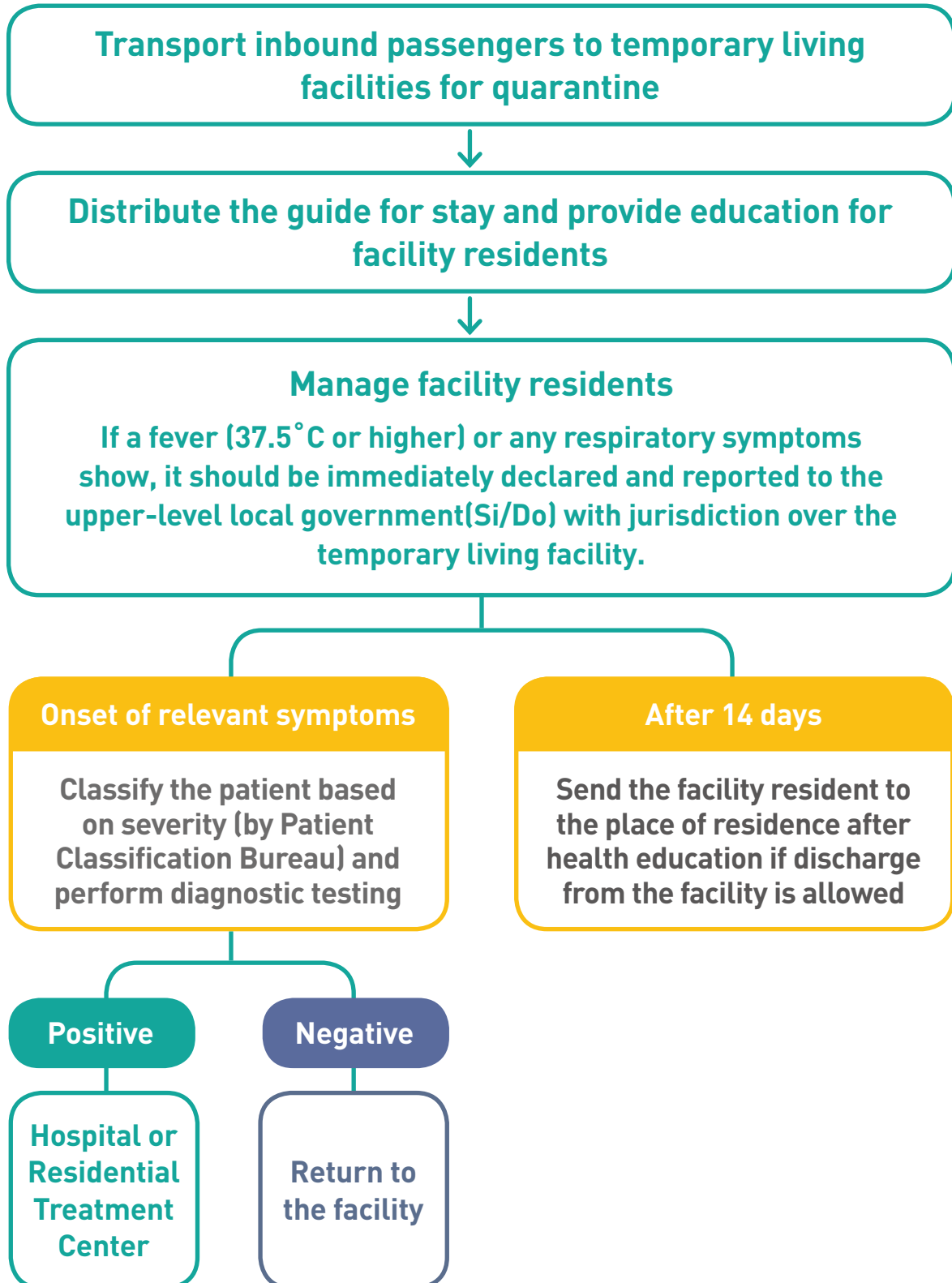
Attachment 1

Flow Chart of the Management of Inbound Passengers at Temporary COVID-19 Testing Facilities



Attachment 2

Flow Chart of the Medical Monitoring System at Temporary Living Facilities



Attachment 3

Code of Conduct for Infection Prevention for Staff Members of Temporary Living/Testing Facilities

| 1 | Code of Conduct for Infection Prevention

- For proper management of living spaces of facility residents, the doors of their rooms should always remain closed while residents are inside.
- Whenever entering the living spaces of facility residents, the staff should always wear personal protective equipment.
- It is important that the rules for putting on and taking off personal protective equipment are thoroughly observed all the time.
- Every staff member should make sure to wash or sanitize hands in the following cases:

- **Before and after coming into contact with facility residents**
- **After touching objects, furniture, etc., near facility residents**
- **Before coming into contact with other patients after coming into contact with facility residents**
- **Immediately after taking off gloves or other types of personal protective equipment**

- If a facility resident is confirmed as positive, keep all the windows in his/her room open for at least an hour for ventilation and conduct disinfection after the room is vacated.
- Waste must be discarded at the designated places only.

| 2 | Healthcare Staff in Charge of Specimen Collection

- (Principle) Healthcare workers in charge of specimen collection who come into contact with confirmed cases while collecting specimens shall not be classified as contacts and not be required to leave work if they are properly protected by personal protective equipment during collection*.

* Specimen collectors should wear a set of personal protective equipment (full-body protective suits, gloves, goggles, and N-95 masks). This may also be applied to healthcare workers who come into face-to-face contact with facility residents for consultation.

- However, dispatched healthcare workers may be required to leave work for a certain period of time at the discretion of the facility head.

| 3 | Staff Dispatched to the Facility (Facility Operating Staff)

- (Principle) The list of operating staff dispatched to work for the facility must be up-to-date, and it is necessary to designate a specific person who is responsible for monitoring health conditions of all operating staff members.

* The manager should record the health conditions of healthcare staff members (personal information, monitoring results, prescribed medication, etc.) for monitoring.

- Health conditions (a fever, respiratory symptoms, etc.) of healthcare staff members are checked at least once a day.
- The manager should continue monitoring their health conditions until all facility residents are discharged.
- Those experiencing abnormal conditions should consult healthcare professionals stationed at the facility and be handled in accordance with COVID-19-related guidelines when relevant symptoms show (a fever, respiratory symptoms, etc.).
- Those who come into contact with confirmed cases (conversations, etc.)* while properly wearing personal protective equipment (N-95 masks and gloves) shall not be classified as contacts and not be required to leave work**.

* Activities of indirect contact such as meal service, clinical record review, and distribution of supplies do not apply.

** However, staff members dispatched to the facility may be required to leave work for a certain period of time at the discretion of the facility head.

- (Personal protective equipment) N-95 masks and gloves must be worn in all spaces exposed to facility residents except for the floor dedicated to the accommodation of dispatched staff members*.

* The area for putting on and taking off personal protective equipment must be designated separately. For example, staff members should be required to take off personal protective equipment at the midpoint in the stairway between the first and second floors and wash hands thoroughly.

Attachment 4

Cleaning and Disinfection of Facilities at Normal Times and After the Detection of Infection

- (The resident's room) Each facility resident shall maintain good personal hygiene and responsible for cleaning his/her own room.
- (Corridors) Corridors are cleaned on a regular basis with environmental disinfectants used by disinfection service providers.
 - * It is advised to clean corridors once a day, but the frequency may be adjusted in accordance with the on-site conditions.
- (Rooms of the patient confirmed with COVID-19)
 - ① Disinfection workers must wear personal protective equipment*.
 - * Full-body protective suits, face masks, goggles, gloves, etc.
 - ② The room should be disinfected as it is, without any change being made regarding its articles*.
 - * The disinfectant solution can be made with any disinfectant used for infection prevention/control.
 - ③ Leave the windows open for ventilation after disinfection.
 - ④ Wipe all surfaces touched by the resident confirmed with the virus (doorknobs, wash basins, tables, chairs, toilet flush handles, etc.) with environmental disinfectants*.
 - * The disinfectants of infection control companies may be used.
 - * The survival time of the coronavirus on the surface of an inanimate object has not yet been established, but it is known to be around 3 hours under normal circumstances. As such, the facility may be reused 6-12 hours after the completion of disinfection.
- (Disinfection of vacated rooms)
 - The entire section of the room must be disinfected after each use. The disinfection should follow the procedures for the disinfection of rooms occupied by confirmed cases.

Attachment 5

Guidelines on the Prescription of Medication for Residents of Temporary Living Facilities

| 1 | Prescription

- If a facility resident is in need of the medication he/she has taken on a regular basis, it may be prescribed in one of the three ways* as follows:

* Prescription of medicine by a doctor stationed in a temporary living facility (which is a non-medical institution) and prescription via a phone call are both in principle prohibited in Korea, but these restrictions are temporarily lifted under the exceptional COVID-19 circumstances according to the relevant provisions of the Medical Service Act.

- First, healthcare professionals stationed at the temporary living facility can examine the facility resident in person and have the medicine prescribed in writing.
- Second, the facility resident can request his/her regular physician at a hospital to issue the prescription via a direct phone call.
- Lastly, medication can be prescribed and prepared by someone else such as a caregiver (immediate family member, etc.).



Legal conditions to collect someone else's medication

- (Conditions) All the following conditions should be fulfilled: ① The patient has been treated for that same medical condition on a continual basis, ② the same prescription has been issued over an extended period of time, and ③ the healthcare professional recognizes the safety of the medication prescribed to that patient.
- (Scope of vicarious recipient) It should be pursuant to Article 10.2 (Extent of Vicarious Recipients) of the Enforcement Decree of the Medical Service Act.
- (Required documents) They should be pursuant to Article 11.2 (Method of Receiving Prescriptions by Proxy) of the Enforcement Rule of the Medical Service Act.

| 2 | Preparation and Delivery of Medication and Its Payment

- (Preparation and delivery of medication)
 - In the first and second cases, the temporary living facility sends the prescription to the pharmacy via email or fax, and an administrative staff member of the facility, etc. receives and delivers the medication for the patient.
 - In the third case, the caregiver of the facility resident brings the prepared medication to the facility, and the medication is delivered to the facility resident through an administrative staff member.
- (Expenses) Cost of receiving the prescription and having it filled will be borne by the recipient.
 - * It will not be covered by government funding because the prescription does not bear a direct relationship to COVID-19 treatment.