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The Permanent Mission of the Republic of Korea to the United Nations and Other International Organizations in Geneva presents its compliments to the Office of the United Nations High Commissioner for Human Rights (OHCHR) and has the honor to transmit herewith the response of the Government of the Republic of Korea to the Joint Communication from Special Procedures (AL KOR 1/2021).

The Permanent Mission of the Republic of Korea to the United Nations and Other International Organizations in Geneva avails itself of this opportunity to renew to the Office of the United Nations High Commissioner for Human Rights (OHCHR) the assurances of its highest consideration.

Geneva, 7 April 2021

Office of the United Nations High Commissioner for Human Rights (OHCHR)

Palais des Nations, CH-1211 Geneva 10, Switzerland



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## Written Response to the Letter by the Special Rapporteur on the Rights of Persons with Disabilities of the UN Human Rights Council

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### ☐ Overview

- The government of the Republic of Korea remains respectful of the human dignity and human rights of persons with disabilities and strives to reflect this in every aspect of our policy process. It is also committed to building diverse forms of partnerships with relevant organizations and human rights institutions. Despite such efforts, many points requiring improvement have been identified regarding our response to the COVID-19 cluster infection at Shina Rehab Center, and we understand your concern about this issue expressed through your letter. We would like to inform you that we are aggressively taking action to improve the human rights conditions of persons with disabilities, particularly the “deinstitutionalization of persons with disabilities” as witnessed in the Shina Rehab Center incident, in cooperation with relevant human rights organizations and private institutions. Below are detailed explanations for some of the issues raised in your letter, which require the relevant facts to be established correctly.

□ Facts about Our Measures for Shina Rehab Center Residents

- Shina Rehab Center, which is a residential facility for persons with disabilities located in Songpa-gu, Seoul, had 117 residents and 67 employees as of December 25, 2020.
- A total of six new COVID-19 cases (two residents and four employees) were identified on December 25, 2020. As soon as these cases were identified, staff members from the local public health center with jurisdiction over the center were stationed on site, and they conducted seven rounds of comprehensive diagnostic testing of all residents and employees. As a result of the first five rounds, 76 (56 residents and 20 employees) were confirmed as positive on January 4, 2021. (No new cases were detected in the sixth and seventh rounds.)
- The Songpa-gu Office, the local government with jurisdiction over the center, immediately evacuated one of the center's three buildings to be used to separately accommodate confirmed cases and their close contacts. The confirmed cases were transferred to hospitals dedicated to infectious disease treatment and Residential

Treatment Centers nine times from December 26, 2020, to January 5, 2021. In summary, the final new cases at Shina Rehab Center were identified on January 4, 2021, and the transfer of all of the confirmed cases was completed on January 5, 2021.

- From January 7 to 11, Songpa-gu Office transferred the residents who did not test positive to a temporary quarantine facility (Hotel Skypark) operated by Seoul Metropolitan City, and completed the disinfection of the entire center by January 13, 2021.
- Based on the COVID-19 Response Guidelines for Local Governments (hereinafter referred to as the "Guidelines for Local Governments"), the quarantine period should be "14 days from the date of the final contact with a confirmed case". Seoul Metropolitan City released the 16 residents who were under quarantine until January 7, 2021 as close contacts of the confirmed cases identified on December 25, 2021, and approved their return to the center on January 14, 2021.
- Considering the fact that the last day of any possible contact between uninfected residents and confirmed cases was January 5, 2021, the final date of release from quarantine was set as January 19, and the residents' and employees' release from self-quarantine and return to

the center were carried out accordingly.

- The government has taken the Shina Rehab Center incident very seriously and spared no effort to resolve it from the very beginning. Officials of the Ministry of Health and Welfare visited the center on December 30, had emergency response meetings with officials from Seoul Metropolitan City and Songpa-gu Office, recommended to separate uninfected residents immediately, and discussed ways to secure beds for transferred patients and spaces to quarantine close contacts.
- On January 5, 2021, the Vice Minister of Health and Welfare visited the Songpa-gu Office to urge prompt measures and held talks with the Korea Association of Welfare Institutions for Persons With Disabilities together with Seoul Metropolitan City and Songpa-gu Office. The Director General for Policy for Persons with Disabilities of the Ministry of Health and Welfare visited an organization for persons with disabilities on the same day and shared the latest developments of the incident.
- Integrating residents of facilities for persons with disabilities into local communities must be implemented with sufficient training and detailed plans. As such, we believe it is not desirable to view this

temporary discharge from the center due to the pandemic as a trigger for deinstitutionalization on impulse.

- Currently, 10 Shina Rehab Center residents are hired for jobs for persons with disabilities provided by the government or working at private workplaces and commute every day, 14 are taking part in educational programs to move into local communities, and 35 are engaging in work experience programs at a protected facility affiliated with the center. As a temporary measure for the prevention of the spread of COVID-19, 10 of the temporarily discharged uninfected residents who wished to be placed in another location, are living at a separate facility provided by the center with the assistance of four employees.
- Seoul Metropolitan City and Shina Rehab Center are sharing these developments with relevant organizations promoting deinstitutionalization, etc., and jointly seeking ways to improve the living conditions of persons with disabilities and assist their inclusion into local communities.

- General Response to the COVID-19 Confirmed Cases at Residential Facilities for Persons with Disabilities

- The government has prepared the Guidelines for Local Governments, which prescribe the principles for each local government's response system, epidemiological investigations, response regarding different targets and situations, and infection control/prevention measures, under the leadership of the Korea Disease Control and Prevention Agency pursuant to WHO's guidelines. To better cater to the needs of persons with disabilities, we are separately operating the Infectious Disease Response Manual for Persons with Disabilities (hereinafter referred to as the "Manual for Persons with Disabilities") enacted by the Ministry of Health and Welfare in June 2020 (refer to Attachment 2).
- Pursuant to the Guidelines for Local Governments, severe cases identified at group facilities must be transferred to hospitals and their close contacts must be put under self-quarantine. However, if it is not feasible to transfer them to hospitals or put them under self-quarantine, they should be placed under single person room isolation or cohort isolation.
- Pursuant to the response guidelines for residential facilities in the Manual for Persons with Disabilities, residential facilities must secure independent spaces in preparation for the event of one or more

COVID-19 confirmed cases and have such spaces confirmed by the local government in charge. They must also remain networked with temporary quarantine facilities, nearby Residential Treatment Centers, and local hospitals preemptively in case of lock down due to the confirmed cases within the facility.

- The government has classified persons with disabilities as a group vulnerable to the infectious disease during the infection control/prevention process and implemented policies to actively protect them from COVID-19.
- We have produced pictures and boards for augmentative and alternative communication for assisting the communication activities of persons with disabilities, operated the sign language interpretation center, and designated hospitals dedicated to serving persons with disabilities. We have also made "activity assistant support" service available for up to 24 hours a day to help persons with disabilities who have difficulty performing daily activities under quarantine or isolated treatment.
- To prevent the community transmission of COVID-19 and reinforce the protection of welfare facilities for persons with disabilities, the Response Measures for Vulnerable Groups including those with



Underlying Diseases, Senior Citizens, and Persons with Disabilities were announced on February 16, 2020. Based on these measures, visits to such facilities are restricted, all visitors are required to sign in, and a separate space has been secured for visitors to meet with residents. Also, all users and visitors are required to wear a mask and sanitize their hands, and all residential facilities for persons with disabilities are obligated to disinfect on a regular basis.

- From January 2021 onwards, all facility employees are required to undergo a PCR test once a week to block external sources of infection. All testing costs are covered by the government.
- We would like to emphasize that these measures are intended to protect persons with disabilities who are more vulnerable to infection from community transmission, rather than preventing the transmission of the virus from such facilities to the local communities.
- In addition, Korean society as a whole has been actively abiding by the government's social distancing measures, which restrict the number of people allowed for private gatherings such as weddings and funerals and for religious activities. The public is well aware that such measures are designed to protect their daily lives and is voluntarily participating in these changes.

- We would like to provide important facts regarding the cohort isolation of residential facilities for persons with disabilities as mentioned in your letter. Cohort isolation is implemented for healthcare institutions that experienced an event of one or more confirmed cases. It refers to the act of "isolating multiple patients exposed to or infected with the same pathogen in a single room". It is not normally recommended as an infectious disease control and prevention measure and is implemented as an exception when negative-pressure units are in short supply. It can be used to separate confirmed cases, their close contacts, and non-contacts from one another when confirmed cases identified at group facilities cannot be transferred to isolation facilities due to unavoidable reasons. We must clarify that it is not a measure that shuts down such facilities regardless of an event of COVID-19 infection. We must also argue that the return of the residents to Shina Rehab Center does not constitute the resumption of "cohort isolation".
  
- "Preventive cohort isolation" mentioned in the letter was implemented by the provincial government of Gyeongsangbuk-do in February 2020 when a surge in new cases was witnessed in Daegu and Gyeongsangbuk-do due to the Shincheonji Church. This action was taken to prevent virus transmission by facility employees who

commute between their homes in local communities and residential facilities for persons with disabilities.

□ The Implementation of Article 19 (Living Independently and Being Included in the Community) of the Convention on the Rights of Persons with Disabilities

○ The government included "deinstitutionalization and creation of the living environment to facilitate the integration of persons with disabilities into local communities" in the 100 state projects of the Moon Jae-in administration as an extension of its effort to build an inclusive society where the human rights of persons with disabilities are ensured.

○ In this context, we established the 5<sup>th</sup> Comprehensive Policy Plan for Persons with Disabilities (2018-2022) and included "deinstitutionalization and reinforcement of housing assistance" in the 22 tasks of focus. We also launched the Private-Public Council for Deinstitutionalization and Self-Reliance of Persons with Disabilities

(2017) to promote the public's interest in and build consensus on relevant policies.

- At the same time, we conducted basic research including the Study on Measures to Support Deinstitutionalization and Self-Reliance of Persons with Disabilities and Provide Housing Assistance (2018), the Study of Measures to Improve Residential Facilities for Persons with Disabilities (2020), and How to Build an Integrated Community-Level Care Model for Persons with Disabilities (2020).
- This year, we established an organizational unit in charge of policies for the deinstitutionalization and integration of persons with disabilities into local communities within the Ministry of Health and Welfare, which plans to release the Roadmap for the Integration of Persons with Disabilities into Local Communities and Support for Their Self-Reliance by this August.
- We launched a public-private council consisting of experts in relevant fields this March, and have prepared for the amendment of the Act on Welfare of Persons with Disabilities to develop the legal grounds for deinstitutionalization and self-reliance support policies. The gist of the amendment is to define the obligation of the state and local governments to promote policies for the deinstitutionalization and self-

reliance of persons with disabilities; provide services for self-reliance in the community such as housing, healthcare, and welfare; and reinforce the policy delivery system.

- We plan to establish the Central Support Center for the Integration of Persons with Disabilities into Local Communities in July of this year to craft a deinstitutionalization model and provide policy support by offering consultation for local governments' projects, developing standard manuals, etc.

- COVID-19 Vaccination for Residential Facilities for Persons with Disabilities, Etc.

- Regarding COVID-19 vaccination, the government classified welfare facilities for persons with disabilities (both residential and day care facilities), specified in Article 58 of the Act on Welfare of Persons with Disabilities, as "facilities vulnerable to COVID-19 infection" and plans to perform vaccinations for residents, users, and employees of such facilities from this April. In Korea, COVID-19 vaccinations began in February 2021. In Q1 (February-March), vaccinations were

performed for 1) frontline essential workers including infection control/prevention workers and healthcare workers and 2) high-risk groups such as patients, residents, and employees at sanatoriums and nursing homes. In summary, the timeline to begin vaccinations at facilities for persons with disabilities in April shows that persons with disabilities are a high priority in relation to the COVID-19 response.

- To protect students and children with disabilities from COVID-19 infection, we plan to perform COVID-19 vaccinations from April onwards for personnel of special needs schools, classes, and support centers; personnel of day care centers dedicated to children with disabilities; and personnel of integrated day care centers for children with disabilities. Furthermore, from this June, caregivers for daytime activities of persons with developmental disabilities, after-school activities of students with disabilities, and mobility assistance will be vaccinated to protect persons with disabilities who are more vulnerable to infection and likely to develop severe cases once infected.

## V. Epidemiological Investigations

### 4. Epidemiological Investigations of Group Facilities and Healthcare Institutions

#### C. Actions to Be Taken

##### ○ Performing Risk Assessment and Determining Management Methods

- Infection control officials or epidemiological investigators of metropolitan city/provincial governments assess exposure, facility/environment conditions, and workforce based on on-site investigation findings and establish management plans accordingly.

·(Risk assessment) Period, extent, and intensity of exposure

·(Contact assessment) Age, underlying diseases, and capacity to lead a self-reliant life

·(Facility assessment) Availability of spaces within the facility to isolate confirmed cases

and their contacts

·(Facility's operating capacity) Workforce to manage confirmed cases and their contacts and infection control/prevention capacity

- Risk is assessed and patients and their contacts are managed to minimize additional transmission and any increase in severe cases.

- The monitoring system and facility management measures are established.

\*Management of contacts within and outside of the healthcare institution; management of patients, caregivers, staff members, etc.; management of visitors; environmental disinfection; infection control/prevention improvement; strategies to block the community transmission of the virus, etc.

- Management methods\* are determined through discussions with the Regional Disease Response Center and/or Central Disease Control Headquarters when deemed necessary.

\* Whether to shut down the areas exposed to infection (emergency center, patient wards, outpatient facilities, testing facilities, etc.), extent of the areas for shutdown, actions to be taken, etc.

Example) Procedures for Exposure Risk Assessment and Management Planning			
Action	Details	Time	By
1. Primary exposure risk assessment	High, medium, or low based on the following 5 items ① Time of exposure ② Place of exposure ③ Specific situation ④ Scale of exposure ⑤ Traits of the individual exposed	Same day	Participating institutions of the joint meeting



2. Management method	① Facility: Extent and period of shutdown ② Those exposed - Testing: Comprehensive testing, tracing, release from quarantine - Symptom monitoring: Active and passive (=health education) - Quarantine: Self-quarantine and facility quarantine (single person and cohort) ③ Support plan: Healthcare workers, healthcare facilities, patient transfers ④ Measures to manage and share information with the relevant local government ⑤ Extent, time, and method of disclosure to the media		
3. Control situation monitoring	① Developments (testing, transfers, etc.) ② New cases	1 day or more	
4. Exposure risk reassessment	① To be determined after discussing the time, place, and targets		
5. Infection interim report	If no additional new cases are identified for seven days after the last confirmed case	Within seven days	Author to be decided
6. Infection closing report	If no additional new cases are identified for 14 days after the last confirmed case	Within 14 days	Author to be decided
* The above may be adjusted in accordance with the conditions of local governments and facilities.			

### ○ Confirmed Case Management

- The public health center with jurisdiction classifies additionally identified contacts.
- Confirmed cases under management are discharged from isolation when assessed to be fulfilling the preset criteria.

### ○ Contact Management

- The public health center with jurisdiction issues quarantine notifications to contacts of confirmed cases and provides health education and self-quarantine kits.

\* When taking immediate action is deemed necessary, the public health center that first identified contacts of confirmed cases may directly notify them by phone, text messages, etc., and perform diagnostic tests.

- After the delivery of the quarantine notification, the quarantine notification receipt must be signed by the recipient and stored.

### **[Format 3] Hospitalization/Quarantine Notification, [Format 4] Quarantine Notification Receipt**

- The data manager of the metropolitan city/provincial government must report the developments via the Integrated Disease and Health Management System until the case is closed.

\* The completion of quarantine/isolation must be entered into the Integrated Disease and Health Management System.

- The operation of the metropolitan city/provincial Immediate Response Team comes to an end when no additional cases are identified among the contacts of confirmed cases after their latent period is over.

### ○ When the possibility of additional new cases is projected

- When confirmed cases are identified among inpatients, when confirmed cases are

identified among group facility residents, and when extensive exposure\* during the latent period is identified

\*Presence at multiple healthcare institutions or group events

#### Summary of Additional Actions to be Taken for Different Situations

Situation	Facility/Environment Management	Contact Management	Workforce Management
<b>Hospitals</b>	<ul style="list-style-type: none"> <li>• Consideration of temporary shutdown of ward (hospital)</li> <li>• Environmental investigation (inspection)</li> <li>• Disinfection and reopening</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatients isolated in a single person room or placed under cohort isolation</li> <li>• Healthcare workers placed under self-quarantine</li> </ul>	Stationing of alternative workforce
<b>Group Facilities</b>	<ul style="list-style-type: none"> <li>• Consideration of temporary shutdown of facility</li> <li>• Environmental investigation (inspection)</li> <li>• Disinfection and reopening</li> </ul>	<ul style="list-style-type: none"> <li>• Severe cases transferred to hospitals</li> <li>• Contacts placed under self-quarantine</li> <li>※ <u>To be isolated in a single person room or placed under cohort isolation when hospitalization or self-quarantine is not feasible</u></li> </ul>	Stationing of alternative workforce
<b>Extensive Exposure</b>	<ul style="list-style-type: none"> <li>• Facility-specific exposure assessment</li> <li>• Regulation and disinfection</li> </ul>	<ul style="list-style-type: none"> <li>• Preparation of cooperation system for the identification and management of contacts of confirmed cases (with police, fire stations, etc.)</li> </ul>	-

\*To be determined after the assessment by metropolitan city/provincial epidemiological investigation officers or infection control officers

☞ **Refer to the Management Guidelines for Healthcare Institutions Where COVID-19**

#### **Confirmed Cases Are Identified (March 10, 2020)**

☞ **[Appendix 7] Cohort Isolation Method**

- How to Determine the Extent and Method of Group Facility Isolation

- **(Extent)** Designating the zones for isolation (by floor, area, or building) through risk assessment (infectivity, activity patterns, and movements of confirmed cases; extent\* and number of their contacts; etc.)

\* Criteria: Clinical conditions of patients (whether respiratory symptoms and pneumonia were identified), whether patients and their contacts were wearing masks, characteristics of the space exposed (air conditioning, ventilation, sectional division, etc.), length of stay, purpose of the space exposed, transportation means used (elevator, etc.), etc.

- **(Method)** Determining whether to perform single person room isolation or cohort isolation based on the characteristics of the spaces accessed by and movements of confirmed cases and the infection control/prevention capacity of the healthcare institution

- Group facility shutdown

- The infection control officer of the local government with jurisdiction over the facility determines whether to shut down the facility (as a whole or a part) based on the infection risk and the scale of isolation.

- When it is not feasible to transfer confirmed cases to hospitals

- The management plan is established in collaboration with infection control experts.
- Patients are placed under single person room isolation or cohort isolation within the living hall (zone) separated (independent) from the common living zone.

- Contact management within the facility

- If contacts are self-reliant, they are placed under self-quarantine. If not, they are quarantined within the facility.
- Each contact should be put in a single person room. However, other methods to minimize transmission, such as cohort isolation, may be applied based on on-site conditions.
- The display of fever, respiratory symptoms, diarrhea, etc., is monitored twice a day.
- Management of healthcare workers within the facility and discharge of contacts
- Healthcare workers dealing with patients, including caregivers, under cohort isolation are required to stay in a separate space and are subject to measures to minimize transmission.
- Contacts, including patients, guardians, and long-term caregivers, who wish to be discharged may be discharged upon the approval of a physician. They are placed under self-quarantine upon discharge until 12:00 of the 14<sup>th</sup> day from the date of discharge. They can move to the place of self-quarantine using their own cars, on foot, or by an ambulance of the local public health center or the emergency telephone number 119.

\* The head of the institution from which contacts are discharged is required to report all related details and developments to the local public health center in charge. The said public health center must take necessary measures to track and manage them as those subject to self-quarantine.

- Release from quarantine and facility reopening
- (Decision to release from quarantine) No additional new cases are identified, and the quarantine period of all contacts has lapsed.
- (Facility reopening) The metropolitan city/provincial Immediate Response Team decides on facility reopening after checking the actions to be taken based on the infection control/prevention plan.

## **VI. Response Measures**

### **5. Response Measures for Those Under Self-Quarantine**

#### **A. Those Subject to Self-Quarantine**

- Those who have come into contact with or are suspected of coming into contact with confirmed cases, suspected cases, and pathogen carriers (e.g., infectious disease patient).
- Contacts are identified through epidemiological investigations by the city/county/district public health center and the metropolitan city/provincial Immediate Response Team.
- Contacts may include those identified through reporting and monitoring in

addition to those identified through epidemiological investigations.

- Those who have stayed in or stopped by an area requiring quarantine inspection or an area requiring intensive quarantine inspection specified under Subparagraphs 7 and 8 of Article 2 of the Quarantine Act and are suspected of being infected
- Those who are suspected of being infected due to exposure to risk factors, such as pathogens

## B. Self-Quarantine Procedures and Method

♣ Legal grounds: **Article 41 (1) and (2) and Article 42 (2) of the Infectious Disease Control and Prevention Act and Article 23 and Attached Table 2 of the Enforcement Decree of the same Act**

※ **Refer to the Guidelines on the Management and Operation of Temporary Quarantine Facilities (Testing Facilities) for Inbound Travelers for inbound travelers subject to facility quarantine and the Guidelines on Infectious Disease Control for Quarantine Facilities for Contacts for contacts of confirmed cases subject to facility quarantine.**

### 1) Self-Quarantine Procedures

- Once suspected cases requiring self-quarantine are identified, the head of the

local public health center with jurisdiction shall notify\* them and regularly monitor their condition.

- \* To issue and deliver the self-quarantine notification, to have the quarantine notification receipt signed and stored, to perform health education, to distribute the self-quarantine kit, etc.
- \* When taking immediate action is deemed necessary, the public health center that first identified suspected cases may directly notify them by phone, text message, etc., and perform diagnostic testing.

- The period of self-quarantine is 14 days from the date of the last contact with a confirmed case, etc., or the date of entry from overseas, but may follow the period specified in the self-quarantine notification.

👉 **[Format 3] Hospitalization/Quarantine Notification, [Format 4]**

## **Quarantine Notification Receipt**

### **2) Self-Quarantine Method**

- Each individual must stay alone in a space equipped with a separate shower and toilet during self-quarantine. However, persons with disabilities\*, infants and children, and others requiring assistance may be quarantined with their co-living caregivers.

👉 **Persons with disabilities shall be subject to the 1<sup>st</sup> edition of the Infectious Disease Response Manual for Persons with Disabilities (June 24, 2020, Ministry of Health and Welfare).**



### **Quarantine of Children with Their Caregivers**

※ Applied only to children 8 years of age or younger or in second grade or below

- **When infants and children are subject to self-quarantine, notify the following to their caregivers in advance before issuing the self-quarantine notification and get their consent.**

① One of the household members may be placed under quarantine together with the child.

② The household member under quarantine together with the child (hereinafter referred to as the "The Person under Quarantine Together") is subject to the same regulations applied to those placed under self-quarantine.

③ The Person under Quarantine Together is required to choose one among the two financial aid options: living expense aid for the child's household or paid leave for the Person under Quarantine Together.

- A Self-Quarantine Notification should be delivered to both the child and Person under Quarantine Together, and a signed receipt should also be collected from each.

☞ **[Format 4] Quarantine Notification Receipt (for local governments),**

**Quarantine Notification Receipt (for those under quarantine together)**

○ Those under self-quarantine must not leave the place of self-quarantine at any time.

However, they are instructed to contact the public health center with jurisdiction in advance when required to leave the place due to unavoidable reasons, such as to comply with an investigation or visit a doctor.

- No visitors are allowed in the place of self-quarantine. However, emergency visits due to unavoidable reasons are allowed.
  - (Unavoidable reasons) Repair services viewed by the head of the local government as requiring home visits for items critical for self-quarantine conditions, such as heating, gas, and water supply and drainage
  - (Procedures) Those under self-quarantine request approval of the local government for the home visit service. → The local government gives approval. → The local government provides guidance on infection control/prevention requirements\* to both those under self-quarantine and those offering the home visit service
- \* Distancing (waiting in a separate space during the home visit service and contact-free payment through bank transfers), mask wearing (KF-94-level masks), ventilation and disinfection of the house, etc.
- Those under self-quarantine are instructed not to share a bathroom with others, if possible; handle secretions and excretions as pre-defined; and disinfect the bathroom and contaminated objects.
- Visitors, including healthcare workers and public officials, are minimized; all visitors are required to wear personal protective equipment (disposable gloves, mask, etc.); and education on hand hygiene is offered to prevent virus transmission.

## ☐ Overview

☐ **(Definition) Isolation of patients exposed to or infected with the same pathogen in a single ward or room**

☐ Cohort isolation is not normally recommended for infection control/prevention.

- Cohort isolation is performed when the number of patients who are supposed to be accommodated in a single person room exceeds the number of single person rooms available.

\* Patients infected with airborne diseases (tuberculosis, chickenpox, and measles) are required to be accommodated in a negative-pressure single person room equipped with an en-suite bathroom with its door closed.

☐ Under cohort isolation, each patient bed is considered a single person room without walls.

☐ Guidelines on treatment risk assessment, hand hygiene, the proper use of personal protective equipment, and environmental cleaning must be followed stringently for infection control/prevention.

Pathogen	Infection Spread	Guidelines
Influenza* or viral infectious disease	Contact and droplets	<p>Single person room isolation is recommended.</p> <p>If single person room isolation is not feasible, isolate multiple patients infected with the same pathogen together.</p> <p>Each patient bed is considered a single</p>

		person room in this case.
Acute respiratory disease with unknown respiratory virus (influenza-like illness [ILI], pneumonia, etc.)	Contact and droplets	<p>Single person room isolation is recommended.</p> <p>If no other isolation option is available until testing results are confirmed, place the patients with other patients displaying ILI symptoms.</p> <p>Each patient bed is considered a single person room in this case.</p>

\* Patients tested to have been infected with the same pathogen can be placed under cohort isolation together. However, other patients cannot be accommodated in the same room. Patients infected with more than one infectious disease or pathogen are not cohorted.

## ☐ Principles of Patient Care Under Cohort Isolation

- ☐ Guidelines on treatment risk assessment, hand hygiene, the proper use of personal protective equipment, and environmental cleaning must be followed stringently for infection control/prevention.
- ☐ Each patient bed is considered a single person room.
- ☐ Hand hygiene must be performed by healthcare workers before treating each patient.
- ☐ Patient beds should be arranged with at least 2m between them.
- ☐ A curtain or portable screen should be used to separate each bed and secure an independent space for each patient.
- ☐ Items and devices used for patient care should be offered to all patients in advance for individual use if

possible.

- If not possible due to a supply shortage, then such items and devices must be cleaned and disinfected before each use.

- Shared items that cannot be cleaned or disinfected must be discarded.

- After isolated patients are moved to other rooms or discharged, the isolation space must be cleaned and disinfected.

Appendix 20

FAQs

## 6. Isolation and Release from Isolation

### Q1. What is cohort isolation?

- Cohort isolation refers to the act of isolating a group of patients (cohort) exposed to or infected with the same pathogen in a ward or patient room. It is decided based on the findings of clinical diagnosis and microbiological testing performed according to the details of the infection source and transmission method.

### Q2. When are patients cohorted?

- Cohort isolation is considered an option to reduce hospital-acquired transmission of an infectious disease when a large number of patients are confirmed but single person rooms are not available.

- Patient beds should be arranged with at least 2m between them, and curtains may be added as a physical screen around each bed.

### Q3. When is cohort isolation lifted?

- Cohort isolation is lifted when cohorted patients do not display fever without taking a fever reducer, show improvement in other clinical symptoms, and test negative twice consecutively with at least a 24-hour interval between the two tests.
- However, even if other patients do not fulfill the isolation release criteria, cohort isolation can be lifted if clinical criteria and testing criteria are met.

## 9. Cleaning and Disinfection

Q4. How are group facilities and facilities frequented by large groups of people that have been accessed by COVID-19 confirmed cases disinfected?

※ Refer to the Guidelines on Disinfection of Group Facilities and Facilities

Frequented by Large Groups of People That Have Been Used by COVID-19 Confirmed Cases.

- The extent and method of disinfection are determined after tracking the movements of COVID-19 confirmed cases.
- When the movements cannot be identified, the disinfection plan is based on the areas most frequented

and used by the general public.

○ Areas not used by confirmed cases within facilities frequented by large groups of people are disinfected in accordance with each facility's daily disinfection routine.

○ When disinfecting facilities are used by confirmed cases, the facilities are evacuated. Each facility's time of reopening varies by disinfectant type and ventilation method.

- The virus is extinguished after disinfection. However, the disinfected space must be ventilated sufficiently based on the traits of the disinfectant used before reopening.

○ When sodium hypochlorite (household bleach cleaner) is used, the space should be ventilated after disinfection until the next day to remove the smell and any possible harmful effect and be reopened for use the day after.

Q7. How long does a company or facility that has been accessed by a COVID-19 confirmed case have to be shut down for disinfection? When can uninfected employees return to work?

○ It is not required to shut down the entire building or facility. The disinfection extent is determined after identifying the movements of the confirmed case. The space identified to have been accessed by a confirmed case is temporarily shut down for disinfection.

○ The space accessed by a confirmed case is shut down, with contaminated locations marked and contaminated objects sealed before disinfection.

○ Staff members are advised to take caution not to let any children into the space shut down for disinfection and to ventilate the space by leaving all doors and windows connected to the outside open and using ventilators.

- After disinfecting the space properly, the time of reopening is determined by taking into consideration the traits of the disinfectants used and the purpose of the space.
- Those who are not close contacts of a confirmed case or suspected case can resume work immediately after disinfection is completed.

Attachment

2

Infectious Disease Response Manual for Persons with Disabilities (Excerpt)

2

Guidelines on Response to Residential Facilities for Persons with Disabilities

### ● Measures in the Wake of Confirmed Cases (Symptomatic Persons)

- A cooperation network of temporary quarantine facilities, nearby Residential Treatment Centers, and local hospitals are operated to prepare for the shutdown of a residential facility for persons with disabilities due to infection.

\* Temporary quarantine facility: A single room with an en-suite bathroom is provided to



each user, with staff members on site for assistance.

- (Facility shutdown) No visitors, users, and staff members are allowed into the facility until the public health center's epidemiological investigation is completed.
- (Disinfection) Each facility is recommended to disinfect the spaces accessed by confirmed cases (symptomatic persons) using disinfectants approved by the Ministry of Environment and commission infection control specialists for disinfection.
- \* Areas frequented by large groups of people, *e.g.*, cafeterias and bathrooms, must be cleaned and disinfected at least once a day. Frequently touched surfaces must be cleaned and disinfected at least twice a day. Use disinfectants approved by the Ministry of Environment. If such disinfectants are not available, use a diluted sodium hypochlorite solution (1,000ppm). Use alcoholic disinfectants (70% or higher) for corrosive surfaces.
- (Door-to-door meal distribution) In order to minimize contact between facility users, deliver meals to each room instead of using the cafeteria. If door-to-door meal distribution is not feasible, plan a different meal schedule for each floor or zone.
- \* Prohibit the joint use of a cafeteria with other quarantine facilities (use door-to-door meal distribution).
- (Commissioned physician) Commission a physician to visit the quarantine facility at least once a week, provide training on infection control/prevention

for users and staff members, and offer relevant advice (at each facility).

- \* If no commissioned physicians are available, request the cooperation of connected hospitals/clinics or local public health centers.

### ● Separation of Confirmed Cases (Symptomatic Persons) and Their Contacts

As the residents are often without family or friends and have limited access to local communities, they are incapable of self-quarantine. Thus, separate **cohort isolation measures** are required.

- (Isolation spaces) Isolation spaces must be secured in advance in preparation for an event of one or more confirmed cases\* so that confirmed cases (symptomatic persons), their close contacts, and their indirect contacts can be separated (for meals and hygiene).
- \* Public officials in charge of facilities at local governments must identify whether isolation spaces are secured.
- Contacts are transferred to metropolitan city/provincial quarantine facilities if such isolation spaces are not available.
- (Transfer) Ambulances of public health centers or the emergency telephone number 119 for bedridden patients (symptomatic persons) with disabilities and specially equipped vehicles for other patients (symptomatic persons) \* with disabilities
- \* When transferring patients with underlying diseases (symptomatic persons) among those with disabilities, use an ambulance equipped with medical devices

and seek the cooperation of the emergency telephone number 119.

- (Administrative assistance) Local governments shall provide 1:1 management and support of those accommodated in quarantine facilities for comfortable daily living.
- \* When necessary, local governments shall provide separate spaces with additional state funding and dedicated management. When facilities are not available, they shall rent local youth training institutes.

A. Category	B. Infection of Users	C. Infection of Staff Members
① ◦ Bedridden and other mobility-challenged users	② ◦ Confirmed cases (symptomatic persons) are transferred to hospitals. ③ ◦ Their contacts who stayed in the same space are quarantined within the facility or transferred to a quarantine facility based on the latent period. ④ ◦ Staff members are placed under self-quarantine.	⑤ ◦ Users who came into contact with infected staff members are quarantined within the facility or transferred to a quarantine facility based on the latent period.
⑥ ◦ Less mobility-challenged users including those with developmental disabilities	⑦ ◦ First screening for separation in each building or floor based on the identification of activities and close contacts of users and staff members that may lead to facility-acquired transmission ⑧ ※ Second screening through epidemiological investigations of the local public health center for separation	

## Alternative Workforce

- (Workforce support) An alternative workforce for social welfare facilities is dispatched with priority to prevent any interruption in care service when infected staff members go on leave.
- Local governments secure the necessary workforce through cooperation with relevant institutions.
- \* Facilities and local governments are also advised to draft a reserve workforce list consisting of retired staff members and volunteers in preparation for any shortage in the alternative workforce.

Reference

Seoul Metropolitan City's Temporary Quarantine Facility

## ☐ Overview

- Name: Hotel Skypark Central Myeongdong
- Rating: Three stars
- CEO: Choi Yeong-jae
- Location: 16 Myeongdong 9-gil, Jung-gu, Seoul
- Number of rooms: 190 rooms used out of 350

## ☐ Photos



Exterior



Interior