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REPUBLIKA SLOVENIJA

**MINISTRY OF HEALTH**

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Ref. no.: 181-135/2020/85

Date: 31.8.2020

Subject: Instructions for persons at the accommodation facility intended for isolation measures at the location of St Agata Home for the Elderly, Zamarkova 1b, 2230 Lenart v Slovenskih Goricah

Reference: Order on the temporary measure of relinquishing accommodation facilities to contain and control COVID-19 (Official Gazette of the Republic of Slovenia [*Uradni list RS*], No. 95/20)

Dear Sir or Madam,

Since at the place of your residence you could not put in place the necessary isolation measures in accordance with Article 18 of the Communicable Diseases Act (Official Gazette of the Republic of Slovenia, No. 33/06 – official consolidated text and 49/20 – ZIUZEOP), for the time of the isolation, accommodation is provided for you at the address of **St Agata Home for the Elderly, Zamarkova 1b, 2230 Lenart v Slovenskih Goricah**  under the Order on the temporary measure of relinquishing accommodation facilities to contain and control COVID-19 (Official Gazette of the RS, No. 95/20) (hereinafter: isolation accommodation facility).

GENERAL INFORMATION

You will stay at the isolation accommodation facility until the date of the end of your isolation set by the doctor who will monitor your condition during your stay.

**Common areas are under video surveillance.**

ACCOMMODATION

Before your arrival, you will be informed as to which room you will be staying in. Medical transportation will be provided to take you to the accommodation facility.

During your stay at the isolation facility, you should only go out of your room to the corridor to pick up clean bedding or towels and meals that will be delivered to the table at your room door.

You can go out to the park through your room’s glass door.

Other instructions:

1. During your stay at the isolation facility, you are supposed to clean your room and bathroom yourself. The necessary cleaning agents and utensils are in the room at your disposal.
2. Put all your waste, including food leftovers, into doubled waste bags (put one bag inside the other, then put the waste in it). Take tied waste bags to the **waste bin** located in the park in front of your room’s glass door.
3. Fresh bedding will be provided once a week (on the seventh day of your arrival). It will be delivered to the table by your room door.
4. Fresh towels will be provided twice a week (Tuesdays and Fridays). They will be delivered to the table by your room door.
5. Put your dirty bedding and towels into a doubled waste bag. Dispose of the tied bags containing dirty bedding and towels in the **laundry bin** located in the park in front of your room’s glass door.

In the outside areas accessible through the glass door of the rooms, gathering is allowed for persons staying at the accommodation facility for isolation purposes and accommodated on the ground floor. Socializing with persons who are accommodated on the first floor for quarantine measures is not allowed, as this would pose a risk for them to become infected with the SARS-CoV-2 virus. Visits from outside visitors are not allowed. In case of violations, we will inform the Health Inspectorate.

In the event of a fire, the fire safety rules and evacuation plan enclosed to this document must be followed.

Smoking is not allowed in the rooms.

If during isolation any personal items have to be delivered to you by your relatives or other people, this must be agreed in advance with the manager of the accommodation facility, available at telephone number 051 219 700. The items or accessories brought will be delivered to your room door as previously agreed.

FOOD

Meals will be delivered to the table at your room door three times a day, namely:

* breakfast between 8:30 and 8:45,
* lunch between 13:00 and 13:15 and
* dinner between 18:30 and 18:45.

You pick up the food after the delivery person has left.

Put any food leftovers into a doubled waste bag. Dispose of the tied bags containing leftover food in the **waste bin** located in the park in front of your room’s glass door.

INTERNET ACCESS

Wi-Fi connection is available inside the facility.

Network name: Gostje

Password: Ostalinivstopa!

MONITORING OF THE HEALTH CONDITION

Your health will be monitored by a doctor from the Maribor Health Centre COVID-19 unit. If you notice any changes in your health, call **emergency medical number 112**.

Pay particular attention to symptoms such as fever or chills, coughing, shortness of breath or breathing difficulties, fatigue, muscle pain, headache, loss of smell or taste, sore throat, runny nose, nausea, vomiting and diarrhoea.

You will have a thermometer in your room to take your temperature and a pulse oximeter to measure your blood oxygen saturation.

If your temperature is higher than 37.5 °C, inform the doctor.

If the pulse oximeter shows a blood saturation value or oxygen level lower than 94%, inform the doctor.

**Leave the thermometer and pulse oximeter in the room as you leave.**

In monitoring your health condition, you can refer to the HEALTH MONITORING QUESTIONNAIRE attached to this letter.

PROCEDURE IN THE EVENT OF A NEED FOR A PERSON TO ENTER YOUR ROOM

In the event of any malfunction in your room such as heating, plumbing or electric problems, or the need for any other person to enter your room (e.g. medical staff), you must put on your protective face mask before they come in.

DAMAGE CAUSED TO THE BUILDING OR OTHER PROPERTY

If you cause any damage to the building or other property, you will be issued an invoice for the damage.

If you notice any damage on the building or other property, inform the manager on the mobile phone number:

051 219 700.

ARRANGEMENTS FOR YOUR TRANSPORTATION AT THE END OF THE ISOLATION

Your transportation after the end of isolation is arranged by yourself.

MINISTRY CONTACT DETAILS

If you need a contact person at the Ministry of Health, call 030 710 504.

Prepared by:

mag. Klavdija Kobal Straus

Acting Director General

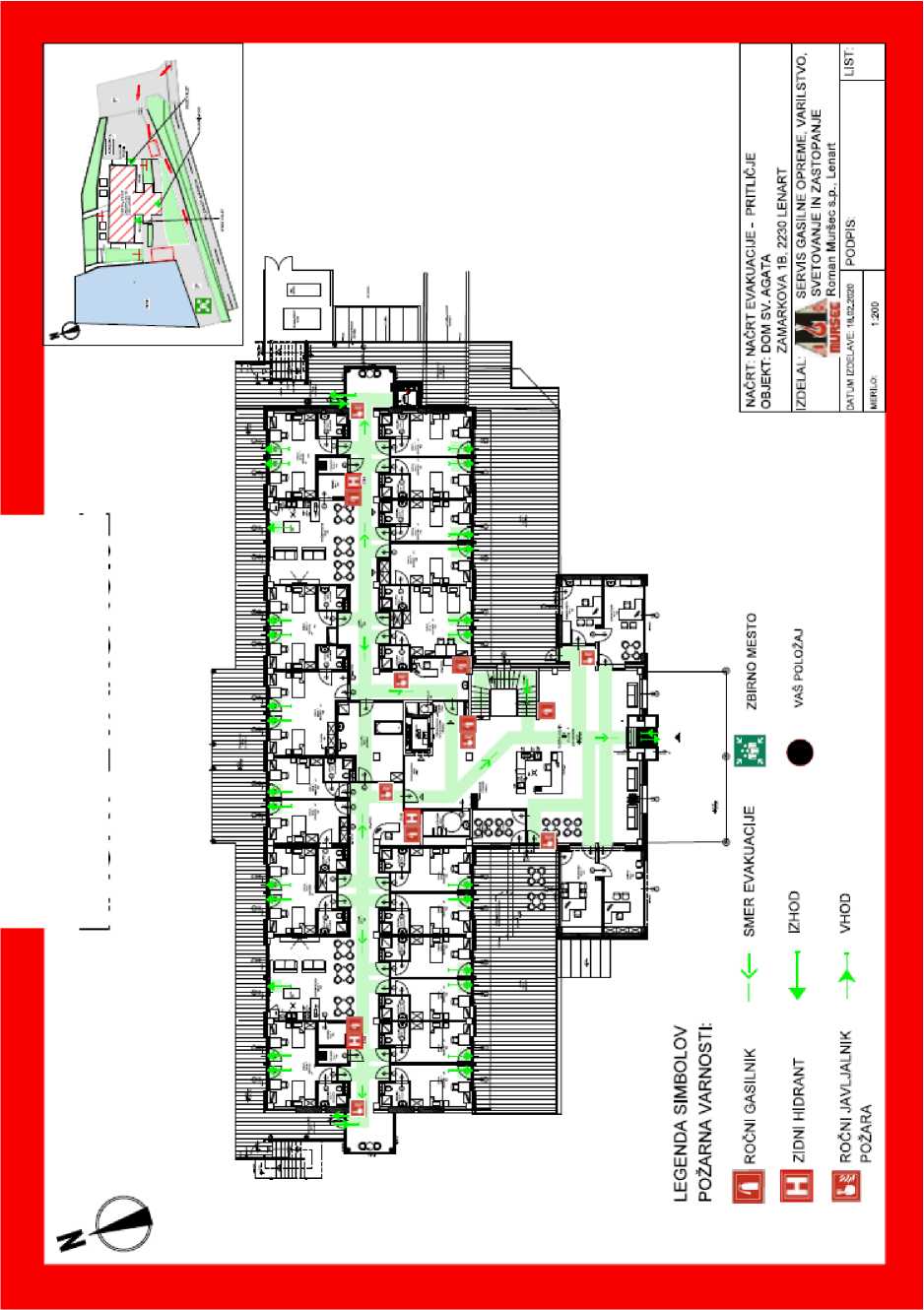
Long-Term Care Directorate

**Dr Tina BREGANT**

STATE SECRETARY

Enclosures:

* 1\_Evacuation plan
* 2\_ HEALTH MONITORING QUESTIONNAIRE



Enclosure 1: Evacuation plan

EVACUATION PLAN

**Translation of the text in the Evacuation plan:**

|  |  |
| --- | --- |
| NAČRT EVAKUACIJE | EVACUATION PLAN |
| LEGENDA SIMBOLOV | SYMBOL LEGEND |
| ROČNI GASILNIK | MANUAL FIRE EXTINGUISHER |
| ZIDNI HIDRANT | WALL HYDRANT |
| ROČNI JAVLJALNIK POŽARA | FIRE ALARM CALL POINT |
| SMER EVAKUACIJE | EVACUATION ROUTE |
| IZHOD | EXIT |
| VHOD | ENTRANCE |
| ZBIRNO MESTO | ASSEMBLY POINT |
| VAŠ POLOŽAJ | YOU ARE HERE |
| NAČRT:NAČRT EVAKUACIJE – PRITLIČJE | PLAN: EVACUATION PLAN - GROUND FLOOR |
| OBJEKT: | FACILITY: |
| DOM SV. AGATA, ZAMARKOVA 1B, 2230 LENART | ST. AGATA HOME FOR THE ELDERLY, ZAMARKOVA 1B, 2230 LENART |
| IZDELAL: | DRAWN BY: |
| SERVIS GASILNE OPREME, VARILSTVO, SVETOVANJE IN ZASTOPANJE | FIRE EQUIPMENT, WELDING, CONSULTING AND AGENCY SERVICES |
| Roman Muršec s.p., Lenart | Roman Muršec s.p., Lenart |
| DATUM IZDELAVE: | DATE DRAWN: |
| 18. 02. 2020 | 18. 02. 2020 |
| MERILO: | SCALE: |
| 1:200 | 1:200 |
| PODPIS: | SIGNATURE: |
| LIST: | SHEET: |

Enclosure 2: HEALTH MONITORING QUESTIONNAIRE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question | Day 1  Date: | Day 2  Date: | Day 3  Date: | Day 4  Date: | Day 5  Date: | Day 6  Date: | Day 7  Date: |
| Overall well-being | * Good * Problems | * Good * Problems | * Good * Problems | * Good * Problems | * Good * Problems | * Good * Problems | * Good * Problems |
|  |  |  |  |  |  |  |
| Have you experienced any new symptoms since yesterday? | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: |
|  |  |  |  |  |  |  |
| Has your temperature risen today? | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: |
|  |  |  |  |  |  |  |
| Have you taken an antipyretic (medication to reduce fever) today? | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: |
|  |  |  |  |  |  |  |
| Have you been coughing? | * No * Yes | * No * Yes | * No * Yes | * No * Yes | * No * Yes | * No * Yes | * No * Yes |
| Description of the cough (if the patient’s response to the previous question was Yes) | * Dry * Productive | * Dry * Productive | * Dry * Productive | * Dry * Productive | * Dry * Productive | * Dry * Productive | * Dry * Productive |
| Have you had difficulty breathing or experienced tightness in the chest? | * No * Yes | * No * Yes | * No * Yes | * No * Yes | * No * Yes | * No * Yes | * No * Yes |
| Do you have any of the following symptoms today (mark the present symptoms confirmed by the patient)? | * Chills * Fatigue * Muscle pain * Headache * Loss of smell or taste * Sore throat * Nausea * Vomiting * Diarrhoea |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question | Day 8  Date: | Day 9  Date: | Day 10  Date: | Day 11  Date: | Day 12  Date: | Day 13  Date: | Day 14  Date: |
| Overall  well-being | * Good * Problems | * Good * Problems | * Good * Problems | * Good * Problems | * Good * Problems | * Good * Problems | * Good * Problems |
|  |  |  |  |  |  |  |
| Have you experienced any new symptoms since yesterday? | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: |
|  |  |  |  |  |  |  |
| Has your  today’s  temperature  risen? | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: |
|  |  |  |  |  |  |  |
| Have you taken an antipyretic (medication to reduce  fever) today? | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: | * No * Yes: |
|  |  |  |  |  |  |  |
| Have you been coughing? | * No * Yes | * No * Yes | * No * Yes | * No * Yes | * No * Yes | * No * Yes | * No * Yes |
| Description of the cough (if the patient’s response to the previous question was Yes) | * Dry * Productive | * Dry * Productive | * Dry * Productive | * Dry * Productive | * Dry * Productive | * Dry * Productive | * Dry * Productive |
| Have you had difficulty breathing or experienced tightness in the chest? | * No * Yes | * No * Yes | * No * Yes | * No * Yes | * No * Yes | * No * Yes | * No * Yes |
| Do you have any of the following symptoms today (mark the present symptoms confirmed by the patient)? | * Chills * Fatigue * Muscle pain * Headache * Loss of smell or taste * Sore throat * Nausea * Vomiting * Diarrhoea |  |  |  |  |  |  |