



Štefanova ulica 5, 1000 Ljubljana

Telephone: 01 478 60 01

Fax: 01 478 60 58

E-mail: gp.mz@gov.si

www.mz.gov.si

Public healthcare institutions;

Ministry of the Interior

Number: 181-135/2020/290

Date: 28 October 2021

Subject: Isolation or quarantine accommodation facilities – amendment

In relation to the letter of the Ministry of Health (hereinafter: the Ministry) "Isolation or quarantine accommodation facilities", no. 181-135/2020/139, of 27 October 2020, we forward the information on amendments regarding accommodation facilities available to the Ministry to implement the isolation and quarantine measures pursuant to articles 10, 43 and 44 of the Act Determining Temporary Measures to Mitigate and Remedy the Consequences of COVID-19 (Official Gazette of the Republic of Slovenia [*Uradni list RS*], no. 152/20, 175/20 – ZIUOPDVE, 82/21 – ZNB-C, 112/21 – ZNUPZ in 167/21 – odl. US)¹.

I. Isolation (for persons who tested positive for the SARS-CoV-2 virus) or quarantine (for persons who were in close contact with a person who tested positive for the SARS-CoV-2 virus) accommodations may be used when:

1. the accommodation is for persons who were in close contact with a person who tested positive for the SARS-CoV-2 virus or persons who tested positive for the SARS-CoV-2 virus, who are able to perform their basic and additional daily tasks completely independently and whose health is stable, but staying at the permanent or temporary address would pose a high risk of transmitting the SARS-CoV-2 virus to vulnerable groups (elderly persons, persons with underlying chronic non-infectious conditions or immunocompromised persons) and another suitable living space cannot be arranged;
2. the person agrees to stay at the accommodation;
3. the Ministry receives the completed documents as appendices to the letter in question from the attending physician, an epidemiologist or the police;
4. accommodation can be provided at the accommodation facilities.

¹ <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO8254>

II. Isolation accommodation at the accommodation facility for persons whose infection with SARS-CoV-2 was confirmed by a laboratory is provided as follows:

1. If the attending physician establishes that the person whose infection with SARS-CoV-2 was confirmed by a laboratory (hereinafter: the patient) cumulatively meets the conditions referred to in the previous item, the attending physician contacts the Ministry at 030 487 458 or 041 419 150 to enquire about possible accommodation.
2. If accommodation can be provided at the isolation accommodation facility (hereinafter: isolation accommodation facility), the attending physician completes Form 1, which is an appendix to the present letter. The attending physician sends the completed and signed Form 1, including the patient consent, to the Ministry using the e-mail address received from the competent person from the Ministry referred to in the previous paragraph.
3. If the patient has a selected general practitioner, the patient is monitored by the general practitioner during their stay at the accommodation facility in accordance with the instructions applicable to primary healthcare for monitoring patients who test positive for the SARS-CoV-2 virus. If the patient is not referred to the isolation accommodation facility by their general practitioner, the attending physician, who arranges a stay at the isolation accommodation facility, is responsible for informing the general practitioner.
4. If the patient does not have a selected general practitioner, the patient is monitored during their stay at the isolation accommodation facility by a physician at the COVID-19 clinic in the municipality where the isolation accommodation facility is located or by a physician at the COVID-19 clinic in the adjacent municipality. The attending physician who arranges a stay at the isolation accommodation facility is responsible for informing the physician at the COVID-19 clinic.
5. The Ministry's contact person orders the transport of the patient by the Ministry's contractual transport provider (hereinafter: the transport provider).
6. The attending physician informs the patient that:
 - a) they will be provided with documents containing information of which they must be aware during their stay at the isolation accommodation facility, the required contact numbers, and an oximeter and a thermometer in the room;
 - b) if their health takes a sudden turn for the worse or they experience sudden severe fatigue, sleepiness, heavy breathing, saturation below 92 percent or other problems set in, **the patient immediately contacts emergency medical assistance on 112**;
 - c) the patient must bring their mobile phone with which they can be reached, a suitable amount of underwear, clothing, personal hygiene supplies and an appropriate stock of any medications they take sufficient for at least ten days or for the planned duration of the isolation.
7. Patients who are referred to the accommodation facility:
 - a) from a healthcare institution or following an examination by another attending physician: the transport provider takes the patient to the isolation accommodation facility directly from the patient's location in accordance with the Ministry's instructions;
 - b) without a preliminary examination by a physician: if the attending physician believes that an examination by a physician is required, the transport provider takes the patient to the COVID-19 clinic from the patient's location in accordance with the Ministry's instructions. The patient is examined by a physician at the COVID-19 clinic.

The COVID-19 clinic or the selected general practitioner who monitors the patient staying at the isolation accommodation facility:

1. monitors the health of the patients staying at the isolation accommodation facility in accordance with the applicable instructions of the Ministry regarding the organisation of the work of primary healthcare providers in relation to SARS-CoV-2; and
2. informs the Ministry of the isolation end date at 030 487 458 or 041 419 150 one day prior to the planned conclusion of the isolation.

III. Quarantine accommodation at the accommodation facility:

If the competent epidemiologist or the police establishes that the person who was in close contact with a person who tested positive for the SARS-CoV-2 virus cannot quarantine at their permanent or temporary address or any other suitable space, the epidemiologist or the police may recommend accommodation at the quarantine accommodation facility.

The agreement procedure on accommodation at the accommodation facility for quarantine at home:

1. If the epidemiologist or the police establishes that the person cumulatively meets the conditions referred to in item I, they contact the Ministry on 030 487 458 or 041 419 150 to enquire about possible accommodation.
2. If accommodation is possible at the accommodation facility, the epidemiologist or the police sends to the Ministry the completed Form 2, including the person's consent, which is an appendix to the present letter. The completed and signed Form 2 is sent to the Ministry using the e-mail address received from the competent person from the Ministry referred to in the previous paragraph.
3. The epidemiologist or the police informs the person who will stay at the quarantine accommodation facility:
 - a) that they will be provided with documents containing information of which they must be aware during their stay at the accommodation facility, the required contact numbers, and a thermometer in the room;
 - b) to call their general practitioner or a healthcare provider in the local community where the accommodation facility is located (the contact number is in the documents the person has in the room) if symptoms or signs of the coronavirus disease appear, and **to immediately request emergency medical assistance on 112** if their health suddenly takes a turn for the worse;
 - c) the person must bring their mobile phone with which they can be reached, a suitable amount of underwear, clothing, personal hygiene supplies and an appropriate stock of any medications they take sufficient for at least seven days or for the planned duration of the quarantine.

IV. Organisation of healthcare transport to isolation or quarantine accommodation facility:

The person referred to the isolation accommodation facility is transported to the facilities from their location by healthcare transport. The transport is organised by the Ministry.

The person ordered to quarantine can drive themselves to the accommodation facility without making any stops. If the person cannot obtain transport, they are taken by healthcare transport organised by the Ministry.

V. Isolation or quarantine accommodation facility available to the Ministry:

- Hotel Bellevue, Šmarjetna Gora 6, 4000 Kranj, Slovenia.

We request the Medical Chamber of Slovenia to share this letter with its members.

Please refer to the number of this letter when replying to it.

Yours sincerely,

mag. Klavdija Kobal Straus
head of the long-term care sector

Appendices:

- Form 1: *Assessment of meeting the conditions for accommodation at the isolation accommodation facility*
- Form 2: *Assessment of meeting the conditions for accommodation at the quarantine accommodation facility*
- Appendix 1: *Algorithm of referring and treating patients whose infection with SARS-CoV-2 was confirmed by a laboratory at the isolation accommodation facility*

To be served to:

- Public healthcare institutions – by e-mail
- Ministry of the Interior Police, gp.policija@policija.si – by e-mail
- National Institute of Public Health, info@nijz.si; tatjana.frelj@nijz.si, epidso@nijz.si – by e-mail
- Medical Chamber of Slovenia, gp.zzs@zss-mcs.si – by e-mail
- Health Inspectorate, gp.zirs@gov.si – by e-mail

Form 1: **Assessment of meeting the conditions for accommodation at the isolation accommodation facility**

Name and surname of the patient who requires accommodation in isolation accommodation:

Date of birth of the patient: _____

Permanent/temporary address of the patient: _____

E-mail address of the patient: _____

Mobile phone number of the patient (state the mobile phone number on which the patient can be reached during their stay at the isolation accommodation facility):

Address where the patient is located: _____

(state the address where the transport provider is to pick up the patient)

To be completed by the attending physician:

The patient's infection with SARS-CoV-2 was confirmed by a laboratory.

YES NO

An examination by a physician (COVID-19 clinic) is required prior to admission to the accommodation facility.

YES NO

The patient's permanent or temporary address is in the Republic of Slovenia.

YES NO

The patient cannot isolate at the permanent/temporary address or any other suitable space.

TRUE

The patient is able to perform their basic and additional daily tasks completely independently.

YES NO

(Note: If the answer is NO, the person cannot be referred to the isolation accommodation facility.)

The patient's health is stable, and the patient does not require hospital treatment. The symptoms of the coronavirus disease are not present or are mild.

YES NO

(Note: If the answer is NO, the patient cannot be referred to the isolation accommodation facility.)

The selected general practitioner or a physician at the COVID-19 clinic, if the patient does not have a selected general practitioner, who will monitor the patient in accordance with the Ministry's instructions, has been informed of the accommodation at the isolation accommodation facility.

YES NO

State data of the physician you have informed: _____ (name and surname of the physician informed) employed at _____ (state the name of the institution).

Anticipated date of the end of isolation: _____

Name and surname of the attending physician
(in capital letters):

Date and place:

Signature and stamp of the physician:

Personal consent

I, the undersigned, _____ (name and surname of the patient who will stay at the isolation accommodation facility) hereby confirm that I cannot isolate at my permanent/temporary address or any other suitable space. I agree to be accommodated at the isolation accommodation facility for the duration of isolation in accordance with the instructions of the attending physician. I hereby give consent to the Ministry of Health to collect and process data for the organisation of transport accommodation at the isolation accommodation facility referred to in this form and for the issue of an invoice for the repair or elimination of any damage incurred to the equipment or room.

I hereby give consent to the Ministry of Health to collect and process data

- Name and surname:

_____;

- date of birth: _____;

- permanent/temporary address:

_____;

- citizenship: _____;

- personal identification number:

_____;

- tax ID number: _____;

- current account number and the bank with which the account is held:

_____;

- mobile phone number _____ on which you can be reached during quarantine;
and

- e-mail address: _____.

I hereby state that I can take care of myself (washing, clothing, feeding, mobility, taking medicines, etc.) completely independently.

Name and surname (in capital letters):

Signature:

Date and place: _____

Form 2: **Assessment of meeting the conditions for accommodation at the quarantine accommodation facility for quarantine at home**

Name and surname of the person who requires accommodation at the accommodation facility for quarantine at home _____

Date of birth of the person: _____

Permanent/temporary address of the person: _____

Mobile phone number of the person (state number on which the person can be reached during quarantine; _____

E-mail address of the person: _____

Address where the person is located: _____

(state the address where the transport provider is to pick up the person if the person cannot obtain transport to the accommodation facility)

The epidemiological service established that the person was in close contact with a person who tested positive for the SARS-CoV-2 virus or that they come from a country for which quarantine is ordered upon border crossing.

YES NO

The person's permanent or temporary address is in the Republic of Slovenia.

YES NO

The person cannot quarantine at their permanent/temporary address or any other suitable space.

TRUE

The person states that they can take care of themselves (washing, clothing, feeding, mobility, taking medicines, etc.) completely independently.

YES NO

(Note: If the answer is NO, the person cannot be referred to the quarantine accommodation facility.)

Quarantine end date: _____

Name and surname of the epidemiologist or
police representative (in capital letters):

Signature and stamp of the epidemiologist:

Date and place: _____

Person consent

I, the undersigned, _____ (name and surname of the person), born on _____ (date of birth), residing at _____ (state the address) hereby confirm that I cannot quarantine at my permanent/temporary address or any other suitable space. I agree to be accommodated at the quarantine accommodation facility for the duration of quarantine. I hereby give consent to the Ministry of Health to collect and process data for the organisation of transport accommodation at the quarantine accommodation facility referred to in this form and for the issue of an invoice for the repair or elimination of any damage incurred to the equipment or room.

I hereby give consent to the Ministry of Health to collect and process data

- Name and surname:

- date of birth: _____

- permanent/temporary address:

- citizenship: _____

- personal identification number:

- tax ID number: _____

- current account number and the bank where it is opened:

- mobile phone number _____ on which you can be reached during quarantine;
and

- e-mail address: _____

I hereby state that I can take care of myself (washing, clothing, feeding, mobility, taking medicines, etc.) completely independently.

I am aware that, if I do not have a permanent or temporary residence in the Republic of Slovenia, I will cover the costs related to the accommodation at the quarantine accommodation facility and the costs related to transfer to the accommodation facility.

Name and surname (in capital letters):

Signature:

Date and place: _____

REFERRAL PROPOSED BY THE ATTENDING PHYSICIAN -> essential condition: THE REFERRED PATIENT CANNOT ISOLATE AT THEIR PERMANENT/TEMPORARY ADDRESS OR ANY OTHER SUITABLE SPACE FOR JUSTIFIED REASONS. ACCORDING TO THE ATTENDING PHYSICIAN, THE PATIENT CAN PERFORM THEIR BASIC AND ADDITIONAL DAILY TASKS COMPLETELY INDEPENDENTLY; THE PATIENT'S HEALTH IS STABLE; THE SYMPTOMS OF THE CORONAVIRUS DISEASE ARE NOT PRESENT OR ARE MILD.

