



Recommendations for Managers of Condominiums and Apartments in the Case of Finding a COVID–19 Patient

Department of Disease Control, Ministry of Public Health
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1. Recommendations for Prevention, Surveillance and Patient Isolation

The legal residential juristic person of the residence shall implement the following

1. Make notice boards/posters to provide information about prevention of disease transmission (e.g. keeping distance away from others, the right method for washing hands, and wearing cloth masks) in order to raise awareness of residents, staff and visitors.
2. Conduct a risk survey about COVID–19 among residents, staff and close contacts of room owners. The main questions in the survey are related to the history of traveling to risk areas (abroad and in-country) announced by the Department of Disease Control, Ministry of Public Health via the website at <https://ddc.moph.go.th/viralpneumonia/eng/index.php>. If it is found that staff or residents have travel history to places that found confirmed cases of COVID-19 during the dates and times as announced, they should be self-quarantined for 14 days and contact the health officer.
3. For condominiums and apartments that have many staff, it is recommended to check the staff members' body temperatures before working time. If it is found that a staff member's body temperature is more than or equal to 37.5 degrees Celsius with symptoms including coughing, sneezing, sore throat, or runny nose, those staff shall implement self-quarantine to prevent the spread of the disease. If they have not recovered within 2 days or if they develop severe symptoms, i.e. difficulty breathing, they should seek medical treatment at a hospital immediately.
4. If it is found that staff or residents are positive for COVID–19, those individuals shall take a leave of absence from their workplace and implement the quarantine at the hospital or home (in case there are no symptoms or mild symptoms) as per the medical officer's recommendations.
5. Provide staff in the condominium or apartment as coordinators to inform and contact the public health offices in the area in order to comply with the MoPH recommendations on disease outbreak prevention.

2. Isolation of Close Contacts of Patients

In the case that an employee in a household or an apartment is confirmed with viral infection of SARS-CoV-2 (COVID-19), the enterprise has to coordinate with the public health agencies in the local area or the Provincial Public Health Office in order to survey the colleagues, who may meet the criteria of contact persons at-risk. Those contact persons at-risk must immediately stop work and quarantine themselves at their residences or the



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designated areas regulated by the Provincial Communicable Diseases Committee to observe their symptoms for 14 days after the last date of exposure to the confirmed case

Case definition of contact persons at-risk with COVID-19

1. Household contact persons

1.1) Family members, relatives and caregivers of the confirmed patient with COVID-19

1.2) Residents living in the same house as the confirmed patient with COVID-19

2. Close contacts in the same vehicle

2.1) In the case of a confirmed patient with COVID-19 who traveled by plane while exhibiting symptoms, the close contacts include common passengers who sat near the patient in the same row, within the two rows in front and within two rows behind the patient's seat.

2.2) Every flight attendant who provided service in the zone where the patient sat.

2.3) People who joined the same travel group with the patient, such as the same tour group.

2.4) In the case of patients confirmed with COVID-19 who traveled by other vehicles while exhibiting symptoms, close contacts include people in the same travel group as the patient, common passengers or service providers who were exposed to respiratory tract secretions or coughing or sneezing from the patients/passengers within a distance of one meter

3. Close contacts in the same school/workplace and community

3.1) Students or colleagues, including groups of friends who met with symptomatic, confirmed cases of COVID-19, and who had exposure to respiratory tract secretions or coughing or sneezing from the patients

3.2) People in the same community as the confirmed patients with COVID-19 or in other communities and who were exposed to respiratory tract secretions or coughing or sneezing from the patients

4. Cleaning Apartments

1) Increase awareness among apartment staff and cleaning staff of the risk of contamination of viral agents. They need to pay attention to self-protection such as wearing a hygienic mask or fabric mask and gloves while working. They should often clean frequently used items such as desks, computers, work supplies and cleaning equipment.

2) They should clean the equipment and areas that have a lot of shared contact such as handrails, door handles, toilets and equipment by using water with 6% bleach (1 part of 6% bleach with 99 parts water) or 70% alcohol cleaning solution.

3) Provide a designated point for contaminated waste disposal for residents and be careful to keep waste such as paper or tissues that may be contaminated with nasal



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discharge or saliva. Before throwing contaminated waste away, the waste bag should be tightly closed and hands should be washed after to prevent residue of germs.

5. Recommendations for Residents

- 1) Avoid community settings and public places, but if necessary, you should prepare face masks and alcohol gel for frequent hand-washing
- 2) Wash your hands frequently with soap and water or alcohol gel. Avoid unnecessarily touching your eyes, nose, mouth
- 3) Do not share personal items such as drinking glasses, plates, utensils and hand towels.
- 4) Stay at home if you get sick. If there are no signs of improvement within 2 days or if you develop severe illness such as difficulty breathing, seek medical attention immediately and notify your supervisor/residential juristic person.
