



ST. MAARTEN

Onderwerp: Home isolation or quarantine

Bijlagen:

- Corona Virus Prevention Steps Home Care
- Copy of form 'Consent to Voluntary Home Isolation/Quarantine'

Philipsburg,

Dear traveler,

You receive this letter because you have returned from a country/region where there is local transmission of COVID-19

To help stop the spread of the virus, you are required to **remain at home for two weeks**.

The period that you have to stay at home is from _____ through _____.

We realize that this can be challenging and can have consequences for your everyday life. However, it is very important to follow this advice and the attached guidelines, to protect your family and others around you from becoming ill.

What does this mean?

- You must stay at home during the period of two weeks, except if you have to get urgent medical care, or on the advice of the physician or healthcare worker.
- **Do not go to work, do not go to school or visit public areas. Do not use public transportation, taxi or share transportation.** If you had a previous medical appointment, call to reschedule.
- Restrict activities outside your home. You may be in your garden or on your balcony, only if there are no other persons present.
- Ensure good personal hygiene and good hygiene in the home.

Follow the guidelines in the attached brochure 'Corona Virus Prevention Steps Home Care'. If you do not follow the instructions, additional legal measures might be taken to ensure you stay in isolation to protect the health of others and yourself.

If you or anyone in your household suddenly becomes very ill, contact your physician by telephone first for instructions. Do not visit your doctor's clinic or the hospital without prior contact by telephone.

Should you have any questions, please contact your healthcare worker at the Collective Prevention Services via phone number 914 or your physician.

Silveiria Jacobs

Prime Minister of Sint Maarten





ST. MAARTEN

Consent to Voluntary Home Isolation

Last Name	
First Name	
Date of Birth	
Place of Birth	
Address	
Telephone nr	
<i>Name General Practitioner</i>	

<input type="checkbox"/> I have been asked to voluntarily isolate myself at home because it has been determined that I may have, or have been exposed to the new coronavirus.	
<input type="checkbox"/> I have consented to voluntary home isolation.	
<input type="checkbox"/> I have also consented to the necessary medical examination and lab testing that will be done by the physician/ health care worker at my home.	
<input type="checkbox"/> I understand that I should not come into contact with other people, to protect my health and the health of others.	
<input type="checkbox"/> I understand the protective measures to take if I cannot avoid contact with other people in my home to protect my health, and the health of others.	
<input type="checkbox"/> I understand that it is very important that I comply with this request for voluntary home isolation for the duration advised by my physician and/or health care worker.	
<input type="checkbox"/> I understand that it is very important and my responsibility to follow the guidelines explained to me, and to ensure good personal hygiene.	
<input type="checkbox"/> I understand that it is very important and my responsibility to follow the guidelines explained to me, and to ensure good hygiene in the home.	
<input type="checkbox"/> I will cooperate and provide the physician and/ or healthcare worker with the necessary information about others that have been in contact with me, truthfully and to the best of my ability, to protect my health and the health of others.	
<input type="checkbox"/> I understand that failure to comply can result in law enforcement actions to ensure the safety of the public's health of Sint Maarten.	

Date: _____
Name traveler

Signature traveler

Date: _____
Name health care worker/immigration

Signature health care worker/immigration



ST. MAARTEN

Consent to Voluntary Home Isolation/Quarantine (take home copy)

Last Name	
First Name	

<input type="checkbox"/> I have been asked to voluntarily isolate myself at home because it has been determined that I may have, or have been exposed to the new coronavirus.	
<input type="checkbox"/> I have consented to voluntary home isolation.	
<input type="checkbox"/> I have also consented to the necessary medical examination and lab testing that will be done by the physician/ health care worker at my home.	
<input type="checkbox"/> I understand that I should not come into contact with other people, to protect my health and the health of others.	
<input type="checkbox"/> I understand the protective measures to take if I cannot avoid contact with other people in my home to protect my health, and the health of others.	
<input type="checkbox"/> I understand that it is very important that I comply with this request for voluntary home isolation for the duration advised by my physician and/or health care worker.	
<input type="checkbox"/> I understand that it is very important and my responsibility to follow the guidelines explained to me, and to ensure good personal hygiene.	
<input type="checkbox"/> I understand that it is very important and my responsibility to follow the guidelines explained to me, and to ensure good hygiene in the home.	
<input type="checkbox"/> I will cooperate and provide the physician and/ or healthcare worker with the necessary information about others that have been in contact with me, truthfully and to the best of my ability, to protect my health and the health of others.	
<input type="checkbox"/> I understand that failure to comply can result in law enforcement actions to ensure the safety of the public's health of Sint Maarten.	

Date: _____
Name traveler

Signature traveler

Date: _____
Name health care worker/immigration

Signature health care worker/immigration



MINISTRY OF PUBLIC HEALTH SOCIAL DEVELOPMENT AND LABOUR
PUBLIC HEALTH DEPARTMENT
SOUALIGA ROAD NO.1
POND ISLAND, SINT MAARTEN

Corona Virus Prevention

Home Care Steps

Your physician has evaluated you and it has been determined that you do not need to be hospitalized and can be isolated at home. You will be monitored by a health care worker of the Collective Prevention Services (CPS). You should follow the prevention steps below until your physician or health care worker says you can return to your normal activities.

Stay home except to get medical care

- You should restrict activities outside your home, except for getting urgent medical care or after consulting with your physician or healthcare worker. Do not go to work, school, or public areas.
- Avoid using public transportation, taxis or sharing transportation with another person.

Separate yourself from other people

- Only persons who live with you, may be in your home.
- Visitors of any kind will not be allowed.
- As much as possible, you should stay in a specific room and away from other people in your home. In this room you should sleep alone.
- Avoid contact with the people you share a home with. No hugging, kisses and sexual contact.
- If possible, you should also use a separate bathroom. If you only have 1 toilet and bathroom in the house, you can share it with your household. However it is important that you clean the toilet and bathroom every day and ventilate every day by opening the window for 30 minutes daily at least.

Wear a facemask

- You should wear a facemask if you are around other people (for example sharing a room or vehicle).
- You should wear a facemask around your pet(s) and before you enter a healthcare provider's office.
- If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you.
- Persons living with you should wear a facemask if they enter your room.
- Your healthcare provider or CPS healthcare worker can provide you with the appropriate mask.

Avoid sharing personal household items

- You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.

Separate yourself from animals in your home

- You should restrict contact with pets and other animals while you are sick with COVID-19, just like you would around other people.
- If you are sick with COVID-19, avoid contact with your pet, including petting, snuggling, being kissed or licked, and sharing food.
- When possible, have another member of your household care for your animals while you are sick.
- If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with pets and wear a facemask.

Call ahead before visiting your doctor

- If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from becoming infected or exposed.

Ensure to practice good hygiene

Cover your coughs and sneezes

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Throw used tissues in the garbage.
- Soap and water should be used if hands are visibly dirty.
- Wash your hands regularly with soap and water. Always do this after coughing and sneezing, after you take off the mask, after you have been to the toilet and after cleaning and cleaning up. Then disinfect your hands with hand alcohol.

- Wash your hands with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.

Clean your hands often

- Wash your hands often with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- Soap and water should be used preferentially if hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

Clean all “high-touch” surfaces everyday

- High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, bedside tables etc.
- Also, clean any surfaces that may have blood, stool, or body fluids on them.
- Use a household cleaning spray or wipe, according to the label instructions.
- Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.
- Wash your hands with soap and water after cleaning.

Monitor your symptoms

- Seek prompt medical attention if your illness/ symptoms is worsening, for exaple difficulty breathing.
- **Before** seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19.
- Put on a facemask before you enter the facility. These steps will help the healthcare provider’s office to keep other people in the office or waiting room from becoming infected or exposed.
- If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.