EXTRAORDINARY MEASURE

The Ministry of Health, as the competent administrative authority, pursuant to Section 80(1)(g) of Act No. 258/2000 Coll., on Public Health Protection and amending certain related acts, as amended (hereinafter referred to as “Act No. 258/2000 Coll.”), orders this Extraordinary Measure, proceeding pursuant to Section 69(1)(i) and (2) of Act No. 258/2000 Coll., to protect the population and prevent the occurrence and spread of COVID-19 caused by the novel SARS-CoV-2 coronavirus:

I.

Effective from 4 November 2020, at latest within 7 days from the effective date of this measure and subsequently at intervals of at least once every 7 days, all social service providers providing long-term inpatient care and all social service providers at homes for persons with medical impairments, seniors’ homes and homes with special regimes, and social service providers providing residential respite care, are ordered to conduct preventive tests to stipulate the presence of the SARS-CoV-2 virus antigen using POC antigen screening tests, performed by an employee who is a healthcare professional, or by a healthcare services provider with which it has concluded an agreement on the provision of healthcare services, among all the patients to whom the facility provides long-term inpatient care, or users of social services. The test is not performed among persons who have been sick with COVID-19 and in whose case 90 days have not passed since the termination of the isolation imposed due to the COVID-19 disease, persons who have undergone an RT-PCR test with a negative result in the past 48 hours before the regular examination and persons in terminal stages of a disease.

II.

All patients or users of social services of the providers specified in point I are ordered, effective from 4 November 2020, to undergo the examinations pursuant to point I.
III.

All providers specified in point I are ordered, effective from 4 November 2020, to proceed as follows. If the result of the POC antigen screening test performed pursuant to point I is

a) positive for the presence of the SARS-CoV-2 virus antigen and the person has clinical symptoms of COVID-19, the person is considered to be suffering from COVID-19, and the provider shall proceed pursuant to point IV and shall isolate this person,

b) positive for the presence of the SARS-CoV-2 virus antigen and the person does not have clinical symptoms of COVID-19, the provider shall proceed pursuant to point V and shall isolate the person until determining the result of the confirmation test to stipulate the presence of the SARS-CoV-2 virus using the RT-PCR method,

c) negative for the presence of the SARS-CoV-2 virus antigen and the person has clinical symptoms of COVID-19, the provider shall proceed pursuant to point V and shall isolate the person until determining the result of the confirmation test to stipulate the presence of the SARS-CoV-2 virus using the RT-PCR method.

IV.

Effective from 4 November 2020, all the providers listed in point I are ordered to report immediately to the locally competent public health protection authority the fact that their patient or social service user with clinical symptoms of COVID-19 has tested positive in the POC antigen screening test for the presence of SARS-CoV-2 virus antigen, and the locally competent public health protection authority is ordered to impose isolation on this person; the extraordinary measure of the Ministry of Health regarding the imposition of isolation in the case of a positive RT-PCR test result for the presence of SARS-CoV-2 shall apply as appropriate to the imposition and termination of isolation.

V.

Effective from 4 November 2020, all the providers listed in point I are ordered to report immediately to the locally competent public health protection authority the fact that its patient or social service user without clinical symptoms of COVID-19 has tested positive in the POC antigen screening test for the presence of SARS-CoV-2 virus antigen, or was negatively tested for the presence of SarS-CoV-2 virus antigen using this test, but has clinical symptoms of COVID-19, and the locally competent public health protection authority is ordered to impose the taking of a confirmation test to determine the presence of the SARS-CoV-2 virus using the RT-PCR method on this patient or social service user. If the result of the RT-PCR test is positive, the locally competent public health protection authority is ordered to impose isolation on this person pursuant to the extraordinary measure of the Ministry of Health regulating the imposition of isolation in the case of a positive RT-PCR test result for the presence of the SARS-CoV-2 virus.

VI.

Effective from 4 November 2020, the providers listed in point I are ordered to report without undue delay
information about every positive POC antigen test result to stipulate the presence of the SARS-CoV-2 virus antigen in their patient or social service user pursuant to point I to the registering healthcare services provider in the field of general practical medicine, who is obliged to report this information electronically to the Information System of Infectious Diseases (ISIN) immediately. If the person does not have a registering healthcare service provider in the field of general practical medicine or the provider is not known, this fact is reported to the locally competent public health protection authority, which is obliged to report this information electronically to the Information System of Infectious Disease (ISIN) immediately.

VII.

This extraordinary measure comes into validity on its issue date and expires on the date when the state of emergency expires.

Rationale:

This extraordinary measure has been issued in connection with the adverse development of the epidemiological situation in terms of the occurrence of the COVID-19 disease caused by the new coronavirus designated as SARS-CoV-2 in Europe and especially in the Czech Republic. This measure is an important prerequisite for preventing the spread of the COVID-19 disease caused by the novel SARS-CoV2 coronavirus in the Czech Republic. The implementation of this measure is essential, with a view to the present adverse epidemiological situation in terms of the occurrence of COVID-19 among the said healthcare and social service providers. Healthcare service providers and providers of in-patient social services should take all anti-epidemiological measures possible to prevent the spread of the COVID-19 disease. Such measures may be considered to include measures pertaining to a modification of the mode of operation of the facilities, consisting primarily of the maximum prevention of the transmission of the SARS-CoV2 virus infection, in particular by separating healthy people from those who are ill and adherence to necessary hygienic and epidemiological measures, including the use of adequate protective respiratory equipment. This measure is focussed on the timely detection of COVID-19 positive persons among the most vulnerable population groups, those being long-term users of healthcare and social services, by defining regular preventive testing using POC antigen tests for the presence of the SARS-CoV-2 virus antigen. This measure is based on the following data: social facilities are among the most common clusters of the COVID-19 epidemic, persons over the age of 65 account for about 90% of those deceased to date in connection with COVID-19 and persons over the age of 65 account for the greatest share of persons hospitalised with COVID-19, ranging between 65 and 75%, the share of seniors over the age of 65 (about 14%) in the prevalence of COVID-19 in the entire population and higher risk of death in connection to COVID-19 disease. Healthcare facilities are among the three most common clusters for the COVID-19 disease in the current epidemic; the viral load among healthcare professionals is high, about 1,000 healthcare professionals are infected daily; healthcare professionals risk infection from their regular personal lives, but also from infected patients who may show no symptoms of the disease in the course of providing healthcare, and may be a source of infection for healthcare professionals; at inpatient healthcare facilities, there may be close and lasting contact between patients, hence there is a risk of the easy spread of COVID-19 and an undetected SARS-CoV-2 positive patient at an inpatient healthcare
facility may pose a risk to the other hospitalised patients and the attending medical staff.

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