

HOTEL ISOLATION FACILITY

Pre – Conditions for applying for isolation facility:

- Available for those in the age group of 18yrs – 60yrs
- SPo2 – In % 94% or above only
- Body Temperature – below 100F only (has to be controlled by paracetamol or Dolo)
- Doctor's prescription to be produced which needs to have the medicines prescribed, advise on home isolation and other investigations done

Process for booking a hotel isolation facility:

- The Hotel isolation request form appended below needs to be sent to stay_ifacility@apollolifeline.com and stayi_support@apollolifeline.com with a copy to StayInformed@paypal.com.
- The request application has to be made along with all relevant documentation including but not limited to
 - a. Doctor's prescription advising isolation
 - b. Aadhar card copy
 - c. Application form
- Apollo Hospitals will review the application along with all details provided and endeavor to revert to the requester within 6 hours either confirming or declining the request based on availability and the admission criteria. This process will include
 - a. Review by a medial practitioner from Apollo
 - b. Requests being considered on a first cum first serve basis, with priority given to severity of medical conditions as adjudged by the Apollo medical practitioner
- Process during check in once the request is confirmed from Apollo hospitals:
 - a. Soft copy of the email confirming admission by Apollo Hospitals
 - b. Submission of a soft copy of Photo ID is mandatory. In case of foreign national passport and visa copy needs to be provided on an email once the booking is confirmed.
 - c. Consent/disclosure forms to be filled and signed by the requestor as provided at such Stay I – Hotel Facility- *appended below for your reference*
 - d. The individual has to sign and submit a liability waiver form.
- The individual shall be entitled to check-out only per the guidelines of the doctor and based on the doctor prescription.

Services Offered:

- Apollo Hospital will be stationing a Nurse 24/7 at each Stay I – Hotel Facility. The nurse will collect/check the vitals twice a day.
- Virtual consultation with a doctor will be enabled once a day. The doctor schedule shall be determined by Apollo Hospital or the concerned doctor
- Oxygen Cylinders will be placed on standby at the facility and O2 support will be provided on a need basis. The Identified Person/employee will be moved to the hospital for further stabilization and monitoring if required. subject to the terms of the MOU (hospital charges will be additional).

What is not covered:

- Testing facilities including blood tests
- Transportation between the residence/ office/airport or any other place to the Stay I – Hotel Facilities
- Delivery of medicines
- Hospitalisation

FAQ

Who does it cover?

The hotel isolation facility can be availed by employees and their family members who are covered by PayPal's insurance policy.

Can I use it for my family members like siblings who are not covered by insurance?

No. The hotel isolation facility can only be availed by employees and their family members who are covered by PayPal's insurance policy.

Is the cost of food covered?

Yes. Breakfast, lunch and dinner will be covered.

Do I have to pay for any other associated costs?

The cost of the stay and three meals- breakfast, lunch and dinner is included. Any other medical costs, medicines, equipment, testing, etc will need to be paid by the employee/ family member as per actuals. The cost of hospitalisation is also additional and will need to be paid to the hospital.

Hotel Isolation Admission Form:

Question	Answer	REMARKS
COMPANY NAME		Mention your company name
CITY LOCATION		Bangalore, Chennai, Hyderabad, Mumbai, Delhi etc
NAME OF THE EMPLOYEE		
EMP ID		
DATE OF BIRTH		In Yrs. (Only 18 to 60) Any one below the age of 18 has to be accompanied by an adult. Apollo is not able to monitor them effectively. The adult has to take full responsibility
AGE		
CONTACT NO		
EMAIL ID		
BOOKING FOR SELF/FAMILY		If the booking is for both Self and Family member - TWO separate forms to be filled
REASON FOR Isolation and CURRENT SYMPTOMS		COVID POSITIVE/ or FEVER ETC
ISOLATION ADVISED BY		Pls Mention - By DOCTOR/GOVT AUTHORITY/SELF QUARANTINE FOR 14 days
SPO2 READING		in % (94% or above only)
BODY TEMPERATURE		in Degree F (below 100 only). Has to be controlled by paracetamol or Dolo
CT SCAN SEVERITY SCORE		Pls refer to your CT Scan Report and provide the score on scale of 25. If CT SCAN is not available , Pls mention "Scan not done"
ANY CHRONIC ILLNESSES		Mention if any chronic Illness like THYROID, Diabetes, etc
Any ongoing treatment or medication		Pls mention YES if any & ALSO IMP to mention about the treatment For Ex: Diabetic for last 5 years or Thyroid for last 4 yrs etc
		Mention 'NO' if no medication or treatment
Hospitalization in the last 5 years		Pls mention YES if any & ALSO IMP to mention about hospitalization For Ex: 2 weeks of hospitalization for Heart surgery, Fractured Leg etc
		Mention 'NO' if no Hospitalization
Surgeries in the last 5 years		Pls mention YES if any & ALSO IMP to mention about Surgeries For Ex: Heart surgery, Ear drum surgery etc
		Mention 'NO' if no Surgeries
Emergency CONTACT NAME		
Emergency CONTACT MOBILE NO		
HR MAIL ID	Stayinformed@paypal.com	

Consent/disclosure form which will be provided at the Stay I – Hotel Facility

CONSENT FOR STAY-I ISOLATION FACILITY

I, _____ have been briefed by a medical professional about my medical condition and have been advised to stay at a facility which provides an isolation room for *(Please tick the appropriate option):* -

- Self-quarantine for a period 14 days.
- As advised by my doctor
- As advised by government authorities

I state that I am below 60 years of age and do not have any chronic medical condition requiring continuous monitoring / medical supervision like Insulin dependent diabetes, hypertension, coronary artery disease

I have read and understood the requirements/protocols to be followed during the entire stay, which are as follows:

1. I agree to carry a valid identity and address proof – as mandated by the regulatory authorities.
2. I agree to carry a stock of my regular medications for 14 days and I shall furnish a prescription for the same at the time of admission.
3. I understand that drinking water will be provided to me while check-in and refills will be provided on need basis and food will be provided 3 times everyday (breakfast, lunch and dinner).
4. I understand that NO visitors to be allowed.
5. I agree NOT to step out of the room. In case there is an emergency or any other reason, which requires me to leave my room, an in-house nurse / health supervisor will have to approve and agree for me to do so.
6. I agree that the used disposable plates and used linen are to be placed by me outside the room inside the disposable bags provided. I understand I must only use the dustbins kept in the rooms for collecting any disposable waste during the day/night.
7. I understand that entry to the Kitchen and washing area will be prohibited at the facility.
8. I understand that the doors to the rooms are to be kept closed at all times and daily attendance will be taken by property manager through the intercom.
9. I agree to read and follow the **Isolation Policy** document available in the room.
10. I understand that during room cleaning and repair, I will wait near the door in the corridor.
11. I understand that, in case of any contact with fellow inmates is required, I am expected to wear a mask, avoid shaking hands and to keep a distance of 1 meter.
12. I agree to avoid touching items of common use & wash my hands especially before & after food and after touching any objects.
13. I agree to attend the mandatory tele-consultations with an **Apollo Doctor**, at least once a day.
14. I have been informed that my vitals would need to be checked and recorded twice a day and any abnormalities will be informed to the Medical team for further actions.
15. Upon exhibiting any symptoms like fever, cough, difficulty in breathing, or gastrointestinal symptoms, I am required to immediately notify the supervisor at the facility, who will then inform the City Medical Lead and I may have to be shifted to an Isolation facility at the Hospital for further monitoring / testing / treatment.
16. I understand that isolation at Stay-I does not guarantee a hospital bed if I may require one. I further understand that Stay-I is not a medical centre or a hospital and neither party shall be liable for any reason whatsoever regarding my medical conditions.
17. I agree and consent to AHEL reporting all relevant details as may be required by the concerned government authority and/or in accordance with applicable laws with respect to my stay at the hotel for quarantine purpose including but not limited to check-in and check-out at the hotel and all personal information as may be required by the government authority

Name:

Name (Witness) -

Signature:

Signature -

Date:

Date -