



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 7, 2020

DEPARTMENT MEMORANDUM

No. 2020 - 0161

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS, SERVICES AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; DIRECTOR GENERAL OF PHILIPPINE INSTITUTE OF TRADITIONAL MEDICINE AND ALTERNATIVE HEALTH CARE; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL SECRETARIAT AND TREATMENT AND REHABILITATION CENTERS AND ALL OTHERS CONCERNED

SUBJECT: Interim Guidelines on Step Down Care for COVID-19 Response

I. BACKGROUND

The Philippines was declared under a State of Public Health Emergency due to the acceleration and expansion of confirmed COVID-19 cases. With the number of COVID-19 cases observed to rise, the capacity of all our health facilities are expected to be fully utilized.

Step-down care is often used to describe a transition from high-complex care to care of lower complexity while ensuring provision of continuous and appropriate care to patients. This concept provides guidance on the delineation of roles of health facilities within networks in order to maximize resources and ensure quality care for the management of confirmed COVID-19 patients.

In order to maximize the capacity of existing health facilities, optimize the delivery of care, and ensure that timely and quality care is provided, the Department of Health (DOH) hereby issues these interim guidelines on Step Down Care for COVID-19 Response.

II. SCOPE AND COVERAGE

This guideline shall cover all government or private hospitals and infirmaries catering to confirmed COVID-19 cases for step-down care.

III. GENERAL GUIDELINES

- A. All Level 1 hospitals, infirmaries or Temporary Treatment and Monitoring Facilities (TTMF), whether government or private, shall cater to clinically recovered probable or confirmed COVID-19 patients who meet the step down care criteria.

- B. The step down care facilities shall accept properly coordinated referrals of patients for step down care from Level 2, Level 3, or COVID-19 Referral Hospitals.
- C. All step down care facilities shall provide the necessary services with appropriate human resources, supplies, equipment, and infrastructure for step down care.
- D. All provinces and cities shall identify strategically-located Level 1 hospitals, infirmaries, and TTMFs that may serve as step-down care facilities for COVID-19 response within their catchment area which will be linked to higher level of facilities.
- E. PhilHealth shall develop appropriate COVID-19-related packages that shall apply in step down care facilities.
- F. All facilities shall report their admitted COVID-19 cases and referrals to the DOH and authorized LGU personnel in accordance with AO 2020-0013, *“Revised Administrative Order No. 2020-0012 Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health”*. Likewise, these facilities shall report their essential supply and logistics to DOH as stated in DM 2020-013, *“Interim Guidelines on Harmonized and Daily Health Facility Reporting of COVID-19-Related Essential Resources and Supplies Using the DOH DataCollect Application”*.

IV. SPECIFIC GUIDELINES

A. Criteria of Patients for Step Down Care

1. Admitted probable and confirmed COVID-19 positive patients who meet all of the following criteria:
 - a. Clinically recovered or stable (with resolution of symptoms) ; and
 - b. Completing the 14-day quarantine protocol or waiting for a repeat test.
2. Resolution of symptoms may include the following:
 - a. The body temperature returns to normal > 3 days;
 - b. Respiratory symptoms have improved significantly; and
 - c. Chest radiograph shows significant improvement.

B. Service Capability of Step Down Care Facilities.

The step down care facilities shall provide the following services, human resources, infrastructure, and equipment:

1. Services

- a. Non-intensive inpatient care in isolation rooms or COVID-19 confirmed wards;
- b. Close monitoring of the patient’s status and symptoms;
- c. Facilitated repeat testing for COVID-19 according to latest guidelines and algorithms;
- d. Facilitated referral and ambulance transfer of patient to Level 2 or Level 3 hospital should the patient experience worsening of symptoms; and

- e. Facilitated referral and transfer of patients to other specialized health facilities such as dialysis clinics or other diagnostic facilities, as deemed necessary by the attending physician.

2. Human Resources for Health (HRH)

- a. Access to trained personnel for specimen collection; and
- b. HRH with appropriate PPE to handle step down care patients:
 - i. HRH assigned for direct patient care for COVID-19 cases shall have a full set of PPEs, which includes a surgical mask (ideally 3-ply), gown, gloves, and goggle or face shield.
 - ii. For aerosol-producing procedures such as intubation, a full set of PPE using N95 mask or FFP2 mask, apron, and face shield is needed.
 - iii. HRH in triage, wards, corridors, and admin areas shall be given face masks.
 - iv. Drivers for transfers shall have a full set of PPEs, which includes a surgical mask (ideally 3-ply), gown, gloves, and goggle or face mask.

3. Equipment and Infrastructure

- a. A converted ward or isolation rooms for admission of COVID-19 patients for step down care with adequate ventilation following the recommended spatial separation between patients between patients set in DM 2020-0062 and its amendments, “Guidelines on the Standards of Airborne Infection Isolation Room and Conversion of Private Rooms and/or Wards into Temporary Isolation Rooms for the Management of Patients Under Investigation (PUI) for 2019 Novel Coronavirus (nCoV)” and its amendments.
- b. A designated area for Donning and Doffing of PPE adjacent to the COVID-19 ward or isolation unit;
- c. Separate entrances for COVID-19 patients, Non COVID-19 patients, and health care workers; and
- d. Available Level I (Basic Life Support) Ambulance to transfer confirmed COVID-19 patients with personnel equipped with a full set of PPEs, following proper disinfection protocols after every use.

C. Infection Prevention and Control Protocols and Standards

- 1. Hand hygiene shall be strictly adhered by all personnel following the proper hand hygiene/hand washing technique and the Five Moments of Hand Hygiene of WHO.
- 2. Alcohol-based hand rubbed shall be placed at point-of-care areas and other areas of the facility.
- 3. Personal Protective Equipment (PPE) shall be used based on the nature of interaction with the patient and the procedures or tasks to be undertaken.
- 4. Standard precaution shall be applied at all times. Additional contact and droplet precautions shall also be practiced in areas of patient care.
- 5. Semi-critical and non-critical items such as medical equipment shall be disinfected after each patient's use.

6. A 1:10 or 1:100 dilution of sodium hypochlorite solution shall be used for environmental decontamination of patient areas, horizontal surfaces and frequently touched surfaces
7. The following protocols for disinfection shall be considered:
 - a. Cleaning solutions shall be prepared daily or as needed.
 - b. Damp cleaning shall be used instead of dry dusting or sweeping to avoid possible generation of infectious aerosol.
 - c. Equipment used for cleaning and disinfecting shall be cleaned and dried after each use and before storage.
 - d. To facilitate daily cleaning, all areas around the patient must be free from unnecessary supplies and equipment.


D. Protocol of Referrals

1. COVID-19 Referral Hospitals, Level 3 and 2 Hospitals shall directly coordinate with step down care facilities for patient referrals or through Centers for Health Development (CHDs), when appropriate. Proper referral shall be observed with the following:
 - a. Endorsement of the patient's case to the receiving facility prior to transfer;
 - b. Confirmation of the transfer of patient by an authorized personnel in-charge of accepting referrals for the shift;
 - c. Proper documentation; and
 - d. Transportation of the patient with HRH wearing the prescribed PPE when necessary.
 - e. Step down care facilities shall properly refer to COVID-19 Referral Hospitals, Level 3 and 2 Hospitals in the event that the patient develops worsening of symptoms needing tertiary inpatient care.
2. The Hospital Epidemiology and Surveillance Unit shall regularly update RESU on the suspect, probable, and confirmed COVID-19 cases referred without delaying patient transfer and care.
3. Transportation with adequate Human Resources equipped with PPEs shall be the responsibility of the originating facility or the LGU in accordance with Republic Act No. 10392, "Anti-Hospital Deposit law".

E. Guidelines on Discharge

1. The Attending Physician shall assess the medical status of the patient and decide on the patient's disposition.
2. Patients may be discharged from the step down care facility upon clearance by the attending physician subject to criteria consistent with endorsed clinical practice guidelines.
3. Transfer of recovered patients to the community shall be facilitated by the step down care facility in coordination with the appropriate LGU and the DOH-CHD.

For strict compliance.


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Secretary of Health