DEPARTMENT MEMORANDUM
No. 2020-0189

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

SUBJECT: Updated Guidelines on Contact Tracing of Close Contacts of Confirmed Coronavirus Disease (COVID-19) Cases

I. BACKGROUND

On January 30, 2020, the World Health Organization (WHO) declared the Coronavirus Disease 2019 (COVID-19) as a Global Public Health Emergency of International Concern (PHEIC). This declaration was a call to action for all countries to prepare for containment, which include active surveillance, early detection, isolation, case management, and contact tracing to prevent further spread. By March 11, 2020, the WHO declared COVID-19 a pandemic, with 118,000 reported confirmed cases affecting 110 countries and territories. On March 12, 2020, President Rodrigo Roa Duterte raised the national code alert for COVID-19 to Code Red Sublevel 2.

On March 24, 2020, the President announced the creation of a National Task Force for COVID-19, adopting a whole-of-government approach in addressing COVID-19. Hence, there is a need to update the Department of Health (DOH) Department Memorandum (DM) 2020-0068, entitled “Interim Guidelines on Contact Tracing for Confirmed 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Cases” to also adopt these approach.

II. DEFINITION OF TERMS

A. Contact tracing – the identification, listing, and follow-up of persons who may have come into close contact with a confirmed COVID-19 case. Contact tracing is an important component in containing outbreaks of infectious diseases. Under Code Red Sublevel 2, contact tracing is aimed at mitigating the spread of the disease.

B. Close contact – a person who may have come into contact with the probable or confirmed case two days prior to onset of illness of the confirmed COVID-19 case (use date of sample collection for asymptomatic cases as basis) until the time that said cases test negative on laboratory confirmation or other approved laboratory test through:
1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
2. Direct physical contact with a probable or confirmed case;
3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; OR
4. Other situations as indicated by local risk assessments.

C. **Confirmed COVID-19 case** — any individual who tested positive for COVID-19 through laboratory confirmation at the national reference laboratory, subnational reference laboratory, or a DOH-certified laboratory testing facility.

D. **Probable COVID-19 case** — a suspect case who fulfills anyone of the following listed below:
   a. Suspect case whose testing for COVID-19 is inconclusive; or
   b. Suspect who tested positive for COVID-19 but whose test was not conducted in a national or subnational reference laboratory or officially accredited laboratory for COVID-19 confirmatory testing
   c. Suspect case who died without undergoing any confirmatory testing

E. **Suspect COVID-19 case** — a person who is presenting with any of the conditions below:
   a. All SARI cases where NO other etiology that fully explains the clinical presentation.
   b. ILI cases with any one of the following:
      i. with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset; or
      ii. with contact to a confirmed or probable case of COVID-19 disease during the 14 days prior to the onset of symptoms.
   c. Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions:
      i. Aged 60 years and above;
      ii. With a comorbidity;
      iii. Assessed as having a high-risk pregnancy; and/or
      iv. Health worker

III. **GENERAL GUIDELINES**
A. Contact tracing is one of the main public health interventions for COVID-19 response and shall be the responsibility of the whole government.
   1. The Department of Health, through the Epidemiology Bureau (EB), shall provide guidelines and oversight for all contact tracing activities.
   2. The external agencies engaged in COVID-19 response shall comply with their specific roles and corresponding operational guidelines issued by the National Task Force for COVID-19 response

B. The goals of contact tracing are as follows:
   1. To interrupt ongoing transmission and reduce the spread of infection;
   2. To alert close contacts to the possibility of infection and offer preventive counselling or care; and
   3. To understand the epidemiology of a disease in a particular population

C. Contact tracing shall be initiated after case investigation of every reported confirmed COVID-19 cases, to include the following actions:
1. Identify settings where the contacts have visited or social interactions where the contacts have been exposed.
2. Identify all social, familial, work, and health care worker contacts who have had contact with a confirmed case from 2 days before symptom onset of the case (use date of sample collection for asymptomatic cases as basis) until the time that said case test negative on laboratory confirmation.
3. Create a line list, including demographic information and geographic information at barangay and sitio levels, date of first and last exposure or date of contact with the confirmed or probable case, and, for symptomatic close contacts, date of onset of fever, respiratory symptoms, or other significant signs and symptoms;
4. Thoroughly document the common exposures and type of contact with the confirmed or probable case for any contact who become infected with COVID-19.

D. Contact tracing shall prioritize listing of the following close contacts:
   1. Health workers who attended to the confirmed COVID-19 case
   2. Individuals who lived with the confirmed COVID-19 case
   3. Individuals who worked with the confirmed case, and
   4. Vulnerable populations as identified in the demographic vulnerabilities tool

E. For suspect COVID-19 cases, we shall list the individuals they were in contact using these same guidelines and advise these individuals accordingly. This list shall facilitate contact tracing for suspect cases who may become re-classified as probable or confirmed cases.

F. In order to ensure that the data privacy rights of the patient/data subject are respected and that the data or information processed are protected, the provisions on data privacy under Republic Act No. 11332 or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act, the provisions of the Data Privacy Act of 2012, its Implementing Rules and Regulations (IRR) and other issuance of National Privacy Commission (NPC) shall be strictly complied with. The aforementioned law, rules and issuances shall also govern in case disclosure shall be made by the DOH or other agencies involved in the contact tracing to third parties. The guidelines for processing and disclosure of the personal information of patient/data subject are attached in Annex A.

G. As stated in DILG Memorandum Circular 2020 - 062, “Barangay Health Emergency Response Teams (BHERTs) are designated to help combat the spread of COVID-19 by managing, on the barangay level, Persons Under Investigation, and those who came in contact with them. BHERT members are also tasked with the monitoring and reporting of PUIs within an LGU jurisdiction.” Hence, Barangay LGUs, through the BHERTs, shall, after acting as the navigator during contact tracing, monitor the health status of all close contacts. Furthermore, LGUs may add barangay population volunteers to BHERTs.

IV. SPECIFIC GUIDELINES

A. Identification of Contacts of Suspect COVID-19 Cases

1. For identified suspect COVID-19 cases, data fields of the COVID-19 Case Investigation Form (CIF) \((\textit{See Annex B})\) shall be submitted, including the initial list of contacts for suspect COVID-19 cases using the definition stated in this issuance.

2. Information in the CIF shall be encoded in a DOH-registered COVID-19 Information System.

3. All suspect cases shall be advised that this list shall be endorsed to the concerned local government unit who shall a) inform identified contacts of the possible exposure, b) advise them to practice self-quarantine and self-monitoring, and report development or progression of sign or symptoms, and c) update them as to laboratory status of suspect COVID-19 case and re-classify them, as needed.

B. Case Investigation and Contact Tracing for Probable and Confirmed COVID-19 Cases

1. DOH-EB shall immediately notify the concerned RESU for each new reported confirmed COVID-19 case. The RESU shall immediately notify the Regional and Assistant Regional Directors of Centers for Health Development regarding the new confirmed COVID-19 case, who in turn shall inform concerned provincial, city or municipal LGU through its Provincial Epidemiology and Surveillance Unit (PESU) and City Epidemiology and Surveillance Unit (CESU) or Municipal Epidemiology and Surveillance Unit (MESU).

2. The following shall conduct case investigation and collect data fields of the COVID-19 Case Investigation Form (CIF) \((\textit{Annex B})\) and Travel History Form \((\textit{Annex C})\), or any information technology system registered to DOH and/or validated by DICT. They shall generate a list of close contacts \((\textit{Annex D})\) upon completion of case investigation that shall be forwarded to the local contact tracing teams.

   a. C/MESU for local government units who have established them

   b. PESU for health offices at the municipal and component city level in the absence of city or municipal personnel capable of conducting case investigation

   c. RESU for health offices of provinces and highly urbanized cities in the absence of personnel capable of conducting case investigation

3. All health facilities that conducted sample collection and/or testing, consultation, and/or admission of confirmed COVID-19 cases shall ensure that P/C/MESUs are provided access to the complete medical record of the confirmed COVID-19 case and shall help facilitate the interview of the confirmed COVID-19 cases, and his/her relatives, caregivers, and/or guardians.

4. Upon receipt of close contact lists from R/P/C/MESUs, local contact tracing teams (LCTTs) shall rigorously locate, profile \((\textit{Annex E})\), and assess \((\textit{Annex F and G})\) all close contacts. The LCTTs shall identify symptomatic close contacts who fit the
COVID-19 case definition based on AO 2020-0013 and test and isolate using the same guidelines.

5. For close contacts not fitting any of the COVID-19 case definitions, the LCCT shall classify and test these close contacts based on DM 2020-0180 Revised Interim Guidelines on Expanded Testing for COVID-19.

6. Sample collection shall be performed by the concerned P/C/MESU.

7. If close contacts reside outside the jurisdiction of the concerned P/C/MESU but reside in the same region, the RESU shall endorse the list of these close contacts to the appropriate P/C/MESU.

8. If close contacts reside both outside the jurisdiction of the concerned P/C/MESU and the region, the RESU shall endorse the list of these close contacts to the appropriate RESU, who shall endorse to the appropriate P/C/MESU.

C. Contact Tracing in Areas with Community Transmission

1. All P/C/MESUs in areas with community transmission shall continue conducting case investigation, testing, and contact tracing to reduce transmission of COVID-19.

2. The LCCTs in these areas may conduct contact tracing until 2nd generation transmission, and/or prioritize less affected communities and/or high risk close contacts, which includes health workers, non-health workers with high risk exposure, and people working with vulnerable populations (e.g. elderly care workers)

3. Conduct of case investigation, testing, and contact tracing in these areas shall be complemented by other measures, such as work/school suspension, community quarantine and physical distancing, to effectively reduce COVID-19 transmission.

D. Composition and Coordination with Local Contact Tracing Teams (LCTT)

1. The LCTT shall be composed of the following:
   
   **Team Leader:** City or Municipal Health Officer  
   **Co - Team Leader:** City or Municipal Philippine National Police Chief  
   **Members:** City or Municipal Philippine National Police; physicians, nurses, midwives, and/or sanitary inspectors from the City or Municipal Health Office, local population officers, workers and volunteers from the City or Municipal Population Office, Bureau of Fire Protection, City or Municipal Disaster Risk Reduction and Management Office, Barangay Health Emergency Response Team; other staff or individuals who shall be designated/deputized by the Team Leaders

2. DOH Centers for Health Development may deploy Human Resources for Health for contact tracing.

3. Other agencies, such as the Commission on Population and Development, and the Armed Forces of the Philippines, may also be deputized to assist in contact tracing.
E. Monitoring of Close Contacts under Quarantine

1. The Barangay LGU, through the BHERT, supported by other volunteers and contact tracing personnel shall monitor close contacts under quarantine for the development or progression of signs and symptoms of the disease.

2. The BHERT shall update all contacts’ Signs and Symptoms Log Forms (Annex H) daily.

3. Any previously asymptomatic close contact who develops signs and symptoms shall be referred by the BHERT to the P/C/MESU and shall be re-assessed, re-classified, managed depending on classification as specified in Annex D.

4. Any symptomatic close contact who by the end of the 14-day quarantine remained symptomatic but still does not fit suspect case definition, should be re-assessed and managed as per current clinical practice guidelines. Said close contact should remain in self-isolation while undergoing said assessment.

F. Certificate of Quarantine Completion

1. The Provincial, City or Municipal Health Officer, upon the recommendation of the P/C/MESU, shall issue a Certificate of Quarantine Completion (Annex I) to all close contacts who shall successfully complete the 14-day home-based quarantine and is asymptomatic at the end of the 14-day quarantine.

2. Close contacts who remained symptomatic by the end of the 14-day quarantine shall be issued a certificate of quarantine completion by the physician who monitored his clinical course until resolution of his medical condition.

G. Recording and Reporting

1. All P/C/MESUs shall submit information gathered during case investigations to the RESU daily by 5:00 PM. The RESU shall in turn submit these to EB immediately.

2. All LCTTs shall submit information gathered during contact tracing to the P/C/MESUs, who shall submit to the RESU daily by 5:00PM. The RESU shall in turn submit these to EB immediately.

3. All BHERTs shall submit daily monitoring data of contacts to the P/C/MESUs, who shall submit to the RESU and EB by 10:00 AM the following day.

4. Hospitals shall submit status updates of admitted COVID-19 cases (Annex J) to the RESU. The RESU shall submit these updates daily to EB by 5:00 PM.

5. In the interim, a ladderized information flow (Annex K) shall be observed, starting from LCTTs, to P/C/MESUs, to RESUs, and to EB. In the future electronic submission of contact tracing data shall be utilized to ensure timely submission and validation of data at all levels.

H. Use of Information and Communications Technologies related to Contact Tracing

1. All contact tracing applications or technologies should include the necessary data fields, conform to DOH contact tracing protocols, and shall be cleared by the
national lead of contact tracing following the standards developed by the Knowledge Management and Information Technology Service (KMITS) of DOH.

2. All entities interested to develop contact tracing applications and technologies should be registered to the National Privacy Commission and should conform to the provisions of the Data Privacy Act of 2012 including, but not limited to, assigning data protection officers and ensuring policies on data protection and breach management protocols.

I. Protecting Data Privacy of COVID-19 Cases and Close Contacts

1. Pursuant to Data Privacy Act of 2012, declaration forms shall be given to and signed by COVID-19 patients and close contacts, or their relatives, caregivers, and/or guardians, prior to conducting epidemiologic investigation or close contact interviews. A privacy notice shall be provided to inform patients and contacts on the processing of information.

2. All identified close contacts shall be assigned anonymised identification for the purpose of information sharing to or data analysis by individuals other than the personal information controller or those designated to have access to personal and sensitive information. Names and other unique identifiers shall NOT be released publicly or shared with entities not directly involved in the care of the patient, or entities unauthorized by law or other legal instruments to process such information, without the patient’s consent. Violations of this provision shall be punishable by the penalties set under the Data Privacy Act.

3. Only information relevant to the contact tracing shall be collected. The DOH reserves the right to release information on COVID-19 cases that are relevant for public health interventions without full disclosure of the case’s identity.

4. The DOH with other government agencies involved and/or contributing to the contact tracing shall form a memorandum of agreement on data sharing to ensure proper use and accountability of personal information being collected.

5. The Epidemiology Bureau shall be the personal information controller who will be responsible for directing all actions related to the data, including the use of personal information needed for the conduct of COVID-19 response activities such as contact tracing.

6. The RESU, the P/C/MESU, other surveillance units, and deputized agencies shall identify their personal information processors and shall be responsible for assigning a data protection officer and data protection controls such as privacy and breach management.

V. ROLES AND RESPONSIBILITIES

A. The EB shall:

1. Provide technical supervision on the joint contact tracing activity by the RESU and concerned LGU;
2. Design recording and reporting systems and applications to ensure timely submission of complete and valid data; and,
3. Coordinate with appropriate national government agencies to secure records and documentations needed for contact tracing

B. The KMITS shall:
1. Develop standards for applications and technologies for contact tracing and other COVID-19 mitigation efforts and ensure that they conform to mutually agreed protocols.
2. Undertake appropriate monitoring and evaluation activities to ensure quality of system implementation, including adequacy of control mechanisms, security management, and feedback system; and,
3. Provide direction on resolving technical issues and concerns related to the development, implementation, and use of the contact tracing applications or technologies.

C. The RESU shall:
1. Ensure timely and appropriate coordination with concerned LGU and other regional and local offices, institutions, and officials, as needed;
2. Ensure timely endorsement of list of confirmed cases to concerned P/C/MESU
3. Supervise conduct of case investigations
4. Facilitate collection of laboratory specimens while the LGUs and health facilities are not yet trained in specimen collection, storage, and transport;
5. Regularly monitor conduct of contact tracing and provide technical assistance to the LGU and catchment hospitals;
6. Ensure timely submission of all data gathered to EB, preferably using standardized forms and the COVID-19 Information System; and,
7. Orient and/or train LGU, health facilities, and concerned agencies on contact tracing guidelines and recording and reporting systems, even in the absence of confirmed COVID-19 cases in the LGU.

D. The LGU and its P/C/MESU shall:
1. Draft case investigation plans;
2. Conduct case investigation and specimen collection;
3. Conduct appropriate management and referral, as needed, of symptomatic close contacts;
4. Facilitate transportation for suspect and probable cases that need to be referred to higher level of care, as well as for samples to be submitted to the laboratory;
5. Ensure timely submission of close contact profiles and monitoring to RESU; and,
6. Orient and/or train the local contact tracing and monitoring teams.

E. The LCTT Leader and Co-Team Leader shall:
1. Draft contact tracing plans;
2. Secure the list of confirmed COVID-19 cases from the P/C/MESU concerned;
3. Locate all confirmed cases and secure the areas where the cases are located;
4. Prepare and provide needed logistics for contact tracing;
5. Regularly coordinate with the P/C/MESU for updates;
6. Ensure that reports are submitted on time to the P/C/MESU;
7. Ensure that members of the LCTTs are oriented and trained
8. Ensure that the data privacy rights of patients and individuals subjected to contact tracing are protected; and
9. Utilize the Demographic Vulnerability Tool downloadable from the POPCOM website (http://popcom.gov.ph) in planning and implementing its task.

F. The members of the LCTT shall:

1. Conduct contract tracing;
2. Conduct immediate transport of close contacts for health facility isolation;
3. Provide health education to close contacts;
4. Submit accomplished forms to the Team Leader and Co-Team Leader;
5. Conduct daily monitoring of close contacts for 14 days each;
6. Assess previously asymptomatic close contacts presenting with symptoms at any point during the duration of the quarantine; and,
7. Refer symptomatic close contacts to the Team Leader or Co-Team Leader for assessment and facilitate transport for immediate referral, as needed.

G. The BHERTs shall:

1. Serve as the navigator of the LCTT and help to locate all contacts;
2. Conduct regular monitoring and assessment of close contacts under quarantine;
3. Submit timely and accurate Individual Signs and Symptoms Log Forms to the P/C/MESU; and,
4. Immediately refer to the LESU all close contacts who shall develop signs and symptoms while under quarantine.

H. The health facilities (public and private) shall:

1. Cooperate fully with the DOH-EB and its regional and local counterparts by ensuring that LCTTs are provided access to medical records, facilitating case interviews, and conducting other case investigation and contact tracing activities by virtue of R.A. 11223 and R.A. 11332; and,
2. Submit Case Investigations Forms and Travel History, Places Visited, and Events Attended Forms using the COVID-19 Information System.

FRANCISCO V. DUQUE, III, MD, MSc
Secretary of Health
Annex A. Guidelines for Processing and Disclosure of the Personal Information of Patient/Data Subject

1. The information collected by the DOH and its partner agencies shall be referred to as “Patient Identifiers or Patient Data”. The said information shall include the full name of the individuals, his/her address, age, birthdate, PhilHealth Number, Existing Illness or Comorbidities and other information deemed necessary for the purpose of contact tracing.

2. The patient/data subject shall be informed of the purpose and reason why his/her personal information are collected by the DOH and its partner agencies, including the possibility that the information will be disclosed to other government authorities and authorized persons to provide an effective response during this COVID-19 pandemic.

3. All personnel, volunteers or individuals who will participate in the contact tracing activity shall sign a Non-Disclosure Agreement (NDA) beforehand to ensure that unauthorized disclosure will be prevented.

4. Patient Identifiers or Patient Data of all suspected, probable and confirmed COVID-19 cases as identified by the DOH and its partner agencies during the conduct of contact tracing must be reported to the DOH and its designated/deputized public health authorities serving as partner agencies pursuant to this Guidelines.

5. The national and local governments shall only use the Patient Identifiers or Patient Data for the purpose of planning policies and adopting measures of response for this COVID-19 pandemic. Use of data for other purposes not related to the COVID-19 Health Emergency shall be prohibited.

6. Disclosure of Patient Identifiers or Patient Data shall be limited to authorized entities, officers, personnel and concerned individuals only. The said disclosure is allowed if the same will serve a public purpose or function during this COVID-19 pandemic.

   Disclosure to the public, the media or any other public-facing platforms without the written consent of the patient or his/her authorized representative or next of kin, shall be strictly prohibited.

7. Any disclosure by the DOH to third parties shall be embodied in a Data Sharing Agreement (DSA) as provided by NPC Circular No. 16-02 (Data Sharing Agreements Involving Government Agencies) dated October 10, 2016.

   Partner agencies must first obtain the written consent of the DOH before they can disclose Patient Identifiers or Patient Data to third parties, and the said disclosure shall likewise be embodied in a DSA.

8. Any violation or breach of the data privacy rights of the patient/data subject shall be dealt with, in accordance to the provisions on data privacy under Republic Act No. 11332, the provisions of the Data Privacy Act of 2012, its IRR and other issuances of the NPC. Upon the termination of this undertaking and once its purpose has been served, the Patient Identifiers or Patient Data shall be disposed of in accordance with the aforementioned law, rules and issuances governing Data Privacy.
Annex B. COVID-19 Case Investigation Form

**Case Investigation Form**

**Coronavirus Disease (COVID-19)**

**Name of Investigator:**

**Date of Investigation:**

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**Disease Reporting Unit:**

**Resident Address:**

- Street/Brgy:
- Municipal/Province:
- Zip Code:
- Contact No.:
- Email Address:

**Non-Resident Address:**

- Street/Brgy:
- Municipal/Province:
- Zip Code:
- Contact No.:
- Email Address:

**Name of Subject:**

- First Name:
- Middle Name:
- Last Name:
- Date of Birth (DD/MM/YYYY):
- Sex:
- Age:
- Vital Status:
- Civil Status:
- Nationality:
- Birthplace No.:
- Present No.:

**History of Travel/Exposure to other countries with known COVID-19 transmission:**

- Date of travel to the specific country:
- Duration of stay in the specific country:
- Reason for travel:
- Mode of transportation:
- Date of return to the Philippines:

**Exposure History:**

- Date of onset of symptoms:
- Date of contact with confirmed COVID-19 case:
- Date of travel to the country with confirmed COVID-19 cases:
- Date of contact with confirmed COVID-19 case:
- Date of travel to the country with confirmed COVID-19 cases:
- Date of contact with confirmed COVID-19 case:

**Clinical Information:**

- Initial diagnosis:
- Date of admission:
- Date of discharge:
- Name of hospital:
- Name of attending physician:
- Name of referring physician:
- Name of laboratory:
- Name of testing facility:

**Laboratory Information:**

- Sample collected:
- Method used:
- Date received in laboratory:
- Date processed in laboratory:
- Test result:
- PCR result:
- Cepheid result:
- Other results:

**Risk Factors:**

- Age:
- Occupation:
- Travel history:
- Contact history:
- Other factors:

**Symptoms:**

- Fever:
- Cough:
- Shortness of breath:
- Fatigue:
- Muscle pain:
- Headache:
- Loss of taste:
- Loss of smell:
- Runny nose:
- Sore throat:
- Nasal congestion:
- Irritability:
- Exitus:
- Acute respiratory distress syndrome:
- Other symptoms:

**Comorbidities:**

- Diabetes:
- Hypertension:
- Heart disease:
- Chronic lung disease:
- Malignancy:
- Neurological disease:
- Psychiatric disease:
- Renal disease:
- Liver disease:
- Other:

**Outcome:**

- Date of discharge:
- Date of recovery:
- Mortality:
- Discharge condition:
- Diagnosis:
- Cause of death:

**Notes of Investigator:**

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**COVID-19 Case Definitions:**

1. **Suspect case** — a person who is presenting with any of the conditions below:
   a. All SARS cases where no other etiology fully explains the clinical presentation.
   b. Any case with any of the following:
      1. A history of travel or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset.
      2. A history of contact with a confirmed or probable case of COVID-19.
      3. A history of contact with a confirmed or probable case of COVID-19, or a confirmed or probable case of COVID-19.
   c. Clinical signs and symptoms fulfilling any of the following conditions:
      1. Age 60 years and above
      2. A history of contact with a confirmed or probable case of COVID-19.
      3. A history of travel or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset.

2. **Probable case** — a suspect case who fulfills any of the following:
   a. A history of contact with a confirmed or probable case of COVID-19.
   b. A history of travel or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset.
   c. A history of contact with a confirmed or probable case of COVID-19.

3. **Confirmed case** — a person who is presenting with any of the conditions below:
   a. A history of travel or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset.
   b. A history of contact with a confirmed or probable case of COVID-19.
   c. A history of travel or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset.
   d. A history of contact with a confirmed or probable case of COVID-19.
   e. A history of travel or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset.

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      2. A history of contact with a confirmed or probable case of COVID-19.
      3. A history of contact with a confirmed or probable case of COVID-19.
   c. Clinical signs and symptoms fulfilling any of the following conditions:
      1. Age 60 years and above
      2. A history of contact with a confirmed or probable case of COVID-19.
      3. A history of travel or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset.

2. **Probable case** — a suspect case who fulfills any of the following:
   a. A history of contact with a confirmed or probable case of COVID-19.
   b. A history of travel or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset.
   c. A history of contact with a confirmed or probable case of COVID-19.

3. **Confirmed case** — a person who is presenting with any of the conditions below:
   a. A history of travel or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset.
   b. A history of contact with a confirmed or probable case of COVID-19.
   c. A history of travel or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset.
   d. A history of contact with a confirmed or probable case of COVID-19.
   e. A history of travel or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset.
## Annex C. Travel History, Places Visited, and Events Attended Form

**HISTORY OF TRAVEL, PLACES VISITED, AND EVENTS ATTENDED BY THE SUSPECTED COVID-19 CASE**

Instructions: Obtain information on DAILY travel history, places visited, and events attended by the case for the past 14 DAYS PRIOR ONSET OF ILLNESS. Fill out ALL items that are applicable and use additional sheets if needed. If the suspected case does not have any local or foreign travel history and did not visit the specific type of place, write N/A in the first cell under Day of Onset of Illness in the table.

### I. TRAVEL HISTORY

#### A. Domestic and International Travel by Air and Sea

<table>
<thead>
<tr>
<th>Days from Onset of Illness</th>
<th>Date</th>
<th>Name of Flight Carrier (Plane)/ Sea Vessel</th>
<th>Flight No./ Vessel No.</th>
<th>Route</th>
<th>Passenger</th>
<th>Crew</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
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<td></td>
</tr>
</tbody>
</table>

#### B. History of Land Transportation

<table>
<thead>
<tr>
<th>Days from Onset of Illness</th>
<th>Date</th>
<th>Route</th>
<th>Type of Vehicle</th>
<th>Airconditioned</th>
<th>Estimated No. ofPersons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Bus (Name: _______ )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>Train (Name: _______ )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>Public Utility Cars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>Public Utility Jeepney/ Tricycle/ Motorcycle</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### II. PLACES VISITED

#### A. Accommodation

<table>
<thead>
<tr>
<th>Days from Onset of Illness</th>
<th>Date</th>
<th>Name and Address of Accommodation</th>
<th>Duration of Stay (# of hours, guest or worker)</th>
<th>Type of Accommodation</th>
<th>Airconditioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tbody>
</table>

#### B. Food Establishment

<table>
<thead>
<tr>
<th>Days from Onset of Illness</th>
<th>Date</th>
<th>Name and Address of Food Establishment</th>
<th>Duration of Stay (# of hours, guest or worker)</th>
<th>Type of Food Establishment</th>
<th>Airconditioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

#### C. Store

<table>
<thead>
<tr>
<th>Days from Onset of Illness</th>
<th>Date</th>
<th>Name and Address of Store</th>
<th>Duration of Stay (# of hours, guest or worker)</th>
<th>Type of Store</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tr>
</tbody>
</table>

#### D. Health Facility

<table>
<thead>
<tr>
<th>Days from Onset of Illness</th>
<th>Date</th>
<th>Name and Address of Health Facility</th>
<th>Duration of Stay (# of hours, patient or HCW)</th>
<th>Type of Health Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### E. Workplace

<table>
<thead>
<tr>
<th>Days from Onset of Illness</th>
<th>Date</th>
<th>Name of Company</th>
<th>Address of Company</th>
<th>Work shift during the day of exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</table>

### III. EVENTS ATTENDED

<table>
<thead>
<tr>
<th>Days from Onset of Illness</th>
<th>Date</th>
<th>Type of Event</th>
<th>Location of Event</th>
<th>Time of the Event (Morning, Afternoon, Evening)</th>
<th>Number of Hours Spent in the Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>2</td>
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</tr>
</tbody>
</table>
Annex D. Close Contact Line list Form

Confirmed Case ID: ____________________________________________________________
Onset of Illness of Confirmed COVID-19 Case (mm/dd/yyyy): _______________________

<table>
<thead>
<tr>
<th>Close Contact ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Address</th>
<th>Date of Illness (mm/dd/yyyy)</th>
<th>Age (y)</th>
<th>Sex (M/F)</th>
<th>Contact No.</th>
<th>Nature of Contact (H: Household, W: Worksite, S: Sea vessel, T: Travel, A: Accommodation, HCW: Health care worker, O: Others)</th>
<th>Date of Last Exposure (mm/dd/yyyy)</th>
<th>Asymptomatic (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

H: Household; W: Worksite; S: Sea vessel; T: Travel; A: Accommodation; HCW: Health care worker; O: Others
Annex E. Profile of the COVID-19 Close Contacts

PROFILE OF THE COVID-19 CLOSE CONTACTS

Use black or blue pen only. Write clearly in BLOCK letters. Place X in all applicable boxes.

**DEMOGRAPHIC PROFILE**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>NATIONALITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE:</th>
<th>SEX: Male</th>
<th>Female</th>
<th>Pregnant</th>
<th>Trimester:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE OF BIRTH:</th>
<th>CIVIL STATUS:</th>
<th>RELIGION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOME ADDRESS:</th>
<th>CONTACT DETAILS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HOME Telephone No.</td>
</tr>
<tr>
<td></td>
<td>Mobile No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Confirmed Case ID:</th>
<th>Date of Onset of Illness (mm/dd/yyyy):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HEALTH PROFILE**

**KNOWN MEDICAL CONDITIONS AND MEDICAL HISTORY:**

**CURRENT MEDICATIONS:**

**BLOOD TYPE:**

**NATURE OF EXPOSURE (Select All That Applies)**

- [ ] Plane
  - Airline: __________
  - Flight No: __________
  - Route: __________
  - Date of Last Exposure: __________

- [ ] Crew
  - Passenger Seat No: __________
  - Within 4-rows: [ ] Yes [ ] No
  - If crew: [ ] In-flight [ ] Ground

- [ ] Sea Vessel
  - Name of Sea Vessel: __________
  - Vessel No: __________
  - Route: __________
  - Date of Last Exposure: __________

- [ ] Crew
  - Passenger Seat No: __________
  - Within 4-rows: [ ] Yes [ ] No
  - If crew: [ ] In-flight [ ] Ground

- [ ] Land Vehicle
  - Specify type: __________
  - Route: __________
  - Date of Last Exposure: __________

- [ ] Crew
  - Passenger Seat No: __________
  - Within 4-rows: [ ] Yes [ ] No
  - If crew: [ ] Driver [ ] Conductor

- [ ] Accommodation
  - Specify type: __________
  - Name: __________
  - Date of Last Exposure: __________

- [ ] Address
  - Municp: __________
  - Province: __________
  - Region: __________

- [ ] Guest [ ] Hotel worker:

- [ ] Food Establishment
  - Specify type: __________
  - Name: __________
  - Date of Last Exposure: __________

- [ ] Address
  - Municp: __________
  - Province: __________
  - Region: __________

- [ ] Customer [ ] Crew:

- [ ] Store
  - Specify type: __________
  - Name: __________
  - Date of Last Exposure: __________

- [ ] Address
  - Municp: __________
  - Province: __________
  - Region: __________

- [ ] Customer [ ] Worker:

- [ ] Health Facility
  - Specify type: __________
  - Name: __________
  - Date of Last Exposure: __________

- [ ] Address
  - Municp: __________
  - Province: __________
  - Region: __________

- [ ] Patient [ ] Health Worker:

- [ ] Event
  - Specify type: __________
  - Event place: __________
  - Date of Last Exposure: __________

- [ ] Workplace
  - Company Name: __________
  - Address: __________

Date of Last Exposure: __________

*Health Status Assessment on Page 2*
Symptomatic (Fever or Respiratory Infection or Diarrhea):

A. 14 days prior to first date of exposure
B. Anytime during date of exposure

Date Onset of Illness: __/__/__

Select all that applies:

☐ Yes ☐ No  Attendance in social events/gatherings within two weeks from onset of illness
If yes, where: ___________________________ Date: __/__/__

☐ Yes ☐ No  Travelled outside the province within two weeks from onset of illness
If yes, where: ___________________________ From Date: __/__/__ - To Date: __/__/__

☐ Yes ☐ No  Travelled outside the country within two weeks from onset of illness
If yes, where: ___________________________ From Date: __/__/__ - To Date: __/__/__

Symptomatic within 14 days after last date of exposure: ☐ Yes ☐ No
If yes, Date Onset of Illness: __/__/__ Name of Referral Hospital: ___________________________
Date of Referral: __/__/__

☐ Yes ☐ No  Place of Quarantine: ☐ Home ☐ Quarantine Facility, specify: ___________________________

Assessed by: ___________________________ Date Assessed: __/__/__

(Name and Signature)

<Proceed to fill-out COVID-19 Contact Tracing Sign and Symptom Log Form>
Coronavirus disease (COVID-19) was first detected in Wuhan city, China in December 2019. On 30 January 2020, the WHO Director General declared that the current outbreak constituted a Public Health Emergency of International Concern.

Current available evidence is that the COVID-19 virus is transmitted between people through close contact and droplets. People most at risk of infection are those who are in contact with a COVID-19 patient and/or who care for COVID-19 patients. This inevitably places health workers at a high risk of infection.

Target audience:
This tool is to be used by health care facilities that have either cared for or admitted COVID-19 patients. This form is to be completed for all health workers who have been exposed to a confirmed COVID-19 patient in a health care facility. It is intended to be an operational tool used by health care facilities once a COVID-19 patient has been identified within the facility. This tool will help determine the risk of COVID-19 virus infection of all HCWs who have been exposed to a COVID-19 patient and then provides recommendations for appropriate management of these HCWs, according to their infection risk.

Objectives:
1. To determine the risk categorization of each HCW after exposure to a COVID-19 patient (see below Part 1: COVID-19 virus exposure risk assessment form for HCWs);
2. To inform the management of the exposed HCWs based on risk (see below Part 2: Management of health worker exposed to COVID-19 virus).

Protecting HCWs is of paramount importance to WHO. Understanding HCW exposure to COVID-19 virus and how this translates into risk of infection is critical for informing infection prevention and control (IPC) recommendations. The data that will be captured using this data collection form and risk assessment tool can be used to identify IPC breaches and define policy to mitigate health worker and nosocomial infection. As such, health care facilities using the following risk assessment are encouraged to share deidentified data with WHO to inform discussions about WHO guidance related to IPC. That is, any data shared with WHO should not include any personally identifiable information (Questions 2A, 2B and 2G).

<table>
<thead>
<tr>
<th>1. Interviewer information</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Interviewer name:</td>
</tr>
<tr>
<td>B. Interviewer date (DD/MM/YYYY):</td>
</tr>
<tr>
<td>C. Interviewer phone number:</td>
</tr>
<tr>
<td>D. Does the health worker have a history of staying in the same household or classroom environment with a confirmed COVID-19 patient?</td>
</tr>
<tr>
<td>E. Does the HCW have history of traveling together in close proximity (within 2 meters) with a confirmed COVID-19 patient in any kind of conveyance?</td>
</tr>
</tbody>
</table>

If the HCW answers yes for questions 1D – 1E it is considered a community exposure to COVID-19 virus and health workers should be managed as such. The management recommendations in Part 2: Management of health workers exposed to COVID-19 virus apply only to health care-related exposure.

<table>
<thead>
<tr>
<th>2. Health worker information</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Last name:</td>
</tr>
<tr>
<td>B. First name:</td>
</tr>
<tr>
<td>C. Age:</td>
</tr>
<tr>
<td>D. Sex:</td>
</tr>
<tr>
<td>E. City:</td>
</tr>
<tr>
<td>F. Country:</td>
</tr>
<tr>
<td>G. Contact details:</td>
</tr>
<tr>
<td>H. Type of health care personnel:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>☐ Laboratory personnel</td>
</tr>
<tr>
<td>☐ Patient transporter</td>
</tr>
<tr>
<td>☐ Cleaner</td>
</tr>
</tbody>
</table>

1. Health care facility unit type in which the health worker works? Tick all that apply:
   - Emergency
   - Medical unit
   - Intensive care unit
   - Cleaning services
   - Laboratory
   - Pharmacy
   - Other, specify:

3. Health worker interactions with COVID-19 patient information

   A. Date of health worker first exposure to confirmed COVID-19 patient:
      Date (DD/MM/YYYY) __/__/____
      ☐ Not known

   B. Name of health care facility where case received care:

   C. Type of health care setting:
      ☐ Hospital
      ☐ Outpatient clinic
      ☐ Primary health centre
      ☐ Home care for mild cases
      ☐ Other:

   D. City:

   E. Country:

   F. Multiple COVID-19 patients in health care facility:
      ☐ Yes ☐ No ☐ Unknown
      Number of patients (approximate if exact number not known):

4. Health worker activities performed on COVID-19 patient

   A. Did you provide direct care to a confirmed COVID-19 patient?
      ☐ Yes ☐ No ☐ Unknown

   B. Did you have face-to-face contact (within 1 meter) with a confirmed COVID-19 patient in a health care facility?
      ☐ Yes ☐ No ☐ Unknown

   C. Were you present when any aerosol generating procedures (AGP) was performed on the patient? See below for examples
      ☐ Yes ☐ No ☐ Unknown

      - If yes, what type of AGP procedure?
         ☐ Tracheal intubation
         ☐ Nebulizer treatment
         ☐ Open airway suctioning
         ☐ Collection of sputum
         ☐ Tracheostomy
         ☐ Bronchoscopy
         ☐ Cardiopulmonary resuscitation (CPR)
         ☐ Other, specify:
**D. Did you have direct contact with the environment where the confirmed COVID-19 patient was cared for?**

- Yes  
- No  
- Unknown

**E. Were you involved with health care interaction(s) (paid or unpaid) in another health care facility during the period above?**

- Other health care facility (public or private)
- Ambulance
- Home care
- No other health care facility

---

**Exposure of health workers to COVID-19 virus**

If the health worker responds ‘Yes’ to any of the Questions 4A – 4C, the health worker should be considered as being exposed to COVID-19 virus

---

**5. Adherence to infection prevention and control (IPC) during health care interactions**

For the following questions, please quantify the frequency you wore PPE, as recommended:

- ‘Always, as recommended’ should be considered wearing the PPE when indicated more than 95% of the time; ‘Most of the time’ should be considered 50% or more but not 100%; ‘Occasionally’ should be considered 20% to under 50% and ‘Rarely’ should be considered less than 20%.

**A. During the period of a health care interaction with a COVID-19 patient, did you wear personal protective equipment (PPE)?**

- Yes  
- No

- If yes, for each item of PPE below, indicate how often you used it:

  **- 1. Single gloves**
  - Always, as recommended
  - Most of the time (50% or more but not 100%)
  - Occasionally (20% to under 50%)
  - Rarely (less than 20%)

  **- 2. Medical mask**
  - Always, as recommended
  - Most of the time
  - Occasionally
  - Rarely

  **- 3. Face shield or goggles/protective glasses**
  - Always, as recommended
  - Most of the time
  - Occasionally
  - Rarely

  **- 4. Disposable gown**
  - Always, as recommended
  - Most of the time
  - Occasionally
  - Rarely

**B. During the period of health care interaction with the COVID-19 patient, did you remove and replace your PPE according to protocol (e.g. when medical mask became wet, disposed the wet PPE in the waste bin, performed hand hygiene, etc)?**

- Always, as recommended
- Most of the time
- Occasionally
- Rarely

**C. During the period of health care interaction with the COVID-19 case, did you perform hand hygiene before and after touching the COVID-19 patient?**

- Always, as recommended
- Most of the time
- Occasionally
- Rarely

**D. During the period of health care interaction with the COVID-19 case, did you perform hand hygiene before and after wearing gloves?**

- Always, as recommended
- Most of the time

---

-4-
before and after any clean or aseptic procedure was performed (e.g. inserting: peripheric vascular catheter, urinary catheter, intubation, etc.)?  
- Occasionally
- Rarely

E. During the period of health care interaction with the COVID-19 case, did you perform hand hygiene after exposure to body fluid?
- Always, as recommended
- Most of the time
- Occasionally
- Rarely

F. During the period of health care interaction with the COVID-19 case, did you perform hand hygiene after touching the COVID-19 patient's surroundings (bed, door handle, etc)?
Note: this is irrespective of wearing gloves
- Always, as recommended
- Most of the time
- Occasionally
- Rarely

G. During the period of health care interaction with the COVID-19 case, were high touch surfaces decontaminated frequently (at least three times daily)?
- Always, as recommended
- Most of the time
- Occasionally
- Rarely

6. Adherence to infection prevention and control (IPC) when performing aerosol generating procedures (e.g. tracheal intubation, nebulizer treatment, open airway suctioning, collection of sputum, tracheostomy, bronchoscopy, cardiopulmonary resuscitation (CPR) etc.)

For the following questions, please quantify the frequency you wore PPE, as recommended:
'Always, as recommended' should be considered wearing the PPE when indicated more than 95% of the time; 'Most of the time' should be considered 50% or more but not 100%; 'Occasionally' should be considered 20% to under 50% and 'Rarely' should be considered less than 20%.

A. During aerosol generating procedures on a COVID-19 patient, did you wear personal protective equipment (PPE)?
- Yes  
- No

- If yes, for each item of PPE below, indicate how often you used it:

  - 1. Single gloves
    - Always, as recommended
    - Most of the time
    - Occasionally
    - Rarely

  - 2. N95 mask (or equivalent respirator)
    - Always, as recommended
    - Most of the time
    - Occasionally
    - Rarely

  - 3. Face shield or goggles/protective glasses
    - Always, as recommended
    - Most of the time
    - Occasionally
    - Rarely

  - 4. Disposable gown
    - Always, as recommended
    - Most of the time
    - Occasionally
    - Rarely

  - 5. Waterproof apron
    - Always, as recommended
    - Most of the time
    - Occasionally
    - Rarely
### B. During aerosol generating procedures on the COVID-19 patient, did you remove and replace your PPE according to protocol (e.g. when medical mask became wet, disposed the wet PPE in the waste bin, performed hand hygiene, etc)?

- **Always, as recommended**
- **Most of the time**
- **Occasionally**
- **Rarely**

### C. During aerosol generating procedures on the COVID-19 case, did you perform hand hygiene before and after touching the COVID-19 patient?

NB: Irrespective of wearing gloves

- **Always, as recommended**
- **Most of the time**
- **Occasionally**
- **Rarely**

### D. During aerosol generating procedures on the COVID-19 case, did you perform hand hygiene before and after any clean or aseptic procedure was performed (e.g. inserting: peripheral vascular catheter, urinary catheter, intubation, etc)?

- **Always, as recommended**
- **Most of the time**
- **Occasionally**
- **Rarely**

### E. During aerosol generating procedures on the COVID-19 case, did you perform hand hygiene after touching the COVID-19 patient’s surroundings (bed, door handle, etc)?

Note: This is irrespective of wearing gloves

- **Always, as recommended**
- **Most of the time**
- **Occasionally**
- **Rarely**

### F. During aerosol generating procedures on the COVID-19 case, were high touch surfaces decontaminated frequently (at least three times daily)?

- **Always, as recommended**
- **Most of the time**
- **Occasionally**
- **Rarely**

### 7. Accidents with biological material

#### A. During the period of a health care interaction with a COVID-19 infected patient, did you have any episode of accident with biological fluid/respiratory secretions?

See below for examples:

- Yes
- No

#### - If yes, which type of accident?

- Splash of biological fluid/respiratory secretions in the mucous membrane of eyes
- Splash of biological fluid/respiratory secretions in the mucous membrane of mouth/nose
- Splash of biological fluid/respiratory secretions on non-intact skin
- Puncture/sharp accident with any material contaminated with biological fluid/respiratory secretions
Risk categorization of health workers exposed to COVID-19 virus

High risk for COVID-19 infection
The health worker did not respond 'Always, as recommended' to Questions:
- SA1 – SQ, 6A – 6F
- AND/OR responded 'Yes' to 7A.

All other health workers should be considered low risk for COVID-19 virus infection.

Part 2: Management of health workers exposed to COVID-19 virus

The management of health workers exposed to COVID-19 virus will vary according to the Risk categorization of health workers exposed to COVID-19 virus, as determined in Part 1.

Recommendations for health workers with high risk for infection:
- Stop all health care interaction with patients for a period of 14 days after the last day of exposure to a confirmed COVID-19 patient;
- Be tested for COVID-19 virus infection;
- Quarantine for 14 days in a designated setting.

Health care facilities should:
- Provide psychosocial support to HCW during quarantine, or duration of illness if HCW becomes a confirmed COVID-19 case;
- Provide compensation for the period of quarantine and for the duration of illness (if not on a monthly salary) or contract extension for duration of quarantine/illness;
- Refresher infection prevention and control training for the health care facility staff, including HCWs at high risk for infection once he/she returns to work at the end of the 14-day period.

Recommendations for health workers with low risk for COVID-19 infection:
- Self-monitor temperature and respiratory symptoms daily for 14 days after the last day of exposure to a COVID-19 patient. HCWs should be advised to call health care facility if he/she develop any symptoms suggestive of COVID-19;
- Reinforce contact and droplet precautions when caring for all patients with acute respiratory illness and standard precautions to take care of all patients;
- Reinforce airborne precautions for aerosol generating procedures on all suspect and confirmed COVID-19 patients;

- Reinforce the rational, correct and consistent use of personal protective equipment when exposed to confirmed COVID-19 patients;\(^7\)
- Apply WHO’s “My 5 Moments for Hand Hygiene” before touching a patient, before any clean or aseptic procedure, after exposure to body fluid, after touching a patient, and after touching patient’s surroundings;\(^4\)
- Practice respiratory etiquette at all times.

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Annex G. Algorithm for Close Contact Management and Testing

CONFIRMED COVID-19 CASES

Identification and assessment of close contacts

ASYMPTOMATIC

NON-HEALTH WORKER
Undergo 14-day strict home quarantine
Monitor for development of sign or symptom until end of quarantine
NO laboratory confirmatory testing

HEALTH WORKER WITH LOW RISK EXPOSURE
May report to work but shall undergo self-reporting for the next 14 days
NO laboratory confirmatory testing

HEALTH WORKER WITH HIGH RISK EXPOSURE
Undergo 14-day strict home quarantine
Monitor for development of sign or symptom until end of quarantine
Undergo laboratory confirmatory testing

SYMPTOMATIC

FIT SUSPECT COVID-19 CASE DEFINITION
Health facility isolation
Undergo laboratory confirmatory testing

DID NOT FIT SUSPECT COVID-19 CASE DEFINITION
Undergo 14-day strict home quarantine
Monitor for development of sign or symptom until end of quarantine
NO laboratory confirmatory testing
Annex H. Signs and Symptoms Log Form

<table>
<thead>
<tr>
<th>Conditions for Monitoring</th>
<th>Date: AM</th>
<th>Date: PM</th>
<th>Date: AM</th>
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*Quarantine Period Ends 14 days after Date of Last Exposure*
Annex I. Certificate of Quarantine Completion

AGENCY LETTERHEAD AND LOGO

QUARANTINE CLEARANCE

TO WHOM IT MAY CONCERN:

This is to certify that ___________________________ who came from ________

Last Name, First Name MI

_______________________________ had undergone the advised home quarantine in relation to

Address

his possible exposure on ___________ which started from ___________ to ___________

Date of Exposure

Date of Start of Quarantine Date of End of Quarantine

_______________________________

Name of Facility and/or Address

where Quarantine Done

It is further certified that ___________________________ did not develop

Last Name, First Name MI

any signs and symptoms of COVID-19 within the said period during monitoring done by

_______________________________

Full Name of individual who conducted monitoring

However, it is advised that personal check-up and assessment be done in a nearest health facility by the end of quarantine period.

Issued this ______ day of ______________ for whatever purpose it may serve best.

(Printed name with signature and date)
### Annex J. Status Update for COVID-19 Admissions

**Name of Reporting Hospital:**

**Address:**

**Total Number of Admissions:**

- No. Suspect Cases: 
- No. Probable Cases: 
- No. Confirmed Cases: 

<table>
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<tr>
<th>Name of Patient</th>
<th>Medical Status Update and Current Significant Signs and Symptoms (Asymptomatic, Mild, Severe, Critical, Death)</th>
<th>Laboratory Status (Positive, Negative, Pending)</th>
<th>If DEATH, fill in the following information</th>
<th>Disposition (Discharged, DAMA, HAMA, Absconded, Transferred; if transferred, indicate to which facility)</th>
<th>Remarks (Intubated, On ventilator, etc.)</th>
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<td>Date and Time of Death</td>
<td>Cause of Death</td>
<td>List of Comorbidities</td>
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Annex K. Interim Ladderized Information Flow and Web-based Information Flow

LADDERIZED INFORMATION FLOW

WEB-BASED INFORMATION FLOW