



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

13 July 2020

DEPARTMENT MEMORANDUM

No. 2020- 0318

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;
CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA
AND INSTITUTES AND ALL OFFICES INVOLVED

SUBJECT : Interim Guidelines on the Prevention and Control of COVID- 19
During Disaster Evacuation and Displacement

I. RATIONALE

Typhoon Ambo is the first Tropical Storm to visit the Philippines this year and signals the early start of the rainy season. According to the Philippine Volcanology and Seismology (PHIVOLCS), the 7.2 magnitude Earthquake that will hit Metro Manila and nearby provinces has been predicted to be long overdue from occurring. With these in mind, there is a need to prepare for possible evacuation and displacement of affected populations at a time where the country is still fighting the war against the COVID-19 pandemic.

Administrative Order 2020-0015: Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation, Section V-A contains the minimum public health standards set by the DOH to guide the development of sector-specific and localized guidelines on mitigation measures for its COVID-19 response across all settings. In accordance with section V-C. of said guidelines, COVID-19 mitigation objectives shall be achieved using the following strategic objectives: a) increase physical and mental resilience, b) reduce transmission, c): reduce contact, and d) reduce duration of infection.

To reduce the exposure of the general population to COVID-19 patients and enhance the surge capacity of existing health facilities, the DOH issued Department Memorandum 2020-0123: Interim Guidelines on the Management of Surge Capacity through the Conversion of Public Spaces to Operate as Temporary Treatment and Monitoring Facilities (TTMF) for the Management of Persons Under Investigation and Mild Cases of Coronavirus Disease 2019 (COVID-19).

Considering the challenge of managing displaced populations during a disaster, this Memorandum shall provide guidance to ensure that minimum health standards, as well as containment and mitigation measures against COVID-19 are followed.

Annex A. Strategies to Reduce Duration of Infection

All policies, investments, and actions shall ensure that COVID-19 mitigation objectives are achieved using the following strategies:

1. Objective 1: Increase physical and mental resilience
 - a. Ensure access to basic needs of individuals, including food, water, shelter and sanitation.
 - b. Support adequate nutrition and diet based on risk.
 - c. Encourage appropriate physical activity for those with access to open spaces as long as physical distancing is practiced.
 - d. Discourage smoking and drinking of alcoholic beverages.
 - e. Protect the mental health and general welfare of individuals.
 - f. Promote basic respiratory hygiene and cough etiquette.
 - g. Protect essential workforce through provision of food, PPEs, and other commodities, lodging, and shuttle services as necessary.
 - h. Provide financial and healthcare support for workforce who contracted COVID-19 through transmission at work.
 - i. Limit exposure of MARP groups, through limitation in entry or prioritization in service or provision of support.
 - j. Provide appropriate social safety net support to vulnerable groups for the duration of the COVID-19 health event.
2. Objective 2: Reduce transmission
 - a. Encourage frequent hand washing with soap and water, and discourage the touching of the eyes, nose, and mouth through appropriate information and education campaigns.
 - b. Encourage symptomatic individuals to stay at home unless there is a pressing need to go to a health facility for medical consultation and if use of telemedicine is not available.
 - c. Ensure access to basic hygiene facilities such as toilets, handwashing areas, water, soap, alcohol/ sanitizer.
 - d. Clean and disinfect the environment regularly, every two hours for frequently touched surfaces such as toilets, door knobs, switches, and at least once every day for workstations and other surfaces.
 - e. Ensure rational use of personal protective equipment (PPEs) that is suitable to the setting, and the intended user.
 - f. Medical-grade protective apparel shall be reserved for health care workers, other front liners, and symptomatic individuals at all times.
3. Objective 3: Reduce contact
 - a. Implement strict physical distancing at all times, especially at public areas, workstations, eating areas, queues, and other high traffic areas.
 - b. Reduce movement within and across areas and settings.
 - c. Restrict unnecessary mass gatherings.
 - d. Limit non-essential travel and activities.
 - e. Install architectural or engineering interventions, as may be deemed appropriate.

II. OBJECTIVES

These interim guidelines aim to provide guidance in the management of evacuees or displaced populations affected by disasters while continuing containment and mitigation responses against COVID-19.

III. GENERAL GUIDELINES

1. All protocols and guidelines in camp management as stipulated in the Department of Social Welfare and Development (DSWD) AO 2015-0003 "Disaster Response Operations Guidelines" and its amendments, and those with other government agencies and partners shall be enforced as in other natural disasters and conflicts/war.
2. All local government units (LGU), through their Local Chief Executives, shall designate an Incident Command/Management Team for the disaster event (typhoon, earthquake and other disasters).
3. The Incident Command/Management Team for the disaster event shall coordinate with the Regional Inter-Agency Task Force for Emerging Infectious Disease and their respective Provincial, City, and Municipal Task Forces Against COVID-19 (per Joint Memorandum Circular on the Organization and Mobilization of Composite Teams in Local Government Units for Community Mitigation of COVID-19) for COVID-19 concerns and strategies.
4. There shall be a designated Focal person in-charge of monitoring the implementation of the COVID-19 infection prevention and control measures, identifying gaps and taking appropriate action in evacuation centers. All non-COVID-19 health services shall be continuously provided in evacuation centers as programmed with the National and Local governments considering feasibility and prioritization in the basic services to be given.
5. The Incident Commander (IC) shall implement Administrative Order 2017-0007: Guidelines in the provision of the Essential Health Service Packages in Emergencies and Disasters (Medical and Public Health, Water, Sanitation and Hygiene, Nutrition in Emergencies and Mental Health and Psycho-Social Support).
6. The following issuances shall form part of these interim guidelines:
 - a. AO 2020-0015 Section V-C. COVID-19 mitigation strategic objectives, specifically the Strategies to Reduce Duration of Infection (Annex A),
 - b. DM 2020-0072, IPC strategies to prevent or limit infection transmission in health-care settings (Annex B),
 - c. DM 2020-0157 Guidelines on cleaning and disinfection of various settings against COVID-19 (Annex C).

IV. SPECIFIC GUIDELINES

1. **Screening, Triage and Evaluation of Evacuee**
 - a. All evacuees shall be considered with potential exposure to COVID-19.
 - b. The Camp Management Team, in close coordination with the local health officer (CHO/MHO), shall ensure screening (symptoms check, thermal scanning, high risk cases and by case definition) of all new evacuees and

displaced persons before acceptance at evacuation areas. This is to separate the sick people from the well population.

- c. Precautionary measures for COVID-19 shall be maintained (e.g., thermal scanning before entering the evacuation center, use of footbath soaked with disinfectant, physical distancing (1 meter/3 feet), wearing of mask (“**No Mask, No Entry**” policy shall apply), frequent hand washing with soap and water or use of 70% alcohol, other non-pharmacologic interventions and Infection Prevention and Control measures, etc.) in evacuation centers and resettlement areas.
- d. High-risk individuals shall be provided separate quarters in the camp. High-risk individuals shall be identified as those:
 - i. Aged 60 years old and above;
 - ii. With comorbidities;
 - iii. Pregnant women identified as high-risk pregnancies; and
 - iv. Special groups such as infants, toddlers, and underaged children shall be provided separate area (per IATF Resolution No. 37, Omnibus Guidelines on the Implementation of Community Quarantine, approved during the 37th IATF meeting held May 15, 2020).
- e. All individuals with symptoms shall be isolated and managed accordingly. Asymptomatic COVID-19 positive cases shall be managed in identified COVID-19 isolation facilities
- f. Those coming from COVID-19 hotspots (areas that have been identified to have an increased number of COVID-19 positive cases per C/MESU report) shall undergo strict screening protocols, appropriate case management and treatment services.
- g. All reporting and documentation for the evacuation sites as in other disasters shall be based on the NDRRMC protocol which shall be enforced with additional screening information on COVID -19.
- h. Patient care shall be in accordance with DM 2020-0138 Adoption of PSMID Clinical Practice Guidelines on COVID-19 or as amended.

2. **Engineering Controls**

- a. National and Local Government Units (LGUs) shall prepare adequate space/venues for calculated number of evacuees per evacuation center. In this time of COVID-19, more evacuation spaces are needed unlike in previous disasters, in consideration of the physical distancing requirements.
- b. LGUs, through their respective Provincial, City, and Municipal Task Forces Against COVID-19, shall dedicate and maintain COVID-19 isolation rooms within the evacuation centers as deemed possible. If not, a suspect and probable case shall be immediately referred to designated Temporary Treatment and Monitoring Facilities (TTMF).
- c. Engineering controls in these evacuation centers shall be in place to provide basic public health needs such as potable water and sanitation facilities, washing and laundry facilities, and enforce physical distancing measures. Layout of the floor space with corresponding flow of people movement both

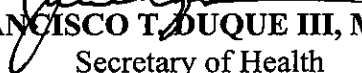
by the camp staff and the evacuees, ventilation inside the center, and adequate physical distancing from 1 bed/family mat to another (2 meters apart) should be planned and enforced strictly.

- d. New non-COVID evacuation facilities shall be identified to accommodate Infection Prevention and Control measures (e.g. 1 family per classroom or 1 family per tent).
- e. To facilitate the implementation of this DM the IC shall refer to Department Memorandum No. 2020 – 0123: Interim Guidelines on the Management of Surge Capacity through the Conversion of Public Spaces to Operate as Temporary Treatment and Monitoring Facilities (TTMF) for the Management of Persons Under Investigation and Mild Cases of Coronavirus Disease 2019 (COVID-19).

3. Administrative Controls

- a. Availability of enough camp and health staff to provide medical services to the evacuees shall be considered by the camp management
- b. All personnel shall be provided with appropriate PPEs for them to manage the camp and its services whilst protecting them from exposure and infection with COVID-19. Guidelines and protocols for health workers safety and protection shall be implemented. Furthermore, face masks shall be provided to evacuees who are or become symptomatic.
- c. The camp management shall ensure availability of PPEs, disinfectant and other related supplies and materials (such as food, water, blankets, toiletries, personal hygiene kits, soap, alcohol and sanitizers) for infection prevention and control in the evacuation center.
- d. Surveillance and reporting shall continue with additional COVID-19 data collection among the camp staff and the evacuees.
- e. Administrative controls shall also be in reference to AO 2020-0015 re: Guidelines on the Risk based Public Health Standards for COVID-19 Mitigation.

For strict compliance.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

- f. Implement temporary closure or suspension of services in high risk areas or establishments, as necessary.
- 4. Objective 4: Reduce duration of infection
 - a. Identify symptomatic individuals and immediately isolate, through temperature scanning, symptom self-monitoring, and voluntary disclosure.
 - b. Facilitate referral of symptomatic individuals through appropriate health system entry points such as primary care facilities or teleconsulting platforms.
 - c. Trace and quarantine close contacts of confirmed individuals consistent with Department of Health guidelines.

Annex B. Infection Prevention and Control Practices

1. Hand Hygiene

- a. Proper handwashing is the single most effective way to prevent infections in the hospital.
- b. Hand hygiene practices in the health facility must be emphasized using the WHO Multimodal Hand Hygiene Strategy: 5 Moments of Hand Hygiene and proper handwashing technique.
- c. The availability of alcohol-based hand rubs at point-of-care and other areas of the facility must be ensured.

2. Isolation Precaution

To achieve effective interruption in the transmission of an infectious agent, it is essential to use two tiers of precautions

- a. Standard Precautions for the care of all patients; and
- b. Transmission-based precautions for patients with known or suspected disease spread by any of these routes: Airborne Precautions, Droplet Precautions or Contact Precautions

3. Personal Protective Equipment

- a. Appropriately wearing personal protective equipment (PPE), such as gloves, masks, and gowns, is also essential to protect healthcare workers from contact with infectious agents. The selection of PPE is based on the nature of the patient interaction and/or mode of transmission.
- b. Hand hygiene is always the first and the final step before wearing or after removing and disposing of PPE.

4. Decontamination, Disinfection and Sterilization – Proper cleaning, disinfection and sterilization is one of the most effective ways of disrupting the transmission and spread of microorganisms in the health care setting. Existing protocols need to be strictly implemented by healthcare personnel

5. Specimen Collection

- a. All specimens collected for laboratory testing shall be regarded as potentially infectious.
- b. All Health Care Workers who will collect, handle or transport, perform testing any clinical specimens shall adhere rigorously to the standard precaution measures such as Personal Protective Equipment (e.g. gloves, laboratory gown, N95 Masks, face shield, etc.), and ensure biosafety practices are observed to minimize the possibility of exposure to pathogens.
- c. For further details of the guidelines kindly refer to the “Interim Laboratory Biosafety Guidelines for Handling and Processing Suspected 2019 Novel Coronavirus (2019 nCoV) Specimens” of Research Institute for Tropical Medicine.

6. **Specimen Handling, Processing, Packaging and Transport**
To ensure that proper handling, processing, packaging and transport of laboratory specimens from suspected Person under Investigation (PUI) is observed, please refer to the DOH Manual on Packaging and Transport of Laboratory Specimen for Referral and Interim Laboratory Biosafety Guidelines for Handling and Processing Suspected 2019-nCoV Specimens (<http://bit.ly/2tdLr4x>)
7. **Flow of Patients suspected to be infectious**
Early detection and placement of patients to appropriate areas in the health facility is critical in the prevention of spread of infectious diseases, For guidelines on the management of patients suspected to be infectious, kindly refer to the Interim Guidelines on the Preparedness and Response to Novel Coronavirus (2019-nCoV) issued, Health facilities should ensure that all resources and contingencies needed to support the management of patients and for the implementation of infection prevention and control measures are adequately available.
8. **Disposal of Infectious Body**
For proper handling of infectious bodies, strict adherence to precautionary measures is a must. Kindly refer to the Guidelines on Disposal of Dead Persons from Dangerous Communicable Diseases for guidance.
9. **Health Care Waste Management**
 - a. "Health Care Waste" (HCW) includes all the solid and liquid waste generated as a result of any of the following:
 - i. Diagnosis, treatment, or immunization of human beings;
 - ii. Research pertaining to the above activities;
 - iii. Research using laboratory animals for the improvement of human health;
 - iv. Production or testing of biological products; and
 - v. Other activities performed by health care facilities.
 - b. Management of health care waste, more specifically of the hazardous waste types (which include infectious waste) must be done through proper waste disposal to mitigate risks and potential health hazards to people exposed. Infectious waste should always be assumed to potentially contain a variety of pathogenic microorganisms that may enter the human body through the following routes:
 - i. through a puncture, abrasion, or cut in the skin,
 - ii. through the mucous membrane,
 - iii. by inhalation, and
 - iv. by ingestion.



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

10 April 2020

DEPARTMENT MEMORANDUM

No. 2020 - 0157

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 THE PHILIPPINES 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 AND TREATMENT AND REHABILITATION CENTERS AND ALL OTHERS CONCERNED

SUBJECT: Guidelines on Cleaning and Disinfection in Various Settings as an Infection Prevention and Control Measure Against COVID-19

I. BACKGROUND

After a cluster of pneumonia cases of unknown etiology was reported in Wuhan City, Hubei Province of China last December 31, 2019, Chinese health authorities preliminarily identified the cause of this viral pneumonia as a new or novel type of coronavirus.

With an increasing number of cases spreading to various territories and confirmed human-to-human transmission, the World Health Organization declared the outbreak as a Public Health Emergency of International Concern (PHEIC) last January 30, 2020.

The Department of Health (DOH) hereby issues these interim guidelines to public and private offices, homes and individuals on the use of chemical disinfectant such as sodium or calcium hypochlorite solution for infection prevention and control against Coronavirus Disease 2019 (COVID-19).

II. DEFINITION OF TERMS

- A. **Cleaning** - refers to the removal of microbes, dirt, and impurities from surfaces. Cleaning does not kill microbes, but by removing them, it lowers their numbers and the risk of spreading infection.
- B. **Disinfection** - refers to the use of chemicals to kill microbes on surfaces. This process does not necessarily clean dirty surfaces or remove microbes, but by killing microbes on a surface after cleaning, it can further lower the risk of spreading infection.
- C. **Chlorine** - a chemical element with the symbol of Cl and atomic number 17. Chlorine-containing compounds such as calcium hypochlorite and sodium hypochlorite are used as disinfectants.

- D. **Calcium hypochlorite** - is an inorganic compound with formula $\text{Ca}(\text{ClO})_2$. It is the main active ingredient of commercial products called bleaching powder or chlorine powder.
- E. **Sodium hypochlorite** - is a chemical compound with the formula NaOCl or NaCl . It is most often encountered as a pale greenish-yellow dilute solution commonly known as liquid bleach or simply bleach.

III. GENERAL GUIDELINES

- A. The sodium hypochlorite solution at 0.5% (equivalent to 5000 ppm) using a ratio of 1:10) shall be used for disinfecting surfaces including soiled clothes, toilets, body fluid spilled on the floors, vehicles, roads, disposed PPEs and similar healthcare wastes, and others.
- B. If other options for handwashing (e.g. alcohol-based rub, soap and water) are not available, sodium hypochlorite solution at 0.05% (equivalent to 500 ppm) using a ratio of 1:100) may be used for hand-washing. However, it must be used with caution because frequent use may lead to dermatitis which could increase risk of infection.
- C. Other types of chemical disinfectant such as ammonium chloride, phenols and hydrogen peroxide shall be used according to manufacturer's requirements.
- D. All individuals dealing with the disinfection process shall wear appropriate personal protective equipment (PPE).
- E. Proper hand hygiene shall be practiced before and after the disinfection activity.

IV. SPECIFIC GUIDELINES

- A. **Preparation of the 0.5% sodium hypochlorite solution (1:10 solution) for surface disinfection (Refer to Annex A)**
 - 1. Using commercially available household bleach at 5% active chlorine, dilute 1 part of bleach to 9 parts of clean water; or
 - 2. Using chlorine powder/granules/tablet at 60%-70% active chlorine, dissolve 1 tablespoon of chlorine (equivalent to 10 grams) to 2 liters of clean water. Mix the solution thoroughly using a stick.
- B. **Preparation of the 0.05% sodium hypochlorite solution for hand-washing (1:100 solution) (Refer to Annex B)**
 - 1. Using the 0.5% solution of household bleach (Item A.1 or A.2), add 1 part of the solution to 9 parts of clean water. For example, add 100 mL of solution (7 tablespoons) to 1 liter of clean water.
- C. **Cleaning and Disinfecting Community Isolation Units**
 - 1. Cleaning and disinfecting surfaces should be at least once daily.
 - 2. Many disinfectants are active against enveloped viruses, such as the COVID-19 virus, including:
 - a. 70% ethyl alcohol to disinfect small areas between uses, such as reusable dedicated equipment (for example, thermometers);
 - b. sodium hypochlorite (strong bleach solution) at 0.5% (equivalent to 5000 ppm) for disinfecting surfaces (Refer to Annex A).
 - 3. While it is more advisable to mop or wipe surfaces directly, spraying of cleaning or disinfectant solution directly on a surface can be done with caution, and only when there is no other option of applying the same, since the disinfectant may also have adverse health effects when inhaled in an enclosed environment.

4. Pump-action containers that dispense liquid are preferred as opposed to spray-nozzle dispensers.
5. Mop the floors with regular household detergent and water at least once a day. It is best to practice the use of a two- or three-bucket system for mopping. The two-bucket system is used for routine cleaning where one bucket contains a detergent or cleaning solution and the other contains rinse water. The three-bucket system is used for disinfection where one bucket contains the detergent or cleaning solution, one contains rinse water and one with the disinfectant solution.
6. Disinfectant fogging is not recommended for general infection control in routine patient-care areas.

D. Cleaning and Disinfecting Homes

1. Clean and disinfect frequently touched surfaces and objects daily (e.g., tables, countertops, light switches, doorknobs, and cabinet handles) using a regular household detergent and water.
 - a. If surfaces are visibly dirty, cleaning using a detergent or soap and water should be done prior to disinfection.
 - b. Always follow the manufacturer's instructions for all cleaning and disinfection products. Labels contain instructions for safe and effective use of the cleaning product including dilution information and precautions that should be taken when applying the product, such as wearing gloves and having good ventilation during use of the product.
 - c. Apply the cleaning or disinfectant solution into the surface using cloth or paper roll, where available and appropriate.
 - d. While it is more advisable to mop or wipe surfaces directly, spraying of cleaning or disinfectant solution directly on a surface can be done with caution, and only when there is no other option of applying the same, as in community isolation units.
2. Ensure the toilet and bathroom are cleaned daily with a regular household detergent and water.
 - a. Handle feces from diapers or bedpans with care, ensuring the feces are safely disposed in the toilet.
 - b. If a bedpan is used, after disposing of the feces, the bedpan should be cleaned with a regular household detergent and water, then disinfected with a strong (0.5%) chlorine solution (Item IV.A.1), then rinse with clean water. All rinse water should be disposed of in the toilet.
3. Mop the floors with regular household detergent and water at least once a week (more frequently if household members are regularly going in and out of the house).
4. Any left-over bleach or disinfection solution must be disposed of and remade every 24hrs.
5. For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - a. Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely, or
 - b. Use household cleaning products that are suitable for porous surfaces in accordance with the manufacturer's instructions.

E. Cleaning and Disinfecting Buildings

1. When cleaning and disinfecting:

- a. Wear disposable or impermeable gloves and gowns for all tasks in the cleaning process, including handling trash.
 - b. Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - c. Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
 - d. If there is a shortage of PPEs available, wash hands often with soap and water for at least 20 seconds. Change clothes immediately after the cleaning and disinfecting activity.
 - e. Always wash immediately after removing gloves..
 - f. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 70% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water
2. For hard surfaces, first clean then disinfect at least daily:
 - a. Clean surfaces using soap and water. Practice routine cleaning of frequently touched surfaces.
 - b. High or frequently touched surfaces include: tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.
 - c. Mop the floors with regular household detergent and water at least daily. The two- or three-bucket system used in cleaning and disinfecting community isolation units should also be observed in cleaning/disinfecting buildings.
 - d. Disinfection can be done using household cleaners and disinfectants, diluted household bleach solutions or alcohol solutions with at least 70% alcohol – as appropriate for the surface. Check to ensure the product is not past its expiration date.
 - e. Like in community isolation units and homes, directly mopping or wiping surfaces in buildings is also more advisable. However, spraying of cleaning or disinfectant solution on a surface can also be applied with caution, and only when no other option is available, as in community isolation units and homes.
 - f. Follow manufacturer’s instructions to ensure safe and effective use of the product. Many products recommend:
 - i. Keeping the surface wet for several minutes to ensure microbes are killed.
 - ii. Precautions such as wearing gloves and having good ventilation during use of the product for application and proper ventilation.
 - g. Never mix household bleach with ammonia or any other cleanser.
 3. For soft surfaces (such as carpeted floor, rugs, and drapes):
 - a. Clean the surface using soap and water or with cleaners appropriate for use on these surfaces at least weekly.
 - b. Launder items (if possible) according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely; OR
 - c. Disinfect with an FDA-registered household disinfectant.
 4. For electronics (such as tablets, touch screens, keyboards, remote controls, and ATM machines)
 - a. Consider putting a wipeable cover on electronics.
 - b. Follow manufacturer’s instruction for cleaning and disinfecting. If no guidance, use alcohol-based wipes or solutions containing at least 70% alcohol. Dry surface thoroughly.

F. Disinfection of Vehicles

1. It is necessary to clean the vehicle before disinfecting

- a. Microfiber cloths and mops are recommended for removal of up to 99% of microbes.
2. Put on the PPE (consistent with health facility sanitary workers) and do not touch face further.
3. Prepare bleach/disinfectant solution, according to the manufacturer's instructions
 - a. For a 70% chlorine solution (calcium hypochlorite), mix ten (10) tablespoons of twenty (20) liters of water. Stir well for 10 seconds or until the chlorine has dissolved. Wait 30 minutes before use.
4. Keep the windows and doors open for ventilation.
5. If disinfectants cannot be applied directly, it may be sprayed, with caution, on surfaces like walls, doors, windows, glass, floor, etc. (avoid electronics) from one end to another.
6. Remove the PPE and put into trash bag (infectious waste bin).
7. Wash hands with soap and water and take a shower, change clothes immediately.

G. Disinfection of Surfaces in Open Areas

1. All public places should be cleaned from solid wastes using appropriate solid waste management procedures and proper wastewater management schemes based on existing DOH and DENR guidelines.
2. Disinfection of roads, pavements, benches and other surfaces in the open area during the enhanced community quarantine is recommended provided that the direct exposure of the public to the cleaning and disinfectant solution shall be avoided.
3. Proper application of disinfectant using spraying or using a pump-action dispenser as deemed necessary, with the necessary precautions, shall be followed to protect also the workers from direct exposure to chemical.

H. Use of Disinfection Tents/Misting Chambers


1. The US Center for Disease Control (CDC) reported the lack of microbicidal efficacy in the use of disinfectants but also adverse health effects where these methods were utilized. The use of misting tents for persons wearing regular clothes without PPEs may pose the following issues:
 - a. Safety of the chemical disinfectant used. Based on literature, commonly used chemical disinfectants such as hypochlorite are irritant to the skin and the mucous membrane (eyes, nose, and throat). It may also have adverse health effects when inhaled in an enclosed environment;
 - b. Efficacy of the chemical disinfectant. There are limited evidence-based studies to show that chemicals used for surface disinfectants intended to eliminate the human coronavirus would have the same efficacy when applied in the ambient environment or in humans.
2. Pending additional studies on demonstrating safety and efficacy, the use of disinfection tents, misting chambers, or sanitation booths for individuals without full PPE shall not be allowed.
 - a. Given the evolving nature of evidence for COVID-19, activities conducted by LGUs and agencies prior to the release of this issuance shall not be held against the implementing agency.
 - b. All implementing agencies are advised to repurpose the materials and staff initially indicated for these activities to efforts consistent with DOH guidelines such as for use of chemicals for surface disinfection, use of booths for temporary isolation or triage areas, or reallocation of staff for contact tracing.

- c. Individuals in full PPEs, characterized as having no external skin exposure, may be subjected to misting or spraying before doffing their full PPEs with careful consideration of the eyes, nose, mouth/throat.

I. Storage of Chlorine and Prepared Solutions

1. Store chlorine (liquid or powder) in air-tight non-metallic containers, away from heat, light and humidity in a ventilated area.
2. Carefully close disinfectant containers after use.
3. Never place in contact with water, acid, fuel, detergents, organic or inflammable materials (c.g. food, paper or cigarettes).
4. Change the prepared solutions every day. Do not prepare too much solution at a time to avoid wasting.

For strict compliance of all concerned


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Secretary of Health

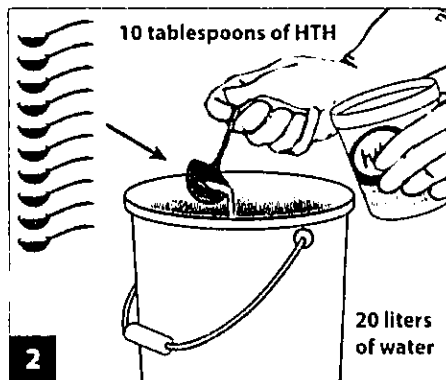
How to Make Strong (0.5%) Chlorine Solution from 70% Chlorine Powder

Use strong (0.5%) chlorine solution to clean and disinfect surfaces, objects, and body fluid spills.

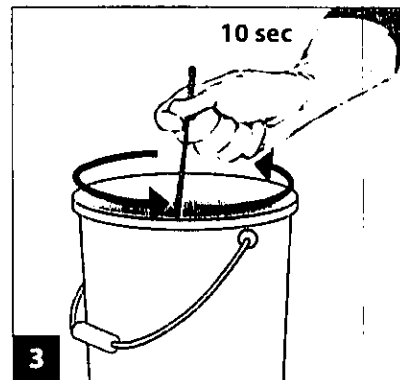
Make new strong (0.5%) chlorine solution every day. Throw away any leftover solution from the day before.



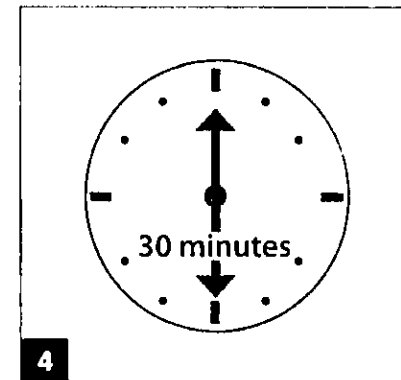
1 Make sure you are wearing **extended PPE**.



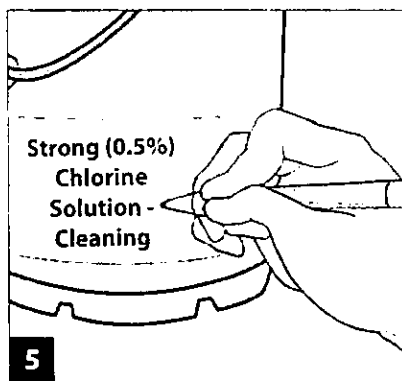
2 Add 10 tablespoons of HTH (70% chlorine) to 20 liters of water in a bucket.



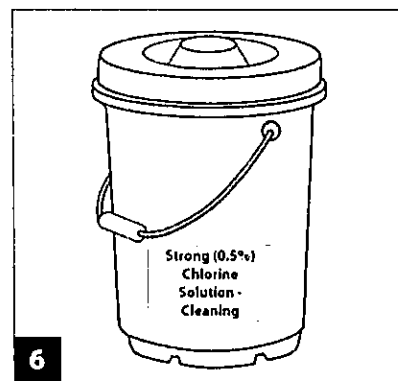
3 Stir well for 10 seconds, or until the HTH has dissolved.



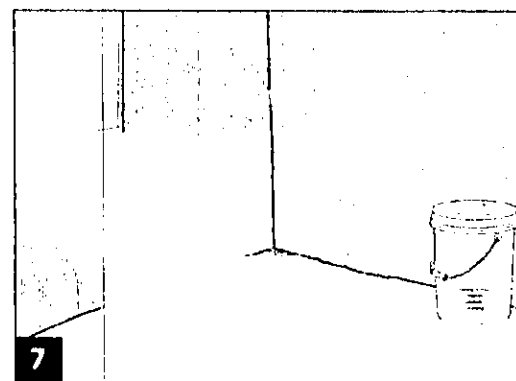
4 Wait 30 minutes before use.



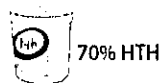
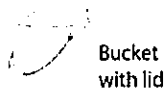
5 Label bucket "**Strong (0.5%) Chlorine Solution - Cleaning**."



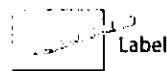
6 Cover bucket with lid.



7 Store in shade. Do not store in direct sunlight.



Stick for stirring



Supplies Needed

WARNING

Do NOT drink chlorine water.
Do NOT put chlorine water in mouth or eyes.



How to Make Mild (0.05%) Chlorine Solution

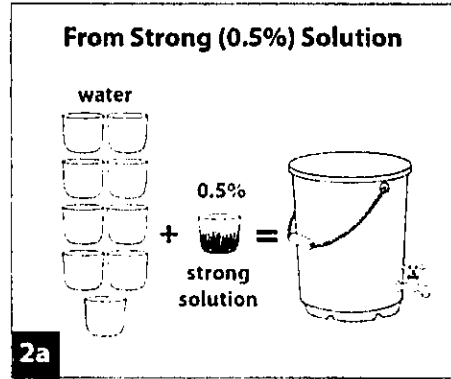
Use mild (0.05%) chlorine solution to wash ungloved hands.

Make new mild (0.05%) chlorine solution every day. Throw away any leftover solution from the day before.



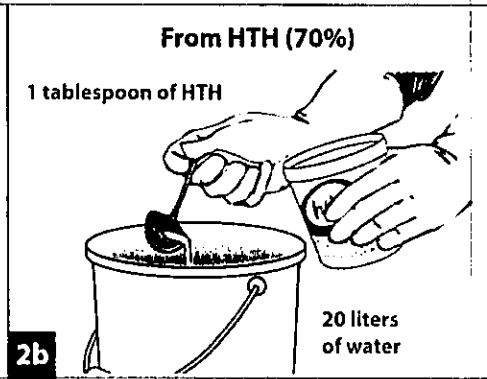
1

Make sure you are wearing **extended PPE**.



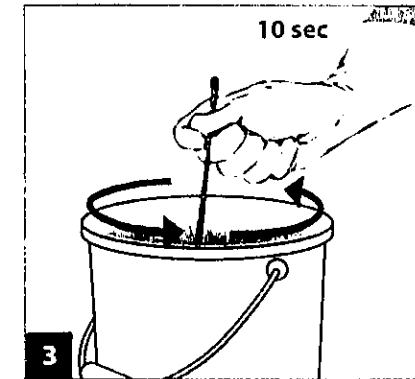
2a

Pour 9 parts water and 1 part strong (0.5%) solution into a bucket. Repeat until full.



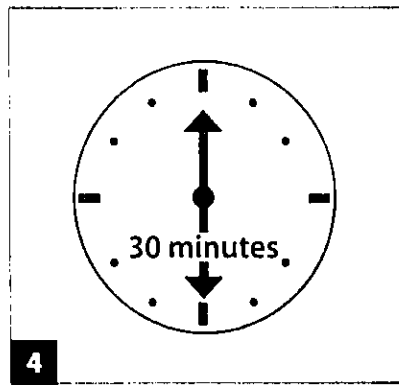
2b

Add one tablespoon of HTH (70%) to 20 Liters of water in a bucket.



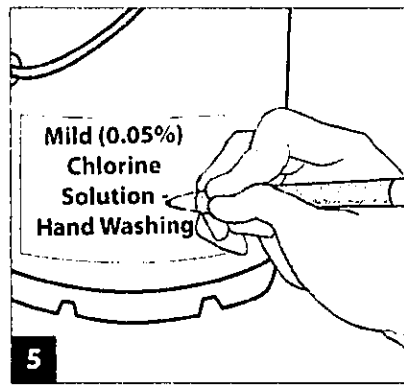
3

Stir well for 10 seconds, or until the HTH has dissolved



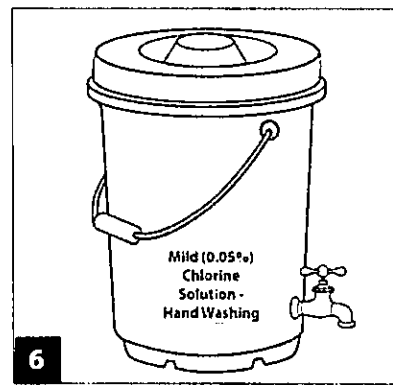
4

Wait 30 minutes before use.



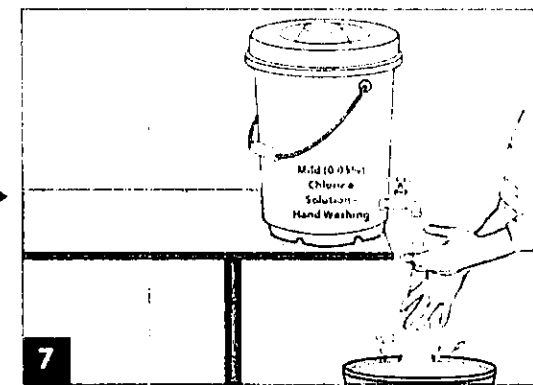
5

Label bucket "Mild (0.05%) Chlorine Solution - Hand Washing"



6

Cover bucket with lid.



7

Place at hand washing stations.



Tablespoon



Measuring cup or liter bottle



Bucket with lid and spigot



Water



70% HTH



Stick for stirring



Label



WARNING

Do NOT drink chlorine water.
Do NOT put chlorine water in mouth or eyes.

Supplies Needed