

WORKPLACE HANDBOOK

On COVID-19 Management and Prevention

VERSION 1 | As of 30 September 2020



Department of Health

San Lazaro Compound, Tayuman,
Sta. Cruz, Manila, Philippines 1003
(632) 8651-7800

doh.gov.ph
facebook.com/OfficialDOHgov
twitter.com/DOHgovph

+639188888364
callcenter@doh.gov.ph



This handbook is a product of the Occupational Safety and Health Alignment Workshop conducted last August 2020 among national government agencies, the Health Professionals Alliance Against COVID-19 (HPAAC), non-government employee and employer organizations, local implementers, and other key stakeholders.

We would like to acknowledge the assistance of the Philippine College of Occupational Medicine, Inc. (PCOM), particularly the CAMANAVA, Makati, and Laguna Chapters, in identifying industries featured in our Good Practices Section. Special thanks also go to the companies and institutions which agreed to share their good practices.

For comments or questions regarding the Workplace Handbook, please email healthysettings.doh@gmail.com

Table of Contents

<u>Introduction</u>	4
<u>I. COVID-19 Basics</u>	5
A. <u>Must Knows</u>	6
B. <u>COVID-19 Cases</u>	8
C. <u>Hierarchy of Controls</u>	12
<u>II. General Rules</u>	13
A. <u>Must Dos</u>	14
B. <u>General Directions: Case Finding and Management</u>	16
C. <u>Detection</u>	18
D. <u>Isolation and Referral</u>	20
E. <u>Contact Tracing</u>	28
F. <u>COVID-19 Testing</u>	42
G. <u>Occupational Safety and Health Committees (OSH Committees)</u>	47
H. <u>Discharge</u>	48
I. <u>Notification and Reporting</u>	50
J. <u>Leave of Absences and Entitlements</u>	52
K. <u>Reintegration</u>	53
<u>III. Maintaining Health and Safety</u>	55
A. <u>Personal Safety Practices</u>	56
B. <u>Mental and Emotional Wellbeing</u>	60
C. <u>Diet and Nutrition</u>	60
D. <u>Physical Fitness</u>	61
E. <u>BIDA Solusyon sa COVID-19</u>	61
F. <u>Smoke-Free Workplaces</u>	62
<u>IV. Guidelines for Specific Workplace Scenarios</u>	63
A. <u>Working in the Office</u>	64
B. <u>Alternative Work Arrangements</u>	67
C. <u>Meetings and Document Transmittal</u>	71
D. <u>Meals and Lunch Breaks</u>	72
E. <u>Shuttle Services</u>	73
F. <u>Telemedicine</u>	75
<u>V. Housekeeping and Disinfection</u>	76
<u>VI. Good Practices</u>	81
<u>VI. References</u>	89
<u>VII. Annexes</u>	90

Introduction

The COVID-19 pandemic is a serious public health threat that continues to permeate all populations and sectors in the country, and the job sector is no exception. To protect the welfare of the Filipino workforce, the Department of Health (DOH), Department of Labor and Employment (DOLE), Department of Trade and Industry (DTI) together with the World Health Organization (WHO) and stakeholders from the different medical societies in the Philippines issue this handbook, which compiles essential information based on important issuances on COVID-19 prevention and management in the workplace. This hopes to provide proper guidance and appropriate information to all Occupational Safety and Health (OSH) Committees and other key stakeholders to empower them in ensuring that Filipino employees and workers everywhere in the country know how to protect themselves, their colleagues, and families from the threat of COVID-19.

Version 1 as of September 2020. *This handbook will be updated as we compile the most recent evidence and policies relative to the workplace, as the COVID-19 pandemic progresses.*



I.

COVID-19 Basics



A. Must Knows

Based on latest DOH issuances

TRANSMISSION

- The virus is primarily spread through respiratory **DROPLETS** when an infected person speaks, coughs, or sneezes.
- Transmission can also happen through contact with **FOMITES** that can enter the mouths, eyes or noses of people as well as surfaces up to one (1) meter away, and can survive for at least three (3) days depending on the material.
- The World Health Organization recently added **AIRBORNE** transmission via micro-droplet suspension as one of the modes of transmission of COVID-19. Studies reveal that airborne transmission may be possible in healthcare settings, during aerosol-generating procedures (i.e. nebulization, cardiopulmonary resuscitation, endotracheal intubation, suctioning of secretions, etc.), and in small, closed, and confined spaces with little or no ventilation.

SYMPTOMS AND INCUBATION

Symptoms can take UP TO 14 DAYS from infection to show.

The most COMMON SYMPTOMS are:

- Fever (not necessarily high fever)
- Dry cough
- Tiredness or fatigue
- Shortness of breath or difficulty breathing

Patients may, likewise, experience other non-specific symptoms such as sore throat, nasal congestion, headache, diarrhea, nausea and vomiting, and loss of smell (anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms.



A. Must Knows

Based on latest DOH issuances



SEVERE SYMPTOMS include:

- Difficulty breathing or breathlessness while speaking
- Constant pain or pressure in the chest
- Paleness or cold and clammy skin
- Confusion, changes in mental state or unresponsiveness

Some people are ASYMPTOMATIC—they do not show symptoms, but they are infected and can transmit the virus.



MOST-AT-RISK POPULATION (MARP)

People of all ages can catch COVID-19. People at risk of SEVERE ILLNESS if they catch the virus are the following:

- Elderly (60 years of age and older)
- Persons with pre-existing medical conditions (heart/lung disease, diabetes, asthma, etc.)
- Smokers
- Women with high-risk pregnancies (aged 17 or younger, 35 or older, those with pre-existing conditions)
- Immunocompromised patients as assessed by an attending physician (e.g. on chemotherapy for cancer, untreated HIV infection, combined immunodeficiency disorder, taking steroids for more than 14 days, etc.)

B. COVID-19 Cases

Based on the [WHO Public Health Surveillance for COVID-19: Interim Guidance](#)

Per the latest WHO guidelines as of August 7, 2020, the case definitions of suspect and probable cases have been revised to account for updated evidence on the most common signs and symptoms as well as known transmission dynamics of COVID-19.

SUSPECT

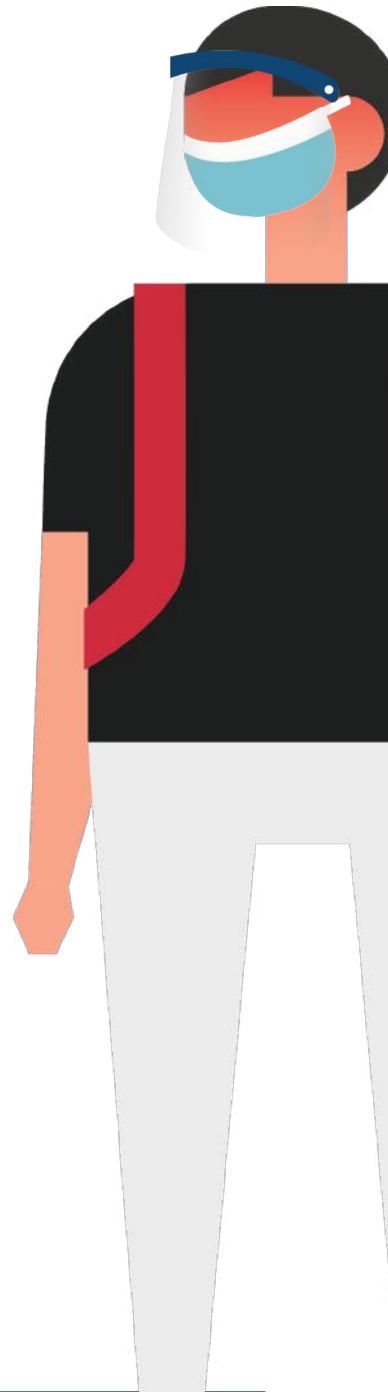
- A. A person who meets this clinical AND epidemiological criteria:

Clinical Criteria:

1. Acute onset of fever AND cough; OR
2. Acute onset of ANY THREE OR MORE of the following signs or symptoms: fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status.

Epidemiological Criteria:

1. Residing or working in an area with high risk of transmission of the virus: for example, closed residential settings and humanitarian settings, such as camp and camp-like settings for displaced persons, any time within the 14 days prior to symptom onset; OR
2. Residing in or travel to an area with community transmission anytime within the 14 days prior to symptom onset; OR
3. Working in health setting, including within health facilities and within households, anytime within the 14 days prior to symptom onset.



B. COVID-19 Cases

Based on the [WHO Public Health Surveillance for COVID-19: Interim Guidance](#)

- B. A patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever of $\geq 38^{\circ}\text{C}$; and cough; with onset within the last 10 days; and who requires hospitalization).

PROBABLE

- A. A patient who meets clinical criteria of a suspect case AND is a contact of a probable or confirmed case, or epidemiologically linked to a cluster of cases which has had at least one confirmed case identified within that cluster.
- B. A suspect case with chest imaging showing findings suggestive of COVID-19 disease
- C. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause.
- D. Death, not otherwise explained, in an adult with respiratory distress preceding death AND who has a contact of a probable or confirmed case or epidemiologically linked to a cluster which has had at least one confirmed case within that cluster



B. COVID-19 Cases

Based on the [WHO Public Health Surveillance for COVID-19: Interim Guidance](#)

CONFIRMED

Any individual who was laboratory-confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, and/or officially accredited laboratory testing facility.

CLOSE CONTACT

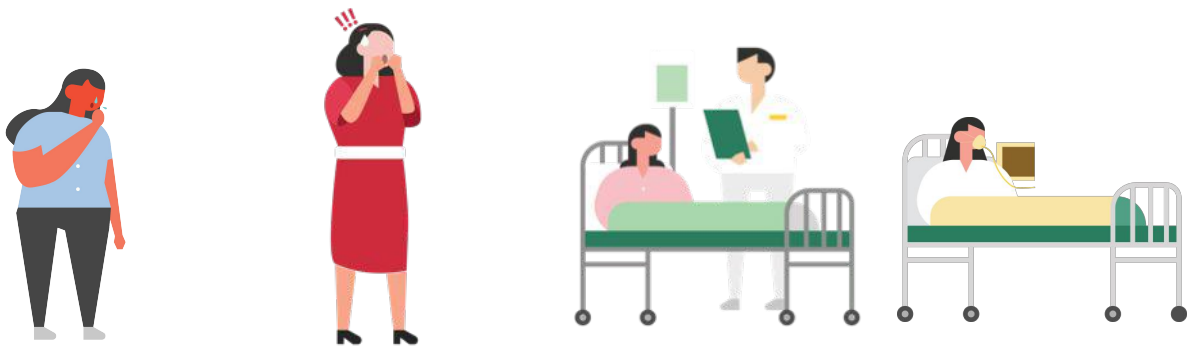
- Individual whose exposure should have happened two (2) days before or within 14 days from onset of symptoms of a confirmed or probable case:
 - Face-to-face contact with a probable or confirmed case within 1 meter and for at least 15 minutes
 - * [DTI-DOLE Joint Memorandum Circular No. 2020-04-A](#) further expands this among workers with or without a mask.
 - Direct physical contact with a probable or confirmed case
 - Direct care for a patient with probable or confirmed COVID-19 disease without using recommended personal protective equipment
 - Other situations as indicated by local risk assessments



B. COVID-19 Cases

Based on the [*PSMID-PCP-PCCP Interim Guidance on the Clinical Management of Adult Patients with Suspected or Confirmed COVID-19 Infection*](#)

Disease Severity Classification of Patients with Probable or Confirmed COVID-19 Case



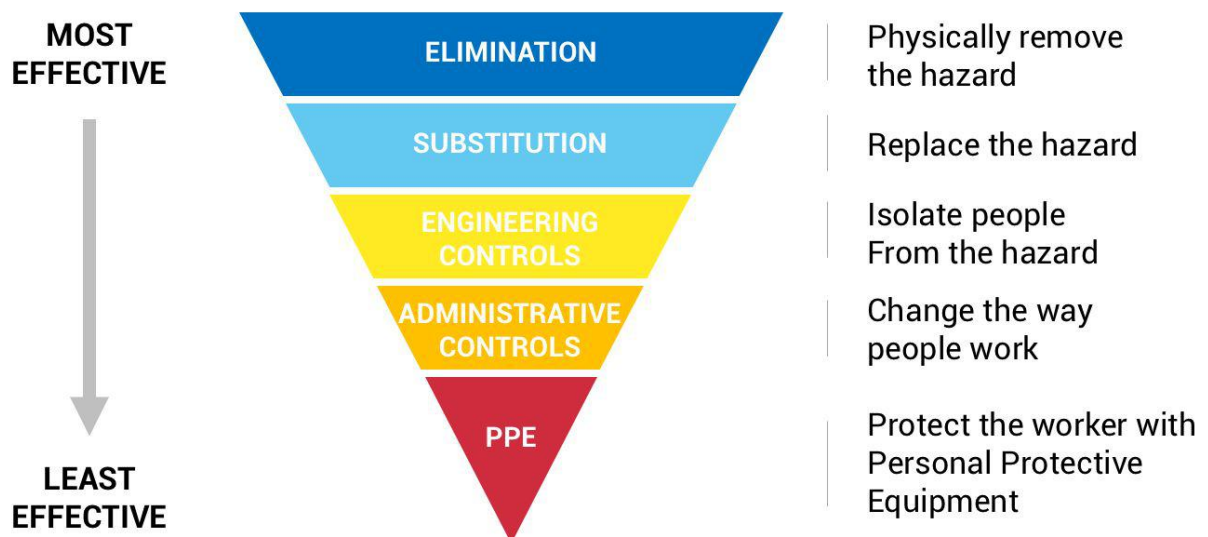
MILD	MODERATE	SEVERE	CRITICAL
Symptomatic patients presenting with fever, cough, fatigue, anorexia, myalgias; other non-specific symptoms such as sore throat, nasal congestion, headache, diarrhea, nausea and vomiting; loss of smell (anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms with NO signs of pneumonia or hypoxia	Adolescent or adult with clinical signs of non-severe pneumonia Child with clinical signs of non-severe pneumonia Elderly or with comorbid conditions presenting with mild symptoms only, with NO signs of pneumonia	Adolescent or adult with clinical signs of severe pneumonia or severe acute respiratory infection Child with clinical signs of pneumonia (cough or difficulty in breathing) plus at least one of the following (central cyanosis or SpO ₂ <90%, severe respiratory distress, or fast breathing)	Patients manifesting with acute respiratory distress syndrome, sepsis and/or septic shock

C. Hierarchy of Controls

Lifted from the [Center for Disease Control and Prevention \(CDC\)](#)

Controlling exposures to occupational hazards is the fundamental method of protecting workers from COVID-19. Traditionally, a hierarchy of controls has been used as a means of determining how to implement feasible and effective control solutions.

The following representation of this hierarchy is adapted from CDC:



The idea behind this hierarchy is that the control methods at the top of the graphic illustration are potentially more effective and protective than those at the bottom. Following this hierarchy normally leads to the implementation of inherently safer systems, where the risk of illness or injury has been substantially reduced.

To learn more about this hierarchy, you may visit the following link from CDC: bit.ly/HierarchyOfControls.

II.

General Rules



A. Must Dos

Based on latest DOH issuances

All employees and workers shall:

1. **Always practice personal protective measures** such as regular hand washing, wearing of face masks and face shield, physical distancing of at least 1 meter, and avoiding crowded places.
2. **Self isolate or just stay at home** and not report to work if with COVID-19 like symptoms (fever, cough, sore throat, myalgia, flu-like illness). Inform your supervisor immediately of your condition.
3. **Undergo risk exposure assessment** and be subjected to contact tracing procedure if with exposure to COVID-19 suspect, probable or confirmed case, according to prescribed national guidelines set by the Department of Health and local government and workplace policies.
4. **Adopt an appropriate alternative work arrangement** upon discussion with and approval by your work supervisors subject to governing rules and regulations and other local personnel guidelines.



A. Must Dos

Based on latest DOH issuances

5. **Keep personal track of daily activities** for easier history-taking when contact tracing is needed.
6. **Strictly follow and implement guidelines on infection control procedures**, waste management, and all other guidelines on managing visitors and clients.
7. **Strictly adhere to guidelines on the implementation of community quarantine** issued by the Inter Agency Task Force on Emerging and Infectious Diseases and all other authorized bodies regarding mass gatherings, observance of minimum health standards and physical distancing.
8. **Always fact check** and be on alert for any new information or advisory.
9. For any queries, you may **contact the following COVID-19 Hotlines**:
 - **DOH:** (02) 894 - COVID (26843) or 1555 (for all subscribers)
 - **DOLE:** 1349
 - **DTI Command Center:** 0956 091 6570 (Text/Viber)
 - **DILG Emergency Operations Center Hotline:** (02) 8876 3454 local 8881 - 8884 to monitor the implementation of COVID-19 response in LGUs
 - **One Hospital Command Center:** (02) 885-505-00, 0915-777-7777 and 0919-977-3333



B. General Directions: Case Finding and Management

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

1. **Contact tracing shall begin for suspect cases even while specimen collection for SARS-CoV-2 confirmatory testing from the suspect case is yet to commence, or while waiting for PCR results.** This means generating the potential contact list and notifying the potential contacts.
2. **Quarantine if asymptomatic, isolate if symptomatic.** Hence, quarantine close contacts, isolate suspect and probable, cohort confirmed cases. Monitoring under quarantine may be done by a non-medical personnel of the BHERT (if from community) or OSH Committee (if from workplace). OSH officer should immediately coordinate with their local health office. Monitoring under isolation must be done by medical personnel for symptom management.
 - a. All close contacts shall be immediately placed under facility-based quarantine and must finish the 14-day period regardless of results.



B. General Directions: Case Finding and Management

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

- b. Other general contacts or individuals who may have been exposed, but do not fulfill the case definition of a close contact (close contacts of a close contact or suspect case, brief exposure for <15 mins, etc.) shall be advised to self monitor and strictly adhere to minimum public health standards. If symptoms manifest, immediately do self-isolation and contact BHERT.

3. All who get tested shall be under quarantine / isolation.

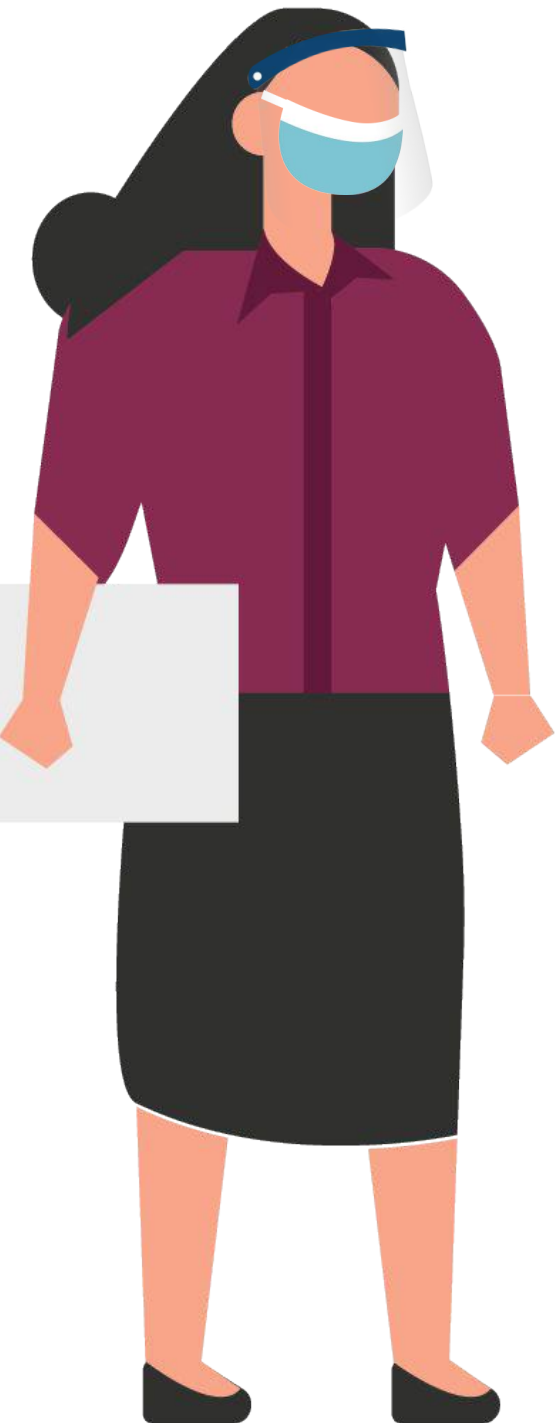
- a. PCR remains to be the ONLY confirmatory test for COVID-19.
- b. Test close contacts 5 days after exposure or when symptoms have developed, whichever comes first.
- c. Those who never developed symptoms but tested under disease surveillance may return to work upon receipt of negative PCR test following strict adherence to minimum health standards.

4. No test is necessary to determine recovery. Symptom-based strategy shall be used to determine recovery or return-to-work for symptomatic patients.



C. Detection

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)



All employees, upon entering the building premises/workplaces, shall be required to accomplish the Health Declaration Form (Annex A-1), or any digital iteration thereof. The security staff or other responsible personnel shall immediately screen the accomplished form and perform a temperature check (Annex B).

1. If “Yes” to any item is answered or if with a $T > 37.5$ degrees Celsius, the employee shall be denied entry and referred to the workplace isolation area for further evaluation by the Safety Officer.
2. If “No” to all items are answered and temperature is equal to or less than 37.5 degrees Celsius, the employee shall be permitted entry.
3. The security staff or other responsible personnel on duty shall immediately give the accomplished health declaration form to the company Human Resources (HR) for appropriate action and storage.
4. Should an online health declaration form be used, the form should be electronically submitted to HR.

C. Detection

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

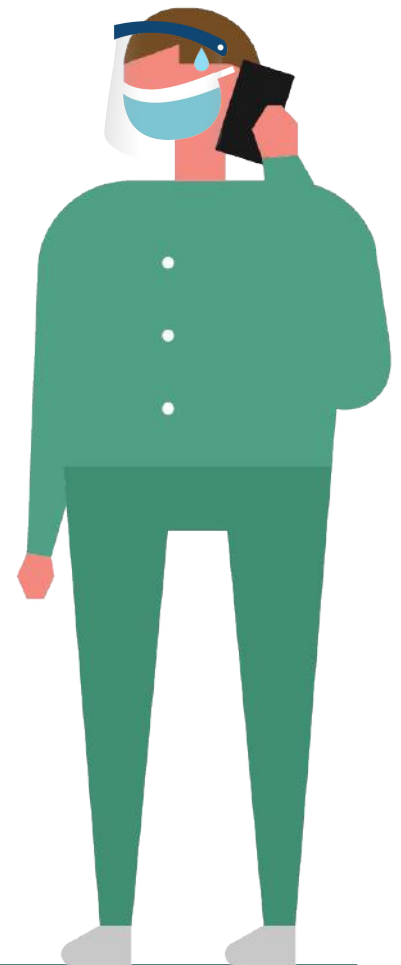
5. The Health Declaration Form, or any digital iteration thereof, shall be handled and processed in accordance with the Data Privacy Act and related issuances to ensure that –
 - a. Data collected should only include such necessary data proportional to the purpose of contact tracing;
 - b. The processing of personal data shall be transparent and that the data subjects shall be apprised of the reasons for such collection;
 - c. Reasonable and appropriate security measures and safeguards shall be implemented to protect the personal data collected;
 - d. The personal data collected shall be considered highly confidential; and
 - e. The personal data shall be stored only for a limited period and shall be disposed of properly after thirty (30) days from date of accomplishment.
6. Employers shall direct symptomatic individuals through appropriate health system entry points such as the primary care facility (e.g. Barangay Health Center, Infirmaries, Private Clinics / hospitals) or telehealth consultation. Referral networks shall be established.
7. Employers may contact the DOH through its hotline 1555 for guidance on the handling and referring symptomatic employees.



D. Isolation and Referral

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

1. Large and medium private establishments (i.e. with total assets of above Php 15M) and establishments with multiple tenants are mandated to designate an isolation area of one (1) room for every 200 employees, which shall be based on the average number of employees actually reporting to work per shift. The designated isolation area shall be other than the company clinic, and must be situated near the entrance/s or in a nearby facility, for employees needing further assessment due to elevated temperature, presence of flu-like symptoms, any yes answer to the Health Declaration, or exposure history to a COVID-19 case or probable case thereof.
2. The designated isolation area shall have adequate ventilation and make available PPEs for the health personnel and symptomatic patients (e.g. face shields and medical-grade face masks).
3. The isolation rooms may be outside the establishments, provided that they are within the control of the employer, i.e. the facility is readily available when necessary, *provided further*, that a temporary holding facility for employees and visitors with symptoms, or following further assessment required after responding to the health declaration form, shall be set up within the immediate vicinity of the workplace and/or building.



D. Isolation and Referral

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

4. The isolation area shall be provided with chairs and must have a dedicated restroom. It shall be disinfected once every two (2) hours and/or immediately after any infected or confirmed COVID-19 employee leaves the area.
5. Private establishments unable to establish an isolation area may make arrangements with a temporary treatment and monitoring facility nearby or with the Barangay Local Government Unit, for immediate referral of employees who fulfill the criteria for isolation.
6. All individuals shall keep their face masks and face shields during isolation at all times.
7. Isolation area personnel shall always wear the recommended PPEs prior to attending to the symptomatic employee, as prescribed in the DOH Department Memorandum No. 2020-0197, including:



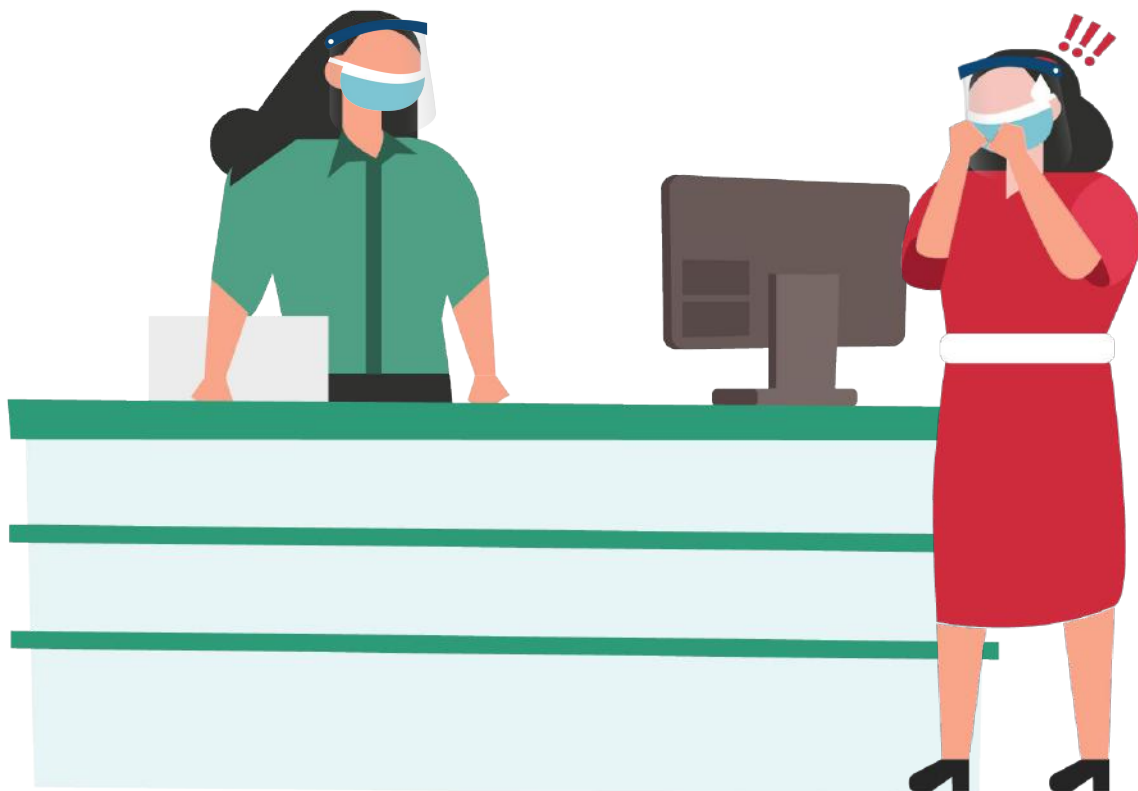
D. Isolation and Referral

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

- a. Disposable gown
- b. Face shield
- c. Medical grade mask
- d. Gloves

All used PPEs shall be properly disposed after every use.

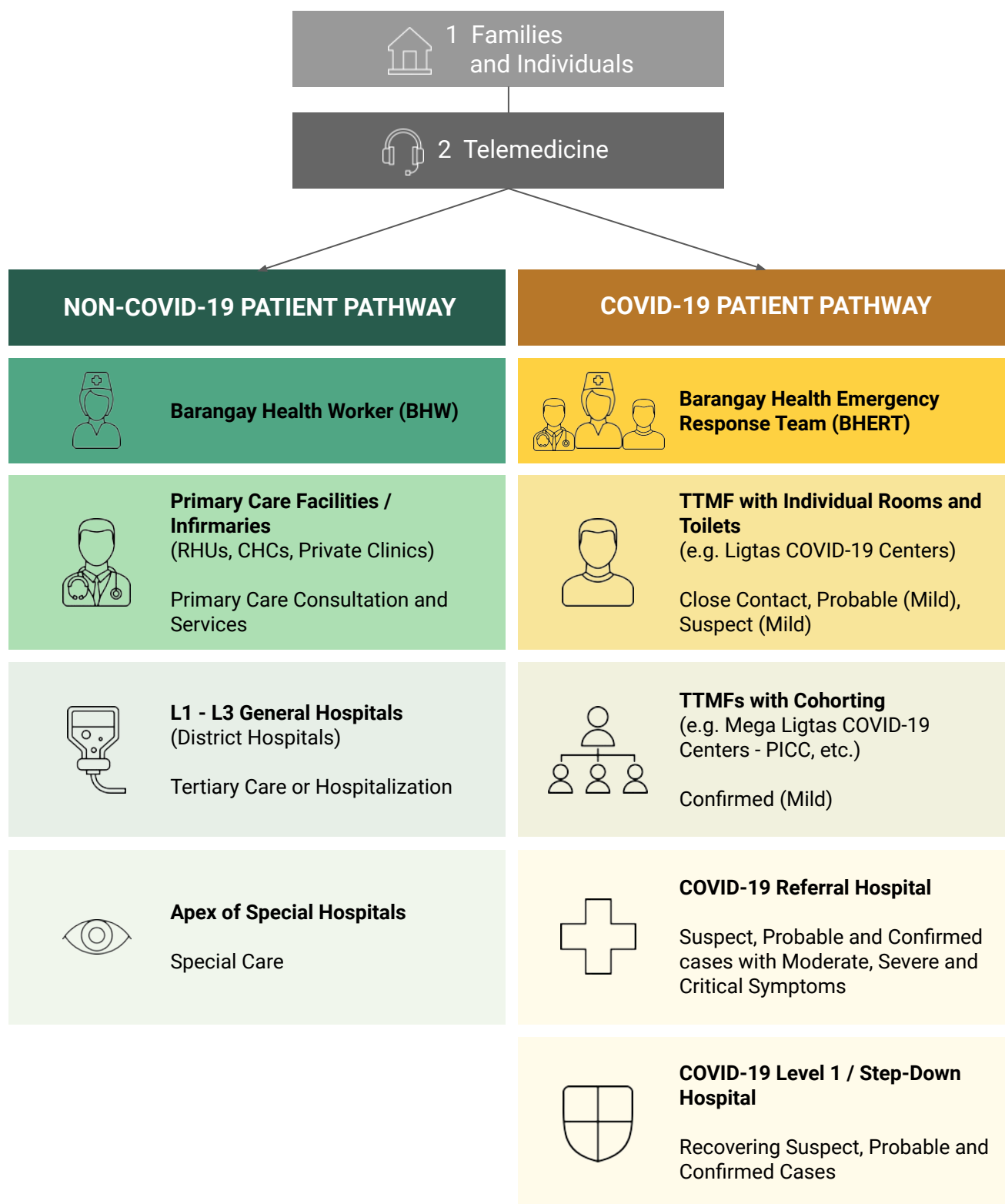
- 8. Company protocols for transporting the symptomatic employee/s to the nearest health facility, such as ambulance conduction and if necessary, for PCR testing shall be put in place (refer to Annex C for guidance for conduction of individuals).
- 9. Malls and buildings shall have at least one (1) isolation area near the entrances.



D. Isolation and Referral

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

Patient Pathway



D. Isolation and Referral

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

Isolation VS Quarantine

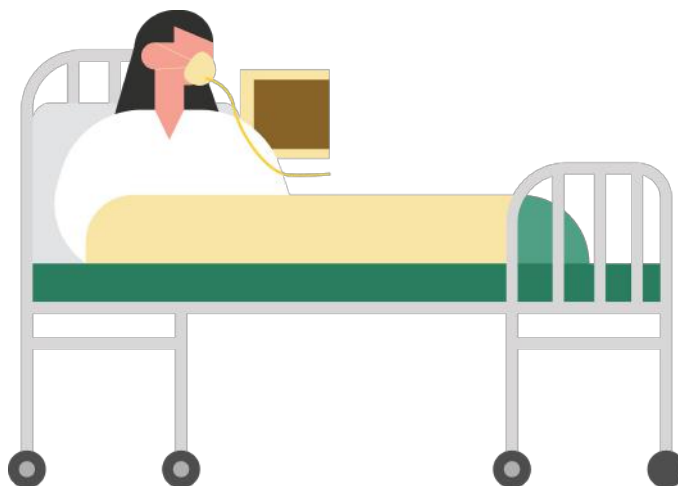
	NO EXPOSURE	WITH EXPOSURE
WITH SYMPTOMS	Usual Care	ISOLATION Needs medical attention/symptom management and monitoring by a medical personnel
NO SYMPTOMS	Not Applicable	QUARANTINE Needs monitoring to (1) take action as needed for possible onset of symptoms, and (2) ensure restricted movement by a non-medical personnel of the BHERT or the OSH Committee designated personnel in the workplace

(a) Isolation separates sick people with a contagious disease from people who are not sick.

(b) Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

Facility-based quarantine and isolation shall be the first option.

- General term: Temporary Treatment and Monitoring Facilities ([DOH DM 2020-0123](#))
- Home-based quarantine and isolation can be done if with capacity for own room, own toilet and no most-at-risk population (MARP) at home.



D. Isolation and Referral

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

Isolation VS Quarantine

Types of Temporary Treatment and Monitoring Facilities (TTMF)

FACILITY TYPE	CASE TYPE	ACCOMMODATION ARRANGEMENT
LIGTAS COVID (Local Government Unit)	Close Contact (PUM), Suspect, Probable, Confirmed	For Close Contacts/Suspect/Probable: <ul style="list-style-type: none">Individual rooms with individual toilets and showers (Especially for suspect and probable cases)In cases where this arrangement is not feasible:<ul style="list-style-type: none">Beds (3) feet or one (1) meter apart on all sidesToilet/shower facilities disinfected after use For Confirmed: <ul style="list-style-type: none">Cohorting
We Heal As One (COVID-19) Center (National Government)	Suspect, Probable, Confirmed	
COVID-19 Level 1 / Step-Down Hospital	Recovering Suspect, Probable, Confirmed	
Other Quarantine Facilities (e.g. Company Isolation Facilities, Hotels)	ROFs, LSIs, Health Workers, Other Frontliners	<ul style="list-style-type: none">Individual rooms with individual toilets and showers



D. Isolation and Referral

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

When to Quarantine or Isolate?

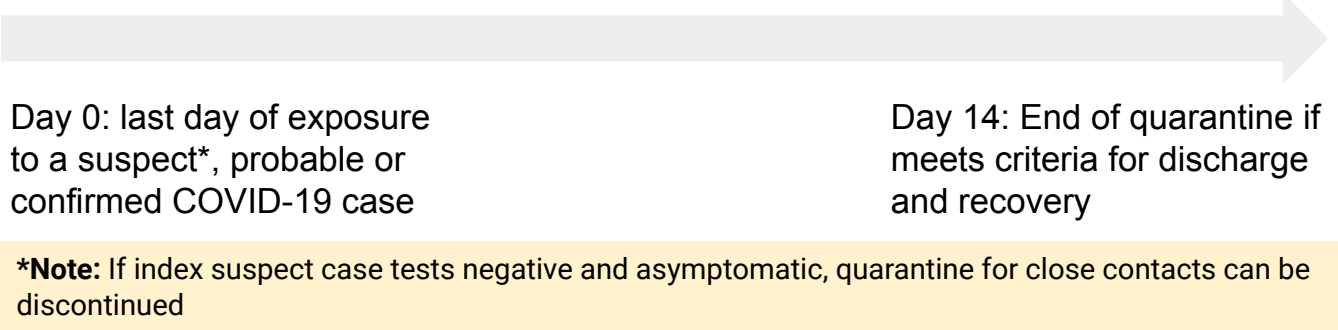
Clinical Status	Test Results	Actions
Asymptomatic (symptoms never developed)	Negative	Subgroup D1: Close Contact - Mandatory completion of 14-day quarantine Other general contacts (B.2.b.): advised to self-monitor and strictly adhere to minimum health standards
Asymptomatic (symptoms never developed)	Positive	Complete the 14-day quarantine. Begin contact tracing.
Symptomatic (fever, colds, cough, and/ or sore throat develop)	Negative	Discharge after resolution of symptoms for at least 3 consecutive days and completion of 14-day isolation after onset of symptoms. If symptoms worsen, refer to a hospital.
Symptomatic (fever, colds, cough, and/ or sore throat develop)	Positive	Discharge after resolution of symptoms for at least 3 consecutive days and completion of 14-day isolation after onset of symptoms. If symptoms worsen, refer to a hospital. Begin contact tracing.

D. Isolation and Referral

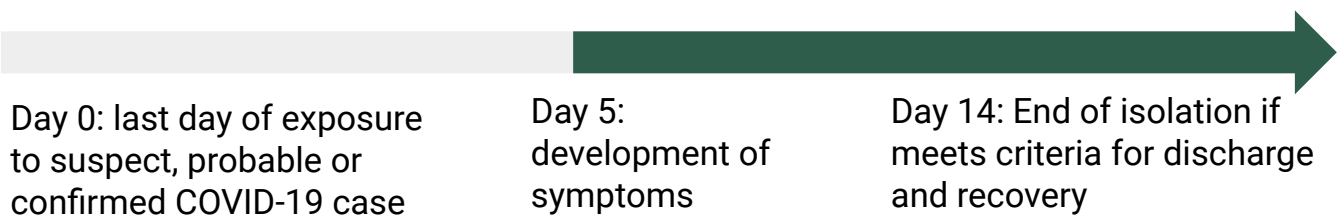
Based on latest DOH issuances

How long do I have to undergo quarantine/isolation?

1. For close contacts



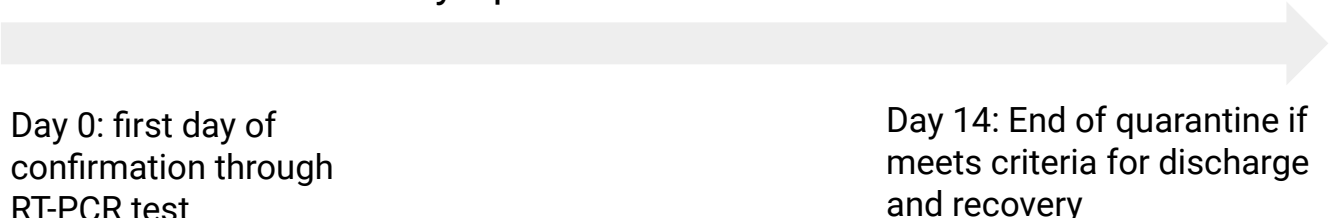
2. For previously asymptomatic close contacts who develop symptoms



3. For suspect, probable or confirmed cases with undocumented date of exposure



4. For confirmed asymptomatic cases



E. Contact Tracing

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

Contact tracing in the workplace shall be immediately initiated by the OSH Committee or employer after identification of an employee falling under the case definition of either suspect, probable, or confirmed COVID-19.

Employers shall ensure strict compliance with the protocols established by the DOH and LGUs for contact tracing of employees in close contact with a COVID-19 case, as specified in [DOH Memorandum No. 2020-0189](#) entitled, "Updated Guidelines on Contact Tracing of Close Contacts of Confirmed Coronavirus Disease (COVID-19) Cases". Speedy and close coordination between the OSH Committee and the local health office is key to make contact tracing work.

CONTACT TRACING AMONG THE WORKFORCE

1. Employers shall conduct contact tracing within their workplace to identify close contacts. Workplace CCTV may be used to determine close contacts.
2. Employers shall ensure that close contacts of employees whose RT-PCR test confirmed positive undergo a 14-day quarantine period.
3. During the 14-day quarantine, close contacts shall be required to regularly report to their employer/ OSH Committee designated personnel any development, including new symptoms. Symptomatic employees should update their employer regarding their COVID-19 test results from a nationally accredited testing facility.



E. Contact Tracing

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)



4. Close contacts who remain asymptomatic for 14 days may return to work without need for a test.
5. Employers shall make available work-from-home (WFH) arrangements for the close contacts when feasible.

CONTACT TRACING OF CUSTOMERS AND VISITORS

1. Customers, including visitors, entering private establishments/business premises shall be required to completely accomplish the Contact Tracing Form (Annex A-2)
2. Contact tracing forms shall be surrendered daily to the HR officer for future reference and safekeeping.
3. Employers shall explore the use of technology, such as the use of contactless forms.
4. Contactless forms shall be handled with the highest degree of confidentiality and securely disposed of after thirty (30) days.

Referral of symptomatic individuals shall be coordinated to the nearest TTMF and health care facility as provided under the latest DOH interim guidelines (e.g. [DOH Department Memorandum 2020-0334](#)).

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

Updated Case Investigation Form

Part 1: Data to initiate contact tracing



Ex: name, CURRENT address, contact
number, philhealth, symptom onset
date

- DRU, especially laboratories and hospitals, should encode in COVIDKaya so that LGU can access to initiate contact tracing
- CIF should also be sent to LGUs, especially for cases not seen by LGUs

Part 2: Contact tracing findings

Ex: exposure history and details, special population, disposition

- LGU and contact tracing teams shall input
- These fields shall be sent to DOH-CO through COVIDKaya and other interoperable information systems

 Philippine Department of Health Surveillance and Infection Control  Case Investigation Form Coronavirus Disease (COVID-19) Version 7-2 (August 20)	
PART 1: Patient Information for contact tracing	
Disease Reporting Unit* <input type="text"/> DRD Region and Province <input type="text"/> PH Health No.* <input type="text"/>	
1. Patient Profile Last Name* <input type="text"/> First Name* <input type="text"/> Middle Name* <input type="text"/>	
Birthdate <input type="text"/> Age* <input type="text"/> Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	
2. Contact and Contact Information* Street <input type="text"/> Barangay <input type="text"/> Municipality/City <input type="text"/>	
Home Phone No. <input type="text"/> Cellphone No. <input type="text"/> Email Address <input type="text"/>	
In the presence of <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Admitting Facility* <input type="text"/>	
Date of Onset of Illness (MM/DD/YYYY) <input type="text"/> Date of Specimen Collection (MM/DD/YYYY)* <input type="text"/>	
Health Status at Contact* <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Critical <input type="checkbox"/>	
3. Classification* <input type="checkbox"/> Suspected <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed <input type="checkbox"/> Other <input type="text"/>	
PART 2: Contact tracing findings C&T Status <input type="text"/> Nationality <input type="text"/> Occupation <input type="text"/>	
Date of Interview (MM/DD/YYYY) <input type="text"/> Date of Admission (MM/DD/YYYY)* <input type="text"/>	
Did you have previous consultation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Consult (MM/DD/YYYY)* <input type="text"/>	
Name of facility where first consult was <input type="text"/>	
4. Exposure History History of exposure to known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of LAST Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of First Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Last Contact (MM/DD/YYYY) <input type="text"/>	
History of exposure to a known contact (onset of symptoms)* <input type="checkbox"/> Yes <input type="checkbox"/>	

Part 3: Case investigation details

Ex: close contacts data, clinical and specimen data, other address

- Maintain in CIF form for LGUs/ implementers
- Data to be used for surveillance and contact tracing functions

E. Contact Tracing

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

Minimum Data Fields of the Case Investigation Form

Part 1: Data to initiate contact tracing

1. Disease Reporting Unit
2. PhilHealth Identification No.
3. Patient's Full name
 - a. Last Name
 - b. First Name
 - c. Middle Name
4. Birthday
5. Age
6. Sex
7. Current Address
8. Home Phone No.
9. Cellphone No.
10. Email Address
11. Disposition at Time of Report
12. Date of Specimen for PCR testing collected
13. Health Status at Consult
14. Date of Onset of Illness
15. Classification

Philippine Integrated Disease Surveillance and Response
Case Investigation Form
Coronavirus Disease (COVID-19)
Version 7.2 (August 10)

PART 1: Patient information for contact tracing

Disease Reporting Unit* DRU Region and Province PhilHealth No.*

1. Patient Profile

Last Name* First Name* Middle Name*

Birthday* Age* Sex* ☐ Male ☐ Female

2. Current Address and Contact Information*

Street Barangay Municipality/City

Home Phone No. Cellphone No. Email Address

To the patient's knowledge, has he/she been in contact with a COVID-19 case 14 days before the onset of symptoms? ☐ Yes ☐ No Admitting Facility*

Date of Onset of Illness (MM/DD/YYYY)* Date of Specimen Collection (MM/DD/YYYY)*

Health Status at Consult* ☐ Asymptomatic ☐ Mild ☐ Severe ☐ Critical

3. Classification* ☐ Suspect ☐ Probable ☐ Confirmed ☐ Other

PART 2: Contact tracing findings

CVR Status* Nationality* Occupation*

Date of Interview (MM/DD/YYYY)* Date of Admission (MM/DD/YYYY)*

Did you have previous consultation? ☐ Yes ☐ No Date of First Consult (MM/DD/YYYY)*

Name of facility where first consult was done

4. Exposure History

History of exposure to known confirmed COVID-19 case 14 days before the onset of symptoms? ☐ Yes, Date of LAST Contact (MM/DD/YYYY)* ☐ No ☐ Unknown

How many times did you have a known COVID-19 transmission 14 days before the onset of symptoms? ☐ Yes, Date of Visit (MM/DD/YYYY)* ☐ No ☐ Unknown

If Yes, specify the type of exposure: ☐ Home ☐ Workplace ☐ Health facility ☐ Local travel ☐ Closed settings - prisons/jail ☐ School ☐ Market ☐ Transportation ☐ Others: _____

5. Special Population

Health Care worker* ☐ Yes ☐ No Returning Overseas Filipino Worker* ☐ Yes ☐ No

If Yes, specify name and location of health facility

Locally Stranded Individual* ☐ Yes ☐ No Lives in closed settings (e.g. jails, penitentiaries, mental institutions)* ☐ Yes ☐ No

If Yes, indicate city/province of origin

6. Disposition at Time of Report

☐ Admitted in hospital ☐ Admitted in isolation or quarantine facility ☐ In home isolation or quarantine ☐ Others: _____

☐ Discharged: Date of Discharge (MM/DD/YYYY)* ☐ Died: Date of Death (MM/DD/YYYY)*

PART 3: Case investigation details

List the names of persons who were with you two days prior to onset of illness until this date and their contact numbers (Use the back part of this sheet when needed) (Use the back part of this sheet when needed)

7. Permanent Address and Contact Information (if different from current address)

House No./Lot/Bldg. Street Municipality/City Province

Region Home Phone No. Cellphone No. Email Address

8. Address Outside the Philippines and Contact Information (for Overseas Filipino Workers and individuals with residence outside the Philippines)

House No./Lot/Bldg. Street Municipality/City Province

Country Place of Work Employer's Name Employer's/Office Contact No.

9. Travel History

History of travel/visit abroad in other countries with a known COVID-19 case 14 days before the onset of symptoms? ☐ Yes, Country of exit: _____ ☐ No

Flight/Vessel Number: Date of Departure (MM/DD/YYYY) Date of Arrival in PH (MM/DD/YYYY)

10. Concomitant Illnesses

Shortness of breath/Difficulty breathing ☐ None ☐ Hypertension ☐ Gastrointestinal

☐ Sore throat ☐ Others: _____ ☐ Diabetes ☐ Heart Disease ☐ Genito-urinary

☐ Lung Disease ☐ Cancer ☐ Neurological Disease

☐ Others: _____

11. Specimen Information

Specimen Collected Date Collected* Laboratory Results* Date Released

Swab ☐ Pending ☐ Positive ☐ Negative ☐ Equivocal

Oropharyngeal/ Nasopharyngeal swab ☐ Pending ☐ Positive ☐ Negative ☐ Equivocal

Others: _____ ☐ Pending ☐ Positive ☐ Negative ☐ Equivocal

12. Outcome

Condition on Discharge* ☐ Improved/Recovered ☐ Deceased ☐ Asymptomatic ☐ Abandoned

☐ Died ☐ Transferred ☐ Willing ☐ Unwilling

Name of Informant (if patient unavailable) Relationship Contact No.

E. Contact Tracing

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

Minimum Data Fields of the Case Investigation Form

Philippine Integrated Disease Surveillance and Response
Case Investigation Form
Coronavirus Disease (COVID-19)
Version 7.2 (August 10)

PART 1: Patient Information for contact tracing

Disease Reporting Unit* DRU Region and Province PhilHealth No.*

1. Patient Profile

Last Name* First Name* Middle Name*

Birthdate* Sex* ☐ Male ☐ Female

Age*

Is the patient a contact of a confirmed COVID-19 case? ☐ Yes ☐ No

Address and Contact Information*

Street Barangay Municipality/City

Home Phone No. Cellphone No. Email Address

To the public: ☐ Yes ☐ No

Date of Onset of Illness (MM/DD/YYYY)* Date of Specimen Collection (MM/DD/YYYY)*

Health Status at Consult*

☐ Asymptomatic ☐ Mild ☐ Severe ☐ Critical

Classification*

☐ Suspect ☐ Probable ☐ Confirmed ☐ Other

PART 2: Contact tracing findings

Civil Status* Nationality* Occupation*

Date of Interview (MM/DD/YYYY)* Date of Admission (MM/DD/YYYY)*

Did you have previous consultation? ☐ Yes ☐ No Date of First Consult (MM/DD/YYYY)*

Name of Facility where first consult was done

2. Exposure History

History of exposure to known confirmed COVID-19 case 14 days before the onset of symptoms* ☐ Yes, Date of LAST Contact (MM/DD/YYYY) ☐ No ☐ Unknown

History of exposure to a known COVID-19 transmission 14 days before the onset of symptoms* ☐ Yes, Date of Visit (MM/DD/YYYY) ☐ No ☐ Unknown

If Yes, specify:

☐ Home ☐ Workplace ☐ Health facility

☐ Local travel ☐ Closed settings - prison/jail ☐ School

☐ Market ☐ Transportation ☐ Other

3. Special Population

Health Care worker* ☐ Yes ☐ No Returning Overseas Filipino Worker* ☐ Yes ☐ No

If Yes, specify name and location of health facility

If Yes, indicate country of origin

Locally Stranded Individual* ☐ Yes ☐ No Lives in closed settings (e.g. jails, penitentiaries, mental institutions)* ☐ Yes ☐ No

If Yes, indicate city/village/township of origin

If Yes, specify

4. Disposition at Time of Report

☐ Admitted in hospital ☐ Admitted in isolation or quarantine facility ☐ In home isolation or quarantine ☐ Others

☐ Discharged: Date of Discharge (MM/DD/YYYY)* ☐ Died: Date of Death (MM/DD/YYYY)*

PART 3: Case investigation details

List the names of persons who were with you two days prior to onset of illness until this date and their contact numbers (Use the back part of this sheet when needed) (Use the back part of this sheet when needed)

5. Permanent Address and Contact Information (If different from current address)

House No./Lot/Unit* Street/Barangay Municipality/City Province

Region Home Phone No. Cellphone No. Email Address

6. Address Outside the Philippines and Contact Information (For Overseas Filipino Workers and individuals with residence outside the Philippines)

House No./Lot/Unit* Street Municipality/City Province

Country Place of Work Employer's Name Employer's/Office Contact No.

7. Travel History

History of travel/visit/work in other countries with a known COVID-19 transmission 14 days before the onset of signs and symptoms ☐ Yes, Country of exit ☐ No

Address Flight/Vessel Number* Date of Departure (MM/DD/YYYY) Date of Arrival in PH (MM/DD/YYYY)

Under Quarantine ☐ Yes ☐ No

Concomitant (Check all that apply if present)

☐ Shortness of breath/Difficulty breathing ☐ None ☐ Gastrointestinal

☐ Sore throat ☐ Others ☐ Hypertension ☐ Genito-urinary

☐ Diabetes ☐ Neurological Disease

☐ Heart Disease ☐ Cancer

☐ Lung Disease ☐ Others

8. Specimen Information

Specimen Collected* Date Collected* Laboratory* Results* Date Released

Serum ☐ Pending ☐ Negative ☐ Positive ☐ Equivocal

Oropharyngeal/ Nasopharyngeal swab ☐ Pending ☐ Negative ☐ Positive ☐ Equivocal

Others: ☐ Pending ☐ Negative ☐ Positive ☐ Equivocal

9. Outcome

Condition on Discharge*

☐ Improved/Recovered ☐ Deceased ☐ Asymptomatic ☐ Abandoned

☐ Died ☐ Transferred ☐ Others

Name of Informant (if patient unavailable) Relationship Contact No.

Part 2: Contact tracing findings

1. Date of Interview
2. Date of First Consult
3. Date of Admission
4. History of Exposure to known confirmed COVID-19 case 14 days before the onset of signs and symptoms
5. Exposure to place with known COVID-19 transmission 14 days before the onset of signs and symptoms

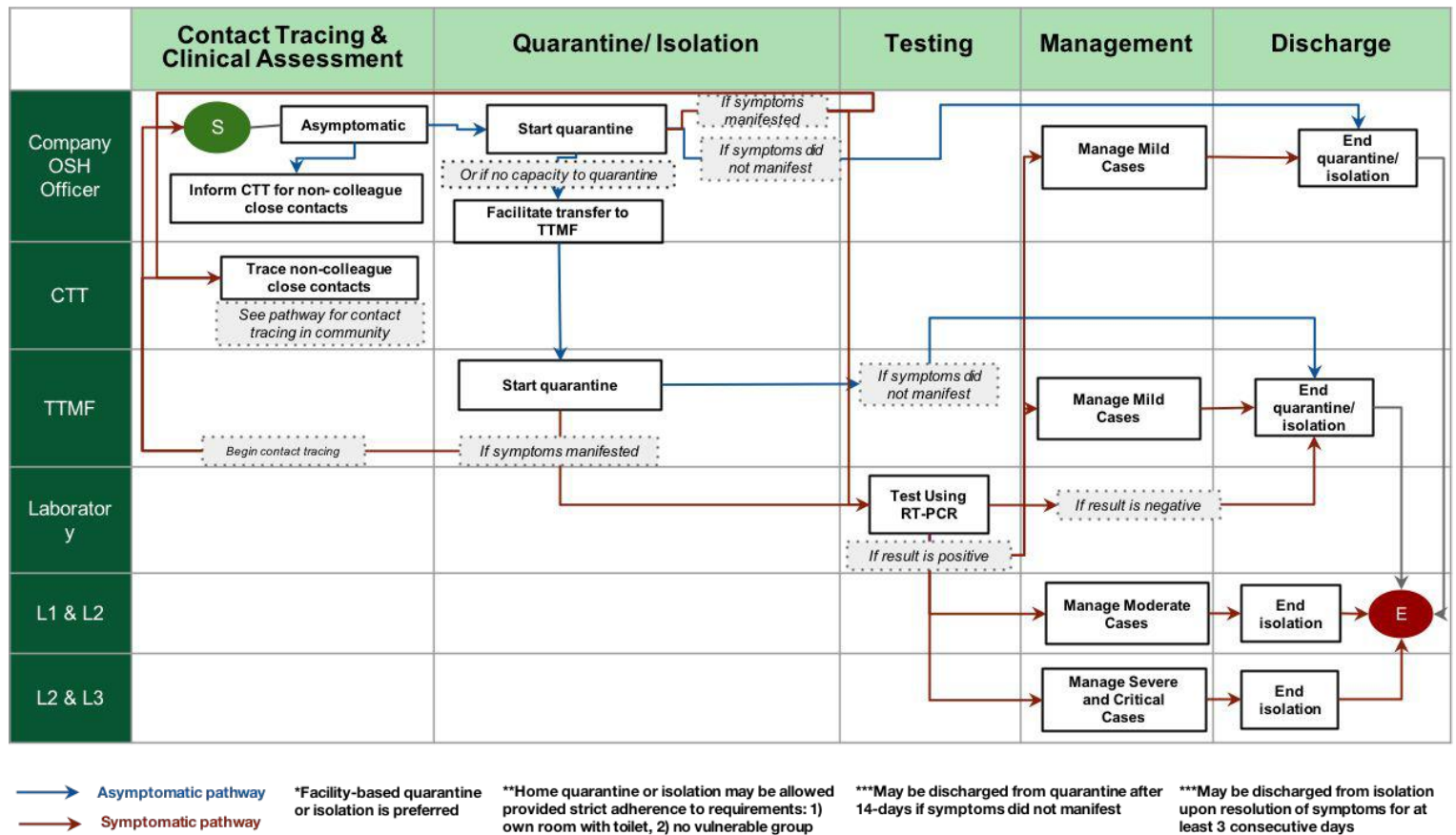
Part 3: Case investigation details

1. Health Care Worker
2. Returning Overseas Filipino Worker/ Foreign National Traveler
3. Locally Stranded Individual
4. Lives in Closed Settings
5. Test Done
6. Date Collected
7. Results
8. Outcome

E. Contact Tracing

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

Pathway for Close Contacts



- When a suspect, probable or confirmed case at work has been identified, the Occupational Safety and Health (OSH) Officer of the company shall determine and trace all close contacts of the case.
 - Listed close contacts in the company shall be quarantined in the designated isolation room, regardless of disposition, or in a TTMF if no capacity to develop or assign isolation rooms.
 - The OSH Officer shall also coordinate with the LESU. The LESU shall generate the list of close contacts outside the company and shall be referred to LGU Contact Tracing Teams.

E. Contact Tracing

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

Pathway for Close Contacts

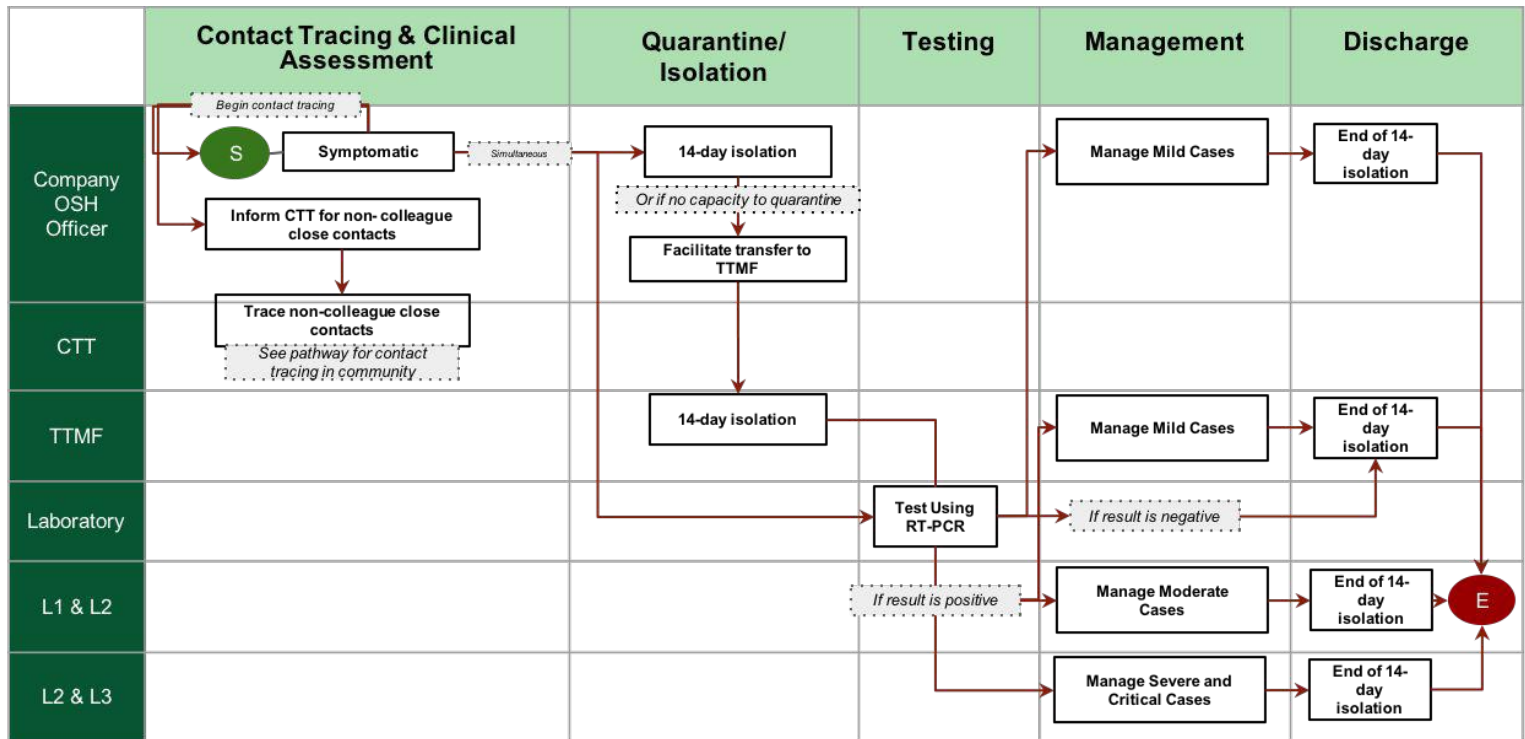
- Asymptomatic close contacts shall be monitored whether or not symptoms will manifest during the 14-day quarantine.
 - If symptoms did not manifest, they shall be discharged after the 14-day period.
 - If symptoms do manifest, they shall be tested.
 - Regardless of results, they shall be discharged after resolution of symptoms for at least 3 consecutive days and completion of 14-day isolation after day of exposure / onset of symptoms (if day of exposure is unknown).
 - If results are positive, they shall be isolated depending on the severity of symptoms (mild - TTME, moderate - L1 or L2 hospital, severe and critical - L2 or L3 hospital).



E. Contact Tracing

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

Pathway for Suspects (Symptomatic Close Contacts)



→ Asymptomatic pathway *Facility-based quarantine or isolation is preferred **Home quarantine or isolation may be allowed provided strict adherence to requirements: 1) own room with toilet, 2) no vulnerable group ***May be discharged from quarantine after 14-days if symptoms did not manifest ***May be discharged from isolation upon resolution of symptoms for at least 3 consecutive days

- When a suspect, probable or confirmed case at work has been identified, the Occupational Safety and Health (OSH) Officer of the company shall determine and trace all close contacts of the case.
 - Listed close contacts outside the company shall be referred to LGU contact tracing teams.
 - The OSH Officer shall also coordinate with the LESU. The LESU shall generate the list of close contacts outside the company and shall be referred to LGU Contact Tracing Teams.

E. Contact Tracing

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

Pathway for Suspects (Symptomatic Close Contacts)

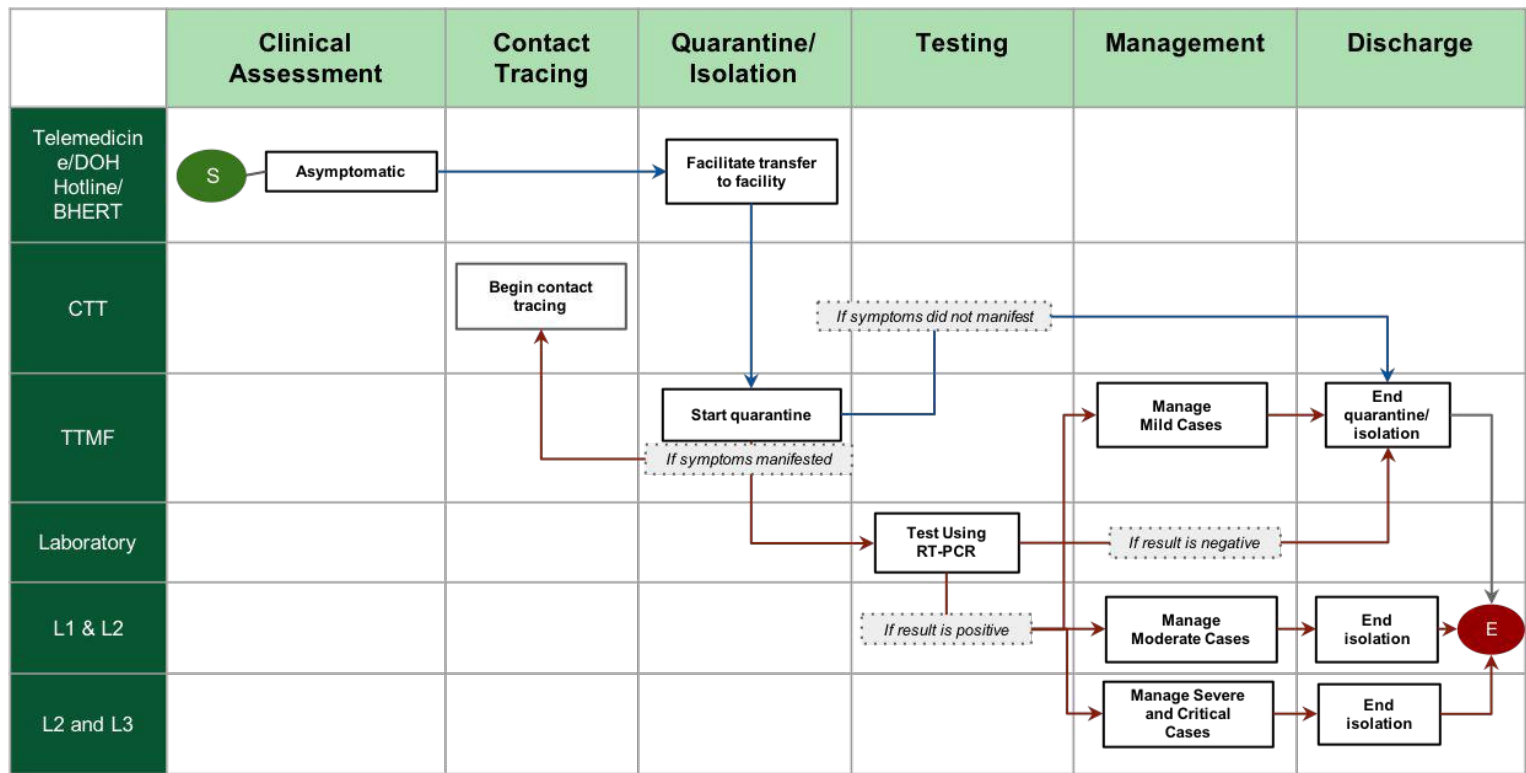
- Symptomatic close contacts shall be quarantined in the designated isolation rooms of the company or to a TTMF if no capacity to develop or assign isolation rooms. Simultaneously, the OSH Officer or the TTMF shall facilitate testing of the patient.
 - Regardless of results, they shall be discharged after resolution of symptoms for at least 3 consecutive days and completion of 14-day isolation after day of exposure / onset of symptoms (if day of exposure is unknown).
 - If results are positive, they shall be isolated depending on the severity of symptoms (mild - TTMF, moderate - L1 or L2 hospital, severe and critical - L2 or L3 hospital).



E. Contact Tracing

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

Pathway for Self-Reporting Close Contacts



→ Asymptomatic pathway
→ Symptomatic pathway

*Facility-based quarantine or isolation is preferred

**Home quarantine or isolation may be allowed provided strict adherence to requirements: 1) own room with toilet, 2) no vulnerable group

***May be discharged from quarantine after 14-days if symptoms did not manifest

***May be discharged from isolation upon resolution of symptoms for at least 3 consecutive days

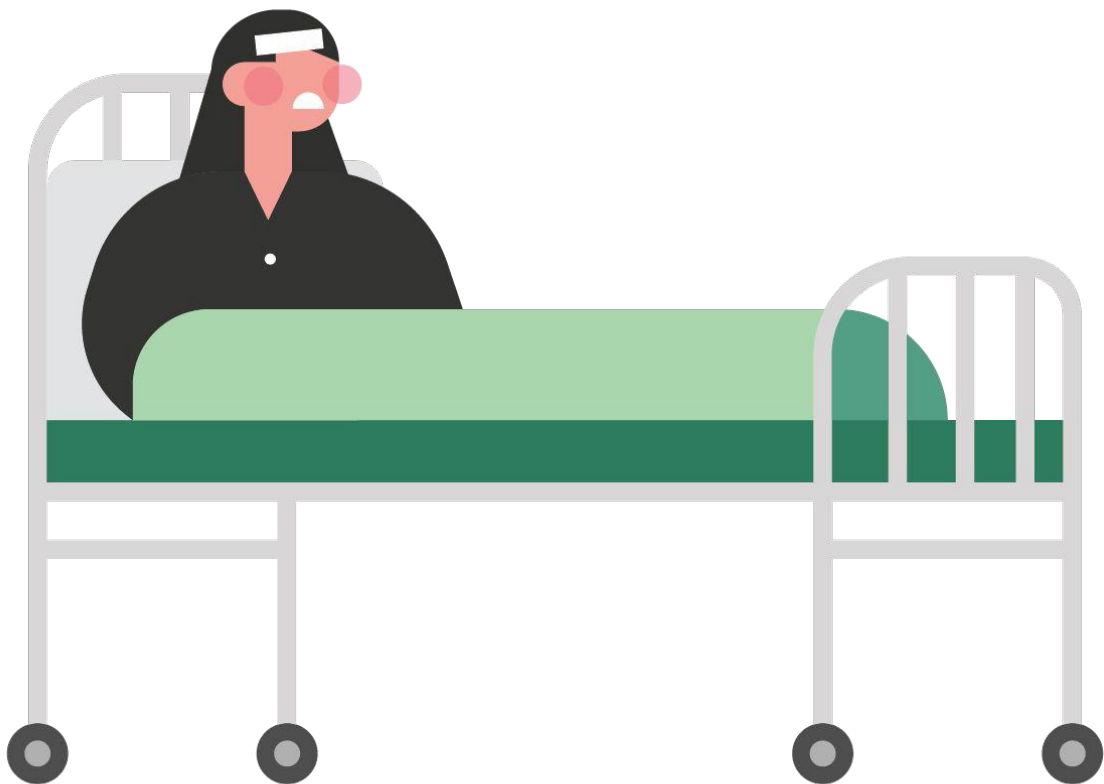
- When a patient knows s/he is a close contact and wants to self-report, they shall contact telemedicine providers, the DOH Hotline, self-reporting technologies ([TanodCOVID](#) and [KIRA KontraCOVID](#)), or their BHERT for assessment and proper referral for quarantine or isolation.
- For asymptomatic close contacts, they shall be referred to a TTMF by the telemedicine provider, DOH hotline, self-reporting technologies, or BHERT and monitored whether or not symptoms will manifest during the 14-day quarantine.

E. Contact Tracing

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

Pathway for Self-Reporting Close Contacts

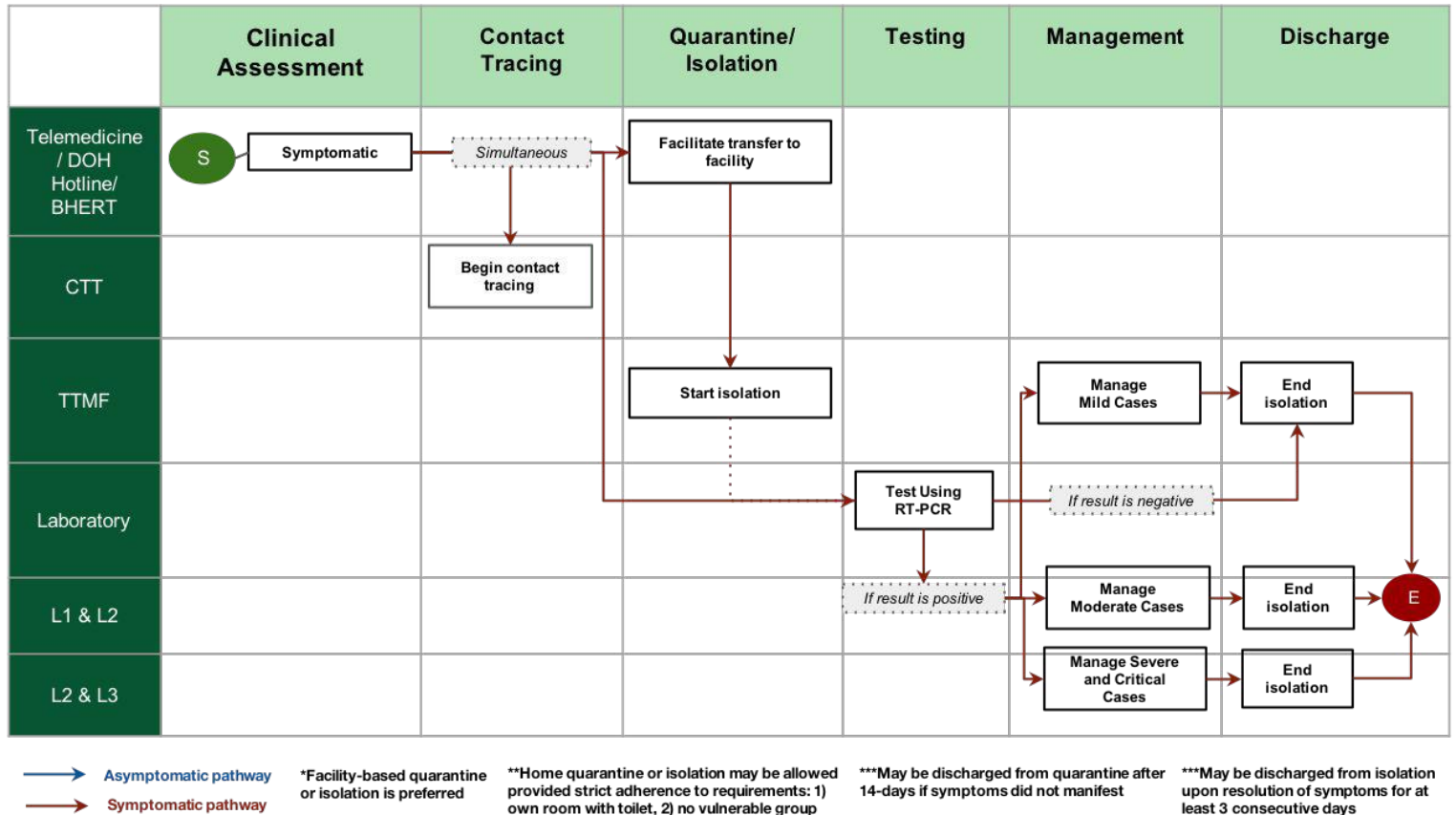
- If symptoms did not manifest, they shall be discharged after the 14-day period.
- If symptoms do manifest, they shall be tested.
 - Regardless of results, they shall be discharged after resolution of symptoms for at least 3 consecutive days and completion of 14-day isolation after day of exposure / onset of symptoms (if day of exposure is unknown).
 - If results are positive, they shall be isolated depending on the severity of symptoms (mild - TTMF, moderate - L1 hospital, severe and critical - L2 or L3 hospital). Once they are clinically recovered, they shall be given a medical certificate and discharged.



E. Contact Tracing

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

Pathway for Self-Reporting Suspects (Symptomatic)



- When a patient knows s/he is a close contact, is symptomatic, and wants to self-report, they shall contact telemedicine providers, the DOH Hotline, DOH recommended self-reporting technologies ([TanodCOVID](#) and [KIRA KontraCOVID](#)) or their respective BHERTs for assessment, proper referral to a TTMF, and testing.
 - Regardless of results, they shall be discharged after resolution of symptoms for at least 3 consecutive days and completion of 14-day isolation after day of exposure / onset of symptoms (if day of exposure is unknown).
 - If results are positive, they shall be isolated depending on the severity of symptoms (mild - TTMF, moderate - L1 or L2 hospital, severe and critical - L2 or L3 hospital).

E. Contact Tracing

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

Ensuring Data Privacy

ACCESS LEVEL	DATA THAT MAY BE SHARED	SCOPE	PURPOSE
Public	Trends Aggregates	National	For health education and promotion
Implementers (Facilities, LGUs)	Individual-level data (internal)	Within jurisdiction	For local operations planning
National	Individual-level data (internal)	National	For national planning



Re: Concerns on Contact Tracing

1. Patient reporting of all fields is mandatory to implementers and national agencies.
2. Patient identifiers are name, address, and birthday. The main patient identifier shall be the PhilHealth Identification number and the name.

E. Contact Tracing

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

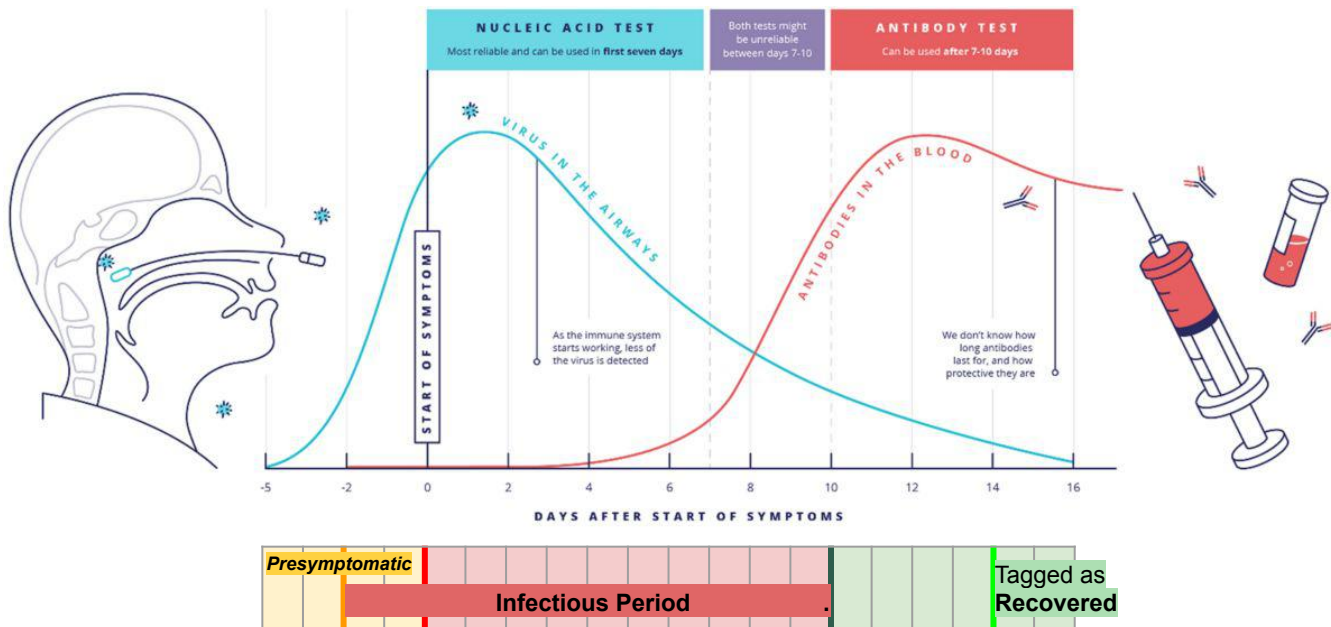
3. Implementers shall ensure that individuals, to which personal or sensitive information are collected for COVID-19, whether it be manual or electronic, as defined in the Data Privacy Act of 2012, are informed on the use of their data as stated on their respective privacy policies and notice.
4. Releasing patient identifiers to public for contact tracing is option of last resort and should be with clearance from the DOH-CHD on extenuating circumstance
5. Non-patient identifier information may be used such as location, movement, places visited.
6. Implementers shall ensure that proper data sharing agreements and/or non-disclosure agreements are created with any third-party or outsourced teams or individuals who are involved in contact tracing.
7. Implementers shall set appropriate handling of data and breach management protocols in coordination with their respective Data Protection Officer.



F. COVID-19 Testing

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

Right Test for the Right Reason (Annex F)



Looking at the **viral pathway**:

- Best time to test using PCR is 5-7 days after exposure, approximating the time of symptom onset.
- All those who are exposed to the confirmed case during the infectious period are potential close contacts. This means even 2 days before onset of symptoms of the confirmed case.
- Case is no longer infectious after 10 days from onset of symptoms. But to be sure, DOH errs on the side of caution and adds a 4 day buffer. This 4-day buffer takes into account that in some cases, incubation period is 12 days. The same concept holds true for time-based tagging of recoveries.
- **Immediate quarantine of close contact is necessary even when asymptomatic as infectious period begins 2 days prior to symptom onset.**

F. COVID-19 Testing

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

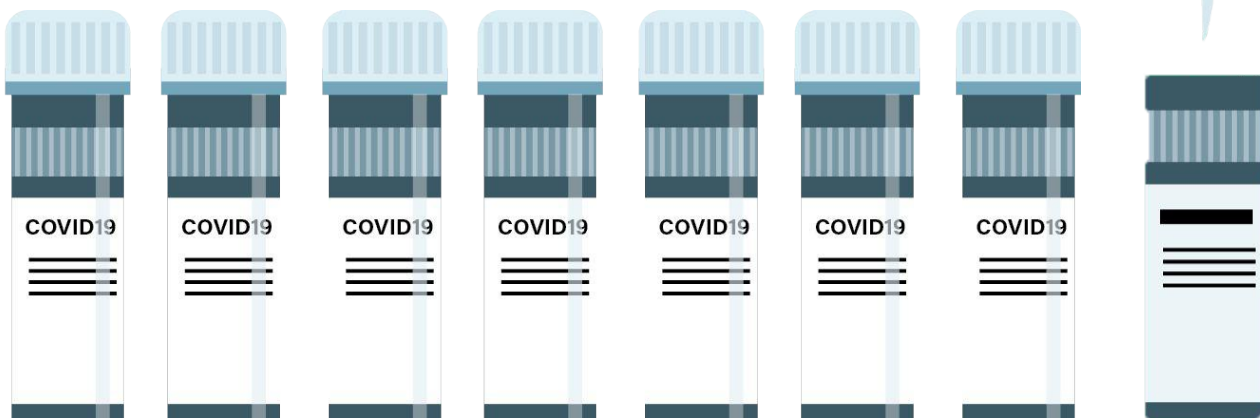
- The [DOH Guidelines for Expanded Testing](#) prioritizes different sub-groups (A - J) for testing, based on their risk of contracting COVID-19 infection. The RT-PCR shall be the recognized test for these identified priority workers:

PRIORITY LEVEL	SUBGROUP	DEFINITION	TESTING
MODERATE	H	Frontliners in Tourist Zones H1: Workers and employees in the hospitality and tourism sectors in El Nido, Boracay, Coron, Panglao, Siargao and DOT tourist zones	MAY be tested once every four (4) weeks
	I	Workers and employees of manufacturing companies and public service providers registered in economic zones located in Special Concern Areas.	MAY be tested every three (3) months
LOW	J	Economy Workers J1: Frontline and Economic Priority Workers, defined as those (1) who work in high priority sectors, both public and private; (2) have high interaction with and exposure to the public, and; (3) live or work in Special Concern Areas <ol style="list-style-type: none"> 1. Transport and Logistics 2. Food Retail 3. Education – once face to face classes resume 4. Financial Services 5. Non-Food Retail 6. Services 7. Market Vendors 8. Construction 9. Water Supply, Sewerage, Waste Management 10. Public Sector 11. Mass Media 	MAY be tested every three (3) months

F. COVID-19 Testing

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

- All testing facilities shall utilize the appropriate Philhealth benefits and/or any benefit provided by Health Maintenance Organizations or Private Health Insurance for COVID-19 testing to reimburse the cost of testing.
- For Frequently Asked Questions on Benefit Packages for COVID-19 patients, you may check out the following link: bit.ly/COVID19Packages.



F. COVID-19 Testing

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

TESTING OF SYMPTOMATICS AND CLOSE CONTACTS

1. All employees experiencing symptoms of COVID-19, and those who are close contacts must undergo RT-PCR testing. Employers shall inform the LGU/s having jurisdiction over the workplace and the respective residence/s of the symptomatic employees and close contacts before testing for monitoring purposes.
2. Symptomatic employees with travel/exposure to COVID-19 shall undergo fourteen (14) days quarantine. Upon its completion and prior to resumption of work, the employee shall present a Certificate of Quarantine Completion from the step-down care facility or local health office, per Philippine Society for Microbiology and Infectious Disease (PSMID) Guidelines on Return-to-Work (Annex E).



F. COVID-19 Testing

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)



3. A step-down care facility refers to a DOH or LGU identified facility, such as Temporary Treatment Mega Facility (TTMF), for recovering COVID-19 patients who have been hospitalized, but have not yet been certified as COVID-free and transferred to the TTMF.

TESTING OF ASYMPTOMATIC EMPLOYEES RETURNING TO WORK

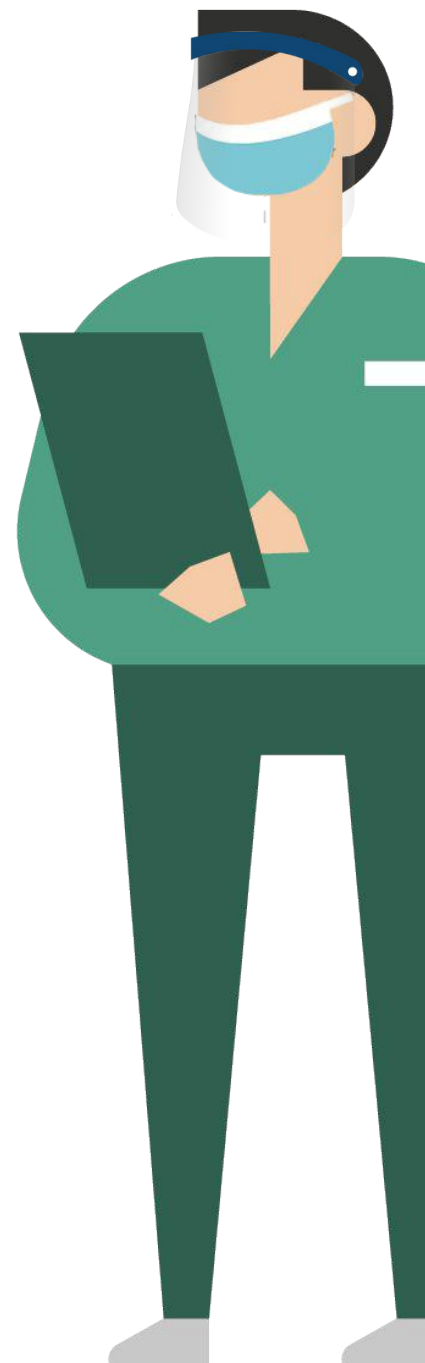
1. RT-PCR or antibody-based tests is NOT recommended nor required for asymptomatic employees returning to work.
2. Employees physically reporting to work shall be screened for COVID-19 symptoms, including fever, cough, colds and other respiratory symptoms, and/or determination of travel or exposure to COVID-19 cases within the last 14 days.

Asymptomatic employees prior to physically returning to work may be cleared by the local health officer or OSH physician.

G. Occupational Safety and Health Committees (OSH Committees)

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

1. Employers shall establish OSH Committees in accordance with Republic Act No. 11058, its IRR, and DOLE Department Order No. 198, Series of 2018 which took effect on 25 January 2019.
2. The OSH Committee and/or safety officer of the workplace shall oversee enforcement and monitoring of the minimum public health standards for COVID-19 prevention in the workplace and this JMC.
3. Monitoring by the OSH Committees shall include evaluation and analysis of the company's implementation of the minimum health standards and protocols to immediately address the spread of COVID-19 in the workplace, if any, and recommend and implement appropriate preventive measures. Health surveillance may be conducted to determine the cause/s of the spread/transmission of the virus in the workplace.
4. For 2 or more private establishments housed under the same building, a joint OSH Committee shall also be established in accordance with DOLE Department Order No. 198, Series of 2018. They may share resources for a successful implementation of a comprehensive OSH Program, including a COVID-19 Prevention and Control Program.



H. Discharge

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

Guidelines for Patient Discharge



1. The attending physician shall assess the medical status of the patient and decide on the patient's disposition



2. Patients may be discharged to a Step Down Care facility or TTMF upon clearance by the attending physician subject to the criteria with endorsed clinical practice guidelines



3. Transfer of recovered patients to the community shall be facilitated by the Step Down Care facility in coordination with the appropriate LGU and DOH-CHD

H. Discharge

Based on the [DOH Department Memorandum 2020-0258-A: Updated Interim Guidelines on Expanded Testing for COVID-19](#)

Time-based Recovery

According to the [WHO](#) and [CDC](#), a patient can be discharged from isolation without requiring retesting given the growing evidence showing the decreased risk of transmitting the virus on the 10th day after symptom onset in patients with mild disease. Even as RT-PCR remains the only confirmatory test to detect the SARS-CoV-2 virus, it may also detect viral fragments yielding to a positive result. However, studies have shown that these viral fragments detected by PCR on the 10th day after symptom onset can no longer be cultured as a live virus, thus the incapacity to be transmitted and infect other people.

Hence, the DOH and the Philippine Society for Microbiology and Infectious Diseases (PSMID) have adopted the symptom-based strategy for tagging recoveries and discharging patients:

	CRITERIA
Previously Symptomatic Patients	Clinically recovered based on evaluation of a doctor, AND;
	Asymptomatic for at least 3 days, AND;
	Completed the 14-day self-isolation at home, TTMF or in a hospital

	CRITERIA
Asymptomatic Patients	Clinically recovered based on evaluation of a doctor, AND;
	Remained asymptomatic for 14 days, AND;
	Completed the 14-day self-quarantine at home, TTMF or in a hospital

I. Notification and Reporting

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

1. Reporting of COVID-19 test results to the DOH shall be done in accordance with DOH Administrative Order No. 2020-0013, entitled “Revised Guidelines for the Inclusion of COVID-19 in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health.”
2. Even before testing, the OSH Officer/employer must report COVID-19 positive employees, symptomatic employees, and their close contacts, to the local health office having jurisdiction over the workplace and the Barangay Health Emergency Team (BHERT) of their place of residence, in accordance with DOH DM No. 2020- 0189.



I. Notification and Reporting

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

3. The data privacy provisions under the Data Privacy Act and [DM 2020-0189](#) shall be strictly complied with to ensure that the data privacy rights of patients/subjects are respected and protected.
4. The LGU, through their City Epidemiology Surveillance Unit (CESU), Municipal Epidemiology Surveillance Unit (MESU) or Provincial Epidemiology Surveillance Unit (PESU), shall submit reports to the Regional Epidemiology Surveillance Unit (RESU) using the Event-Based Surveillance System of the Epidemiology Bureau of DOH (refer to Annex D for the Directory of Regional Epidemiology Surveillance Units).
5. Reporting to the DOLE shall be made in accordance with Section X of the DTI-DOLE Interim Guidelines on Workplace Prevention and Control of COVID-19 using the Work Accident/Illness Report (WAIR) COVID-19 form (Annex F).



J. Leave of Absences and Entitlements

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

1. Use of leaves of absence and entitlements shall be governed by the pertinent rules and regulations promulgated by the DOLE.
2. Hospitalization benefits of PhilHealth members shall be based on PhilHealth rules and regulations.
3. Social Security Benefits shall be according to the policies and regulations of the Social Security System.
4. Employee's Compensation Benefits shall be according to Presidential Decree No. 626 entitled Employee's Compensation and State Insurance Fund and its implementing rules and regulations.
5. Employers are highly encouraged to provide sick leave benefits, medical insurance coverage, including supplemental pay allowance, for COVID 19 RT-PCR test- confirmed employees or close contacts made to undergo a 14-day quarantine .



K. Reintegration

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

In reintegrating to the workplace, the following measures must be observed:

	ACTION
Provision of Mental Health and Psychosocial Support	<ul style="list-style-type: none">• Provide mental health and psychosocial support (MHPSS) interventions for people in quarantine or isolation• Address the psychosocial concerns of patients with COVID-19 through referral to the psychiatry department or partner agencies and organizations• Distribute timely information on services, coping strategies and updates through accessible formats• Facilitate communal cultural, spiritual, and faith-based healing practices, as needed
Addressing Social Stigma	<ul style="list-style-type: none">• Words Matter: Encourage the team to use appropriate terminology such as, “people who have”, “people who are being treated”, “people who have recovered” from COVID-19• Emphasize the effectiveness of prevention and treatment measures as well as early screening, testing and treatment• Correct misconceptions by clarifying common myths• Get the facts from official and trusted sources
Provision of Clearance after Discharge	<ul style="list-style-type: none">• For facility-based quarantine, a Certificate of Quarantine Completion (CQC) shall be issued by the facility upon meeting the discharge criteria• For home-based quarantine, a Certificate of Quarantine Completion (CQC) shall be issued by the C/MHO upon fulfillment of criteria for discharge.
Provision of Transportation by LGU	<ul style="list-style-type: none">• Local Government Units (LGU) shall provide transportation for recovered suspect, probable and confirmed cases going home, as well as for close contact under facility-based quarantine.

K. Reintegration

Based on the [DOH COVID-19 Response Must-Knows Handbook](#)

For reintegrating employees, please do not forget the following safety measures:



Always bring and wear a face mask and face shield when going out for essential trips/tasks



Regularly wash hands when soap and water are available.

Always bring alcohol or sanitizer when going out.

Avoid touching surfaces in public places

Regularly disinfect surfaces frequently used/touched inside the home



Avoid public places if possible

Follow physical distancing reminders if need to go out

Avoid gatherings in general

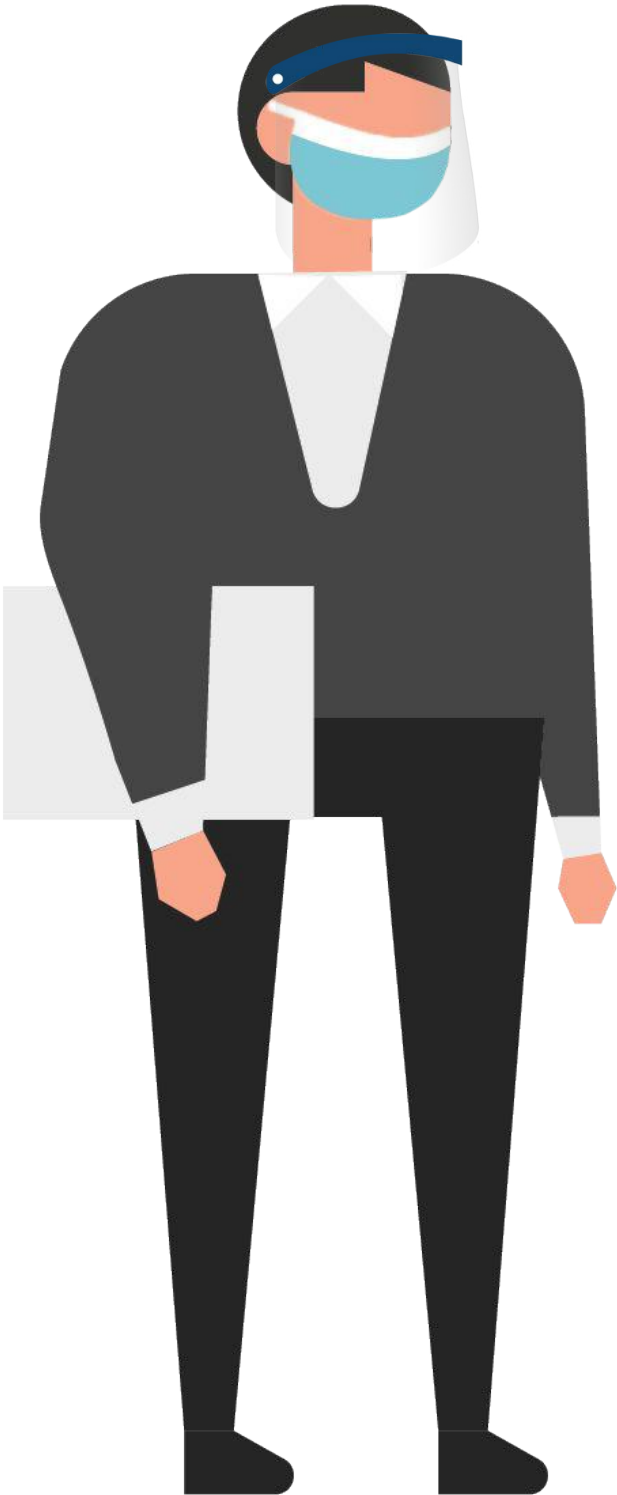
III.

Maintaining Health and Safety



A. Personal Safety Practices

Based on latest DOH issuances



FACE MASKS

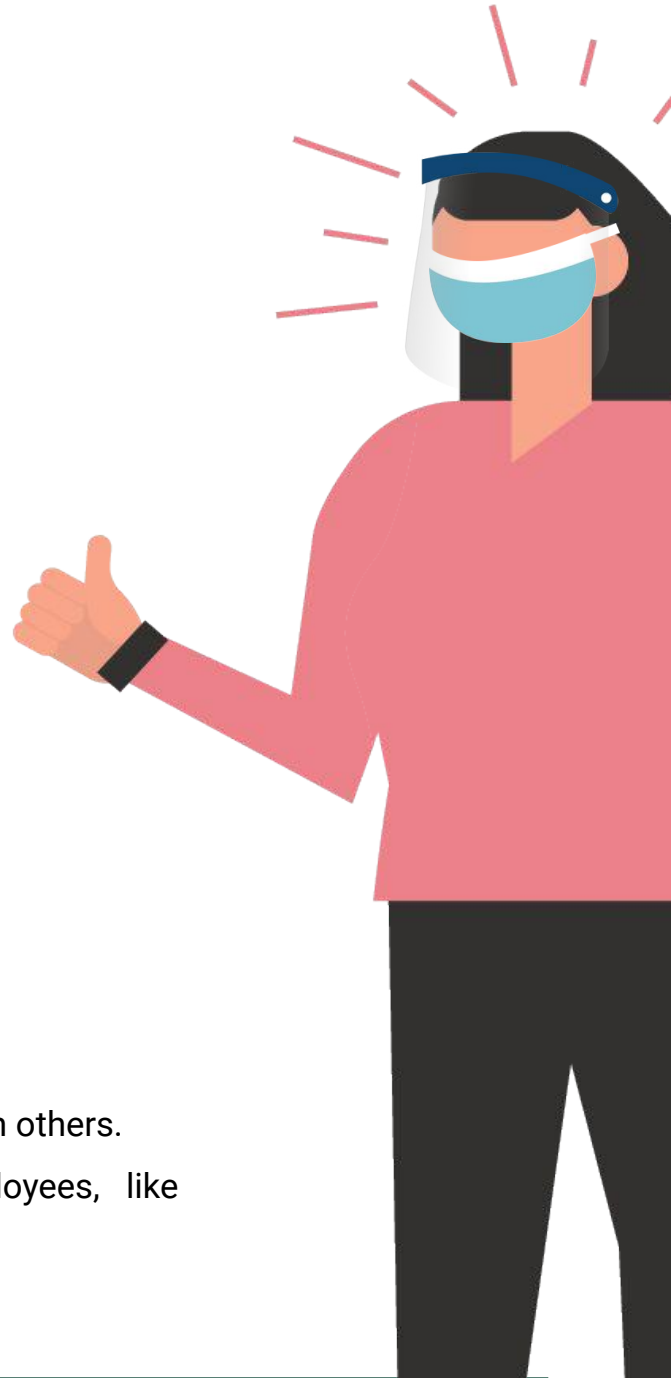
- Wear face masks at all times, especially when in the presence of others and in public areas.
- Make sure your mask covers your nose and mouth.
- Avoid touching the mask while using it. If you need to touch your mask or your face, make sure to sanitize your hands first.
- Replace the mask with a new one as soon as it is damp, soiled, or damaged and do not reuse single-use masks.
- Cloth face masks must be worn only for one day at a time and must be properly washed before using again.
- Remove the mask from behind using the string and properly dispose single-use masks immediately in a closed bin.
- Wash your hands before putting on and after taking off your mask.

A. Personal Safety Practices

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

FACE SHIELDS

- Face shields and other PPEs shall be provided by the employers.
- Face shields shall cover the entire face (completely cover the sides and length of the face). If possible, face shields should extend to the ears and below the chin.
- Visor-type face shields shall not be allowed.
- Face shields and masks should always be worn together when interacting with colleagues, clients and/or visitors.
- Face shields may be removed according to the demands of the work or when the occupational safety and health of the employees so requires.



PHYSICAL DISTANCING

- Maintain at least one (1) meter distance with others.
- Avoid physical contact with other employees, like handshakes.

A. Personal Safety Practices

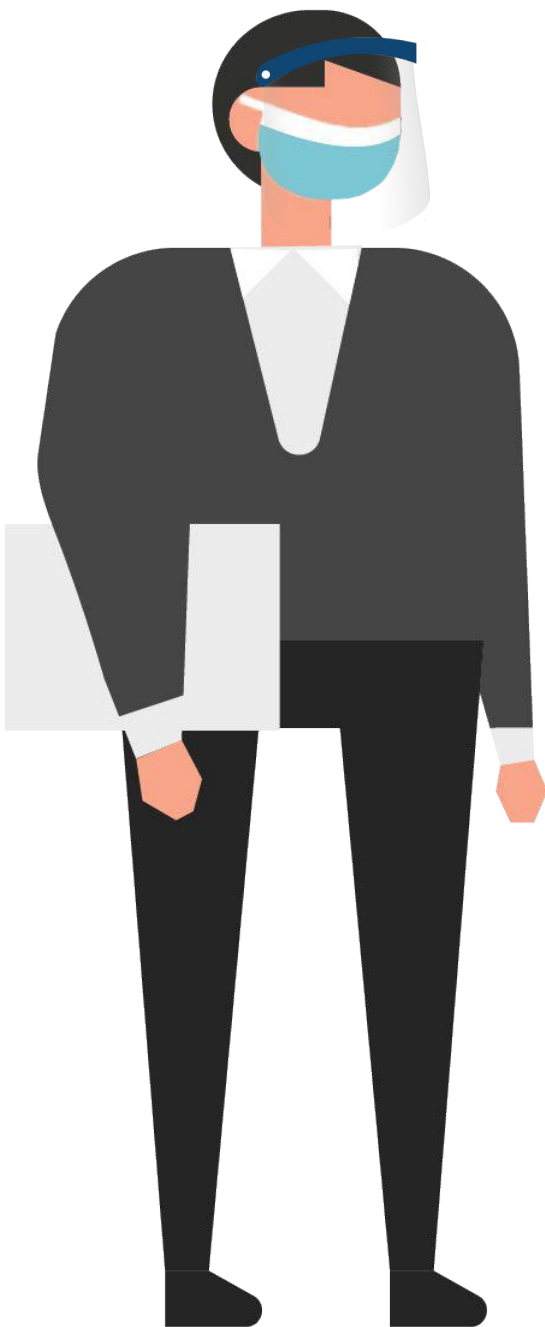
Based on latest DOH issuances

HANDWASHING AND HAND HYGIENE

Wash your hands with soap and water for at least 20 seconds or use alcohol-based hand sanitizer. Keep your hands clean before, during, and after working.

Wash your hands with soap and water or use hand disinfectants with 60-70% alcohol specifically, but not limited to these moments:

- Before entering their workplace
- Before and after handling food or eating
- After using the toilet/bathroom
- Before putting on and after taking off their face mask
- After touching frequently touched surfaces and objects such as stair railings, elevator controls, door knobs, electrical switches, etc.
- Before and after touching their face



A. Personal Safety Practices

Based on latest DOH issuances

DISINFECTING COMMONLY USED ITEMS

Employees are encouraged to conduct surface disinfection in their work stations before the start of the shift, intermittently during shift, and at the end of the shift.

A bleach solution could be used to disinfect the materials you usually use. It may also serve as an alternative for soap and water or alcohol for handwashing. You'll just need a few supplies to get started:

- Household bleach or chlorine powder/granules/tablet
- Gloves, apron, boots, goggles, etc.
- Cool tap water
- Plastic containers or spray bottle (do not use metal containers)

SOLUTION TYPE	PURPOSE	RATIO	Sample amount of bleach and water to mix	
			Bleach Amount	Water Amount
1:10 solution (0.5% Sodium Hypochlorite solution ¹)	Disinfection of surfaces including, but not limited to: <ul style="list-style-type: none">• Doorknob• Desk• Keyboard• Toilet	1 part household bleach is to 9 parts water	1 ml	9 ml
			100 ml	900 ml (approx. 1L)
		1 tbsp chlorine granules/powder/tablet is to 2 litres water	1 tbsp	2 L
1:100 solution (0.05% Sodium Hypochlorite solution)	Hand-washing ²	1 part of the solution : 9 parts water	100 ml	1 L
		1 tbsp of the solution: 20 L water	1 tbsp	20 L

¹Food manufacturing companies shall use alternatives to sodium hypochlorite (ie. chlorine solution) due to risk of affecting food safety and Good Manufacturing Practices

²**Warning!** Use with caution because frequent use may lead to dermatitis, which could increase risk of infection.

B. Mental and Emotional Well-being

Based on latest DOH issuances



- Regularly talk with your family and friends.
- Draw on skills you have used in the past that have helped you manage previous life adversities/stresses.
- If you are feeling stressed, limit the time you spend watching or listening to media coverage that you perceive upsetting.
- Have adequate rest and at least 8 hours of sleep.
- Don't use smoking, alcohol or other drugs to deal with your emotions.
- For mental health concerns, you may reach out to the National Center for Mental Health hotlines: 0917-899-USAP (8727), (02) 7 989-USAP (8727) or 1553.

C. Diet and Nutrition

Based on latest DOH issuances



- Eat nutritious and well-cooked food.
- Avoid drinking alcohol or keep it to a minimum.
- Eat a variety of food, including plenty of fruits and vegetables.
- Limit intake of sweets and sugary drinks.
- For health and nutrition advice, you may contact the National Nutrition Council (NNC) at (632) 8892-4271 or 8843-0142.

D. Physical Fitness

Based on latest DOH issuances



BE PHYSICALLY ACTIVE AT HOME

- Regularly check your sitting posture while working from home.
- Try online exercise classes/videos.
- Do some strengthening exercises.

E. BIDA Solusyon sa COVID-19

Based on latest DOH issuances

The **BIDA Solusyon sa COVID-19 campaign**, the Philippine government's banner communication campaign in COVID-19 response, highlights the simple individual actions each and every Filipino could do to contribute to our fight against COVID-19 (the COntRaVIDa).

All staff and employees are enjoined to, at all times, follow the BIDA actions that the campaign advances, which are as follows:



A repository of template IEC materials related to COVID-19 (posters, flyers, stickers, etc.) which workplaces can adopt or modify based on local context, needs and information gaps among employees are available at bit.ly/BIDAsaTrabahoRCP (Annex G).

F. Smoke-Free Workplaces

Based on [WHO Question and Answer Hub on Smoking and COVID-19](#)

WORKPLACES MUST BE SMOKE-FREE

According to the WHO, smoking is a known risk factor for severity of any lower respiratory tract infection, and that the same would be expected in COVID-19, a respiratory disease. Furthermore, in relation to COVID-19, the WHO has stated:



- It has been shown that the SARS-CoV-2 virus may be transmitted through an exposure to secondhand smoke
- Smokers are likely to be more vulnerable to COVID-19 as the act of smoking means that fingers (and possibly contaminated cigarettes) are in contact with lips which increases the possibility of transmission of virus from hand to mouth.
- Smoking products such as water pipes often involve the sharing of mouth pieces and hoses, which could facilitate the transmission of COVID-19 in communal and social settings
- Smokers may also already have lung disease or reduced lung capacity which would greatly increase risk of serious illness and higher risk of serious lung conditions such as pneumonia.

You may contact the [DOH Smoking Quitline](#) at 165-364 for support (free within Metro Manila).

IV.

Guidelines for Specific Workplace Scenarios



A. Working in the Office

Based on latest DOH issuances

The workplace is highly-encouraged to adopt alternative work arrangements. However, when reporting physically to work could not be avoided, the following must be observed:

- Stay in your own workstations whenever possible. Limit movements between buildings and offices.
- Optimize work areas (including dining area and client reception areas) to allow physical distancing of at least 1 meter between tables, cubicles, chairs, etc.
- If working in a shared work space or room, wear face masks at all times.
- Limit face-to-face communication with colleagues. Use telephone or online communication tools instead. Maximize virtual meetings.
- Clean frequently touched surfaces in personal workspaces like your table, keyboard, and mouse.
- Practice physical distancing by avoiding large gatherings and maintaining distance (at least one meter) from others when possible.
- Communal eating is discouraged.
- Limit visitors or clients at the lobby of the building.



A. Working in the Office

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

- Display of signages/visual cues and reminders to practice proper handwashing and other hygiene behaviors among employees is mandatory. These include:
 - Hand washing with soap and water, or use of hand disinfectants with alcohol-based sanitizers.
 - Advising employees to conduct surface disinfection in their work stations before the start of the shift, intermittently during shift and at the end of the shift.
 - Discouraging sharing of personal items between employees to prevent possible transmission.

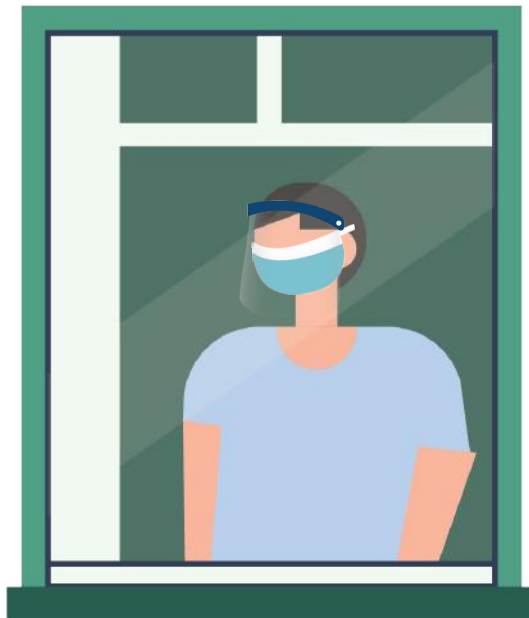


A. Working in the Office

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

Ventilation

- Adequate ventilation should be strictly enforced inside the workplace. Natural air flow exchange (opening windows, opening doors, turning off air-conditioning units to reduce air recirculation) is highly encouraged.
- Individuals should not be situated directly in the flow of air coming from fans and air-conditioners.
- If possible, the installation of exhaust fans, installation of air filtration devices with High-Efficiency Particulate Air (HEPA) filters, or the standard maintenance and recalibration of building heating, ventilation and air-conditioning (HVAC) systems should be explored.
- To provide a suitable work environment for employees/clients/visitors, the air conditioning temperature in establishments shall be set/regulated according to the nature of their operations. Malls and shopping centers may lower the air conditioning temperature up to 24 degrees centigrade.



B. Alternative Work Arrangements

Based on latest DOH issuances

Employers shall determine the optimal number of employees that could report at any given time without compromising the required physical distancing. They shall adopt options that will allow them to comply with this requirement. They may implement modified work structures and schedules to avoid crowding in their workplaces. The number of employees who will physically report to work shall be identified to ensure physical distancing. The following options may be adapted:

- **4-10 cyclical routine.** The number of employees as identified to ensure physical distancing shall physically report to work for four days followed by 10 days of work-from-home. Employees shall be split into two groups alternating weeks.
- **Three-day Schedule.** Employees shall physically report to work three days a week. It can be a Monday to Wednesday and Thursday to Saturday schedule, or Monday-Wednesday-Friday and Tuesday-Thursday-Saturday scheme. This scheme can be helpful among daily wage earners, vendors, and others.
- **One Week On, One Week Off.** Employees shall physically report to work for one week, then go off duty for the following week.



B. Alternative Work Arrangements

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

Most-at-Risk Population (MARP) Employees and Workers

MARP employees and workers include the following:

- Elderly (60 years of age and older)
- Pregnant women
- Individuals with underlying health conditions

Employees classified as MARP and those aged 18 - 21 years may be allowed to report to work for eight (8) hours, provided that they are physically fit after going through a careful fit-to-work examination. They shall secure a medical certificate from any competent authority (i.e. an occupational health physician or government physician with occupational health training) certifying the employee's fitness to work for regular hours under Rule 1967 of the Occupational Safety and Health Standards

However, employers are highly encouraged to allow the said employees to be in a work from home arrangement, when applicable.



B. Alternative Work Arrangements

Based on latest DOH issuances

Working from Home

The Work From Home (WFH) arrangement or a remote working environment is one of the alternative work arrangements adopted to ensure sustained office operations.

A functional WFH arrangement shall have the following:

1. A “workplace group” using various platforms–group chats, emails and other social media platforms.
2. Reliable internet at home with corresponding computer/gadgets/tools.
3. Clearly specified measurable deliverables of each staff/team members discussed with supervisors.
4. Knowledge on ergonomics and the proper way of working from home.



B. Alternative Work Arrangements

Based on latest DOH issuances

When in a WFH setup, here are some guides and tips:

1. **PLAN FOR EACH DAY.** Prepare a “to-do list” at the start of each day as it is one way of checking progress throughout the day.
2. **SET ‘OFFICE HOURS’.** Set schedule of working hours, preferably 8:30am – 4:30pm as regular working time, with breaks as necessary and be online.
3. **DESIGNATE A WORKING SPACE/LOCATION.** Designate a work area that is ‘private’, out of the way, and used only for work. Ensure gadgets / tools and equipment needed are within your reach. Minimize distraction (music, television, etc) that may cause you to lose focus; set certain time for visitors and also for house chores so you are not continually interrupted during the day.
4. **MAKE YOURSELF ACCESSIBLE FOR PHONE CALLS OR VIRTUAL CONFERENCE CALLS** certain times of the day for urgent and important task.
5. **ENSURE CONFIDENTIALITY AND SECURITY.** Be careful when doing work in public places (like garden in condo/common areas) due to confidentiality of some tasks or documents.
6. **DISENGAGE, DISCONNECT, AND BE OFFLINE FOR A WHILE.** Once burn out or fatigue sets in, take a break, call a friend, walk around or do simple exercises.
7. **OBSERVE HEALTH AND SAFETY MEASURES** at home at all times.



C. Meetings and Document Transmittal

Based on latest DOH issuances

- Limit in-person meetings. If in-person meeting is needed, follow these protocols:
 - Keep meetings as short as possible.
 - Limit the number of attendees.
 - Maintain 1-meter physical distancing.
- You may also opt to use video conferencing platforms to conduct virtual meetings.
- Whenever possible, use paperless document transmittal through email or file sharing platforms.
- Use physical drop boxes.



D. Meals and Lunch Breaks

Based on latest DOH issuances

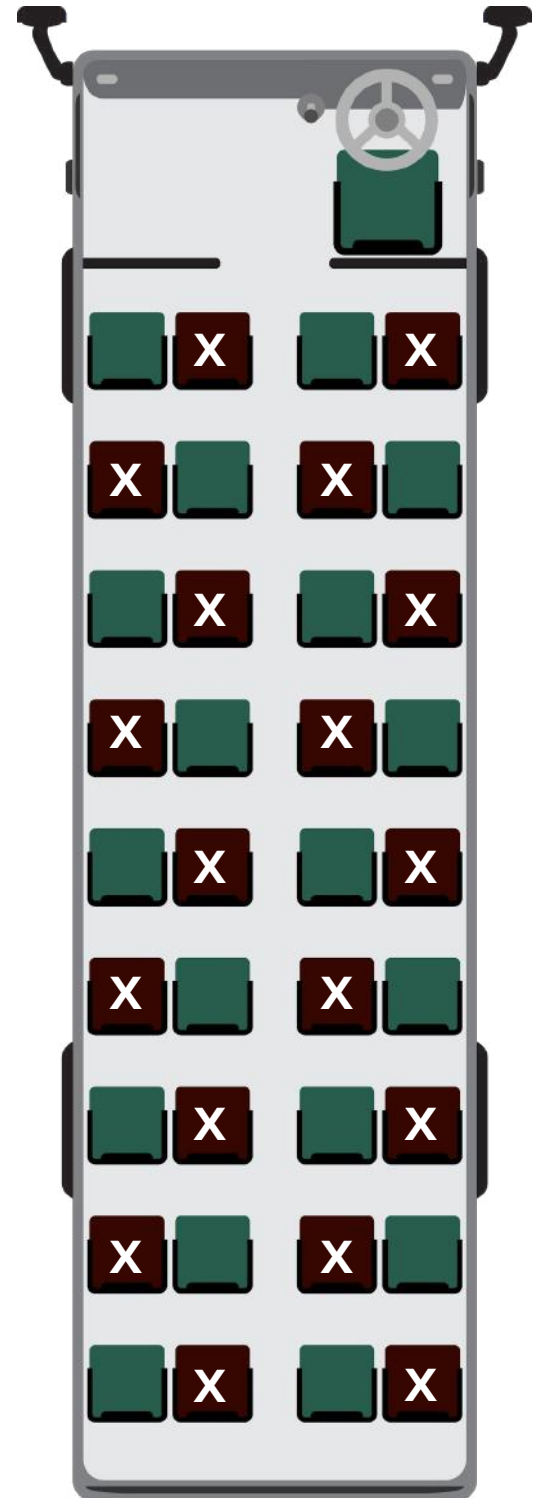
- Lunch breaks must be staggered when possible to limit the number of people in pantries.
- The face mask may be removed when eating or drinking during lunch breaks but physical distancing must be observed.
- Place face masks and face shields inside a paper bag or put them on top of a clean tissue paper in a designated area minimizing cross contamination with other items and persons.
- Do not sit near one another.
- Consider alternative areas for lunch breaks (e.g., workstations, meeting rooms, etc).
- Everyone is encouraged to:
 - Bring their own lunch.
 - Use personal utensils, including drinking glass, and avoid using shared utensils.
 - Wash their hands thoroughly before and after eating.
- Eating in restaurants is discouraged.



E. Shuttle Services

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

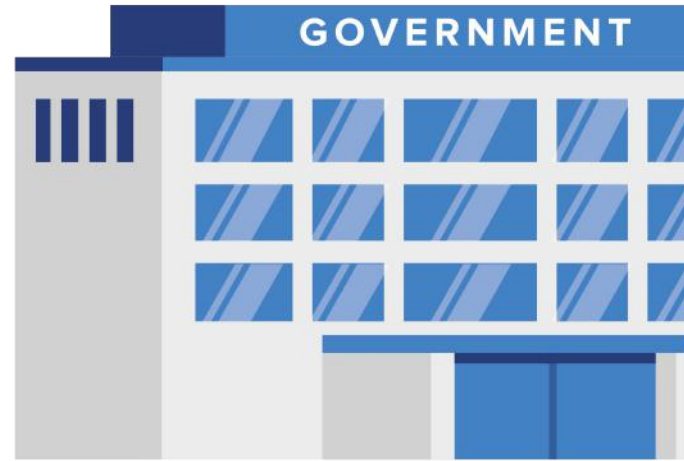
1. Large-sized private establishments with total assets above Php100,000,000.00 located inside special economic zones and other areas under the jurisdiction of Investment Promotion Agencies are **required** to provide shuttle services for their employees.
2. Employers classified as large and medium sized private establishments (i.e. those with total assets above PHP15M) are enjoined to provide shuttle services to their employees.
3. In case the private establishments are unable to financially sustain the provision of shuttle services, they may adopt alternative arrangements, such as cost-sharing, partial vouchers for use of Transport Network Vehicle Services, and other alternative arrangements to facilitate the transportation needs of the employees.
4. Minimum public health standards should be enforced in the shuttle services, i.e. use of face shields and face masks, observance of physical distancing, and frequent disinfection.



E. Shuttle Services

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

5. Employees inside the vehicles should be required to avoid talking with each other, taking phone calls, eating and removing their masks and shields. Signages of “No Talking,” “No Eating,” and “No Taking Phone Calls” should likewise be displayed or posted on the conspicuous areas in the vehicle.
6. Adequate ventilation should be strictly enforced inside the shuttle service. The opening of windows, with at least three (3) inches of opening, while in transit should be practiced whenever possible. Proper disinfection before and after each use of the vehicle is likewise mandatory.
7. All vehicle types, as long as not expressly prohibited by the Department of Transportation (DOTr) through an issuance, may be used for shuttle services.
8. Employers may contract the services of Public Utility Vehicles (PUV) to subsidize public transport operations.



F. Telemedicine

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

- Employers shall ensure that the Employees, regardless of work arrangements, have access to telemedicine services, either through health maintenance organization (HMO), employer-initiated telemedicine services, or Barangay Health Center.
- Large and medium private establishments are strongly encouraged to provide their own telemedicine services, in the absence of an HMO.



V.

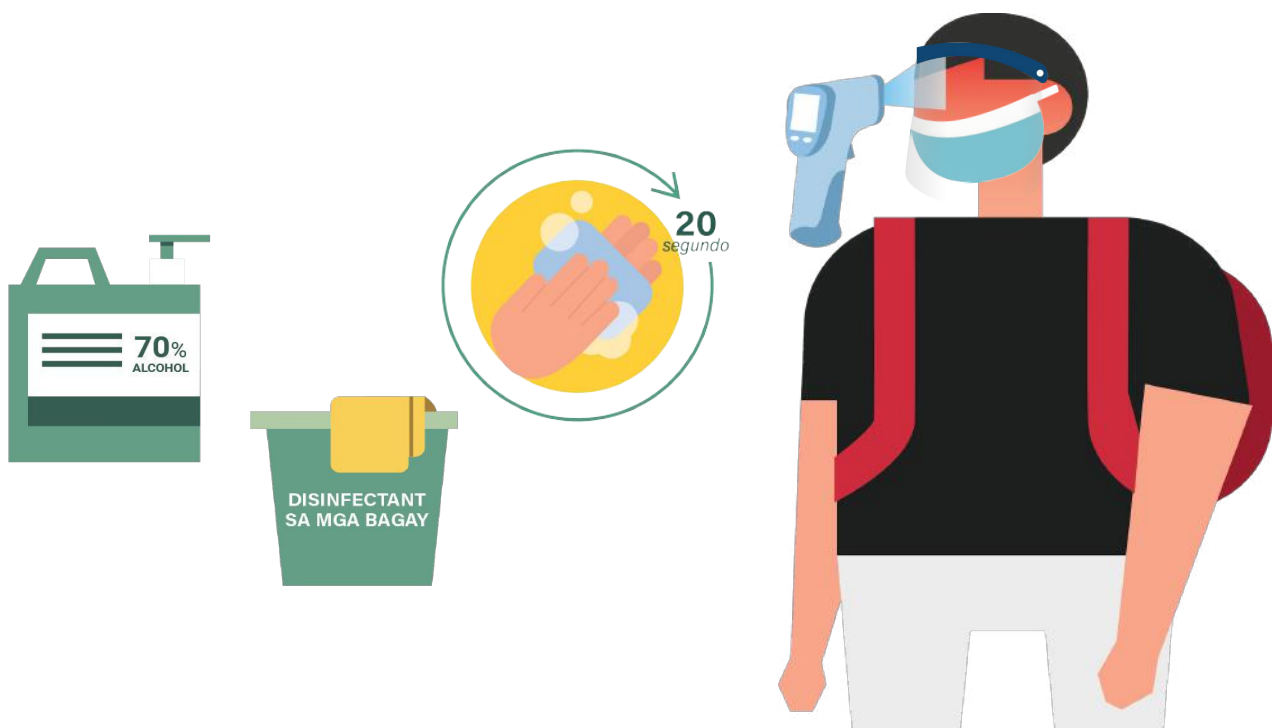
Housekeeping and Disinfection



V. Housekeeping and Disinfection

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

- If one confirmed case of COVID-19 is detected in the workplace, the facility shall be disinfected with an appropriate disinfectant solution (0.5% bleach solution). The conduct of a comprehensive disinfection by specialists is recommended.
- The building must be locked down for 24 hours prior to disinfection to lessen transmission to sanitation personnel. During the disinfection process, all doors and windows should be opened to maximize ventilation. The building may only be opened 24 hours after the disinfection process.
- A shorter lockdown period of less than 24 hours for disinfection (disinfection time of three (3) to four (4) hours) is allowed, *provided that* the safety of employees is ascertained as provided under the company policy and/or OSH program allowing safe entry of employees, *provided further that*, a certificate of return to work from the specialists/cleaners/disinfecting agents is secured.



V. Housekeeping and Disinfection

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

- Granular lockdown of the building/facility for disinfection may be allowed, *provided that* the building or workplace has a company policy and/or OSH program maintaining the safety of the unaffected employees (i.e. those whose sections/floors/units are not subject of granular closure) during disinfection, *provided further that*, the company policy and/or OSH program ensures the safe entry of affected employees after disinfection.
- Employers are encouraged to establish their company policies on the temporary closure of the workplace, disinfection, including procedures for granular lockdown of the building/facility (i.e. closure of a section/floor/unit of the building/facility) for disinfection, to ensure continuity of operations. Such company policies are strongly encouraged to also include provisions for proactive measures, such as regular disinfection procedures and similar practices.



V. Housekeeping and Disinfection

Based on the [Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19](#)

- Employers shall ensure that the temporary closure of their establishments for disinfection purposes be done in accordance with the National Task Force Against COVID-19 Memorandum Circular No. 2 dated 15 June 2020 on the Operational Guidelines on the Application of Zoning Containment Strategy in the Localization of the National Action Plan against COVID-19 Response.
- Individual businesses and offices, regardless of the community quarantine status in their respective areas, must abide by the directives/advice of their LGU/CESU/RESU on building closure due to case clustering.



V. Housekeeping and Disinfection

Based on latest DOH issuances

Waste disposal

- Proper waste disposal shall comply with the DOH Health Care Waste Management Manual and [DM 2020-0170](#).
- Waste management and disposal staff should wear proper PPE.
- All common areas and offices should use covered, hands-free, and foot operated garbage bins using the appropriate color coded system for waste segregation.
- Management and final disposal of waste shall be the responsibility of trained personnel, in coordination with the DENR and the LGU.



VI.

Good Practices



VI. Good Practices

Based on submissions by the Philippine College of Occupational Medicine (PCOM)

Manufacturing



- To continue manufacturing quality products while ensuring the safety and health of its workers, **Uratex** has strived to create and implement several preventive and control measures in the workplace. These measures adhere to all the health protocols issued by our government.
- For employees working on the site, they ensure that the following standards are met, among others:
 1. Provision of free shuttle service for employees with health and safety signages as reminders;
 2. Strict wearing of prescribed PPE in the workplace;
 3. Installation of temperature scanners, handwashing areas, isolation areas, and health declaration areas;
 4. Cohorting/rotational skeletal workplace and staggered breaktimes arrangement to limit exposure;
 5. Limiting facility access only to essential workers;
 6. Elimination of non-essential meetings as much as possible; and
 7. Continuation of health promotion programs, such as the U move, a company-initiated program requiring all workers to take a break every 2:45 PM daily and perform stretching exercises to promote the importance of physical activity on the physical and mental health.

VI. Good Practices

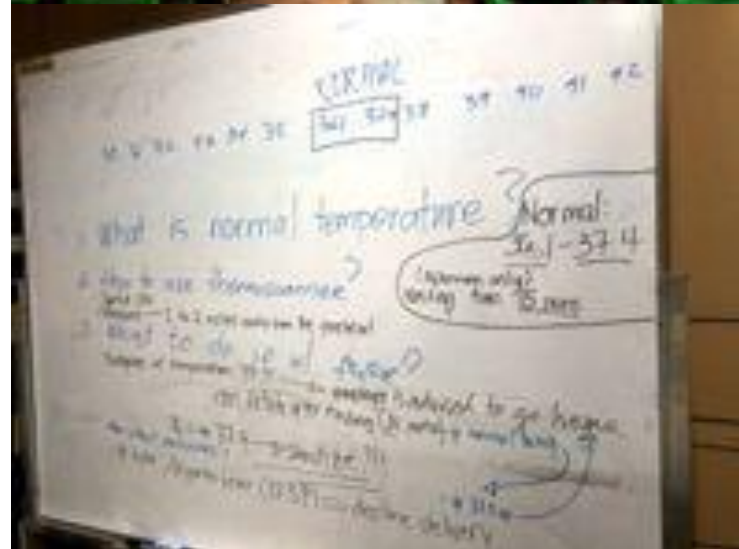
Based on submissions by the Philippine College of Occupational Medicine (PCOM)

Advertising and Promotion

- The **Center for International Trade Expositions and Missions (CITEM)** is the export promotion arm of the Philippine Department of Trade and Industry (DTI).
- In order to mitigate COVID-19 in the workplace, CITEM adopted an evolving COVID-19 Response Plan and Procedures with the main objective of prevention, control, and management anchored on three (3) guiding principles: critical service continuity, optimized lean management, and reinforced culture of safety and wellness.
- The strategy include, among others: 1) Setting up of COVID-Response Team; 2) Risk Assessment and Monitoring of workers and workplace through employee Daily Health Declaration (electronic and manual), regular employee risk assessment, and visitor health declaration; and 3) Crafting of COVID-19 policy guidelines on alternative work arrangements, workplace protocols, and health standards during public health emergencies.



General Assembly on COVID-19, CITEM Office Manila, March 10, 2020



VI. Good Practices

Based on submissions by the Philippine College of Occupational Medicine (PCOM)

Banking/Finance



- The banking industry has a unique culture which may be tricky to navigate, especially during this pandemic. The tasks in this industry are typically detail-oriented and require precision, and sometimes even necessitate working in different time zones.
- As such, one of the most important relationships employees in the banking industry need will to maintain, is with the Human Resources department and their Occupational Safety and Health (OSH) team, as they can assist employees in dealing with this culture, especially in the time of a pandemic.
- Crucial for employees in the banking industry is the need to maintain a work-life balance. This must be emphasized because unlike in other industries, workers in the banking industry or in any financial institution tend to bring their work home. As such, employees are taught and encouraged to work only within designated working hours so as to prevent burnout. They are also encouraged by their HR and OSH teams to perform non work-related activities outside of office hours, such as exploring hobbies and spending time with friends and family, among others.

VI. Good Practices

Based on submissions by the Philippine College of Occupational Medicine (PCOM)

Food Manufacturing and Service

- The food manufacturing and food service industry strikes a delicate balance between occupational health and safety, food safety, hazard analysis critical control points (HACCP), good manufacturing practice (GMP) and waste management and **MLM Foods Inc.** has implemented measures to harmonize these .



- Temperature, relative humidity, ventilation and air exchange are crucial not just for the health of the worker but also for the quality and shelf life of the food product. Waste management is also important to prevent accumulation of general, biological, and chemical wastes in the plant that can eventually affect the flora and fauna of the MLM Foods Inc. manufacturing plant.
- Hence, it is imperative that food manufacturing and food service industries use a collaborative and inter-departmental approach. The OSH committee should be in continuous consultation with the PCO and Quality Assurance Department.
- In terms of disinfection, disinfecting solution to be used should be based on chlorine instead of sodium hypochlorite since the former is compatible with the food industry.

VI. Good Practices

Based on submissions by the Philippine College of Occupational Medicine (PCOM)

Construction



- **D.M. Consunji, Inc.** provides engineering controls that promote physical distancing and prevention of infection in the workplace, including foot markings, acrylic barrier placements in the workstations and canteen, pigeon boxes for incoming

documents, and signages placed all over the building to cover all aspects of their COVID-19 mitigating protocols.

- The company also invested in a multi-million ventilation modification to their buildings that was integrated into their cooling and exhaust systems.
- The company abides by the DTI-DOLE Guidelines to screen employees daily of their symptoms and possible exposures to probable or confirmed cases, and closely coordinate and refer employees to the BHERT/CESU, if warranted on screening. They also shoulder RT-PCR testing of their identified close contacts.
- They likewise built a corporate quarantine facility in Taguig that has the capacity to house a maximum of sixty-four (64) Suspect and Close Contacts serving their 14-day quarantine. The patients are managed by their in-house security, admin, and medical teams in the project site, and they are monitored daily.

VI. Good Practices

Based on submissions by the Philippine College of Occupational Medicine (PCOM)

Business Process Outsourcing (BPO)

In a certain BPO company located in Bonifacio Global City (BGC) in Taguig, the following good practices were observed:

- About 90% of the employees are on work from home (WFH) status.
- All employees belonging to the MARP are on WFH.
- The company provides shuttle services for its employees guided by the IATF's mandate on the number of passengers in each vehicle.
- The company rigorously implements the health declaration forms.
- Physical distancing is maintained in all areas and markers for distancing are placed.
- Every employee is mandated to wear their PPEs inside the building premises.
- Alcohol dispensers are present in common areas such as the pantry, outside doors going to the comfort room, and in all major entrances and hallways.
- The facilities and high-touch surfaces are routinely sanitized at least every 30 minutes to an hour.
- Disinfection of cubicles and surrounding areas where employees who are classified as suspect cases is immediately conducted.
- Infographics and pamphlets are distributed to the employees and are routinely being shown in areas where they can be viewed frequently.
- Telemedicine consults from their HMO and the clinic is implemented so disruptions in clinic services are negligible.



VI. Good Practices

Based on submissions by the Philippine College of Occupational Medicine (PCOM)

Public Service Administration



- In terms of public service administration, **Valenzuela City in Metro Manila** may be considered as a model city in COVID-19 prevention and response.
 - For one, Valenzuela City built its own COVID-19 testing laboratories. The laboratories are expected to boost Valenzuela's localized targeted mass testing towards a proactive and sustainable COVID-19 response.
-
- Starting October 5, all enclosed indoor establishments in the city would likewise be required to use ValTrace, Valenzuela's very own contact tracing app, as part of its efforts to intensify contact tracing. The city also launched a dedicated hotline for all COVID-19 related concerns, the Mega Contact Tracing Center hotline (136-160).
 - Valenzuela released various local ordinances aimed at reducing COVID-19 transmission. Ordinance No. 765 Series of 2020, for instance, lays out guidelines for COVID-19 management at the workplace.
 - Finally, the city implements a strictly no home quarantine protocol to ensure that suspected and probable COVID-19 cases are properly managed.

VI.

References

1. DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19: bit.ly/MC20-04A
2. COVID-19 Response Must-Know Handbook: bit.ly/COVID19MustKnowPH
3. Guidelines on the Risk-based Public Health Standards for COVID-19 Mitigation: bit.ly/A00015
4. Infection Prevention and Control Measures: bit.ly/IPCMeasures
5. Use of PPEs: bit.ly/UseofPPEs
6. Ensure the Welfare of Workers: bit.ly/WorkersWelfare
7. DTI-DOLE Clarification #1 on JMC No. 2020-04-A: bit.ly/DTI-DOLEAdvisory20-01
8. DTI-DOLE Clarification #2 on JMC No. 2020-04-A: bit.ly/DTI-DOLEAdvisory20-02
9. Interim Guidance on the Clinical Management of Adult Patients with Suspected or Confirmed COVID-19 Infection: bit.ly/PSMIDClinicalMgt
10. Public Health Surveillance for COVID-19: Interim Guidance: bit.ly/COVID19HealthSurveillance



VII.

Annexes



Annex A-1

Employee Health Declaration Form

Based on the Joint Memorandum Circular No. 20-04: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

ANNEX A-1: Employee Health Declaration Form



Employee Health Declaration Form

Full Name (Last, Given, Middle):	Date of Shift (MM/DD/YY):
	Time of Shift:

Please place a check mark under your response. (*Lagyan ng tsek sa angkop na sagot.*)

		Yes	No
1. Are you experiencing: (<i>Nakakaranas ka ba ng:</i>)	a. fever (<i>lagnat</i>)		
	b. cough and/or colds (<i>ubo at/o sipon</i>)		
	c. body pains (<i>pananakit ng katawan</i>)		
	d. sore throat (<i>pananakit ng lalamunan/masakit lumunok</i>)		
2. Have you had face-to-face contact with a probable or confirmed COVID-19 case within 1 meter and for more than 15 minutes for the past 14 days? (<i>May nakasalamuha ka ba na probable o kumpirmadong pasyente na may COVID-19 mula sa isang metrong distansya or mas malapit pa at tumagal ng mahigit 15 minuto sa nakalipas na 14 araw?</i>)			
3. Have you provided direct care for a patient with probable or confirmed COVID-19 case without using proper personal protective equipment for the past 14 days? (<i>Nag-alaga ka ba ng probable o kumpirmadong pasyente na may COVID-19 ng hindi nakasuot ng tamang personal protective equipment sa nakalipas na 14 araw?</i>)			
4. Have you travelled outside the Philippines in the last 14 days? (<i>Ikaw ba ay nagbyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?</i>)			
5. Have you travelled outside in the current city/municipality where you reside? (<i>Ikaw ba ay nagbyahe sa labas ng iyong lungsod/munisipyo?</i>) If yes, specify which city/municipality you went to (<i>Sabihin kung saan</i>): _____			

I hereby authorize (Name of Establishment) _____, to collect and process the data indicated herein for the purpose of contact tracing effecting control of the COVID-19 transmission. I understand that my personal information is protected by RA 10173 or the Data Privacy Act of 2012 and that this form will be destroyed after 30 days from the date of accomplishment, following the National Archives of the Philippines protocol.

Signature: _____

CERTIFIED TRUE PHOTOCOPY
JOEL R. CRUZ
Director, HRAS
Department of Trade & Industry

Annex A-2

Client / Visitor Contact Tracing Form

Based on the Joint Memorandum Circular No. 20-04: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

ANNEX A-2: Client / Visitor Contact Tracing Form



Client/Visitor Contact Tracing Form

Full Name (Last, Given, Middle):	Date of Visit (MM/DD/YY):
Complete Current Address (House No., St., Brgy., Municipality/City, Province):	Time of Visit:
Mobile/Phone Number:	Seating/Table No/Location:
E-mail Address:	

I hereby authorize (Name of Establishment) _____, to collect and process the data indicated herein for the purpose of contact tracing effecting control of the COVID-19 transmission. I understand that my personal information is protected by RA 10173 or the Data Privacy Act of 2012 and that this form will be destroyed after 30 days from the date of accomplishment, following the National Archives of the Philippines protocol.

Signature: _____

CERTIFIED TRUE PHOTOCOPY
JOEL R. CRUZ
Director, HRAS
Department of Trade & Industry

Annex B

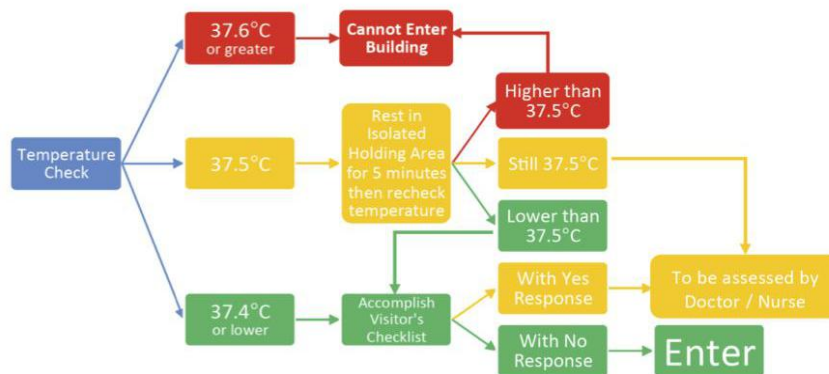
Sample Protocol for Screening Employees and Visitors

Based on the Joint Memorandum Circular No. 20-04: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

ANNEX B: Sample Protocol for Screening Employees and Visitors

Employers may adapt this sample protocol in toto or in portions, as applicable in their work environment. This sample protocol does not prevent employers from developing their own screening protocols compliant to the latest local or international occupational safety and health guidelines.

1. All workers, regardless of status, and visitors shall be subjected to a no-contact temperature scan.



CERTIFIED TRUE PHOTOCOPY
JOEL R. CRUZ
Director, HRAS
Department of Trade & Industry

Annex C

Guide to the Appropriate Facility for Each Type of Worker

Based on the Joint Memorandum Circular No. 20-04: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

ANNEX C. Guide to the Appropriate Facility for Each Type of Worker

Type of Worker	Recommended Facility
All workers	Primary care facility for triaging, via telemedicine, if available
Asymptomatic with close contact	Temporary Treatment and Monitoring Facility for quarantine for 14 days OR Home quarantine provided that they have a dedicated bathroom and isolation room that only they may use for 14 days
Symptomatic, mild classified as Suspect, Probable or Confirmed for COVID-19 case	Temporary Treatment and Monitoring for isolation of 14 days (preferred) Level 1 Hospital or Infirmary OR Home isolation provided with clearance from the patient's attending physician and that they have a dedicated bathroom and isolation room they may use for 14 days
Symptomatic, severe, or critical classified as Suspect, Probable, or Confirmed COVID-19 case Symptomatic, mild , classified as Suspect, Probable or Confirmed COVID-19 case plus any of the two: (1) > 60 years old (2) comorbidities	COVID-19 Referral Hospital OR COVID-19 -Accepting Level 2 or 3 Hospital
Clinically recovered Suspect, Probable and Confirmed COVID-19 cases awaiting completion of quarantine period	Level 1 hospital, Infirmary or Temporary Treatment and Monitoring Facilities selected for Step-down Care

CERTIFIED TRUE PHOTOCOPY

JOEL A. CRUZ
Director, HRAS
Department of Trade & Industry

Annex D

Regional Epidemiologic and Surveillance Unit Directory

Based on the Joint Memorandum Circular No. 20-04: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

ANNEX D. Regional Epidemiologic and Surveillance Unit Directory

Region	RESU Head	Email	RESU Hotline	RESU Email
I	Rosario P. Pamintuan, MD	rdppamintuan@gmail.com	(072) 242-4774; (072) 607-6413 loc. 133;	chd.ilocos@gmail.com
II	Romulo Turingan, MD	raturinganmd@yahoo.com	(078) 304-0911	
III	Jessie Fantone, MD	jessie_floresca@yahoo.com	0921-368-8541	cl.chd3@gmail.com
IVA	John Bobbie Roca, RN	bobbie.roca@gmail.com	0927-580-5551	resu4a@gmail.com
IVB	Noel T. Orosco, RN	n.orosco@gmail.com	912-0195 loc 436-437	resu4b@gmail.com
V	Aurora Teresa M. Daluro, MD	audaluro@yahoo.com	(052) 204-0050, 204-0040, 204-0090, 742-1731, 742-1728 local (548)	resu_bicol@yahoo.com
VI	Jessie Glen L. Alonsabe, MD	glen_alonsabe@yahoo.com	(033) 332-2326 loc 137	
VII	Shelbay G. Blanco, MD	armorblash19@gmail.com	0942-292-3026	resucvchd@gmail.com
VIII	Boyd Roderick S. Cerro, RN	boydroderickcerro23@gmail.com	0926-456-8087	pidr8@gmail.com
IX	Dennis Antonio A. Dacayanan, MD	ddacayanan.hems.resu.ro9@gmail.com	(062) 983-0933	resunucvc@gmail.com
X	David Mendoza, MD,	divadazodnem@gmail.com	0995-359-3201	
XI	Cleo Fe S. Tabada, MD	cleofe0916@yahoo.com.ph	(082) 305-1906 loc 1107	resu_doh11@yahoo.com.ph
XII	Imelda K. Quiñones, MD	qkimiko@yahoo.com.ph	(064) 421-4583	chd12resu@yahoo.com
BARMM	Amirel Usman, MD	amirel.usman@gmail.com	(064) 421-6842	
CAR	Jennifer Joyce R. Pira	jenniferjoyce_reyes@yahoo.com, jenjoycepira@gmail.com	(074) 444-5255	resubaguio@yahoo.com
CARAGA	Dioharra L. Aparri, MD	dioharralopez47@gmail.com	(085) 342-5724	resucaraga@yahoo.com / caragaesr@gmail.com / fhsischdcaraga@gmail.com / dohhemshdcaraga@gmail.com / vpdcaraga@gmail.com
NCR	Manuel C. Mapue III, MD	mcmapuemd@aol.com	1550, (02) 531-0037 local 117	pidrncr2019@gmail.com vpdsmmchd@gmail.com

CERTIFIED TRUE PHOTOCOPY
JOEL M. CRUZ
Director, HRAS
Department of Trade & Industry

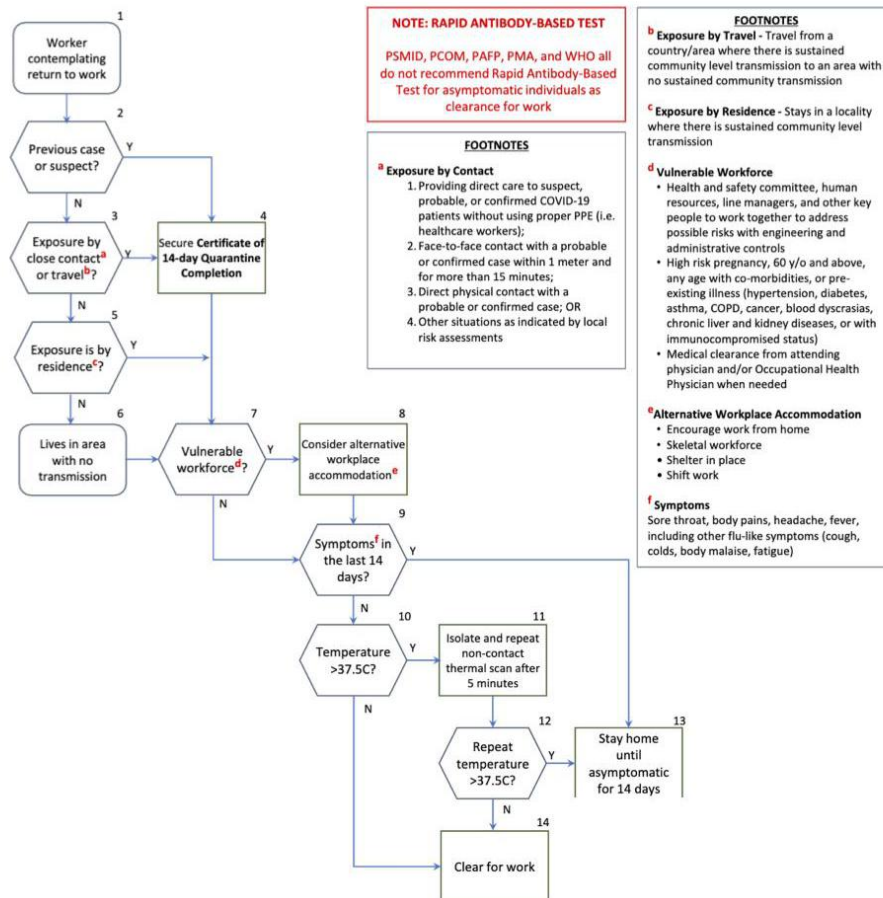
Annex E

PSMID Guidelines on Return-to-Work

Based on the Joint Memorandum Circular No. 20-04: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

ANNEX E: Philippine Society for Microbiology and Infectious Disease (PSMID) Guidelines on Return-to-Work

FIGURE 4. CLEARING FOR RETURN TO WORK



CERTIFIED TRUE PHOTOCOPY

JOEL R. CRUZ
Director, HRAS
Department of Trade & Industry

Annex F

Right Test for the Right Reason (Full Table)

Based on the DOH COVID-19 Response Must-Knows Handbook

Objective	Right Test	Sample tested	Methodology	Who to test	Best Time to Test	Peak Sensitivity	What it means?	Test site	Release Period
Determine CURRENT infection	RT-PCR	Swab, use full PPE to collect	Looks for the genetic material of the virus and amplifies it	Confirmatory test for Suspect, probable cases, and close contacts	At symptom onset or 5 to 7 days after exposure	80%	Positive - confirmed case, isolate and triage according to clinical status Negative - absence of SARS-CoV-2, but does not rule out COVID-19	BSL-2 Lab	RT-PCR - 24-72 hours GeneXpert – 24 hours
	Antigen	Swab, use full PPE to collect	Looks for a protein (antigen) of the virus; some kits are point-of-care, some need specific reader	For quick screening, some primary test for RT-PCR; Screening for LOW RISK individuals	1-5 days after onset of symptoms	65%	LOW RISK Negative - COVID-19 unlikely; Positive - presumptive COVID-19, isolate and confirm with RT-PCR HIGH SUSPICION Negative - should be confirmed with RT-PCR Positive - confirmed COVID-19 case, isolate and confirm with RT-PCR during initial roll out	Lab/ Properly equipped health facility setting	1 hour
Determine PAST infection Determine prevalence of infection among a group of people	Antibody Test	Blood, use appropriate PPE (mask, gown, gloves at the minimum) and observe universal precautions for handling blood	Looks for the antibody made against the virus	Determination of Antibodies	14 days or later after illness onset	95-99% (ELISA or CLIA/ECLIA)	Positive serology test results mean a past or recent infection Negative serology test results can mean: - no past infection; had infection but immune response not strong enough to make antibodies; incubating or active infection; past infection with waning of titers	Health facility setting	15 min (RATs) 24 hours (ELISA or CLIA/ECLIA)
	14-day symptom test	None	Screens asymptomatic individuals for symptoms within 14 days of exposure	Determines probable COVID-19 infection	Within 14 days of exposure	92.8% sensitivity 98.3% specificity	Positive for symptoms: isolate and do RT-PCR for confirmation Negative symptoms: clear for work upon completion of 14-day quarantine	Health facility Workplace clinic	

Annex G

BIDA sa Trabaho Risk Communication Package

View and download the whole package here: bit.ly/BIDAAsaTrabahoRCP





Department of Health

San Lazaro Compound, Tayuman,
Sta. Cruz, Manila, Philippines 1003
(632) 8651-7800

doh.gov.ph
facebook.com/OfficialDOHgov
twitter.com/DOHgovph

+639188888364
callcenter@doh.gov.ph