



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

August 11, 2020

**DEPARTMENT MEMORANDUM**

2020- 0384

**TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTHDEVELOPMENT; MINISTER OF HEALTH — BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; AND ALL OTHERS CONCERNED**

**SUBJECT: Interim Guidelines on the Continuous Provision of Health Services for Senior Citizens amid COVID-19 Pandemic**

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**I. BACKGROUND**

The Philippines was declared under a State of Public Health Emergency due to the alarming cases of COVID-19. With the current situation in which health service delivery is focused towards COVID 19 support, continued provision of essential health services should be made available and accessible to all senior citizens.

In the enforcement of community quarantine, all senior citizens sixty (60) years old and above are advised to remain in their households at all times since they are considered highly at risk of getting COVID-19. Therefore, to mitigate the COVID 19 impact on the provision of health services especially with immunization service and minimize the risk of COVID-19 transmission, the Department of Health issues these interim guidelines to ensure senior citizens are continuously provided essential health services.

**II. GENERAL GUIDELINES**

- A. Essential health information using various platforms and services during community quarantine shall be integrated with other services (e.g. mental health, nutrition, oral health and immunization services) utilizing the following mechanism:
1. House-to-house visits,
  2. Consultation at the fixed post areas (health facilities, barangay health station), if situation allows, and
  3. Teleconsultation/telemedicine.
- B. These services shall be given only if the following conditions are met:
1. No COVID-19 signs and symptoms, and
  2. No close contact with suspect/probable/confirmed COVID-19 case

If any of these conditions are not met, the client shall be referred to the Barangay Health Emergency and Response Team (BHERT) to navigate the client to the appropriate

facility and conduct COVID-19 surveillance in accordance with Department Memorandum No. 2020-0178.

- C. Health facilities (RHU, barangay health stations, health centers, hospitals) shall have the capacity to provide response activities and ensure availability of supplies (e.g. vaccines, oral health commodities, DOH NCD maintenance medicines) to avoid interrupted provision of services.
- D. Province- and city-wide HCPNs with designated primary care providers for individuals and families within their catchment shall navigate patients to the appropriate facility in accordance with DM No. 2020-0178.
- E. Health care professionals (including physicians engaging in teleconsultation) and support staff shall protect and fulfill older persons rights to information, while maintaining privacy, confidentiality, non-discrimination, non-judgmental attitude, and respect as indicated in Joint Memorandum Circular (JMC) 2020-0001 (Guidelines on the Use of Telemedicine in COVID-19 Response) and JMC 2020-0003 (Guidelines on the Monitoring and Evaluation of the Use of Telemedicine in COVID-19 Response).
- F. All health personnel shall be adequately protected to carry out their duties safely in the context of the COVID-19 pandemic and comply with the following Infection, Prevention and Control (IPC) measures following DOH - AO No. 2020-0015 and DM No. 2020-0176:
  - 1. Health care workers should maintain physical distancing of 1-2 meters apart between client (except vaccinator) and client's family members or caregivers, use surgical masks, use face shields and perform hand hygiene in between clients using soap and water, if possible or alcohol-based hand rub.
  - 2. The senior citizen and family members or caregivers present shall also wear face masks and face shields.
- G. Tracking, monitoring, referral to designated health facilities and specialized services, and recording and reporting system of DOH shall be implemented and maintained.

### **III. SPECIFIC GUIDELINES**

Senior citizens especially frail and bedridden older persons, older persons with disabilities and older persons with co-morbidities shall be scheduled by the health facility for a home visitation to ensure that the following essential health services are provided.

- A. **Mental Health and Psychosocial Support (MHPSS) Services**
  - 1. Provide MHPSS interventions for older people in quarantine and people in long-term residential facilities through innovative approaches, such as e-mental health, tele-mental health, and self-help following DM No. 2020-0230.
    - a. Support and facilitate increased social connectedness through innovative platforms like social media for populations separated by physical distancing during quarantine.
    - b. Cultural, spiritual, and faith-based healing practices shall be facilitated, as needed.
  - 2. Address the mental health needs of elderly and other vulnerable population (e.g. women, people with disabilities, and people at risk of domestic violence). Health care providers shall watch out for any signs of elder abuse.
  - 3. Provide information, support and, if possible, respite care to family members and caregivers, particularly those caring for older people with dementia, including about how to manage stress, to reduce the likelihood of violence.

## **B. Nutrition Services**

1. Promote healthy diet following the “Pinggang Pinoy” developed by the DOST-Food and Nutrition Research Institute (FNRI) for elderly.
  - a. Encourage consumption of at least 400g of fruits and vegetables per day and provide fiber and essential micronutrients.
  - b. Advice to limit consumption of salty, fatty and highly sweetened foods and beverages.
  - c. Promote drinking of at least 8 glasses of water per day, apart from other beverages.
2. Advise older persons and their families including caregivers to:
  - a. Perform handwashing before and after food preparation and after using the toilet.
  - b. Thoroughly wash and cook food properly, re-heat and store cooked food correctly to avoid food wastage.
  - c. Proper and safe disposal of solid wastes.
  - d. Perform proper hand washing, practice cough and sneeze etiquette.

## **C. Oral Health Services**

1. Health care providers shall provide oral health information to older persons, household members and caregivers.
2. Assess oral health status which may impair proper food intake and mastication.
3. Provide assistance in tooth brushing among those that are chronically ill, debilitated or with disabilities, including those with cognitive impairments or mental health conditions.
4. Reassess existing dentures, implants or other prosthodontic devices to aid in mastication.
5. Non-urgent or elective oral health services such as initial or periodic oral examinations and recall visits; routine dental cleaning (oral prophylaxis) and preventive therapies; extraction of asymptomatic tooth/teeth; restorative dentistry including treatment of asymptomatic carious lesions; and aesthetic dental procedures can be scheduled or deferred at a later date once quarantine restrictions are lifted. However, cases that need urgent dental treatment and are considered as dental emergencies may be done in the dental clinic with strict infection and prevention control measures.

## **D. Non-Communicable Health Services**

1. Encourage exercise and physical activity at least 20-30 minutes per day and adequate rest and sleep at least 7-8 hours daily. Outdoor physical activities may be done to promote the health and well-being of older persons, provide that minimum health and hygiene standards and proper physical distancing shall be observed.
2. Advise older persons to avoid smoking (i.e. cigarette, tobacco, e-cigarettes, vapes, etc.), alcohol consumption and drug abuse.
3. Blood pressure and sugar monitoring can also be scheduled at least 2-3 times a week, if possible.
4. Advise and remind older persons diagnosed with chronic conditions like hypertension, hypercholesterolemia, diabetes mellitus, and HIV, on taking maintenance medications regularly or daily as prescribed by their doctor.
  - a. The one (1) month supply of medicines for senior citizens should be relaxed to a maximum of three (3) months, except (a) antibiotics which must be dispensed according to its full treatment course and (b) controlled drugs requiring S2 license in which case the maximum duration of dispensing shall remain up to one (1) month only following AO No. 2010-0032-A.

- b. If personal visit to the health facility for free DOH NCD maintenance medicines is not possible or permitted, a facility staff or BHW can be assigned to deliver the medicines to the patients' household based on the facility registry. Patients can also notify the health facility through SMS or text messages or online messaging if they have low stocks already.

**E. Pneumococcal and Influenza Immunization Services**

1. All senior citizens 60 years of age and above shall receive the following vaccines for free:
  - a. One (1) dose of pneumococcal vaccine throughout his/her lifetime
  - b. One (1) dose of influenza vaccine every year
2. All eligible senior citizens should be assessed and interviewed prior immunization to determine any contraindications and precautions. Health workers must ensure that if a senior citizen who has received a pneumococcal vaccine in the last 5 years and was < 60 years of age at the time of immunization he/she should receive another dose of pneumococcal vaccine. Whereas, a senior citizen who has received a pneumococcal vaccine when he/she was 60 years old and above at the time of immunization he/she should not receive another dose of pneumococcal vaccine.
3. Health workers shall ensure proper storage and handling of vaccines and observe immunization safety measures at all times.
4. Essential health service delivery shall include mix/ combination of the following strategies:

**Door-to-Door (D2D)**

- a. The door-to-door vaccination approach shall be the primary and preferred approach in relation to the COVID-19 pandemic. This approach shall be conducted by a vaccination team (Annex A).
- b. All eligible senior citizens should be assessed and interviewed in outdoors or in open areas whenever possible prior immunization. If the health care worker (HCW) is necessary to enter the household, he/she shall follow infection, prevention and control (IPC) measures at all times.
- c. If senior citizen refused vaccination during the visit – this provides the team opportunity to engage the families and convince them of its benefits and will record for refusal. Meanwhile, if senior citizen cannot be vaccinated during the visit – the team will record and will conduct a follow-up visit to reach the missed senior citizen.
- d. If immunization is not feasible or where the risk assessment is positive, immunization may be temporarily suspended and shall be referred to BHERT/COVID Task Force. In instances where immunization is temporarily suspended, healthcare workers shall maintain list of senior citizens who have missed their vaccinations and active catch up immunization activities shall be implemented quickly as possible once the COVID 19 situation permits.

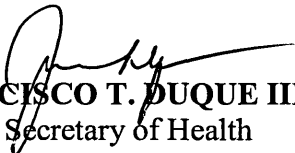
**Fixed Post (FP)**

- a. Pneumococcal and influenza vaccination shall be provided in all fixed posts stations located at permanent health facilities such as health centers, rural health units or barangay health stations following the national immunization schedule (Annex A)
- b. Pneumococcal and influenza vaccination shall be considered as routine dose and be given at the health facilities for the whole day and daily, including weekends

and holidays. Immunization services shall be separated from curative services where acutely ill individuals are more likely to be present.

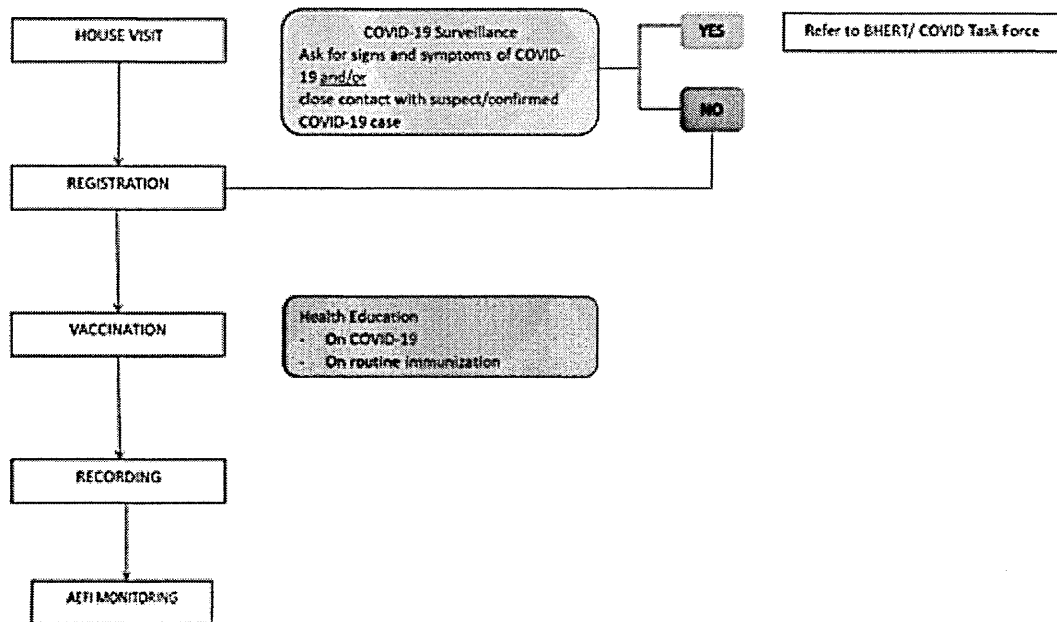
- c. Immunization services shall be recorded and reported including the adverse events following immunization in accordance to the existing DOH Guidelines in Surveillance and Response to Adverse Events Following Immunization (AEFI).
5. Recording and reporting forms shall be completed and submitted from the service delivery point to the next higher administrative level (Annex B and C).

For strict compliance and dissemination to all concerned.

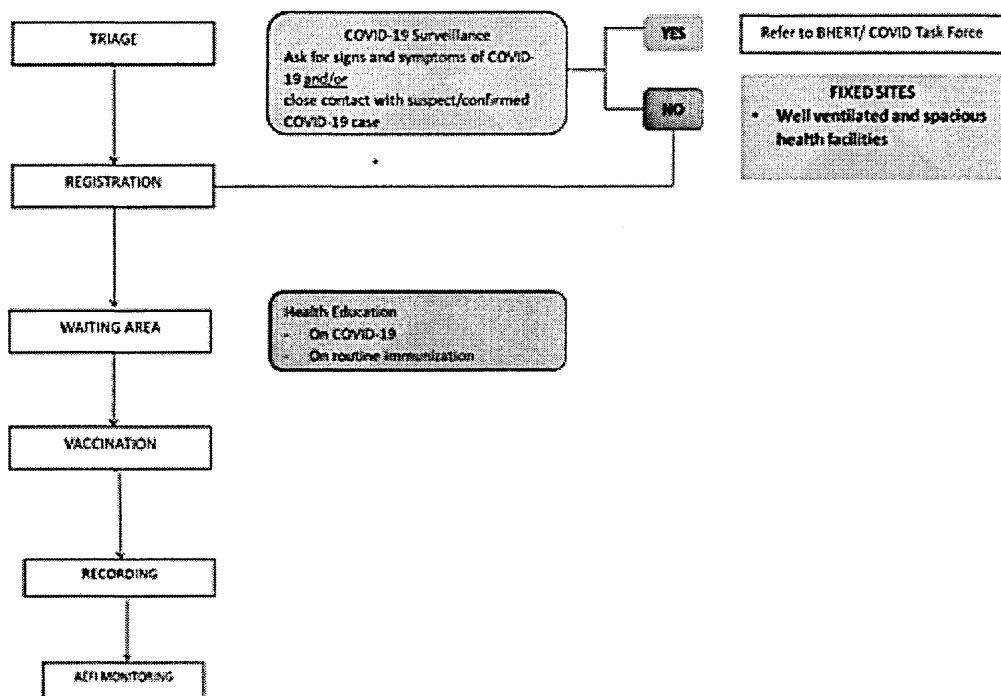
  
**FRANCISCO T. DUQUE III, MD, MSc**  
Secretary of Health

## Annex A. Algorithm for Pneumococcal and Influenza Immunization

### A. Door-to-Door Vaccination



### B. Fixed Post Vaccination



**Annex B. Master listing Form for Pneumococcal Vaccination**

**Region:** \_\_\_\_\_ **Province/City:** \_\_\_\_\_ **Municipality:** \_\_\_\_\_

**Barangay:** \_\_\_\_\_ **Target Male & Female Eligible 60 y/o:** \_\_\_\_\_ **Date of Vaccination:** \_\_\_\_\_

| Name (Last, First, MI) | Complete Address (House No, Street, Sitio/Purok, Barangay) | Birthday (mm/dd/yy) | Age (yrs) | Screened (Y/N) | Date Given | Vaccine Lot # | AEFI (Y/N) | Deferred (Y/N); Reason | Remarks |
|------------------------|--|---------------------|-----------|----------------|------------|---------------|------------|------------------------|---------|
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**Total Vaccinated:** \_\_\_\_\_ **No. Deferred:** \_\_\_\_\_

**No. of AEFIs:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_  
Name & Designation

**Date Accomplished:** \_\_\_\_\_

**Annex C. Master listing Form for Influenza Vaccination**

**Region:** \_\_\_\_\_ **Province/City:** \_\_\_\_\_ **Municipality:** \_\_\_\_\_

**Barangay:** \_\_\_\_\_ **Target Male & Female Eligible 60 y/o above:** \_\_\_\_\_ **Date of Vaccination:** \_\_\_\_\_

| Name (Last, First, MI) | Complete Address (House No, Street, Sitio/Purok, Barangay) | Birthday (mm/dd/yy) | Age (yrs) | Screened (Y/N) | Date Given | Vaccine Lot # | AEFI (Y/N) | Deferred (Y/N); Reason | Remarks |
|------------------------|--|---------------------|-----------|----------------|------------|---------------|------------|------------------------|---------|
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**Total Vaccinated:** \_\_\_\_\_ **No. Deferred:** \_\_\_\_\_

**No. of AEFIs:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_  
**Name & Designation**

**Date Accomplished:** \_\_\_\_\_