Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 07, 2020

DEPARTMENT MEMORANDUM
No. 2020 - 0186

TO: **ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES OF HEALTH; DIRECTORS OF BUREAUS, SERVICES, AND CENTERS FOR HEALTH DEVELOPMENT (CHDs); MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM); EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS; CHIEFS OF MEDICAL CENTERS, HOSPITALS, AND SANITARIA; AND ALL OTHERS CONCERNED**

SUBJECT: **Interim Guidelines on the Operations of Converted Public and Private Spaces into Temporary Treatment and Monitoring Facilities for COVID-19**

I. BACKGROUND

Pursuant to the Department Memorandum (DM) No. 2020-0123 *Interim Guidelines on the Management of Surge Capacity through the Conversion of Public Spaces to Operate as Temporary Treatment and Monitoring Facilities for the Management of Persons Under Investigation (PUIs) and Mild Cases of Coronavirus Disease 2019 (COVID-19),* the Department of Health (DOH) hereby issues these interim guidelines to provide further guidance on the overall operations of Temporary Treatment and Monitoring Facilities for COVID-19.

II. SCOPE AND COVERAGE

This Circular shall cover all temporary treatment and monitoring facilities (TTMF) catering to suspected, probable, and confirmed COVID-19 cases with mild symptoms and the Local Government Units (LGU) and other agencies managing them.

III. GENERAL GUIDELINES

A. All LGUs shall be encouraged to establish and operate TTMFs to cater to contact/possible, suspect, probable, and confirmed COVID-19 patients with mild symptoms.

B. Other government and non-government agencies may augment the capacity of the LGUs by establishing TTMFs provided that it defines its catchment population and coordinates with the corresponding LGU it supports.

C. All TTMFs for COVID-19 patients shall function as part of the Healthcare Provider Network (HCPN). Based on the need and feasible set-up of this identified space, the HCPN shall determine whether these facilities are to admit (a) possible/contact, suspect, and probable, (b) confirmed COVID-19, or both (a) and (b).

D. All TTMFs for COVID-19 patients shall comply with the following:

1. Adherence to Infection Prevention and Control Protocols, as provided in DOH Administrative Order (AO) 2016-0002 *National Policy on Infection Prevention and Control in Healthcare Facilities,* which can be accessed at bit.ly/AO-IPC.

2. Adherence to Health Care Waste Management Protocols for waste segregation, storage, transport disposal.

3. Adherence to the epidemiologic investigation and surveillance activities of the DOH, pursuant to the Department Circular (DC) No. 2020-0152, *Guidance to All Public and Private Healthcare Facilities and Other Concerned Establishments to Assist Surveillance Officers in the Epidemiologic Investigation on the Coronavirus Disease 2019 (COVID-19)*, which can be accessed at bit.ly/EpiSurveyCOVID19.

4. Utilization of proposed forms for patient records, which can be accessed at bit.ly/Forms_TTMF.

5. Adherence to data reporting requirements as determined by the DOH especially on health facility capacity and utilization.

IV. SPECIFIC GUIDELINES

A. Operations Management of a TTMF

1. Facility Management

a. The Municipal/City Health Officer or the head of the agency shall serve as the overall supervisor of these TTMFs for COVID-19 patients.
b. A facility manager may be assigned to ensure the smooth operations of the entire facility.
c. The facility manager shall ensure the following:
   i. The facility runs/functions 24 hours a day, 7 days a week;
   ii. Necessary basic needs such as food and water, human resources, medicines, medical supplies and equipment are available as dictated in DM No. 2020-0123 *Interim Guidelines on the Management of Surge Capacity through the Conversion of Public Spaces to Operate as Temporary Treatment and Monitoring Facilities for the Management of Persons Under Investigation and Mild Cases of Coronavirus Disease 2019 (COVID-19)*, accessible at bit.ly/DM2020-0123;
   iii. Availability of at least a Level I (Basic Life Support) Ambulance;
   iv. Coordination with a level 2 or 3 health facility that caters to COVID-19 patients in cases where referral is warranted;
   v. In line with Republic Act No. 11469, otherwise known as Bayanihan to Heal as One Act, the private sector may be utilized to augment the needs of the facility.

2. **Human Resource Management** shall include:
   a. Provision of accommodation, transportation arrangement, and food for the staff working in the treatment and monitoring facilities for COVID-19 patients;
   b. Risk assessment and management of exposure of health care workers in line with the World Health Organization Interim Guidance as indicated in DC No. 2020-0106, *Use of World Health Organization Interim Guidelines for Health Workers Exposure Risk Assessment and Management in the Context of COVID-19 Virus*, which can be accessed at bit.ly/DC2020-0106; and

c. Provide adequate and appropriate personal protective equipment to all staff abiding with the recommended risk-based utilization as stated in DM No. 2020-0123.

3. Supply Management

a. Storage and Monitoring for Drugs and Medicines
   i. All delivered drugs and medicines shall be recorded in the Stock Card (ANNEX A.1).
   ii. Drugs and medicines shall be stored systematically (e.g., by drug indication, alphabetically, First Expiry-First Out).
   iii. Stock cards shall be updated daily.
   iv. Regular inventory shall be done to maintain continuous supply of medicines.
   v. Stock room temperature shall be monitored using the Temperature Monitoring Chart (ANNEX A.2).

b. Dispensing of Drugs and Medicines
   i. Clean, uncontaminated, and organized dispensing environment shall be ensured.
   ii. Good dispensing practice shall be done as follows: receive and validate prescription; understand and interpret prescription; prepare items for dispensing; label the medicine; make final check; and issue medicine with clear instruction.
   iii. All dispensed drugs and medicines shall be recorded using the Daily Tally Sheet (ANNEX A.3)
   iv. Filled prescriptions shall be filed accordingly.
   v. Disposal of expired, spoiled of damaged drugs shall follow guidelines specified on Healthcare Waste Management Manual.

c. Storage of Medical Supplies
   i. Medical supplies shall be transported and stored in a manner that maintains the integrity of the package.
   ii. Access to storage areas shall be limited to the personnel assigned in the Central Supply.
   iii. Adequate storage space shall be provided to prevent damage to medical supplies. Medical supplies shall not be stored in the corridors, in window sills, on the floor, or under the sink.
   iv. Storage shelves and containers shall be moisture-resistant and can be cleaned easily.
   v. Shelves and storage containers shall be labeled to prevent confusion with other supplies similar in appearance or name.
   vi. Protective covers shall be placed on medical supplies placed at the top shelves to protect it from moisture and dust.
   vii. Eating and drinking within the premises is prohibited to prevent cross-contamination of medical supplies.

d. Inventory of Medical Supplies
   i. To control inventory, "First in, First Out" principle shall be followed.
   ii. Continuous inventory shall be maintained to replenish fast-moving items and coordinate with the end-user regarding availability of slow moving medical supplies.

e. Issuance of Medical Supplies
   i. The Central Supply personnel shall verify the accomplished Requisition and Issuance Slip Form forwarded to them by the end-user (ANNEX A.4).
   ii. All medical supplies issued shall be recorded in the stock card or logbooks for proper inventory.
   iii. Requisition and Issuance Slip shall be filed accordingly.

f. Clean and Sterile Medical Supplies
   i. Medical supplies shall be handled with care and kept clean. Follow the storage recommendations from the manufacturer.
   ii. Routine checks shall be undertaken to identify any damaged medical supplies.
   iii. When in doubt about the sterility of medical supplies, it shall be considered contaminated and discard accordingly.
   iv. Material Safety Data Sheets (MSDS) provided by the suppliers for all chemical solutions used in the facility shall be readily available for use in case of spills and accidents.

B. Services Provided by the TTMFs

1. As an extension of the Rural Health Unit/ Urban Health Centers of the Local Government Unit, the temporary treatment and monitoring facilities may provide Outpatient Services to patients according to demand.
2. Medical treatment shall be limited to supportive treatment.
3. Monitoring of patients shall be done at least once per shift.
4. Food preparation, handling and distribution in temporary treatment and monitoring facilities shall follow appropriate guidelines and standards of nutrition care. Outsourcing of this service may be considered.
5. Psychosocial support shall also be provided to patients by the Mental Health and Psychosocial Support (MHPSS) Team or the Medical Social Workers on duty or the Online Medical Social Workers of the DOH League of Medical Social Workers Inc. (ANNEX B).

C. Facility Protocols and Procedures

1. Criteria for Admission of Patients

a. All eligible possible/contact, suspect, probable, and confirmed COVID-19 cases who cannot observe proper home isolation based on requirements mentioned in DM No. 2020-0090, "Interim Guidelines on the Management of PUM suspected with 2019-nCoV for Home Quarantine" shall be referred to stay in the temporary treatment and monitoring health facilities.
b. The following eligible criteria of patients for admission shall be used:
   i. Mild symptoms
   ii. Aged between 18-59 years old
   iii. Without comorbidities
c. In line with the HCPN, other health facilities shall refer eligible patients to these temporary treatment and monitoring facilities with proper documentation and coordination.

2. Criteria for Discharge of Patients

All possible/contact, suspect, probable and confirmed COVID-19 patients shall be discharged from the facility once all of the following criteria are fulfilled:

a. Complete resolution of symptoms
b. Completion of 14 day quarantine period; and
c. Upon clearance by the attending physician subject to criteria consistent with endorsed clinical practice guidelines.

3. Medical Record Keeping and Reporting of Patients

a. The following documentation prior to admission shall be accomplished:
   i. An informed consent taken from each patient by the designated staff (ANNEX C.1);

ii. Registration of patients in a masterlist (ANNEX C.2); and
iii. Creation of a patient health record. At the minimum, a patient health record shall consist of a clinical cover sheet, informed consent, doctor's order and progress notes, nurse's notes, and monitoring sheet (ANNEXES D.1 - D.4).

b. During the course of admission, all necessary medical information/services/procedures/treatment done shall be documented on the doctor's order and progress notes, nurses notes, and monitoring sheet. A designated station or area for documentation shall be established.
c. All patients for discharge shall be given home instructions issued by the attending physician (ANNEX D.5).
d. All outpatient services shall be documented using the outpatient registry form (ANNEX D.6) and OPD patient record (ANNEX D.7)
e. All health records created from these temporary treatment and monitoring facilities shall be filed and kept in the Urban Health Centers/ Rural Health Units.
f. In cases when patients are not yet reported to the RESU, the patient shall fill out a CIF (ANNEX E), and they will be reported to the RESU using the Event-Based Surveillance System.

4. Referrals

a. Referral for transfer
   i. Patients with worsened symptoms shall be referred immediately to the identified L2/ L3 hospitals accepting possible/contact, suspect, probable, or confirmed COVID-19 patients.
   ii. The referral shall be coordinated and documented properly (ANNEX F)
   iii. Transportation shall be provided by the referring facility. The LGU in charge of the facility shall ensure the availability of transportation
   iv. Patients must be provided with a mask while in transit to the facility.

b. Referrals for Diagnostic Services
   i. All specimens collected for laboratory testing shall be regarded as potentially infectious.
   ii. All Health Care Workers who will collect, handle or transport, perform testing any clinical specimens shall adhere rigorously to the standard precaution measures such as Personal Protective Equipment (PPE, i.e. gloves, laboratory gown, N95 Masks, face shield, etc.), and ensure biosafety practices are observed to minimize the possibility of exposure to pathogens.
   iii. For further details of the guidelines kindly refer to the "Interim Biosafety Guidelines for Laboratories Handling and Testing SARS-CoV-2" of the Research Institute for Tropical Medicine, which can be accessed at bit.ly/BiosafetyCOVID19.
   iv. To ensure that proper handling, processing, packaging, and transport of laboratory specimens from suspect or probable cases is observed, please refer to the DOH Manual on Packaging and Transport of Laboratory Specimen for Referral and Interim Laboratory Biosafety Guidelines for Handling and Processing Suspected 2019-nCoV Specimens, which can be accessed at bit.ly/HandlingCOVID19specimens.

c. Referrals for Radiologic Services
   i. Should there be a need for radiologic services, the attending physician shall coordinate with the nearest hospital/diagnostic clinic for referral of the patient.
   ii. The patient shall be accompanied to the hospital/diagnostic clinic and back to the facility.

iii. Proper PPE must be provided both to the patient and the accompanying healthcare team during transit.

5. Infection Prevention and Control Standards

a. Hand hygiene shall be strictly adhered by all personnel following the proper hand hygiene/hand washing technique and the Five Moments of Hand Hygiene of WHO. (ANNEX G.1)
b. Alcohol-based hand rub shall be placed at point-of-care areas and other areas of the facility.
c. Personal Protective Equipment (PPE) shall be used based on the nature of interaction with the patient and the procedures or tasks to be undertaken. (ANNEX G.2)
d. The Temporary Treatment and Monitoring Facility shall follow the Minimum Infrastructure Requirement on dividing the facility into three (3) zones: (i) Contaminated Zones; (ii) Buffer Zones; and (iii) Sterile Zones as indicated in DM No. 2020-0123.
e. Instructional materials for donning and doffing PPEs and proper disposal of used PPEs shall be placed strategically in the Buffer Zones and Sterile Zones.
f. Standard precaution shall be applied at all times. Additional contact and droplet precautions shall also be practiced in areas of patient care.
g. Appropriate rooming, spatial separation between patients and cohorting principles must be followed according to the standards set at DM No. 2020-0123.
h. Semi-critical and non-critical items such as medical equipment shall be disinfected after each patient's use.
i. A 1:10 or 1:100 dilution of sodium hypochlorite solution shall be used for environmental decontamination of patient areas, horizontal surfaces and frequently touched surfaces (ANNEX G.3).
j. The following protocols for disinfection shall be considered:
    i. Cleaning solutions shall be prepared daily or as needed.
    ii. Damp cleaning shall be used instead of dry dusting or sweeping to avoid possible generation of infectious aerosol.
    iii. Equipment used for cleaning and disinfecting shall be cleaned and dried after each use and before storage.
    iv. To facilitate daily cleaning, all areas around the patient must be free from unnecessary supplies and equipment.

Dissemination of the information to all concerned is requested

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

ANNEX A

Forms Used in Supply Management

A.1. Stock Card

Name of Drug (Generic name, dose, dosage form) *(ex. Paracetamol 500mg tab x 100tab/box)*
Manufactured by: _____ Lot/Batch No.: _____ Expiry Date: _____

Date	Beginning Balance	Quantity Received	Quantity Issued	Ending Balance	Signature

A.2 Temperature and Monitoring Chart

Specification (°C): _____
Month: _____ Location: _____

Date	Temperature AM (°C)	Performed by:	Remark/s	Temperature PM (°C)	Performed by:	Remark/s

A.3 Daily Tally Sheet

Name of Drug (Generic name, dose, dosage form): ex. Paracetamol 500mg tab x 100tab/box
Manufactured by: _____ Lot/Batch No.: _____ Expiry Date: _____

Date	Name of Patient	Quantity Issued	Pharmacist's Signature	Remark/s

Total Quantity Issued:

A.4 Requisition and Issuance Slip Form

DIVISION/OFFICE: _____ RIS. NO. _____
DATE: _____

REQUISITION				ISSUANCE	
STOCK NO.	UNIT	DESCRIPTION	QUANTITY	QUANTITY	REMARKS
		Requested By:	Approved By:	Issued By:	Received By:
Signature					
Printed Name					
Position					
Date					

ANNEX B

Psychosocial Support Services

The services of the Medical Social Work Department are required in the temporary facility because of the psychosocial issues of the patients and the health care workers. Psychosocial supports help individuals and communities to heal psychological wounds and rebuild social structures after an emergency or a critical event. It can help change people into active survivors rather than passive victims. Provisions of the said services require however some creativity for COVID patients. Face to face encounter shall be replaced with telephone conversation or video call and conferencing on the part of the family. Engaging the patient in a full PPE gear would be a failure in establishing the rapport required. It is imperative that devices can be provided to patients who do not have one. In these temporary facilities the psychosocial support and practical services of the medical social workers shall be the most accessible. The local municipal social workers trained on MHPSS or the OnLine Medical Social Worker of the DOH League of Medical Social Workers Inc. (DOHLMSWI) can be tapped to provide these services. The patients in these facilities shall be staying for 14 days or more thus case management is done throughout their stay. The psychosocial support services include:

1. Psychosocial processing is an intervention designed to help victim-survivors of traumatic/critical events to understand and take action toward adjustment and rebuilding/rehabilitation. This can be individual or group activity. Sessions for the health care providers shall also be provided.

2. Psychological First Aid (PFA) is a method of helping people in distress so they feel calm and supported to cope better with their challenges. It is a way of assisting someone to manage their situation and make informed decisions. The basis is caring about the person in distress and showing empathy.

3. Assessment of the level of psychosocial functioning of the patient to determine his strengths that can be utilized to improve their social functioning, a risk assessment for comorbid mental health disorders, and psychosocial effects of the crisis or COVID-19.

4. Psychosocial counselling is a service provided to an individual, family, or group for the purpose of improving well-being, alleviating distress, and enhancing coping skills. It includes grief work.

5. Behavioral modification involves the alteration of behavioral patterns through the use of such learning techniques and positive or negative reinforcement. The forced quarantine makes people irritable and unruly, thus intervention is needed.

6. Risk communication refers to the exchange of real-time information, advice and opinions between experts and people facing threats to their health, economic or social well-being to facilitate informed decisions to protect themselves and their loved ones.

7. Establish or enhance inter-agency and inter-sectoral referral pathways to make sure that children and families with other concerns (such as protection, survival needs, etc.) or more severe distress may get access to needed services promptly, such as psychiatric treatment.

8. Protective Services shall include caring for those separated from family or caregivers, contacting families, maintaining communication between families, referral for temporary shelter for discharge patients who don't have a home, or care placement for children left behind, transportation arrangement because of the enhanced community quarantine, and coordinate funeral services.

9. Facilitate enrollment to PhilHealth, if possible, based on PhilHealth Circular No. 2020 – 0007, in coordination with the referring health facility.

iii. Requisition and Issuance Slip shall be filed accordingly.

f. Clean and Sterile Medical Supplies
   i. Medical supplies shall be handled with care and kept clean. Follow the storage recommendations from the manufacturer.
   ii. Routine checks shall be undertaken to identify any damaged medical supplies.
   iii. When in doubt about the sterility of medical supplies, it shall be considered contaminated and discard accordingly.
   iv. Material Safety Data Sheets (MSDS) provided by the suppliers for all chemical solutions used in the facility shall be readily available for use in case of spills and accidents.

B. Services Provided by the Temporary Treatment and Monitoring Facilities

1. As an extension of the RHU/ UHC of the Local Government Unit, the temporary treatment and monitoring facilities may provide Outpatient Services to patients according to demand.
2. Medical treatment shall be limited to supportive treatment.
3. Monitoring of patients shall be done at least once per shift.
4. Food preparation, handling and distribution in temporary treatment and monitoring facilities shall follow appropriate guidelines and standards of nutrition care. Outsourcing of this service may be considered.
5. Psychosocial support shall also be provided to patients by the Mental Health and Psychosocial Support (MHPSS) Team or the Medical Social Workers on duty or the Online Medical Social Workers of the DOH League of Medical Social Workers Inc. (ANNEX B).

C. Facility Protocols and Procedures

1. Criteria for Admission of Patients

a. All eligible suspected, probable, and confirmed COVID-19 cases who cannot observe proper home isolation based on requirements mentioned in DM No. 2020-0090, "Interim Guidelines on the Management of Persons Under Monitoring (PUMs) suspected with Coronavirus Disease 2019 (COVID-2019)" shall be referred to stay in the temporary treatment and monitoring health facilities.
b. The following eligible criteria of patients for admission shall be used:
   i. Mild symptoms
   ii. Aged between 18-59 years old
   iii. Without comorbidities
c. In line with the HCPN, other health facilities shall refer eligible patients to these temporary treatment and monitoring facilities with proper documentation and coordination.

2. Criteria for Discharge of Patients

All suspected, probable and confirmed COVID-19 patients shall be discharged from the facility once all of the following criteria are fulfilled:

a. Complete resolution of symptoms
b. Completion of 14 day quarantine period
c. For confirmed COVID-19 cases, after two consecutive negative tests 24 hours apart, if a repeat test is possible, otherwise, a completion of 14 day quarantine period after resolution of symptoms

ANNEX C

Medical Records and Documents for Patient Care

C.1 Informed Consent Form

INFORMED CONSENT

I hereby give my consent to all authorized personnel/staff of the temporary treatment and monitoring facility to attend and provide treatment and/or medical advice deemed necessary for my care. I also give authorization for the facility to supply information from my health records to my insurance carrier/ attorney/ and to the researcher.

Pinahihintulutan ko ang mga kawani ng pasilidad na ito na magsagawa ng kinakailangang gamutan na nararapat para sa pangangalaga sa akin. Pinahihintulutan ko rin ang pasilidad na ito na ibahagi ang impormasyon na nilalaman ng aking medical records sa aking insurance/sa aking abogado/at sa mga mananaliksik.

_____
Signature Over Printed Name of Patient

_____
Signature Over Printed Name of Next of Kin
(for minor and/or mentally incompetent patients)

_____
Signature Over Printed Name of Designated Staff (Witness)

C.2 Patient Registration Masterlist

ADMITTED						
No.	DATE/ TIME	PATIENT NAME	AGE	SEX	BIRTHDATE	ROOM
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

DISCHARGED						
No.	DATE/ TIME	PATIENT NAME	AGE	SEX	BIRTHDATE	ROOM
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

ANNEX D

Patient Health Records

D.1 Clinical Cover Sheet

<table>
<tr><td colspan="4">PATIENT NAME

Last Name First Name Middle Name</td><td colspan="3">DESIGNATED BED/ ROOM #</td></tr>
<tr><td colspan="4">PERMANENT ADDRESS

No. Street City/Municipality/Province</td><td>TEL NO.:</td><td>SEX:
[ ] Male
[ ] Female</td><td>CIVIL STATUS:
[ ] Single
[ ] Married
[ ] Others: _____</td></tr>
<tr><td>BIRTHDATE (mm/dd/yyyy)</td><td>AGE</td><td>BIRTHPLACE</td><td>NATIONALITY</td><td>RELIGION</td><td colspan="2">OCCUPATION</td></tr>
<tr><td colspan="3">FATHER'S NAME</td><td>ADDRESS</td><td colspan="3">TELEPHONE NO./ CP NO.</td></tr>
<tr><td colspan="3">MOTHER'S (Maiden) NAME</td><td>ADDRESS</td><td colspan="3">TELEPHONE NO./ CP NO.</td></tr>
<tr><td colspan="3">SPOUSE NAME</td><td>ADDRESS</td><td colspan="3">TELEPHONE NO./ CP NO.</td></tr>
<tr><td>ADMISSION

DATE:
TIME:</td><td colspan="2">DISCHARGE

DATE:
TIME:</td><td>TOTAL NO. OF DAYS</td><td colspan="3">ATTENDING PHYSICIAN</td></tr>
<tr><td colspan="7">ADMISSION DIAGNOSIS:</td></tr>
<tr><td colspan="7">DISCHARGE DIAGNOSIS</td></tr>
<tr><td colspan="3">DISPOSITION

[ ] Discharge [ ] HAMA
[ ] Transferred [ ] Absconded</td><td colspan="4">RESULTS

[ ] Recovered [ ] Died
[ ] Improved [ ] -48 hours [ ] Autopsy
[ ] Unimproved [ ] +48 hours [ ] No</td></tr>
</table>

D.2. Doctor's Orders and Progress Notes

Patient's Name:			DESIGNATED BED/ ROOM #
	Last Name	First Name	Middle Name
Age:	Birthdate: (mm/dd/yyyy)	Sex: [ ] Male [ ] Female	

DATE/ TIME	PHYSICIAN'S PROGRESS NOTES (Affix printed name and signature.) $S-O-A-P$	PHYSICIAN'S ORDERS (Affix printed name and signature.)

D.3 Nurse's Progress Notes

Patient's Name:				DESIGNATED BED/ ROOM #
	Last Name	First Name	Middle Name	
Age:	Birthdate: (mm/dd/yyyy)	Sex: [ ] Male [ ] Female		

DATE/ TIME/SHIFT	F=FOCUS	D=DATA A=ACTION R=RESPONSE

*ALL ENTRIES SHOULD BE SIGNED AND DATED BY THE NURSE

D.4. Vital Signs Monitoring Sheet

Patient's Name:			**DESIGNATED BED/ ROOM #**
	Last Name	**First Name**	**Middle Name**
Age:	**Birthdate:** (mm/dd/yyyy)	**Sex: [ ] Male [ ] Female**	

Temp (°C)	Pulse Rate (beats/min)	Respiration Rate (cycles/min)	Date			Date			Date		
			Shift 1	Shift 2	Shift 3	Shift 1	Shift 2	Shift 3	Shift 1	Shift 2	Shift 3
≥40	≥180										
39.8-39.9	176-180										
39.6-39.7	171-175										
39.4-39.5	166-170										
39.2-39.3	161-165										
39.0-39.1	156-160										
38.8-38.9	151-155										
38.6-38.7	146-150										
38.4-38.5	141-145										
38.2-38.3	136-140										
38.0-38.1	131-135										
37.8-37.9	126-130										
37.6-37.7	121-125	≥80									
37.4-37.5	106-120	76-80									
37.2-37.3	101-105	71-75									
37.0-37.1	96-100	66-70									
36.8-36.9	91-95	61-65									
36.6-36.7	86-90	56-60									
36.4-36.5	81-85	51-55									
36.2-36.3	76-80	46-50									
36.0-36.1	71-75	41-45									
35.8-35.9	66-70	36-40									
35.6-35.7	61-65	31-35									
35.4-35.5	56-60	26-30									
35.2-35.3	51-55	21-25									
35.0-35.1	46-50	16-20									
34.8-34.9	41-45	10-15									
≤34.9	≤41	≤10									
Blood Pressure (mm/Hg)											
Temperature (°C)											
Pulse Rate (beats/min)											
Respiration Rate (cycles/min)											
O2 saturation (%)											
Stool (frequency)											
Urine (frequency)											
Others/Remarks											
Name and Signature											

D.5. Tagubilin/ Home Instructions

PATIENT NAME Last Name	First Name	Middle Name		
AGE	**SEX (M/F)**	**BIRTHDATE**	**DESIGNATED BED/ ROOM #**	**ADMISSION DATE:** _____ **DISCHARGE DATE:** _____
ADMITTING DIAGNOSIS				
FINAL DIAGNOSIS				
HOME MEDICATIONS				
DISPOSITION: (Indicate special instructions & ff-up)				

_____
DATE ACCOMPLISHED

_____, **MD**
OFFICER-IN-CHARGE

D.6 Outpatient Registry

OUTPATIENT REGISTRY						
No.	DATE/ TIME	PATIENT NAME	AGE	SEX	BIRTHDATE	ROOM
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

D.7 Outpatient Department Patient Record

OUTPATIENT RECORD

PATIENT NAME Last Name First Name Middle Name					OUTPATIENT RECORD NUMBER (OPRN):
ADDRESS No. Street City/Municipality/Province				SEX: [ ] Male [ ] Female	STATUS: [ ] Single [ ] Married [ ] _____
DATE OF BIRTH (mm/dd/yyyy)	AGE	BIRTHPLACE	CONTACT NUMBER	NATIONALITY	RELIGION
NAME OF SPOUSE			NEXT OF KIN TO NOTIFY		
FATHER'S NAME			ADDRESS		
MOTHER'S NAME (MAIDEN)			RELATIONSHIP		

ALERT NOTATION:

Allergy to: _____ **(specify)** **Others:** _____

CONSENT TO CARE

I hereby give my consent to all authorized personnel/staff of the temporary treatment and monitoring facility to attend and provide treatment and/or medical advice deemed necessary for my care. I also give authorization for the facility to supply information from my health records to my insurance carrier/ attorney/ and to the researcher.

(Pinahihintulutan ko ang mga kawani ng pasilidad na ito na magsagawa ng kinakailangang gamutan na nararapat para sa pangangalaga sa akin. Pinahihintulutan ko rin ang pasilidad na ito na ibahagi ang impormasyon na nilalaman ng aking medical records sa aking insurance/sa aking abogado/at sa mga mananaliksik.)

_____	_____	_____
Signature Over Printed Name of Patient	Signature of Next of Kin (for minor and/or mentally incompetent patients)	Triage Nurse/Witness

DATE	DOCTOR'S NOTES (S O A P)

ANNEX E
Case Investigation Form (CIF)

Philippine Integrated Disease Surveillance and Response

Case Investigation Form
2019 Coronavirus Disease (CoVID-19)
(Annex C)

Disease Reporting Unit/Hospital:	Name of Investigator:	Date of Interview:

1. Patient Profile

Last Name	First Name	Middle Name	Birthday	Age	Sex

Occupation	Civil Status	Nationality	Passport No.

2. Philippine Residence

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

Region	Home Phone No.	Cellphone No.	Email address

3. Overseas Employment Address (for Overseas Filipino Workers)

Employer's Name:	Occupation	Place of Work:

House No./Bldg. Name	Street	City/Municipality	Province/State

Country	Office Phone No.	Cellphone No.

4. Travel History

History of travel/work in other countries within last 14 days: ( ) Yes ( ) No	Port of exit:		
Air/Sea vessel:	Flight/Vessel Number	Date of Departure	Date of Arrival in Philippines:

5. Exposure History

History of Exposure to Known CoVID-19 Case: ( ) Yes ( ) No ( ) Unknown	If yes: Date of Contact with Known CoVID-19 Case:

6. Clinical Information

Clinical Status at Time of Report: Inpatient ( ) Outpatient ( ) Died ( ) Discharged ( ) Unknown ( )

Date of Onset of Illness	Date of Admission/Consultation

Fever _____°C	Cough ( )	Sore throat ( )	Colds ( )	Shortness/difficulty of breathing ( )

Other symptoms, specify	Is there any history of other illness? ( ) Yes ( ) No If YES, specify:
Chest XRAY done? ( ) Yes ( ) No If yes, when? _____	Are you pregnant? ( ) Yes LMP _____ ( ) No
CXR Results: Pneumonia ( ) Yes ( ) No ( ) Pending	Other Radiologic Findings:

7. Specimen Information

Specimen Collected	If YES, Date Collected	Date sent to RITM	Date received in RITM (to be filled up by RITM)	Virus Isolation Result	PCR Result
( ) Serum	___/___/___	___/___/___	___/___/___		
( ) Oropharyngeal/ Nasopharyngeal swab	___/___/___	___/___/___	___/___/___		
( ) Others	___/___/___	___/___/___	___/___/___		

8. Final Classification

☐ Patient Under Investigation (PUI) ☐ Person Under Monitoring (PUM) ☐ Confirmed COVID-19 Case

9. Outcome

Date of Discharge:	Condition on Discharge: ( ) Died ( ) Improved ( ) Recovered ( ) Transferred ( ) Absconded	
Name of Informant: (if patient not available)	Relationship:	Phone No.

Patient Under Investigation (PUI)
- A person with sudden onset of fever (≥38°C) and/or cough, and/or sorethroat, and/colds, or diarrhea in the absence of other diagnoses AND
- A person with history of travel from China within 14 days OR
- A person who visited any health care facility with a known case of CoVID-19

Person Under Monitoring (PUM)
- An asymptomatic with travel history from China OR
- A person with exposure from a known confirmed CoVID-19 case OR
- A person who came from other countries with confirmed CoVID-19 infection EXCEPT China, with no history of exposure, but with fever and/or cough

Confirmed Novel Coronavirus Case
- A person with laboratory confirmation of infection with 2019 Novel Coronavirus (2019-nCoV)

CIF form can be downloaded at bit.ly/CIFcovid19.

ANNEX F
Referral Form

Name of initiating facility _____ Contact Number:_____

Address_____

Date of Referral _____ Time called* _____

Name of Receiving facility _____ Receiving personnel _____

Address _____ Response _____

Referral Category ☐ Emergency ☐ Outpatient

Working Impression _____

Reason for Referral ☐ Consultation _____

☐ Diagnostics _____

☐ Treatment/ Procedure _____

☐ Others _____

Name of Patient _____ Identity Number _____

Age _____ Sex ☐ Male ☐ Female

Address _____

Chief Complaint _____

Clinical History _____

_____

Findings _____

Vital Signs: BP _____ HR _____ RR _____ O2 sats _____ Temp _____ Weight _____

(attach laboratory results) _____

Treatment Given _____

(attach treatment cards) _____

_____ _____

Print Name & Signature of Healthcare Provider Date and Time

ANNEX G

Infection Prevention and Control Protocols and Guidelines

G.1. 5 Moments for Hand Hygiene

1 BEFORE TOUCHING A PATIENT	WHEN? Clean your hands before touching a patient when approaching him/her. WHY? To protect the patient against harmful germs carried on your hands.
2 BEFORE CLEAN/ ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before performing a clean/aseptic procedure. WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3 AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal). WHY? To protect yourself and the health-care environment from harmful patient germs.
4 AFTER TOUCHING A PATIENT	WHEN? Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. WHY? To protect yourself and the health-care environment from harmful patient germs.
5 AFTER TOUCHING PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched. WHY? To protect yourself and the health-care environment from harmful patient germs.

Source: The patient zone, health-care area, and critical sites with inserted time-space representation of "My five moments for hand hygiene" (Figure 1.21.5b). Reprinted by the World Health Organization from Sax, 2007 with permission from Elsevier. Retrieved from bit.ly/WHOhandhygiene.

G.2. Personal Protective Equipment (PPE)

A. Gloves

1. Gloves are used to prevent contamination of healthcare personnel hands when:
    a) anticipating direct contact with blood or body fluids, mucous membranes, non-intact skin and other potentially infectious material
    b) having direct contact with patients who are colonized or infected with pathogens transmitted by the contact route
    c) handling or touching visibly or potentially contaminated patient care equipment and environmental surfaces.
2. The healthcare personnel should use the following during specimen collection on a PUI: Double Gloves (preferably: Nitrile); Scrub suit; Disposable Laboratory Gown (impermeable/ breathable/ long sleeves/ back enclosure) ; Fit Tested N95 mask; Face shield / visor.
3. During patient care, transmission of infectious organisms can be reduced by adhering to the principles of working from "clean" to "dirty" and confining or limiting contamination to surfaces that are directly needed for patient care.
4. It may be necessary to change gloves during the care of a single patient to prevent cross-contamination of body sites.
5. It also may be necessary to change gloves if the patient interaction also involves touching portable computer keyboards or other mobile equipment that is transported from room to room.
6. Discarding gloves between patients is necessary to prevent transmission of infectious material.
7. Gloves must not be washed for subsequent reuse because microorganisms cannot be removed reliably from glove surfaces and continued glove integrity cannot be ensured.
8. When gloves are worn in combination with other PPE, they are put on last.
9. Hand hygiene following glove removal further ensures that the hands will not carry potentially infectious material that might have penetrated through unrecognized tears or that could contaminate the hands during glove removal.

B. Isolation Gowns

1. Isolation gowns are used as specified by Standard and Transmission-Based Precautions to protect the HCW's arms and exposed body areas; and to prevent contamination of clothing with blood, body fluids, and other potentially infectious material.
2. When applying Standard Precautions, an isolation gown is worn only if contact with blood or body fluid is anticipated.
3. When Contact Precautions are indicated, donning of both gown and gloves upon room entry is indicated to address unintentional contact with contaminated environmental surfaces.
4. Gowns are usually the first piece of PPE to be donned. Full coverage of the arms and body front, from neck to the mid-thigh or below will ensure that clothing and exposed upper body areas are protected.
5. Isolation gowns should be removed before leaving the patient care area to prevent possible contamination of the environment outside the patient's room.
6. Isolation gowns should be removed in a manner that prevents contamination of clothing or skin. The outer, "contaminated" side of the gown is turned inward and rolled into a bundle, and then discarded into a designated container for waste or linen to contain contamination.

C. Face Protection

a. Face Masks

1. Masks are used for three primary purposes:
    a. Placed on HCWs to protect them from contact with infectious material from patients, example, respiratory secretions and sprays of blood or body fluids, consistent with Standard Precautions and Droplet Precautions;
    b. Placed on HCWs when engaged in procedures requiring sterile technique to protect patients from exposure to infectious agents carried in a HCW's mouth or nose;
    c. Placed on coughing patients to limit potential dissemination of infectious respiratory secretions from the patient to others (Respiratory Hygiene/Cough Etiquette).
2. Masks may be used in combination with goggles to protect the mouth, nose and eyes, or a face shield may be used instead of a mask and goggles, to provide a more complete protection for the face

b. Goggles

1. The eye protection chosen for specific work situations depends upon the circumstances of exposure, other PPE used, and personal vision needs.
2. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
3. Even if Droplet Precautions are not recommended for a specific respiratory tract pathogen, protection for the eyes, nose and mouth by using a mask and goggles, or face shield alone, is necessary when it is likely that there will be a splash or spray of any respiratory secretions or other body fluids .

G3. Environmental Decontamination Procedures

A. Decontamination and Disinfection Practices

The following must be observed in the decontamination and disinfection practices:

1. Use appropriate hand hygiene, PPE (e.g., gloves), and isolation precautions during cleaning and disinfecting procedures.
2. Have clear instructions and provide feedback to the personnel on how to properly wear PPE appropriate for a surface decontamination and cleaning task.
3. Discard used PPE by using routine disposal procedures or decontaminate reusable PPE as appropriate.
4. Use standard cleaning and disinfection protocols to control environmental contamination.
5. Pay close attention to cleaning and disinfection of high-touch surfaces in patient-care areas (e.g., bed rails, carts, charts, bedside commodes, bed rails, doorknobs, or faucet handles)
6. Ensure compliance by housekeeping staff with cleaning and disinfection procedures by putting up checklists.
7. When contact precautions are indicated for patient care, use disposable patient-care items wherever possible to minimize cross-contamination with multiple-resistant microorganisms.

B. Spaulding Classification for Disinfection & Sterilization of Healthcare Items

CLASSIFICATION	ITEM USE	GOAL	APPROPRIATE PROCESS
Critical Items	Items entering sterile tissue, the body cavity, the vascular system and non intact mucous membranes, e.g. surgical instruments	Objects will be sterile (free of all microorganisms including bacterial spores)	**Sterilization (or use of single use sterile product)** • Steam sterilization • Low temperature methods (ethylene oxide, peracetic acid, hydrogen peroxide plasma)
Semi-critical Items	Items that make contact, directly or indirectly, with intact mucous membranes or non intact skin, e.g. endoscopes, diagnostic probes (vaginal/rectal), anesthetic equipment	Objects will be free of all microorganisms, with the exception of high numbers of bacterial spores	**High level disinfection** • Thermal disinfection • Chemical disinfection (glutaraldehyde, OPA) *It is always preferable to sterilize semi-critical items

			whenever they are compatible with available sterilization processes
Non-critical Items	Objects that come into contact with intact skin but not mucous membranes, e.g. crutches, BP cuffs	Objects will be clean	**Low level disinfection** • Cleaning (manual or mechanical)