



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

June 10, 2020

DEPARTMENT MEMORANDUM

No. 2020- 0270

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; MINISTER OF HEALTH-BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; DIRECTORS OF CENTER FOR HEALTH DEVELOPMENT (CHD), BUREAUS AND SERVICES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION AND OTHERS CONCERNED

SUBJECT: Guidelines in the Certification of LIGTAS COVID Community Isolation Units

I. BACKGROUND

The Department of Health (DOH) with the Department of Interior and Local Government (DILG) issued Joint Administrative Order (JAO) No. 2020-0001, titled "Guidelines on LIGTAS COVID and the Community Based Management of Mild COVID-19 Cases" in order to guide Local Government Units (LGUs), their instrumentalities and constituent households and individuals in the prevention of transmission and management of contact, suspect, probable, and confirmed cases of COVID-19 at the family and community level.

In particular, the JAO seeks to guide the LGUs in planning, establishing, and maintaining designated isolation or quarantine units in their localities for contacts, suspect, probable and confirmed cases of COVID-19. Hence, the establishment of Local Isolation and General Treatment Areas for COVID-19 cases (LIGTAS COVID Center, and Mega LIGTAS COVID Center), as Community Isolation Unit (CIU), for those COVID-19 cases whose conditions cannot support home quarantine.

Specific requirements for LIGTAS COVID Centers stipulated in the DILG-DOH JAO No. 2020-0001 shall be the basis for the DOH's certification. Some Centers for Health Development (CHD), identified in the aforementioned DILG-DOH JAO, as the certifying body for LIGTAS COVID centers have developed their own Assessment Tool in certifying such facilities. Variations in the requirements have been noted in the formulated assessment tools. Likewise, assessors come from different offices or units of CHDs as assigned by the concerned Regional Director, from Development Management Officers (DMOs) or Provincial Health Officers (PHOs) or personnel from Regulation, Licensing and Enforcement Division (RLEDs), or personnel of RLEDs and/or Health Facility Development Unit (HFDU).

Thus, to standardize and clarify the requirements, the following guidelines are being issued for harmonious implementation.

II. SCOPE

This shall apply to CIUs specifically to LIGTAS COVID Centers managed by LGUs.

III. GENERAL GUIDELINES

- A. LIGTAS COVID Centers certified prior to this issuance shall be honored and shall maintain its status as DOH certified LIGTAS COVID Centers. However, the certified LIGTAS COVID Centers shall submit a Memorandum of Undertaking (MOU) that it shall comply with any deficiency/ies based on the checklist, if any.
- B. The CHD, in charge of evaluating and certifying the LIGTAS COVID Centers, shall prioritize those that are already in operation, or is already attending to contact, suspect, probable and confirmed cases of COVID-19.
- C. The CHD may develop their own checklist for certifying LIGTAS COVID Centers, based on the DILG-DOH JAO No. 2020-0001 and the requirements in this circular.
- D. The Regional Director or in his/her absence or unavailability, or when delegated, the Assistant Regional Director, shall approve the issuance of the certificate of LIGTAS COVID Center.

IV. SPECIFIC GUIDELINES

A. Standards

LIGTAS COVID Center shall be organized to provide safe, quality, effective and efficient services as to:

1. Physical Plant - space, location and infrastructure (see Annex A)
2. Human Resources (see Annex B)
3. Equipment, Supplies and Essential Medicines (see Annex C)

B. Infection Prevention and Control (IPC)

1. Practice of Infection Prevention and Control shall be based on Annex A1 to A5 of **DOH- Department Memorandum (DM) No. 2020-0072** ("*Interim Guidelines for 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Response in Hospitals and Other Health Facilities*"), in addition to Annex J of the DILG-DOH JAO.
2. For cleaning and disinfection please refer to **DOH-DM No. 2020-0208** ("*Interim Guidelines on Enhancing the Infection Prevention and Control Measures through Engineering and Environmental Controls in All Health Facilities and Temporary Treatment and Monitoring Facilities during the*

COVID-19 Pandemic"); **DOH-DM No. 2020-057** (*Interim guidelines for 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCov ARD) Response in Hotels and Other Similar Establishments*"); and **DOH-DM No. 2020-0167** (*Interim Guidelines on the Proper Handling and Disinfection of Non-critical Items Used in the Management of COVID-19 Patients in All Health Facilities and Temporary Treatment and Monitoring Facilities*”).

3. It shall be the responsibility of the Sanitation Officer to supervise the cleaning and disinfection activities including proper waste management especially of infectious materials and health care waste. It shall be the responsibility of the patients to clean and disinfect immediate surroundings of their beds and the common areas they have used. Moreover, it is the responsibility of the Sanitation Officer to orient the staff on the IPC and disinfection guidelines.

The Sanitation Officer shall be responsible in developing its own Information Education and Communication (IEC) materials for this purpose, taking note of IPC strategies.

C. Health Care Waste Management (HCWM)

The LIGTAS COVID center shall develop its own policies, guidelines and protocols on handling, collection, segregation and disposal of wastes in conformity with the latest edition of the **Health Care Waste Management Manual of the Department of Health** and **DOH-DM 2020-0170**, *Interim Guidelines on the Management of health Care Waste in Health Facilities, Community Quarantine Units and Temporary Treatment and Monitoring Facilities with Cases of Coronavirus Disease 2019 (COVID-19)*, for health care wastes generated in a facility with case/s of COVID-19.

D. Referral and Transport of Patients and Specimens

Only ambulances duly licensed by the DOH, based on **Administrative Order (AO) No. 2018-0001**, *Revised Rules and Regulations Governing the Licensure of Land Ambulances and Ambulance Service Providers*, shall be used in the conduction of patients to referral hospitals.

Other service vehicles may be used in the transport of specimens but the correct protocols for handling/transport and storage of specimens shall be strictly observed.

E. Reporting

Accurate and timely reporting shall be implemented by the facility using the COVID-19 information system prescribed by the DOH.

V. PROCEDURAL GUIDELINES

- A. The implementation of the certification procedure and issuance of the certificate shall follow the guidelines set by the respective CHDs in accordance to their rules.
- B. The Team to conduct the assessment shall be assigned by the CHD's Regional Director.
- C. The validity of the Certificate of LIGTAS COVID Center shall be one year.
- D. Representative from the CHDs, as delegated by the Regional Directors may conduct unannounced visits to ensure continuous compliance to the requirements. Guidelines for the monitoring of the LIGTAS COVID Centers shall be developed by respective CHDs.

VI. COMPLAINTS

Complaints against any personnel or the condition of the LIGTAS COVID Centers shall be filed and resolved by concerned CHDs.

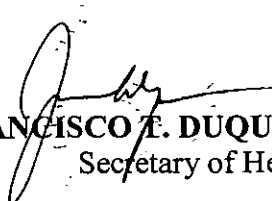
VII. APPEAL

Any LIGTAS COVID Center aggrieved by the decision of the CHD Regional Directors, may file an appeal to the Field Implementation Coordination Team (FICT). All pertinent documents and records of the applicant shall then be elevated by the CHD to the head of the FICT. The decision of the head of the FICT, if still contested, maybe brought on a final appeal to the Secretary of Health whose decision shall be absolute and executory.

VIII. EFFECTIVITY

This Circular shall take effect immediately.

For strict compliance.


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

Annex A. SPACE, LOCATION AND INFRASTRUCTURE

Requirement	Remarks
A. Be accessible within a maximum of two (2) hours travel to a higher level facility. If cannot be managed in that facility, proper coordination and referral with appropriate transport to a more capable health facility shall be provided.	
B. Have uninterrupted access to electricity, potable water source, and sewerage system.	
C. Must be fully enclosed with adequate lighting.	
D. There should be at least fan ventilation to be provided. For facilities handling confirmed cases of COVID-19, establishing an Airborne Infection Isolation Room (AIIR) based on the guidelines in DOH- DM No. 2020-0062 is recommended.	
E. There should be a separate entrance and exit for the patients and healthcare workers.	
F. A unidirectional user flow circulation/foot traffic shall be established for healthcare workers from one zone to another.	
<p>G. The facility should be divided into three (3) zones namely:</p> <ul style="list-style-type: none"> a) Contaminated Zone: serve as the area where patients area is admitted / contained. b) Buffer Zone: serves as an area for donning and doffing of Personal Protective Equipment (PPE), decontamination, and hand hygiene. c) Clean / Sterile Zone: serves as holding area and entrance for healthcare workers. 	
H. The facility shall follow the prescribed patient placement in accordance with DOH- DM No. 2020-0123 <i>“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).”</i>	
I. In compliance with Infection Prevention and Control (IPC) protocols, contact, suspect/probable cases shall be in individual enclosed rooms with individual toilet and bath. In cases where this arrangement is not feasible (e.g. existing facility to be converted as LIGTAS COVID Center), the toilet and shower facilities must be disinfected after every use.	

Annex A. SPACE, LOCATION AND INFRASTRUCTURE

<p>J. Confirmed cases may be cohorted together and be placed in a shared room, provided that the required clearances and partitions for privacy and IPC are followed.</p> <ol style="list-style-type: none"> 1. Beds shall be spaced at least two (2) meters apart. 2. Temporary partitions to ensure patient privacy preferably with an opaque impermeable sheet or divider (e.g. tarpaulin, shower curtain, etc.) between them. This partition shall maintain have a minimum height of two (2) meters. 		
<p>K. Confirmed cases of COVID-19 may share toilets and showers, provided that the toilet and shower facilities must be disinfected after every use.</p>		
<p>L. Proper signage identifying the premises as a “LIGTAS COVID Center.” The rooms shall be properly labelled and directional signages shall be placed in strategic locations.</p>		
<p>M. A backup supply of electricity and free-flowing water for at least seventy two (72) hours must be ensured, in case of water and power interruption.</p>		
<p>N. The provision of fixed or temporary plumbing fixture per person must follow the following ratio requirements:</p>		
<p>Plumbing Fixture</p>	<p>Fixture to Male Patient Ratio</p>	<p>Fixture to Female Patient Ratio</p>
<p>Water Closet</p>	<p>1:25</p>	<p>1:20</p>
<p>Urinal</p>	<p>1:10-50, add 1 for each additional 50 male patients</p>	<p>Not applicable</p>
<p>Lavatory</p>	<p>1:10</p>	<p>1:10</p>
<p>Shower</p>	<p>1:8</p>	<p>1:8</p>
<p>O. Shared toilets and baths shall be cleaned and disinfected by staff wearing the appropriate PPEs at least two times a day. Patients using shared toilets and baths shall be trained and assisted in cleaning and disinfection immediately after each use. Ensure that all toilets and baths, either dedicated or shared, are well-ventilated with natural or mechanical or hybrid ventilation.</p>		
<p>P. There may be provision or access to laundry services.</p>		
<p>Q. A fully enclosed nurse station, which permits visual observation and access to the patient wards/rooms, is recommended.</p>		

Requirement			Remarks
A. FACILITY MANAGER			
1. Background on medical and health allied field not required. 2. For functions, please refer to DOH-DILG JAO No. 2020-0001 , " <i>Guidelines on Local Isolation and General Treatment Areas for COVID-19 cases (LIGTAS COVID) and the Community-based management of Mild COVID-19 Cases.</i> "			
B. FACILITY PHYSICIAN			
1. The physical presence of the physician shall depend on the classification of the patient he/she handles. The number of physician must follow the following ratio requirements:			
Classification of Patients	Required Duty*	Ratio of Physician* to Patient	
Contact	Conduct daily rounds and on-call or accessible through telehealth after performing his/her duties in the facility	1:50	
Probable/ Suspect	Conduct daily rounds and on-call or accessible through telehealth after performing his/her duties in the facility	1:35	
Confirmed	Conduct daily rounds and physically present at all times.	1:20	
*For additional functions, please refer to DOH-DILG JAO No. 2020-0001.			
C. NURSE AND NURSING AIDE			
1. There should always be a registered nurse (RN) per shift who shall provide the patient care and another staff (e.g. an under board nurse or a registered midwife to serve as nursing aide) who shall assist the nurse on duty.			
2. Only 8-hour per shift shall be allowed as per Republic Act (RA) 5901 (" <i>An Act of Prescribing Forty (40) hours a week of Labor for Government and Private Hospitals or Clinic Personnel.</i> ")			

3. The number of RN/s and nursing aide/s must follow the following ratio requirements:			
Classification of Patients	Ratio of Nurse to Patient	Ratio of Nursing Aide to Patient	
Contact (level of care is minimal)	1:50	1:50	
Suspect/Probable	1:35	1:35	
Confirmed	1:12	1:24	
4. At least one of the RNs assigned in the "Confirmed" areas shall have a valid Advanced Cardiac Life Support (ACLS) training per shift.			
D. SECURITY AND MAINTENANCE OFFICER			
1. There shall be at least two (2) Security Officers per shift, one (1) assigned in each entrance and exit.			
2. There shall be at least one (1) Maintenance Officer per shift per area.			
E. SANITATION OFFICER			
1. There shall be at least one (1) Sanitation Officer.			
2. For the functions, please refer to DOH-DILG JAO No. 2020-0001, "Guidelines on Local Isolation and General Treatment Areas for COVID-19 cases (LIGTAS COVID) and the Community-based management of Mild COVID-19 Cases"			
F. BARANGAY HEALTH WORKER (BHW) COMMUNITY HEALTH VOLUNTEER			
1. In the LIGTAS COVID Centers, BHWs shall only be allowed to perform clerical work, and not direct patient care. It is recommended that they be utilized more in contact tracing and monitoring of those who are under home quarantine.			
G. NUTRITIONIST / DIETICIAN AND FOOD HANDLERS			
1. There should be one (1) Nutritionist/Dietician but LIGTAS COVID Centers may outsource their engagement. Other personnel may be employed.			

H. DATA MANAGER	
<ol style="list-style-type: none"> 1. There shall be at least one (1) Data Manager. 2. For the functions, please refer to DOH-DILG JAO No. 2020-0001, "<i>Guidelines on Local Isolation and General Treatment Areas for COVID-19 cases (LIGTAS COVID) and the Community-based management of Mild COVID-19 Cases</i>". 	
I. PHARMACIST (OPTIONAL)	
<ol style="list-style-type: none"> 1. The pharmacy shall also be licensed by the Food and Drug Administration (FDA). 2. If the facility has a pharmacy, at least one (1) pharmacist per shift. 	
J. At least one (1) personnel in charge of the activities for the Mental Health and Psychosocial Support (MHPSS) on an on-call basis (e.g. Medical Social Worker, Psychologist)	
K. All personnel should have training in Infection Prevention and Control (IPC) and shall wear an appropriate PPE based on their functions (may be an in-house training).	
L. All staff involved in patient care shall have a training in Basic Life Support (BLS) .	

Annex C. MEDICINES, MEDICAL SUPPLIES, EQUIPMENT AND INSTRUMENTS

The requirement for medicines, medical supplies, instruments and equipment are detailed as follows:

REQUIREMENTS	REMARKS
I. EMERGENCY CART	
A. EQUIPMENT	
1. Defibrillator (manual or AED)	
2. Electrocardiograph (ECG)	
3. Patient Monitor/Cardiac Monitor	
4. Suction Machine	
B. INSTRUMENTS / SUPPLIES	
1. Intubation Kit (Laryngoscope with Blade 1,2,3 with stylet)	
2. Bag-valve mask (adult)	
3. Cardiac Board (adult)	
4. Electrodes (Adult)	
5. Electrode Cream/ Lubricant	
6. Oxygen Tank with gauge and humidifier with at least 1000 PSI	
7. Sharps Container	
8. Endotracheal Tubes of varying sizes (adult)	
9. Nebulizer	
10. Face shield	
11. Splash Apron	
12. Goggles	
13. Sterile Gloves	
14. Clean/examination gloves	
15. IV Cannula (all gauge size)	
16. IV Tubing	
17. Nasal Cannula (Adult)	
18. N95 mask/Surgical Mask (for personnel)	
19. IV Film/Transparent Dressing	
20. Micropore/ ET Mounting Tape	
21. Suction Catheter/tubing F12	
C. MEDICINES	
1. Epinephrine ampule	
2. Amiodarone HCL	
3. Atropine	
D. IV FLUIDS	
1. PLRS 1L	
2. PNSS 1L	
3. D5LR 1L	

Annex C. MEDICINES, MEDICAL SUPPLIES, EQUIPMENT AND INSTRUMENTS

II. FLOOR STOCKS	
A. EQUIPMENT / INSTRUMENTS	
1. Nebulizer	
2. Pulse Oximeter	
3. Sphygmomanometer (non-mercurial)	
4. Stethoscope	
5. Thermometer (non-mercurial and non-contact)	
B. MEDICINES	
1. Ipratropium + Salbutamol 500 mcg + 2.5 mg x 2.5 ml	
2. Paracetamol 250mg/5ml syrup	
3. Paracetamol 300 mg/ampule	
4. Paracetamol 500mg tablet	
5. Butamirate Citrate 50 mg tablet	
6. Lagundi 300 mg or 600 mg tablets or	
7. Lagundi 300mg/5ml, 60 ml syrup	
8. Salbutamol 1mg/ml 2.5 ml nebule	
9. Hydrocortisone 100 mg, 200 mg, 500 mg powder vial	
10. Antidiarrheal Medications	
11. Loperamide 2mg capsule	
12. Oral Dehydration Salts	
13. Clonidine 75 mcg/tablet	
14. Clonidine 150 mcg/ml, 1 ml ampule	
15. Sterile water for (IV medicine preparation)	
C. SUPPLIES	
1. Nebulizing kits	
2. Oxygen Cannula	
3. Intravenous Set (IV cannula, macroset/microset)	
4. Volumetric Set/ Soluset	
5. Sterile needles (various gauges)	
6. Syringes (1cc, 3cc, 5cc, 10cc and 30cc)	
D. OTHER SUPPLIES	
1. Bed linens, pillows and cases	
2. Cotton balls	
3. Color-coded solid waste disposal bins and plastic bags	
4. Disinfectant solutions	
5. Foot Cover	
6. Goggles/ Face shields	
7. Gowns	
8. Isopropyl alcohol	
9. IV stand	
10. Liquid antibacterial hand soap	
11. N95 respirators	
12. Povidone iodine solution	
13. Sterile cotton swab	

Annex C. MEDICINES, MEDICAL SUPPLIES, EQUIPMENT AND INSTRUMENTS

14. Sterile gauze	
15. Surgical gloves (sterile and non-sterile)	
16. Surgical masks	
17. Surgical tapes of different sizes (for IV insertion and intubation)/or IV Film	
18. Waterproof aprons	
19. Tongue depressor	
20. Tourniquet	
21. Wheelchair	
22. Table and chair	
23. Provider data records	
24. Signed performance commitment	