

WORKPLACE HANDBOOK

On COVID-19 Management and Prevention

VERSION 2 | As of October 2021





**World Health
Organization**
Representative Office
for the Philippines



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

Note: *This handbook will be updated as we compile the most recent evidence and policies relative to the workplace, as the COVID-19 pandemic progresses.*

Version 2 as of August 2021.

TABLE OF CONTENTS

<u>Introduction</u>	5
<u>I. COVID-19 Basics</u>	6
A. <u>Must Knows</u>	7
B. <u>COVID-19 Cases</u>	9
C. <u>Hierarchy of Controls</u>	13
D. <u>National Action Plan Against COVID-19</u>	14
E. <u>Safety Seal Certification</u>	18
F. <u>Philippine COVID-19 Living Recommendations</u>	19
<u>II. General Rules</u>	20
A. <u>Must Dos</u>	21
B. <u>Prevention</u>	24
C. <u>Detection</u>	37
D. <u>Isolation and Quarantine</u>	51
E. <u>Treatment</u>	62
F. <u>Reintegration</u>	63
G. <u>Vaccine Prioritization</u>	66
H. <u>Safe Reopening</u>	67
<u>III. Maintaining Health and Safety</u>	68
A. <u>Mental and Emotional Wellbeing</u>	69
B. <u>Diet and Nutrition</u>	69
C. <u>Physical Fitness</u>	70
D. <u>BIDA Solusyon sa COVID-19</u>	70
E. <u>Smoke-Free Workplaces</u>	71
<u>IV. Guidelines for Specific Workplace Scenarios</u>	72
A. <u>Working in the Office</u>	73
B. <u>Alternative Work Arrangements</u>	76
C. <u>Meetings and Document Transmittal</u>	80
D. <u>Meals and Lunch Breaks</u>	81
E. <u>Shuttle Services</u>	82
<u>V. Housekeeping and Disinfection</u>	84
<u>VI. Good Practices</u>	89
<u>VII. Annexes</u>	96

INTRODUCTION

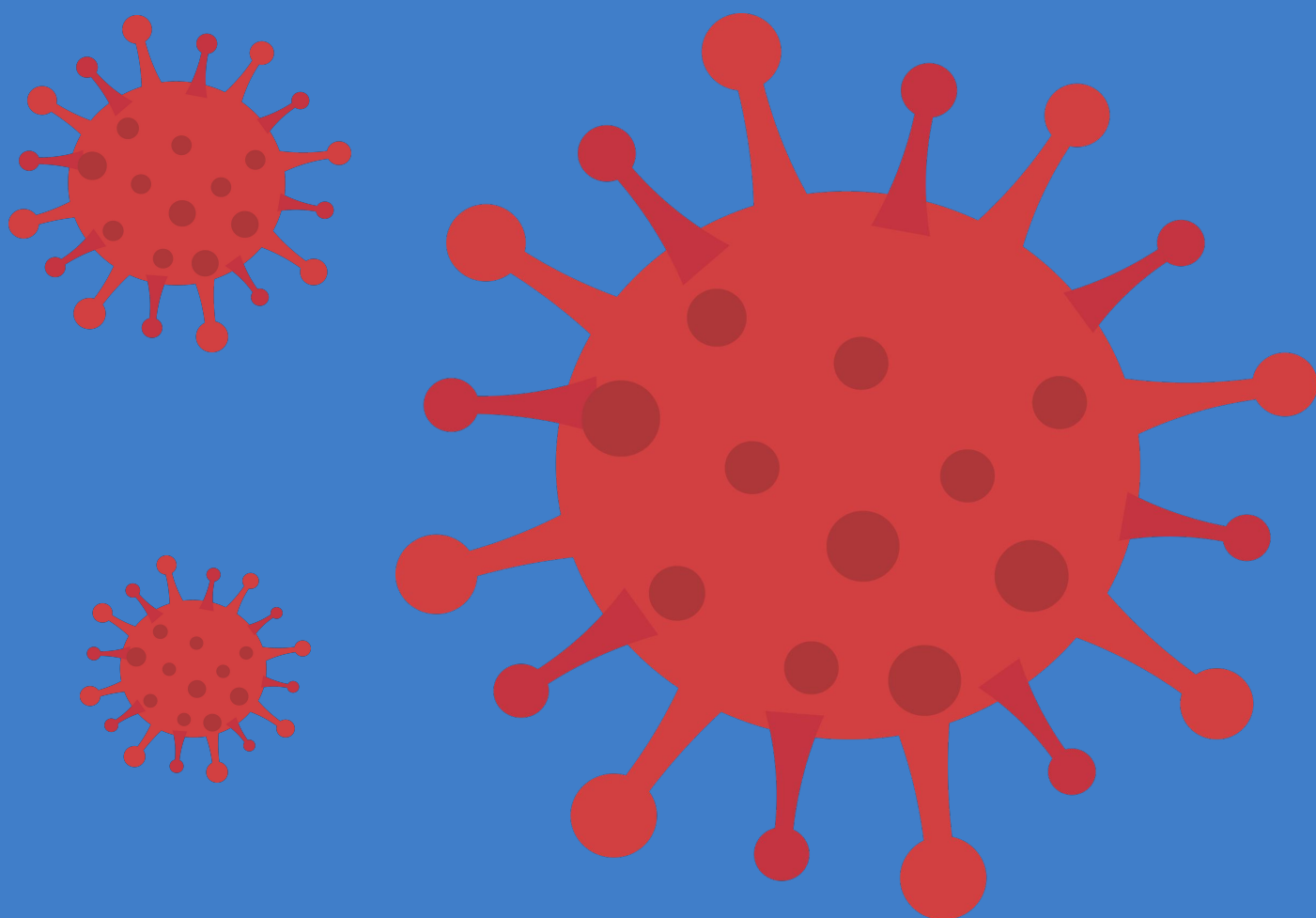
The COVID-19 pandemic is a serious public health threat that continues to permeate all populations and sectors in the country, and the job sector is no exception. To protect the welfare of the Filipino workforce, the Department of Health (DOH), Department of Labor and Employment (DOLE), Department of 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.

The safe reopening of the Philippine economy is vital in addressing the enormous revenue loss brought about by the pandemic, as this encompasses promoting economic activity while mitigating the risk of infection spread. Emphasis on the adherence to the minimum public health standards to prevent COVID-19 resurgence following the unrestricted reopening of the different sectors of the economy.

This handbook is based on the new guidelines issued by the Department of Health, under Administrative Order No. 2021-0043, or the Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions.

Workplace Handbook On COVID-19 Management and Prevention

I.COVID-19 Basics



A. MUST KNOWS

Based on Centers for Disease Control and Prevention

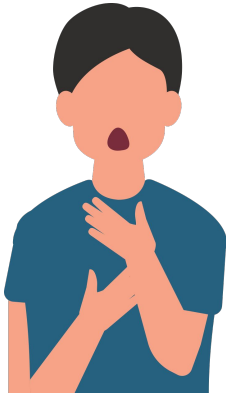


TRANSMISSION

- The principal mode by which people are infected with SARS-CoV-2 (the virus that causes COVID-19) is through exposure to respiratory fluids carrying infectious virus.
- According to the Centers for Disease Control and Prevention (CDC), exposure occurs in three principal ways: (1) **inhalation** of very fine respiratory droplets and aerosol particles, (2) **deposition** of respiratory droplets and particles on linings of mouth, nose, or eye by direct splashes and sprays, and (3) **touching** mucous membranes with hands that have been soiled either directly by virus-containing respiratory fluids or indirectly by touching surfaces with virus on them.
- People release respiratory fluids during exhalation (e.g., quiet breathing, speaking, singing, exercise, coughing, sneezing) in the form of droplets across a spectrum of sizes. These droplets carry viruses and transmit infection.

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:

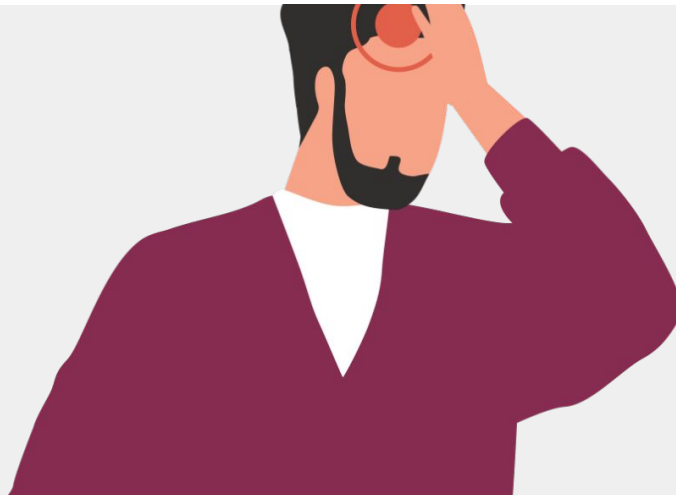
- Elderly (60 years of age and older)
- Persons with pre-existing medical conditions (heart/lung disease, diabetes, asthma, etc.)
- Smokers
- Women with high-risk pregnancies (aged 17 or younger, 35 or older, those with pre-existing conditions)
- Immunocompromised patients as assessed by an attending 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 December 16, 2020, the case definitions of suspect, probable, and confirmed cases have been revised to account for updated evidence of COVID-19.

C



SUSPECT

A. A person who meets ANY of this clinical AND epidemiological criteria:

Clinical Criteria:

- ☐ Acute onset of fever AND cough; OR
- ☐ 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:

- ☐ 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
- ☐ Residing in or travel to an area with community transmission anytime within the 14 days prior to symptom onset; OR
- ☐ 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).

C. Asymptomatic person not meeting epidemiologic criteria with a positive SARS-CoV-2 Antigen-Rapid Diagnostic Test (Ag-RDT)



A. A patient who meets clinical criteria of a suspect case AND is a contact of a probable or confirmed case, or linked to a COVID-19 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 linked to a COVID-19 cluster *

* A group of symptomatic individuals linked by time, geographic location and common exposures, containing at least one NAAT-confirmed case or at least two epidemiologically linked, symptomatic persons with positive Ag-RDTs

B. COVID-19 CASES

Based on the WHO Public Health Surveillance for COVID-19: Interim Guidance



CONFIRMED

- A. refers to any individual, irrespective of presence or absence of clinical signs and symptoms, who was laboratory confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, and/or DOH-licensed COVID-19 testing laboratory; OR
- B. any suspect or probable COVID-19 cases, who tested positive using rapid antigen tests in areas with outbreaks and/or in remote settings where RT-PCR is not immediately available; provided that the antigen tests satisfy the recommended minimum regulatory, technical and operational specifications set/recommended by appropriate regulatory agencies (eg. FDA, HTAC)



CLOSE CONTACT

- Persons who experienced any one of the following exposures two (2) days before and fourteen (14) days after the onset of symptoms (during the 14-day prescribed quarantine period) of a suspect, probable, or confirmed case:
 - Face-to-face contact with a probable or confirmed case within one (1) meter and for at least fifteen (15) minutes;
 - 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 OR;
 - Other situations as indicated by local risk assessment.

B. COVID-19 CASES

Based on the Philippine COVID-19 Living Recommendations

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

MILD



- Patients with acute onset of fever and cough or any three or more of the following:
 - fever, cough, coryza, sore throat, diarrhea, anorexia/ nausea/ vomiting, loss of sense of smell or taste, general weakness/ body malaise/ fatigue, headache, myalgia
- NO signs of pneumonia or hypoxia

MODERATE



- A. Patients with pneumonia, no difficulty of breathing, RR < 30 breaths/min, oxygen saturation $\geq 94\%$
- B. Patients without pneumonia but with risk factors for progression: elderly and/or with comorbidities

SEVERE



- Patients with pneumonia and signs of respiratory distress, oxygen saturation < 94%. RR >30 breaths/minute, requiring oxygen supplementation

CRITICAL



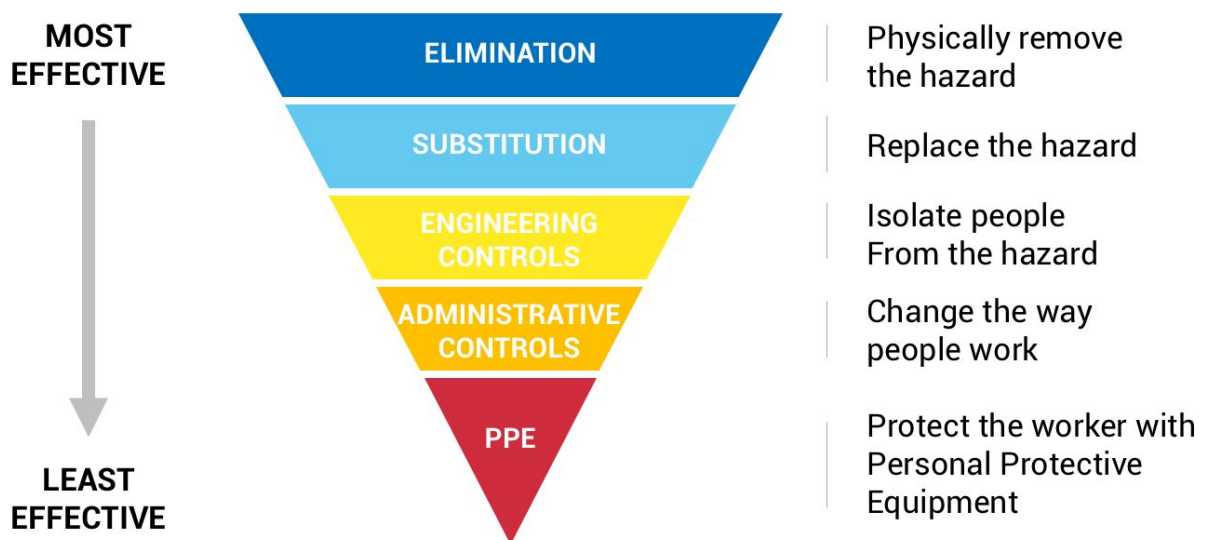
- Patients with pneumonia and impending respiratory failure requiring high flow oxygen, noninvasive or invasive ventilation, acute respiratory distress syndrome, sepsis or shock, deteriorating sensorium, multi-organ failure

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.

D. NATIONAL ACTION PLAN AGAINST COVID-19

Based on National Action Plan against COVID-19

The National Action Plan against COVID-19 presents the national strategy and general guidelines to contain, prevent, and eliminate the threat of the pandemic and mitigate its social, economic, environmental, and security impacts to the country. Underscoring the importance of united and concerted response efforts, the NAP-COVID19 is characterized by a people-centered, LGU-led, and nationally-enabled approach in operationalizing its three major areas of work namely, Response, Vaccination, and Recovery.

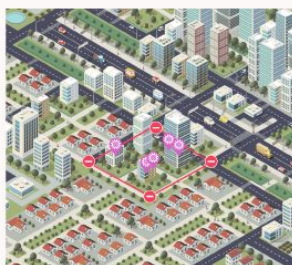
Zoning Containment Strategy

NTF
COVID-19

The Zoning Containment Strategy to be implemented by the Local Task Force aims to contain and prevent the spread of COVID-19 and mitigate its impact on local economies through contact tracing, testing, isolation and treatment of suspect, probable and confirmed cases.



**BARANGAY
LOCKDOWN**



**BLOCK
LOCKDOWN**



**BLOCK + HOUSE
LOCKDOWN**



**STREET
LOCKDOWN**



**HOUSE
LOCKDOWN**



**BUILDING
LOCKDOWN**

Image retrieved from facebook.com/ntfcovid19ph

D. NATIONAL ACTION PLAN AGAINST COVID-19

Based on National Action Plan against COVID-19



PROMOTING CHANGE IN PEOPLE'S MINDSET WITH STRONG FOCUS ON HEALTH AND DISEASE PREVENTION



Emphasizing strict observance of health protocols through risk communication and community engagements



Striking a strategic balance health and economic objectives



Putting a premium on business continuity and sustainability plans for both private and public sector



Mainstreaming the Prevent-Detect-Isolate-Treat-Reintegrate Strategy and Zoning Containment Strategy at the regional, provincial and city level



Managing the Returning Overseas Filipinos, Locally Stranded Individuals and local travelers, and ensuring their safe return to their home provinces



Sustaining private and public partnership



Conducting expanded testing and aggressive contact tracing

PREVENTION STRATEGIES



Frequent hand washing with soap and water, or using hand disinfectants



Practicing physical distancing



Wearing of face masks



Disinfecting frequently touched surfaces and objects



Practicing proper cough etiquette, cover mouth when sneezing/coughing



Checking of temperature at entry points

Image retrieved from facebook.com/ntfcovid19ph

D. NATIONAL ACTION PLAN AGAINST COVID-19

Based on National Action Plan against COVID-19

Implementation of the Prevention, Detection, Isolation, Treatment and Reintegration (PDITR) strategies shall remain to be the cornerstone of response to prevent further transmission and shall be a shared responsibility of the NGAs, LGUs, private sector, and the general public as cited in the Interagency Task Force for Emerging and Infectious Diseases (IATF-EID) *Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines with Amendments as of May 20, 2021* and its succeeding policies.

P

D

I

T

R

PREVENT

DETECT

ISOLATE

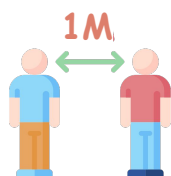
TREAT

REINTEGRATE

PREVENT



Washing of hands for 20 seconds



Physical distancing



Wearing of face mask and appropriate PPE

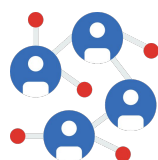


Personal hygiene



Granular lockdown

DETECT



Aggressive contact tracing



Expanded community testing

D. NATIONAL ACTION PLAN AGAINST COVID-19

Based on National Action Plan against COVID-19

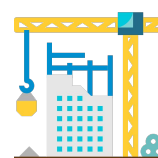
ISOLATE



Isolation facilities for mild/asymptomatic cases



Community protocols for positive cases



Construction support for government hospitals

TREAT



One Hospital Command
(09199773333/ 09157777777/
02- 88650500)



Mega Temporary Treatment
and Monitoring Facility

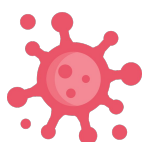


Public and private referral
hospitals

REINTEGRATE



Minimum Health
Standards



Awareness for
possible reinfection



Social Healing



Economic Recovery

E. SAFETY SEAL CERTIFICATION

Based on DOLE-DOH-DILG-DOT-DTI Joint Memorandum Circular No. 21-01 Series of 2021
Implementing Guidelines of the Safety seal Certification Program



Image retrieved from dti.gov.ph/safetyseal

The Safety Seal Certification is a voluntary certification scheme that affirms that an establishment is compliant with the minimum public health standards set by the government and uses or integrates its contact tracing with staysafe.ph.

How Online Certification Program works

Visit Online Application Manual (<https://safetyseal.dilg.gov.ph/agency/guide>) for more details.

Agencies for Safety Seal Certification:

DTI	https://www.dti.gov.ph/safetyseal/
DOLE	https://bwc.dole.gov.ph/safetyseal
DOT	http://www.tourism.gov.ph/regional_offices.aspx
DILG	https://safetyseal.dilg.gov.ph/
LGUs	contact the LGU where the establishment is located

Step 1 : Register

- Register to Safety Seal and register Department/Office/Building

Step 2: Self-Assessment

- Request Certification and upload MOVs

Step 3: Verification

- Issuing Authority verify the request/MOVs and conduct random onsite visit

Step 4: Generate

- Establishment may download and print the certificate and post in entrance

F. PHILIPPINE COVID-19 LIVING RECOMMENDATIONS

Based on the Philippine Society for Microbiology and Infectious Diseases Philippine COVID-19 Living Clinical Practice Guidelines

Given the magnitude of the impact of COVID-19 in the country, the need for clinical practice guidelines to optimize health care through effective management and control of the spread of this disease is imperative.

Furthermore, an *infodemic* from the rapid pace of scientific developments on COVID-19 management is running side-by-side with the pandemic. These living recommendations are offered to health care providers to guide their diagnosis and treatment decisions on individual patient care. For policy makers and program managers, these can serve to inform policy and provide timely guidance on effective interventions to be prioritized, implemented and made accessible to health care providers and the public.

While there are existing international guidelines and living systematic reviews on COVID-19, there is a need to localize the recommendations from the evidence in our setting by local experts, end-users and other relevant stakeholders. With the rapidly evolving science, the Living CPG development process is used wherein recommendations are switched to a living status based on the likelihood of new evidence and the importance of the recommendation in health care policy decision making. Living systematic reviews will be maintained to provide up-to-date, evidence-based living recommendations on the treatment, diagnosis, prevention and control of COVID-19.



ASIA PACIFIC CENTER FOR
EVIDENCE BASED HEALTHCARE



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; truthfully filling in Health Declaration Form (DTI-DOLE Interim and Supplemental Guidelines) to determine self-health and self-exposure.
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.
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.

A. MUST DOs

Based on latest DOH issuances

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



A. MUST DOs

Based on latest DOH issuances



DOH HOSPITAL HOTLINES

For health concerns and emergencies, you may access here the DOH hospital hotlines across the country:

bit.ly/DOHHospitalHotlines



DOH ONE HOSPITAL COMMAND CENTER (OHCC) HOTLINES

1555 0915-777-7777
02-886-505-00 0919-977-3333



DOH TELEMEDICINE CONTACT DETAILS

bit.ly/DOHTelemedicine

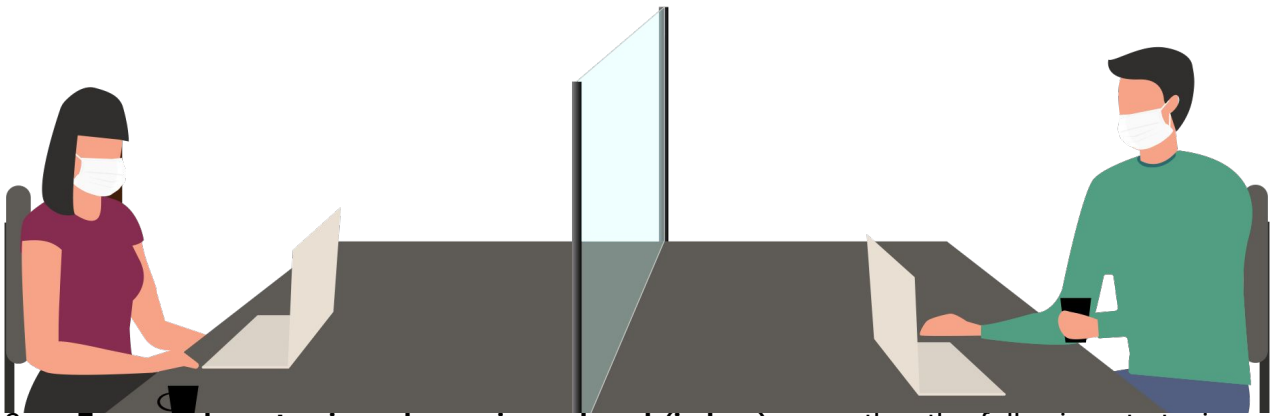
TelAventusMD	Email:	TelAventusMD@aventusmedical.com.ph
	Messenger:	TelAventusMD
SeeYouDoc	Website:	www.seeyoudoc.com
	Mobile App:	SeeYouDoc
MedCheck	Website:	https://www.medcheck.com.ph/find-a-doctor/
Telimed and Medgate	Website:	https://medgate.ph/shop/telimedplan/purchase
KonsultaMD	Website:	www.konsulta.md
	Mobile App:	KonsultaMD
CloudPx	Website:	https://cloudpx.ph/
HealthNow	Website:	https://www.healthnow.ph/
	Email:	help@healthnow.ph
	Mobile App:	HealthNow

B. PREVENTION

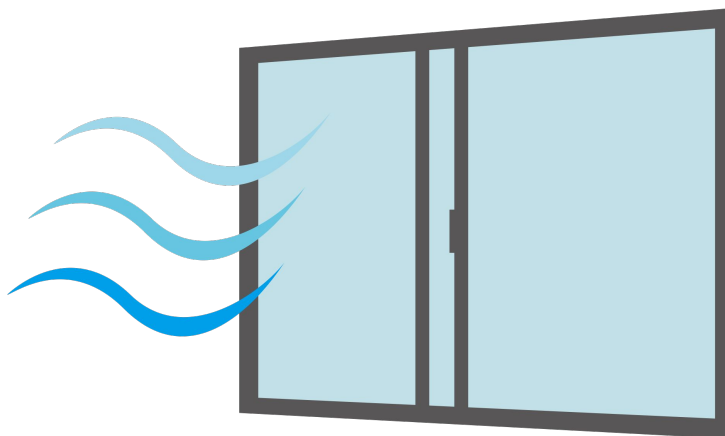
Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

Engineering Controls

1. **Maintain physical/ social distancing or spacing** through the installation of physical barriers in enclosed areas where physical distancing may be compromised, i.e. sneeze guards (Acrylic Plastic Sheets), glass panels, theater ropes and stanchions, hazard warning tape, etc.



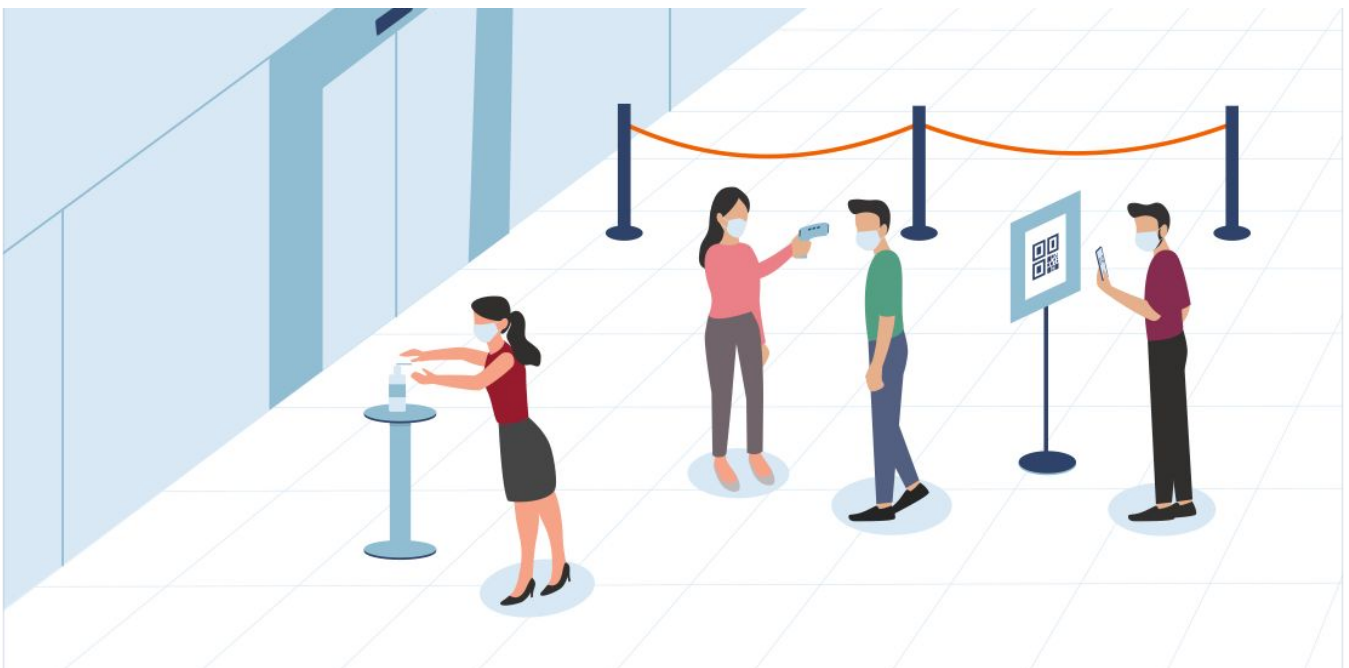
2. **Ensure adequate air exchange in enclosed (indoor) areas** thru the following strategies as cited in DOLE Department Order No. 224-21 *Guidelines on Ventilation for Workplaces and Public Transport to Prevent and Control the Spread of COVID-19*:
 - Maximize natural ventilation through open windows or repositioning work spaces
 - Use low-cost modifications to improve airflows i.e. addition of fans or exhaust fans
 - Identify multi-occupant spaces that are used regularly and are poorly ventilated. Spaces shall be controlled to ensure airflow rate with CO2 levels not to exceed 1000 parts per million (ppm)
 - Installation and regular maintenance of exhaust fans, filters MERV13 or higher, or with High-Efficiency Particulate Air (HEPA) filters



B. PREVENTION

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

3. **Installation of hand hygiene and sanitation facilities, and provision of materials such as the following:**
 - Adequate and safe water supply
 - Hand washing station or sink
 - Soap and water or 70% Isopropyl (or Ethyl) Alcohol
 - Hands-free trash receptacles, soap and towel dispensers, door openers, and other similar hands-free equipment
4. **Separate Entry and Exit points in high traffic areas**
 - Use of unidirectional markers
 - Installation of signages for queuing and unidirectional movement
 - Sectioning
 - Queueing
 - Footbaths are no longer recommended
5. **Establishment of a Screening or Triage area at different points-of-entry:**
 - Health Declaration or Symptom Assessment
 - Non-contact Temperature Check
 - Isolation area near point-of-entry for symptomatic individuals



B. PREVENTION

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

6. The use of disinfection tents, misting chambers, or sanitation booths for preventing and controlling COVID-19 transmission are **no longer recommended** even for individuals in full PPE (e.g. pre-doffing misting) in accordance with DOH Department Memorandum 2020-0157 Guidelines on Cleaning Disinfection in Various Settings as an Infection Prevention and Control Measure Against COVID-19 and its amendment 2020-0157-A.

Use of ionizing filters and UV lamps outside the health facilities and footbaths in any setting are not recommended by Philippine COVID-19 Living Recommendations.

7. Installation of visual cues or signages to communicate:

- Physical distancing of at least one meter distance
- Cough and sneeze etiquette
- Proper hand hygiene and control
 - Face, eyes, nose, and mouth shall not be touched
 - Thorough handwashing with soap and water for 20-30 seconds
 - In the absence of soap and water, use alcohol-based hand sanitizer ($\geq 60\%$ alcohol) or isopropyl (or ethyl) alcohol. Hand sanitizer is not a replacement for good hand hygiene.
- Proper use and disposal of PPE
- Use of other critical reminders in the PDITR strategy and BIDA Solusyon (bit.ly/BIDAPartners)

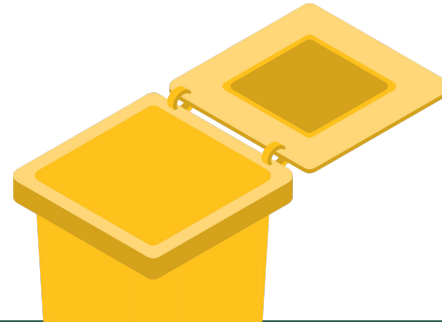


B. PREVENTION

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

8. Facility for proper storage, collection, treatment, and disposal of used PPE and other infectious waste

STORAGE

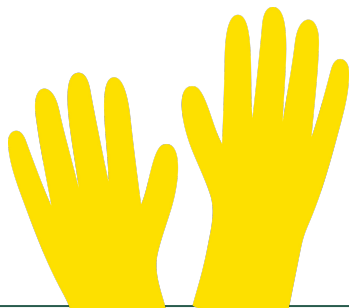


A. Storage

- Designate an isolated area for containment/storage of the leak-proof yellow trash bag/container with used PPE
- Secure the storage area so it is not frequented by the personnel

B. Collection, Treatment, and Disposal

- Dispose of all used PPE in a separate leak-proof yellow trash bag/container with used PPE
- Collect the trash bag/container regularly or twice a day (before and after working day) for treatment and disposal
- Require the utility staff to wear a medical-grade face mask and puncture-proof gloves when collecting/handling the trash bag/container
- Treatment through disinfection or spraying of the collected wastes with a chlorine solution (1:10) in accordance with DOH Department Memorandum No. 2020-0157
- Disposal of the disinfected PPE with general waste to the final disposal facility.



COLLECTION, TREATMENT, AND DISPOSAL

B. PREVENTION

Based on latest DOH issuances

Non- Medical Interventions



Recommended

- **Properly fitted surgical masks** - For workers with high risk of exposure to COVID-19
- **Cloth masks** (fits snugly on the face and made of at least two layers of cotton or non-woven nylon with aluminum nose bridge)
 - general public with low risk of exposure to COVID-19 in outdoor or indoor areas to prevent COVID-19 infections
- **High Efficiency Particulate Air (HEPA)**
- **Face Mask + Protective Eyewear (face shield or goggles)** - in areas with sustained community transmission

**Sustained community transmission means that people have been infected with the virus, but how or where they some of them became infected is not known, and virus transmission is ongoing.*



Not/ No Longer Recommended

- **Ionizing Air filter**
- **Foot baths**
- **Disinfection tents, misting chambers, or sanitation booths**
- **Ultraviolet lamps** (in any place outside of a controlled clinic or hospital setting)
- **Protective Physical barrier enclosures*** (among health care providers who perform aerosol generating medical procedures) -
**allowed in areas where physical distancing cannot be adhered to*

B. PREVENTION

Based on latest DOH issuances

VENTILATION

Refers to the flow of air into and out of a working area to dilute any contaminants by providing additional fresh or natural air. This can be provided through natural and/or mechanical means.

Non Air-conditioned Spaces	Air- conditioned Spaces
<ul style="list-style-type: none">• Use of doors, windows and other openings• Ensure that natural air brought into the workplace is free of contaminants• Fans and air-conditioning system can be used as mechanical ventilation• Dilution ventilation: Air exchange rate of 6-12 ACH• Air flow direction or movement should be considered in the layout of work stations• Conduct weekly cleaning of windows, other openings and ventilation fans	<ul style="list-style-type: none">• HVAC systems: outdoor air supply should conform to the recommended breathing zone ventilation rates• Run ventilation system for at least 30 minutes before and after spaces are occupied• Dilution ventilation: Use of exhaust fans, filters MERV13 or higher, HEPA filters• Air purifiers can be used to clean recirculated air• Keep louvers of local air conditioning units in an upward position• Frequently open windows, doors and other openings• Establish a cleaning and maintenance program for mechanical systems• Ensure that no molds or stagnant water will be circulated• Appropriate PPE must be worn in the cleaning and maintenance

Restrooms and Water Closets

- Ensure exhaust fans in restroom facilities are functional and operational at full capacity.
- Close the toilet bowl seat lid before flushing, if available.
- Do not use hand blowers or jet dryers

Public Transport (Air, Rail, Land and Sea)

- Avoid recirculated air option for the vehicle's ventilation during passenger transport
- Ensure regular and proper maintenance of filters of the vehicle air-conditioning units
- Rail and transport: Minimum of 15 seconds for opening of doors for passengers' exit and entry
- Ensure minimum public health standards are always followed.

Air Change Per Hour (ACH) - refers to the air flow to a space expressed as volume per unit time divided by the volume of the space

Heating, Ventilation and Air Conditioning (HVAC) System - refers to the technology of indoor and vehicular environmental comfort.

Minimum Efficiency Reporting Value (MERV) - refers to a classification of air filtration devices based on their efficiency to filter particulates

B. PREVENTION

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

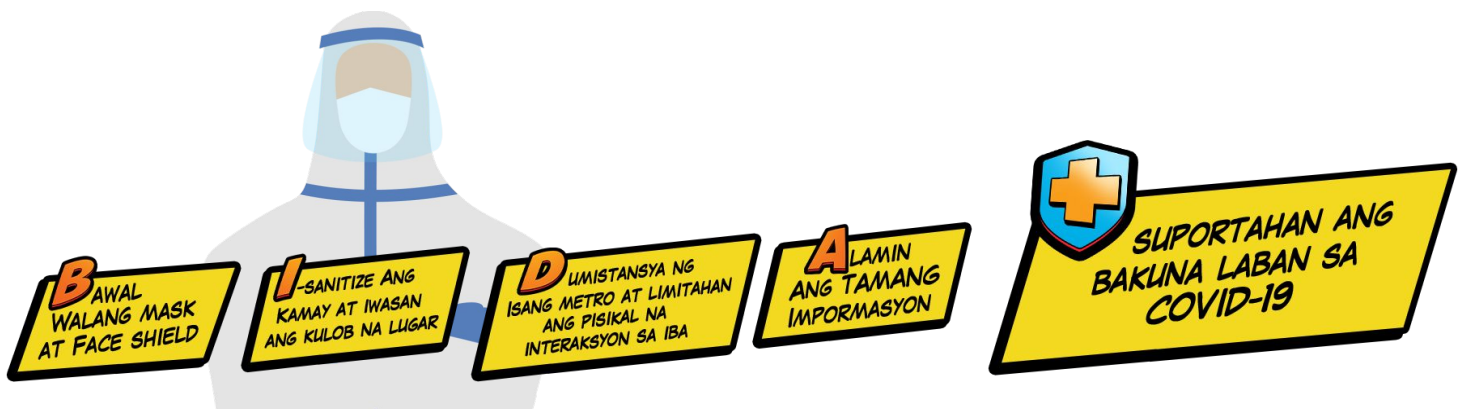


B. PREVENTION

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

Administrative Controls

1. **Designate COVID-19 Response Teams and Safety and Health Officers** which shall perform the following key functions:
 - a. Ensure, monitor, and evaluate proper implementation and strict observance of minimum public health standards within their respective institutions
 - b. Effectively orient and constantly provide reminders to occupants regarding minimum public health standards, in coordination with management and LGUs for immediate action
 - c. Provision of the appropriate personal protective equipment (PPE) to occupants or employees
 - d. Develop policies to sanction non-compliance to use of PPE in the workplace or institution
 - e. Conduct daily health and exposure screening
 - f. Isolate and test identified suspect cases
 - g. Lead the conduct of contact tracing, especially in the workplace or establishments, and their quarantine, and as needed, testing
 - h. Lead the investigation of the source and underlying cause of COVID-19 transmission, up to the capacity they can provide in conducting an investigation.
 - i. Report detected cases and close contacts to the LGU and DOH based on existing guidelines of the DOH
 - j. Conduct regular re-orientation and health education and promotion activities using the BIDA campaign principles.
 - k. Manage the directory of point persons for BHERTS, LESU, and RESU, and coordinate for activities like isolation, testing and management of employees.



B. PREVENTION

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

2. **Conduct internal risk exposure assessment** through walk-through inspection to identify choke points and high-risk areas for mass gatherings, frequently visited areas, highly touched surfaces, and other high-risk areas such as, but not limited to:



- a. Entrance and exit points
- b. Small and enclosed spaces
- c. Space with limited ventilation
- d. Restrooms
- e. Pantries and dining areas
- f. Hallways
- g. Elevators
- h. Escalators and stairs
- i. Other enclosed areas
- j. Shuttle services or Transportation to residence or dormitories
- k. Dormitories or Accommodation
- l. Other areas as identified by the agency and/or its management

3. **Ensure adequate provision of personal protective equipment to all employees, regardless of employment status**, such as:
- a. Cloth or surgical masks, or face shield as necessary
 - b. Gloves and other appropriate PPE for all personnel tasked to do regular cleaning and disinfection of the workplace

B. PREVENTION

Based on latest DOH issuances and on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

4. Reduce **worker / client density** in entities and business establishments:
 - a. Maximize remote work arrangements or Work-From-Home scheme as much as possible, especially for groups at higher risk for severe disease and death from COVID-19 such as senior citizens or adults with comorbidities.
 - b. Develop mechanisms for provision of internet and communication technologies, such as but not limited to, communication and energy allowances or subsidies, and the like.
 - c. For work to be done on-site, develop alternative work arrangements (AWA) that shall target reduction of on-site office staff dependent on the latest guidelines set by the national government (e.g. maximum of 50% capacity during Alert Level 2, and maximum of 30% capacity during Alert Level 3 or instances of high risk of COVID-19 transmission, unless otherwise indicated). AWA that limits exposure across other groups of the workplace or institution such as a team-based approach is preferred. Arranged transportation for workers such as provision of shuttle services is recommended.
 - d. For work that cannot be done off site, ensure physical distancing through administrative control of worker location and shift schedule.
5. **Balanced Use of Digital Tools**
 - a. To enable work, the new standard of practice shall use innovative digital technologies, such as but not limited to, digital platforms for administration processes, equipment such as personal laptops, access to web conferencing platforms, and communications allowances.
 - b. To reach clients and customers through the following innovative interventions, such as but not limited to, online or mobile platforms to receive the establishment's services.
 - c. To ensure maintenance of good mental health among workers, a work life balance in terms of time of work and time for self must be established.



B. PREVENTION

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

6. Guidelines and Monitoring Mechanism Limiting Unnecessary Gatherings

- a. Scheduling or clearance process for use of meeting rooms and other common areas
- b. Limit the entry of visitors or entertain only on scheduled visits
- c. Use of plated meals as standard means of food packaging
- d. Limit use of pantries and dining areas especially in those without physical barriers or ventilation



7. Availability and adequacy of public and private shuttle services or transportation modes to and from work

- a. Observe reduced capacity in compliance to the standards set by the Department of Transportation and other relevant national guidelines
- b. Conduct proper health screening prior to entry to the vehicle
- c. Documentation per passenger per trip to enable contact tracing
- d. Schedule shuttles to designated groups or bubbles to limit the number of possible contacts, as much as possible
- e. Develop mechanisms for provision of other safe and innovative modes of transportation, such as but not limited to, gas allowances or subsidies, and the like

B. PREVENTION

Based on latest DOH issuances and on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

8. **Disinfection** include the following actions at the minimum:

- a. Develop a routine schedule for disinfection such as at least twice a day cleaning and disinfection for high contact surfaces; such as telephones, printers, biometric machines, copiers, etc.
- b. Disinfect specific operations, facilities, and/or work areas depending on their use
- c. Use Food and Drug Administration (FDA) - approved disinfectants such as:
 - Sodium hypochlorite recommended ratio of 0.1% (1000 ppm) for regular disinfection, and recommended ratio of 0.5% (5000 ppm) for body fluids
 - Ethanol in all surfaces at a recommended ratio of 70-90%, or
 - Hydrogen peroxide in all surfaces at a recommended ratio of >0.5%
- d. Developing lockdown disinfection protocols such as having a 24-hour lockdown period for disinfection, only after which can it be opened for use to other personnel or occupants

9. **Safety and health measures when a worker arrives home** from work may include the following:

- a. Disinfect phone, name tag or ID badge, bag, eyewear, folders, envelopes, and other supplies used;
- b. Place possibly contaminated items (shoes, work bag, work clothes) in separate dirty bags
- c. Use detergent in washing work clothes and dirty clothes bag; and
- d. Leave work shoes outside the home.

10. **Employers shall be encouraged to establish flexible policies on the provision of sick leaves and health benefits.**



B. PREVENTION

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

Personal Protective Equipment

- All persons shall wear well-fitted face masks and if necessary, the use of face shields, especially in public areas and enclosed spaces
- Medical grade masks are recommended for healthcare workers, vulnerable populations (elderly, with comorbidities, immunocompromised), all persons with any symptoms suggestive of COVID-19 (even if mild), and the general population in high transmission risk settings based on their community risk or nature of work.
- Use of cloth face masks is not recommended in view of rising cases of COVID-19 in the country. However, if a medical grade mask or surgical mask is unavailable, wearing of two cloth masks could be an alternative.
- Individuals who are at risk of suffocation (children under the age of two, persons with breathing problems, persons who are unconscious, incapacitated, or otherwise unable to remove their mask on their own) are not recommended to wear masks. As an alternative, they may wear well-fitted face shields instead.
- Gloves and other appropriate PPE shall be used in performing activities such as cleaning and disinfection.
- Reiteration of the minimum public health standards for COVID-19 shall be done by the Safety and Health Officers.



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Safety and Health Officers - refers to a person responsible for ensuring adherence to safety regulations, rules, and policies, and for assessing unsafe acts, and environment and hazardous situations/circumstances in the workplace.

C. DETECTION

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

Active Surveillance

Safety and Health Officers shall conduct daily monitoring of temperatures, symptoms, absences, and positive case clusters, which shall be consolidated by management to track ongoing transmission within the setting

Establishments may develop active surveillance mechanisms that include testing of employees that are at high risk given the nature of their work, such as workers who cannot dutifully meet minimum public health standards, or in areas with frequent clusters of symptoms, absences, or positive cases, subject to established and evidence-based protocols and guidelines on testing.



C. DETECTION

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

Contact Tracing

This 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.

- All agencies and establishments are encouraged to promote the use of the StaySafe.ph application, or any contact tracing tool integrated with the same, in the conduct of contract tracing activities, as per DOLE-DOH-DILG-DOT-DTI Joint Memorandum Circular No. 21-01.
- Upon identification of a suspect, probable, or confirmed case, the designated Safety and Health Officers, in coordination with the assigned HR personnel, shall initiate contact tracing within the office/floor/ building to identify 70% of all possible close contacts within 24 hours and 100% within 48 hours. Contact tracing shall also commence for contacts of suspect cases upon detection while waiting for specimen collection for SARS-CoV-2 diagnostic testing or RT-PCR results. Identification of second and third-generation close contacts is highly encouraged.



Image retrieved from staysafe.ph

C. DETECTION

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

Contact Tracing

- The Safety and Health Officer shall notify the contacts of suspect cases and advise them to self-monitor and adhere to stringent minimum public health standards. If the suspect case turns out to be probable or confirmed, their contacts shall be instructed to undergo quarantine or isolation, whichever is appropriate.
 - **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. **Fully vaccinated** individuals who are close contacts of probable and confirmed COVID-19 cases may undergo a seven (7)-day quarantine period, provided that the individual remains asymptomatic for the duration of the seven-day period with the first day being the date immediately after the last exposure.
 - b. **Unvaccinated or partially vaccinated** asymptomatic close contacts shall be immediately placed under facility-based quarantine and must finish the 14-day period regardless of results.
 - c. 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.



C. DETECTION

Based on latest DOH issuances

CONTACT TRACING OF CUSTOMERS AND VISITORS

1. Customers, including visitors, entering private establishments/business premises shall be required to completely accomplish the Client/ Visitor 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).

Reporting

- The Safety and Health Officer shall submit the list of all cases and close contacts to the general manager and their respective LGU and DOH for reporting, including investigation details on sources of transmission.
- The Case Investigation Form (CIF) Version 9, or its subsequent versions, shall be utilized by all laboratories, LGUs, and other disease reporting units (DRUs) as the standard form for COVID-19 notifiable disease reporting as per Department Memorandum 2021-0285, also known as the Implementation of the Use of the COVID-19 Case Investigation Form Version 9.



Based on latest DOH issuances

The updated COVID-19 Case Investigation Form Version 9 will ensure interoperability and will serve as the minimum data field for the COVID -19 CIF and COVID-19 information systems. This is the DOH standard form utilized for reporting of COVID-19 notifiable diseases and is administered through an interview by a health care worker (HCW) or any personnel of the Disease Reporting Unit (DRU). The CIF Version 9 comes in two file formats: a printable form (See Annex C) and an electronic version which can be accessed through <https://tinyurl.com/cifversion9>. (Note: This is not a self administered questionnaire.)



- | | | | | | | | | | | | |
|--|--|--|---|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Disease Reporting Unit* | | DRU Region and Province | | PhilHealth No.* | | | | | | | |
| | | | | | | | | | | | |
| Name of Interviewer | | Contact Number of Interviewer | | Date of Interview (MM/DD/YYYY)* | | | | | | | |
| | | | | | | | | | | | |
| Name of Informant (if applicable) | | Relationship | | Contact Number of informant | | | | | | | |
| | | | | | | | | | | | |
| If existing case
(check all that apply)* | <input type="checkbox"/> Not applicable (New case) | <input type="checkbox"/> Update case classification | <input type="checkbox"/> Update disposition | | | | | | | | |
| | <input type="checkbox"/> Not applicable (Unknown) | <input type="checkbox"/> Update vaccination | <input type="checkbox"/> Update exposure / travel history | | | | | | | | |
| | <input type="checkbox"/> Update symptoms | <input type="checkbox"/> Update lab result | <input type="checkbox"/> Others, specify: | | | | | | | | |
| | <input type="checkbox"/> Update health status / outcome | <input type="checkbox"/> Update chest imaging findings | | | | | | | | | |
| Type of Client* | <input type="checkbox"/> COVID-19 Case (Suspect, Probable, or Confirmed) | | <input type="checkbox"/> Close Contact | <input type="checkbox"/> For RT-PCR Testing (Not a Case of Close Contact) | | | | | | | |
| Testing Category/Subgroup* (Check all that apply, refer to Appendix 2) | | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E | <input type="checkbox"/> F | <input type="checkbox"/> G | <input type="checkbox"/> H | <input type="checkbox"/> I | <input type="checkbox"/> J |

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C. DETECTION

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

Lockdowns

- Lockdowns shall be used to facilitate disinfection and immediate contact tracing to guide isolation and quarantine decisions of personnel involved.
- Building lockdown shall be done to facilitate disinfection of common areas such as stairways and corridors when clustering is reported in two (2) or more offices in that building. Granular lockdown for offices in buildings shall be done when there is no clustering of cases.
- Community lockdowns, down to the level of the barangay, shall be implemented by local authorities consistent with the latest national or IATF guidelines.
- National government, local government, and establishments shall provide assistance to those affected by lockdowns depending on needs, whether in cash or in kind.



C. DETECTION

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

Standardized Testing Protocols



A. Screening and diagnostic testing consistent with national COVID-19 guidelines shall be provided for free to all Filipinos based on Philhealth Circular No. 2020-0017 entitled *Benefit Package for SARS-COV-2 testing using RT-PCR (Revision 1)*.

B. To maximize the national testing capacity of all public and private testing laboratories, the DOH Centers for Health Development and the local government shall consider entering into a Memorandum of Agreement with private laboratories for the provision of testing services, provided that cost per test shall be within the range of acceptable price cap. Subsidy can be through in kind (i.e. supply of reagents, consumables, and etc.) or additional funds.



C. DETECTION

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

- C. COVID 19 testing shall be done using different types of modalities with validated sensitivity and specificity for detecting SARS-COV-2 virus.
- The **RT-PCR shall remain as the gold standard confirmatory test**, positioned at the higher hierarchy of diagnostic platforms.
 - Other technologies and techniques shall also be used such as cartridge based PCR, pooled testing, and/or antigen rapid diagnostic testing (RDT). Supplemental guidelines shall be issued regarding testing platforms and new technologies as necessary.
 - As indicated in Department Memorandum No. 2020-0512, use of the **rapid antigen test (AgT)** as a substitute for RT-PCR shall be allowed for diagnostic testing of suspect, including symptomatic and asymptomatic close contacts who fit the suspect case definition, and probable cases:
 - ✓ In the community or hospital setting when RT-PCR capacity is insufficient,
 - ✓ In the hospital setting where the turnaround time is critical to guide patient cohort management, or
 - ✓ In the community during outbreaks for quicker case finding, provided that in any setting, only FDA-certified antigen tests with a minimum sensitivity of 80% and specificity of 97% in conformity with HTAC specifications are used.

The Research Institute for Tropical Medicine (RITM) is mandated to perform the evaluation of these laboratory test kits and the result of these evaluations can be referred to their website on <https://ritm.gov.ph/covid-19-kit-evaluation/>. Use and interpretation of antigen tests should only be at the direction of a qualified licensed healthcare professional and should always be correlated with the overall clinical and epidemiological context (i.e. history of exposure). Results must also be reported by the LGUs and other disease reporting units to the LGU and DOH as per existing DOH guidelines.

C. DETECTION

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

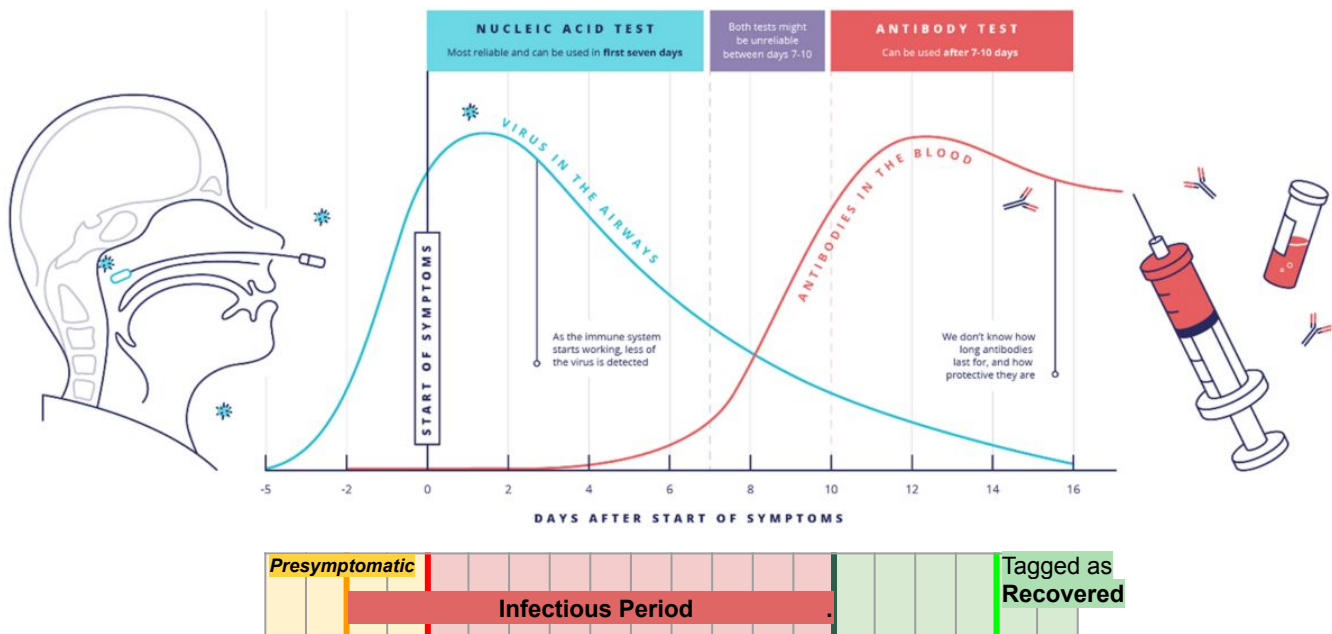
D. Right Test at the Right Time Principle (Annex D)

- a. For asymptomatic close contacts of a probable or confirmed COVID-19 cases, RT-PCR testing shall be done 5 to 7 days from exposure if the following conditions are met:
 - i. Age is >60 years old and/or they have a comorbidity,
 - ii. There are sufficient RT-PCR testing kits
 - iii. There are enough human resources for additional contact tracing
- b. For mild or moderate suspect or probable COVID-19 cases, RT-PCR test shall be done immediately if RT-PCR test is available in a nationally accredited laboratory. If not and a rapid antigen test is available, rapid antigen test shall be performed.
- c. For severe and critical suspect or probable COVID-19 cases, patients must first be stabilized prior to testing. Once stable, RT-PCR test shall be done if RT-PCR test is available in a nationally accredited laboratory. If not and a rapid antigen test is available, rapid antigen test shall be performed.



C. DETECTION

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



Looking at the **viral pathway**:

- 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.
- For confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the date of specimen collection that led to a positive result.
- 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.**

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



TESTING OF SYMPTOMATIC 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).

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



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.
3. For workers with a negative test result, they shall be allowed to continue to work.

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

C. DETECTION

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

E. Specimen Collection Procedures

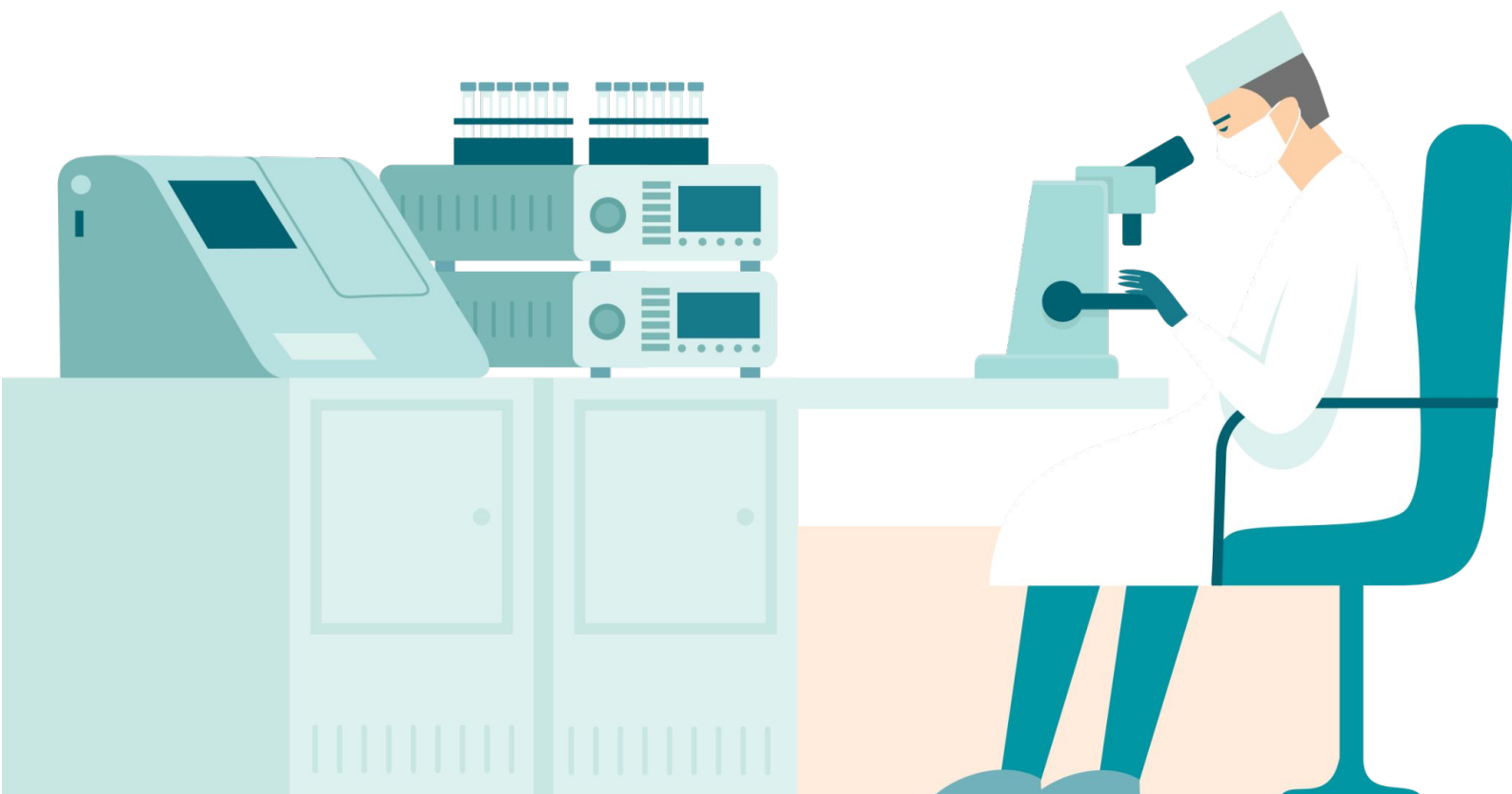
- If a close contact, suspect, or probable case is symptomatic and detected while he/she is at work, they shall be immediately isolated and assisted for testing rather than sent home for scheduling of testing with laboratories.
- For fully vaccinated individuals who are close contacts of probable and confirmed COVID-19 cases, RT-PCR Test may be done not earlier than the fifth day after the date of the last exposure. But if they have been traced beyond the 14th day from last exposure and remained asymptomatic, no testing and quarantine shall be required. Should the RT-PCR Test yield a positive result, or he/she becomes symptomatic, he/she shall follow the prescribed testing and isolation protocols.
- Specimen collection shall only be performed by personnel/swabber trained on SARS-COV-2 virus specimen collection using appropriate PPE.
- The private workplace areas can be considered as a strategic position where specimen collection booths can be installed temporarily or permanently, provided they are registered to the LGU or DOH, strictly enforcing infection control procedures, and operating with a trained swabber.



C. DETECTION

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

- All specimen collection sites shall enforce strict implementation of infection control procedures to prevent mix infection or spread of infection.
- The DOH and LGUs shall ensure appropriate funding for transport of specimens. Triple packaging systems shall be observed, and International Air Transport Association (IATA) guidelines must be followed for air transport.
- Selection of samples from Returning Overseas Filipinos (ROFs) and local clusters to be sent for Whole Genome Sequencing (WGS) to the University of the Philippines-Philippine Genome Center (UP-PGC) shall follow the sampling methodology as set by the Department of Health Epidemiology Bureau. All samples shall be transported in an ice box following the Basic Triple Packaging System. Sample storage, handling and transport and sample line list submission shall follow existing guidelines of the DOH.
- Reporting of total specimens/ swab performed and type of specimen collected to the LGU and DOH shall be done regularly. This shall be the basis for the provision of specimen collection kit supply to facilities.



D. ISOLATION AND QUARANTINE

Based on latest DOH issuances

Isolation VS Quarantine

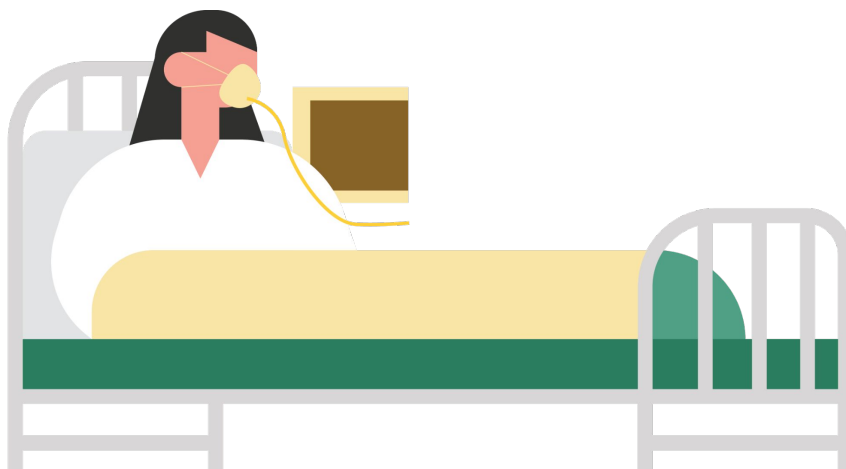
	NO EXPOSURE	WITH EXPOSURE
WITH SYMPTOMS	Usual Care	ISOLATION Needs medical attention/symptom management and monitoring by a medical personnel
NO SYMPTOMS	Not Applicable	QUARANTINE Needs monitoring to (1) take action as needed for possible onset of symptoms, and (2) ensure restricted movement by a non-medical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

Based on the latest DOH issuances

Isolation VS Quarantine

Types of Temporary Treatment and Monitoring Facilities (TTMF)

FACILITY TYPE	CASE TYPE	ACCOMMODATION ARRANGEMENT
LIGTAS COVID (Local Government Unit)	Close Contact, 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: Beds (3) feet or one (1) meter apart on all sides Toilet/shower facilities disinfected after use
We Heal As One (COVID-19) Center (National Government)	Suspect, Probable, Confirmed	
COVID-19 Level 1 / Step-Down Hospital	Recovering Suspect, Probable, Confirmed	For Confirmed: <ul style="list-style-type: none"> Cohorting
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

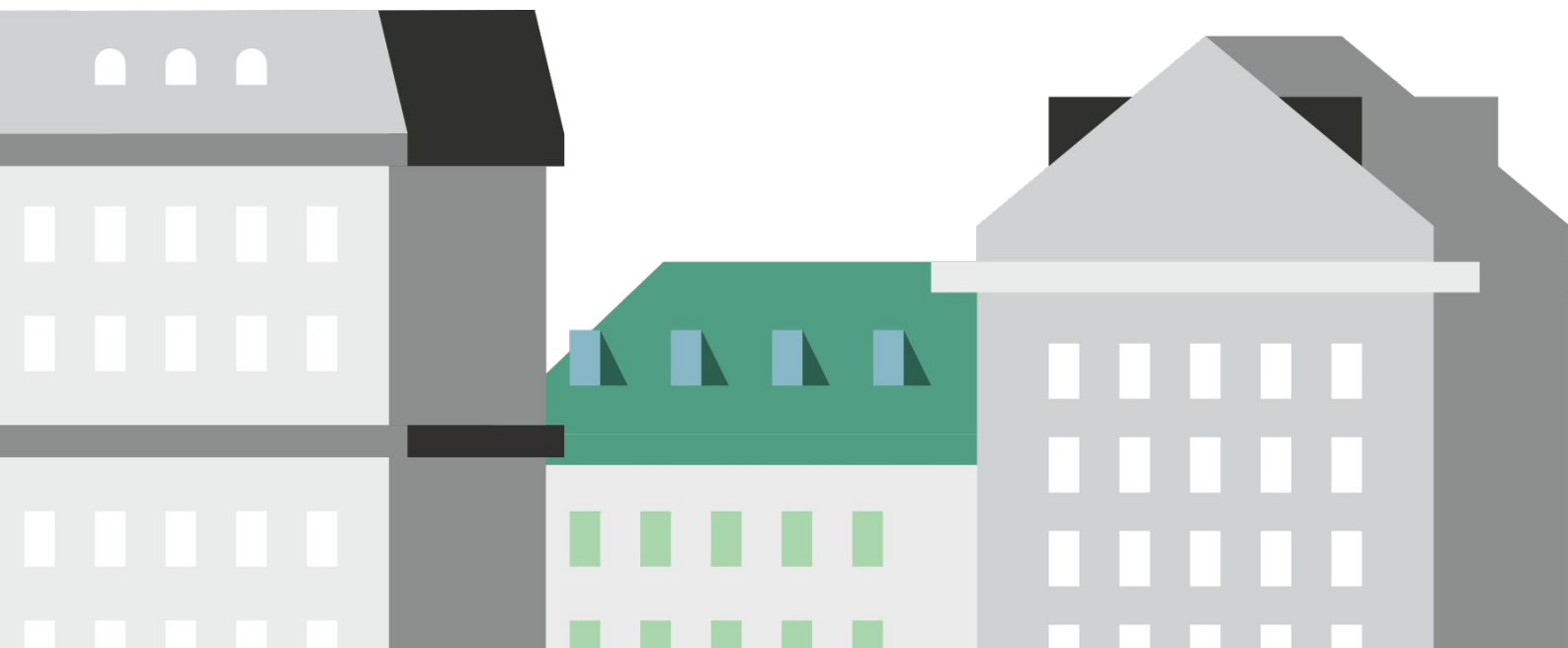
D. ISOLATION AND QUARANTINE

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

Isolation Room in Establishments

As applicable, an isolation room / area shall be installed for symptomatic individuals and once identified as a suspect COVID-19 case shall be reported to the Barangay Health and Emergency Response Team (BHERT) immediately for proper observance of COVID-19 protocols. DTI-DOLE *Joint Memorandum Circular (JMC) No. 20-04-A*, entitled “*DTI And DOLE Supplemental Guidelines On Workplace Prevention And Control Of Covid-19*”, specifies that large and medium private establishments (i.e. with total assets of above Ph15M) and establishments with multiple tenants are mandated to designate an isolation area of one room for every 200 employees, which 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 any of the following:

- a. Elevated temperature (Body temperature of $\geq 38^{\circ}\text{C}$),
- b. Presence of flu-like symptoms such as fever, cough, cold
- c. any yes/ confirmatory answer to the Health Declaration Form based on the template as per *Annex A-1* of the above mentioned JMC in this section (Please refer to Annex E); or
- d. exposure history to a COVID-19 case or probable case thereof



D. ISOLATION AND QUARANTINE

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

Guidelines for Isolation and Quarantine

A. Quarantine of Asymptomatic Close Contacts

- Immediate quarantine of asymptomatic close contacts of the suspect, probable, or confirmed cases shall be completed in 14 days, regardless if testing has not been done, or resulted negative
- If symptoms develop, they shall be admitted to a TTMF and be tested using RT-PCR, or if not available, antigen test. If results are NEGATIVE, they shall be discharged after the completion of 14 days quarantine. If results are POSITIVE, they shall be isolated, managed and discharged, as per guidelines.

B. Isolation of Suspect, Probable, and Confirmed COVID-19 Cases

- Immediate isolation shall be required for any individual with fever OR at least two (2) or more symptoms of COVID-19 (i.e. cough and cold, or cold and sore throat).
- All asymptomatic confirmed cases shall be placed in isolation for a minimum of 10 days from first viral diagnostic test. All symptomatic suspect, probable, and confirmed cases shall be placed in isolation for a minimum of 10 days from onset of the first symptom, without prejudice to attendance requirements or leaves.



D. ISOLATION AND QUARANTINE

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions



C. Quarantine and Isolation of Travelers.

The following guidelines for isolation and quarantine for travelers indicated in *IATF-EID Resolution No. 128-A* are reiterated:

- All travelers, particularly inbound international travelers and interzonal domestic travelers shall be required to undergo clinical and exposure assessment upon arrival.
- All symptomatic travelers identified at points of entry or exit, both sea- and land-based, shall be admitted to the appropriate facility and tested using RT-PCR. Should their RT-PCR test results turn out to be positive. Contact tracing shall also commence for their close contacts.

D. ISOLATION AND QUARANTINE

Based on IATF-MEID Resolution 144-A

<u>Vaccination Status</u>		<u>Green</u>	<u>Yellow</u>	<u>Red</u>
Fully Vaccinated	Foreign	<p>Testing day: within 72 hrs prior to departure</p> <p>Self-monitoring: 14 days (with the first day being the date of arrival)</p>	<p>Testing day: 5th day</p> <p>Facility-based quarantine until release of negative RT- PCR</p> <p>Quarantine period: 10 days home quarantine upon arrival</p>	<p>Testing day: 7th day</p> <p>Quarantine period: 14 days upon arrival</p> <p>Facility- based quarantine for 10 days regardless of result with strict symptom monitoring;</p> <p>Remaining days at home quarantine</p>
	Filipinos (OFW or non-OFW)	<p>Testing day: within 72 hrs prior to departure</p> <p>Facility-based quarantine until release of negative RT- PCR</p> <p>Self-monitoring: 14 days (with the first day being the date of arrival) if with negative result</p>	<p>Testing day: 5th day</p> <p>Facility-based quarantine until release of negative RT- PCR</p> <p>Quarantine period: 10 days home quarantine upon arrival</p>	
Unvaccinated or partially vaccinated or individuals whose vaccination status cannot be independently validated	Individuals	<p>Facility-based quarantine until release of negative RT- PCR</p> <p>Testing day: 5th day</p> <p>Self-monitoring: until the 14th day (with the first day being the date of arrival) if with negative result</p>	<p>Testing day: 7th day</p> <p>Facility-based quarantine until release of negative RT- PCR</p> <p>Quarantine period: 14 days home quarantine upon arrival</p>	
	Minors/ children	<p>Required to observe the quarantine protocols corresponding to their vaccination status. A parent/guardian shall accompany the child in the quarantine facility.</p>		

* This can be subject to change in accordance with the latest national guidelines.

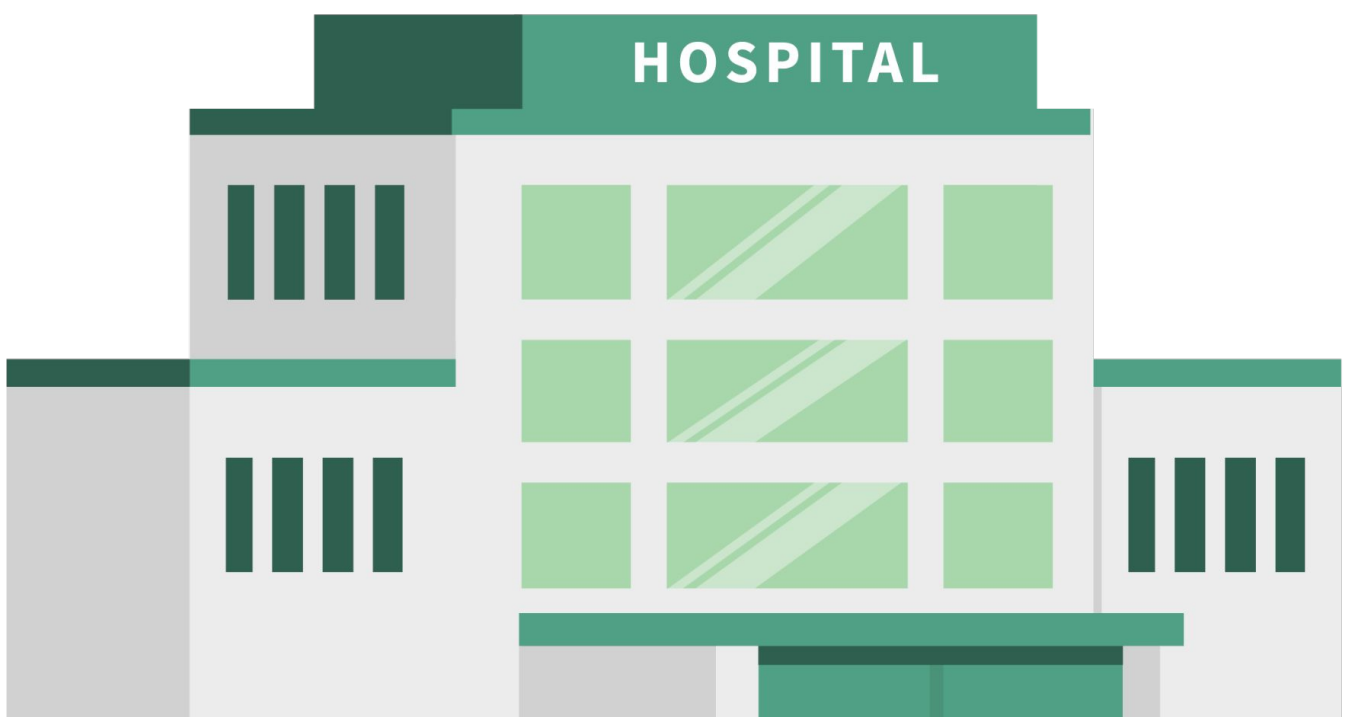
D. ISOLATION AND QUARANTINE

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

Symptom Severity-Based Approach in Isolation in Appropriate Facility

Suspect, probable and confirmed cases shall be isolated in the proper facility depending on the severity of their symptoms:

1. Asymptomatic confirmed and mild cases shall be admitted and isolated in Temporary Treatment and Monitoring Facilities (TTMFs), community-based facilities, or in their homes as long as they meet the criteria for home quarantine or isolation as cited in Department Memorandum No. 2020-0512.
2. Moderate cases shall be isolated and managed in Level 1 or 2 hospitals or in their homes as long as they meet the criteria for home quarantine or isolation as cited in Department Memorandum No. 2020-0512.
3. Severe and critical cases shall be isolated and managed in Level 2 or 3 hospitals.
4. For individuals with co-existing medical conditions, they shall be referred to their attending physician for further assessment and recommendation with regards to their admission to the appropriate facility.



D. ISOLATION AND QUARANTINE

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

Telemedicine

- 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.
- Employers shall provide their employees with psychosocial support, especially those presenting mental health concerns. If this is not available, a referral system to mental health specialists must be in place, either through establishing a network with an accredited health facility, through telemedicine services, or through the National Center for Mental Health Crisis Hotline at 0917-899-8727 (0917-899-USAP) and (02) 7-989-8727 ((02)-7-989-USAP).
- Large and medium private establishments are strongly encouraged to provide their own telemedicine services, in the absence of an HMO.



D. ISOLATION AND QUARANTINE

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

Home Isolation and Quarantine

Designed for short-term physician-and-caregiver directed care to help stable COVID-19 patients recover illness through provision of basic supportive management and psychosocial support, monitoring of warning signs of COVID-19 progression and prevention of further illness and hospital stay. Home quarantine shall be allowed for suspect, probable, and confirmed cases of COVID-19 who are either asymptomatic or with mild symptoms only and controlled co-morbidities, provided that the following requirements are met:

- Infrastructure
 - a. Line of communication for family and health workers
 - b. Electricity, portable water, cooking source
 - c. Bathroom with toilet and sink, if possible, separate from family (if none, disinfect bathroom after use)
 - d. Solid waste and sewage disposal
 - e. Well- ventilated room
- Accommodations
 - a. Separate bedroom - no vulnerable person in the household
 - b. Accessible bathroom in the residence
- Resource for patient care and support
 - a. Primary caregiver who will remain in the residence (not high risk for complications and educated on proper precautions)
 - b. Medications for pre-existing conditions, as needed
 - c. Digital thermometer (disinfected before and after use)
 - d. Meal preparation
 - e. Masks, tissues, hand hygiene products
 - f. Household cleaning products

D. ISOLATION AND QUARANTINE

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

Facility Isolation and Quarantine

All concerned entities shall endeavor to provide facilitated isolation and quarantine to their personnel and partner with local governments or their own facilities for triaging to the appropriate level of care and provision of community isolation and quarantine facilities for those who cannot meet isolation requirements at home.

Pediatric Facility Isolation and Guardianship

All children in facility isolation shall be accompanied by a guardian in the quarantine or isolation facility. Parents or guardians that are not confirmed COVID-19 cases may accompany the COVID-19 confirmed child provided risks and benefits are explained, informed consent is provided, and the adult has no comorbidity putting them at risk for severe disease and death.

Benefits and Leaves of Absences

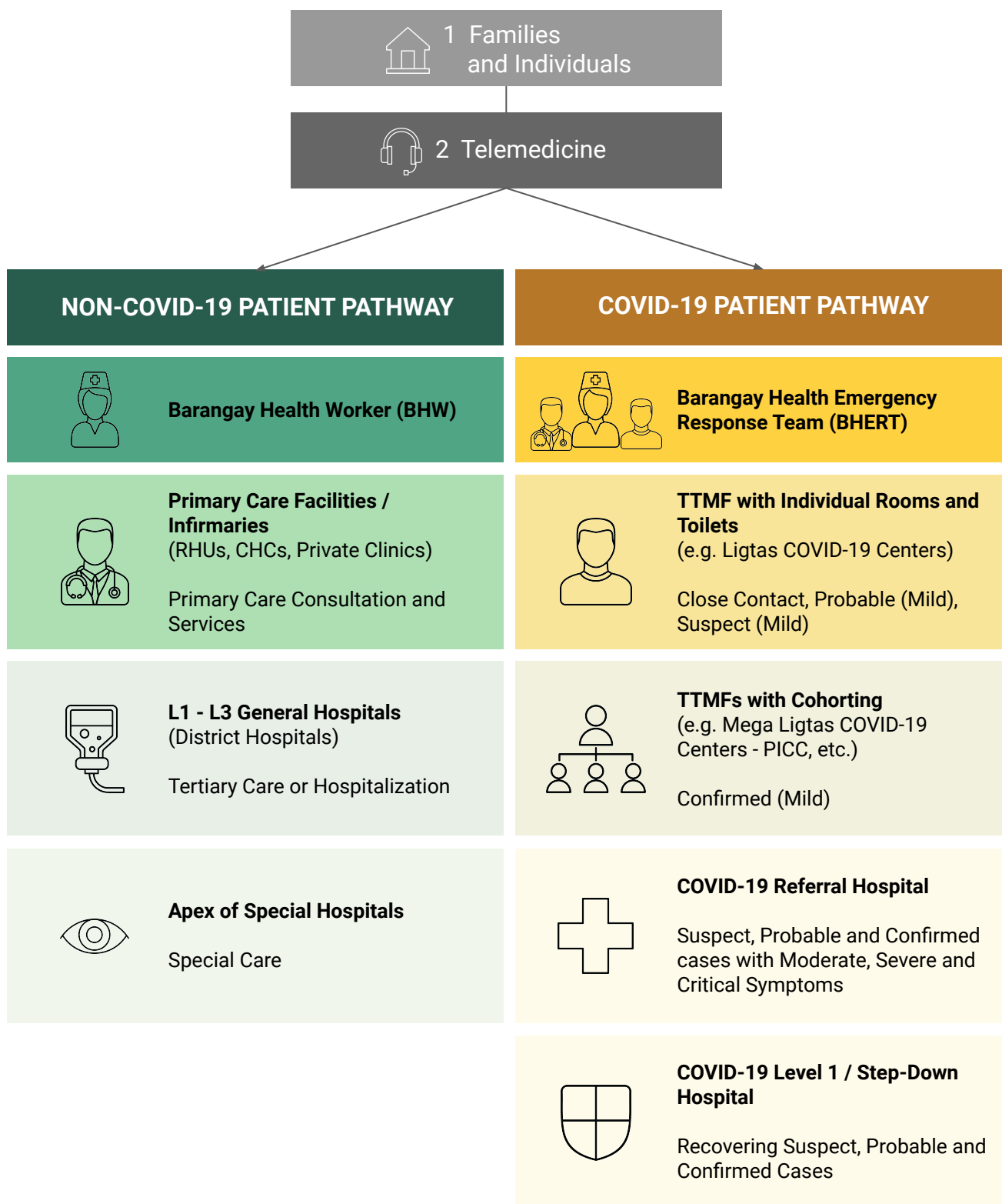
All individuals shall be given support, either in cash or in kind, during the duration of their isolation and quarantine and shall be given sick leave benefits equivalent to the days of their isolation or quarantine.



D. ISOLATION AND QUARANTINE

Based on the latest DOH issuances

Patient Pathway



E. TREATMENT

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions



1. The Philippine COVID-19 Living Recommendations and the Unified COVID-19 Algorithms shall guide treatment and patient management decisions.
2. All entities shall adopt a reporting and coordination mechanism with the Local Government Unit for referral into health facilities, access to a health care provider network (HCPN) and telemedicine, and provision of medical and psychosocial services.
3. To ensure the adequacy of medical assistance, all concerned entities shall ensure its employees, whether contractual, temporary, and permanent, are enrolled and adequately covered with Philhealth benefits.
4. Safety and Health Officers shall regularly monitor the status of employees in the office who are quarantined in their homes or in the isolation facilities and health facilities.
5. For Probable or Confirmed COVID-19 cases that are classified as either Mild or Moderate, symptomatic treatment may be provided. There is no need for antibiotics nor prophylaxis.
6. Severe or critical suspect, probable or confirmed COVID-19 cases shall be referred to a pulmonologist and infectious disease specialist and managed in the appropriate health facility.

F. REINTEGRATION

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

Return to Work Policies

1. Close contacts: Fourteen (14)-day quarantine has been completed regardless of negative test result and vaccination status.
2. Suspect, probable or confirmed cases, whether fully vaccinated, unvaccinated, or with incomplete vaccination:



- a. For **asymptomatic**: Ten (10)-day isolation have passed from the first viral diagnostic test and remained asymptomatic throughout their infection; If immunocompromised, negative RT-PCR result taken on the 10th day of isolation



- b. For **mild to moderate COVID-19 confirmed cases**: Ten (10)-day isolation have passed from onset of the first symptom, respiratory symptoms have improved (cough, shortness of breath), AND have been afebrile for at least 24 hours without use of antipyretic medications; if immunocompromised, negative RT-PCR result taken on the 10th day of isolation



- c. For **severe and critical COVID-19 confirmed cases**: Twenty-one (21)-day isolation has passed from onset of the first symptom, respiratory symptoms have improved (cough, shortness of breath) AND have been afebrile for at least 24 hours without the use of antipyretic medications; if immunocompromised, negative RT-PCR result taken on the 21st day of isolation, respiratory symptoms have improved (cough, shortness of breath) AND have been afebrile for at least 24 hours without the use of antipyretic medications.
- d. For **immunocompromised**: If the RT-PCR testing done at 10th day for asymptomatic, mild, or moderate, or at 21st day for severe or critical, yields a positive result, refer to an Infectious Disease Specialist.

Medical certification or repeat testing is not necessary for the safe return to work of immunocompetent patient with suspect, probable or confirmed COVID-19 regardless of severity, provided that a licensed medical doctor certifies or clears the patient.

F. REINTEGRATION

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

Healthy Habits

1. Elimination or reduction of tobacco use and exposure shall be strongly and proactively encouraged and effectively sustained. The following guidelines of Department Memorandum No. 2020-0246 also known as *"Interim Guidelines on Tobacco Control in Light of COVID-19 Pandemic"* are reiterated:
 - a. Cessation of all forms of tobacco and electronic cigarettes (e-cigarettes) use shall be strongly and proactively encouraged and effectively sustained through the promotion of a healthy lifestyle and continued provision of tobacco cessation programs.
 - b. LGUs and other government agencies shall continue to prohibit the use of tobacco and vape in public spaces, and ensure that all related policies and local ordinances are properly enforced and monitored by the respective persons-in-authority and their agents in accordance with Executive Order No. 26 (s. 2017) entitled *'Providing for the Establishment of Smoke-free Environments in Public and Enclosed Places'*, and Executive Order No. 106 (s. 2020) entitled *"Prohibiting the Manufacture, Distribution, Marketing and Sale of Unregistered and/or Adulterated Electronic Nicotine/Non-nicotine Delivery Systems, Heated Tobacco Products and other Novel Tobacco Products"*.
 - c. Information dissemination on the harmful effects of tobacco and vapor products shall be continued, including the relationship between these products and COVID-19.



F. 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 as mandated in the Department Memorandum 2020-0230 entitled “Interim Guidelines on the Implementation of Mental Health and Psychosocial Support (MHPSS) in the Coronavirus Disease 2019 (COVID-19) Response• 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• Promote work-life balance through proper scheduling of activities and workforce rotation
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 either the employers or 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.• Employers classified as large and medium scale sized private establishments are enjoined to provide shuttle services to the employees

G. VACCINE PRIORITIZATION

Based on the World Health Organization (WHO) Strategic Advisory Group of Experts (SAGE) on Immunization, together with the recommendations of independent bodies of experts including the Interim National Immunization Technical Advisory Group (iNITAG) and the Technical Advisory Group (TAG)

The Philippine Government is implementing the National COVID-19 Vaccination Program that aims to provide added protection to all eligible Filipinos from COVID-19. The prioritization framework for COVID-19 vaccination was formulated due to the limited global supply of COVID-19 vaccine products. With the guidance of this principle, the Philippine National Deployment and Vaccination Plan formulated strategies and contingencies to ensure the equitable distribution of vaccine products for all Filipinos.

Why do we need to have prioritization?

- To reduce mortality
- To preserve the health system capacity of the country

We invite you to further amplify our key message that VACCINES ARE SAFE, EFFECTIVE, AND FREE by proactively promoting and safeguarding facts about COVID-19 vaccines. For workplace health promotion and education campaigns, suggested content calendar, media cards, and captions to be shared on social media pages. It may also be accessed through bit.ly/RESBAKUNASuccessStories and bit.ly/BrighterDaysNewNormalPH

Priority Eligible A	Priority Eligible B	Priority Eligible C
A1. Workers in Frontline Health Services	B1. Teachers, Social Workers	C. Rest of the Filipino population not otherwise included in the above groups
A2. All Senior Citizens	B2. Other Government Workers	
A3. Persons with Comorbidities	B3. Other Essential Workers	
A4. Phase 1: A4 workers in NCR +8 (Metro Cebu, Metro Davao, Bulacan, Batangas, Cavite,Laguna,Pampanga, Rizal) Phase 2: A4 workers outside the NCR +8	B4. Socio-demographic groups at significantly higher risk other than senior citizens and poor population based on the NHTS-PR	
A5. Indigent Population	B5. Overseas Filipino Workers	
	B6. Other Remaining Workforce	

H. SAFE REOPENING

Based on Administrative Order 2021-0043 on Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions

Components of Safe Reopening of Institutions

Approval of decisions to open sectors and specific institutions shall be based on the following components:

1. Evidence that COVID-19 transmission is controlled, based on the incidence and growth rate of cases and prevalence and transmission rate of the variants of concern in the community.
2. Minimum public health standards and capacities are in place to prevent, detect, isolate, treat, and reintegrate cases and close contacts.
3. Outbreak risks are minimized in high-vulnerability settings, particularly in homes for senior citizens, mental health facilities, crowded places, residences, or based on the nature of work.
4. Stakeholders involved are consulted, aware, engaged, and participating in the preparation for the gradual reopening transition



III. Maintaining Health and Safety



A. MENTAL AND EMOTIONAL WELL-BEING

Based on the 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) o 1553.

B. DIET AND NUTRITION

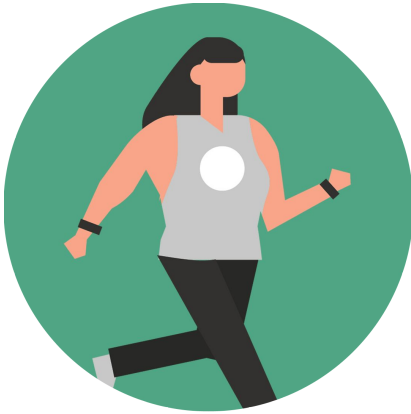
Based on the latest DOH issuances



- 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.

C. PHYSICAL FITNESS

Based on the 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.

D. BIDA SOLUSYON SA COVID-19

Based on the 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).

E. SMOKE-FREE WORKPLACES

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

WORKPLACES MUST BE SMOKE-FREE

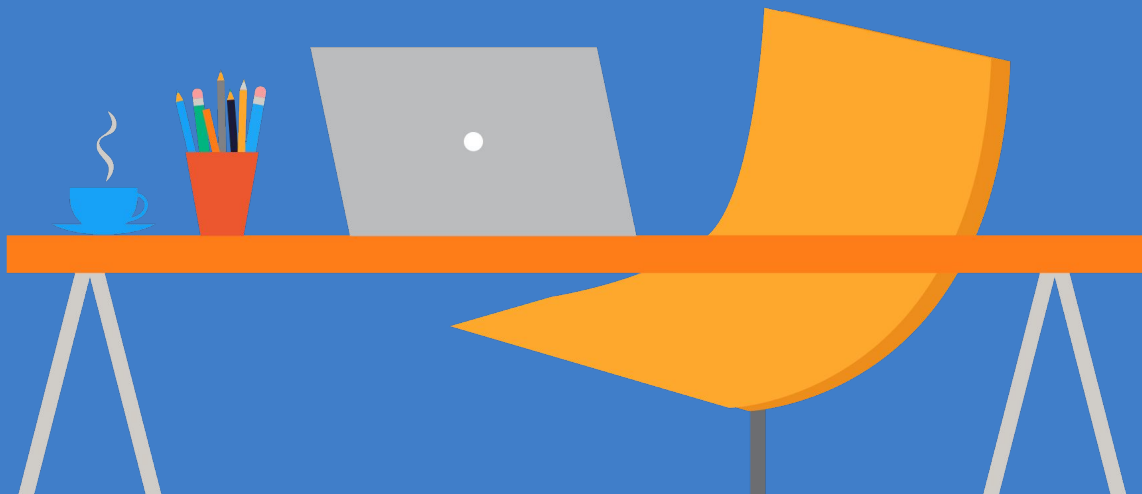
According to the WHO, smoking is a known risk factor for severity of any lower respiratory tract infection, and that the same would be expected in COVID-19, a respiratory disease. Furthermore, in relation to COVID-19, the WHO has stated:



- 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.

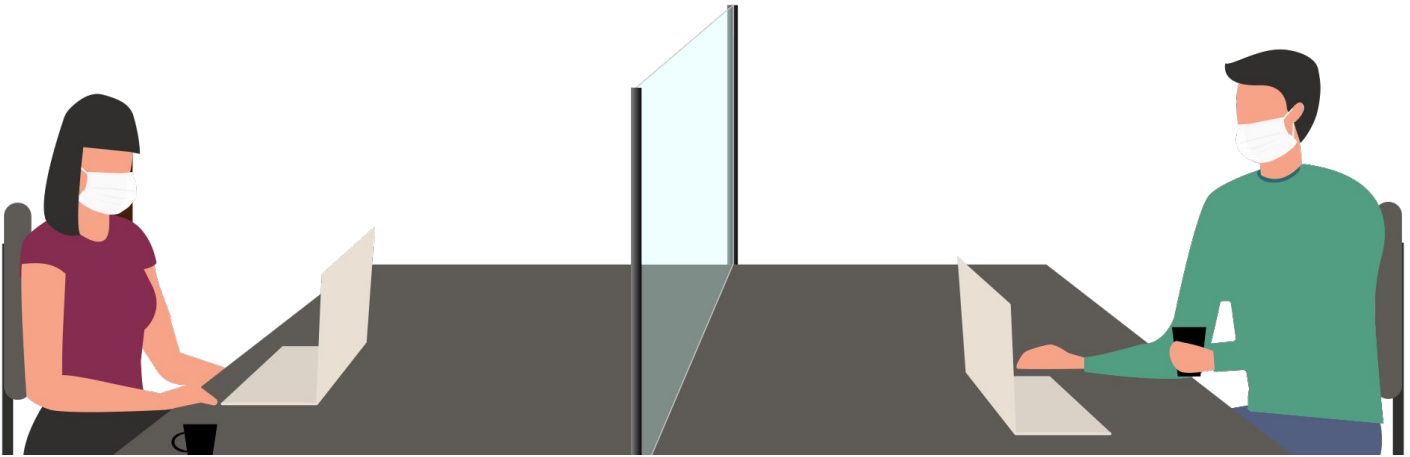
You may contact the [DOH Smoking Quitline](#) at 165-364 for support (free within Metro Manila).

IV. Guidelines for Specific Workplace Scenarios



A. WORKING IN THE OFFICE

Based on the 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.
- Identify multi-occupant spaces that are used regularly and are poorly ventilated (below 5 l/s/person or above 1000ppm CO₂), and request for prioritization of modification with AS.
- 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.
- For more information please watch: <https://fb.watch/7vsEP6QBdb/>



B. ALTERNATIVE WORK ARRANGEMENTS

Based on the latest DOH issuances

Employers shall determine the optimal number of employees that could report at any given time without compromising the required physical distancing. Develop alternative work arrangements (AWA) that shall target reduction of in-office staff dependent on the latest guidelines set by the national government (e.g. maximum of 50% capacity during GCQ, and maximum of 30% capacity during ECQ and instances of high risk of COVID-19 transmission). They shall adopt options that will allow them to comply with these requirements. 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 Cycle 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.

3 - Day Routine

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

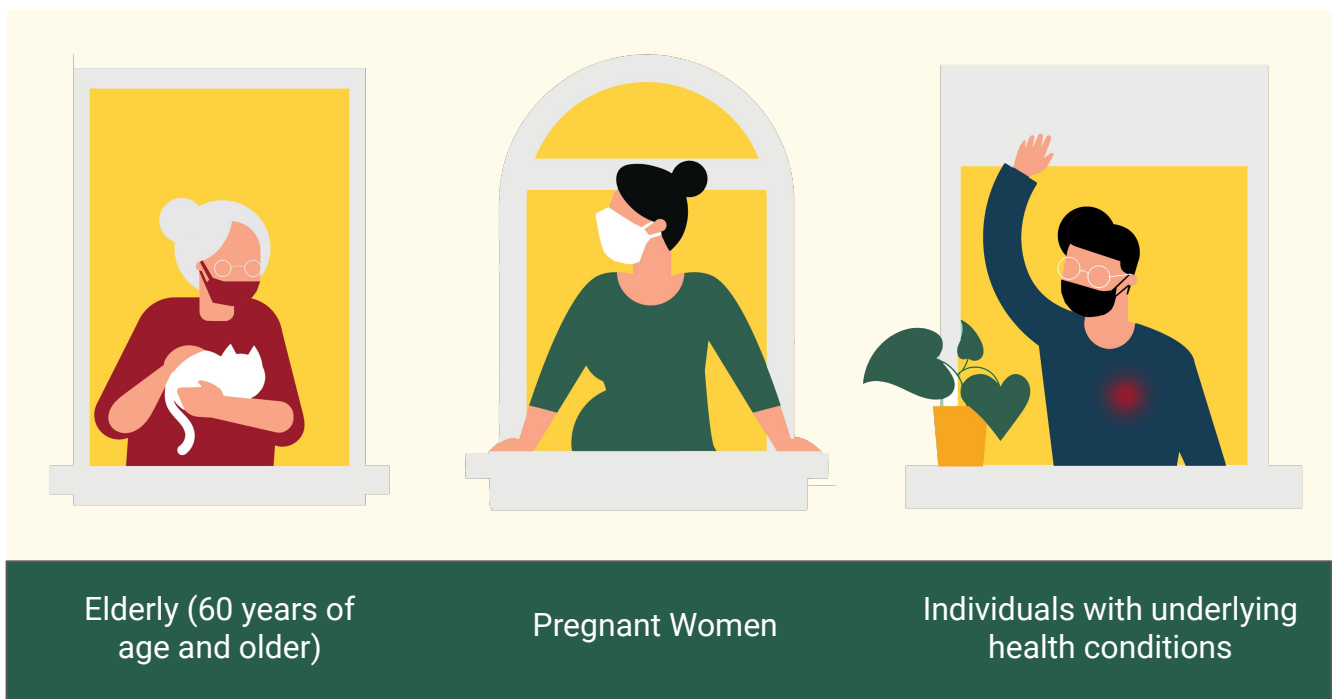
Employees shall physically report to work for one week, then go off duty for the following week.

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:



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 (DM 2021-0189: COVID-19 Workplace Standards in Department of Health Central Office)

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:



Any employee at WFH arrangement shall ensure accomplishment of concrete deliverables for the day, indicated in the Individual Accomplishment Report, and approved by their respective supervisor.



A “workplace group” using various platforms—group chats, emails and other social media platforms.



Reliable internet at home with corresponding computer, gadgets, or tools.



Clearly specified measurable deliverables of each staff/team members discussed with supervisors.



Knowledge on ergonomics and the proper way of working from home.



B. ALTERNATIVE WORK ARRANGEMENTS

Based on the latest DOH issuances



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.



SET ‘OFFICE HOURS’ Set schedule of working hours, preferably 8:30am – 4:30pm as regular working time, with breaks as necessary and be online.



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.



MAKE YOURSELF ACCESSIBLE FOR PHONE CALLS OR VIRTUAL CONFERENCE CALLS certain times of the day for urgent and important task.



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.



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.



OBSERVE HEALTH AND SAFETY MEASURES at home at all times.

C. MEETINGS AND DOCUMENT TRANSMITTAL

Based on the latest DOH issuances



Limit in-person meetings. If in-person meeting is needed, follow these protocols:

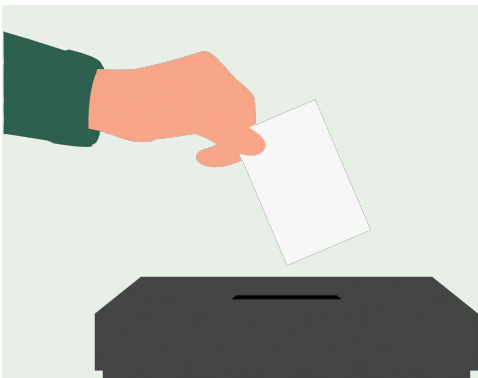
- Keep meetings as short as possible.
- Limit the number of attendees.
- Maintain 1-meter physical distancing.



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

Mealtime or breaks shall be done in staggered schedule to limit the number of people in pantries.

The face mask may be removed when eating or drinking during mealtime but physical distancing must be observed and talking with each other shall be prohibited.

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. Make sure to wash or sanitize your hands after removing your mask. After eating, put the mask back on with the same side facing out. Be sure to wash or sanitize your hands again after putting your mask back on.

Do not sit near one another.

Consider alternative areas for lunch breaks (e.g., workstations, meeting rooms, etc).



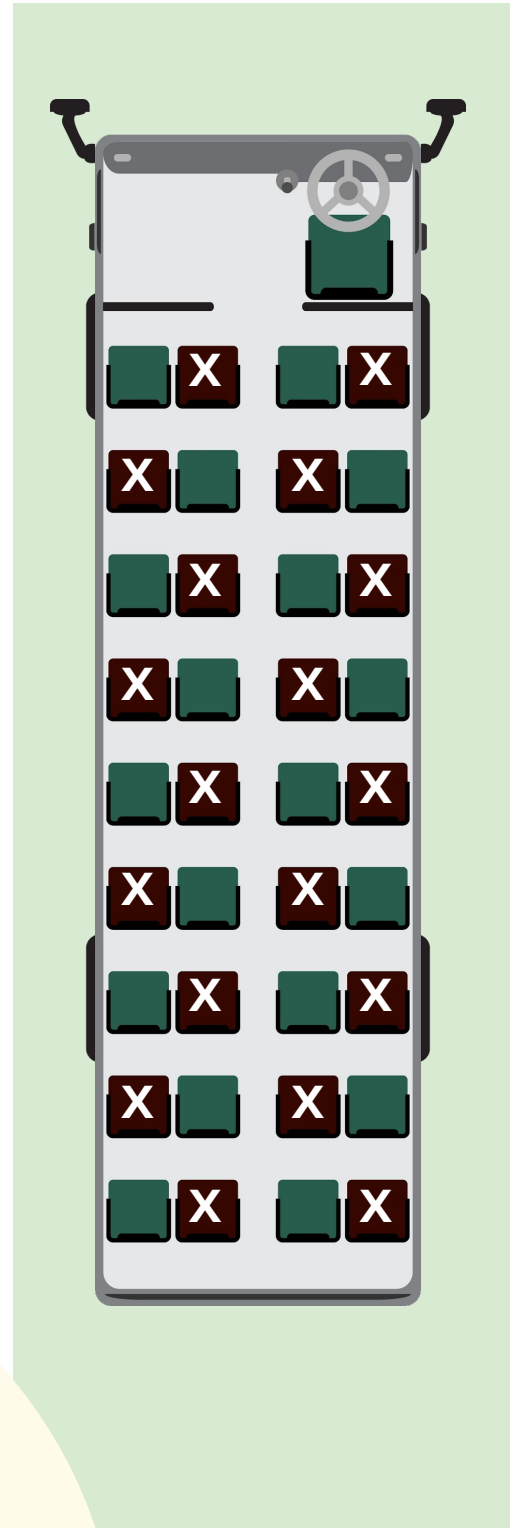
Everyone is encouraged to:

- 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. 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.
2. 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.
3. 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 **seated in a one-seat apart arrangement** and are 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.



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 the 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 trained disposal staff should wear proper PPE (i.e. closed shoes (if industrial boots is not available) and shoe cover, apron, long-sleeved gown, thick gloves, mask, and goggles or a face shield). Hand hygiene must also be done after removing the PPEs. Hand hygiene must also be done after removing the PPEs.
- 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

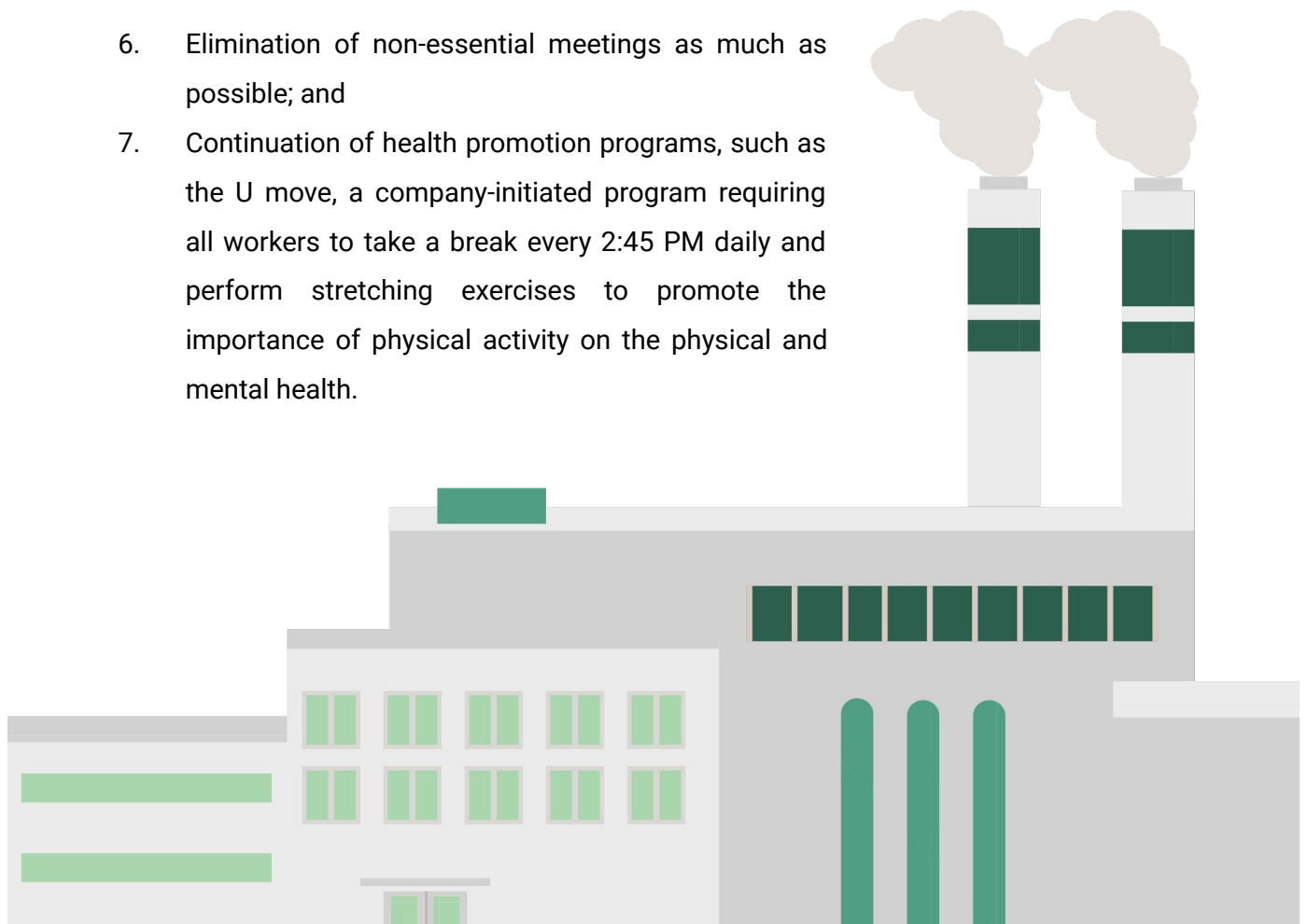
Based on submissions by the Philippine College of Occupational Medicine (PCOM)

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)

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.



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: (Nakakaranas ka ba ng:)		
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 A. CRUZ
 Director, HRAS
 Department of Trade & Industry

Download form through - <https://bit.ly/WHAnnexA>

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 N. CRUZ
Director, HRAS
Department of Trade & Industry

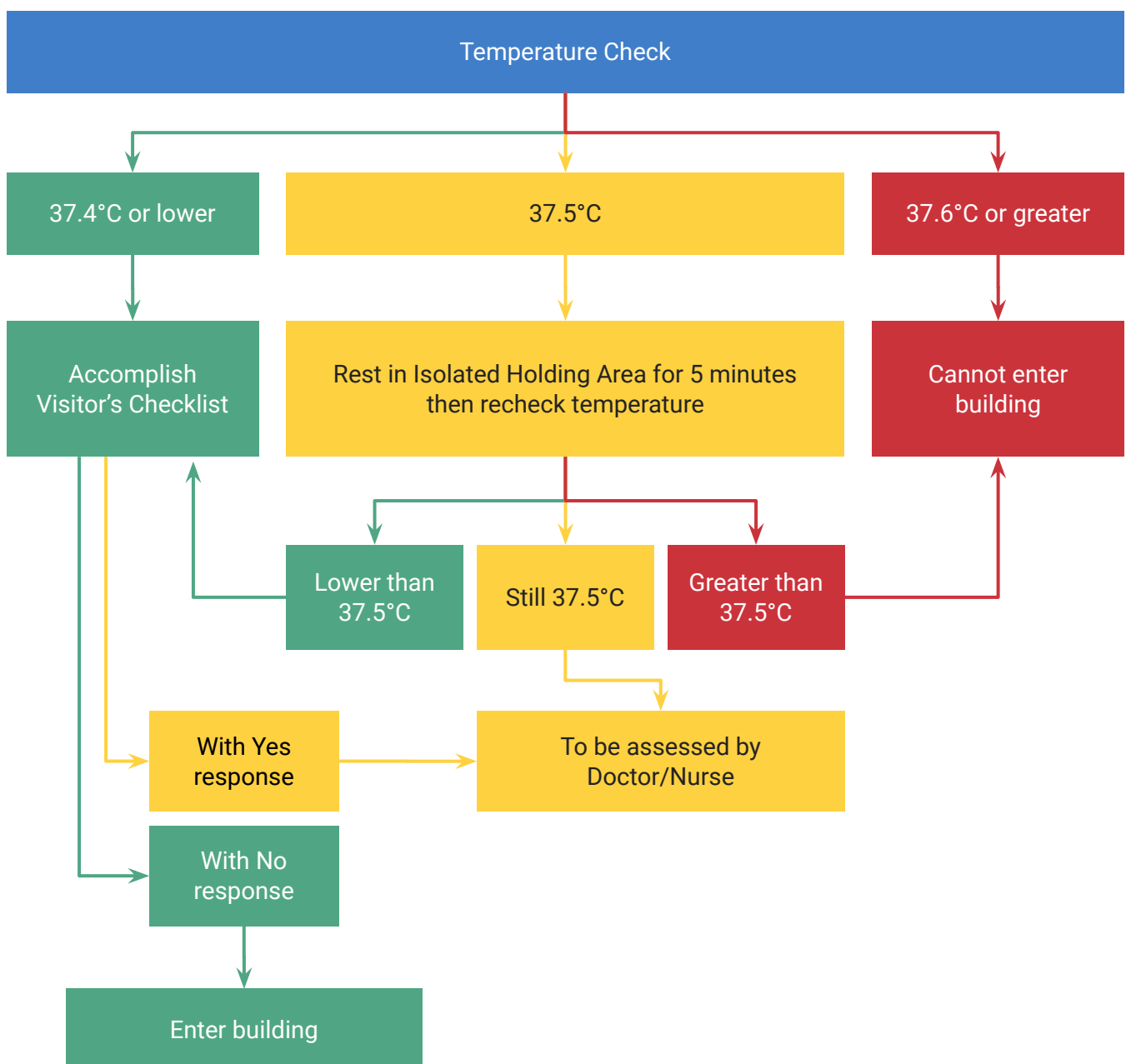
Download form through - <https://bit.ly/WHAnnexA>

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

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.



Annex C. COVID-19 Case investigation Form (CIF) Version 9

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

Philippine Integrated Disease Surveillance and Response		Case Investigation Form Coronavirus Disease (COVID-19) Version 9		PhilHealth No.*	
Disease Reporting Unit*		DRU Region and Province		Date of Interview (MM/DD/YYYY)*	
Name of Interviewer		Contact Number of Interviewer		Date of Interview (MM/DD/YYYY)*	
Name of Informant (if applicable)		Relationship		Contact Number of Informant	
<input type="checkbox"/> Not applicable (New case) <input type="checkbox"/> Not applicable (Unknown) <input type="checkbox"/> Update symptoms <input type="checkbox"/> Update health status / outcome		<input type="checkbox"/> Update case classification <input type="checkbox"/> Update vaccination <input type="checkbox"/> Update lab result <input type="checkbox"/> Update chest imaging findings		<input type="checkbox"/> Update disposition <input type="checkbox"/> Update exposure / travel history <input type="checkbox"/> Others, specify: _____	
Type of Client*		<input type="checkbox"/> COVID-19 Case (Suspect, Probable, or Confirmed) <input type="checkbox"/> Close Contact <input type="checkbox"/> For RT-PCR Testing (Not a Case of Close Contact)			
Testing Category/Subgroup* (Check all that apply, refer to Appendix 2)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J			
Part 1. Patient Information					
1.1. Patient Profile					
Last Name*		First Name (and Suffix)*		Middle Name*	
Birthday (MM/DD/YYYY)*		Age*		Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female	
Civil Status		Nationality*			
Occupation		Works in a closed setting? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
1.2. Current Address in the Philippines and Contact Information* (Provide address of institution if patient lives in closed settings, see 1.5)					
House No./Lot/Blk.*		Street/Purok/Sitio*		Barangay*	
Province*		Home Phone No. (& Area Code)		Cellphone No.*	
				Email Address	
1.3. Permanent Address and Contact Information (if different from current address)					
House No./Lot/Blk.		Street/Purok/Sitio		Barangay	
Province		Home Phone No. (& Area Code)		Cellphone No.	
				Email Address	
1.4. Current Workplace Address and Contact Information					
Lot/Blk.		Street		Barangay	
Province		Name of Workplace		Phone No./Cellphone No.	
				Email Address	
1.5. Special Population (indicate further details on exposure and travel history in Part 3)					
Health Care Worker*		<input type="checkbox"/> Yes, name of health facility: _____ and location: _____ <input type="checkbox"/> No			
Returning Overseas Filipino*		<input type="checkbox"/> Yes, country of origin: _____ and Passport number: _____ <input type="checkbox"/> No <input type="checkbox"/> OFW <input type="checkbox"/> Non-OFW			
Foreign National Traveler*		<input type="checkbox"/> Yes, country of origin: _____ and Passport number: _____ <input type="checkbox"/> No			
Locally Stranded Individual / APOR / Local Traveler*		<input type="checkbox"/> Yes, City, Municipality, & Province of origin _____ <input type="checkbox"/> No <input type="checkbox"/> Locally Stranded Individual <input type="checkbox"/> Authorized Person Outside Residence / Local Traveler			
Lives in Closed Settings*		<input type="checkbox"/> Yes, Institution type: _____ and name: _____ <input type="checkbox"/> No (e.g. prisons, residential facilities, retirement communities, care homes, camps, etc.)			
Part 2. Case Investigation Details					
2.1. Consultation Information					
Have previous COVID-19 related consultation?		<input type="checkbox"/> Yes, Date of First Consult (MM/DD/YYYY)* _____ <input type="checkbox"/> No			
Name of facility where first consult was done					
2.2. Disposition at Time of Report* (Provide name of hospital/isolation/quarantine facility)					
<input type="checkbox"/> Admitted in hospital		Date and Time admitted in hospital _____			
<input type="checkbox"/> Admitted in isolation/quarantine facility		Date and Time isolated/quarantined in facility _____			
<input type="checkbox"/> In home isolation/quarantine		Date and Time isolated/quarantined at home _____			
<input type="checkbox"/> Discharged to home		If discharged: Date of Discharge (MM/DD/YYYY)* _____ <input type="checkbox"/> Others: _____			
2.3. Health Status at Consult* (Refer to Appendix 3)		<input type="checkbox"/> Asymptomatic <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Critical			
2.4. Case Classification* (Refer to Appendix 1)		<input type="checkbox"/> Suspect <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed <input type="checkbox"/> Non-COVID-19 Case			
2.5. Vaccination information*					
Date of vaccination*	Name of Vaccine*	Dose number (e.g. 1 st , 2 nd)*	Vaccination center/facility	Region of health facility	Adverse event/s?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

1

Download form through - <https://tinyurl.com/cifversion9>

Annex C. COVID-19 Case investigation Form (CIF) Version 9

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

2.6. Clinical Information					
Date of Onset of illness (MM/DD/YYYY)* _____			Comorbidities (Check all that apply if present)		
Signs and Symptoms (Check all that apply) <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Fever _____ °C <input type="checkbox"/> Cough <input type="checkbox"/> General weakness <input type="checkbox"/> Fatigue <input type="checkbox"/> Headache <input type="checkbox"/> Myalgia <input type="checkbox"/> Sore throat <input type="checkbox"/> Coryza <input type="checkbox"/> Dyspnea <input type="checkbox"/> Anorexia <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Altered Mental Status <input type="checkbox"/> Anosmia (loss of smell, w/o any identified cause) <input type="checkbox"/> Ageusia (loss of taste, w/o any identified cause) <input type="checkbox"/> Others, specify _____			<input type="checkbox"/> None <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> Lung Disease <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Genito-urinary <input type="checkbox"/> Neurological Disease <input type="checkbox"/> Cancer <input type="checkbox"/> Others _____		
Pregnant? <input type="checkbox"/> Yes, LMP (MM/DD/YYYY) _____ <input type="checkbox"/> No			High-risk pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was diagnosed to have Severe Acute Respiratory Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Chest imaging findings suggestive of COVID-19					
Date done	Chest imaging done	Results			
	<input type="checkbox"/> Chest radiography <input type="checkbox"/> Chest CT <input type="checkbox"/> Lung ultrasound <input type="checkbox"/> None	<input type="checkbox"/> Normal <input type="checkbox"/> Pending <input type="checkbox"/> Chest radiography: Hazy opacities, often rounded in morphology, with peripheral and lower lung dist. <input type="checkbox"/> Chest CT: Multiple bilateral ground glass opacities, often rounded in morphology, w/ peripheral & lower lung dist. <input type="checkbox"/> Lung ultrasound: Thickened pleural lines, B lines, consolidative patterns with or without air bronchograms <input type="checkbox"/> Other findings, specify _____			
2.7. Laboratory Information					
Have tested positive using RT-PCR before? *		<input type="checkbox"/> Yes, date of specimen Collection (MM/DD/YYYY)* _____ <input type="checkbox"/> No Laboratory* _____ No. of previous RT-PCR swabs done _____			
Date collected*	Date released	Laboratory*	Type of test*	Results*	
			<input type="checkbox"/> RT-PCR (OPS) <input type="checkbox"/> RT-PCR (NPS) <input type="checkbox"/> RT-PCR (OPS and NPS) <input type="checkbox"/> Others: _____	<input type="checkbox"/> Pending <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Equivocal <input type="checkbox"/> Others: _____	
			<input type="checkbox"/> Antigen, reason _____ <input type="checkbox"/> brand of kit _____ <input type="checkbox"/> Antibody Test		
			<input type="checkbox"/> RT-PCR (OPS) <input type="checkbox"/> RT-PCR (NPS) <input type="checkbox"/> RT-PCR (OPS and NPS) <input type="checkbox"/> Others: _____	<input type="checkbox"/> Pending <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Equivocal <input type="checkbox"/> Others: _____	
			<input type="checkbox"/> Antigen, reason _____ <input type="checkbox"/> brand of kit _____ <input type="checkbox"/> Antibody Test		
2.8. Outcome/Condition at Time of Report*					
<input type="checkbox"/> Active (currently admitted/isolation/quarantine) <input type="checkbox"/> Recovered, date of recovery (MM/DD/YYYY)* _____ <input type="checkbox"/> Died, date of death (MM/DD/YYYY)* _____					
if died, cause of death*		Immediate Cause:		Antecedent Cause:	
		Underlying Cause:		Contributory Conditions:	
PART 3. Contact Tracing: Exposure and Travel History History of exposure to known probable and/or confirmed COVID-19 case 14 days before the onset of signs and symptoms? OR if Asymptomatic, 14 days before swabbing or specimen collection? * <input type="checkbox"/> Yes, date of last contact (MM/DD/YYYY)* _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Has the patient been in a place with a known COVID-19 transmission 14 days before the onset of signs and symptoms? OR if Asymptomatic, 14 days before swabbing or specimen collection? * <input type="checkbox"/> Yes, International <input type="checkbox"/> Yes, Local <input type="checkbox"/> No <input type="checkbox"/> Unknown exposure					
if International Travel, country of origin		Inclusive travel dates:		From: To:	
		With ongoing COVID-19 community transmission?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Airline/Sea vessel	Flight/Vessel Number	Date of departure (MM/DD/YYYY)		Date of arrival in PH (MM/DD/YYYY)	
if Local Travel, specify travel places (Check all that apply, provide name of facility, address, and inclusive travel dates in MM/DD/YYYY)					
Place Visited	Name of Place	Address (Region, Province, Municipality/City)	Inclusive Travel Dates From: To:	With ongoing COVID-19 Community Transmission? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Health Facility				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Closed Settings				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Workplace				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Market				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Social Gathering				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Others				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Transport Service, specify the following:					
Airline / Sea vessel / Bus line / Train	Flight / Vessel / Bus No.	Place of Origin	Departure Date (MM/DD/YYYY)	Destination	Date of Arrival (MM/DD/YYYY)
- if symptomatic, provide names and contact numbers of persons who were with the patient two days prior to onset of illness until this date			Name (Use the back page if needed)		
- if asymptomatic, provide names and contact numbers of persons who were with the patient on the day specimen was submitted for testing until this date			Contact Number		

Annex C. COVID-19 Case investigation Form (CIF) Version 9

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

Appendix 1. COVID-19 Case Definitions

SUSPECT	PROBABLE
<p>A) A person who meets the clinical AND epidemiological criteria</p> <p>Clinical criteria:</p> <ol style="list-style-type: none"> 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. AND <p>Epidemiological criteria</p> <ol style="list-style-type: none"> 1) Residing/working in an area with high risk of transmission of the virus (e.g. closed residential settings and humanitarian settings, such as camp and camp-like setting for displaced persons), any time w/in the 14 days prior to symptoms onset. OR 2) Residing in or travel to an area with community transmission anytime w/in the 14 days prior to symptoms onset. OR 3) Working in health setting, including w/in the health facilities and w/in households, anytime w/in the 14 days prior to symptom onset. OR <p>B) A patient with severe acute respiratory illness (SARI): acute respiratory infection with history of fever or measured fever of $\geq 38^{\circ}\text{C}$; cough with onset w/in the last 10 days; and who requires hospitalization)</p>	<p>A) A patient who meets the clinical criteria (on the left) AND is contact of a probable or confirmed case, or epidemiologically linked to a cluster of cases which had had at least one confirmed identified within that cluster</p> <p>B) A suspect case (on the left) with chest imaging showing findings suggestive of COVID-19 disease. Typical chest imaging findings include (Manna, 2020):</p> <ul style="list-style-type: none"> - Chest radiography: hazy opacities, often rounded in morphology, with peripheral and lower lung distribution - Chest CT: multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution - Lung ultrasound: thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms <p>C) A person with recent onset of anosmia (loss of smell), agusia (loss of taste) in the absence of any other identified cause</p> <p>D) Death, not otherwise explained, in an adult with respiratory distress preceding death AND who was a contact of a probable or confirmed case or epidemiologically linked to a cluster which has had at least one confirmed case identified with that cluster</p>
<p>CONFIRMED</p> <p>A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.</p>	

Appendix 2. Testing Category / Subgroup

<p>A Individuals with severe/critical symptoms and relevant history of travel/contact</p> <p>B Individuals with mild symptoms, relevant history of travel/contact, and considered vulnerable; vulnerable populations include those elderly and with preexisting medical conditions that predispose them to severe presentation and complications of COVID-19</p> <p>C Individuals with mild symptoms, and relevant history of travel and/or contact</p> <p>D Individuals with no symptoms but with relevant history of travel and/or contact or high risk of exposure. These include:</p> <ol style="list-style-type: none"> D1 - Contact-traced individuals D2 - Healthcare workers, who shall be prioritized for regular testing in order to ensure the stability of our healthcare system D3 - Returning Overseas Filipino (ROF) workers, who shall immediately be tested at port of entry D4 - Filipino citizens in a specific locality within the Philippines who have expressed intention to return to their place of residence/home origin (Locally Stranded Individuals) may be tested subject to the existing protocols of the IATF <p>E Frontliners indirectly involved in health care provision in the response against COVID-19 may be tested as follows:</p> <ol style="list-style-type: none"> E1 Those with high or direct exposure to COVID-19 regardless of location may be tested up to once a week. These include: (1) Personnel manning the Temporary Treatment and Quarantine Facilities (LTQ and Nationally-managed); (2) Personnel serving at the COVID-19 swabbing center; (3) Contact tracing personnel; and (4) Any personnel conducting swabbing for COVID-19 testing E2 Those who do not have high or direct exposure to COVID-19 but who live or work in Special Concern Areas may be tested up to every two to four weeks. These include the following: (1) Personnel manning Quarantine Control Points, including those from Armed Forces of the Philippines, Bureau of Fire Protection; (2) National / Regional / Local Risk Reduction and Management Teams; (3) Officials from any local government / city / municipality health office (CEOSU, CESU, etc.); (4) Barangay Health Emergency Response Teams and barangay officials providing barangay border control and performing COVID-19-related tasks; (5) Personnel of Bureau of Corrections and Bureau of Jail Penology & Management; (6) Personnel manning the One-Stop-Shop in the Management of ROFs; (7) Border control or patrol officers, such as immigration officers and the Philippine Coast Guard; and (8) Social workers providing amelioration and relief assistance to communities and performing COVID-19-related tasks <p>F Other vulnerable patients and those living in confined spaces. These include but are not limited to: (1) Pregnant patients who shall be tested during the peripartum period; (2) Dialysis patients; (3) Patients who are immunocompromised, such as those who have HIV/AIDS, inherited diseases that affect the immune system; (4) Patients undergoing chemotherapy or radiotherapy; (5) Patients who will undergo elective surgical procedures with high risk for transmission; (6) Any person who have had organ transplants, or have had bone marrow or stem cell transplant in the past 6 months; (7) Any person who is about to be admitted in enclosed institutions such as jails, penitentiaries, and mental institutions.</p>	<p>G Residents, occupants or workers in a localized area with an active COVID-19 cluster, as identified and declared by the local chief executive in accordance with existing DOH Guidelines and consistent with the National Task Force Memorandum Circular No. 02 s.2020 or the Operational Guidelines on the Application of the Zoning Containment Strategy in the Localization of the National Action Plan Against COVID-19 Response. The local chief executive shall conduct the necessary testing in order to protect the broader community and critical economic activities and to avoid a declaration of a wider community quarantine.</p> <p>H Frontliners in Tourist Zones:</p> <ol style="list-style-type: none"> H1 All workers and employees in the hospitality and tourism sectors in El Nido, Boracay, Coron, Panglao, Siargao and other tourist zones, as identified and declared by the Department of Tourism. These workers and employees may be tested once every four (4) weeks. H2 All travelers, whether of domestic or foreign origin, may be tested at least once, at their own expense, prior to entry into any designated tourist zone, as identified and declared by the Department of Tourism. <p>I All workers and employees of manufacturing companies and public service providers registered in economic zones located in Special Concern Areas may be tested regularly.</p> <p>J Economy Workers</p> <p>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) who live or work in Special Concern Areas, may be tested every three (3) months. These include but not limited to:</p> <ul style="list-style-type: none"> - Transport and Logistics: drivers of taxi, ride hailing services, buses, public transport vehicle, conductors, pilots, flight attendants, flight engineers, rail operators, mechanics, servicemen, delivery staff, water transport workers (ferries, inter-island shipping, ports) - Food Retail: waiters, waitress, bar attendants, bartenders, chefs, cooks, restaurant managers - Education: teachers at all levels of education and other school frontliners such as guidance counselors, librarians, cashiers - Financial Services: bank tellers - Non-Food Retail: cashiers, stock clerks, retail salespersons - Services: hairdressers, barbers, manicurists, pedicurists, massage therapists, embalmers, morticians, undertakers, funeral directors, parking lot attendants, security guards, messengers - Construction: construction workers including carpenters, stonemasons, electricians, painters, foremen, supervisors, civil engineers, structural engineers, construction managers, crane/tower operators, elevator installers, repairmen - Water Supply, Sewerage, Wastewater Management: plumbers, recycling/reclamation workers, garbage collectors, water/wastewater engineers, janitors, cleaners - Public Sector: judges, courtroom clerks, staff and security, all national and local government employees rendering frontline services in special concern areas - Mass Media: field reporters, photographers, cameramen <p>All employees not covered above are not required to undergo testing but are encouraged to be tested every quarter. Private sector employers are highly encouraged to send their employees for regular testing at the employers' expense in order to avoid lockdowns that may do more damage to their companies.</p> <p>J2</p>
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Appendix 3. Severity of the Disease

MILD	CRITICAL
<p>Symptomatic patients presenting with fever, cough, fatigue, anorexia, myalgia; 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</p>	<p>Patients manifesting with acute respiratory distress syndrome, sepsis and/or septic shock:</p> <ol style="list-style-type: none"> 1. Acute Respiratory Distress Syndrome (ARDS) <ol style="list-style-type: none"> a. Patients with onset within 1 week of known clinical insult (pneumonia) or new or worsening respiratory symptoms, progressing infiltrates on chest X-ray or chest CT scan, with respiratory failure not fully explained by cardiac failure or fluid overload 2. Sepsis <ol style="list-style-type: none"> a. Adults with life-threatening organ dysfunction caused by a dysregulated host response to suspected or proven infection. Signs of organ dysfunction include altered mental status, difficult or fast breathing, low oxygen saturation, reduced urine output, fast heart rate, weak pulse, cold extremities or low blood pressure, skin mottling, or laboratory evidence of coagulopathy, thrombocytopenia, acidosis, high lactate or hyperbilirubinemia b. Children with suspected or proven infection and > 2 age-based systemic inflammatory response syndrome criteria (abnormal temperature $\geq 38.5^{\circ}\text{C}$ or $\leq 36^{\circ}\text{C}$; tachycardia for age or bradycardia for age if < 1 year; tachypnea for age or need for mechanical ventilation; abnormal white blood cell count for age or $> 10^9$ bands), of which one must be abnormal temperature or white blood cell count. 3. Septic Shock <ol style="list-style-type: none"> a. Adults with persistent hypotension despite volume resuscitation, requiring vasopressors to maintain MAP ≥ 65 mmHg and serum lactate level $> 2\text{mmol/L}$ b. Children with any hypotension (SBP $\leq 5^{\text{th}}$ centile or > 2 SD below normal for age) or two or three of the following: altered mental status; bradycardia or tachycardia (HR < 60 bpm or > 180 bpm in infants and heart rate < 70 bpm or > 130 bpm in children); prolonged capillary refill (> 2 sec) or weak pulse; fast breathing; mottled or cool skin or petechial or purpuric rash; high lactate; reduced urine output; hyperthermia or hypothermia.
MODERATE	
<ol style="list-style-type: none"> 1. Adolescent or adult with clinical signs of non-severe pneumonia (e.g. fever, cough, dyspnea, respiratory rate (RR) = 21-30 breaths/minute, peripheral capillary oxygen saturation (SpO₂) $> 92\%$ on room air) 2. Child with clinical signs of non-severe pneumonia (cough or difficulty of breathing and fast breathing) < 2 months: > 80; 2-11 months: > 50; 1-5 years: > 40 and/or chest indrawing) 	
SEVERE	
<ol style="list-style-type: none"> 1. Adolescent or adult with clinical signs of severe pneumonia or severe acute respiratory infection as follows: fever, cough, dyspnea, RR > 30 breaths/minute, severe respiratory distress or SpO₂ $< 92\%$ on room air 2. Child with clinical signs of pneumonia (cough or difficulty in breathing) plus at least one of the following: <ol style="list-style-type: none"> a. Central cyanosis or SpO₂ $< 90\%$; severe respiratory distress (e.g. fast breathing, grunting, very severe chest indrawing); general danger sign; inability to breastfeed or drink, lethargy or unconsciousness, or convulsions. b. Fast breathing (in breaths/minute): < 2 months: > 80; 2-11 months: > 50; 1-5 years: > 40. 	

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Download form through - <https://tinyurl.com/cifversion9>

Annex D. Right Test for the Right Reason (Full Table)

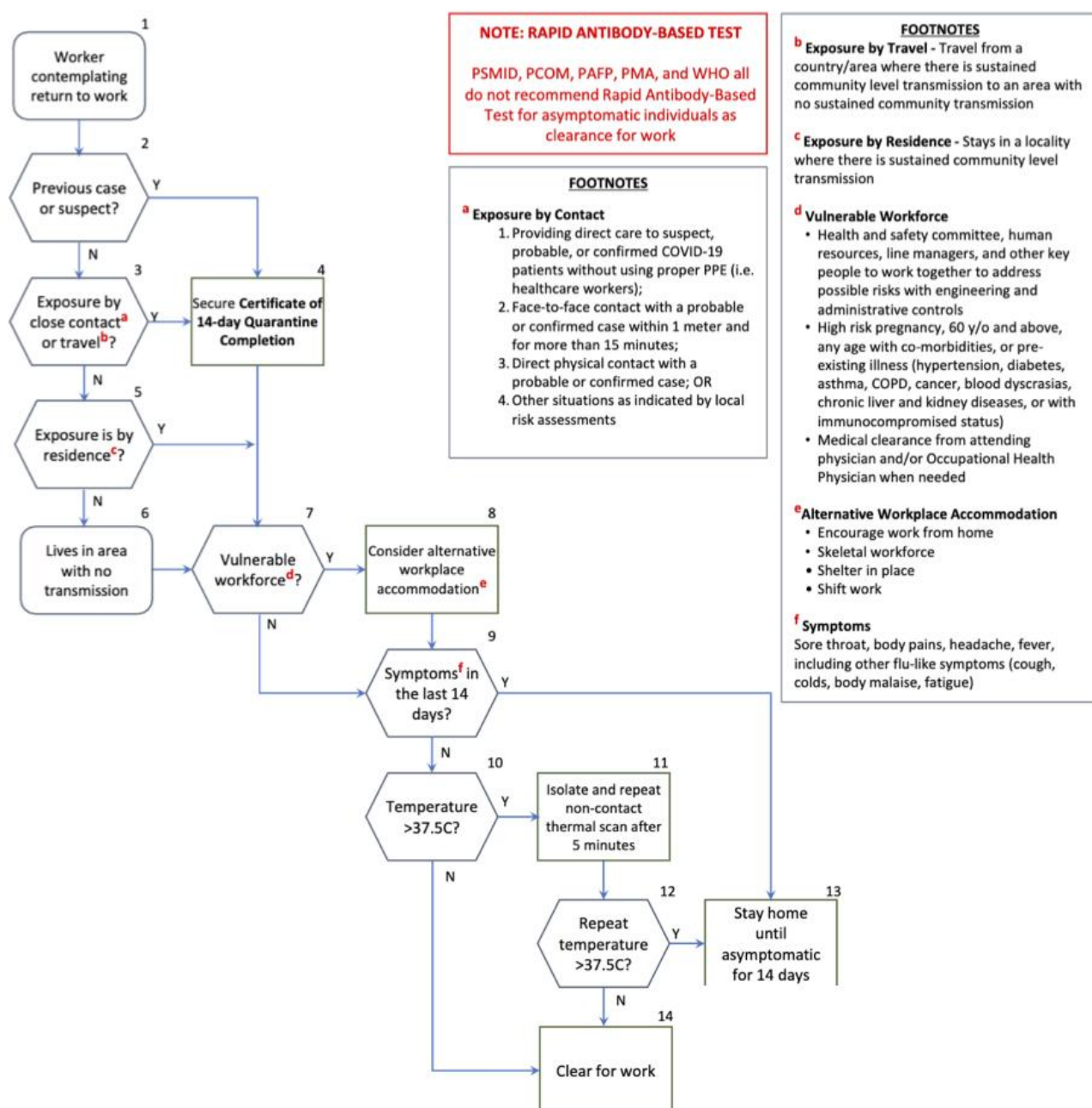
Based on the DOH COVID-19 Response Must-Knows Handbook

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 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	Lab/ Properly equipped health facility setting	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, Complement a PCR test for RT PCR, Screening for LOW RISK individuals Screening for those with HIGH index of suspicion for COVID-19	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)
Clearance for work	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	

Access the original document through -<https://bit.ly/MustKnowsHandbook>

Annex E. PSMID Guidelines on Return to Work

Based on the latest PSMID Guidelines



Access the original document through - <https://bit.ly/MustKnowsHandbook>

Annex F. 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

Region	RESU Head	Email	RESU Hotline	RESU Email
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Access the original document through - <https://bit.ly/MustKnowsHandbook>

Annex G. BIDA sa Trabaho Risk Communication Package



View and download the communication packages through these links:

bit.ly/KERIsaTrabaho

bit.ly/WorkplaceBIDAsaECQ

bit.ly/BIDAsaTrabahoPackage

Annex H. References

1. DOH AO 2021-0043 Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions:
2. DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19: bit.ly/MC20-04A
3. COVID-19 Response Must-Know Handbook: bit.ly/COVID19MustKnowPH
4. Guidelines on the Risk-based Public Health Standards for COVID-19 Mitigation: bit.ly/A00015
5. Infection Prevention and Control Measures: bit.ly/IPCMeasures
6. Use of PPEs: bit.ly/UseofPPEs
7. Ensure the Welfare of Workers: bit.ly/WorkersWelfare
8. DTI-DOLE Clarification #1 on JMC No. 2020-04-A: bit.ly/DTI-DOLEAdvisory20-01
9. DTI-DOLE Clarification #2 on JMC No. 2020-04-A: bit.ly/DTI-DOLEAdvisory20-02
10. Interim Guidance on the Clinical Management of Adult Patients with Suspected or Confirmed COVID-19 Infection: bit.ly/PSMIDClinicalMgt
11. Public Health Surveillance for COVID-19: Interim Guidance: bit.ly/COVID19HealthSurveillance
12. Centers for Disease Control and Prevention: SARS-CoV-2 Transmission: <https://tinyurl.com/COVID19Transmission>
13. Philippine COVID-19 Living Recommendations: <https://tinyurl.com/psmidLCPG>



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