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Republic of the Philippines
Department of Education
REGION X- NORTHERN MINDANAO
DIVISION OF MALAYBALAY CITY

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DEPED MALAYBALAY CITY DIVISION
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BY: LO MAR JAIN

Division Memorandum
No. 135 series of 2020

TO : Assistant Schools Division Superintendent
Chief Education Supervisors, CID and SGOD
Public and Private Elementary and Secondary School Heads
All Others Concerned

FROM : **VICTORIA V. GAZO, PhD, CESO V**
Schools Division Superintendent

DATE : March 9, 2020

RE : **DISSEMINATION OF DEPED MEMORANDUM NO. 31, S. 2020 RE:
FOURTH SET OF POLICY DIRECTIVES OF DEPED TASK FORCE
COVID-19**

1. For the guidance of DepEd Officials, personnel and staff, this Office hereby informs the field of DepEd Memorandum No. 31, s. 2020 re: Fourth Set of Policy Directives of DepEd Task Force Covid-19 to reiterate and elaborate on previously issued measures, content of which is self-explanatory.

2. All Public and Private Elementary and Secondary School Heads are enjoined to strictly follow the policy directives of the department.

3. Shall there be queries, contact JIMDANDY S. LUCINE, Project Development Officer II (DRRM), through 0917-115-6864 or MARCOS JULITA K. FULGENCIO, DMD, Dentist II, through 0906-796-8794.

Encl.: As stated

Copy Furnished:

SGOD-School Health Unit
Records Unit

TO BE POSTED IN THE DIVISION WEBSITE



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Republic of the Philippines
Department of Education

DepEd MEMORANDUM
No. **031**, s. 2020

05 MAR 2020

FOURTH SET OF POLICY DIRECTIVES OF DEPED TASK FORCE COVID-19

To: Undersecretaries
Assistant Secretaries
Minister, Basic, Higher and Technical Education, BARMM
Bureau and Service Directors
Regional Directors
Schools Division Superintendents
Public and Private Elementary and Secondary School Heads
All Others Concerned

1. The Department of Education (DepEd) Task Force COVID-19 is issuing this **Fourth Set of Policy Directives** to reiterate and elaborate on previously issued measures, for the guidance of DepEd officials, personnel and staff at the Central, Regional and Division Offices and schools nationwide.

2. **The World Health Organization (WHO), based on its Situation Report – 39 dated February 28, 2020, increased the assessment of the risk of spread and risk of impact of COVID-19 to “very high” at the global level.** This is the highest level of alert, according to the Dr. Mike Ryan, executive director of WHO’s health emergencies program.¹ In his opening remarks at the media briefing on COVID-19 on February 28, 2020, WHO Director-General Dr. Tedros Adhanom Ghebreyesus said that what can be seen at the moment are *“linked epidemics of COVID-19 in several countries, but most cases can still be traced to known contacts or clusters of cases”* and that there is no *“evidence as yet that the virus is spreading freely in communities.”* Therefore, there is still a chance of containing this virus, if robust action is taken to detect cases early, isolate and care for patients and trace contacts. The key to containing this virus is to break the chains of transmission.”²

3. In light of this, all policy directives and measures contained in DM 015, s. 2020 titled **First Set of Policy Directives of the DepEd Task Force nCoV**, DM 021, s. 2020 titled **Second Set of Policy Directives of the DepEd Task Force nCoV**, and DM 023, s. 2020 titled **Third Set of Policy Directives of the DepEd Task Force COVIC-19** remain in effect.

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¹ <https://cnnphilippines.com/world/2020/2/29/World-Health-Organization-coronavirus-risk-very-high-at-global-level.html>

² <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---28-february-2020>

4. The following measures are reiterated and further elaborated:
- a. **The travel measures and restrictions as stipulated in Enclosure No. 2 to DM 15, s. 2020, are extended for the month of March 2020, and shall continue to remain in effect, subject to the latest updates and advisories on travel restrictions by concerned authorities. As such, official and personal travels are temporarily banned in the following:**
 - i. People's Republic of China and its Special Administrative Regions (SARs); and
 - ii. North Gyeongsang Province of South Korea, including Daegu City and Cheongdo County (per Resolution No. 09, s. 2020 of the Inter-Agency Task Force on Emerging Infectious Diseases, dated March 3, 2020).
 - b. Further, official travels of all DepEd personnel and learners previously approved by the Secretary for the month of **March 2020** to countries identified to have confirmed cases of persons under investigation for COVID-19, as shown in the table below are hereby revoked. All DepEd personnel with approved personal travels to the same countries are highly advised not to proceed.

Countries, territories or areas outside China with reported laboratory-confirmed COVID-19 cases and deaths (Data as of March 2, 2020, WHO Situation Report – 42)		
Western Pacific Region	<ul style="list-style-type: none"> • Republic of Korea • Japan • Singapore • Australia • Malaysia 	<ul style="list-style-type: none"> • Vietnam • Philippines • Cambodia • New Zealand
European Region	<ul style="list-style-type: none"> • Italy • Germany • France • Spain • The United Kingdom • Switzerland • Norway • Sweden • Netherlands • Austria • Croatia • Greece • Israel • Finland • Denmark • Azerbaijan 	<ul style="list-style-type: none"> • Czechia • Georgia • Romania • Iceland • Russian Federation • Armenia • Belarus • Belgium • Estonia • Ireland • Lithuania • Luxembourg • Monaco • North Macedonia • San Marino
South-East Asia Region	<ul style="list-style-type: none"> • Thailand • India • Indonesia 	<ul style="list-style-type: none"> • Nepal • Sri Lanka

Eastern Mediterranean Region	<ul style="list-style-type: none"> • Iran (Islamic Republic of) • Kuwait • Bahrain • United Arab Emirates • Iraq 	<ul style="list-style-type: none"> • Lebanon • Oman • Pakistan • Qatar • Egypt • Afghanistan
Region of the Americas	<ul style="list-style-type: none"> • United States of America • Canada • Mexico 	<ul style="list-style-type: none"> • Brazil • Dominican Republic • Ecuador
African Region	<ul style="list-style-type: none"> • Algeria 	<ul style="list-style-type: none"> • Nigeria

- c. The latest list of countries with confirmed cases is accessible in the WHO's website (<https://www.who.int/emergencies/diseases/novel-coronavirus2019/situation-reports>).
- d. It is reiterated that all personnel and learners who decide to proceed with their scheduled personal travels for the month of March to countries identified to have confirmed cases or persons under investigation for COVID-19 shall be subject to **mandatory self-quarantine for 14 days** from the date of arrival in the Philippines.
- e. However, it is corrected that the 14 days of self-quarantine of DepEd personnel shall **not be deducted from their earned leave credits**, in consonance with the Civil Service Commission Memorandum Circular No. 05, s. 2020, with subject Interim Guidelines on the Use of Leave Credits for Absences Due to Self-Quarantine and/or Treatment Relative to the Corona Virus Disease-2019 (COVID-19). A copy of CSC MC 05, s. 2020 is enclosed (Enclosure No. 1) to provide for the procedure of availment of leave privileges for absences incurred in relation to self-quarantine and/or treatment of concerned DepEd personnel. CSC MC 05, s. 2020 further provides that "government employees, officials, and other public servants covered by these Guidelines whose period of self-quarantine after recent travel (official/personal) was deducted against their leave credits prior to the issuance of these guidelines can have the said leave credits restored through their respective agencies' Human Resource/Personnel Office/s/Units."
- f. Learners on quarantine shall not be marked absent and shall be given alternative delivery modes (ADM) of education.
- g. Personnel and learners on self-quarantine are strongly instructed to adhere to the following general and implementing guidelines, based on CSC MC 05, s. 2020, and the Department of Health Memorandum No. 2020-0090, dated February 17, 2020, with subject Interim Guidelines on the Management of Persons Under Monitoring (PUMs) suspected with Coronavirus Disease 2019 (COVID-19) for Home Quarantine (Enclosure No. 2):



- i. Upon arrival, report to a local health authority and/or coordinate with the Local Government Epidemiologic Surveillance Unit on the logistical, administrative and clinical parameters to be standardized in any attempt to refer the person on quarantine for transfer or consultation.
- ii. Strictly observe the following guidelines while undergoing home quarantine.

(1) Room Isolation and Contacts of Persons Undergoing Quarantine

- (a) The person undergoing quarantine shall be prohibited to leave their rooms/homes where they are quarantined until they have been certified by the local health official to have finished the 14-day requirement for quarantine procedures.
- (b) The person undergoing quarantine shall be placed alone in a well-ventilated room, preferably with toilet and bathroom. If this is not possible, maintain a distance of at least one meter from the person undergoing quarantine (e.g. sleep in a separate bed).
- (c) Assign one person who is in good health as caretaker of the person undergoing quarantine.
- (d) Visitors, family members, and even caregivers are not allowed in the room of the person undergoing quarantine.
- (e) Confine activities of the person undergoing quarantine in his/her room only. If this is not possible, ensure that shared spaces (e.g. kitchen, bathroom) are well ventilated (e.g. keep windows open).

(2) Use of Disposable Surgical Mask

- (a) The person undergoing quarantine should wear a surgical mask fitted tightly to the nose, mouth, and chin when in the same room with another household member or when talking to other people. The use of masks is not required for those not undergoing quarantine.
- (b) If alone, the person undergoing quarantine is not required to wear a mask.
- (c) Masks should not be touched or handled during use. If the mask gets wet or dirty with secretions, it must be changed immediately and disposed properly.
- (d) Discard the used mask after a maximum use of 8 hours. Masks are not reusable and should not be washed. After removal of mask, wash hands using water and soap, or rub hands with 70% alcohol or any hand disinfectant.

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(3) Proper Hand Hygiene Practice for All

- (a) All persons undergoing quarantine and household members should perform proper hand hygiene.
- (b) Perform proper hand hygiene by washing hands with soap and water. If hands are not visibly soiled, 70% alcohol or any alcohol-based hand rub can be used.

- (c) When using soap and water, disposable paper towels to dry hands is desirable. If not available, use dedicated cloth towels and replace them when they become wet.
- (d) Proper hand hygiene should also be performed before and after preparing food, before eating, after using the toilet, and whenever hands look dirty.
- (e) Address safety concerns (e.g. accidental ingestion by children and fire hazards) on the use of alcohol-based hand rubs.

(4) Respiratory Hygiene and Standard Precaution for All

- (a) Respiratory hygiene/cough etiquette should be practiced at all times. Respiratory hygiene refers to covering the mouth and nose during coughing or sneezing using surgical masks, tissues, flexed elbow, sleeves of clothes, or inside the neckline of shirts, followed by hand hygiene.
- (b) Avoid direct contact with body fluids, particularly oral or respiratory secretions, and feces. Use disposable gloves to provide oral or respiratory care and when handling feces, urine, and waste. Wash hands before putting on and after removing gloves.
- (c) Avoid other types of possible exposure to the person undergoing quarantine or contaminated items in their immediate environment (e.g. avoid sharing toothbrushes, towels, washcloths, bed linen).

(5) Food Handling of Person Undergoing Home Quarantine

- (a) The assigned caretaker of the person undergoing quarantine shall serve their plates/meal trays only up to the room door.
- (b) After eating, plates/meal trays should be picked up at the room door by the caretaker using disposable gloves to avoid contamination. Perform proper hand hygiene afterwards.
- (c) Eating utensils and dishes should be cleaned with soap or detergent and water after use and maybe re-used instead of being discarded.
- (d) Do not share eating utensils, dishes, and drinks with person undergoing quarantine.

(6) Disposal of Used Gloves, Tissues Papers, and Masks

- (a) Immediately discard materials used to cover the mouth or nose into the trash or clean reusable items appropriately after use (e.g. wash handkerchiefs using regular soap or detergent and water)
- (b) Gloves, tissues, masks, and other waste generated by the person undergoing quarantine should be placed in a container in their room before disposal with other household waste.

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(7) Cleaning and Disinfection

- (a) Persons undergoing quarantine are encouraged to clean and disinfect frequently touched surfaces such as bedside tables, doorknobs, bedframes, and other bedroom furniture daily with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water).
- (b) Clean and disinfect bathroom and toilet at least once daily with regular household disinfectant containing diluted bleach solution (1-part bleach to 99-parts water).
- (c) Clean clothes, bedclothes, bath and hand towels, etc. of the person undergoing quarantine using regular laundry soap and water or machine wash at 60-90 °C with common household detergent, and sun-dry. Place used linen in a laundry bag. Do not shake soiled laundry. Additional measures may be needed to prevent unhygienic reuse of gloves, masks. Avoid direct contact of the skin and clothes with the contaminated materials.
- (d) Use disposable gloves and protective clothing (e.g., plastic aprons) when cleaning or handling surfaces, clothing or linen soiled with body fluids. Perform proper hand hygiene before and after removing gloves.

(8) Reporting. In case the person undergoing quarantine develops symptoms, they should be reported immediately to the Regional Epidemiology and Surveillance Unit (RESU) or Local Surveillance Officer for transport to nearest health facility. All household members should be advised to seek immediate medical care when signs and symptoms develop.

iii. Secure a medical certificate before reporting back to school or work.

- (1) For those who have not exhibited symptoms of COVID-19, a Medical Certificate issued by any government/private physician that the learner or personnel has undergone self-quarantine for 14 days upon arrival in the Philippines, has exhibited no symptoms of COVID-19 and is cleared to report back to school or work, shall be submitted to the school and/or the HR unit.
- (2) For those who got sick but were not infected by the COVID-19, a Medical Certificate issued by any government/private physician that the learner or personnel has been treated of his/her sickness and is cleared as being fit to report back to school or work shall be submitted to the school and/or the HR unit.
- (3) For those who were infected by the COVID-19, a Medical Certificate issued by the Referral Center for Emerging and Re-Emerging Infectious Disease indicating that the learner indicating that the learner or personnel has been treated and



is cleared as being fit to report back to school or work shall be submitted to the school and/or the HR unit.

- h. **All personnel are warned against travelling abroad without approved travel authority**, in compliance with the Memorandum from the Executive Secretary, dated January 3, 2018, with subject Directives Applying to Foreign Travels of All Government Officials and Personnel in the Executive Department, and disseminated through DM 008, s. 2018, titled Dissemination of Memorandum from the Executive Secretary Dated 03 January 2018, which provides that **"no government official or personnel shall be allowed to depart for any travel abroad, even if such is for a personal or private purposes without cost to the government, unless such official or personnel has obtained the appropriate travel authorization from his/her agency, has duly accomplished the requisite leave forms, and his/her absence shall not hamper the operational efficiency of said agency."**
 - i. The Central Office, Regional Offices, and Schools Division Offices are instructed to strictly monitor adherence to these measures. Refusal to submit to these guidelines may result in the filing of administrative actions for misconduct, insubordination, dishonesty, and other related offenses.
 - j. Weekend school-wide general cleaning and intensified disinfection efforts, on top of regular cleaning efforts during school days shall continue.
5. Schools Division Offices are reminded to consolidate the weekly health situation reports from schools for submission to the **Bureau of Learner Support Services-School Health Division**, as guided by the Enclosure No. 2 to DM 15, s. 2020.
6. Private schools are highly encouraged to adopt the precautionary measures contained in this DepEd memorandum.
7. For information, please contact the **Quick Response and Recovery Team on COVID-19 (QRRT-COVID-19)** at the Bureau of Learner Support Services through email at blss.shd@deped.gov.ph or at telephone number (02) 8632-9935.
8. Immediate dissemination of this Memorandum is desired.


LEONOR MAGTOLIS BRIONES
Secretary

Encls.:

As stated

References:

DepEd Memorandum (Nos. 011, 015, 019, 021 and 023, s. 2020)

To be indicated in the Perpetual Index
under the following subjects

BUREAUS AND OFFICES
EMPLOYEES
HEALTH EDUCATION
LEARNERS
OFFICIALS
REPORTS
RULES AND REGULATIONS
SCHOOLS
TRAVEL



MC No. 05, s. 2020

MEMORANDUM CIRCULAR

TO : ALL HEADS OF CONSTITUTIONAL BODIES; DEPARTMENTS, BUREAUS AND AGENCIES OF THE NATIONAL GOVERNMENT; LOCAL GOVERNMENT UNITS; GOVERNMENT-OWNED OR CONTROLLED CORPORATIONS WITH ORIGINAL CHARTERS; AND STATE UNIVERSITIES AND COLLEGES

SUBJECT : Interim Guidelines on the Use of Leave Credits for Absences Due to Self-Quarantine and/or Treatment Relative to the Corona Virus Disease-2019 (COVID-19)

Pursuant to CSC Resolution No. 2000362 promulgated on February 20, 2020, the Commission adopted the following Interim Guidelines on the Use of Leave Credits for Absences Due to Self-Quarantine and/or Treatment relative to the Corona Virus Disease-2019 (COVID-19) to avert the threat in all workplaces in the public sector and to ensure that government officials and employees are given the chance to undergo preventive or remedial health measures to ensure that they are in good health at all times.

1.0 Purpose

These guidelines provides for the procedure of availment of leave privileges for absences incurred in relation to self-quarantine and/or treatment of public sector officials and employees relative to the COVID-19 which has been declared by the World Health Organization as Public Health Emergency of International Concern (PHEIC).

Moreover, said guidelines seek to ensure that precautionary measures are employed in government agencies to avoid the spread of the said virus in the public sector workplace.

2.0 Scope and Coverage

These guidelines apply to all public sector officials and employees regardless of status of appointment (permanent, temporary, provisional,

Bawat Kawani, Lingkod Bayani

substitute, coterminous, casual, contractual or fixed term) including elective officials.

3.0 Guidelines

3.1 It is the responsibility of each government official/employee or any individual serving the public sector to ensure that he/she employs the necessary measures to prevent the spread of the COVID-19 infection in the public sector workplace.

One who feels sick with the COVID-19-like symptoms¹ or has been exposed to persons infected with COVID-19 must immediately inform his/her supervisor; voluntarily seek immediate medical attention and/or go on self-quarantine, as deemed necessary upon the advice and certification of a licensed government/private physician. This is in order to avert the possible spread of the infection in the workplace.

3.2 All officials and employees in the public sector who have history of travel from China and its Special Administrative Regions (Macau and Hongkong) including other countries as declared/identified by competent Philippine authority prior to and after the promulgation of these guidelines shall ensure that they shall have submitted themselves to "self-quarantine" in their homes or any appropriate health facility, as applicable for fourteen (14) calendar days upon arrival in the Philippines. They shall not report back to work unless the said self-quarantine period has elapsed and/or they have been treated, and cleared as being fit to go back to work by the proper health authorities.

3.3 Absence from work due to self-quarantine period and/or treatment of the COVID-19, as applicable, shall be treated, as follows:

Categories	Nature of Absence from Work; Applicable Leave of Absence	Procedure Upon Return to Work
1. Officials and employees who have history of travel (official/personal) from China and its Special Administrative Regions (Macau and Hongkong) including other countries as	Absence from work during the fourteen (14) calendar days prescribed period of observation, including those who were diagnosed with	<u>For those who have not exhibited symptoms of COVID-19:</u> A Medical Certificate to be submitted to the agency's HR unit issued by any government/ private physician that one has

¹ Signs and symptoms: (fever, coughing, shortness of breath or difficulty breathing, other early symptoms to watch for are chills, body aches, sore throat, headache, diarrhea, nausea/vomiting, and runny nose).

declared/identified by competent Philippine authority prior to and after the promulgation of these guidelines who are directed to go on self-quarantine and/or later on tested positive of COVID-19.	COVID-19 during the said period, shall not be deducted from their earned leave credits. After the aforementioned 14-day period has elapsed the official/employee diagnosed with the COVID-19, their absences shall be charged from their earned sick leave credits.	voluntarily self-quarantined himself/herself for 14 days upon arrival from the country and has exhibited no symptoms of COVID-19 and is cleared to report back to work. <u>For those who got sick but were not infected by the COVID-19:</u> A Medical Certificate to be submitted to the agency's HR unit issued by any government/private physician that one has been treated of his/her sickness and is cleared as being fit to report back to work. <u>For those who were infected by the COVID-19:</u>
2. Frontline service providers such as but not limited to Public Health Workers (PHWs), immigration officers, consular officers and other government officials and employees who are directed to go on self-quarantine and/or later tested positive of COVID-19 while in the performance of their official functions.		
3. Officials and employees who take care of their family members who have contracted the COVID-19.	Absence from work during the fourteen (14) calendar days prescribed period of observation and treatment shall be charged against their earned sick leave credits.	A Medical Certificate to be submitted to the agency's HR unit issued by the government health facility responsible for the treatment of the said COVID-19 indicating that one has been treated and is cleared as being fit to report back to work. Said health facilities, called Referral Centers for Emerging and Re-Emerging Infectious Disease may be referred to in the DOH website, www.doh.gov.ph .

3.4 In the event of circumstances above mentioned wherein the employee has exhausted his/her sick leave credits, Section 56 of the Omnibus Rules on Leave shall apply allowing the use of vacation leave credits in lieu of sick leave credits. In case vacation leave credits have been

exhausted, the employee may apply for sick leave of absence without pay.

- 3.5 Office heads shall also ensure that the efficiency and productivity standards of work units are met in such cases where periods of absence of concerned officials and staff may bring about setbacks in the delivery of public service.

4.0 Responsibilities of the Agency head

- 4.1 The agency head shall ensure that the aforecited guidelines are enforced in one's agency as a precautionary measure to avert the possible threat of the COVID-19 in the public sector workplace.

5.0 Effectivity

These guidelines shall take effect immediately and shall be applicable for the duration of the Public Health Emergency of International Concern (PHEIC) until said medical condition has been lifted by the proper health authorities.

However, government employees, officials, and other public servants covered by these Guidelines whose period of self-quarantine after recent travel (official/personal) was deducted against their leave credits prior to the issuance of these Guidelines can have the said leave credits restored through their respective agencies' Human Resource/Personnel Office/s/Units.


ALICIA dela ROSA-BALA
Chairperson



20 FEB 2020



**Interim Guidelines on the Use of
Leave Credits for Absences Due to
Self-Quarantine and/or Treatment
Relative to the Corona Virus
Disease-2019 (COVID-19)**

Number : 2000362

Promulgated: 20 FEB 2020

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RESOLUTION

WHEREAS, Section 3, Article IX-B of the 1987 Philippine Constitution mandates the Civil Service Commission, as the central personnel agency of the Government, to *"establish a career service and adopt measures to promote morale, efficiency, integrity, responsiveness, progressiveness, and courtesy in the civil service. It shall strengthen the merit and rewards system, integrate all human resources development programs for all levels and ranks, and institutionalize a management climate conducive to public accountability."* x x x

WHEREAS, Section 15, Article II of the 1987 Philippine Constitution likewise mandates that *"The State shall protect and promote the right to health of the people and instill health consciousness among them."*;

WHEREAS, Section 1, Chapter I, Title I (A), Book V of Executive Order No. 292 (Administrative Code of 1987) provides that the Civil Service Commission shall adopt measures to promote morale, efficiency, integrity, responsiveness, and courtesy in the civil service;

WHEREAS, Section 12 (2), Chapter 3, Title I (A), Book V of Executive Order No. 292 (Administrative Code of 1987) provides that the Civil Service Commission shall prescribe, amend and enforce rules and regulations for carrying into effect the provisions of the Civil Service Law and other pertinent laws;

WHEREAS, Section 60 (Leave of Absence), Chapter 9, Title I (A), Book V of Executive Order No. 292 (Administrative Code of 1987) states that *"Officers and employees in the Civil Service shall be entitled to leave of absence, with or without pay, as may be provided by law and the rules and regulations of the Commission in the interest of the service"*;

WHEREAS, the World Health Organization has declared the Corona Virus Disease-2019 (COVID-19) as Public Health Emergency of International Concern (PHEIC), that would require the adoption of measures to avert the threat in all workplaces in the public sector;

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Bawat Kawani, Lingkod Bayani

WHEREAS, a number of agencies have posed queries and sought clarifications from the Commission on the guidelines for the use of leave credits due to absences incurred by a public sector employee for the required self-quarantine period after one's travel from China and its Special Administrative Regions (SARs);

WHEREAS, the Commission needs to promulgate interim guidelines on the use of leave credits due to absences incurred by a public sector employee who is suspected and/or confirmed to have contracted the COVID-19, including the procedures to ensure that his/her co-workers' safety from infection upon return to work;

WHEREAS, government employees must be given a chance to undergo preventive or remedial health measures to ensure that they are in good health at all times;

WHEREFORE, the Commission **RESOLVES** to **ADOPT** the following Interim Guidelines on the Use of Leave Credits for Absences Due to Self-Quarantine and/or Treatment relative to the Corona Virus Disease-2019 (COVID-19):

1.0 Purpose

These guidelines provides for the procedure of availment of leave privileges for absences incurred in relation to self-quarantine and/or treatment of public sector officials and employees relative to the COVID-19 which has been declared by the World Health Organization as Public Health Emergency of International Concern (PHEIC).

Moreover, said guidelines seek to ensure that precautionary measures are employed in government agencies to avoid the spread of the said virus in the public sector workplace.

2.0 Scope and Coverage

These guidelines apply to all public sector officials and employees regardless of status of appointment (permanent, temporary, provisional, substitute, coterminous, casual, contractual or fixed term) including elective officials.

3.0 Guidelines

- 3.1 It is the responsibility of each government official/employee or any individual serving the public sector to ensure that he/she employs the necessary measures to prevent the spread of the COVID-19 infection in the public sector workplace.

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One who feels sick with the COVID-19-like symptoms¹ or has been exposed to persons infected with COVID-19 must immediately inform his/her supervisor; voluntarily seek immediate medical attention and/or go on self-quarantine, as deemed necessary upon the advice and certification of a licensed government/private physician. This is in order to avert the possible spread of the infection in the workplace.

3.2 All officials and employees in the public sector who have history of travel from China and its Special Administrative Regions (Macau and Hongkong) including other countries as declared/identified by competent Philippine authority prior to and after the promulgation of these guidelines shall ensure that they shall have submitted themselves to "self-quarantine" in their homes or any appropriate health facility, as applicable for fourteen (14) calendar days upon arrival in the Philippines. They shall not report back to work unless the said self-quarantine period has elapsed and/or they have been treated, and cleared as being fit to go back to work by the proper health authorities.

3.3 Absence from work due to self-quarantine period and/or treatment of the COVID-19, as applicable, shall be treated, as follows:

Categories	Nature of Absence from Work; Applicable Leave of Absence	Procedure Upon Return to Work
1. Officials and employees who have history of travel (official/personal) from China and its Special Administrative Regions (Macau and Hongkong) including other countries as declared/identified by competent Philippine authority prior to and after the promulgation of these guidelines who are directed to go on self-quarantine and/or later on tested positive of COVID-19.	<p>Absence from work during the fourteen (14) calendar days prescribed period of observation, including those who were diagnosed with COVID-19 during the said period, shall not be deducted from their earned leave credits.</p> <p>After the aforecited 14-day period has elapsed the</p>	<p><u>For those who have not exhibited symptoms of COVID-19:</u></p> <p>A Medical Certificate to be submitted to the agency's HR unit issued by any government/ private physician that one has voluntarily self-quarantined himself/herself for 14 days upon arrival from the country and has exhibited no symptoms of COVID-19 and is cleared to report back to work.</p> <p><u>For those who got sick but were not infected by the COVID-19:</u></p>

¹ Signs and symptoms: (fever, coughing, shortness of breath or difficulty breathing, other early symptoms to watch for are chills, body aches, sore throat, headache, diarrhea, nausea/vomiting, and runny nose).

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<p>2. Frontline service providers such as but not limited to Public Health Workers (PHWs), immigration officers, consular officers and other government officials and employees who are directed to go on self-quarantine and/or later tested positive of COVID-19 while in the performance of their official functions.</p>	<p>official/employee diagnosed with the COVID-19, their absences shall be charged from their earned sick leave credits.</p>	<p>A Medical Certificate to be submitted to the agency's HR unit issued by any government/ private physician that one has been treated of his/her sickness and is cleared as being fit to report back to work.</p> <p><u>For those who were infected by the COVID-19:</u></p>
<p>3. Officials and employees who take care of their family members who have contracted the COVID-19.</p>	<p>Absence from work during the fourteen (14) calendar days prescribed period of observation and treatment shall be charged against their earned sick leave credits.</p>	<p>A Medical Certificate to be submitted to the agency's HR unit issued by the government health facility responsible for the treatment of the said COVID-19 indicating that one has been treated and is cleared as being fit to report back to work.</p> <p>Said health facilities, called Referral Centers for Emerging and Re-Emerging Infectious Disease may be referred to in the DOH website, www.doh.gov.ph.</p>

3.4 In the event of circumstances above mentioned wherein the employee has exhausted his/her sick leave credits, Section 56 of the Omnibus Rules on Leave shall apply allowing the use of vacation leave credits in lieu of sick leave credits. In case vacation leave credits have been exhausted, the employee may apply for sick leave of absence without pay.

3.5 Office heads shall also ensure that the efficiency and productivity standards of work units are met in such cases where periods of absence of concerned officials and staff may bring about setbacks in the delivery of public service.



4.0 Responsibilities of the Agency head

- 4.1 The agency head shall ensure that the aforementioned guidelines are enforced in one's agency as a precautionary measure to avert the possible threat of the COVID-19 in the public sector workplace.

5.0 Effectivity

This Resolution shall take effect immediately and shall be applicable for the duration of the Public Health Emergency of International Concern (PHEIC) until said medical condition has been lifted by the proper health authorities.


However, government employees, officials, and other public servants covered by these Guidelines whose period of self-quarantine after recent travel (official/personal) was deducted against their leave credits prior to the issuance of these Guidelines can have the said leave credits restored through their respective agencies' Human Resource/Personnel Office/s/Units.

Quezon City.


ALICIA dela ROSA - BALA
Chairperson


ATTY. AILEEN LOURDES A. LIZADA
Commissioner

VACANT
Commissioner

Attested by:

DOLORES B. BONIFACIO
Director IV
Commission Secretariat and Liaison Office



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

17 February 2020

DEPARTMENT MEMORANDUM

No. 2020 - 0090

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS AND ALL OTHERS CONCERNED

SUBJECT: Interim Guidelines on the Management of Persons Under Monitoring (PUMs) suspected with Coronavirus Disease 2019 (COVID-19) for Home Quarantine

I. BACKGROUND

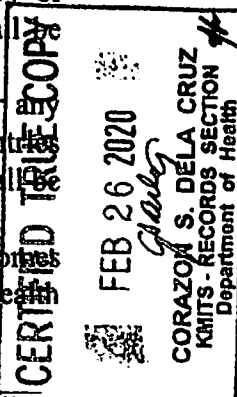
After a cluster of pneumonia cases of unknown etiology was reported in Wuhan City, Hubei Province of China last December 31, 2019, Chinese health authorities preliminarily identified the cause of this viral pneumonia as a new or novel type of coronavirus.

With an increasing number of cases spreading to various territories and confirmed human-to-human transmission, the World Health Organization declared the outbreak as a Public Health Emergency of International Concern (PHEIC) last January 30, 2020.

The Department of Health (DOH) hereby issues interim guidelines on the management of persons under monitoring (PUMs) suspected with Coronavirus Disease 2019 (COVID-19) for home quarantine.

II. GENERAL GUIDELINES

- A. Any person, regardless of nationality, race and age, who does not exhibit any sign nor symptom, has history of travel to other areas of China and/or history of exposure to a confirmed case of COVID-19, within the past 14 days, shall be required to undergo monitored home quarantine.
- B. Any person, regardless of nationality, race and age, who exhibits fever or any symptom of lower respiratory illness, and has a history of travel to other countries with a confirmed case of COVID-19 but without any history of exposure, shall be advised to undergo monitored home quarantine.
- C. Those undergoing home quarantine shall be prohibited to leave their rooms/homes where they are quarantined until they have been certified by the local health official to have finished the 14-day requirement for quarantine procedures.



- D. Initial coordination should be done with the Local Government Epidemiologic Surveillance Unit on the logistical, administrative and clinical parameters to be standardized in any attempt to refer a PUM for transfer or consultation.

III. IMPLEMENTING GUIDELINES

A. Room Isolation and Contacts of Persons Under Monitoring (PUM)

1. Place the PUM alone in a well-ventilated room, preferably with toilet and bathroom. If this is not possible, maintain a distance of at least 1 meter from the PUM (e.g. sleep in a separate bed).
2. Assign one person who is in good health as caretaker of the PUM.
3. Visitors, family members and even caregivers are not allowed in the PUM's room, if possible.
4. Confine activities of the PUM in his/her room only. If this is not possible, ensure that shared spaces (e.g. kitchen, bathroom) are well ventilated (e.g. keep windows open).

B. Use of Disposable Surgical Mask

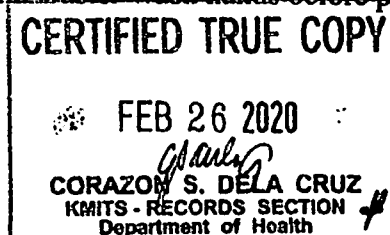
1. The PUM should wear a surgical mask fitted tightly to the nose, mouth, and chin when in the same room with another household member or when talking to other people. The use of masks is not required for the person/s the PUM is/are interacting with.
2. If alone, the PUM is not required to wear a mask.
3. Masks should not be touched or handled during use. If the mask gets wet or dirty with secretions, it must be changed immediately and disposed properly.
4. Discard the used mask after a maximum use of 8 hours. Masks are not reusable and should not be washed. After removal of mask, wash hands using water and soap, or rub hands with 70% alcohol or any hand disinfectant.

C. Hand Hygiene Practice for ALL

1. All PUMs and household members should perform hand hygiene following contact with PUM or if in contact with their immediate environment.
2. Perform hand hygiene by washing hands with soap and water. If hands are not visibly soiled, 70% alcohol or any alcohol-based hand rub can be used.
3. When using soap and water, disposable paper towels to dry hands is desirable. If not available, use dedicated cloth towels and replace them when they become wet.
4. Hand hygiene should also be performed before and after preparing food, before eating, after using the toilet, and whenever hands look dirty.
5. Address safety concerns (e.g. accidental ingestion by children and fire hazards) on the use of alcohol-based hand rubs.

D. Respiratory Hygiene and Standard Precaution for ALL

1. Respiratory hygiene/cough etiquette should be practiced by all at all times. Respiratory hygiene refers to covering the mouth and nose during coughing or sneezing using surgical masks, tissues, flexed elbow, sleeves of clothes, or inside the neckline of shirts, followed by hand hygiene.
2. Avoid direct contact with body fluids, particularly oral or respiratory secretions, and feces. Use disposable gloves to provide oral or respiratory care and when handling feces, urine and waste. Wash hands before putting on and after removing gloves.



3. Avoid other types of possible exposure to PUM or contaminated items in their immediate environment (e.g. avoid sharing toothbrushes, cigarettes, towels, washcloths, bed linen).

E. Food Handling of PUM on Home Quarantine

1. The assigned caretaker of the PUM shall serve their plates/meal trays only up to the room door.
2. After eating, plates/meal trays should be picked up at the room door by the caretaker using disposable gloves to avoid contamination. Perform hand hygiene afterwards.
3. Eating utensils and dishes should be cleaned with soap or detergent and water after use and may be re-used instead of being discarded.
4. Do not share eating utensils, dishes, and drinks with PUM.

F. Disposal of Used Gloves, Tissues Papers, and Masks

1. Immediately discard materials used to cover the mouth or nose into the trash or clean reusable items appropriately after use (e.g. wash handkerchiefs using regular soap or detergent and water).
2. Gloves, tissues, masks and other waste generated by PUM should be placed in a container in PUM's room before disposal with other household waste.

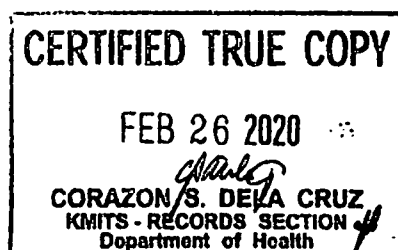
G. Cleaning and Disinfection


1. PUMs are encouraged to clean and disinfect frequently touched surfaces such as bedside tables, doorknobs, bedframes, and other bedroom furniture daily with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water).
2. Clean and disinfect bathroom and toilet at least once daily with regular household disinfectant containing diluted bleach solution (1-part bleach to 99-parts water).
3. Clean clothes, bedclothes, bath and hand towels, etc. of PUM using regular laundry soap and water or machine wash at 60-90 °C with common household detergent, and sun-dry. Place used linen into a laundry bag. Do not shake soiled laundry. Additional measures may be needed to prevent unhygienic reuse of gloves, masks, avoid direct contact of the skin and clothes with the contaminated materials.
4. Use disposable gloves and protective clothing (e.g. plastic aprons) when cleaning or handling surfaces, clothing or linen soiled with body fluids. Perform hand hygiene before and after removing gloves.

H. Reporting

1. PUM who developed symptoms should be reported immediately to Regional Epidemiology and Surveillance Unit (RESU) or Local Surveillance Officer for transport to nearest health facility.
2. All household members of PUM should be advised to seek immediate medical care when signs and symptoms developed.

For strict compliance of all concerned.




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



Republic of the Philippines
Department of Education

09 MAR 2020

DepEd MEMORANDUM
No. **034**, s. 2020

FIFTH SET OF POLICY DIRECTIVES OF DEPED TASK FORCE COVID-19

To: Undersecretaries
Assistant Secretaries
Minister, Basic, Higher and Technical Education, BARMM
Bureau and Service Directors
Regional Directors
Schools Division Superintendents
Public and Private Elementary and Secondary School Heads
All Others Concerned

1. The Department of Education (DepEd) Task Force COVID-19 is issuing this fifth set of policy directives to reiterate and elaborate on previously issued measures for the guidance of DepEd officials, personnel and staff at the Central, Regional and Division Offices and schools nationwide, to **ensure heightened precautions** in light of the recent developments in the overall national situation. DepEd Task Force COVID-19 is **monitoring the situation closely and is ready** to make informed, coordinated, and proportionate response based on updated guidelines or advisory by the Inter-Agency Task Force on Emerging Infectious Diseases (IAFT-EID) headed by the Department of Health (DOH).

2. **The DOH has raised the COVID-19 Alert System to Code Red sublevel 1**, following the confirmation of local transmission in the country and in anticipation of possible community transmission. In a press release (Enclosure No. 1), the DOH clarifies that this is "a preemptive call to ensure that national and local governments and public and private health care providers can prepare for possible increase in suspected and confirmed cases." Under *Code Red sublevel 1*, responses being implemented include intensified contact tracing and home quarantine of close contacts of confirmed cases, improved hospital preparedness, enhanced Severe Acute Respiratory Illness surveillance, and activation of other laboratories outside of RITM to increase capacity to diagnose. DOH Secretary Francisco T. Duque III reminds everyone "to practice personal protective measures such as hand hygiene, social distancing, and proper cough etiquette. Avoid unnecessary travel and postpone mass gatherings, as well."

3. Based on the DOH Door 4 Response (Enclosure No. 2), *Code Red* is equivalent to Alert Level 4 that has been further categorized to *sublevel 1* (at least 1 local transmission) and *sublevel 2* (sustained community transmission beyond capacity). It is clarified that the "community level transmission" referred to in relevant provisions on DM 021, s. 2020 titled **Second Set of Policy Directives of the DepEd Task Force nCoV**, during which suspension of classes can be declared, pertains to a *Code Red sublevel 2* scenario.

4. The Presidential Spokesperson said in a statement (Enclosure No. 3) that "the Office of the President notes the recommendation of the DOH to declare a State of Public Health Emergency. The said proposal has been raised to the attention of the

President who has agreed to issue such declaration after considering all critical factors with the aim of safeguarding the health of the Filipino public.”

5. DepEd offices and schools shall ensure that **all DepEd personnel and learners who are known to have had close contacts with confirmed cases of COVID-19 shall undergo home quarantine**, strictly following prescribed guidelines by health authorities, including the necessary medical check-ups. DepEd personnel and learners who are also known to have had close contacts with those categorized by the DOH as “persons under investigation” shall also be closely monitored by their respective supervisors, advisers, or school heads.

6. The following guidelines on suspension of classes are reiterated for the guidance of all Regional Directors (RDs), Schools Division Superintendents (SDSs), and/or school heads:

- a. If one school has confirmed one positive case of COVID-19, the school head can declare the suspension of classes.
- b. If two or more schools in one city or municipality have confirmed a positive case of COVID-19, the SDSs can declare the suspension of classes in the affected schools and adjacent areas or, depending on the local situation, in the entire city or municipality.
- c. If there is community-level transmission in a city or municipality or several cities or municipalities, the SDSs can declare the suspension of classes in the affected cities/municipalities or, depending on the local situation, in the entire province.
- d. If there is a community-level transmission in two or more provinces, RDs can declare suspension of classes in the affected provinces or, depending on the local situation, in the entire region.
- e. **Confirmation of cases, as well as community-level transmission, shall only come from the DOH.**

7. Conduct of activities for the month of March shall be guided by the following:

- a. **All national activities** involving learners and/or teachers requiring travel and congregation of various schools, divisions, and/or regions, **except for the already ongoing National Schools Press Conference (NSPC) and the National Festival of Talents (NFOT), are suspended effective upon the issuance of this memorandum, and will remain so until further notice through an appropriate memorandum.**
- b. **All regional activities** involving learners and/or teachers requiring travel and congregation of various schools and/or division, including Regional *Palaro* (Regional Athletic Meets), **are suspended effective upon the issuance of this memorandum and until further notice.**
- c. All organizers of suspended national and regional activities are required to report suspended activities to the Disaster Risk Reduction and Management Service (DRRMS) through <http://bit.ly/depedsuspensionofactivities>.
- d. **All division and district activities** that involve the gathering/congregation of various schools in cities and municipalities where there have been DOH-confirmed local cases of COVID-19 are suspended effective upon

the issuance of this memorandum and until further notice. As of March 7, 2020, these are Taguig City and San Juan City, National Capital Region.

- e. **All division and district activities** that involve the gathering/congregation of various schools in all other cities and municipalities **are highly discouraged**. Organizers are advised to seek the recommendation of local health authorities should the activities push through. The applicable guidelines enumerated in *Item No. 7a* of this memorandum shall also be observed.
- f. **All off-campus activities as defined in DepEd Order No. 66, s. 2017 are suspended, effective immediately**, upon the issuance of this memorandum.
- g. Activities that involve congregation of learners within the school may proceed, provided that all personnel and learners exhibiting respiratory infections **must not attend**, and that the applicable guidelines enumerated in *Item No. 7a* of this memorandum are strictly observed. Personnel and learners exhibiting respiratory infections shall be referred to appropriate health personnel for proper evaluation and/or referral to a hospital if needed.
- h. The ongoing NSPC and NFOT must strictly adhere to the following guidelines:
 - i. Strict observance of relevant protocols outlined under DM 015, s. 2020, and subsequent DepEd Task Force COVID-2019 issuances, including **hand and respiratory hygiene protocols**;
 - ii. Presence of members of the concerned DepEd Regional and Division Task Forces on COVID-2019;
 - iii. Ensuring that no learner and/or teacher who has close contact with a confirmed case of COVID-19 is allowed to travel and/or to participate in the activities;
 - iv. Submission by all delegates of individual info-sheets providing personal information, travel details, and travel history, with consent of collection and use of personal information for medical and public health purposes;
 - v. Daily cleaning and disinfection of activity venues and participants' accommodations and ensuring the availability of hand sanitizers in strategic areas;
 - vi. Hygienic food handling practices during meal and snack break times, including ensuring that buffet is strictly assisted to limit the number of persons who will touch serving utensils, and practical measures such as discouraging talking in areas where food is served;
 - vii. Constant reminders of precautionary measures to participants in the course of the event;
 - viii. Daily monitoring by the delegation heads for any respiratory symptoms among members of their delegation, including the use of thermal scanners;

- ix. Protocol for isolation and coordinated management by a local medical team;
 - x. Removal of avoidable event components from the program, such as parades; and,
 - xi. Close coordination with local health and local government units.
8. All guidelines related to travel of DepEd personnel and learners, and the corresponding quarantine requirement, as enumerated in DM 031, s. 2020 remain.
- a. All official and personal travels to People's Republic of China and its Special Administrative Regions, and North Gyeongsang Province of South Korea, including Daegu City and Cheongdo County are temporarily banned.
 - b. Official travels of all DepEd personnel and learners previously approved by the Secretary for the month of March 2020 to countries identified to have confirmed cases of persons under investigation for COVID-19, as reported by the World Health Organization (WHO), are revoked. All DepEd personnel with approved personal travels to the same countries are highly advised not to proceed. The latest list of countries with confirmed cases is accessible in the WHO's website (<https://www.who.int/emergencies/diseases/novel-coronavirus2019/situation-reports>).
 - c. All personnel and learners who decide to proceed with their scheduled personal travels for the month of March to countries identified to have confirmed cases or persons under investigation for COVID-19 shall be subject to **mandatory self-quarantine for 14 days** from the date of arrival in the Philippines, strictly following DM 031, s. 2020 on:
 - i. reporting to appropriate local health authorities upon arrival in the Philippines;
 - ii. strictly observing the guidelines on room isolation and contacts of persons undergoing quarantine, use of disposable surgical mask, proper hand hygiene practice, respiratory hygiene and standard precaution, food handling of persons undergoing home quarantine, disposal of used gloves, tissues, and masks, cleaning and disinfection, and reporting; and
 - iii. securing the necessary medical certificate before reporting back to school or work.
 - d. Learners on quarantine shall not be marked absent and shall be provided with alternative delivery modes of education.
 - e. All personnel are warned against travelling abroad without approved travel authority. Such act may result in the filing of administrative actions.
9. Weekend school-wide general cleaning and intensified disinfection efforts, on top of regular cleaning efforts during school days, shall continue.
10. All DepEd offices and schools, upon the declaration by the President of state of public health emergency, are authorized to use existing maintenance and other operating expenses (MOOE) funds for the emergency purchase of critical logistics and

supplies for offices and schools such as, among others, thermal scanners, hand sanitizers, alcohol, hand soap, disinfectants, and facial masks.

11. All DepEd personnel and learners are reminded to use and share only verified and up-to-date information from reliable and official sources such as the WHO, the DOH, DepEd, and other concerned government agencies. **All DepEd schools and offices are instructed to share only from these sources when disseminating information on social media and other platforms.**

12. Regional and Division health personnel, DRRM coordinators, and Information Officers who are members of their respective Regional and Division DRRM Teams activated by DM 15, s. 2020 for COVID-19, are instructed to join the **Workplace Group "QRRT-COVID-19 Reports"** where they will send reports directly to the DepEd [Central Office] Quick Response and Recovery Team on COVID-19 (QRRT-COVID-19) on a daily basis and/or as frequently as needed. They shall provide daily updates on the number of personnel and learners on quarantine, class suspensions, and other relevant and urgent incidents that need to be immediately reported to the Central Office QRRT for appropriate and quick response, guidance, or direction. Requests to join the group must be sent to medical.nursing@deped.gov.ph. Aside from the Workplace Group and this e-mail address, the Central Office QRRT may also be reached at mobile number **09163424426**. These specific DRRM Team members (school health personnel, DRRM coordinators, Information Officers) shall also serve as the official regional or division channel for dissemination of information coming from the Central Office QRRT.

13. **Weekly health situation reports from schools, consolidated by the SDOs** through their DRRM Teams, shall continue to be submitted to BLSS-SHD through e-mail at medical.nursing@deped.gov.ph, as guided by the Enclosure No. 2 to DM 15, s. 2020.

14. All other relevant policy directives and measures contained in DM 015, s. 2020 titled **First Set of Policy Directives of the DepEd Task Force nCoV**, DM 021, s. 2020 titled **Second Set of Policy Directives of the DepEd Task Force nCoV**, DM 023, s. 2020 titled **Third Set of Policy Directives of the DepEd Task Force COVID-19**, and DM 031, s. 2020 titled **Fourth Set of Policy Directives of the DepEd Task Force COVID-19** are sustained. All are instructed to constantly review and disseminate, and remain vigilant and sustain the implementation of all the necessary provisions from these memoranda, particularly the safety precautions and protocols, and the measures for the prevention and control of COVID-19.

15. Private schools are highly encouraged to adopt the precautionary measures contained in this memorandum.

16. For information, please contact the **Quick Response and Recovery Team on COVID-19 (QRRT-COVID-19)** at BLSS-SHD through email at blss.shd@deped.gov.ph or at telephone number (02) 8632-9935.

17. Immediate dissemination of this Memorandum is desired.


LEONOR MAGTOLIS BRIONES
Secretary

Encls.:

As stated

References:

DepEd Order (No. 66, s, 2017)

DepEd Memorandum: Nos. 011 and 019, s. 2020
(015, 021, 023 and 031, s. 2020)

To be indicated in the Perpetual Index
under the following subjects:

BUREAUS AND OFFICES
CLASSES
EMPLOYEES
HEALTH EDUCATION
LEARNERS
OFFICIALS
RULES AND REGULATIONS
SCHOOLS
TEACHERS

DOH CONFIRMS LOCAL TRANSMISSION OF COVID-19 IN PH; REPORTS 6TH CASE

Press Release / 7 March 2020

The Department of Health (DOH) confirmed that the previously-reported 5th case of Coronavirus Disease 2019 (COVID-19) is the first case of local transmission in the country after verification with the Bureau of Immigration showed that the patient had no recent travel history. DOH also reported that the patient's wife tested positive for COVID-19 after contact tracing activities were prompted. This brings the total number of COVID-19 cases in the country to six (6).

The 6th confirmed case is a 59-year-old female who presented with cough and was admitted at the Research Institute of Tropical Medicine (RITM) on March 5. The patient is currently in stable condition.

"The DOH is currently exhausting all its efforts to identify others who may have come in contact with the confirmed cases to ensure that this localized transmission does not progress to community spread," Health Secretary Francisco T. Duque III said.

In light of the confirmation of localized transmission in the country and in anticipation of possible sustained community transmission, DOH has raised the COVID-19 Alert System to *Code Red sublevel 1*. DOH is quick to clarify that this is a preemptive call to ensure that national and local governments and public and private health care providers can prepare for possible increase in suspected and confirmed cases.

With Code Red, the DOH has recommended to the Office of the President for the declaration of a State of Public Health Emergency which will facilitate mobilization of resources, ease processes, including procurement of critical logistics and supplies, and intensifying reporting.

At this stage of **localized transmission**, intensified contact tracing and home quarantine of close contacts of confirmed cases, improved hospital preparedness, enhanced Severe Acute Respiratory Illness surveillance, and activation of other laboratories outside of RITM to increase capacity to diagnose are now being implemented.

“This declaration is a signal to all concerned agencies, Local Government Units and health care providers to be ready to implement planned response measures. We are continuously reminding everyone to practice personal protective measures such as hand hygiene, social distancing, and proper cough etiquette. Avoid unnecessary travel and postpone mass gatherings, as well. It is our individual responsibility to protect ourselves and the people around us. Only through collective action in our communities will we be able to limit the spread of the virus,” the Health Chief reminded.

However, once there is **sustained community transmission** - or an increasing number of local cases whose links cannot be established - the strategy will be shifted from an intensive contact tracing to the implementation of community-level quarantine (or lockdown), and/or possibly, suspension of work or school. These will be implemented in municipal, city, or provincial scale as may be warranted. Augmentation of health staff from unaffected areas and uniformed personnel will also be facilitated.

Appeal to Responsible Sharing of Information

The DOH would like to remind all health care providers, institutions, and stakeholders to exercise utmost prudence in sharing sensitive information about suspected or confirmed cases.

“Our objectives for sharing information are two-pronged: ensure the public's health and safety by facilitating contact tracing and ensure that the individual's right to privacy is not impinged. Hence, we appeal to all to coordinate closely with the Department of Health when disseminating information to the public and within their respective institutions. Let us make sure the information sharing process will yield the utmost benefit, and avoid unnecessary stress and stigma to individuals and institutions,” Duque said.

The DOH commits to be more circumspect in reporting confirmed cases, to balance interests of public health and privacy. To this end only pertinent information necessary to facilitate contact tracing will be provided to the public, i.e. activity, location and time, if available.

Improving Diagnostic Capacity

The current gold standard for diagnosing COVID-19 is through laboratory-based Polymerase Chain Reaction (PCR) testing. RITM, with the assistance of WHO, is currently capacitating five Subnational Laboratories for PCR testing: San Lazaro Hospital and Lung Center of the Philippines in Manila, Baguio General Hospital and Medical Center in Northern Luzon, Vicente Sotto Memorial Medical Center in the Visayas region, and Southern Philippines Medical Center in Mindanao. In addition, efforts are underway for the University of the Philippines - National Institutes of Health to be similarly capacitated.

DOH has received several proposals of rapid testing kits, including one that has been developed locally. To date, these kits have yet to be listed or validated under the WHO Emergency Use List. Such validation is necessary to ensure accuracy of test results.

“DOH is determined to expand our testing capacity for COVID-19 to immediately ascertain that cases are identified and dealt with. We are studying these proposals to ensure that they are accurate and safe for the public’s use.” Duque said.

“Enhanced testing capacity is a prerequisite to prevention and containment, hence DOH is placing expansion of testing centers as its topmost priority,” he added.

Updates on Contact Tracing

On the 3 new confirmed cases, the Epidemiology Bureau, in coordination with the Centers for Health Development and City Health Offices, is currently establishing travel history and identification of individuals who might have had contact with the positive cases. Identified contacts are being interviewed and assessed for signs of respiratory illness.

“We will be prioritizing testing of those symptomatic individuals found to have had close contact with the confirmed cases. We urge those who may have interacted with the confirmed cases within the past 14 days to immediately call the DOH Hotline (02)8-651-7800 loc 1149-1150 for appropriate referral to a health facility,” Duque said.

DOH reiterates that based on current data, 81% of cases have mild disease, about 14% appear to progress to severe disease, and 5% are critical.

“For persons with known history of exposure or travel and with mild symptoms including cough, fever, cold, and sore throat, DOH is advising you to undergo home quarantine and contact your respective city/municipal health office for proper assessment, monitoring, and management,” Duque said.

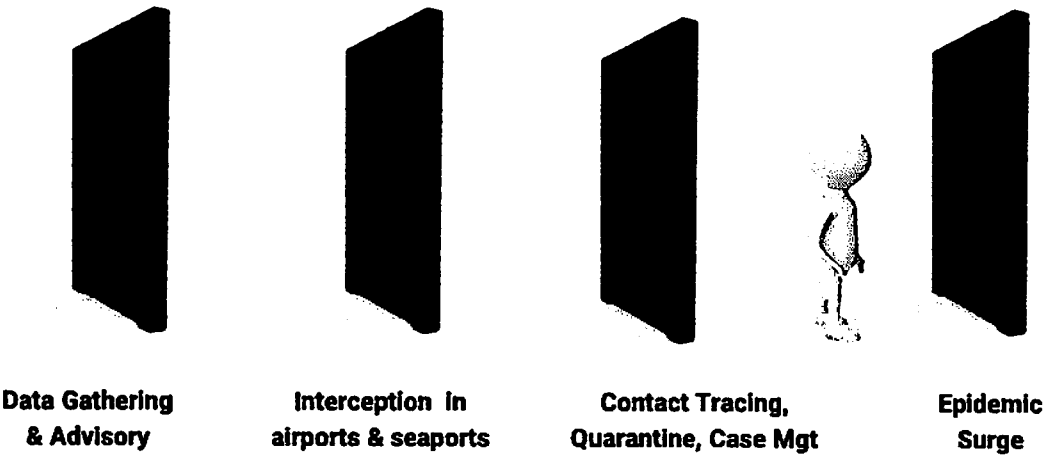
“We have recommended the declaration of a State of Public Health Emergency despite the fact that we have only two cases constituting localized transmission. Trust that the Department of Health is proceeding with utmost vigilance and is working vigorously to protect Filipinos against COVID-19,” the Health Chief concluded.

Door 4 Response



Secretary Francisco T. Duque III
Department of Health
March 7, 2020





DOH Code Alert System





DOH Four Door		Code
DOOR 1		WHITE
DOOR 2		BLUE
DOOR 3		
DOOR 4		

 Department of Health, Philippines 



ALERT LEVEL	TRIGGER/S	Basis in EO 168, "Creating the Inter-Agency Task Force on Emerging Infectious Diseases"	CODE
2	Identification of even 1 imported case inside the Philippines	The emergence of novel or emerging infectious disease that have been acknowledged by the global community to cause potential public health emergencies of international concern.	BLUE (1) <ul style="list-style-type: none">• Activation of inter-agency task force on EID• Enhanced collaboration with different agencies and stakeholders• Active monitoring of flights from affected countries and enforcement of Health Declaration Checklist• Established guidelines for COVID-19 surveillance• Established set-up for COVID-19 testing and subsequent development of in-house capacity• Preparation and capacitation of referral hospitals• Triaging and isolation and management in health facilities
3	WHO declaration of Public Health Emergency of International Concern (PHEIC)	The international proliferation of these diseases persists due to increased globalization and mobility of travelers and products, and thus, threatens the lives and safety of Filipinos both here and abroad, as well as the Philippine economy in general.	

 Department of Health, Philippines 


ALERT LEVEL	TRIGGER/S	Basis in EO 168, "Creating the Inter-Agency Task Force on Emerging Infectious Diseases"	CODE
2	Identification of even 1 imported case inside the Philippines	The emergence of novel or emerging infectious disease that have been acknowledged by the global community to cause potential public health emergencies of international concern.	BLUE (2) <ul style="list-style-type: none">• Intensification of standard infection prevention and control in health facilities• Inventory, procurement, prepositioning and augmentation of PPEs, supplies and equipment• Non-pharmaceutical interventions:<ul style="list-style-type: none">• Personal hygiene• Travel restriction• Home quarantine• Isolation of cases• Social distancing• Intensified risk communication and community engagement campaign focused on individual, household and public awareness
3	WHO declaration of Public Health Emergency of International Concern (PHEIC)	The international proliferation of these diseases persists due to increased globalization and mobility of travelers and products, and thus, threatens the lives and safety of Filipinos both here and abroad, as well as the Philippine economy in general.	

Department of Health, Philippines


ALERT LEVEL	TRIGGER/S	Basis in EO 168, "Creating the Inter-Agency Task Force on Emerging Infectious Diseases"	CODE
4	<p>At least one documented case of community transmission that may or may not be traced from imported case(s).</p> <p>Sustained human-to-human transmission.</p> <p>Cases may be traced beyond the fourth generation from index case</p>	In the event that the diseases result in multi-country outbreaks that can lead to epidemics and even a worldwide pandemic, there is a need for an inter-sectoral and international collaboration to establish preparedness and ensure efficient government response to assess, monitor, contain and control the spread of the epidemic in the Philippines.	RED <ul style="list-style-type: none">• Expansion of inter-agency membership to include other instrumentalities of the government• Selective contact tracing• Testing and management to prioritize vulnerable and high-risk groups• Monitoring of disease trends• Strict enforcement of non-pharmaceutical interventions• Implementation of mitigation guidelines• Ensuring back-up systems to address surge capacity• Sustained level of public awareness to minimize fear, reduce anxiety and unrest• Sustained inter-agency, multi-level, whole-of-society coordination and response

Department of Health, Philippines

CODE	TRIGGER	RESPONSE
RED	At least 1 local transmission	<ul style="list-style-type: none">• Declaration of Public Health Emergency• Intensify contact tracing• Expansion of SARI surveillance• Testing (activation of subnational laboratories)• Strict enforcement of home quarantine
	Sustained community transmission beyond capacity	<ul style="list-style-type: none">• Epidemiologic linkage• Community quarantine (lockdown)• Augmentation from unaffected communities/regions, military personnel• Suspension of work or school



Department of Health, Philippines





Maraming salamat po!



Department of Health

STATEMENT

On the recent announcement of the DOH concerning COVID-19

March 7, 2020

SHARE THIS STORY

The Office of the President has been in constant communication with the Department of Health (DOH) and key agencies of the government ever since the coronavirus disease 2019 (COVID-19) has reached the country. In this connection, we are closely monitoring the developments relating to the disease as the DOH has just confirmed today, March 7, the 6th positive case of COVID-19.

Following protocol, the DOH has raised the COVID-19 Alert System to Code Red – Sublevel 1 after the wife of the patient who was previously reported as the 5th case of COVID-19 in the country similarly tested positive. The Palace reiterates that this alert level is a preemptive call to ensure that the entire government and its agents, along with our healthcare providers, can prepare for possible COVID-19 upticks.

The Office of the President also notes the recommendation of the DOH to declare a State of Public Health Emergency. The said proposal has been raised to the attention of the President who has agreed to issue such declaration after considering all critical factors with the aim of safeguarding the health of the Filipino public.

We similarly call upon the cooperation of the Filipino people during this health crisis to exercise utmost prudence and judiciousness as we expect all responsible agencies to continue exhausting all possible measures within their mandate to secure the general welfare of the citizenry.

Salvador S. Panelo Chief Presidential Legal Counsel & Presidential Spokesperson.

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