



Republic of the Philippines
Department of Education
REGION III-CENTRAL LUZON

DepEd-SDO of Bulacan Office of the SDS

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By: _____
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MEMORANDUM


TO : Schools Division Superintendents
Medical Officers III

FROM : The Regional Director

SUBJECT : **REVISED DECISION TOOL AS OF FEBRUARY 26, 2020 FOR
THE ASSESSMENT AND MANAGEMENT OF CORONAVIRUS
DISEASE 2019(COVID-19)**

For updates of recent developments on COVID-2019, the Department of Health issued a revised Decision Tool for the assessment and management of COVID-2019.

1. Attached is the Department Circular No. 2020-0080 dated February 17, 2020, from the Office of the Department of Health Secretary Francisco T. Duque III, MD, MSc.
2. For information.


NICOLAS T. CAPULONG, PhD, CESO V
Director III
Officer-In-Charge
Office of the Regional Director

Incl.:As stated
ESSD/GLADP
March 6, 2020

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GERMELINA H. PASCUAL CESO V
Schools Division Superintendent

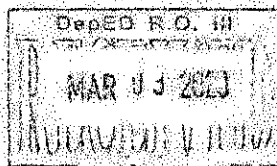


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Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY



February 26, 2020

DEPARTMENT CIRCULAR
No. 2020 - 0080

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**

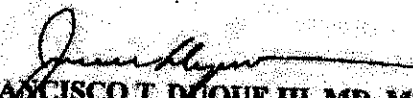
**SUBJECT: Revised Decision Tool as of February 26, 2020 for the Assessment
and Management of Coronavirus Disease 2019 (COVID-19)**

The Department of Health hereby issues the attached Revised Decision Tool for the assessment and management of COVID-2019, as of February 26, 2020.

The Decision Tool shall be used by the Bureau of Quarantine at the points of entry and by all public and private health care providers as a guide for the classification of and provision of appropriate management to passengers and/or patients.

This amends prior Decision Tool issued by the Department, and is subject to change as new information becomes available.

Dissemination of the information to all concerned is requested.


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



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

Decision Tool for Coronavirus Disease 2019 (COVID-19) Assessment (as of February 26, 2020)

Signs & Symptoms ¹	Travel History in the past 14 days to areas with issued travel restriction	History of Exposure ²	Case Category and Interventions
+	+	+	Patient under Investigation (PUI) For hospital admission Bureau of Quarantine (BOQ) <ul style="list-style-type: none">• Gives mask and isolates PUI• Collects and evaluates the BOQ Health Declaration Card at points of entry• Endorses patients for admission to a hospital• Arranges transportation of PUI to hospital Hospitals <ul style="list-style-type: none">• Completes the case investigation form (Annex A)• Trained hospital staff collects specimens (NPS and OPS) and sends to RITM• Coordinates with RESU for reporting and transport of specimens• Manages PUI accordingly (Annex B)
+	+	-	
+	-	+	
-	+	+	Person under Monitoring (PUM) For monitored self-quarantine for 14 days Bureau of Quarantine <ul style="list-style-type: none">• Collects and evaluates the BOQ Health Declaration Card and Public Health Passenger Locator Form (Annex C) at points of entry• Advises person to go on home quarantine for 14 days (Annex D)• Notifies Center for Health Development (CHD) with jurisdiction of the traveler's final destinations Center for Health Development <ul style="list-style-type: none">• Notifies local health office (PHO & CHO/MHO) of the PUMs profile, status and location of PUMs Local Health Office <ul style="list-style-type: none">• Provides a plan for self-monitoring instructions and for notifying the health department before seeking health care if symptoms develop• Checks regularly the condition of the PUMs over the course of the home quarantine period through the Barangay Health Emergency Response Teams• Issues certificate of completion of 14-day quarantine
-	+	-	
-	-	+	

¹ Fever $\geq 38.0^{\circ}\text{C}$ and/or cough and other respiratory symptoms

² History of exposure include:

- contact with a confirmed or probable case of COVID-19 infection; a contact is a person involved in any of the following:
 - Providing direct care for COVID-19 patients, working with health care workers infected with novel coronavirus, visiting patients or staying in the same close environment of a COVID-19 patient
 - Working together in close proximity or sharing the same classroom environment with a COVID-19 patient
 - Traveling together with COVID-19 patient in any kind of conveyance
 - Living in the same household as a COVID-19 patient within a 14-day period after the onset of symptoms in the case under consideration
- worked in or attended a health care facility where patients with confirmed or probable COVID-19 patients were being treated.



Disease Reporting Unit/Hospital:		Name of Investigator:		Date of Interview:	
1. Patient Profile					
Last Name		First Name		Middle Name	Birthdate
Age		Sex			
Occupation		Civil Status		Nationality	Passport No.
2. Philippine Residence					
House No./Bldg.		Street		Municipality/City	Province
Region		Home Phone No.		Cellphone No.	Email address
3. Overseas Employment Address (for Overseas Filipino Workers)					
Employer's Name:		Occupation		Place of Work:	
House No./Bldg. Name		Street		City/Municipality	Province/State
Country		Office Phone No.		Cellphone No.	
4. Travel History					
History of travel/visit/work in other countries within last 14 days:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Port of exit:	
Airline/Sea vessel:		Flight/Vessel Number		Date of Departure	Date of Arrival in Philippines:
5. Exposure History					
History of Exposure to Known CoVID-19 Case:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, Date of Contact with Known CoVID-19 Case:	
6. Clinical Information					
Clinical Status at Time of Report		Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Died <input type="checkbox"/> Discharged <input type="checkbox"/> Unknown <input type="checkbox"/>			
Date of Onset of Illness		Date of Admission/Consultation			
Fever _____ °C		Cough <input type="checkbox"/>		Sore throat <input type="checkbox"/>	Colds <input type="checkbox"/>
Other symptoms, specify:		Shortness/difficulty of breathing <input type="checkbox"/>			
Is there any history of other illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, specify:			
Chest XRAY done? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No LMP _____			
If yes, when? _____					
CXR Results:		Other Radiologic Findings:			
Pneumonia <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending					
7. Specimen Information					
Specimen Collected		IF YES, Date Collected	Date sent to RITM	Date received in RITM (to be filled up by RITM)	Virus Isolation Result
<input type="checkbox"/> Serum		____/____/____	____/____/____	____/____/____	
<input type="checkbox"/> Oropharyngeal/ Nasopharyngeal swab		____/____/____	____/____/____	____/____/____	
<input type="checkbox"/> Others		____/____/____	____/____/____	____/____/____	
8. Final Classification					
<input type="checkbox"/> Patient Under Investigation (PUI) <input type="checkbox"/> Person Under Monitoring (PUM) <input type="checkbox"/> Confirmed CoVID-19 Case					
9. Outcome					
Date of Discharge:		Condition on Discharge:			
		<input type="checkbox"/> Died <input type="checkbox"/> Improved <input type="checkbox"/> Recovered <input type="checkbox"/> Transferred <input type="checkbox"/> Absconded			
Name of Informant (if patient not available)		Relationship:		Phone No.	

Patient Under Investigation (PUI)

- A person with sudden onset of fever ($\geq 38^{\circ}\text{C}$) and/or cough, and/or sore throat, and/or colds, or diarrhea in the absence of other diagnosis AND
- A person with history of travel from China within 14 days OR
- A person who visited any health care facility with a known case of CoVID-19

Person Under Monitoring (PUM)

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

Confirmed Novel Coronavirus Case

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