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

DepEd III - RECORDS SECTION
MAR 09 2020
BY:

MEMORANDUM

TO : Schools Division Superintendents
Medical Officers III

FROM : The Regional Director

SUBJECT : **INTERIM GUIDELINES FOR 2019 NOVEL CORONAVIRUS ACUTE RESPIRATORY DISEASE(2019-nCoV ARD) RESPONSE IN HOSPITALS AND OTHER HEALTH FACILITIES**

1. Attached is the Department Memorandum No. 2020-0072 dated February 03, 2020, from the Office of the Department of Health Secretary Francisco T. Duque III, MD, MSc.

2. For information and guidance.

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

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

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GERMELINA H. PASCUAL CESO V
Schools Division Superintendent

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

February 3, 2020

DEPARTMENT MEMORANDUM
No. 2020 - 0072

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 OTHERS CONCERNED**

SUBJECT: **Interim Guidelines for 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Response in Hospitals and Other Health Facilities**

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 (2019-nCoV).

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 these interim guidelines for all health facilities and institutions whether public or private on the necessary precautions, preparations of the health facilities, and management of persons under investigation (PUI) and confirmed cases of the 2019-nCoV ARD.

II. GENERAL GUIDELINES

1. All Level 2 and Level 3 hospitals shall attend to all PUIs.
2. All hospitals and health facilities shall establish and maintain an Infection Prevention and Control Committee (IPCP) in the health facility, headed by an infection control physician and infection control nurse. The IPCP shall be responsible for the formulation, implementation, and monitoring of policies, guidelines, and procedures related to infection control. *(Refer to the National Standards in Infection Control for Healthcare Facilities, 2009 Edition)*

3. All hospitals and health facilities shall ensure that all hospital personnel are familiar with and adhere to infection prevention policies, guidelines, and procedures of the hospital, and shall be protected at all times since they are the first in line for exposure.
4. All hospitals and health facilities shall ensure that all resources and contingencies needed for the implementation of infection prevention and control measures are adequately available.
5. All hospitals and health facilities shall ensure that appropriate personal protective equipment (PPE) are appropriately used by patients and hospital personnel, according to existing protocols.

III. SPECIFIC GUIDELINES

A. Infection Prevention and Control

Universal precautionary measures are implemented in all health facilities. However, for an emerging infectious disease event such as the 2019-nCoV ARD, standard prevention and control strategies must be employed.

IPC strategies to prevent or limit infection transmission in health-care settings are summarized in ***Annex A.***

B. Case Definition

1. **Patient under Investigation (PUI)**
   Clinical features and epidemiological risk should be considered in identifying persons as PUI for 2019-nCoV ARD. A person meeting the following criteria should be evaluated as a PUI in association with the outbreak of 2019-nCoV ARD:

   a) A person with Severe Acute Respiratory Infection (SARI), with history of fever and cough requiring admission to hospital, with no other etiology that fully explains the clinical presentation (clinicians should also be alert to the possibility of atypical presentations in patients who are immunocompromised), and ANY of the following:
      (1) A history of travel to China and other 2019-nCoV ARD affected areas in the 14 days prior to symptom onset.
      (2) The disease occurs in a health care worker who has been working in an environment where patients with severe acute respiratory infections are being cared for, without regard to place of residence or history of travel;
      (3) The person develops an unusual or unexpected clinical course, especially sudden deterioration despite appropriate treatment, without regard to place of residence or history of travel, even if another etiology has been identified that fully explains the clinical presentation.

   OR

   b) Individuals with acute respiratory illness of any degree of severity who, within 14 days before onset of illness, had ANY of the following exposures:
      (1) Close physical contact with a confirmed case of 2019-nCoV ARD infection, while that patient was symptomatic;

(2) A healthcare facility in a country where hospital associated 2019-nCoV ARD infections have been reported;
(3) Direct contact with animals (if animal source is identified) in countries where the 2019-nCoV ARD is known to be circulating in animal populations or where human infections have occurred as a result of presumed zoonotic transmission

PUIs may present a range of signs and symptoms from mild, moderate, or severe illness; the latter includes severe pneumonia, ARDS, sepsis and septic shock. (See page *3* of ***Annex B*** for clinical manifestation of 2019-nCoV ARD*)* The criteria and the DOH decision tool ***(Annex C)*** shall be used to guide evaluation.

2. **Close Contact**

Persons visiting patients or staying in the same close environment of a 2019-nCoV ARD confirmed case who are either:

a) Within approximately 6 feet (2 meters), or within the room or care area, of a confirmed case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); **OR**
b) Having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

Close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a confirmed case.

The epidemiological link may have occurred within a 14-day period before or after the onset of illness in the case under consideration.

C. Patient Screening

The objective of screening is to quickly identify people with a travel history to countries with ongoing transmission of 2019-nCoV ARD. All personnel in health facilities should be trained on the following 2019-nCoV ARD screening procedures:

1. Screen at all points of entry to the health facility (to catch every patient and visitor).
2. Use broad criteria to quickly identify all patients at risk (i.e. travel to China in the last 14 days).
3. Train screening staff on what to probe. e.g., Have you traveled overseas in the last 14 days? Did you travel to China? Have you visited any animal or seafood market? Did you visit any healthcare facility or sick person during your travel?
4. Train screening staff on what to do once a PUI is identified.
5. Identify holding and isolation areas and healthcare workers who will perform further assessment of patients.
6. Ensure that effective triage checklist and patient flow are in place.
7. Ensure that necessary precautions are observed:
   a) Designate a well-ventilated area.
   b) Maintain a minimum 1-meter distance from patients.
   c) Provide symptomatic patients with facemask for source control when possible.

d) Perform hand hygiene frequently.
e) Follow standard precautions and droplet precautions when evaluating patients with acute respiratory tract infections.

8. Once identified, immediately isolate PUIs in designated holding or isolation areas with full infection control precautions.
9. There should be prompt reporting of cases to surveillance units for immediate contact tracing and quarantine measures. Ensure that the relevant contact numbers are readily available.

D. Patient Triage

The objective of triage is to determine if patients have symptoms of 2019-nCoV ARD infection and if so, to promptly isolate them. Only health care personnel should perform triage.

1. Triage should ideally be conducted in an isolation room with negative pressure and/or adequate ventilation.
2. Other respiratory hygiene supplies (such as facial tissues), trash cans, and hand hygiene facilities should be available inside the room.
3. Triage officers should wear the appropriate PPE.
4. Triage officers shall conduct a complete history and physical examination, and decide whether a patient fulfills the case definition or criteria for the specific Respiratory Infection of Pandemic or Outbreak Potential (RIPOP) in consultation with surveillance officers and consultant(s) in charge of EREIDs.
5. If patients are in queue (surge of patients), separate the "sick" from the "well" patients by 6 feet (2 meters) , and ensure patients are at least 3 feet (1 meter) apart from each other.

E. Referral for Admission

1. Symptomatic contacts or PUIs should be considered for admission for close observation in a health facility.
2. Based on WHO guidelines, coordination with a health facility and/or health care provider should be done during the observation period. Medical personnel should be involved in reviewing the current health status of the contacts by phone and, ideally, by scheduled visits on a regular (e.g. daily) basis, performing specific diagnostic tests as necessary.
3. Doctors and other health care professionals should give advance instructions on where to seek care when a contact becomes ill, what should be the most appropriate mode of transportation, when and where to enter the designated health care facility, and what infection control precautions should be followed.
4. Once the receiving medical facility has been notified that a symptomatic contact will be referred to their facility, the facility should facilitate transport of patient to the facility.
5. The ill contact should be advised to perform respiratory hygiene and stand or sit as far away from others as possible or at least 3 feet (1 meter), when in transit and when in the health care facility.
6. Appropriate hand hygiene should be employed by the ill contact and caregivers. Any surfaces that become soiled with respiratory secretions or body fluids during transport should be cleaned with regular household cleaners or a diluted bleach solution, whichever is most appropriate.

F. Isolation Precautions

1. The duration of infectivity for 2019-nCoV ARD is unknown. While Standard Precautions should continue to be applied always, additional isolation precautions should be used during the duration of symptomatic illness and continued for 24 hours after the resolution of symptoms. ***(Annex A2)***
2. Given that little information is currently available on viral shedding and the potential for transmission of 2019-nCoV ARD, testing for viral shedding should assist the decision making when readily available.
3. Patient information (e.g. age, immune status and medication) should also be considered in situations where there is concern that a patient may be shedding the virus for a prolonged period.

G. Notification

1. Designated disease surveillance officers in hospitals and other facilities shall be responsible for doing the preliminary assessment of suspected cases in their respective health facility and report accordingly using the form in ***Annex D***.
2. Healthcare providers should immediately notify the infection control personnel at their healthcare facility and report any event of a possible case of 2019-nCoV ARD to the Municipal Health Officer (MHO) or City Health Officer (CHO) for verification and initial investigation. The MHO/CHO shall then report to the Regional Epidemiology Surveillance Unit (RESU) using the Event-Based Surveillance System (ESR) system of the Epidemiology Bureau (EB) of DOH.

H. Clinical Management

1. There is no current evidence from RCTs to recommend any specific anti-2019-nCoV ARD treatment for PUIs or confirmed cases.
2. All healthcare providers are advised to use the latest available clinical practice guidelines issued by local specialty societies and duly-endorsed by the DOH. In the interim, a separate issuance will be published by the DOH.

I. Discharge and Follow-up

Due to the evolving nature of the etiology of 2019-nCOV, guidance for discharge criteria and management during follow-up shall be regularly updated and published in a separate issuance. In the interim, the following shall apply.

1. Confirmed positive cases on admission SHOULD ONLY be discharged if ALL of the following conditions are fulfilled:
    a. Two negative RT-PCR tests for 2019-nCoV ARD done 48 hours apart,
    b. Afebrile and asymptomatic (including cough and respiratory symptoms) for 48 hours.
    c. Laboratory and radiologic tests done according to clinical case management (e.g. chest x-ray WBC, platelet count, CPK, liver functions tests, plasma sodium) previously abnormal returning to normal
2. PUIs admitted as per DOH Decision Tool (***Annex C***), shall be discharged upon NEGATIVE 2019-nCoV ARD test from RITM. Until then PUIs shall be admitted in isolation even if asymptomatic. Repeat testing for patients with an initial negative nCoV test result may be performed if a high index for suspicion

for 20191-nCoV ARD remains despite an initial negative test result. Such conditions include, but are not limited, to the following:

a. Clinical deterioration in the presence of an established disease etiology and with adequate treatment. A single negative test result, particularly if this is from an upper respiratory tract specimen, does not exclude infection. Repeat sampling and testing, preferably of lower respiratory specimen, is strongly recommended in severe or progressive disease. Consider a possible co-infection with 2019-nCoV.
b. No other etiology for the patient's signs and symptoms has been identified despite work-up.
c. Clinical specimen(s) initially sent was/were deemed to be unsatisfactory or insufficient (delay in transport and processing, only NPS or OPS was sent).

3. For mortalities of 2019-nCoV ARD, refer to guidelines for Disposal and Shipment of the Remains of confirmed cases of 2019-nCoV ARD.

4. Hospital Disease Surveillance Officer shall report to the RESU within 24 hours the patients that have been discharged. The RESU shall then report to the DOH Regional Director and the 2019-nCoV ARD Task Force
   a. One week after discharge, confirmed cases should submit to mandatory follow-up and retesting for chest x-ray, complete blood count, and other laboratory tests which previously yielded abnormal results.

H. Sources of 2019-nCoV ARD Information and Advisories

1. Everyone is advised to refrain from sharing unverified reports and/or false news. to avoid undue stress and worry due to misinformation.
2. For announcements and public advisories, you may visit the following official DOH channels:
   - Website: https://www.doh.gov.ph/2019-nCoV
   - Facebook: https://www.facebook.com/OfficialDOHgov/
   - Twitter: https://twitter.com/DOHgov
3. DOH health promotion materials (e.g. infographics, social media cards among others) may be reproduced by hospitals and other health facilities for instructional use or to keep health workers and patients informed free of charge.

For strict compliance of all concerned.

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

Annex A. Infection Prevention and Control Practices

1. **HAND HYGIENE**
   a. Proper handwashing is the single most effective way to prevent infections in the hospital.
   b. Hand hygiene practices in the health facility must be emphasized using the WHO Multimodal Hand Hygiene Strategy: 5 Moments of Hand Hygiene ***(Annex A1)*** and proper handwashing technique.
   c. The availability of alcohol-based hand rubs at point-of-care and other areas of the facility must be ensured.

2. **ISOLATION PRECAUTION**
   To achieve effective interruption in the transmission of an infectious agent, it is essential to use two tiers of precautions (***Annex A2***)
   a. Standard Precautions for the care of all patients; AND
   b. Transmission-based precautions for patients with known or suspected disease spread by any of these routes: Airborne Precautions, Droplet Precautions or Contact Precautions

3. **PERSONAL PROTECTIVE EQUIPMENT**
   a. Appropriately wearing personal protective equipment (PPE), such as gloves, masks, and gowns, is also essential to protect healthcare workers from contact with infectious agents. The selection of PPE is based on the nature of the patient interaction and/or mode of transmission (***Annex A3***).
   b. Hand hygiene is always the first and the final step before wearing or after removing and disposing of PPE.

4. **DECONTAMINATION, DISINFECTION AND STERILIZATION**
   Proper cleaning, disinfection and sterilization is one of the most effective ways of disrupting the transmission and spread of microorganisms in the healthcare setting. Existing protocols need to be strictly implemented by healthcare personnel (***Annex A4***).

5. **SPECIMEN COLLECTION**
   a. All specimens collected for laboratory testing shall be regarded as potentially infectious.
   b. All Health Care Workers who will collect, handle or transport, perform testing any clinical specimens shall adhere rigorously to the standard precaution measures such as Personal Protective Equipment (i.e. gloves, laboratory gown, N95 Masks, face shield, etc.), and ensure biosafety practices are observed to minimize the possibility of exposure to pathogens.
   c. For further details of the guidelines kindly refer to the "Interim Laboratory Biosafety Guidelines for Handling and Processing Suspected 2019 Novel Coronavirus (2019 nCoV) Specimens" of Research Institute for Tropical Medicine.

6. **SPECIMEN HANDLING, PROCESSING, PACKAGING AND TRANSPORT**
   To ensure that proper handling, processing, packaging and transport of laboratory specimens from suspected Person Under Investigation (PUI) is observed, please refer to the DOH Manual on Packaging and Transport of Laboratory Specimen for Referral and Interim Laboratory Biosafety Guidelines for Handling and Processing Suspected 2019-nCoV Specimens (http://bit.ly/2tdLr4x)

Republic of the Philippines
Department of Health

PROFILE OF THE FILIPINO REPATRIATES

Use black or blue pen only. Write clearly in BLOCK letters. Place X in all applicable boxes.

DEMOGRAPHIC PROFILE

NAME: _____ TITLES: _____
Last Name *Given Name* *Middle Name*

AGE: _____ SEX: ☐ Male ☐ Female ☐ Pregnant Trimester: _____

DATE OF BIRTH: _____ CIVIL STATUS: _____ RELIGION: _____
MM / DD / YYYY

HOME ADDRESS: _____
House No., Bldg. No., Street Name *Barangay* *Mun/City* *Province* *Region*

CONTACT DETAILS: _____ _____
Home Telephone No. *Mobile No.*

EMAIL ADRESS: _____

HEALTH PROFILE

KNOWN MEDICAL CONDITION/S AND MEDICAL HISTORY:

_____

_____

CURRENT MEDICATIONS: BLOOD TYPE:

_____ _____

CONTACT PERSON, IN CASE OF EMERGENCY

NAME: _____
Last Name *Given Name* *Middle Name*

HOME ADDRESS: _____
House No., Bldg. No., Street Name *Barangay* *Mun/City* *Province* *Region*

CONTACT DETAILS: _____ _____
Home Telephone No. *Mobile No.*

RELATIONSHIP TO THE FILIPINO REPATRIATE: _____

_____ _____
FILIPINO REPATRIATE **DATE**
Signature over Printed Name *MM / DD / YYYY*

X_____X

TRAVEL INFORMATION

ON CRUISE: ☐ Passenger ☐ Crew SHIP ROOM NO.: _____ BUS NO.: _____ BUS SEAT NO.: _____
Yokohama-Honolulu

FLIGHT NO.: _____ FLIGHT SEAT NO.: _____ DATE OF ARRIVAL: _____
Manila - Clark *MM / DD / YYYY*

BUS NO.: _____ BUS SEAT NO.: _____ TRANSPORT SERVICE NO.: _____
Airport-Alabang Village *If immediately referred:* *Airport-Health Facility*

QUARANTINE INFORMATION

BUILDING NO.: _____ FLOOR NO.: _____ ROOM NO.: _____

IF IMMEDIATELY REFERRED, NAME OF HEALTH FACILITY: _____

Annex C. Public Health Passenger Locator Form

PUBLIC HEALTH PASSENGER LOCATOR FORM

For your safety and protection, government health officers need this form to contact you in case of a communicable disease onboard a flight. Please fill out completely and accurately. The information required will be used in accordance with law. Please write using block letters in blue or black ink.

FLIGHT NO._____ **SEAT NO.**_____
DATE OF ARRIVAL (YYYY/MM/DD): _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

NATIONALITY/IES: _____

*For passengers traveling with family members with same address and contact details, please write the complete name/s all the family member/s at the back of this form.

ADDRESS (If visitor, include your temporary address/accommodation/ hotel; if citizen or resident, include permanent address.)

_____

_____

_____

PRIMARY CONTACT NO. / MOBILE NUMBER *(include country code)*

_____

SECONDARY CONTACT NO. / MOBILE NUMBER *(include country code)*

_____

EMAIL ADDRESS: _____

☐ This confirms that I did not originate from, transfer from, or transfer through any location in mainland China, Hong Kong, Macau, or Taiwan in the past 14 days

☐ I have been in the People's Republic of China, Hong Kong, Macau, or Taiwan in the past 14 days (whether originating from, transferred from, or transited through). Dates of travel to People's Republic of China, Hong Kong, Macau, or Taiwan: _____

_____
Signature
By affixing my signature, I certify all information is true and correct.

This Public Health Passenger Locator Form shall be accomplished by all identified persons under monitoring and shall be collected by the BOQ officer-in-charge. If the PUM is in transit, the locator form shall serve as a clearance to be presented to airlines/vessels for his/her conveyance to the final destination.