



Republic of the Philippines  
**Department of Education**  
 REGION VIII - EASTERN VISAYAS

August 24, 2020

**OFFICE MEMORANDUM**

No. **336**, s. 2020

To: Regional Office Division Chiefs  
 Section/Unit Heads  
 All Others Concerned

**PROTOCOLS IN HANDLING AND MANAGEMENT OF REPORTED COVID-19 CASES  
 AND CLOSE CONTACTS AT THE REGIONAL OFFICE**

Pursuant to DepEd Order No. 14, s 2020 entitled *Guidelines on the Required Health Standards in Basic Education Offices and Schools*, the DepEd- RO VIII Task Force COVID-19 (DRTC) issues the **Protocols in Handling and Management of Reported Covid-19 Cases and Close Contacts at the Regional Office** as guide in the detection, reporting, referral, handling, managing, and facilitating the testing of COVID-19 cases and close contacts among the officials and personnel at the RO, regardless of status (e.g., Contract of Service or Job Order).

**I. Definition of Terms**

|  |   |
|--|---|
| Asymptomatic                               | There are no symptoms.  |
| Confirmed COVID-19 case                    | Any individual who tested positive for COVID-19 through laboratory confirmation at a DOH-certified laboratory testing facility.   |
| Close contact of a confirmed COVID-19 case | A person who may have come into contact with a confirmed case person two days prior to the onset of illness of the confirmed COVID-19 case until the time that the said case test negative on laboratory confirmation or other approved laboratory test through: <ol style="list-style-type: none"> <li>1. face-to-face contact with a confirmed case within one meter and for more than fifteen minutes;</li> <li>2. direct physical contact with a confirmed case;</li> <li>3. direct care for a patient with confirmed COVID-19 disease without using proper personal equipment (PPE); or</li> <li>4. other situations as indicated by local risk assessment.</li> </ol> |
| Suspect COVID-19 case                      | A person who is presenting any of the conditions below; <ol style="list-style-type: none"> <li>1. All severe acute respiratory infections (SARI) case where no</li> </ol>   |



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|                               |  |
|-------------------------------|--|
|                               | <p>other etiology that fully explains the clinical presentation;</p> <p>2. Influenza-Like Illness (ILI) case with any one of the following:</p> <ul style="list-style-type: none"> <li>a. with no other etiology that fully explains the clinical presentation and a history of travel to or residence in an area that reported local transmissions of COVID-19 disease during the 14 days prior to onset of symptom; or</li> <li>b. with contact to confirmed case or probable case of COVID-19 disease during the 14 days prior to the onset of symptoms.</li> </ul> <p>3. Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions:</p> <ul style="list-style-type: none"> <li>a. Age 60 years and above;</li> <li>b. With a comorbidity;</li> <li>c. Assessed as having a high-risk pregnancy; and/ or</li> <li>d. Health worker.</li> </ul> |
| <p>Probable COVID-19 case</p> | <p>A person who fulfills anyone of the following listed below:</p> <ul style="list-style-type: none"> <li>1. Suspect case whose testing for COVID-19 is inconclusive;</li> <li>2. Suspect who tested positive for COVID-19 but whose test was not conducted in an accredited laboratory for COVID-19 confirmatory testing; or</li> <li>3. Suspect case who died without undergoing and confirmatory testing.</li> </ul>  |

**II. Protocols in Handling and Management of Reported COVID-19 Cases and Close Contacts**

**A. General Guidelines**

1. Unless otherwise deliberately chosen/ requested by the personnel concerned (e.g., for ease of contact tracing efforts, personal choice to help lessen stigma against confirmed cases, request for support, etc.) names and personal information of confirmed cases and close contacts shall be disclosed only to and kept confidential among the following:
  - a. Head of office of personnel concerned;
  - b. Chairperson of the DepEd RO VIII Task Force COVID-19;
  - c. RO Medical Officer in coordination with the relevant authorities on the case; and
  - d. Human Resource Officer and designated staff in charge of assisting in PhilHealth requirements, and facilitating assistance and other benefits (only relevant information shall be disclosed in coordination activities)
  - e. Education Support Services Division Chief and Disaster Risk Reduction and Management Section head and their designated staff in charge of

- providing necessary assistance as coordinated by the Human Resource Officer and preparing and releasing status reports.
2. All personnel shall inform within 24 hours their immediate supervisor / Head of Office and the RO Medical Officer, if they are notified or they learn that they have been exposed to a close contact of a confirmed COVID-19 case or that they themselves are the close contact or the confirmed COVID-19 case. The RO medical officer shall immediately conduct the appropriate assessment and necessary intervention and shall take charge of informing the RO Task Force COVID-19 about the case.
  3. The Head of Office of the personnel concerned shall take charge of preparing status reports and updates on the case while maintaining the confidentiality of the identity of the personnel concerned, and submitting the same to the RO Task Force COVID-19. The RO Task Force shall submit consolidated daily reports to the DTFC through the ESSD-SHS and the DRRMS for inclusion in daily DepED COVID-19 Situation Reports submitted to the Executive Committee.
  4. The chairperson of the RO Task Force shall within 24 hours upon being notified of a confirmed case shall convene office concerned to discuss details of the case management plan.
  5. The DepED RO compound, partially or entirely, may be put on lockdown, if warranted, depending on the recommendation of the RO Task Force COVID-19 based on the prevailing conditions per case, and in accordance with the agreed case management plan.
  6. The RO Task Force COVID-19 shall issue an advisory within 24 hours from the confirmation of information that an RO personnel has tested positive for COVID-19, especially if the personnel concerned physically reported to the office two days before the onset of symptoms. The advisory to be issued shall provide general information about contact tracing, disinfection efforts, and other interventions done regarding the case, without necessarily disclosing the name and other personal information of the personnel concerned and their close contacts, unless otherwise specifically requested/ decided upon by the personnel concerned. Follow-up advisories shall be issued at least every three days, or as frequently as necessary, to address possible concerns or allay fears of other personnel physically reporting to work.
  7. DRRMS in coordination with the School Health Section shall provide necessary psychosocial support to the personnel concerned.
  8. The personnel concerned may only be allowed to physically report for work again upon presentation of applicable medical certificate or clearance.
  9. All offices shall maintain a daily log sheet of all the persons entering their respective offices, with contact information, as a proactive measure in aid of possible contact tracing in the future.

**B. Personnel Responsibilities and Personal Obligations**

The Head of Office shall ensure that all personnel under the supervision:

1. are oriented on and conform/abide by DedEd Required Health Standards per D.O. No. 14, s. 2020;
2. shall keep a daily record of all persons they come in contact with, as proactive measure in aid of possible contact tracing in the future;
3. provide their Head of Office / immediate supervisor their personal emergency response plan, which includes emergency contact information and people to support them in case they contract the virus (e.g., whom to call, how to access food supplies and medicines, where to stay/preferred treatment facility/hospital/clinic, availability of vehicle to use, how to manage complications and other concerns that will emerge, etc.);
4. have identified their respective Barangay Health Emergency Response Teams (BHERTs) and their contact information and are informed about their BHERT's referral system;
5. have identified the nearest community quarantine units/ isolation facility and testing centers in their respective localities;
6. are knowledgeable about how to access the health services and other forms and assistance (e.g., food packs, ambulance services, isolation centers, quarantine facilities) available in their respective localities; and
7. know the RO COVID-19 response team and their contact numbers:

| <b>RO Task Force COVID-19</b> | <b>Contact No.</b> |
|-------------------------------|--------------------|
| Cesar P. Verunque             | 09173104208        |
| Emmanuel Firmo                | 09463845606        |
| Dr. Ma. Elsa N. Gerona        | 09154406230        |

8. Regularly provide their immediate supervisor all necessary updates related to being exposed to a close contact/ suspect case/ probable case, or a close contact of a confirmed case, or a confirmed case including their conditions and the interventions being done.

**C. Overview of the Protocols**

|   | <b>If onsite</b>                   | <b>If at home/<br/>health care<br/>facility</b> |
|---|------------------------------------|---|
| When a personnel manifest a flu-like symptoms | Protocol OS-1<br>(Enclosure No. 1) | Protocol H-1<br>(Enclosure No. 2)               |

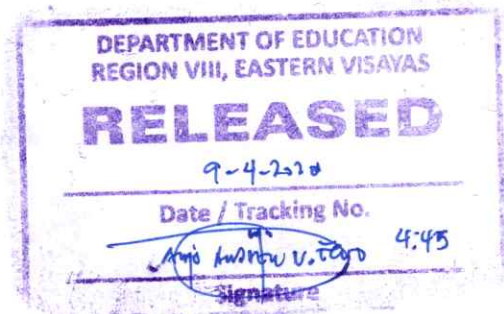
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|---|---------------------------------|---------------------------------|
| When asymptomatic and informed that they have been exposed to: (1) a close contact of a confirmed COVID-19 case person, (2) a suspect case, and (3) a probable case | Protocol OS-2(Enclosure No. 2)  | Protocol H-2 (Enclosure No. 4)  |
| When asymptomatic and informed that they are a close contact of a confirmed COVID-19 case   | Protocol OS-3 (Enclosure No. 5) | Ptocol H-3 (Enclosure No. 6)    |
| When confirmed that they are positive of COVID-19 and they have mild symptoms and not hospitalized ....   | _____                           | Protocol HC-1 (Enclosure No. 7) |
| When confirmed that they are positive of COVID-19 and they are hospitalized but not critical ...  | _____                           | Protocol HC-5(Enclosure No. 8)  |
| When confirmed that they are positive of COVID-19 and they are critical ...   | _____                           | Protocol HC-6 (Enclosure No. 9) |

**III. Testing for COVID-19**

In view of the various requests and inquiries received by the DRTF for the testing of personnel for COVID-19, attention is invited to the relevant provisions on testing in D.O. No. 14, s 2020, as well as the DOH Department Memorandum 2020-0258, s.2020 or the *Updated Interim Guidelines on Expanded Testing for COVID-19* emphasized in Enclosure No. 7 of this Memorandum.

Immediate dissemination of and compliance with this memorandum are desired.

**RAMIR B. UYTICO EdD, CESO IV**  
 Director IV



Enclosure No. 1 to Office Memorandum No. 836, 2020

**PROTOCOL OS-1: When a personnel on site manifests flu-like symptoms**

1. The personnel concerned shall replace his/her reusable cloth mask with a surgical mask. All concerned shall ensure that surgical masks are available in DepEd vehicles that serve as services, at the RO entrance, and in each office.
2. Wherever or whenever the personnel manifests symptoms, the following steps shall be observed:
  - a. If the personnel manifests symptoms while in a personal or a public utility vehicle on the way to the office, he/she may opt to either proceed to the RO but stay in the private area at the entrance dedicated for the assessment of symptomatic persons, or to return home and apply **Protocol H-1**.
  - b. If the personnel manifests symptoms while in a DepEd-provided vehicle, the vehicle shall stop picking up new passengers and proceed directly to the RO. All passengers and the driver of the said vehicle shall be assessed by the RO Medical Officer in the private area at the entrance of the RO designated for assessment of symptomatic persons.
  - c. If the personnel manifests symptoms upon entrance to the RO, he/she shall not proceed to his/her workstation and be brought immediately to the private area at the entrance dedicated for the assessment of symptomatic persons.
  - d. If the personnel manifests symptoms while in his/her workstation and he/she is able to go by himself/herself, the personnel shall go to the RO clinic for proper assessment and management by the medical doctor. If requiring assistance, the personnel shall be accompanied by a colleague in the office who shall also wear mask and a face shield or wear full PPE if there is a need to physically assist the symptomatic personnel.
3. After the assessment by the RO Medical Officer, the personnel shall either stay at the private space near the RO entrance (if assessed there) or be transferred to the separate space for sick personnel (if assessed at the clinic), awaiting referral to the appropriate health facility if needed, without creating stigma.
4. The Head of Office shall initiate the following activities in the office after the personnel concerned leaves the office premises:
  - a. Coordinate with the Administrative Division (AD) - General Services Unit (GSU) for the disinfection of the personnel's workstation and other areas where he/she may have worked/stayed.
  - b. Coordinate with the AD-GSU for the immediate provision of a transport van that may be used by the personnel in going home or in going to their BHERT or any health facility of preference, if the personnel wishes to.
5. The AD-GSU shall ensure that:

- a. a standby vehicle as well as an assigned driver and an accompanying person are always readily available for this purpose. The AD-GSU shall provide the funds for the fuel, and other expenses related to the transport of the personnel concerned;
  - b. the AS-GSD shall ensure that PPEs are readily available and properly utilized by the driver and the accompanying person; and
  - c. the AD-GSU shall ensure the disinfection of the standby vehicle after use.
6. The personnel may continue to work from home if his/her condition permits, **following the quarantine procedure** prescribed by the BHERT or the health care provider (e.g. isolate self from other household members). He/she shall constantly coordinate with the RO Medical Officer **for updates and the monitoring of his/her health condition**. This shall ensure the observance of data privacy, the accuracy of health information that the personnel concerned receives, and the smooth and systematic management of the overall situation.
  7. The Head of Office shall continue to monitor the personnel's condition until recovery.
  8. The Head of Office shall advise all those who have been exposed to the symptomatic personnel to shift to Work-from-Home arrangement, isolate themselves at home if possible, or for observation of the development of signs and symptoms.
  9. All personnel who manifest symptoms shall be required to present a medical certificate prior to physically reporting back to work. The certificate may be issued by the attending physician or by the RO Medical Officer.
  10. The RO Medical Officer shall report all cases to the Chairperson of the RO Task Force COVID-19 (RTFC-19).

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Enclosure No. 2 to Office Memorandum No. **336** 2020

**PROTOCOL H-1: When personnel at home manifest flu-like symptoms**

1. Personnel shall wear a surgical mask and isolate self from the rest of the household members.
2. The personnel shall seek consultation from his/her attending physician, a private clinic, **their HMO's or their BHERT who will coordinate with the Provincial/City/Municipal Health Office for proper evaluation and management of their condition.**
3. The personnel shall call his/her Head of Office for the needed support.
4. The Head of Office shall provide or facilitate the provision of necessary psychosocial support to allay possible fears, especially emphasizing the following:
  - a. The said matter will be treated with utmost confidentiality.
  - b. It is important to stay calm to continue to strictly observe protective measures: physical distancing, wearing of a surgical face mask, and hand and respiratory hygiene practices.
  - c. The Head of Office shall check the personnel if he/she has already sought medical consultation from a local health care provider or health facility of choice and continue to monitor the patient's condition until recovery.
5. The Head of Office and the personnel shall inform the RO Medical Officer for proper documentation and necessary monitoring and follow-up.
6. The Head of Office shall initiate the necessary coordination with concerned offices for the facilitation and provision of required support services of the personnel (e.g. transportation to an isolation facility if there is no room available for the personnel at home, emergency food for those who are staying at home, etc.) as determined in the Emergency Response Profile of the personnel.
7. The personnel may continue to work from home if his/her condition permits, **following the quarantine procedure** prescribed by the BHERT or the health care provider (e.g. isolate self from other household members). He/she shall constantly coordinate with the RO Medical Officer **for updates and the monitoring of his/her health condition.** This shall ensure the observance of data privacy, the accuracy of health information that the personnel concerned receives, and the smooth and asymptomatic management of the overall situation.
8. If there is no available space in the personnel's home for self-isolation, the personnel may opt to stay in a quarantine facility for proper monitoring and management.
9. The Head of Office shall continue to monitor the personnel's condition until recovery.
10. The personnel shall be required to present a medical certificate prior to physically reporting to the office. The certificate may be issued by the attending physician or by the RO Medical Officer.
11. The RO Medical Officer shall report all cases to the Chairperson of the RTFC-19.



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Enclosure No. 3 to Office Memorandum No. 336 s. 2020

**PROTOCOL OS-2: When asymptomatic personnel on site learn or are informed that they have been exposed to (1) a close contact of a confirmed COVID-19 case; (2) a suspect case; or (3) a probable case**

1. The personnel shall inform his/her Head of Office about his/her exposure for the needed support.
2. The Head of Office, with the assistance of the PFA-provider of the Office, shall provide or facilitate the provision of necessary psychosocial support to allay possible fears, especially emphasizing the following:
  - a. The matter will be treated with utmost confidentiality.
  - b. It is important to stay calm and to continue to strictly observe protective measures: physical distancing, wearing of a surgical face mask, and hand and respiratory hygiene practices.
3. The Head of Office and the personnel shall immediately call the RO Medical Officer who will provide the personnel concerned necessary medical advice.
4. The Head of Office shall advise the personnel to continue his/her work at home but observe physical distancing and isolate self from the rest of the household members. It shall be emphasized that this is only an **extra** precautionary measure, internal to DepEd. Per existing DOH guidelines, **only close contacts of confirmed cases are required to go on quarantine and report to their BHERT who will coordinate with the Provincial/City/Municipality Epidemiologic Surveillance Unit (PESU/CESO/MESU) for the necessary contact tracing and referral activities, and provision of health services.** The RO shall provide the personnel with transportation services as needed and upon request.
5. The personnel shall constantly coordinate with the RO Medical Officer **for any development on the status of the close contact/suspect case/probable case.** This shall ensure the observance of data privacy, the accuracy of health information that the personnel concerned receives, and the smooth and systematic management of the overall situation.
6. The asymptomatic personnel may already report back physically to the office upon clearance by the RO Medical Officer. If the close contact/suspect case/probable case turns out to be confirmed COVID-19 case, the personnel shall then follow **Protocol H-3.**
7. The RO Medical Officer shall report all cases to the Chairperson of the RTFC-19.
8. The RTFC shall in turn submit consolidated daily reports to the DepEd Task Force COVID-19 (DTFC-19), through the BLSS-SHD and the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.

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Enclosure No. 4 to Office Memorandum No. 836, s. 2020

**Protocol H-2: When asymptomatic personnel at home learn or are informed that they have been exposed to: (1) a close contact of a confirmed COVID-19 case; (2) a suspect case; or (3) a probable case**

1. The personnel shall call his/her Head of Office for the needed support.
2. The Head of Office shall provide or facilitate the provision of necessary psychosocial support to allay possible fears, especially emphasizing the following:
  - a. The matter will be treated with utmost confidentiality.
  - b. It is important to stay calm and to continue to strictly observe protective measures even at home; physical distancing, wearing of a face mask and hand and respiratory hygiene practices.
3. The Head of Office shall emphasize to the personnel that per existing DOH guidelines, **only close contacts of confirmed cases are required to go on quarantine and report to their BHERT who will coordinate with the Provincial/City/Municipal Epidemiological Surveillance Unit (PESU/CESU/MESU) for the necessary contact tracing and referral activities, and provision of health services.**
4. However, internal to DepEd, the personnel shall isolate self from the rest of the household members as an extra precautionary measure. The RO shall provide the personnel with transportation services as needed and upon request.
5. The Head of Office and the personnel shall immediately call the RO Medical Officer who will provide the personnel concerned necessary medical advice.
6. The personnel shall constantly coordinate with the RO Medical Officer **for any development on the status of the close contact /suspect case/probable case.** This shall ensure the observance of data privacy, the accuracy of health information that the personnel concerned receives, and the smooth and systematic management of them overall situation.
7. The asymptomatic personnel may end his/her self-isolation at home or may already go back home upon the clearance of the RO Medical Officer. If the close contact/suspect/probable case of the personnel turns out to be a confirmed COVID-19 case, the personnel shall then follow **Protocol H-3.**
8. The RO Medical Officer shall report all cases to the Chairperson of the RO Task Force COVID-19.
9. The RTFC-19 shall in turn submit consolidated daily reports to the DTFC-19, through the BLSS-SHD and the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.

Enclosure No. 5 to Office Memorandum No. \_\_\_\_\_, s. 2020

**PROTOCOL OS-3: When asymptomatic personnel on site learn or are informed that they are a close contact of a confirmed COVID-19 case**

1. The personnel shall immediately wear a surgical mask and proceed immediately at the designated private space, awaiting his/her transport service back home.
2. The personnel shall call his/her Head of Office for the needed support.
3. The Head of Office shall provide or facilitate the provision of necessary psychosocial support to allay possible fears, especially emphasizing the following:
  - a. The said matter shall be treated with utmost confidentiality.
  - b. It is important to stay calm and to continue to strictly observe protective measures: physical distancing, wearing of a surgical face mask, and hand and respiratory hygiene practices.
4. The Head of Office shall ensure that as a **close contact of a confirmed case**, the personnel shall:
  - a. report to their BHERT who will coordinate with the Provincial/City/Municipal Epidemiologic Surveillance Unit (PESU/CESO/MESU) for the necessary contact tracing and referral activities, and provision of health services, including testing for COVID-19 subject to the discretion of the contact tracing team and subject to the availability of testing capacity, if recommended; and
  - b. complete 14 days of quarantine from the date of last contact with the confirmed or probable COVID-19 case at their home (only if with a solo room with toilet) or in a temporary treatment and monitoring facility in their locality.
5. The Head of Office and the personnel shall immediately call the RO Medical Officer who will provide the personnel concerned necessary medical advice.
6. The Head of Office shall initiate the following activities in the office after the personnel concerned leaves the office premises:
  - a. Coordinate with the AD-GSU for the disinfection of the personnel's workstation and other areas where he/she may have worked /stayed.
  - b. Coordinate with the AD-GSU for the immediate provision of a transport van that may be used by the personnel in going home or in going to their BHERT or any health facility of preference.
7. The AD-GSU shall ensure that:
  - a. a standby vehicle as well as an assigned driver and an accompanying person are always readily available for the purpose. The AD-GSU shall provide the funds for the fuel, and other expenses related to the transportation of the personnel concerned;

- b. the AD-GSU shall ensure that the PPEs are readily available and properly utilized by the driver and the accompanying person; and
  - c. the AD-GSU shall ensure the disinfection of the standby vehicle after use.
8. The Head of Office and the personnel who is in close contact of the confirmed case, in coordination with the RO Medical Officer, shall identify and list down any other personnel at the RO who may have been exposed to the personnel concerned. **Protocol OS-2 shall be applied.**
9. The personnel may continue to work from home if his/her condition permits, **following the quarantine procedure** prescribed by the BHERT (e.g. isolate self from other household members). He/she shall constantly coordinate with the RO Medical Officer **for updates, including his/her coordination with BHERT, and the monitoring of his/her health status and/or possible development of symptoms.** This shall ensure the observance of data privacy, the accuracy of health information that the personnel concerned receives, and the smooth and systematic management of the overall situation.
10. The personnel can be released from quarantine, as per advice of the BHERT or authorized physician, after 14 days as long as the personnel remains asymptomatic for the entire duration of the quarantine, even without testing or test results. There is no need to repeat **real-time polymerase chain reaction (RT-PCR)** testing prior to discharge and tagging as recovered.
11. The RO Medical Officer shall report all cases to the Chairperson of the RTFC-19.
12. The RTFC-19 shall in turn submit consolidated daily reports to the DTFC-19, through the BLSS-SHD and the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.

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Enclosure No. 6 to Office Memorandum No. 536, s. 2020

**Protocol H-3: When asymptomatic personnel at home learn or are informed that they are a close contact of a confirmed COVID-19 case**

1. The personnel shall immediately wear a surgical mask and isolate self from the rest of the household members.
2. The personnel shall **immediately report** to their **BHERT who will coordinate with the PESU/CESU/MESU for the necessary contact tracing and referral activities, and provision of health services**, including testing for COVID-19 subject to the discretion of the contact tracing team and subject to the availability of testing capacity, if recommended.
3. The personnel shall call his/her Head of Office for the needed support.
4. The Head of Office shall provide or facilitate the provision of necessary psychosocial support to allay possible fears, especially emphasizing the following:
  - a. The said matter will be treated with utmost confidentiality;
  - b. It is important to stay calm and to continue to strictly observe protective measures: physical distancing, wearing of a surgical face mask, and hand and respiratory hygiene practice; and
  - c. The Head of Office shall check with the personnel if he/she has already complied with existing guidelines that **require close contacts of confirmed cases to report to their BHERT for monitoring and complete 14 days of quarantine** from the date of last contact with the confirmed or probable COVID-19 case at a temporary treatment and monitoring facility or home quarantine **only if** with a solo room with toilet. Transport services shall be provided as needed.
5. The Head of Office and the personnel shall inform the RO Medical Officer for proper documentation and necessary monitoring and follow-up if the personnel choose to be quarantined at home or at a local facility.
6. The Head of Office shall initiate the necessary coordination with concerned offices for the facilitation and provision of required support services of the personnel (e.g. transportation to an isolation facility if there is no room available for the personnel at home, emergency food for those who are staying at home, etc.) as determined in the Emergency Response Profile of the personnel.
7. The personnel may continue to work from home or at the quarantine facility if his/her condition permits, **following the quarantine procedure** prescribed by the BHERT (e.g. isolate self from other household members). He/she shall constantly coordinate with RO Medical Officer **for updates, including his/her coordination with BHERT, and monitoring of his/her health status and/or possible development of symptoms**. This shall ensure the observance of data privacy, the accuracy of health information that the personnel concerned receives, and the smooth and systematic management of the overall situation.
8. The personnel can be released from quarantine, as per advice of the BHERT or authorized physician, after 14 days as long as the personnel remains asymptomatic for the entire duration

of the quarantine, even without testing or test results. There is no need to repeat RT-PCR testing prior to discharge and tagging as recovered.

9. The RO Medical Officer shall report all cases to the Chairperson of the RTFC-19.
10. The RTFC-19 shall in turn submit consolidated daily reports to the DTFC-19, through the BLSS-SHD and the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.

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Enclosure No. 7 to Office Memorandum No. \_\_\_\_\_, s. 2020

**PROTOCOL HC-1: When confirmed that the personnel are positive of COVID-19 and they have mild symptoms and not hospitalized**

1. The personnel are expected to comply with all the instructions provided by the local health authorities such as their BHERT and their respective Provincial/City/Municipal Health Office for proper evaluation and management of their condition.
2. It is the duty of the personnel to report to his/her Head of Office that he/she is confirmed positive of COVID-19. The Head of Office shall ensure the personnel that the matter will be treated with utmost confidentiality.
3. The Head of Office shall provide or facilitate the provision of necessary psychosocial support to the personnel.
4. The Head of Office and the personnel shall call the RO Medical Officer for proper documentation and necessary monitoring if the personnel is staying in a local quarantine facility, or for the necessary coordination if the personnel opts to stay in a DOH or LGU facility, designated by DepEd for its personnel.
5. The Head of Office shall initiate the necessary coordination with concerned offices for the facilitation and provision if required support services of the personnel (e.g., PhilHealth benefits [PhilHealth Circular No. 2020-09, No. 2020-12 and No. 2020-17], transportation to the quarantine facility, emergency food if not provided or available at the quarantine facility, etc.).
6. The personnel shall constantly coordinate with the RO Medical Officer **for updates and the monitoring of his/her health condition**. This shall ensure the observance of data privacy, the accuracy of health information that the personnel concerned receives, and the smooth and systematic management of the overall situation.
7. The Head of Office shall continue to monitor the personnel's condition until recovery.
8. The personnel shall be required to present a medical certificate and certificate of quarantine completion prior to physically reporting to the office. The certificate may be issued by the attending physician or by the RO Medical Officer.
9. The RO Medical Officer shall report all cases to the Chairperson of the RTFC-19.
10. The RTFC-19 shall in turn submit consolidated daily reports to the DTFC-19, through the BLSS-SHD and the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.

*Enclosure No. 8 to Office Memorandum No. \_\_\_\_\_ s. 2020*

**PROTOCOL HC-2: When confirmed that the personnel are positive of COVID-19 and they are hospitalized but are not critical**

1. The personnel are expected to comply with all the instructions provided by the hospital.
2. It is the duty of the personnel to report his/her Head of Office that he/she is confirmed positive of COVID-19 and that he/she needs to be or has been hospitalized. The Head of Office shall assure the personnel that the matter will be treated with utmost confidentiality.
3. The Head of Office shall provide or facilitate the provision of necessary psychosocial support to the personnel.
4. The Head of Office and the personnel shall inform the RO Medical Officer for proper documentation and necessary monitoring.
5. The Head of Office shall initiate the necessary coordination with concerned offices for the facilitation and provision of required support services of the personnel (e.g. transportation/ambulance services to the hospital, access to PhilHealth benefits [PhilHealth Circular No. 2020-09, No. 2020-12 and No. 2020-17], other financial and non-medical assistance, etc.)
6. The Head of Office shall continue to monitor the personnel's condition until recovery.
7. The personnel shall be required to present a medical certificate, issued by the attending physician, prior to physically reporting to the office.
8. The RO Medical Officer shall report all cases to the Chairperson of the RTFC-19.
9. The RTFC-19 shall in turn submit consolidated daily reports to the DTFC-19, through the BLSS-SHD and the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.



Enclosure No. 9 to Office Memorandum No. \_\_\_\_\_, s. 2020

**PROTOCOL HC-3: When confirmed that the personnel are positive of COVID-19 and they are hospitalized and are critical**

1. At this point, it is expected that the Head of Office is fully informed that the personnel is confirmed positive of COVID-19 and that he/she has been hospitalized.
2. The Head of Office shall continue to monitor the personnel's condition and keep in touch with the family for any assistance possible (e.g. access to the PhilHealth benefits [PhilHealth Circular No. 2020-09, No. 2020-12, and No. 2020-17], other financial and non-medical assistance, etc.)
3. The Head of Office shall inform the RO Medical Officer for proper documentation and necessary monitoring.
4. The RO Medical Officer shall report all cases to the Chairperson of the RTFC-19.
5. The RTFC-19 shall in turn submit consolidated daily reports to the DTFC-19, through the BLSS-SHD and the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.

asymptomatic, and (3) health care workers with possible exposure, whether symptomatic or asymptomatic.

- a. The following exposures should have happened **two (2) days before or within 14 days from onset of symptoms** of a confirmed or probable case.
    - i. Face-to-face contact with a confirmed case within 1 meter and for more than 15 minutes.
    - ii. **Direct physical contact** with a confirmed case
    - iii. **Direct care** for a patient with probable or confirmed COVID-19 disease **without using proper personal protective equipment**
  - b. **Indiscriminate RT-PCR testing beyond close contacts of a confirmed COVID-19 case is not recommended.**
2. The following reflects the sub-groups of at-risk individuals arranged in order of greatest to lowest need for testing:
- a. **Subgroup A.** Patients or healthcare workers with severe/critical symptoms, relevant history of travel/contact
  - b. **Subgroup B.** Patients or healthcare workers with mild symptoms, relevant history of travel/contact, and considered vulnerable. Vulnerable populations include those elderly and with preexisting medical conditions that predispose them to severe presentation and complications of COVID-19.
  - c. **Subgroup C.** Patients or healthcare workers with mild symptoms, relevant history of travel/contact
  - d. **Subgroup D.** Patients or healthcare workers with no symptoms but relevant history of travel/contact
  - e. **Subgroup E.** Frontliners indirectly involved in health care provision in the response against COVID-19 which includes, but not limited to the following:
    - i. Personnel manning the Temporary Treatment and Quarantine Facilities (LGU and nationally-managed);
    - ii. Personnel manning Quarantine Control Points, including those from Armed Forces of the Philippines, Bureau of Fire Protection, and others;
    - iii. **National/Regional/Local Risk Reduction and Management Teams;**
    - iv. Barangay Health Emergency Response Teams and barangay officials providing barangay border control and performing COVID-19-related tasks;
    - v. Personnel of Bureau of Corrections and Bureau of Jail Penology and Management;
    - vi. Personnel manning the One-Stop-Shop in the Management of Returning Overseas Filipinos;
    - vii. Personnel serving at the COVID-19 swabbing center; and
    - viii. Social workers providing amelioration and relief assistance to communities and performing COVID-19-related tasks.

- f. **Subgroup F.** Other vulnerable patients such as those with comorbidities, those who will undergo high-risk, elective surgical procedures, those living in confined spaces such as persons deprived of liberty or institutionalized persons, and others. These also include:
  - i. Pregnant patients who shall be tested during the peripartum period; and
  - ii. Dialysis patients and patients who are immunocompromised, such as those who have HIV/AIDS, inherited diseases that affect the immune system, those in chemotherapy or radiotherapy, who shall be tested at the discretion of the attending physician, following the existing guidelines of the Philippine Society for Microbiology and Infectious Diseases.
3. Due to global shortage of testing kits and other supplies, and limitation in local capacity for testing, there is a need to rationalize available tests and prioritize subgroups A and B. However, in view of the expansion of testing capacity and to ensure healthcare workforce safety, subgroup C will be tested, and health workers prioritized.
4. All subnational laboratories are directed to allocate between 20-30% of their daily testing capacity for health workers and the remaining 70%-80% for patients.
5. Based on current available evidence, real-time polymerase chain reaction (RT-PCR) testing is the confirmatory test for diagnosis. In the Philippines, this pertains to using RT-PCR test kits that are approved by the Food and Drug Administration (FDA), and validated by the Research Institute for Tropical Medicine (RITM).
6. Rapid antibody-based test kits shall not be used as standalone tests to definitely diagnose or rule out COVID-19. Because this must be used in conjunction with RT-PCR, care must be exercised to not unduly consume RT-PCR test kits for the sake of confirmation.
7. Reporting of confirmed cases shall continue to be based on RT-PCR testing, in accordance with Administrative Order 2020-0013, entitled "Revised AO2020-0012."
8. Guidelines for the inclusion of COVID-19 in the "List of Notifiable Diseases for Mandatory Reporting to the Department of Health dated 17 March 2020." Reporting of the full line list of positive and negative specimens from the start of the operations shall adhere to Administrative Order 2020-0014-A entitled, "Guidelines in Securing a License to Operate a COVID-19 Testing Laboratory in the Philippines."
9. Discharge and recovery criteria for suspects, probable, and confirmed COVID-19 cases shall no longer entail repeat testing. Symptomatic patients who have clinically recovered and are no longer symptomatic for at least 3 days and have completed at least 14 days of isolation either at home, temporary treatment and monitoring facility, or hospital, can be tagged as a recovered confirmed case and reintegrated to the community without the need for further testing, provided that a licensed medical doctor clears the patient. Patient who test RT-PCR positive and remain asymptomatic for at least 14 days can discontinue quarantine and tagged as a recovered confirmed case without need for further testing, provide a licensed medical doctor clears the patient.
10. **Only antibody-based test kits approved by the FDA and locally validated by the RITM or the Department of Science and Technology or those with acceptable performance of >90% sensitivity and >95% specificity validated by World Health Organization-Foundation for Innovative New Diagnostics (WHO-FIND) may be used.**

All personnel eligible for coverage of COVID-19 testing based on DOH issuance (DOH DM No. 2020-0258) and their future revision/amendments, shall not be charged co-payment by accredited testing centers for testing services included in the benefit package of PhilHealth (PhilHealth Circular No. 2020-017, Benefit Packages for SARS-CoV-2 Testing using RT-PCR).



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Tanggapan ng Pangalawang Kalihim

**DepEd Task Force COVID-19**  
**MEMORANDUM No. 68**  
21 July 2020

For: **Secretary LEONOR MAGTOLIS BRIONES**  
**Undersecretaries and Assistant Secretaries**  
**Bureau and Service Directors**  
**Central Office Personnel**

Subject: **PROTOCOLS IN HANDLING, MANAGEMENT, AND**  
**TESTING OF REPORTED COVID-19 CASES AND**  
**CLOSE CONTACTS AT THE CENTRAL OFFICE**

In support of DepEd Order No. 14, s. 2020 titled **Guidelines on the Required Health Standards in Basic Education Offices and Schools**, the DepEd Task Force COVID-19 (DTFC) issues the following protocols to guide the bureaus, services, and units **at the Central Office (CO)**, particularly in the detection, reporting, referral, handling, managing, and facilitating the testing of COVID-19 cases and close contacts among **the officials and all personnel at the CO**, regardless of status (e.g., including those under Contract of Service or Job Order).

**I. Definition of Terms**

|   |  |
|---|--|
| <b>Asymptomatic</b>                               | Means there are no symptoms  |
| <b>Confirmed COVID-19 case</b>                    | Any individual who tested positive for COVID-19 through laboratory confirmation at the national reference laboratory, subnational reference laboratory, or a DOH-certified laboratory testing facility   |
| <b>Close contact of a confirmed COVID-19 case</b> | A person who may have <b>come into contact with a confirmed case</b> two days prior to the onset of illness of the confirmed COVID-19 case until the time that said case test negative on laboratory confirmation or other approved laboratory test through:<br><br>1. face-to-face contact with a confirmed case within |



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*Administrative Service (AS), Information and Communications Technology Service (ICTS),  
Disaster Risk Reduction and Management Service (DRRMS), Bureau of Learner Support  
Services (BLS), Baguio Teachers' Camp (BTC), Central Security & Safety Office (CSSO)*

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|                               |  |
|-------------------------------|--|
|                               | <p>one meter and for more than fifteen minutes;</p> <ol style="list-style-type: none"> <li>2. direct physical contact with a confirmed case;</li> <li>3. direct care for a patient with confirmed COVID-19 disease without using proper personal equipment; or</li> <li>4. other situations as indicated by local risk assessments.</li> </ol>   |
| <b>Suspect COVID-19 case</b>  | <p>A person who is presenting any of the conditions below:</p> <ol style="list-style-type: none"> <li>1. All severe acute respiratory infections (SARI) cases where no other etiology that fully explains the clinical presentation.</li> <li>2. Influenza-like illness (ILI) cases with any one of the following: <ol style="list-style-type: none"> <li>a. with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in an area that reported local transmission of Covid-19 disease during the 14 days prior to symptom onset; or</li> <li>b. with contact to a confirmed case or probable case of COVID-19 disease during the 14 days prior to the onset of symptoms.</li> </ol> </li> <li>3. Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions: <ol style="list-style-type: none"> <li>a. Aged 60 years and above</li> <li>b. With a comorbidity</li> <li>c. Assessed as having a high-risk pregnancy; and/or</li> <li>d. Health worker.</li> </ol> </li> </ol> |
| <b>Probable COVID-19 case</b> | <p>A suspect case who fulfills anyone of the following listed below:</p> <ol style="list-style-type: none"> <li>1. Suspect case whose testing for COVID-19 is inconclusive; or</li> <li>2. Suspect who tested positive for COVID-19 but whose test was not conducted in a national or subnational reference laboratory or officially accredited laboratory for COVID-19 confirmatory testing; or</li> <li>3. Suspect case who died without undergoing any confirmatory testing.</li> </ol>   |



## II. Protocols in Handling and Management of Reported COVID-19 Cases and Close Contacts

### A. General Guidelines

1. Unless otherwise deliberately chosen/requested by the personnel concerned (e.g., for ease of contact tracing efforts, personal choice to help lessen stigma against confirmed cases, request for support, etc.) names and personal information of confirmed cases and close contacts shall be disclosed only to and kept confidential among the following:
  - a. Chairperson of the DTFC
  - b. Head of Office of personnel concerned
  - c. Chairperson of the CO Task Force COVID-19
  - d. CO clinic doctor in coordinating with the relevant authorities on the case and with relevant DepEd offices for assistance (only relevant information shall be disclosed as required in coordination activities)
  - e. Bureau of Human Resource and Organizational Development (BHROD) Director and designated staff in charge assisting in PhilHealth requirements, and facilitating other assistance and other benefits (only relevant information shall be disclosed in coordination activities)
  - f. Bureau of Learner Support Services-School Health Division (BLSS-SHD) Chief and the Disaster Risk Reduction and Management Service (DRRMS) director and their designated staff in charge of providing necessary assistance as coordinated by the BHROD and preparing and releasing status reports (only relevant information shall be disclosed as required in reporting activities and other forms of assistance)
2. All personnel shall inform **within 24 hours** their immediate supervisor/Head of Office (Bureau/Service Director and ExeCom Lead) and the CO clinic medical doctor, if they are notified or they learn that they have been exposed to a close contact of a confirmed COVID-19 case or that they themselves are the close contact or the confirmed COVID-19 case. The CO clinic medical doctor shall immediately conduct the appropriate assessment and necessary intervention and shall take charge of informing the CO Task Force COVID-19 about the case.
3. The CO Task Force COVID-19, through the CO clinic medical doctor in close coordination with the Head of Office of the personnel concerned (personnel exposed to a close contact/suspect case/probable case, a close contact of a confirmed case, or a confirmed case), shall take charge of coordinating with the relevant authorities on the case and with relevant DepEd offices for assistance.
4. The CO Task Force COVID-19 is tasked to coordinate with the BHROD and the DRRMS and the BLSS-SHD for the provision of necessary assistance to personnel concerned. The BHROD shall assist the



personnel concerned on their PhilHealth requirements and with the DRRMS and the BLSS-SHD, facilitate other forms of assistance that can be provided based on available resources.

5. The Head of Office of the personnel concerned shall take charge of preparing status reports and updates on the case while maintaining the confidentiality of the identity of the personnel concerned, and submitting the same to the CO Task Force COVID-19. The CO Task Force COVID-19 shall submit consolidated daily reports to the DTFC through the BLSS-SHD and the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.
6. The chairperson of the CO Task Force COVID-19 shall **within 24 hours upon being notified of a confirmed case** shall convene offices concerned through a teleconference to discuss details of the case management plan.
7. The DepEd Complex, partially or entirely, may be put on lockdown, if warranted, depending on the recommendation of the CO Task Force COVID-19 based on the prevailing conditions per case, and in accordance with the agreed case management plan.
8. The CO Task Force COVID-19 shall issue an advisory **within 24 hours from the confirmation** of information that a CO personnel has tested positive of COVID-19, especially if the personnel concerned physically reported to the office two days before the onset of symptoms. The advisory to be issued shall provide general information about contact tracing, disinfection efforts, and other interventions done regarding the case, without necessarily disclosing the name and other personal information of the personnel concerned and their close contacts, unless otherwise specifically requested/decided upon by the personnel concerned. Follow-up advisories shall be issued at least every three days, or as frequently as necessary, to address possible concerns or allay fears of other personnel physically reporting to work.
9. To assist the Head of Office particularly in providing necessary psychosocial support to the personnel concerned, each office shall designate a Psychological First Aid (PFA) provider. The DTFC, through the DRRMS, shall provide PFA Training to all designated PFA providers in the CO.
10. The personnel concerned may only be allowed to physically report for work again upon presentation of applicable medical certificate or clearance.
11. All offices shall maintain a daily logsheet of all the persons entering their respective premises, with contact information, as a proactive measure in aid of possible contact tracing in the future.





**B. Allocation of Resources for Assistance to Personnel Concerned**

1. The CO shall designate facilities where personnel concerned may **opt to stay** for applicable quarantine or isolation and **where they will be provided by DepEd** with support and assistance in terms of transportation, monitoring, psychosocial support, medicines, food, and testing if eligible and applicable.
  - a. **NEAP Marikina** is hereby designated as the quarantine facility for:
    - i. personnel who are symptomatic (but do not require hospitalization) with no known exposure to a confirmed case (as an extra precautionary measure internal to DepEd)
    - ii. personnel who are exposed to a symptomatic personnel (as an extra precautionary measure internal to DepEd)
    - iii. personnel who are exposed to a close contact/suspect case/probable case and who need to undergo self-observation and/or testing
    - iv. personnel who are close contacts of a confirmed case
  - b. For the quarantine of personnel who are confirmed cases of COVID-19 with mild symptoms and do not require hospitalization, the designated quarantine facility shall be **a DOH or an LGU facility**. DepEd, through the DTFC, shall explore institutional partnership(s) with the DOH or (an) LGUs through the DILG, for the accommodation of eligible personnel in the DOH's or the LGU(s)'s COVID-19 testing and quarantine facilities.
2. The CO shall ensure the availability of at least two standby vehicles with assigned drivers and accompanying persons to ensure uninterrupted provision of transportation to personnel concerned.
3. The CO shall ensure the availability of funds to cover the aforementioned expenses related to the assistance to be provided to personnel concerned (e.g., transportation costs such as fuel, toll fees; PPEs for drivers and accompanying persons; quarantine costs such as accommodation, food, and medicines for those who stay in DepEd-designated quarantine facilities; test kits and/or payment for testing-related procedures, etc.)
4. The CO clinic shall **hire a team of health care providers** to support the medical doctor in the delivery of services and management of cases, including the necessary monitoring and follow-up, the supervision of NEAP Marikina, the coordination with DOH's/LGUs' quarantine facilities, and other referral services. The CO clinic shall ensure the availability of at least two medical doctors to be on shifting duties: one, physically present at the CO clinic from 8:00 am to 5:00 pm, and another, on call, from 5:00 pm to 8:00 am.



### C. Personnel Responsibilities and Personal Obligations

The Head of Office shall ensure that **all personnel** under their supervision:

1. Are oriented on and conform/abide by DepEd Required Health Standards per DO 14, s. 2020, and the provisions of this DTFC memorandum;
2. Shall keep a daily record of all the persons they come in contact with, as proactive measure in aid of possible contact tracing in the future.
3. Provide their Head of Office/immediate supervisor their personal emergency response plan, which includes the emergency contact information and people to support them in case they contract the virus (e.g., whom to call, how to access food supplies and medicines, where to stay/preferred treatment facility/hospital/clinic, availability of vehicle to use, how to manage complications and other concerns that will emerge, etc.);
4. Have identified their respective Barangay Health Emergency Response Teams (BHERTs) and their contact information and are informed about their BHERT's referral system;
5. Have identified the nearest community quarantine units/isolation facility and testing centers in their respective localities;
6. Are knowledgeable about how to access the health services and other forms of assistance (e.g., food packs, ambulance services, isolation centers, quarantine facilities) available in their respective localities; and
7. Know the CO COVID-19 response team and their contact numbers:

|                                 |             |
|---------------------------------|-------------|
| <b>CO Task Force COVID-19</b>   |             |
| Florentino "Boy" Barte Jr.      | 09158216184 |
| Maritess "Tess" Ablay           | 09158665006 |
| <b>CO clinic medical doctor</b> |             |
| Dr. Rainerio "Rey" Reyes        | 09399129668 |

8. Regularly provide their immediate supervisor of all necessary updates related to their being exposed to a close contact/suspect case/probable case, or a close contact of a confirmed case, or a confirmed case, including their conditions and the interventions being done.



#### D. Overview of the Protocols

|   | <b>If onsite</b>                   | <b>If at home/<br/>health care facility</b> |
|---|------------------------------------|---|
| When personnel manifest flu-like symptoms ...   | Protocol OS-1<br>(Enclosure No. 1) | Protocol H-1<br>(Enclosure No. 2)           |
| When asymptomatic and informed that they have been exposed to: (1) a close contact of a confirmed COVID-19 case; (2) a suspect case; or (3) a probable case ... | Protocol OS-2<br>(Enclosure No. 3) | Protocol H-2<br>(Enclosure No. 4)           |
| When asymptomatic and informed that they are a close contact of a confirmed COVID-19 case ...   | Protocol OS-3<br>(Enclosure No. 5) | Protocol H-3<br>(Enclosure No. 6)           |
| When confirmed that they are positive of COVID-19 and they have mild symptoms and not hospitalized ...  | ---                                | Protocol HC-1<br>(Enclosure No. 7)          |
| When confirmed that they are positive of COVID-19 and they are hospitalized but not critical ...  | ---                                | Protocol HC-5<br>(Enclosure No. 8)          |
| When confirmed that they are positive of COVID-19 and they are critical ...   | ---                                | Protocol HC-6<br>(Enclosure No. 9)          |

#### III. Testing for COVID-19

In view of the various requests and inquiries received by the DTFC for the testing of personnel for COVID-19, attention is invited to the relevant provisions on testing in **DO 14, s. 2020**, as well as the DOH Department Memorandum 2020-0258 or the Updated Interim Guidelines on Expanded Testing for COVID-19 emphasized in Enclosure No. 10 of this memorandum.

For the proper guidance of all.

  
**ALAIN DEL B. PASCUA**  
 Undersecretary



Enclosure No. 1

**PROTOCOL OS-1: When personnel on site manifest flu-like symptoms ...**

1. Personnel concerned shall replace his/her reusable cloth mask with a surgical mask. All concerned shall ensure that surgical masks are available in DepEd vehicles that serve as transport services, at the CO entrance, and in each office.
2. Depending on where the personnel is when he/she manifests symptoms, the following next steps shall be observed:
  - a. If the personnel manifests symptoms while in a personal or a public utility vehicle on the way to the office, he/she may opt to either proceed to the CO but stay in the private area at the entrance dedicated for the assessment of symptomatic persons, or to return home and apply **Protocol H-1**.
  - b. If the personnel manifests symptoms while in a DepEd-provided vehicle, the vehicle shall stop picking up new passengers and proceed directly to the CO. All passengers and the driver of the said vehicle shall be assessed by the CO clinic medical doctor in the private area at the entrance of the CO designated for assessment of symptomatic persons.
  - c. If the personnel manifests symptoms upon entrance to the CO, he/she shall not proceed to his/her workstation and be brought immediately to the private area at the entrance dedicated for the assessment of symptomatic persons.
  - d. If the personnel manifests symptoms while in his/her workstation and he/she is able to go by himself/herself, the personnel shall go to the CO clinic for proper assessment and management by the medical doctor. If requiring assistance, the personnel shall be accompanied by a colleague in the office who shall also wear a surgical mask and a face shield, or wear full PPE if there is a need to physically assist the symptomatic personnel. A wheelchair shall always be readily available for such purpose.
3. After the assessment by the CO clinic medical doctor, the personnel shall either stay at the private space near the CO entrance (if assessed there) or be transferred to the separate space for sick personnel (if assessed at the clinic), awaiting referral to the appropriate health facility if needed, without creating stigma.

4. The Head of Office shall initiate the following activities in the office after the personnel concerned leaves the office premises:
  - a. Coordinate with the Administrative Service-General Services Division (GSD) for the disinfection of the personnel's workstation and other areas where he/she may have worked/stayed.
  - b. Coordinate with the AS-GSD for the immediate provision of a transport van that may be used by the personnel in going home or in going to their BHERT or any health facility of preference or in going to NEAP Marikina for observation, if the personnel wishes to.
5. The AS-GSD shall ensure that:
  - a. A standby vehicle as well as an assigned driver and an accompanying person are always readily available for this purpose. The AS-GSD shall provide the funds for the fuel, toll fees, and other expenses related to the transport of the personnel concerned.
  - b. The AS-GSD shall ensure that PPEs are readily available and properly utilized by the driver and the accompanying person.
  - c. The AS-GSD shall ensure the disinfection of the standby vehicle after use.
6. The personnel may continue to work from home if his/her condition permits, **following the quarantine procedure** prescribed by the BHERT or the health care provider (e.g., isolate self from other household members). He/she shall constantly coordinate with the CO clinic medical doctor **for updates and the monitoring of his/her health condition**. This shall ensure the observance of data privacy, the accuracy of health information that the personnel concerned receives, and the smooth and systematic management of the overall situation.
7. The Head of Office shall continue to monitor the personnel's condition until recovery.
8. The Head of Office shall advise all those who have been exposed to the symptomatic personnel to shift to Work-from-Home arrangement, isolate themselves at home if possible, or at NEAP Marikina, for observation of the development of signs and symptoms.
9. All personnel who manifest symptoms shall be required to present a medical certificate prior to physically reporting back to work. The certificate may be issued by the attending physician or by the CO clinic medical doctor.
10. The CO clinic medical doctor shall report all cases to the Chairperson of the CO Task Force COVID-19.

Enclosure No. 2

**PROTOCOL H-1: When personnel at home manifest flu-like symptoms ...**

1. Personnel shall wear a surgical mask and isolate self from the rest of the household members.
2. The personnel shall seek consultation from his/her attending physician, a private clinic, their HMOs, or **their BHERT who will coordinate with the Provincial/City/Municipal Health Office for proper evaluation and management of their condition.**
3. The personnel shall call his/her Head of Office for the needed support.
4. The Head of Office shall provide or facilitate the provision of necessary psychosocial support to allay possible fears, especially emphasizing the following:
  - a. The said matter will be treated with utmost confidentiality.
  - b. It is important to stay calm and to continue to strictly observe protective measures: physical distancing, wearing of a surgical face mask, and hand and respiratory hygiene practices.
  - c. The Head of Office shall check with the personnel if he/she has already sought medical consultation from a local health care provider or health facility of choice and continue to monitor the patient's condition until recovery.
5. The Head of Office and the personnel shall inform the CO clinic medical doctor for proper documentation and necessary monitoring and follow-up.
6. The Head of Office shall initiate the necessary coordination with concerned offices for the facilitation and provision of required support services of the personnel (e.g., transportation to an isolation facility if there is no room available for the personnel at home, emergency food for those who are staying at home, etc.) as determined in the Emergency Response Profile of the personnel.
7. The personnel may continue to work from home if his/her condition permits, **following the quarantine procedure** prescribed by the BHERT or the health care provider (e.g., isolate self from other household members). He/she shall constantly coordinate with the CO clinic medical doctor **for updates and the monitoring of his/her health condition.** This shall ensure the observance of data privacy, the accuracy of health information that the personnel

concerned receives, and the smooth and systematic management of the overall situation.

8. If there is no available space in the personnel's home for self-isolation, the personnel may opt to stay at NEAP Marikina for proper monitoring and management.
9. The Head of Office shall continue to monitor the personnel's condition until recovery.
10. The personnel shall be required to present a medical certificate prior to physically reporting to the office. The certificate may be issued by the attending physician or by the CO clinic medical doctor.
11. The CO clinic medical doctor shall report all cases to the Chairperson of the CO Task Force COVID-19.

Enclosure No. 3

**PROTOCOL OS-2: When asymptomatic personnel on site learn or are informed that they have been exposed to (1) a close contact of a confirmed COVID-19 case; (2) a suspect case; or (3) a probable case ...**

1. The personnel shall inform his/her Head of Office about his/her exposure for the needed support.
2. The Head of Office, with the assistance of the PFA-provider of the Office, shall provide or facilitate the provision of necessary psychosocial support to allay possible fears, especially emphasizing the following:
  - a. The matter will be treated with utmost confidentiality.
  - b. It is important to stay calm and to continue to strictly observe protective measures: physical distancing, wearing of a surgical face mask, and hand and respiratory hygiene practices.
3. The Head of Office and the personnel shall immediately call the CO clinic medical doctor who will provide the personnel concerned necessary medical advice.
4. The Head of Office shall advise the personnel to continue his/her work at home but observe physical distancing and isolate self from the rest of the household members, or stay at NEAP Marikina if there is no space available at home. It shall be emphasized that this is only an **extra** precautionary measure, internal to DepEd. Per existing DOH guidelines, **only close contacts of confirmed cases are required to go on quarantine and report to their BHERT who will coordinate with the Provincial/City/Municipal Epidemiologic Surveillance Unit (PESU/CESU/MESU) for the necessary contact tracing and referral activities, and provision of health services.** The CO shall provide the personnel with transportation services as needed and upon request.
5. The personnel shall constantly coordinate with the CO clinic medical doctor **for any development on the status of the close contact/suspect case/probable case.** This shall ensure the observance of data privacy, the accuracy of health information that the personnel concerned receives, and the smooth and systematic management of the overall situation.
6. The asymptomatic personnel may already report back physically to the office upon clearance by the CO clinic medical doctor. If the close contact/suspect case/probable case turns out to be a confirmed COVID-19 case, the personnel shall then follow **Protocol H-3.**
7. The CO clinic medical doctor shall report all cases to the Chairperson of the CO Task Force COVID-19.
8. The Central Office Task Force COVID-19 shall in turn submit consolidated daily reports to the DepEd Task Force COVID-19 (DTFC-19), through the BLSS-SHD and the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.



Enclosure No. 4

**PROTOCOL H-2: When asymptomatic personnel at home learn or are informed that they have been exposed to: (1) a close contact of a confirmed COVID-19 case; (2) a suspect case; or (3) a probable case ...**

1. The personnel shall call his/her Head of Office for the needed support.
2. The Head of Office shall provide or facilitate the provision of necessary psychosocial support to allay possible fears, especially emphasizing the following:
  - a. The matter will be treated with utmost confidentiality.
  - b. It is important to stay calm and to continue to strictly observe protective measures even at home: physical distancing, wearing of a face mask, and hand and respiratory hygiene practices.
3. The Head of Office shall emphasize to the personnel that per existing DOH guidelines, **only close contacts of confirmed cases are required to go on quarantine and report to their BHERT who will coordinate with the Provincial/City/Municipal Epidemiologic Surveillance Unit (PESU/CESU/MESU) for the necessary contact tracing and referral activities, and provision of health services.**
4. However, internal to DepEd, the personnel shall isolate self from the rest of the household members as an **extra** precautionary measure. The personnel may stay in NEAP Marikina if there is no space available for self-isolation at home. The CO shall provide the personnel with transportation services as needed and upon request.
5. The Head of Office and the personnel shall immediately call the CO clinic medical doctor who will provide the personnel concerned necessary medical advice.
6. The personnel shall constantly coordinate with the CO clinic medical doctor **for any development on the status of the close contact/suspect case/probable case.** This shall ensure the observance of data privacy, the accuracy of health information that the personnel concerned receives, and the smooth and systematic management of the overall situation.
7. The asymptomatic personnel may end his/her self-isolation at home or may already go back home if he/she stayed in NEAP Marikina upon the clearance of the CO clinic medical doctor. If the close contact/suspect/probable case of the personnel turns out to be a confirmed COVID-19 case, the personnel shall then follow **Protocol H-3.**
8. The CO clinic medical doctor shall report all cases to the Chairperson of the CO Task Force COVID-19.
9. The Central Office Task Force COVID-19 shall in turn submit consolidated daily reports to the DepEd Task Force COVID-19 (DTFC-19), through the BLSS-SHD and the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.

Enclosure No. 5

**PROTOCOL OS-3: When asymptomatic personnel on site learn or are informed that they are a close contact of a confirmed COVID-19 case ...**

1. The personnel shall immediately wear a surgical mask and proceed immediately at the designated private space, awaiting his/her transport service back home.
2. The personnel shall call his/her Head of Office for the needed support.
3. The Head of Office shall provide or facilitate the provision of necessary psychosocial support to allay possible fears, especially emphasizing the following:
  - a. The said matter will be treated with utmost confidentiality.
  - b. It is important to stay calm and to continue to strictly observe protective measures: physical distancing, wearing of a surgical face mask, and hand and respiratory hygiene practices.
4. The Head of Office shall ensure that as **a close contact of a confirmed case**, the personnel shall:
  - a. Report to their BHERT who will coordinate with the Provincial/City/Municipal Epidemiologic Surveillance Unit (PESU/CESU/MESU) for the necessary contact tracing and referral activities, and provision of health services, including testing for COVID-19 subject to the discretion of the contact tracing team and subject to the availability of testing capacity availability of testing if recommended; and
  - b. Complete 14 days of quarantine from the date of last contact with the confirmed or probable COVID-19 case at their home (**only if** with a solo room with toilet) or in a temporary treatment and monitoring facility in their locality. Personnel may also opt to stay in NEAP Marikina if there is no space at home for quarantine.
5. The Head of Office and the personnel shall immediately call the CO clinic medical doctor who will provide the personnel concerned necessary medical advice.
6. The Head of Office shall initiate the following activities in the office after the personnel concerned leaves the office premises:
  - a. Coordinate with the Administrative Service-General Services Division (GSD) for the disinfection of the personnel's workstation and other areas where he/she may have worked/stayed.
  - b. Coordinate with the AS-GSD for the immediate provision of a transport van that may be used by the personnel in going home or in going to their BHERT or any health facility of preference or in going to NEAP Marikina for quarantine, if the personnel wishes to.

7. The AS-GSD shall ensure that:
  - a. A standby vehicle as well as an assigned driver and an accompanying person are always readily available for this purpose. The AS-GSD shall provide the funds for the fuel, toll fees, and other expenses related to the transport of the personnel concerned.
  - b. The AS-GSD shall ensure that PPEs are readily available and properly utilized by the driver and the accompanying person.
  - c. The AS-GSD shall ensure the disinfection of the standby vehicle after use.
8. The Head of Office and the personnel who is a close contact of the confirmed case, in coordination with the CO clinic medical doctor, shall identify and list down any other personnel at the CO who may have been exposed to the personnel concerned. **Protocol OS-2 shall be applied.**
9. The personnel may continue to work from home if his/her condition permits, **following the quarantine procedure** prescribed by the BHERT (e.g., isolate self from other household members). He/she shall constantly coordinate with the CO clinic medical doctor **for updates, including his/her coordination with BHERT, and the monitoring of his/her health status and/or possible development of symptoms.** This shall ensure the observance of data privacy, the accuracy of health information that the personnel concerned receives, and the smooth and systematic management of the overall situation.
10. The personnel can be released from quarantine, as per advice of the BHERT or authorized physician, after 14 days as long as the personnel remains **asymptomatic for the entire duration of the quarantine, even without testing or test results.** There is no need to repeat RT-PCR testing prior to discharge and tagging as recovered.
11. The CO clinic medical doctor shall report all cases to the Chairperson of the CO Task Force COVID-19.
12. The Central Office Task Force COVID-19 shall in turn submit consolidated daily reports to the DepEd Task Force COVID-19 (DTFC-19), through the BLSS-SHD and the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.

Enclosure No. 6

**PROTOCOL H-3: When asymptomatic personnel at home learn or are informed that they are a close contact of a confirmed COVID-19 case ...**

1. The personnel shall immediately wear a surgical mask and isolate self from the rest of the household members.
2. The personnel shall **immediately report** to their **BHERT who will coordinate with the PESU/CESU/MESU for the necessary contact tracing and referral activities, and provision of health services**, including testing for COVID-19 subject to the discretion of the contact tracing team and subject to the availability of testing capacity availability of testing if recommended.
3. The personnel shall call his/her Head of Office for the needed support.
4. The Head of Office shall provide or facilitate the provision of necessary psychosocial support to allay possible fears, especially emphasizing the following:
  - a. The said matter will be treated with utmost confidentiality.
  - b. It is important to stay calm and to continue to strictly observe protective measures: physical distancing, wearing of a surgical face mask, and hand and respiratory hygiene practices.
  - c. The Head of Office shall check with the personnel if he/she has already complied with existing guidelines that **require close contacts of confirmed cases to report to their BHERT for monitoring and complete 14 days of quarantine** from the date of last contact with the confirmed or probable COVID-19 case either at a temporary treatment and monitoring facility or home quarantine **only if** with a solo room with toilet. Personnel may also opt to stay in NEAP Marikina if there is no space at home for quarantine. Transport services shall be provided as needed.
5. The Head of Office and the personnel shall inform the CO clinic medical doctor for proper documentation and necessary monitoring and follow-up if the personnel chooses to be quarantined at home or a local facility, or for necessary coordination if the personnel opts to stay in NEAP Marikina.
6. The Head of Office shall initiate the necessary coordination with concerned offices for the facilitation and provision of required support services of the personnel (e.g., transportation to an isolation facility if there is no room available for the personnel at home, emergency food for those who are staying at home, etc.) as determined in the Emergency Response Profile of the personnel.
7. The personnel may continue to work from home or the quarantine facility if his/her condition permits, **following the quarantine procedure** prescribed by the BHERT (e.g., isolate self from other household members). He/she shall

constantly coordinate with the CO clinic medical doctor **for updates, including his/her coordination with BHERT, and the monitoring of his/her health status and/or possible development of symptoms.** This shall ensure the observance of data privacy, the accuracy of health information that the personnel concerned receives, and the smooth and systematic management of the overall situation.

8. The personnel can be released from quarantine, as per advice of the BHERT or authorized physician, after 14 days as long as the personnel remains asymptomatic for the entire duration of the quarantine, even without testing or test results. There is no need to repeat RT-PCR testing prior to discharge and tagging as recovered.
9. The CO clinic medical doctor shall report all cases to the Chairperson of the CO Task Force COVID-19.
10. The Central Office Task Force COVID-19 shall in turn submit consolidated daily reports to the DepEd Task Force COVID-19 (DTFC-19), through the BLSS-SHD and the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.

Enclosure No. 7

**PROTOCOL HC-1: When confirmed that the personnel are positive of COVID-19 and they have mild symptoms and not hospitalized ...**

1. The personnel is expected to comply with all the instructions provided by the local health authorities such as **their BHERT and their respective Provincial/City/Municipal Health Office for proper evaluation and management of their condition.**
2. It is the duty of the personnel to report to his/her Head of Office that he/she is confirmed positive of COVID-19. The Head of Office shall assure the personnel that the matter will be treated with utmost confidentiality.
3. The Head of Office shall provide or facilitate the provision of necessary psychosocial support to the personnel.
4. The Head of Office and the personnel shall call the CO clinic medical doctor for proper documentation and necessary monitoring if the personnel is staying in a local quarantine facility, or for the necessary coordination if the personnel opts to stay in a DOH or LGU facility, designated by DepEd for its personnel.
5. The Head of Office shall initiate the necessary coordination with concerned offices for the facilitation and provision of required support services of the personnel (e.g., PhilHealth benefits [PhilHealth Circular No. 2020-09, No. 2020-12 and No. 2020-17], transportation to the quarantine facility, emergency food if not provided or available at the quarantine facility, etc.)
6. The personnel shall constantly coordinate with the CO clinic medical doctor **for updates and the monitoring of his/her health condition.** This shall ensure the observance of data privacy, the accuracy of health information that the personnel concerned receives, and the smooth and systematic management of the overall situation.
7. The Head of Office shall continue to monitor the personnel's condition until recovery.
8. The personnel shall be required to present a medical certificate and certificate of quarantine completion prior to physically reporting to the office. The certificate may be issued by the attending physician or by the CO clinic medical doctor.
9. The CO clinic medical doctor shall report all cases to the Chairperson of the CO Task Force COVID-19.
10. The Central Office Task Force COVID-19 shall in turn submit consolidated daily reports to the DepEd Task Force COVID-19 (DTFC-19), through the BLSS-SHD and the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.

Enclosure No. 8

**PROTOCOL HC-2: When confirmed that the personnel are positive of COVID-19 and they are hospitalized but are not critical...**

1. The personnel is expected to comply with all the instructions provided by the hospital.
2. It is the duty of the personnel to report to his/her Head of Office that he/she is confirmed positive of COVID-19 and that he/she needs to be or has been hospitalized. The Head of Office shall assure the personnel that the matter will be treated with utmost confidentiality.
3. The Head of Office shall provide or facilitate the provision of necessary psychosocial support to the personnel.
4. The Head of Office and the personnel shall inform the CO clinic medical doctor for proper documentation and necessary monitoring.
5. The Head of Office shall initiate the necessary coordination with concerned offices for the facilitation and provision of required support services of the personnel (e.g., transportation/ambulance services to the hospital, access to PhilHealth benefits [PhilHealth Circular No. 2020-09, No. 2020-12 and No. 2020-17], other financial and non-medical assistance, etc.)
6. The Head of Office shall continue to monitor the personnel's condition until recovery.
7. The personnel shall be required to present a medical certificate, issued by the attending physician, prior to physically reporting to the office.
8. The CO clinic medical doctor shall report all cases to the Chairperson of the CO Task Force COVID-19.
9. The Central Office Task Force COVID-19 shall in turn submit consolidated daily reports to the DepEd Task Force COVID-19 (DTFC-19), through the BLSS-SHD and the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.

Enclosure No. 9

**PROTOCOL HC-3: When confirmed that the personnel are positive of COVID-19 and they are hospitalized and are critical ...**

1. At this point, it is expected that the Head of Office that he/she is fully informed that the personnel is confirmed positive of COVID-19 and that he/she has been hospitalized.
2. The Head of Office shall continue to monitor the personnel's condition and keep in touch with the family for any assistance possible (e.g., access to PhilHealth benefits [PhilHealth Circular No. 2020-09, No. 2020-12, and No. 2020-17], other financial and non-medical assistance, etc.)
3. The Head of Office shall inform the CO clinic medical doctor for proper documentation and necessary monitoring.
4. The CO clinic medical doctor shall report all cases to the Chairperson of the CO Task Force COVID-19.
5. The Central Office Task Force COVID-19 shall in turn submit consolidated daily reports to the DepEd Task Force COVID-19 (DTFC-19), through the BLSS-SHD and the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.



Enclosure No. ~~10~~

### **Testing for COVID-19**

Attention is invited to the following provisions on testing as quoted/lifted from **DO 14, s. 2020** (for a better appreciation of these measures, all are advised to refer to the section on the DepEd Testing Protocol):

1. Applying DOH DM No. 2020-0180, other relevant DOH guidelines, and relevant WHO guidance to the context of the DepEd family, the Department shall assist in facilitating the testing of the following:
  - a. learners, teachers and personnel who **develop symptoms** during the period when face-to-face classes is already being held, or when teachers and personnel are already reporting physically in school or workplace, and: (1) who **have history of travel to a place (local or foreign) assessed as having community transmission of COVID-19** in the last 14 days prior to onset of symptoms; or (2) **have history of contact with a confirmed or probable COVID-19 case in the last 14 days prior to onset of symptoms;**
  - b. symptomatic assigned healthcare workers and first responders in DepEd with exposure to (a)
2. Learners, teachers, and personnel covered by the preceding paragraph, while no face-to-face classes are being held, or while on pure work-from-home arrangement, shall be referred to a health facility for evaluation and medical intervention, including testing. Similarly, learners, teachers, and personnel with Influenza Like Illness (ILI) or Severe Acute Respiratory Illness (SARI) as defined by DOH shall be **referred to a health facility for evaluation and medical intervention, including testing.**
3. Upon detection, and prior to testing or referral to a facility, identified learners, teachers and personnel who fall under the above categories shall be isolated at home or in a DepEd facility. If no referral happens, the patients should still remain in isolation for 14 days or until asymptomatic, whichever is longer.
4. Asymptomatic learners and personnel with relevant history of travel and close exposure or contact with individuals known to be COVID-19 positive shall complete 14 days of quarantine from the date of last contact with the confirmed case, either at home, in a DepEd facility, or in a referral facility.
5. Testing beyond those indicated above, whether using RT-PCR or rapid antibody-based test kits approved by the FDA shall be on case-by-case basis, and **shall be done in consultation with a DOH** or local government officer, or upon determination of a properly trained DepEd physician following appropriate administrative supervision of relevant DepEd officials.

Upon consultation with the DOH, the DTFC has been referred to the **DOH DM 2020-0258 or the Updated Interim Guidelines on Expanded Testing for COVID-19**, which provides for the following:

1. COVID-19 Expanded Testing is defined as testing all individuals who are at-risk of contracting COVID-19 infection. This includes the following groups: (1) suspect cases or (2) individuals with relevant history of travel and exposure (or contact), whether symptomatic or asymptomatic, and (3) health care workers with possible exposure, whether symptomatic or asymptomatic.
  - a. The following exposures should have happened **two (2) days before or within 14 days from** onset of symptoms of a confirmed or probable case:
    - i. Face-to-face contact with a confirmed case **within 1 meter and for more than 15 minutes**
    - ii. **Direct physical contact** with a confirmed case
    - iii. **Direct care** for a patient with probable or confirmed COVID-19 disease **without using proper personal protective equipment**
  - b. Indiscriminate **RT-PCR testing beyond close contacts of a confirmed COVID-19 case is not recommended.**
2. The following reflects the sub-groups of at-risk individuals arranged in order of greatest to lowest need for testing:
  - a. **Subgroup A:** Patients or healthcare workers with severe/critical symptoms, relevant history of travel/contact
  - b. **Subgroup B:** Patients or healthcare workers with mild symptoms, relevant history of travel/contact, and considered vulnerable. Vulnerable populations include those elderly and with preexisting medical conditions that predispose them to severe presentation and complications of COVID-19.
  - c. **Subgroup C:** Patients or healthcare workers with mild symptoms, relevant history of travel/contact
  - d. **Subgroup D:** Patients or healthcare workers with no symptoms but relevant history of travel/contact
  - e. **Subgroup E.** Frontliners indirectly involved in health care provision in the response against COVID-19 which includes, but not limited to the following:
    - i. Personnel manning the Temporary Treatment and Quarantine Facilities (LGU- and nationally-managed);
    - ii. Personnel manning Quarantine Control Points, including those from Armed Forces of the Philippines, Bureau of Fire Protection, and others;

- iii. **National/Regional/Local Risk Reduction and Management Teams;**
- iv. Barangay Health Emergency Response Teams and barangay officials providing barangay border control and performing COVID-19-related tasks;
- v. Personnel of Bureau of Corrections and Bureau of Jail Penology and Management;
- vi. Personnel manning the One-Stop-Shop in the Management of the Returning Overseas Filipinos;
- vii. Personnel serving at the COVID-19 swabbing center; and
- viii. Social workers providing amelioration and relief assistance to communities and performing COVID-19-related tasks.

- f. **Subgroup F. Other vulnerable patients such as those with comorbidities**, those who will undergo high-risk, elective surgical procedures, those living in confined spaces such as persons deprived of liberty or institutionalized persons, and others. These also include:
  - i. Pregnant patients who shall be tested during the peripartum period;
  - ii. Dialysis patients and patients who are immunocompromised, such as those who have HIV/AIDS, inherited diseases that affect the immune system, those in chemotherapy or radiotherapy, who shall be tested at the discretion of the attending physician, following the existing guidelines of Philippine Society for Microbiology and Infectious Diseases.

3. Due to global shortage of testing kits and other supplies, and limitation in local capacity for testing, there is a need to rationalize available tests and prioritize subgroups A and B. However, in view of the expansion of testing capacity and to ensure healthcare workforce safety, subgroup C will be tested and health workers prioritized.
4. All subnational laboratories are directed to allocate between 20-30% of their daily testing capacity for health workers and the remaining 70%-80% for patients.
5. Based on current available evidence, real-time polymerase chain reaction (RT-PCR) testing is the confirmatory test for diagnosis. In the Philippines, this pertains to using RT-PCR test kits that are approved by the Food and Drug Administration (FDA), and validated by the Research Institute for Tropical Medicine (RITM).
6. Rapid antibody-based test kits shall not be used as standalone tests to definitively diagnose or rule out COVID-19. Because these must be used in conjunction with RT-PCR, care must be exercised to not unduly consume RT-PCR test kits for the sake of confirmation.

7. Reporting of confirmed cases shall continue to be based on RT-PCR testing, in accordance with Administrative Order 2020-0013, entitled "Revised AO2020-0012.
8. Guidelines for the Inclusion of COVID-19 in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health dated 17 March 2020". Reporting of the full line list of positive and negative specimens from the start of the operations shall adhere to Administrative Order 2020-0014-A entitled, "Guidelines in Securing a License to Operate a COVID-19 Testing Laboratory in the Philippines."
9. Discharge and recovery criteria for suspect, probable, and confirmed COVID-19 cases shall no longer entail repeat testing. Symptomatic patients who have clinically recovered and are no longer symptomatic for at least 3 days and have completed at least 14 days of isolation either at home, temporary treatment and monitoring facility, or hospital, can be tagged as a recovered confirmed case and reintegrated to the community without the need for further testing, provided that a licensed medical doctor clears the patient. Patients who test RT-PCR positive and remain asymptomatic for at least 14 days can discontinue quarantine and tagged as a recovered confirmed case without need for further testing, provided a licensed medical doctor clears the patient.
10. **Only antibody-based test kits approved by the FDA and locally-validated by the RITM or the Department of Science and Technology** or those with acceptable performance of >90% sensitivity and >95% specificity validated by World Health Organization-Foundation for Innovative New Diagnostics (WHO-FIND) **may be used.**

All personnel eligible for coverage of COVID-19 testing based on DOH issuance (DOH DM No. 2020-0258) and their future revision/amendments, shall not be charged co-payment by accredited testing centers for testing services included in the benefit package of PhilHealth (PhilHealth Circular No. 2020-017, Benefit Packages for SARS-CoV-2 Testing Using RT-PCR).