



Republic of the Philippines

**DEPARTMENT OF HEALTH
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT**

April 15, 2020

JOINT ADMINISTRATIVE ORDER

No. 2020- 0001

SUBJECT: Guidelines on Local Isolation and General Treatment Areas for COVID-19 cases (LIGTAS COVID) and the Community-based Management of Mild COVID-19 Cases

I. RATIONALE

DILG Memorandum Circular No. 2020-023 entitled “*Amended Guide to Action Against the 2019 Novel Coronavirus Acute Respiratory Disease*” recognizes the lead role of local government units (LGUs) in the prevention, mitigation, preparedness for, and containment of the Coronavirus Disease 2019 (COVID-19) outbreak at the local level. It also acknowledges that any action by the local chief executives should be anchored on, and cognizant of, the plans and recommendations of, and in coordination with, the DOH and other competent government agencies to ensure coherence of actions and accuracy in order to avoid undue public anxiety and panic.

The Local Government Code (Art. III, Ch III, Title I, Book I, RA 7160 as amended) describes how inter-local government relations shall function in support of the integration of local health systems into Province- and City-wide health systems, pursuant to Section 19 of RA 11223 or the Universal Health Care (UHC) Act.

Pursuant to Republic Act No. 11332 or the “Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act”, the President declared a state of public health emergency throughout the Philippines due to the COVID-19 outbreak on March 8, 2020 (Proclamation No. 922, s. 2020). On March 16, 2020, the entire country was placed under a state of national calamity (Proclamation No. 929, s. 2020). Proclamation No. 929, s. 2020 also imposed an enhanced community quarantine throughout the island of Luzon.

Republic Act No. 11469 or the “Bayanihan to Heal as One Act” further declared a state of national emergency over the entire country in view of the continuing rise of confirmed cases of COVID-19, the serious threat to the health, safety, security, and lives of our countrymen, the long-term adverse effects on their means of livelihood, and the severe disruption of economic activities, and provided for the operations and establishment of quarantine areas and quarantine centers.

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DILG Memorandum Circular No. 2020-064 entitled “*Provincial/City/Municipal Special Care Facilities and Isolation Units Amid the COVID-19 Pandemic*”, directs all local chief executives (LCE) to identify government facilities that may be temporarily converted into isolation and quarantine facilities, and to immediately identify, designate and establish their respective COVID-19 special care facilities, in support of Resolution No. 16 dated March 27, 2020 by the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-MEID).

Pursuant to Section 6 (e) of Republic Act No. 11332 and other applicable laws on quarantine and isolation, authorized health personnel from the DOH and its counterparts in local government units have the statutory and regulatory authority to enforce rapid containment, quarantine, and isolation as part of COVID-19 prevention and control measures. Community Quarantine is a strategy aimed at reducing community level transmission of COVID-19. It involves the timely identification of contact, suspect, and probable cases of COVID-19 to facilitate proper contact tracing, testing, quarantine of persons, and where needed, isolation of patients. DOH Department Memorandum No. 2020-0108 entitled “*Guidelines for Management of Patients with Possible and Confirmed COVID-19*” emphasizes home quarantine for individuals with mild symptoms. The proper care of these patients may prove challenging in areas lacking the necessary facilities, thus emphasizing the need for a community-based and family-oriented approach to care for COVID-19.

Pursuant to Section 12(d) of Republic Act No. 2382 or the “Medical Act of 1959”, the Secretary of Health may give medical students who have completed the first four years of the medical course, graduates of medicine, and registered nurses limited and special authorization to render services during epidemics or national emergencies whenever the services of duly registered physicians are not available.

Section 4(g) of Republic Act No. 11469 authorizes the President to ensure that all LGUs are implementing standards of Community Quarantine consistent with what the National Government has laid down for the subject area, while allowing LGUs to continue exercising their autonomy in matters undefined by the National Government or are within the parameters it has set; and are fully cooperating towards a unified, cohesive and orderly implementation of the national policy to address COVID-19.

II. OBJECTIVES

A. General Objective:

This Order aims to guide Local Government Units (LGUs), their instrumentalities and constituent households and individuals in the prevention of transmission and management of contact, suspect, probable, and confirmed cases of COVID-19 at the family and community level.

B. Specific Objectives:

1. Streamline identification, admission, management, and referral protocols for contacts, suspect, probable and confirmed cases of COVID-19 with mild symptoms and who are not vulnerable persons, in households and communities;
2. Guide health workers in assisting individual households on how to prevent transmission and manage suspect, probable and/or confirmed cases of COVID-19 and to deal with adverse outcomes of the disease; and
3. Guide LGUs in planning, establishing, and maintaining designated isolation or quarantine units in their localities for contacts, suspect, probable and confirmed cases of COVID-19 whose living conditions cannot support home quarantine.

III. SCOPE

This Order shall apply to the Department of Health and its attached agencies, Ministry of Health Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM), all public and private health facilities, Department of the Interior and Local Government (DILG) and its attached agencies, Local Government Units (LGUs), and other concerned entities.

IV. DEFINITION OF TERMS

- A. **Barangay Health Emergency Response Team (BHERT)** - a team established by DILG MC No. 2020-023 to help implement local prevention and mitigation, preparedness and response measures for COVID-19.
- B. **Case Investigation Form (CIF)** – a reporting form specific for COVID-19 data that allows standard reporting of information for epidemiologic study and monitoring.
- C. **Cleaning** - the physical removal of contaminants such as dirt, and organic material such as blood and secretions from surfaces, using cleaning agents such as soap and water, among others, as a first step in preparation for disinfection and sterilization.
- D. **Community Isolation Unit (CIU)** – a DOH certified publicly or privately owned non-hospital facilities setup in coordination with or by the national government or local government units to serve as quarantine facilities for COVID-19 cases, based on DOH guidelines. Examples of CIUs include LIGTAS COVID Centers and Mega LIGTAS COVID Centers.
- E. **Deputized Physicians** - medical students who have completed the first four years of the medical course, graduates of medicine, and registered nurses who have been given limited and special authorization by the Secretary of Health to render services as deputized physicians for the purposes of this Order, where the services of duly registered physicians are not available.

- F. **Disinfection**- the process of reducing the number of viable microorganisms on a surface to a less harmful level. It involves use of chemicals including but not limited to a bleach solution, and is more effective if done after cleaning.
- G. **Home Quarantine** – an intervention where a person is prohibited from leaving his/her room until allowed by the local health official or his/her designated physician to do so, following the guidelines set forth in DOH Department Memorandum No. 2020-0090 as well as the requirements set forth in this Order.
- H. **Isolation** - the separation of ill or infected persons from others to prevent the spread of infection or contamination.
- I. **Local COVID-19 Task Force (LCTF)** - all units organized under a local government unit for the purpose of monitoring, reporting, and preventing COVID-19 in their community.
- J. **Local Isolation and General Treatment Areas for COVID-19 cases (LIGTAS COVID) center** - a community-managed facility within a barangay, municipality, city or province, where contact, suspect, probable, and confirmed cases of COVID-19 with mild symptoms, whose home environment cannot support physical distancing (e.g. crowded living conditions) can be temporarily housed for quarantine or isolation, which is linked to a health care institution (HCI) for referral purposes. A LIGTAS COVID Center is one type of Community Isolation Unit (CIU).
- K. **Mega LIGTAS COVID Center** – larger scale versions of the LIGTAS COVID Center, managed by the national government and also referred to as Temporary Treatment and Monitoring Facilities (TTMF), operating at the provincial/regional level to supplement LIGTAS COVID Centers and properly refer patients to appropriate facilities in accordance with separate guidelines for the purpose to be issued by the DOH.
- L. **Mental Health and Psychosocial Support (MHPSS)** - used to describe a range of activities that aims to protect/promote psychosocial well-being of individuals and communities in their affected environment and/or prevent or treat mental disorder.
- M. **Quarantine** - the restriction of movement, or separation from the rest of the population, of healthy persons who may have been exposed to the virus, with the objective of monitoring their symptoms and ensuring early detection of case.
- N. **Regional/Provincial/Hospital/City/Municipal Epidemiology and Surveillance Unit (RESU/PESU/HESU/CESU/MESU)** - refers to information service nodes for field epidemiology data coming from local health units.
- O. **Self-isolation** – strict isolation of a suspect, probable or a confirmed case of COVID-19 with mild symptoms in a separate room or area in the household, for the whole duration that he/she is symptomatic.

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P. **Self-quarantine** – strict quarantine of a contact of COVID-19 in a separate room or area in the household, for the whole duration of fourteen (14) days.

V. **GENERAL GUIDELINES**

A. For the purposes of this Order, case definitions shall be standardized as follows:

Old Name	New Name
Neither a person under monitoring (PUM) or patient under investigation (PUI)	Not a COVID-19 Case
Persons under monitoring (PUM)	Contact*
Patients under investigation (PUI) who have not been tested, or are awaiting test results	Suspect case
Patients under investigation (PUI) with inconclusive test results	Probable case
COVID Positive	Confirmed case

*For purposes of this Order which focuses on community-based management, the term “Contact” shall be adopted. For purposes of mandatory reporting to the DOH of COVID-19 as a notifiable disease, DOH Administrative Order No. 2020-0013 and its subsequent iterations shall govern.

Details of the case definitions may be found in DOH Administrative Order No. 2020-0013 and Annex A of this Order. The DOH may henceforth release updated details of the case definitions which shall be used for this Order.

- B. The overall strategy shall be community-mobilized active case finding, testing, isolation, and monitoring. There shall also be timely and coordinated referral to be aligned with relevant guidelines such as DOH Department Memorandum No. 2020-0133.
- C. The LGU shall ensure that public and private health care providers, in coordination with the local health office, shall continue to provide basic health services, such as prenatal and postnatal care, EPI, TB program, etc., for its constituents.
- D. DOH shall issue separate guidelines pertaining to health care provider networks (HPCNs) during the COVID-19 pandemic, which all concerned including LGUs are enjoined to follow. BHERTs shall focus on active case finding (i.e. contact tracing), in coordination with the LIGTAS COVID Center.

- E. The rapid national scale up of Mega LIGTAS COVID Centers across the country is in response to the national policy shift of promoting facility quarantine and isolation.
- F. The Provincial Government shall manage the establishment of all LIGTAS COVID Centers within its territorial jurisdiction, in coordination with the local governments of component cities, municipalities, and barangays therein. The City Government shall take on this management role in the case of highly-urbanized or independent cities.
- G. All LIGTAS COVID Centers shall provide the following services: provision of basic room and board; case management limited to symptomatic treatment; monitoring and prompt referral at the first sign of clinical deterioration; and discharge instructions for continued home care and follow-up.
- H. Repatriates that have already undergone the required 14-day quarantine upon their arrival to the country, shall not be subjected to quarantine again.
- I. The Secretary of Health, pursuant to Section 12(d) of Republic Act No. 2382 and in consideration of the state of national emergency declared by Republic Act No. 11469, hereby gives limited and special authorization for medical students who have completed the first four years of the medical course, graduates of medicine, and registered nurses to render services as deputized physicians for the purposes of this Order, where the services of duly registered physicians are not available.
- J. LGUs shall ensure that all health care workers and other frontline personnel exposed to the risk of infection are provided with proper and adequate personal protective equipment (PPE) according to their roles and responsibilities.

VI. SPECIFIC GUIDELINES

- A. *Establishing a LIGTAS COVID Center.* The special care facilities and quarantine or isolation units referred to by DILG MC No. 2020-064 are hereby renamed to LIGTAS COVID Centers, and shall follow the guidelines prescribed in this Order.

Separate LIGTAS COVID-19 Facilities shall be provided for the following:

1. Contacts;
2. Suspect and Probable COVID-19 Cases with mild symptoms; and
3. Confirmed COVID-19 Cases with mild symptoms.

The LCTF, BHERTs, a Sanitation Officer, and an assigned LIGTAS COVID manager shall jointly identify existing infrastructure in the LGU that can be converted into LIGTAS COVID Centers. Alternatively, a temporary structure can be established in accordance with the requirements described below in provision VI.B. LGUs may make the appropriate arrangements according to law with private sector entities to build or refurbish existing infrastructure and operate the same as LIGTAS COVID Centers.

Annex B provides a model on how the LCTF can safely and rapidly introduce the LIGTAS COVID Center. It also has a diagram for the incident command system (ICS) organizational structure.

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B. *Requirements for LIGTAS COVID Centers.* LGUs shall comply with the following requirements in setting up their own LIGTAS COVID Centers:

1. Space - It can either be a permanent or temporary structure (e.g. school, gym, multipurpose hall, church, or other establishment) equipped with utilities and basic amenities granting that the requirements set in DOH Department Memorandum No. 2020-0123 are followed.

In compliance with Infection, Prevention and Control protocols, each suspect and probable case of COVID-19 shall have his/her dedicated individual room with own toilet and bath. If and only if dedicated individual rooms are not available, beds shall be spaced at least two (2) meters apart, preferably with an opaque impermeable sheet or divider (e.g. tarpaulin, shower curtain, etc) between them.

Shared toilets and baths shall be cleaned and disinfected by staff wearing the appropriate PPEs at least two times a day. Patients using shared toilets and baths shall be trained and assisted in cleaning and disinfection immediately after each use. Ensure that all toilets and baths, either dedicated or shared, are well-ventilated with natural or mechanical or hybrid ventilation.

2. Staff - The staff of each LIGTAS COVID Center shall be trained on proper use of PPEs and infection control measures, as indicated in Annex C, and shall be composed of the following:

	Function	Notes
Manager (1)	<p>Plans, organizes, maintains, and manages the operations of the LIGTAS COVID Center including its general infrastructure systems as provided for in the DOH guidelines.</p> <p>Implements and monitors compliance with approved policies, procedures, and processes including safety and security in coordination with agencies concerned.</p> <p>Coordinates the allocation of supplies, logistics and basic equipment; updates and maintains a list of requirements to the Local Chief Executive including replacements.</p> <p>Oversees and coordinates technical/support staff; hires, deploys, and disciplines staff as necessary.</p>	<p>Preferably, the head of the Local Health Board or Social Services.</p> <p>Background on medical and health allied field not required.</p>

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	Function	Notes
	<p>Collects complex data and information, summarizes findings in a daily situational report or other communication mediums.</p> <p>Coordinates with BHERTs and Barangay Officials; Participates in a variety of meetings, committees (including chairing), task forces, and/or other related groups to communicate information regarding services, programs, areas of opportunity, and/or other pertinent information as appropriate.</p> <p>Trouble-shoots and responds to after-hour issues as needed. Serves as a liaison with other concerned government agencies, the community, other stakeholders to provide information on available resources and/or services.</p> <p>Perform other related duties as assigned.</p>	
Sanitation Officer (1)	<p>Leads the infectious waste management of the LIGTAS COVID Center.</p> <p>Ensures that proper food handling protocols are followed in meal preparation.</p> <p>Supervises cleaning and disinfection activities, including proper waste management, especially of infectious and health care waste.</p>	<p>Must be trained and familiar with acceptable cleaning/disinfecting materials and in the preparation of chlorine solutions.</p> <p>With engagement, training, and orientation by the Municipal Sanitary Officer on proper healthcare waste management, cleaning and disinfection in compliance with DOH DM 2020-0072 entitled "<i>Interim Guidelines for 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Response in Hospital and Other Health Facilities.</i>"</p>

	Function	Notes
Facility Physician (either physically present or remote but accessible thru telehealth 24/7)	<p>CLINICAL DUTIES:</p> <p>(a) Run the LIGTAS COVID Center for the clinical management of clients calling in or presenting in person;</p> <p>(b) Coordinate with relevant health teams in contact tracing and surveillance;</p> <p>(c) Refer to and follow up with specialists as necessary;</p> <p>(d) Provide health education and medical counseling;</p> <p>(e) Be on call during and outside office hours to observe and treat emergencies as needed; and</p> <p>(f) Conduct daily rounds, in the case of LIGTAS COVID Centers with suspect, probable, and confirmed cases.</p> <p>MEDICO-ADMINISTRATIVE DUTIES:</p> <p>(a) Liaise with other medical facilities;</p> <p>(b) Ensure proper follow up on all referred cases;</p> <p>(c) Coordinate with the manager and be responsible for the supervision and distribution of work for the nurses and other staff assigned to the LIGTAS COVID Center; and</p> <p>(d) Responsible for establishing good relations with hospitals and other private medical facilities.</p> <p>SUPERVISORY ADMINISTRATIVE DUTIES:</p> <p>(a) Ensure that appropriate guidelines and programs relating to COVID-19 are implemented in order to maintain and develop the medical capabilities (e.g. health awareness, COVID-19</p>	<p>Preferably the City/Municipal Health Officer or Rural Health Physician.</p> <p>Other Physicians (e.g. private physician volunteer) or Deputized Physicians may be considered.</p>

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	Function	Notes
	<p>prevention, isolation and quarantine, hospital transfer);</p> <p>(b) Responsible for regular reporting of LIGTAS COVID Center activities and other information as may be required; and</p> <p>(c) Perform other related duties as required.</p>	
Nurse Midwife (2/shift)	<p>or</p> <p>Performs daily rounds and records clinical assessment in the patients' records.</p> <p>Make appropriate clinical assessment and timely referrals to the facility physician.</p> <p>Initiate appropriate infection control and prevention measures in collaboration with the sanitation officer and facility physician.</p> <p>Facilitate in addressing and correcting identified concerns within the LIGTAS COVID Center.</p> <p>Serve as key educator to staff, patients and families regarding COVID-19 infection control policies and procedures.</p> <p>Safeguard and inventory equipment, supplies and logistics.</p>	<p>Must be trained on Infection, Prevention and Control; oriented on the Standard Operating Procedures of the LIGTAS COVID Center including the appropriate use and provision of Personal Protective Equipment (PPE).</p> <p>Ideally, at least two (2) health care workers (HCWs) will go on duty; one (1) to provide direct patient care, and one (1) to serve as supply personnel.</p> <p>Shifting schedule: 2 shifts / 24 hours</p> <p>Note:</p> <p>(1) There is no need for HCWs to go on quarantine as long as the use of PPEs is done properly (donning, use, doffing). Adequate rest intervals should be allowed in between duty shifts</p> <p>(2) Ideally, one (1) deputized physician or NDP Nurse to remotely oversee clinical management during each shift.</p> <p>(3) If a HCW becomes symptomatic, the HCW should self-report to the Manager, stop all health care</p>

	Function	Notes
		work, and follow the algorithm (see Annex A) starting as a suspect case.
BHW or Community Health Volunteer (1/shift)	Assist the Nurse/Midwife with patient care in the LIGTAS COVID Center. Monitor the patients' families daily to check for symptom development of other family members and their compliance to home quarantine.	Ideally, at least two (2) health care workers will go on duty; one (1) to provide direct patient care, and one (1) to serve as supply personnel.
Data Manager (1)	Database manager and encoder of the COVID-19 information system prescribed by the DOH. Ensures consolidated and complete contact and suspect/probable/confirmed case profiles and their updated daily status.	Should be proficient with information and communication technologies. To be trained/guided by DOH on the use of its COVID-19 information system.
Security & Maintenance Officer (1/shift)	Ensure security of the LIGTAS COVID Center and monitor the entrances and exits. Monitors strict compliance to guidelines on patient and staff flow (use of the entrances and exits). Ensures that all utilities (water, electricity, communication) are functional 24/7.	Preferably, Barangay Tanods. Security shall be coordinated with or provided by the local Philippine National Police (PNP).

LIGTAS COVID Center staff shall be engaged by the local government and shall receive their salaries and applicable benefits from the city or municipality in which the LIGTAS COVID Center is located. The DOH may assist LGUs through its deployment of deputized physicians and nurses under the Nurse Deployment Program (NDP), whose contracts of service shall be under the DOH.

For the purposes of this Order, the DOH shall provide LGUs with an updated roster or pool of physicians and deputized physicians it shall engage. LGUs shall coordinate with the DOH for the deployment of these physicians/deputized physicians to their respective LIGTAS COVID Centers. Such coordination shall include arrangements for the board and lodging of these staff under the account of the LGUs.

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3. Supplies - the LIGTAS COVID Center shall have the requirements set in Annex D and shall comply with the rational use of PPEs (Annex C).
4. Special Services – No visitors are allowed to enter any LIGTAS COVID Center. However, communication through remote means shall be encouraged between the patients and their families. Patients may bring their own mobile phones, with power for recharging to be provided by the LIGTAS COVID Center. Mental health and psychosocial support services (MHPSS) shall be provided in coordination with the DOH.

LGUs shall provide safe, comfortable and free board and lodging for LIGTAS COVID staff for the duration of their engagement, to include both on duty and off duty days. Financing for these arrangements may be sourced from the PhilHealth reimbursements for LIGTAS COVID services, among others.

5. Financing - LGUs that shall establish LIGTAS COVID Centers within their territorial jurisdiction may utilize appropriate funds, including the 20% Development Fund of LGUs, pursuant to the DILG and DBM Joint Memorandum Circular No. 01 dated 27 March 2020; the Quick Response Fund of the Local Disaster Risk Reduction and Management Fund, consistent with Proclamation No. 929, s. 2020 signed by the President last March 16, 2020; and the Bayanihan Grant to Cities and Municipalities (BGCM), pursuant to DBM Local Budget Circular No. 125 dated April 7, 2020; among others.

For the purposes of PhilHealth Circular No. 2020-0012 and subsequent related issuances from PhilHealth, the DOH through its Centers for Health Development or the Ministry of Health, Bangsamoro Autonomous Region in Muslim Mindanao within their respective jurisdictions shall inspect and certify all Mega LIGTAS COVID and LIGTAS COVID Centers for compliance with standards prescribed by this Order.

Furthermore, for the purpose of this section, patients who sought consult at the Mega LIGTAS COVID Centers or LIGTAS COVID Centers but were later on assessed to be capable of home quarantine or isolation shall be counted as patients of the respective facilities until the completion of their prescribed quarantine or isolation period.

Cities, municipalities and barangays shall utilize the above sources of funding available to them for the LIGTAS COVID Centers. Should there be funding gaps, these shall be submitted to their respective provinces for resolution in coordination with DOH, DILG and the DBM.

- C. *Identification of COVID-19 Cases in the Community.* The LCTF shall setup or adopt an existing hotline dedicated to case finding and monitoring that community members can call if they report symptoms or any contact with a confirmed case of COVID-19. Setting up the hotline requires the following: dedicated cellular phone or landline that is disinfected regularly; dedicated healthcare worker (HCW) with training on the COVID-19 patient algorithm for triage and hospitalization (see Annex A); and adequate dissemination of the hotline number in the respective LGU.

The dedicated HCW shall classify households based on exposure of members to COVID-19 and report information on suspect, probable, and confirmed cases of COVID-19 to the BHERT thereafter. A Family Focused Care Plan based on this classification can be found in Annex E.

Family without exposure to COVID-19	Family on home quarantine	Family with LIGTAS COVID or healthcare facility admission
No family member is a suspect, probable, or confirmed case of COVID-19	At least one family member is a suspect, probable, or confirmed case of COVID-19 that does not meet any of the referral criteria (see Annex A); home care is feasible.	At least one household member is a suspect, probable or confirmed case of COVID-19 that has been admitted at a LIGTAS COVID Center or hospital

A HCW shall carefully assess household members based on the COVID-19 patient algorithm for triage and hospitalization (see Annex A). The algorithm shall guide the HCW whether admission to the LIGTAS COVID Center or home quarantine/self-isolation will be advised.

While admission to a LIGTAS COVID Center or Mega LIGTAS COVID Center is preferred especially where these facilities are available, home quarantine is allowed for suspect and probable cases of COVID-19 who are either asymptomatic or with mild symptoms only, provided that ALL the requirements in the home care checklist (Annex F) are complied with. The HCW shall assess the household's capability for home care using the checklist in Annex F. The assessment includes ocular inspection and family interview.

All members of families that have at least one member who is a suspect, probable, or confirmed COVID-19 case regardless of place of quarantine or isolation shall be tested according to the guidelines prescribed by DOH Department Memorandum No. 2020-0151 or the "*Interim Guidelines on Expanded Testing for COVID-19*" and any subsequent amendments thereto. Sample collection shall follow the guidelines contained in provision VI.J. below of this Order.

The Barangay having jurisdiction over the place of residence of patients who shall practice home quarantine/self-isolation shall provide the patient and his/her family with nutritious food and basic necessities that his/her household may need during the entire time of home quarantine/isolation.

The Barangay shall also ensure that the patient and the members of his/her household shall stay at home. For the purposes of this provision, the Barangay may seek assistance from the Philippine National Police (PNP) to strictly yet compassionately and respectfully monitor and implement the same, while protecting the household from any acts of violence that may arise from discrimination.

If self-isolation is not possible based on assessment (e.g. crowded living conditions especially in the presence of vulnerable persons in the household), the

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contact, suspect, probable, or confirmed case of COVID-19 with mild symptoms shall be admitted to a LIGTAS COVID Center.

- D. *Admission of Identified COVID-19 Cases to the LIGTAS COVID Center.* The HCW shall exercise due care and compassion in disclosing the presumptive diagnosis and management plan to the patient and family representative/s. HCWs shall accomplish the COVID-19 Case Investigation Form (CIF) (Annex G) and secure informed consent from the contact, suspect, probable or confirmed case of COVID-19 (with mild symptoms) before admission to the LIGTAS COVID Center. Should the patient refuse to be admitted, the HCW shall notify the Manager; the Manager and the HCW shall compassionately explain the rationale for admission and implement the same even if involuntarily, making a notation in the patient's chart of such refusal and the medical justification for the enforcement as a rapid containment, quarantine and isolation measure pursuant to law. A patient chart should be kept for every patient containing an admitting history, monitoring sheet (see Annex H), and administered medications.
- E. *Case Management in the LIGTAS COVID Center.* All patients shall be reminded of respiratory etiquette and home care instructions (See Annex E for household level guidance). HCWs shall instruct and/or assist patients on how to monitor oneself and record in a daily monitoring sheet (see Annex H) two times a day (8 AM-4 PM) the following: body temperature; respiratory symptoms (fever, cough, colds, sore throat); and other symptoms (e.g., body malaise, fatigue, etc.), and to call the attention of a HCW if with any symptom. HCWs shall provide symptomatic treatment for mild symptoms such as antipyretics during the duty shifts. HCWs shall report to the Manager any suspect cases that become symptomatic, and shall immediately refer cases with signs of severe pneumonia and new co-morbidities to the designated hospital or facility using referral criteria in Annex A.
- F. *Flow of Entry and Exit in the LIGTAS COVID Center.* Before entry, a health worker or trained volunteer shall act as a gatekeeper and determine whether entry is warranted. Entries and exits of all visitors and staff shall be recorded in a logbook. Practice proper hand hygiene before and after handling the logbook. Staff are required to perform proper hand washing and donning of the proper PPEs before entering the facility.

Before exiting staff must remove all PPEs in the designated area and dispose of them in the proper receptacles. Finally, they must perform proper handwashing.

See DOH Department Memorandum No. 2020-0123 and Annex I for more details.

- G. *Infection Control in the LIGTAS COVID Center and LGUs in General.* Admitted patients in LIGTAS COVID Centers shall be responsible for cleaning and disinfecting the immediate surroundings of their beds, as well as common areas they have used. Maintenance staff, under the supervision of a sanitation officer, shall orient patients on the guidelines (refer to DOH Department Memorandum No. 2020-0123, DOH Department Memorandum No. 2020-0157 and Annex J) and provide support.

The DOH through its Centers for Health Development or the Ministry of Health, Bangsamoro Autonomous Region in Muslim Mindanao within their respective jurisdictions and/or authorized partners shall systematically and regularly work with LGUs to ensure the strict and consistent enforcement of infection prevention and control measures in LIGTAS COVID Centers, other health facilities, and settings such as schools and workplaces, among others.

- H. *On the Spraying or Misting of Persons and Large-scale Surfaces.* LGUs shall avoid spraying or misting of persons and large-scale surfaces with disinfectant solution as the practice is not supported by scientific evidence at this time and may also pose additional health and safety concerns. For this purpose, DOH Department Circular No. 2020-0172, DOH Department Memorandum No. 2020-0157 and their subsequent amendments are hereby made part of this Order.
- I. *Discharge Protocols.* Patients in the LIGTAS COVID Centers may be discharged, and persons under home quarantine may end home quarantine once asymptomatic for the number of days prescribed in the latest clinical practice guidelines. The local health officer or his/her designated physician shall issue a Certificate of Completion of Quarantine or Isolation to those who are discharged or who shall be ending home quarantine.
- J. *Referral and Transport of Patients and Specimens.* The LCTF shall immediately identify the nearest field or referral hospital catering to probable and confirmed COVID-19 cases. In the event of clinical deterioration of a patient, the LCTF in coordination with the MESU/CESU/HESU/PESU/RESU shall provide referral and transport mechanisms to designated field or referral hospitals. The LCTF shall also provide transport mechanisms for patients who are discharged to lower-level facilities, or to home.

The LGU shall provide access to at least a Type 1 Basic Life Support (BLS) Ambulance defined in DOH Administrative Order No. 2018-0001, entitled “*Revised Rules and Regulations Governing the Licensure of Land Ambulance and Ambulance Service Providers.*” Where applicable, the LGU may make arrangements with the local chapter of the Philippine Red Cross or other reputable and reliable institutions/entities for the purpose of this provision.

During ambulance conduction, the patient will be accompanied solely by a healthcare worker with the proper Personal Protective Equipment (PPE) who will monitor the well-being of the patient while in transit from the place of pick-up to the receiving health facility. The driver shall also observe the appropriate infection controls and avoid contact with the patient. After the patient is accepted by the receiving facility, the ambulance shall be disinfected by its owner/operator in coordination with the LIGTAS COVID sanitation officer (see Annex J).

The PNP shall provide the appropriate services to ensure the compassionate, safe and secure transfer of patients between LIGTAS COVID Centers and other health facilities.

For the purposes of laboratory testing of suspect COVID-19 cases, specimens shall be collected on-site at the level of care/facility closest to the patient’s place of residence or work. The LGU with the assistance of the PNP and Bureau of Fire

Protection (as well as the AFP and DPWH, upon request) shall ensure that these samples are transported from the point of collection to the designated laboratory. LGUs shall coordinate the timing of sample collection with the chain of specimen transport to ensure the quality and reliability of the specimen for laboratory purposes.

- K. *End-of-Life Care, Management of the Dead and Bereavement Care for Families.* Healthcare workers shall provide end-of-life and bereavement care for all patients and their families, aligned with protocols for mental health and psychosocial support (MHPSS; See Annex K).

Care for dying patients includes management of pain and symptoms, ensuring support for family members, assigning primary and back-up family caregiver, establishing expectations on end-of-life or improvement and care planning. Health providers should ensure different needs are discussed within the family, including psychological and physical health, social, spiritual, cultural, financial and practical elements. Health care workers shall assist families in planning how these needs can be addressed. Possible actions can be noted as the family's bereavement plan. Bereavement support includes communication to the family following death, and allowing the family to discuss needs and act on the bereavement plan.

DOH Department Memorandum No. 2020-0158 and DILG Memorandum Circular No. 2020-063 provide guidelines on the disposal and shipment of the remains of confirmed cases of COVID-19. Other existing guidelines on the disposal and shipment of the remains of human bodies apply for non-COVID-19 cases.

VII. REPORTING AND COORDINATION

The LIGTAS COVID Center Manager shall draft and submit a brief daily situation report including a census of contacts, suspect, probable and confirmed cases, including daily monitoring using the COVID-19 information system prescribed by the DOH to the BHERT, which in turn shall review and endorse the same to the LCTF and MESU/CESU who shall in turn submit a consolidated report to the PESU and RESU.

VIII. SEPARABILITY CLAUSE

In the event that any provision of this Order is declared unconstitutional, the validity of the other provisions shall not be affected by such declaration.

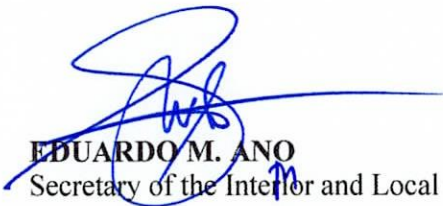
IX. REPEALING CLAUSE

The provisions of any Orders, Circulars, Rules and Regulations and other issuances of the DOH and DILG which are inconsistent with this Order are hereby repealed or modified accordingly.

X. EFFECTIVITY

This Order shall take effect immediately upon its publication in the Official Gazette (<https://www.officialgazette.gov.ph/>). It shall likewise be published in a newspaper of general circulation, and three (3) copies of it shall be sent to the National Administrative Register at the University of the Philippines Law Center.


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


EDUARDO M. ANO
Secretary of the Interior and Local Government





ANNEX A. COVID-19 Patient Algorithm for Triage and Hospitalization (C-PATH).

Note: The DOH may henceforth release an updated version, which shall be used for this Order.

FIGURE 1A. CLASSIFICATION OF CASES

Version 06 April 2020 (original)

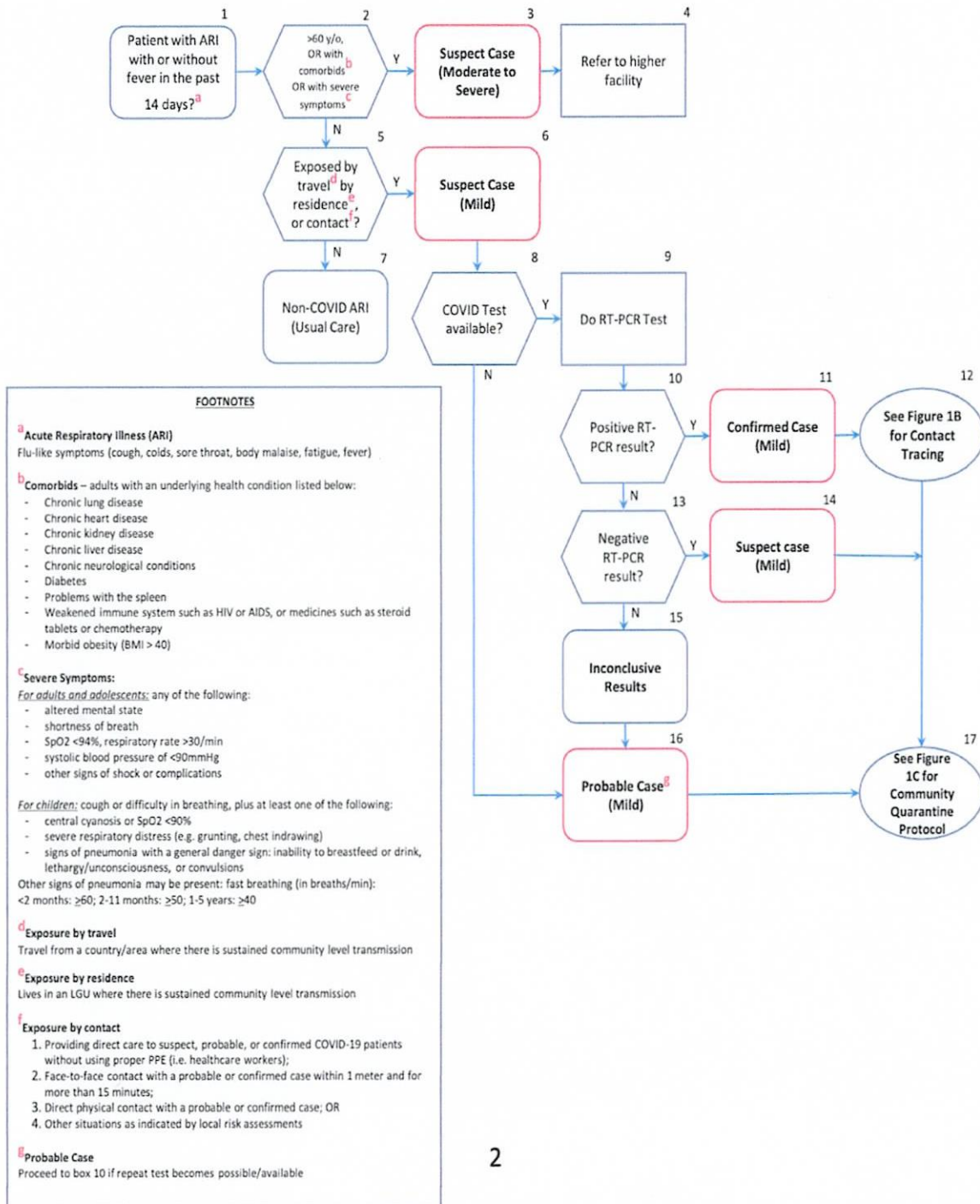
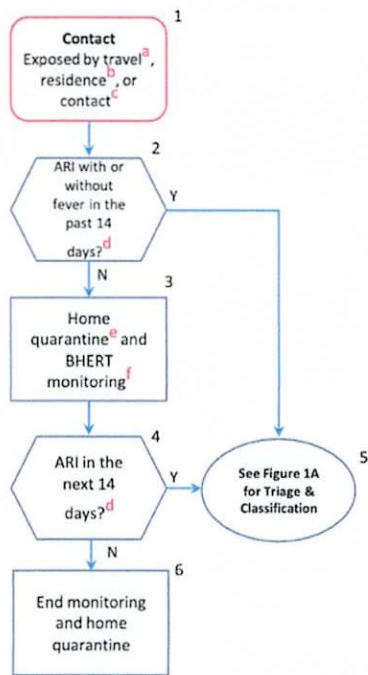


FIGURE 1B. CONTACT TRACING PROTOCOL

Version 06 April 2020 (original)



FOOTNOTES

^aExposure by travel

Travel from a country/area where there is sustained community level transmission

^bExposure by residence

Lives in an LGU where there is sustained community level transmission

^cExposure by contact

1. Providing direct care to suspect, probable, or confirmed COVID-19 patients without using proper PPE (i.e. healthcare workers);
2. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
3. Direct physical contact with a probable or confirmed case; OR
4. Other situations as indicated by local risk assessments

^dAcute Respiratory Illness (ARI)

Flu-like symptoms (cough, colds, sore throat, body malaise; fatigue, fever)

^eHome Quarantine – All members of the household (including pets) must strictly stay at home

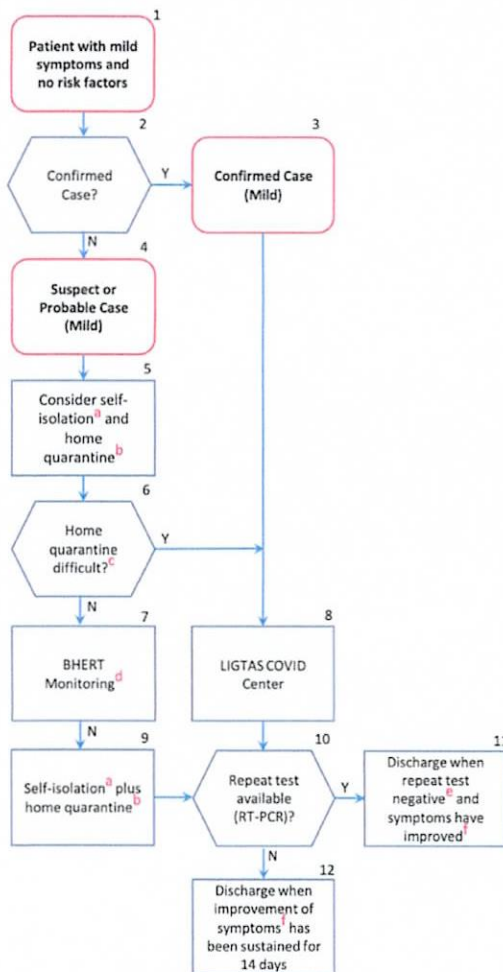
^fBHERT Monitoring

Barangay Health Emergency Response Team (BHERT)

- Accomplish a Case Identification Form (CIF)
- Ensure monitoring throughout the duration of isolation & quarantine
- Facilitate home care and basic needs
- A daily report shall be forwarded to the Municipality/City Epidemiology and Surveillance Units (MESU/CESU) which in turn are forwarded to the Provincial Epidemiology and Surveillance Units (PESU)

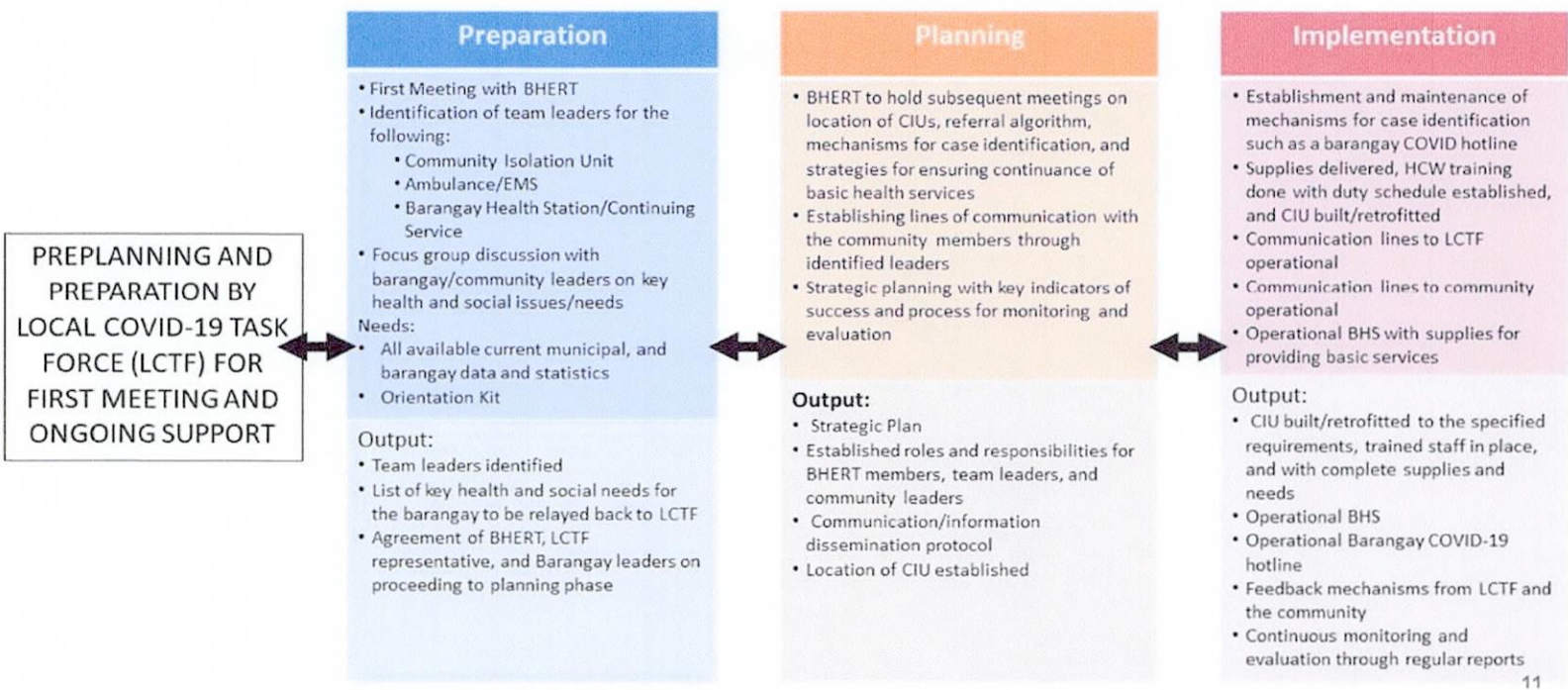
FIGURE 1C. COMMUNITY QUARANTINE PROTOCOL

Version 06 April 2020 (original)



FOOTNOTES

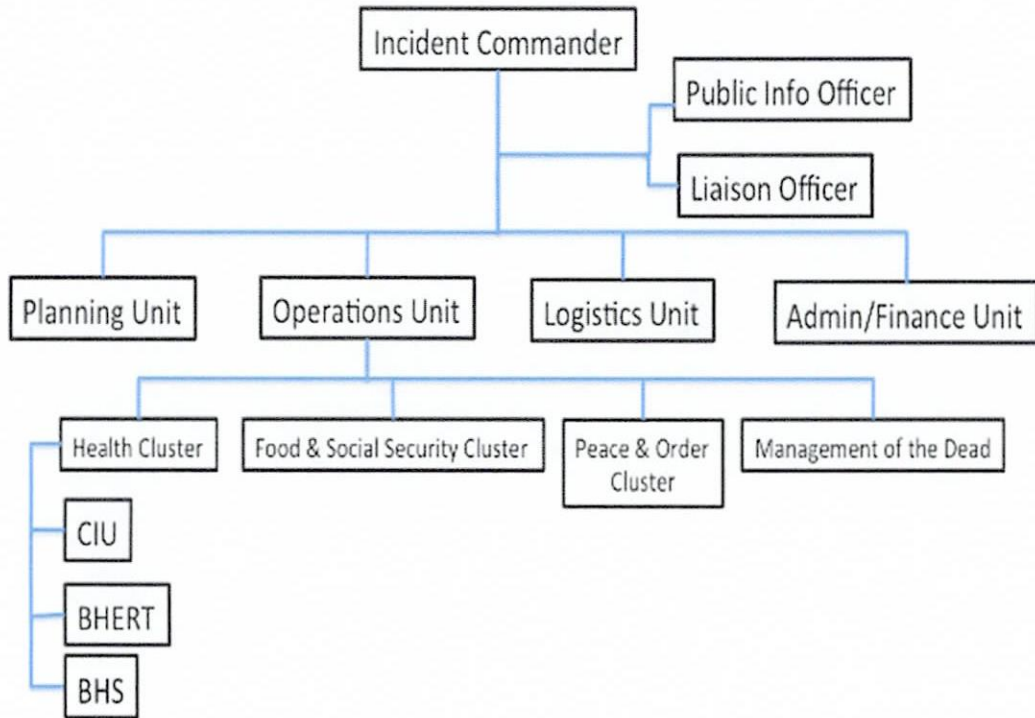
- ^a **Self-isolation** – strict isolation of the patient in a separate room or area in the household
- ^b **Home Quarantine** – All members of the household (including pets) must strictly stay at home
- ^c **Situations where home quarantine is difficult**
1. Living with vulnerable person (with comorbidities or >60y/o)
 2. No separate bedroom or bed not >1m away
 3. No separate bathroom for patient
 4. Not well-ventilated
 5. No separate utensils and personal things
 6. No separate towels for handwashing
- ^d **BHERT Monitoring**
Barangay Health Emergency Response Team (BHERT)
- Accomplish a **Case Identification Form (CIF)**
 - Ensure monitoring throughout the duration of isolation & quarantine
 - Facilitate home care and basic needs
 - A daily report shall be forwarded to the Municipality/City Epidemiology and Surveillance Units (MESU/CESU) which in turn are forwarded to the Provincial Epidemiology and Surveillance Units (PESU)
- ^e **Repeat Test Negative**
- Two consecutive negative tests 24 hours apart is preferred or at least one negative test prior to discharge
- ^f **Improvement of symptoms:**
- Temp <37.8°C > 3 days,
 - Respiratory symptoms reduced significantly
 - CXR shows significant improvement



Am

Standard Incident Command System (ICS) Organizational Structure.

This ICS shall be organized by the Provincial Government. The “CIU” which is the LIGTAS COVID Center shall be represented by the Mayor or his/her designate of the city or municipality it is located in. BHERTs and any barangay health stations (BHS) shall be represented by their Barangay Captains.



ANNEX C. Rational Use of Personal Protective Equipment (PPE) at the Community Level.

Target Personnel/ Population	Activity	Type of PPE
Patients with Respiratory Symptoms	Any	Maintain spatial distance of at least 1 meter Provide medical mask if tolerated, except when sleeping
Maintenance/ support personnel	Entering the patient's room, but not providing direct care or assistance.	Surgical mask Rubber boots
Health Care Worker or caregiver	Providing direct care or when handling stool, urine or waste from a COVID-19 patient	Surgical mask N95 mask (only if with aerosolizing procedure such as oxygen support or nebulization) Gown Gloves Eye protection Face shield (if with risk of splash) Apron (if with risk of splash) Rubber boots

1. Protocol for use of Personal Protective Equipment (PPE), as needed

- a. Before entering the isolation room or area:
 - i. Collect all equipment needed.
 - ii. Perform hand hygiene with an alcohol-based hand rub or soap and water.
 - iii. Put on a gown.
 - iv. Put on a particulate respirator or medical mask. Perform user seal check if using a respirator
 - v. Put on eye protection e.g. face shield/goggles.
 - vi. Put on gloves over the cuff.

- b. Before leaving the isolation room or area:
 - i. Make sure that the PPE will not contaminate either the environment outside the isolation room or area, or other people.
 - ii. Remove the most contaminated PPE items first. Peel off gown and gloves and roll inside out.
 - iii. Perform hand hygiene with an alcohol-based hand rub or soap and water.
 - iv. Remove goggles from behind and put it in a separate container.
 - v. Remove the mask or particulate respirator last by grasping the ties and discarding in a rubbish bin.
 - vi. Perform hand hygiene.

2. Proper Hand Hygiene

- a. If hands are not visibly soiled, hand hygiene may be done using an alcohol-based hand rub, or by washing hands with soap and water, and drying them using a single-use towel.
- b. If hands are visibly dirty or soiled with blood or other body fluids, or if broken skin might have been exposed to potentially infectious material, hands should be washed thoroughly with soap and water.
- c. Perform hand hygiene for at least 20 seconds: (See graphic below for technique)
 - i. Before and after any direct contact with patients;
 - ii. Immediately after removal of gloves;
 - iii. Before handling an invasive device;
 - iv. After touching blood, body fluids, secretions, excretions, non-intact skin or contaminated items, even if gloves are worn;
 - v. When moving from a contaminated to a clean body site;
 - vi. After contact with objects in the patient's immediate vicinity;
 - vii. After using the bathroom.

3. Hand hygiene technique

- a. Handrub or sanitizer with at least 60% alcohol content:
 - i. Apply a palmful of alcohol-based handrub and cover all surfaces of the hands.
 - ii. Rub hands until dry.
- b. Soap and water:
 - i. Remove all hand jewelry
 - ii. Wet hands with water and apply the amount of product necessary to cover all surfaces for at least 20 seconds.
 - iii. Rinse hands with water and dry thoroughly with a single-use towel.
 - iv. Use clean, running water whenever possible. Avoid using hot water, as repeated exposure to hot water may increase the risk of dermatitis.
 - v. Use a towel to turn off the tap/faucet.
 - vi. Dry hands thoroughly using a method that does not recontaminate hands.
 - vii. Liquid, bar, leaf or powdered forms of soap are acceptable. When bar soap is used, small bars of soap in racks that facilitate drainage should be used to allow the bars to dry.

4. Respiratory etiquette

- a. Surgical masks should be worn if with respiratory symptoms.
- b. Cover the nose and mouth when sneezing or coughing using tissue or the crease of the elbow if tissue is not available.
- c. Dispose used tissues and masks in proper bins.
- d. Perform hand hygiene.

5. Mask management

- a. Place the mask carefully to cover the mouth and nose. Tie it securely to minimize any gaps between the face and the mask.
- b. While in use, avoid touching the mask.

- c. When removing the mask, do not touch the front. Remove the lace or elastic band from behind.
- d. After removal or whenever you inadvertently touch a used mask, clean hands by using an alcohol-based hand rub or soap and water
- e. Replace masks with a new clean, dry mask as soon as they become damp/humid
- f. Do not reuse single-use masks
- g. Discard single-use masks after each use and dispose of them in a covered trash can immediately upon removal.
- h. Cloth masks may be used if there is inadequate supply of surgical masks.

Proper handwashing technique.

Main reference: DOH DM No. 2020-0123

**2019 NOVEL CORONAVIRUS
Acute Respiratory Disease
(2019-nCoV ARD)**

HEALTH ADVISORY



Ang wasto at regular na paghuhugas ng kamay ay mabisang paraan upang makaiwas sa mga sakit. Ito ay makatutulong sa pagpigil ng pagkalat ng virus na nagdudulot ng sakit.

www.doh.gov.ph
 OfficialDOHgov
 8711-1001 8711-1002

TAMANG PARAAN NG PAGHUHUGAS NG KAMAY



Basain ng tubig ang mga kamay at sabunin.



Sabunin ang mga palad.



Sabunin ang likod ng mga kamay.



Kuskusin ang mga pagitan ng daliri.



Kuskusin ang mga kuko.



Kuskusin ang pagitan ng mga hintalaki.



Kuskusin ng paikot ang mga dulo ng mga daliri sa magkabilang palad.



Banlawang mabuti sa malinis na tubig at patuyuin ang mga kamay gamit ang single-use towel.

Makipag-ugnayan sa pinakamalapit na health facility para sa karagdagang impormasyon.



MW

HOW TO PUT ON AND TAKE OFF Personal Protective Equipment (PPE)



How to put on PPE (when all PPE items are needed)



Step 1

- Identify hazards & manage risk. Gather the necessary PPE.
- Plan where to put on & take off PPE.
- Do you have a buddy? Mirror?
- Do you know how you will deal with waste?



Step 2

- Put on a gown.



Step 3a

- Put on face shield.

OR

Step 3b

- Put on medical mask and eye protection (e.g. eye visor/goggles)



Note: If performing an aerosol-generating procedure (e.g. aspiration of respiratory tract, intubation, resuscitation, bronchoscopy, autopsy), a particulate respirator (e.g. US NIOSH-certified N95, EU FFP2, or equivalent respirator) should be used in combination with a face shield or an eye protection. Do user seal check if using a particulate respirator.



Step 4

- Put on gloves (over cuff).

How to take off PPE



Step 1

- Avoid contamination of self, others & the environment
- Remove the most heavily contaminated items first

Remove gloves & gown

- Peel off gown & gloves and roll inside, out
- Dispose gloves and gown safely



Step 2

- Perform hand hygiene



Step 3a

If wearing face shield:

- Remove face shield from behind
- Dispose of face shield safely



Step 3b

If wearing eye protection and mask:

- Remove goggles from behind
- Put goggles in a separate container for reprocessing
- Remove mask from behind and dispose of safely



Step 4

- Perform hand hygiene

Illustration: Personal Protective Equipment (PPE) - Donning and Removal. © 2019 World Health Organization. All rights reserved.

Reproduced from: 'Infection prevention and control in health-care: guidelines for health-care workers in health-care facilities' (2019) Geneva: Switzerland: WHO, at http://www.who.int/publications/iitem/9789241548635_20190227_20190227



Performing an N95 Particulate Respirator Seal Check

HOW TO



Perform a particulate respirator seal check

WHO/CDS/EPR/2007.8b



Step 1

- Cup the respirator in your hand with the nosepiece at your fingertips allowing the headbands to hang freely below your hand.



Step 2

- Position the respirator under your chin with the nosepiece up.



Step 3

- Pull the top strap over your head resting it high at the back of your head. Pull the bottom strap over your head and position it around the neck below the ears.



Step 4

- Place fingertips of both hands at the top of the metal nosepiece. Mould the nosepiece (USING TWO FINGERS OF EACH HAND) to the shape of your nose. Pinching the nosepiece using one hand may result in less effective respirator performance.



Step 5

- Cover the front of the respirator with both hands, being careful not to disturb the position of the respirator.

Step 5a: Positive seal check

- Exhale sharply. A positive pressure inside the respirator = no leakage. If leakage, adjust the position and/or tension straps. Retest the seal. Repeat the steps until the respirator is secured properly.

Step 5b: Negative seal check

- Inhale deeply. If no leakage, negative pressure will make respirator cling to your face.
- Leakage will result in loss of negative pressure in the respirator due to air entering through gaps in the seal.

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Reproduced from "Infection prevention and control of epidemic and pandemic prone acute respiratory diseases in health care - WHO Interim Guidelines" available at http://www.who.int/csr/resources/publications/WHO_CD_EPR_2007_6/en/index.html

ANNEX D. Requirements for the LIGTAS COVID Center.

Facility requirements for LIGTAS COVID Centers		
<p>Infrastructure (Space)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Telecommunication including wireless internet (where available), to limit the need to go inside the facility <input type="checkbox"/> Hand washing facilities and hand sanitizing supplies (containing 60% alcohol) near point of care and room door <input type="checkbox"/> Adequate room ventilation <input type="checkbox"/> Proper signage identifying the premises as a LIGTAS COVID Center <input type="checkbox"/> Storage for cleaning or disinfection equipment inside isolation room <input type="checkbox"/> Touch free bins for waste disposal and contaminated bins, should stay inside the isolation room <input type="checkbox"/> Supply room for clean linens and PPEs outside of the isolation area <input type="checkbox"/> Laundry area for soiled linens and clothes <input type="checkbox"/> Bathroom, toilet with sink 	<p>Accommodations (Space)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Visitor and staff logbook <input type="checkbox"/> Essential furniture (beds, chairs etc) that are easy to clean and does not conceal debris (i.e. tables with smooth surfaces) <input type="checkbox"/> > 3 feet or 1 meter of separation between patients ideally, with privacy curtains or dividers between beds to minimize direct contact <input type="checkbox"/> For single-patient room placement, prioritize patients with conditions that facilitate transmission (e.g., uncontained drainage, stool incontinence) or those who are confirmed cases of COVID-19 <input type="checkbox"/> Separate room to act as a call room for HCWs 	<p>Supplies and other Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dedicated health workers for monitoring patients <input type="checkbox"/> Proper PPEs for health workers (N95 mask, gown, gloves, rubber boots, face shield) <input type="checkbox"/> Dedicated non-critical patient-care equipment (e.g. stethoscope, thermal scanner (or digital thermometer, if the thermal scanner is not available), blood pressure cuff and sphygmomanometer) for each patient, if not disinfect thoroughly before and after use <input type="checkbox"/> Individual hygiene kits for patients (mask, hand sanitizing supplies, soap, toothbrush, toothpaste, water dipper, toilet paper, nail cutter, hand/face towel, sanitary napkins or maternity pads, etc) <input type="checkbox"/> Oxygen support: oxygen tank, gauge, and cannula and mask <input type="checkbox"/> Available source of food supply for patients <input type="checkbox"/> Maintenance medications as applicable (inquire for electronic prescription refill as per FDA issuance) <input type="checkbox"/> Supportive medications (e.g. paracetamol, Lagundi, lozenges) <input type="checkbox"/> Access to emotional support from family by virtual means

ANNEX E. Family Focused Care Plan.

	A. Families without exposure to COVID-19	B. Families with member/s on home quarantine or self isolation	C. Families with member/s in a healthcare facility or LIGTAS COVID Center
UNIVERSAL PREVENTIVE MEASURES			
Family Hygiene	<p>ALL family members to</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take a bath at least once a day and after prolonged exposure to the outside <input type="checkbox"/> Perform regular and thorough hand washing with soap and water for 20 seconds (i.e. before and after eating, after using the toilet, after holding dirty objects, before and after playing, food handling, etc.). It is preferred to use disposable paper towels to dry hands. If these are not available, use clean towels and replace them frequently. Use alcohol based hand sanitizers containing at least 60% alcohol when soap and water are not available <input type="checkbox"/> Follow proper coughing and sneezing etiquette <input type="checkbox"/> Avoid touching the eyes, nose, and mouth <input type="checkbox"/> Get enough sleep (7-8 hours/day) and rest <input type="checkbox"/> Provide time and space for rest for 	<p>SAME recommendations as Column A plus</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide time and space for rest for family members with shifting schedules for domestic chores to accommodate the primary caregiver 	<p>SAME recommendations as Column B plus</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take a bath and change clothes after going home from the hospital/healthcare facility

	A. Families without exposure to COVID-19	B. Families with member/s on home quarantine or self isolation	C. Families with member/s in a healthcare facility or LIGTAS COVID Center
	<p>family members with shifting work schedules</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proper nutrition <input type="checkbox"/> Maintain physical distancing even when outside 		
Home Sanitation	<ul style="list-style-type: none"> <input type="checkbox"/> Clean frequently touched surfaces and objects, including door knobs, light switches, and bathrooms using common household products, such as bleach or detergent <input type="checkbox"/> Wash utensils with regular dishwashing soap <input type="checkbox"/> Launder clothes with regular household detergent 	<ul style="list-style-type: none"> <input type="checkbox"/> Daily clean and disinfect frequently touched surfaces and objects, including door knobs, light switches, using a solution of 1:100 of bleach containing sodium hypochlorite and water or alternatively disinfecting agents containing at least 70% alcohol <input type="checkbox"/> Clean toilets and bathrooms at least once daily; if the affected member does not have a separate one in the house, disinfect the common toilet after each use, particularly surfaces in contact with the patient. <input type="checkbox"/> Personal wastes such as used tissue, and disposable cleaning cloths can be stored securely inside disposable bags. This bag should be placed in another bag tied securely and kept separate from 	<ul style="list-style-type: none"> <input type="checkbox"/> Clean and disinfect the whole house especially the patient's room, with focus on frequently touched surfaces and objects, including door knobs, light switches etc using a solution of 1:100 of bleach containing sodium hypochlorite and water or alternatively disinfecting agents containing at least 70% alcohol <input type="checkbox"/> Clean toilets and bathrooms at least once daily <input type="checkbox"/> Avoid bringing things from the hospital/healthcare facility into the home
Home Sanitation (cont'd)			

	A. Families without exposure to COVID-19	B. Families with member/s on home quarantine or self isolation	C. Families with member/s in a healthcare facility or LIGTAS COVID Center
		<p>other wastes. Wait for 72 hours before putting it in your usual external household waste bin.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Separate eating utensils for the patient, to be washed with regular dishwashing soap <input type="checkbox"/> Do not shake or air-out dirty laundry to minimize the possibility of dispersing virus through air 	
Family Food Choices	<ul style="list-style-type: none"> <input type="checkbox"/> Cook healthy and balanced meals preferably rich with vitamins and minerals from vegetables and fruits <input type="checkbox"/> Make sure to cook food thoroughly especially poultry and meat products 		
Physical distancing Physical distancing (cont'd)	<p>Encourage family members to stay home and do activities together</p> <ul style="list-style-type: none"> <input type="checkbox"/> Minimize physical contact with family members such as hugging, and kissing <input type="checkbox"/> Practice social distancing in the workplace and public places <input type="checkbox"/> Refrain from going out of the house unless replenishing supplies, such as buying groceries and medicines, or for medical emergencies <input type="checkbox"/> Those with pets/animals in the household, so far no 	<p>If a family member develops symptoms consistent with COVID-19, all household members must observe home quarantine for 14 days</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have the family member with suspect/probable COVID-19 infection/exposure stay in a separate space/area in the house with the least contact exposure to others, ideally in a spare room <input type="checkbox"/> Have the patient wear a mask at all times 	<p>All family members must observe home quarantine for 14 days from the the resolution of symptoms of the patient, and avoid contact with those outside the household</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have the designated caregiver wear a mask and practice physical distancing in the daily activities <input type="checkbox"/> Minimize physical contact with family members such as hugging, and kissing <input type="checkbox"/> Avoid sharing

	A. Families without exposure to COVID-19	B. Families with member/s on home quarantine or self isolation	C. Families with member/s in a healthcare facility or LIGTAS COVID Center
Physical distancing (cont'd)	evidence shows that they can be infected with the virus that causes COVID-19. Stay updated for changes in this guideline.	<ul style="list-style-type: none"> <input type="checkbox"/> Utensils and personal things of the family member who is a suspect/probable case should be separated from the things of other family members. These can be stored in separate recycled containers or boxes. <input type="checkbox"/> Do not invite or allow social visitors to enter your home <input type="checkbox"/> If a family member needs to be attended to by home care, then carer/s or healthcare provider/s should have facemask and gloves <p>If a family member is a vulnerable person:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Let the vulnerable family member/s stay with relatives if possible. If not, make sure they will not be exposed to the suspect case, always maintaining at least 2 meters of distance. <input type="checkbox"/> Minimize the time the vulnerable family member/s spend in shared spaces in the house <input type="checkbox"/> Make sure that the house is well-ventilated especially shared spaces 	household items

	A. Families without exposure to COVID-19	B. Families with member/s on home quarantine or self isolation	C. Families with member/s in a healthcare facility or LIGTAS COVID Center
		<input type="checkbox"/> Emphasize proper hand hygiene and cough etiquette If a family member is a suspect, probable or confirmed case and is breastfeeding <input type="checkbox"/> At present no evidence to suggest that the virus can be transmitted through breast milk and benefits of breastfeeding outweighs any potential risks of transmission of the virus. Hence, this is an individual decision and should be discussed with your healthcare provider.	
Anticipatory Guidance	<input type="checkbox"/> Prepare a plan together with family members on how to incorporate the recommendations to the family's daily routine <input type="checkbox"/> Observe family members for symptoms consistent with COVID-19 such as fever, cough, colds, sore throat, and/or difficulty in breathing <input type="checkbox"/> Call ahead before visiting your healthcare provider <input type="checkbox"/> Develop a plan on	SAME recommendations as Column A plus <input type="checkbox"/> Contact healthcare provider if patient develops difficulty of breathing or with worsening symptoms	SAME recommendations as Column A plus <input type="checkbox"/> When the affected family member is discharged from the facility, home quarantine or admission to a LIGTAS COVID Center (if home quarantine cannot be done, e.g. because of lack of space) for another 14 days is advised

	A. Families without exposure to COVID-19	B. Families with member/s on home quarantine or self isolation	C. Families with member/s in a healthcare facility or LIGTAS COVID Center
	<p>how to get food and other supplies and set a designated family member who will go for supply runs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inquire for electronic prescription for maintenance medications, as applicable 		

FAMILY SUPPORT

	<ul style="list-style-type: none"> <input type="checkbox"/> Mothers or the identified family caregiver should advocate for the health literacy and stringent compliance of the whole family <input type="checkbox"/> Set aside time for family bonding and leisure time within the comforts of the home <input type="checkbox"/> Provide emotional support for each other <input type="checkbox"/> Acknowledge the feelings of fear and anxiety that the situation brings to members of the family <input type="checkbox"/> Keep in touch with relatives and friends over the phone or social media <input type="checkbox"/> Make family plans on how to get through the experience together 	<p>SAME recommendations as Column A plus</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have a family plan for caregiving for the suspect case family member. This includes planning for self and family protection <input type="checkbox"/> Address caregiver fatigue through psychosocial support from family members and/or assigned family physicians or other professionals <input type="checkbox"/> Acknowledge the feelings of fear and anxiety that the affected family member is experiencing <input type="checkbox"/> Make provisions for virtual/electronic/non-physical participation of 	<p>SAME recommendations as Column A plus</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have a family plan for caregiving if needed in the hospital/health facility. This includes planning for self and family protection. <input type="checkbox"/> Address caregiver fatigue through psychosocial support from family members and/or assigned family physicians or other professionals <input type="checkbox"/> Acknowledge the feelings of fear and anxiety that the affected family member is experiencing, constantly checking his/her
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	A. Families without exposure to COVID-19	B. Families with member/s on home quarantine or self isolation	C. Families with member/s in a healthcare facility or LIGTAS COVID Center
		affected family members in family home activities to minimize the level of isolation of the family member placed on self-quarantine	wellbeing <input type="checkbox"/> Make provisions for virtual participation of the probable/ PUIs/COVID-19 patient in family home activities
<p>Recommendations on ending self-isolation and isolation of family members</p> <ul style="list-style-type: none"> <input type="checkbox"/> If all household members remain well they may end their home quarantine after 14 days <input type="checkbox"/> Should a household member develop symptoms late in the 14-day household isolation period, isolation period need not be extended but the person with new symptoms has to stay at home for 7 days (14 day household isolation period have provided a high level of community protection) 			



ANNEX F. Home Care Checklist.

Home Care Checklist (all boxes must be checked)		
Infrastructure	Accommodations	Resource for Patient Care and Support
<ul style="list-style-type: none"> <input type="checkbox"/> Line for communication with family and health workers <input type="checkbox"/> Electricity <input type="checkbox"/> Potable water <input type="checkbox"/> Cooking source <input type="checkbox"/> Bathroom with toilet and sink, if possible a separate one for the family member affected. (If none, disinfect toilet immediately after every use particularly surfaces in contact with affected member) <input type="checkbox"/> Solid waste and sewage disposal 	<ul style="list-style-type: none"> <input type="checkbox"/> Ability to provide a separate bedroom for the patient, or separate bed with enough distance (>3 feet or 1 meter) so long as there are no vulnerable persons in the household <input type="checkbox"/> Accessible bathroom in the residence; if multiple bathrooms are available, one bathroom designated for use by the patient 	<ul style="list-style-type: none"> <input type="checkbox"/> Primary caregiver who will remain in the residence and who is not at high risk for complications, and is educated on proper precautions <input type="checkbox"/> Medications for pre-existing conditions, as needed; family planning supplies as desired (Inquire for electronic prescription refill as per FDA issuance.) <input type="checkbox"/> Digital thermometer, preferably one per patient, disinfected before and after use <input type="checkbox"/> Meal preparation <input type="checkbox"/> Essential shopping such as food <input type="checkbox"/> Masks, tissues, hand hygiene products <input type="checkbox"/> Laundry <input type="checkbox"/> Household cleaning products

ANNEX G. Case Investigation Form (CIF).

Note: The DOH may henceforth release an updated version, which shall be used for this Order.



Philippine Integrated Disease
Surveillance and Response

Case Investigation Form Coronavirus Disease (COVID-19)



Disease Reporting Unit/Hospital:		Name of Investigator:		Date of Interview:	
1. Patient Profile					
Last Name	First Name	Middle Name	Birthdate (mm/dd/yyyy)	Age	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation	Civil Status	Nationality		Passport No.	
2. Philippine Residence					
2.1. Permanent Address					
House No./Lot/Bldg.	Street/Barangay	Municipality/City		Province	
Region	Home Phone No.	Cellphone No.		Email address	
2.2. Current Address					
House No./Lot/Bldg.	Street/Barangay	Municipality/City		Province	
Region	Home Phone No.	Work Phone No.		Other Email address	
3. Address Outside the Philippines (for Overseas Filipino Workers and Individuals with Residence Outside the Philippines)					
Employer's Name:		Occupation	Place of Work:		
House No./Bldg. Name	Street	City/Municipality		Province	
Country:	Office Phone No.:	Cellphone No.:			
4. Travel History					
History of travel/visit/work in other countries with a known COVID-19 transmission 14 days before the onset of your signs and symptoms:			<input type="checkbox"/> Yes <input type="checkbox"/> No	Port (Country) of exit:	
Airline/Sea vessel:	Flight/Vessel Number:	Date of Departure (mm/dd/yyyy)		Date of Arrival in Philippines:	
5. Exposure History					
History of Exposure to Known COVID-19 Case 14 days before the onset of signs and symptoms:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes: Date of Contact with Known COVID-19 Case (mm/dd/yyyy):	
Have you been in a place with a known COVID-19 transmission 14 days before the onset of signs and symptoms:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes: Place: <input type="checkbox"/> Work place <input type="checkbox"/> Health facility <input type="checkbox"/> Social gathering <input type="checkbox"/> Religious gathering <input type="checkbox"/> Others: specify type: _____ Date when you have been in that place: Name of the place:	
List the names of persons who were with you during this (these) occasion(s) and their contact numbers: <i>Use the back part of this sheet when needed</i>			Name	Contact number	
			1.		
			2.		
			3.		
6. Clinical Information					
Disposition at Time of Report <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Discharged <input type="checkbox"/> Died <input type="checkbox"/> Unknown					
Date of Onset of illness (mm/dd/yyyy):			Date of Admission/Consultation (mm/dd/yyyy):		
Fever _____°C <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Colds <input type="checkbox"/> Shortness/difficulty of breathing					
Other signs/symptoms, specify			Is there any history of other illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, specify:		
Chest X-ray done? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No LMP _____ Assessed as High Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CXR Results: Pneumonia <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Other Radiologic Findings:					
7. Specimen Information					
Specimen Collected	if YES, Date Collected (mm/dd/yyyy)	Date sent to RITM (mm/dd/yyyy)	Date received in RITM (to be filled up by RITM)	Virus Isolation Result	PCR Result
<input type="checkbox"/> Serum	___/___/___	___/___/___	___/___/___		
<input type="checkbox"/> Oropharyngeal/ Nasopharyngeal swab	___/___/___	___/___/___	___/___/___		
<input type="checkbox"/> Others	___/___/___	___/___/___	___/___/___		
8. Classification					
<input type="checkbox"/> Suspect Case		<input type="checkbox"/> Probable Case		<input type="checkbox"/> Confirmed Case	
9. Outcome					
Date of Discharge (mm/dd/yyyy):	Condition on Discharge: <input type="checkbox"/> Improved <input type="checkbox"/> Recovered <input type="checkbox"/> Transferred <input type="checkbox"/> Absconded <input type="checkbox"/> Died				
Name of Informant: (if patient not available)	Relationship:	Phone No.			

Signs and Symptoms Log Form

COVID-19 Contact Tracing Sign and Symptom Log Form

Confirmed Case ID: _____ Date: _____ Region: _____

Close contact name: _____

Date of Last Exposure: _____ Date of Voluntary Quarantine Period Ends*: _____

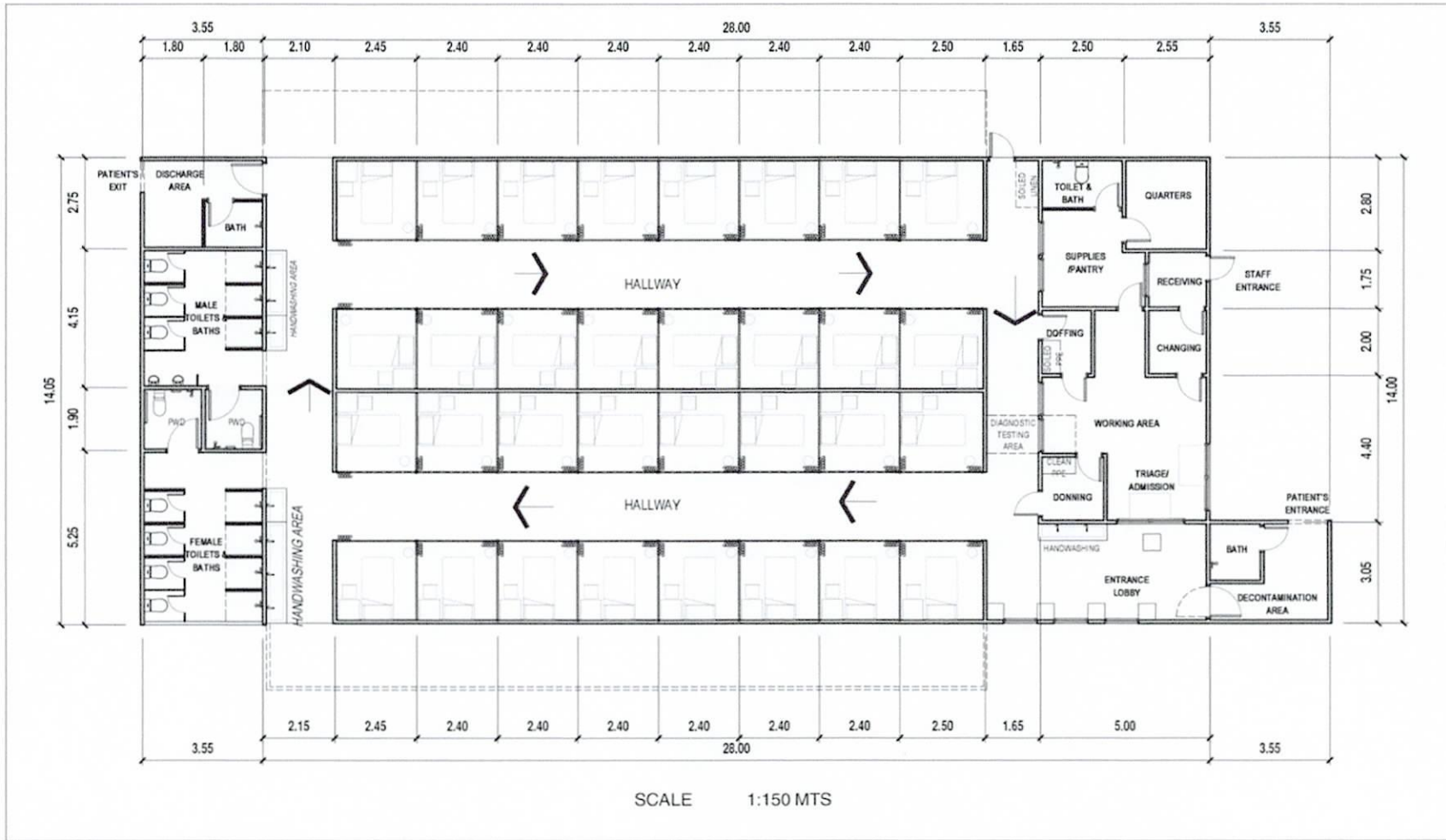
INSTRUCTIONS: Monitoring shall be done twice a day. Indicate the date. Go through each condition for monitoring. Put a check if the close contact met the condition being asked under the corresponding time of the day (AM / PM) monitoring was done. Provide the temperature taken (e.g., 38.3).

Conditions for Monitoring	Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:		
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
No Sign / Symptom																											
Fever (temp.)																											
Cough																											
Sore Throat																											
Difficulty of breathing																											
Colds																											
Diarrhea																											
Other Symptoms																											
1.																											
2.																											
3.																											

*Quarantine Period Ends 14 days after Date of Last Exposure

ANNEX H. Patient Monitoring Sheet.
Note: The DOH may henceforth release an updated version, which shall be used for this Order.

FLOOR PLAN



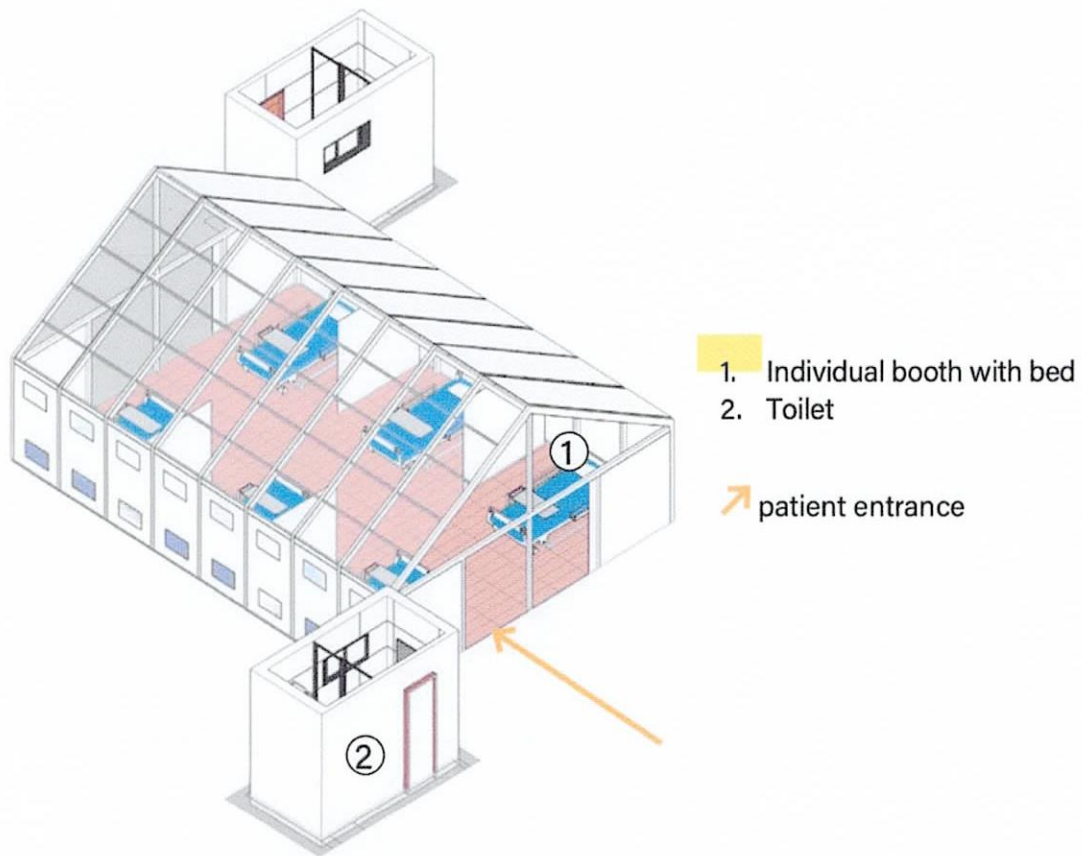
ANNEX I. Sample Floor Plan for a LIGTAS COVID Center.
 Note: The DOH may henceforth release an updated version, which shall be used for this Order.



PROPOSED LIGTAS COVID CENTER
 COMMUNITY ISOLATION UNIT

PALAFIX

Handwritten signature



The floor plan of the isolation facility shall:

- a. Have handwashing facilities near the room door and point of care
- b. Have a table for Personal Protective Equipment (PPE) outside the room, alongside a checklist of required PPEs
- c. Keep water pitchers and cups, tissue wipes, and all items necessary for attending to personal hygiene, within the patient's reach
- d. Have an appropriate covered container outside the door, designated for the disposal of equipment requiring disinfection or sterilization
- e. Have a covered touch free bin/receptacle near the entrance door for used PPEs
- f. Have dedicated individual rooms with own toilets and baths for suspect and probable cases of COVID-19.
- g. If and only if dedicated individual rooms are not available, maintain > 2 meters of separation between patient beds, with impermeable and opaque dividers (e.g., shower curtain, tarpaulin, etc.) between beds to minimize direct contact
- h. Have a secure back exit to be used as access point for waste management
- i. Include proper design of air circulation using natural or mechanical or hybrid ventilation system for specific areas in the health care facility depending on location and quality of ambient air

ANNEX J. Sanitation Guidelines.

1. Cleaning and disinfection of the LIGTAS COVID Center shall be the responsibility of the admitted patients for their bed's immediate surroundings and the common areas they have used.
 - a. Clean and disinfect frequently touched surfaces (e.g. door knob, tables)
 - b. Clean toilets and bathrooms every 8 hours, or as needed
 - c. Regular household soap or detergent should be used first for cleaning. After rinsing, regular household disinfectant with diluted bleach (1:100 solution) or 70% alcohol should be applied. Ensure that bleach being used is not expired.
 - d. If using disposable gloves, these should be discarded after cleaning
 - e. If using reusable gloves, these should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consult the manufacturer's instructions for the proper manner of cleaning reusable gloves
 - f. Wash hands immediately after gloves are removed
 - g. Store equipment used for cleaning/disinfection within the isolation area
 - h. Health care workers should clean and disinfect patient care equipment after contact with each patient (i.e. thermometer, stethoscope, etc.)

2. Handling of laundry:
 - a. Wear gloves when handling dirty clothes and linen
 - i. If using disposable gloves, discard after each use.
 - ii. If using reusable gloves, these gloves must be dedicated for the cleaning and disinfection of surfaces for COVID-19 and should not be used for other household purposes. Consult the manufacturer's instructions for the proper manner of cleaning reusable gloves
 - iii. Wash hands immediately after gloves are removed.
 - b. If no gloves are used when handling dirty laundry, be sure to wash hands afterwards.
 - c. Wash the patient's clothes, bed linen, and towels using regular laundry soap and water, or machine wash at 60–90 °C with common household detergent. Dry thoroughly.
 - d. Clean and disinfect clothes hampers according to guidance for surfaces. Consider placing a bag liner that is either disposable or washable.

3. Waste management:
 - a. Sanitation officer will be in charge of the collection and proper disposal of infectious waste
 - b. Provide non-touch disposal bins, preferably lined with a garbage bag, beside patient beds, in the bathroom and toilet, and near the exit for all infectious waste
 - c. For infectious waste management, further to compliance with the existing health care waste management manual of the DOH:
 - i. All health care waste produced during the care of COVID-19 patients should be collected safely in designated containers and bags, treated, and then safely disposed of or treated, or both, preferably on-site.
 - ii. All who handle health care waste should wear appropriate PPE and perform hand hygiene after removing it.
 - iii. Use double lined garbage bags for the collection of health care waste.

4. Cleaning and disinfecting vehicles that transported COVID patients
 - a. Put on the PPE (consistent with health facility sanitary workers) before cleaning and disinfecting and do not touch your face further
 - b. Clean first before disinfecting. Microfiber cloths and mops are recommended for removal of up to 99% of microbes. Clean the exterior of the vehicle by using the cloths and mops drenched with soap and water, to cover the entire body of the vehicle
 - c. Prepare bleach/disinfectant solution, according to the manufacturer's instructions. For 70% Chlorine solution (Calcium Hypochlorite), add ten (10) tablespoons to twenty (20) liters of water. Stir well for 10 seconds or until the chlorine has dissolved. Wait 30 minutes before use.
 - d. Keep the windows and doors open for ventilation
 - e. Clean the vehicle floor by sweeping out dirt or debris. Keep always with you a trash bag, so you can get rid of used disposable tools and other rubbish
 - f. Apply spray mist to surfaces like in the wall, doors, windows, glass, floor, etc. (avoid electronics) from one end to another.
 - g. Remove the PPE and put into trash bag (infectious waste bin)
 - h. Wash your hands with soap and water and take a shower, change clothes immediately



Annex K. Guidelines for MHPSS in Emergency Settings.

Mental health and psychosocial services (MHPSS) is a core component in any public health response. Mental health and psychosocial considerations should be understood and addressed for the population's wellbeing and increased capacity for coping in times of crisis and adversity. Interventions can be given within general health services, including primary health care settings and pre-existing community structures, for example schools or community centers. Furthermore, MHPSS is cross-cutting and involves coordination with various sectors - health, social welfare and development, education, local governments and non-government organizations.

If formal MHPSS services are still not present, main sources of care such as families, community leaders, religious leaders or healers can be tapped. They should be equipped with correct information on COVID-19 and MHPSS skills such as Psychological First Aid.

In a pandemic, it is common for individuals to have the following responses:

- Fear of getting ill and dying
- Avoidance of health facilities for fear of becoming infected
- Fear of losing livelihoods, being unable to work during home isolation, or being dismissed from work
- Feeling powerless in protecting loved ones or losing loved ones
- Fear of being separated from loved ones and caregivers
- Fear of being socially excluded or placed in quarantine
- Feelings of helplessness, boredom, loneliness and depression due to isolation

Specific stressors particularly from the COVID - 19 outbreak affect the population:

- Risk of being infected and infecting others
- Common symptoms of other health problems can be mistaken for COVID-19
- Caregivers increasingly worried for their children
- Deterioration of physical and mental health of vulnerable individuals, especially the elderly and people with disabilities, especially when caregivers/family members have been taken into quarantine

Long term consequences of the constant fear, uncertainty and stressors for communities, families and vulnerable individuals include:

- Deterioration of social networks, local dynamics, and local economies
- Stigma of surviving patients
- Possible higher emotional state, anger and aggression against the government and frontline workers
- Possible anger and aggression against women, children, spouses/partners and family members, or increase of family and intimate partner violence
- Possible mistrust of information given by the government and authorities
- People with developing or existing mental health and substance use disorders may experience relapses, or other negative outcomes

The following are suggested messages for the community and the general public during COVID-19 Outbreak:

- It is normal to feel sad, distressed, worried, confused, scared, or angry
- Identify where to seek help, such as your health center
- Get facts on the risk and how to take precautions from credible sources of information
- Decrease or limit the time on watching or listening to upsetting media coverage

- ❑ Talk to the people whom you feel safe and trust
- ❑ Contact friends or family through SMS, calls and social media
- ❑ If you need to stay at home, maintain proper diet, sleep, and social contact
- ❑ Do not use tobacco, alcohol and drugs for coping with negative emotions
- ❑ Draw on your skills and strengths that you may have done in the most difficult times in the past in order to manage the feelings and emotions during this outbreak

MHPSS in Emergencies Intervention Pyramid

(IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007)

In providing MHPSS interventions in emergencies, it is important to develop a system of support according to the needs of different groups.



Basic services and security	<p>Well-being of all people should be established through security, adequate governance and provision of basic physical needs</p> <ul style="list-style-type: none"> - Food - Shelter - Water - Basic Health Care <p>These interventions should be safe, socially appropriate and protect the dignity of everyone</p>
Community and family supports	<p>Enhance and keep family and community supports during times of emergency through reunification, constructive coping methods, non-formal activities, livelihood activities</p>
Focused, non-specialized supports	<p>Smaller number of people will require focused individual, family or group interventions by trained or supervised workers. This can be done through Psychological First Aid and basic mental health care</p>
Specialized services	<p>These are the additional support for a small percentage of the population who have intolerable suffering and may have significant difficulties in basic functioning.</p> <p>Psychological or psychiatric assistance for those with severe mental disorders may be given if their needs exceed the capacity of primary health care workers or general health services</p> <p>These services may be:</p> <ul style="list-style-type: none"> - Referral to specialized services - Initiation of long-term training and supervision of primary and general health care services