



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

MAY 04 2020

ADMINISTRATIVE ORDER

No. 2020 - 0016

SUBJECT: Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies

I. RATIONALE

Coronavirus Disease 2019 (COVID-19) was first identified last December 2019 as a cluster of pneumonia cases of unknown etiology. On 30 January 2020, the World Health Organization declared the COVID-19 outbreak as a Public Health Emergency of International Concern and eventually as a Global Pandemic by 11 March 2020.

The Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID) National Action Plan with strategies "Detect, Isolate, and Treat" and the development of minimum public health standards shall form the backbone of response to the COVID-19 outbreak.

This issuance shall outline the minimum health system capacity standards for each level of the health system.

II. OBJECTIVE

This Order aims to define the minimum health system capacity standards for COVID-19 preparedness and response strategies as guidance for sectoral and local planning.

III. SCOPE AND COVERAGE

This Order shall apply to all entities involved in COVID-19 response both from public and private sectors, including all national government agencies (NGAs), government offices, private offices and workplaces, local government units (LGUs), development partners, academic and research institutions, civil society organizations,, and all others concerned.

IV. GENERAL GUIDELINES

- A. Effective whole-of-government and whole-of-society action against the COVID-19 threat requires a national government-enabled, local government-led, and people-centered response, aligned with the principles of universal health care. National government agencies, local government units, and DOH Centers for Health Development, and the private sector shall work together to rapidly expand health system capacity and provide mechanisms for sharing of resources, as necessary.
- B. All province and city-wide health care provider networks, as provided by RA 11223 or the Universal Health Care Act, shall endeavor to establish patient navigation and coordination systems, harmonized information and communication technology,

medical transport system and network mechanisms for efficient operations and performance management.

- C. The IATF-EID shall provide the risk classification of provinces, HUCs and ICCs in accordance with scientific analysis of latest, most reliable evidence. Risk stratified and evidence-based actions shall serve as the backbone of the country's strategic response to COVID-19 and shall guide decision-making both at the national and local government levels to ensure timely and effective preparedness and response strategies.
- D. All actors shall endeavor to achieve the minimum health system capacity targets to ensure that all persons classified as suspect, probable and confirmed COVID-19 cases and close contacts are detected, isolated, and treated.
- E. The IATF-EID shall ensure monitoring and compliance of families, offices, agencies, and institutions on the minimum health system capacity standards and the risk based public health standards for COVID-19 Mitigation

V. IMPLEMENTING GUIDELINES

- A. The national government, led by the Department of Health, shall endeavor to ensure the following minimum national health system capacity standards for COVID-19 preparedness and response are met:
 - a. Develop national government-enabled, local government-led, and people-centered sectoral policies for prevention, detection, isolation, and treatment of COVID-19
 - b. Increase national testing capacity to at least 30,000 tests per day by May 30, 2020 through the development of laboratories and ensuring access to testing laboratories and related commodities to enable health workers to accurately detect, isolate, and treat new and resurging cases
 - c. Increase supply of personal protective equipment to at least 5 million a month, and stimulate self-sustainability with local production in accordance with FDA standards with due regard to ease-of-doing business.
 - d. Increase access to critical care capacity across the country through infrastructure and equipment investments for healthcare provider networks to have adequate surge response capability to provide efficient and responsive health services.
- B. All regions, led by DOH Centers for Health Development and DOH Regional Hospitals, shall endeavor to ensure the following minimum regional health system capacity standards for COVID-19 are met:
 - 1. For infrastructure and equipment:
 - a. At least 1 Biosafety Laboratory 2 (BSL2) with Real Time Polymerase Chain Reaction (RT-PCR) testing capacity per region consistent with the

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requirements indicated in AO 2020-0014, with dedicated laboratory and support staff who are trained in molecular laboratory diagnosis and biosafety and biosecurity

- b. At least one (1) dedicated referral hospital/facility/floor/wing staffed by a dedicated medical support team, with the purpose of serving as the region's primary referral center for severe or critical COVID-19 cases consistent with DM 2020-0142;
- c. At least one (1) Intensive Care Unit (ICU) bed and mechanical ventilator for every 25,000 population, or corresponding to the peak day critical care capacity in updated projections from a DOH-recognized epidemiologic projection model for COVID-19; and
- d. At least 30% of all current public and private hospital beds must have the capacity to accommodate and service COVID-19 patients, or corresponding to the peak day critical care capacity in updated projections from a DOH-recognized epidemiologic projection model for COVID-19.

2. For commodities and supplies:

- a. At least 30 days buffer supply of PPE for all health facilities are available
- b. At least 30 days supply of testing kits, swabs, reagents, and other commodities for testing in laboratories

3. For organizational plans and processes:

- a. Regional Incident Command and Inter-agency Task Force structure, including processes for escalation and resolution of region-level issues;
- b. Regional plan on referral and safe transportation of samples across health facilities for COVID-19 testing;
- c. Regional risk and/or crisis communication plan and strategies for community engagement including frequently asked questions
- d. Monitoring and validation processes that all levels of the health system are implementing simultaneous and complete reporting of all suspect, probable and confirmed cases to concerned CESU/MESU, PESU, RESU and EB within 24 hours from a case that was seen, consulted or admitted;
- e. Monitoring and validation processes that minimum health standards are met across all local government units
- f. Regional coordination mechanism or call center to facilitate navigation, care coordination, and patient transport mechanisms especially for severe/critical COVID-19 cases (worsening condition), consistent with DM 2020-0178 across different health facilities in the regional network



C. All provinces/HUCs/ICCs, led by the Provincial/HUC/ICC Government, in coordination with their component cities and municipalities, shall endeavour to ensure the following minimum provincial health system capacity standards for COVID-19 preparedness and response are met:

1. For health human resource:

- a. At least one (1) dedicated epidemiology and surveillance officer for every 100,000 population in a city or municipality
- b. At least one (1) trained contact tracing personnel for every 800 population
- c. At least one active BHERT for every 1,000 individuals corresponding to the staffing required to ensure BHERT mandates are met (Annex A)
- d. At least 10 staff per province are trained on proper collection, packaging and transportation of samples for COVID-19 testing
- e. Roster of trained and experienced health care workers to manage suspects, probable and confirmed cases in the different health facilities working in rotation and with ongoing training and provided with updated guidelines

2. For infrastructure and equipment:

- a. At least one (1) established temporary treatment and monitoring facility as defined by DM 2020-0123, where there is one (1) isolation bed for every 2,500 population, or corresponding to the peak day critical care capacity in updated projections from a DOH-recognized epidemiologic projection model for COVID-19;
- b. At least one (1) ambulance or medical transport mechanism available for the patients within the catchment area;
- c. At least one (1) vehicle to transport specimens to COVID-19 testing laboratories; and
- d. At least one (1) designated funeral home for COVID-19 related deaths, with operations consistent with DOH guidelines on disposal of remains.

3. For supplies and commodities:

- a. At least 30 days buffer supply of PPE for all health facilities are available
- b. At least 30 days supply of testing swabs, reagents, and other commodities for testing in laboratories

4. For organizational plans and processes:

- a. Engagement of all public and private health facilities as a network to providing medical care for COVID-19 and essential non-COVID-19 cases;

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- b. Defined primary care-oriented pathways for Non-COVID-19 and COVID-19 cases in an established referral network catering to the whole spectrum of care (from primary to tertiary care) including online consultation platforms and triage stations for each health facility;
- c. Use of information technology to facilitate timely reporting of case, close contacts, laboratory, and health system capacity data and contact tracing efforts;
- d. LGU-wide communication coordination system with centralized transport mechanisms especially for patient referral including ambulances or other vehicles and public posting of all relevant contact information;
- e. Support mechanism including transport and temporary isolation to receive, assist transport, and monitor each repatriate and stranded student, worker, or, as applicable, resident entering their catchment;
- f. Support systems including PPE, transport, human resource, per diem and travel allowances, and to ensure essential services such as immunizations, maternal and child care, primary care consults, and other services specified by DC 2020-0167, are continuously provided;
- g. Accurate and timely reporting of confirmed, probable and suspect COVID-19 cases and their close contacts, testing and test results, as per RA 11332, or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern; and
- h. Systematic healthcare waste management for the network including proper waste handling as indicated in the Health Care Waste Management Manual and a sewage treatment plant for hazardous solid waste through in-house treatment or third party hauler.
- i. Ensure adequate access for supply chains especially for medicines, PPEs, testing supplies, and other health commodities
- j. Ensure training and updating of all health care workers in latest contact tracing, testing and case management protocols developed by the DOH
- k. Establish local risk and/or crisis communication plan and strategies for community engagement

D. All health facilities at all levels shall implement the minimum health requirements for health settings (Annex B)

E. LGU functions at different stages of the epidemic

Appropriate local government strategy and response shall be calibrated according to its risk level following the decision tool approved and endorsed by the IATF, using the following references:

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1. Risk Based Actions for COVID-19 Response (Annex C)
2. AO on Risk-Based Public Health Standards for COVID-19 Mitigation (AO 2020-0015) (Annex D)

VI. REPEALING CLAUSE

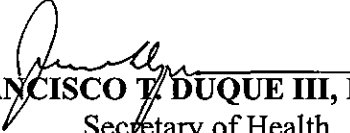
Other related issuances not consistent with the provisions of this Order are hereby revised, modified, or rescinded accordingly. Nothing in this Order shall be construed as a limitation or modification of existing laws, rules and regulations.

VII. SEPARABILITY CLAUSE

Should any provision of this Order or any part thereof be declared invalid, the other provisions, insofar as they are separable from the invalid ones, shall remain in full force and effect.

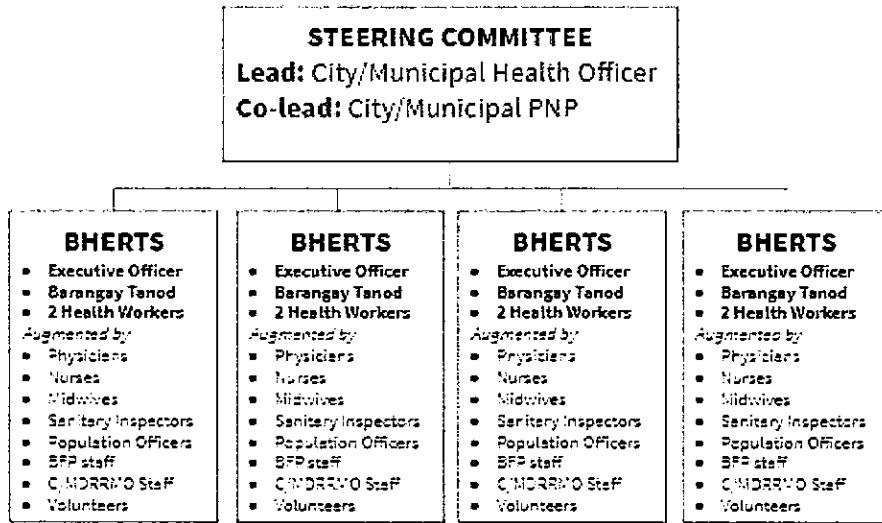
VIII. EFFECTIVITY

This Order shall take effect immediately.


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

Annex A. Local Contact Tracing Team Structure and Functions

LOCAL CONTACT TRACING TEAM STRUCTURE



LCCT Members	Functions
Steering Committee	<ul style="list-style-type: none"> • Ensure mobilization of resources needed for contact tracing • Ensure completeness and correctness of contact tracing data to be submitted to PESU, RESU and EB • Facilitate coordination between C/MESUs and BHERTS
BHERTS	<p>On Patient Navigation</p> <ul style="list-style-type: none"> • Conduct home visits for proper assessment and referral of patients • Report cases back to LGU <p>On Contact Tracing</p> <ul style="list-style-type: none"> • Conduct home visits to trace close contacts • Provide health education to close contacts • Collect close contact profiles • Classify close contacts and assess risk level of exposure • Monitor close contacts under home quarantine

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Annex B - Minimum Health Requirements for Health Settings

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Intervention	Minimum Requirements by Settings			
	A. Outpatient Primary Care ¹	B. Inpatient Care ²	C. Specialized Outpatient Facilities ³	D. Pharmacies
1. INCREASE PHYSICAL AND MENTAL RESILIENCE				
1.1 Respiratory Hygiene and Cough Etiquette	<p>Practice respiratory etiquette at all times. Use tissue or the inner portion of the elbow to cover the nose and mouth when sneezing/coughing. Practice proper disposal of tissue after use.</p> <p>Engineering Control: Placement of temporary plastic barriers in front desks and other points of contact between staff and patients</p> <p>Administrative Control: None</p> <p>PPE: Cloth mask for</p>	<p>Practice respiratory etiquette at all times. Use tissue or the inner portion of the elbow to cover the nose and mouth when sneezing/coughing. Practice proper disposal of tissue after use.</p> <p>Engineering Control: Placement of temporary barriers in front desks and other points of contact between staff and patients</p> <p>Administrative Control: None</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Practice respiratory etiquette at all times. Use tissue or the inner portion of the elbow to cover the nose and mouth when sneezing/coughing. Practice proper disposal of tissue after use.</p> <p>Engineering Control: Placement of temporary barriers in front desks and other points of contact between staff and patients</p> <p>Administrative Control: None</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Practice respiratory etiquette at all times. Use tissue or the inner portion of the elbow to cover the nose and mouth when sneezing/coughing. Practice proper disposal of tissue after use.</p> <p>Engineering Control: Placement of temporary barriers in front desks and other points of contact between staff and patients</p> <p>Administrative Control: None</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>

¹ Includes RHUs, BHS, and settings-based health facilities
² Includes Temporary Treatment and Monitoring Facilities (TTMF) and other health facilities
³ Includes dialysis centers, blood transfusion, diagnostic facilities, etc

	<p>general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>	<p>Medical-grade protective apparel for health care workers</p>	<p>Medical-grade protective apparel for health care workers</p>	<p>Medical-grade protective apparel for health care workers</p>
1.2 Promote Mental Health	<p>Health emergencies can put people in extreme stress. Individuals may reach out to families and friends or a mental health professional through the telemedicine hotlines</p>	<p>Health emergencies can put people in extreme stress. Individuals may reach out to families and friends or a mental health professional through the telemedicine hotlines</p> <p>Engineering Control: None</p> <p>Administrative Control: Mental and psychosocial support and services should be made available to patients and health care workers such as but not limited to providing mindfulness activities/ sessions, in-house counseling sessions, online counseling, and support groups</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>	<p>Health emergencies can put people in extreme stress. Individuals may reach out to families and friends or a mental health professional through the telemedicine hotlines</p> <p>Engineering Control: None</p> <p>Administrative Control: Mental and psychosocial support and services should be made available to patients and health care workers such as but not limited to providing mindfulness activities/ sessions, in-house counseling sessions, online counseling, and support groups</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>	<p>Health emergencies can put people in extreme stress. Individuals may reach out to families and friends or a mental health professional through the telemedicine hotlines</p> <p>Engineering Control: None</p> <p>Administrative Control: Mental and psychosocial support and services should be made available to patients and health care workers such as but not limited to providing mindfulness activities/ sessions, in-house counseling sessions, online counseling, and support groups</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective</p>

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				apparel for health care workers
1.3 Reduce exposure of vulnerable individuals (e.g., senior citizens, individuals with underlying health conditions) to prevent infection	<p>Vulnerable individuals or Most at Risk Population (MARP) for COVID-19 are advised to stay at home and limit their travel outside the house, unless the travel is to attend to medical needs or other essential matters.</p> <p>Engineering Control: Designate a special area for the exclusive use of vulnerable individuals or MARPs</p> <p>Administrative Control: Specify visiting hours, or provide house visitation services for vulnerable individuals or MARPs</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>	<p>Vulnerable individuals or Most at Risk Population (MARP) for COVID-19 are advised to stay at home and limit their travel outside the house, unless the travel is to attend to medical needs or other essential matters.</p> <p>Engineering Control: Designate a special area and service lanes for the exclusive use of vulnerable individuals or MARPs</p> <p>Administrative Control: Provide online medical consultation services or ensure proper implementation of triage protocols for vulnerable individuals or MARPs</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>	<p>Vulnerable individuals or Most at Risk Population (MARP) for COVID-19 are advised to stay at home and limit their travel outside the house, unless the travel is to attend to medical needs or other essential matters.</p> <p>Engineering Control: Designate a special area and service lanes for the exclusive use of vulnerable individuals or MARPs</p> <p>Administrative Control: Provide online medical consultation services or ensure proper implementation of triage protocols for vulnerable individuals or MARPs</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>	<p>Vulnerable individuals or Most at Risk Population (MARP) for COVID-19 are advised to stay at home and limit their travel outside the house, unless the travel is to attend to medical needs or other essential matters.</p> <p>Engineering Control: Designate service lanes for the exclusive use of vulnerable individuals or MARPs.</p> <p>Administrative Control: Provide options to purchase medicines online and door to door delivery for vulnerable individuals or MARPs</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>
1.4 Provision of support for	<ul style="list-style-type: none"> - Provision of benefits to health care workers (e.g. special risk allowance, hazard pay, etc) - LGUs may further extend their support as necessary (e.g. lodging, transportation, etc) 			

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essential workforce in health settings (ex: financial, lodging, shuttle, food, etc.)				
1.5 Provision of support for vulnerable groups	- Provision of PhilHealth benefit package for COVID-19 patients			
2. REDUCE TRANSMISSION				
2.1 Personal Hygiene (e.g. handwashing with soap and water, sanitizing with hand disinfectants, etc.)	<p>Individuals and health care workers must wash their hands with soap and water regularly or use hand disinfectants</p> <p>Engineering Control: Placement of makeshift hand washing facilities or dispensers with an alcohol-based solution in entrances and other strategic areas.</p> <p>Administrative Control: Routine refilling of dispensers, soaps, and other disinfectants within the facility</p> <p>PPE: Cloth mask for general public or surgical</p>	<p>Individuals and health care workers must wash their hands with soap and water regularly or use hand disinfectants</p> <p>Engineering Control: Placement of makeshift hand washing facilities or dispensers with an alcohol-based solution in entrances and other strategic areas.</p> <p>Administrative Control: Routine refilling of dispensers, soaps, and other disinfectants within the facility</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Individuals and health care workers must wash their hands with soap and water regularly or use hand disinfectants</p> <p>Engineering Control: Placement of makeshift hand washing facilities or dispensers with an alcohol-based solution in entrances and other strategic areas.</p> <p>Administrative Control: Routine refilling of dispensers, soaps, and other disinfectants within the facility</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Individuals and health care workers must wash their hands with soap and water regularly or use hand disinfectants</p> <p>Engineering Control: Placement of makeshift hand washing facilities or dispensers with an alcohol-based solution in entrances and other strategic areas.</p> <p>Administrative Control: Routine refilling of dispensers, soaps, and other disinfectants within the facility</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>

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	<p>mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>	<p>Medical-grade protective apparel for health care workers</p>	<p>Medical-grade protective apparel for health care workers</p>	<p>Medical-grade protective apparel for health care workers</p>
<p>2.2 Environmental Hygiene (e.g. disinfecting surfaces and objects)</p>	<p>Disinfection of frequently touched surfaces such as but not limited to tables, doorknobs, pens, equipment, among others using 0.5% bleach solution (100 mL Bleach, 900 mL water)</p> <p>Engineering Control: Placement of foot baths in all entrances (1:10 bleach solution; 1 litre bleach mixed with 9 litres of clean water)</p> <p>Administrative Control: Placement of signs reminding the general public to minimize touching surfaces and objects</p> <p>Routine cleaning of facilities and replacement of disinfectants in dispensers and foot baths</p>	<p>Disinfection of frequently touched surfaces such as but not limited to tables, doorknobs, pens, equipment, among others using 0.5% bleach solution (100 mL Bleach, 900 mL water) at least every 2 hours</p> <p>Engineering Control: Placement of foot baths in all entrances (1:10 bleach solution; 1 litre bleach mixed with 9 litres of clean water)</p> <p>Administrative Control: Placement of signs reminding the general public to minimize touching surfaces and objects</p> <p>Routine cleaning of facilities and replacement of disinfectants in dispensers and foot baths</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Disinfection of frequently touched surfaces such as but not limited to tables, doorknobs, pens, equipment, among others using 0.5% bleach solution (100 mL Bleach, 900 mL water) at least every 2 hours</p> <p>Engineering Control: Placement of foot baths in all entrances (1:10 bleach solution; 1 litre bleach mixed with 9 litres of clean water)</p> <p>Administrative Control: Placement of signs reminding the general public to minimize touching surfaces and objects</p> <p>Routine cleaning of facilities and replacement of disinfectants in dispensers and foot baths</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Disinfection of frequently touched surfaces such as but not limited to tables, doorknobs, pens, equipment, among others using 0.5% bleach solution (100 mL Bleach, 900 mL water) at least every 2 hours</p> <p>Engineering Control: Placement of foot baths in all entrances (1:10 bleach solution; 1 litre bleach mixed with 9 litres of clean water)</p> <p>Administrative Control: Placement of signs reminding the general public to minimize touching surfaces and objects</p> <p>Routine cleaning of facilities and replacement of disinfectants in dispensers and foot baths</p> <p>PPE: Cloth mask for general public or surgical mask for</p>

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	<p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>	<p>Medical-grade protective apparel for health care workers</p>	<p>Medical-grade protective apparel for health care workers</p>	<p>symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>
<p>2.3 Use of PPE and other medical-grade protective apparel</p>	<p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>	<p>Engineering Control: None</p> <p>Administrative Control: Guidelines on the rational use of PPE and provision of medical-grade protective apparel must depend on the particular health activity (e.g. triage/points of entry screening personnel, caring for a suspected/confirmed case, collecting respiratory specimens, and transport of suspected/confirmed case)</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>	<p>Engineering Control: None</p> <p>Administrative Control: Guidelines on the rational use of PPE and provision of medical-grade protective apparel must depend on the particular health activity (e.g. triage/points of entry screening personnel, caring for a suspected/confirmed case, collecting respiratory specimens, and transport of suspected/confirmed case)</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>	<p>Engineering Control: None</p> <p>Administrative Control: Management must provide PPEs to non-health frontliners (e.g. guards, maintenance, cashiers, and other staff on-duty)</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>

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3. REDUCE CONTACT				
3.1 Practicing physical distancing	Practice physical distancing (at least 1 meter apart) at all times Engineering Control: Installation of temporary barriers and placement of red marking tapes on the floor to remind the general public to maintain a safe distance from each other Administrative Control: Limitation on the number of patients allowed within the facility PPE: Cloth mask for general public or surgical mask for symptomatic individuals Medical-grade protective apparel for health care workers	Practice physical distancing (at least 1 meter apart) at all times Engineering Control: Installation of temporary barriers between the patient and health care worker during routine procedures and placement of red marking tapes on the floor to remind the general public to maintain a safe distance from each other Administrative Control: Limitation on the number of companions per patient allowed within the facility PPE: Cloth mask for general public or surgical mask for symptomatic individuals Medical-grade protective apparel for health care workers	Practice physical distancing (at least 1 meter apart) at all times Engineering Control: Installation of temporary barriers between the patient and health care worker during routine procedures and placement of red marking tapes on the floor to remind the general public to maintain a safe distance from each other Administrative Control: Limitation on the number of companions per patient allowed within the facility PPE: Cloth mask for general public or surgical mask for symptomatic individuals Medical-grade protective apparel for health care workers	Practice physical distancing (at least 1 meter apart) at all times Engineering Control: Installation of temporary barriers between the patient and staff and placement of red marking tapes on the floor to remind the general public to maintain a safe distance from each other Administrative Control: Limitation on the number of people allowed within the facility PPE: Cloth mask for general public or surgical mask for symptomatic individuals Medical-grade protective apparel for health care workers

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<p>3.4 Restriction on Mass Gatherings</p>	<p>Engineering Control: None</p> <p>Administrative Control: Implement specific schedules or offer house visitation services and online medical consultation (if possible)</p> <p>Limitation on the number of companions per patient allowed within the facility</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>	<p>Engineering Control: None</p> <p>Administrative Control: Limitation on the number of companions per patient allowed within the facility</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>	<p>Engineering Control: None</p> <p>Administrative Control: Limitation on the number of companions per patient allowed within the facility</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>	<p>Engineering Control: None</p> <p>Administrative Control: Limitation on the number of individuals allowed within the pharmacy</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>
<p>4. REDUCE DURATION OF INFECTION</p>				
<p>4.1 Detection and isolation of Symptomatic Individuals (at home or in designated community quarantine facilities)</p>	<p>Engineering Control: None</p> <p>Administrative Control: Health care workers must refer symptomatic individuals to the appropriate facility within their healthcare provider</p>	<p>Engineering Control: None</p> <p>Administrative Control: Ensure proper implementation of testing, contact tracing, and treatment protocols. If possible, isolate suspected cases within the facility premises or refer to a community quarantine facility</p>	<p>Engineering Control: None</p> <p>Administrative Control: Ensure proper implementation of testing, contact tracing, and treatment protocols. If possible, isolate suspected cases within the facility premises or refer to a community quarantine facility</p>	<p>Engineering Control: None</p> <p>Administrative Control: Pharmacies must subject all individuals to temperature checks prior to entering the establishment</p> <p>PPE: Cloth mask for general</p>

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	<p>network to ensure provision of responsive services that are needed by the patient.</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>	<p>Ensure proper symptom management and treatment</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>	<p>Ensure proper symptom management and treatment</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>	<p>public or surgical mask for symptomatic individuals</p> <p>Medical-grade protective apparel for health care workers</p>
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ANNEX C. Risk Based Actions for COVID-19 Response

PANDEMIC PHASE	RECOGNITION	INITIATION	ACCELERATION	DECELERATION	PREPARATION
Stage of Transmission	STAGE 1 Zero cases or importation	STAGE 2 Localized Transmission	STAGE 3 Community transmission	STAGE 4 Post peak	STAGE 0 No new case observed
Characteristics	<p>Identification of confirmed COVID-19 case, indicating increased potential for human-to-human transmission</p> <p>Most cases have been acquired outside the area or are directly linked to imported cases and generation of secondary cases is limited</p>	<p>Local transmission has been detected (i.e. cases¹ cannot be linked to importation) but most sources of infection are identified and occurring within a defined geographical area.</p> <p>Identify clustering of cases, paying special attention on high risk, crowded, confined living conditions and hot spot areas</p>	<p>Most cases cannot be linked to a source of infection and persons in the area are at high risk for infection.</p> <p>Special attention on high-risk areas, crowded, confined living conditions, and hot spot areas.</p>	<p>Decreasing incidence of cases</p> <p>Look at areas with localized transmission, higher incidence, and/or clustering and prepare for next possible increase of cases with greater intensity</p>	<p>No confirmed COVID-19 case reported or observed in area</p>
Primary approach	<p>Containment and preparation for Stage 2</p> <p>Stop increase and spread of transmission through containment in areas with cases</p> <p>Containment strategies are designed to prevent community transmission, including coordinated governmental response, testing, prompt contact tracing and quarantine.</p>	<p>Mitigation and preparation for Stage 3</p> <p>Employ mitigation measures in identified areas to slow spread of infection and lessen occurrence of additional cases or spread to additional areas</p> <p>Mitigation strategies rely on nonpharmaceutical interventions such as hand hygiene, travel restrictions, school closures, and social distancing.</p>	<p>Suppression and ensuring health care capacity</p> <p>Slow down the increase and spread of cases</p>	<p>Ensure continuous reduction of additional cases</p> <p>Maintain/Hasten the decrease or slow down of additional cases or its spread</p> <p>Identify areas requiring enhanced response measures.</p> <p>Enhance detection and other response systems to prevent resurgence of cases.</p>	<p>Review and setting up of response activities in preparation for next possible increase of cases</p> <p>Maintain epidemic preparedness activities and review response strategies and required logistics to ensure that disease surveillance, testing, emergency response, communications plan, and health systems will be ready for emergence of cases</p>

¹ *The term "Case" in succeeding sections shall refer to a confirmed COVID-19 case, unless otherwise specified

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PANDEMIC PHASE	RECOGNITION	INITIATION	ACCELERATION	DECELERATION	PREPARATION
APPLICABLE RISK-BASED HEALTH STANDARDS AS STATED IN AO 2020-0015					
RISK LEVEL	LOW	MODERATE	HIGH	MODERATE	LOW
RECOMMENDED RISK BASED ACTIONS					
Indicators to Monitor by LGUs to guide plans and actions	<ul style="list-style-type: none"> Increasing number of reported cases Number of case clusters and if clusters are confined to a household, workplace, or a specified/limited area Number of infected health care workers Detection of exported case/s (case/s in another municipality/city but identified source of infection is our municipality/city) Increasing or clustering of suspect/probable COVID-19, SARI, and/or ILI cases reported in surveillance systems Event-based reports of clusters of ILI and/or respiratory illnesses 	<ul style="list-style-type: none"> Increasing number of cases with unknown epidemiological link or source of infection Increasing number, size, and generations of transmission of case clusters Increasing number of infected health care workers Increasing number of exported cases Increasing or clustering of suspect/probable COVID-19, SAR,land/ or ILI cases reported in case-based surveillance system Multiple event-based reports of clusters of ILI and/or respiratory illnesses 	<ul style="list-style-type: none"> Most cases have no known epidemiological link or source of infection Increasing proportion of cases with severe or critical disease requiring use of critical care units and/or mechanical ventilators Increasing number of additional COVID-19 deaths and/or increasing case fatality rate Increasing number of infected health care workers and other frontline workers Increasing admissions due to other respiratory illnesses requiring use of critical care units and/or mechanical ventilators Event-based reports of clusters of ILI, respiratory illness, and/ or deaths of unknown etiology 	<ul style="list-style-type: none"> Continuous decrease of new cases Decreasing number, size, and generations of transmission of case clusters Decreasing severe and critical cases and fatalities/case fatality due to COVID-19 Decreasing utilization of critical care units and mechanical ventilators by other respiratory illness admissions Decreasing number of affected health care and other frontline workers Reduced reports of clustering of suspect/probable COVID-19, SARI, and/or ILI cases reported in case-based and event-based surveillance systems 	<ul style="list-style-type: none"> Presence of cases in border municipalities/cities and within the province Increasing or clustering of SARI or ILI cases reported in case-based surveillance system Event-based reports of clusters of ILI and/or respiratory illnesses

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PANDEMIC PHASE	RECOGNITION	INITIATION	ACCELERATION	DECELERATION	PREPARATION
Incident management	<p>Adopt a command and control structure with Incident Command System</p> <p>Review and update response plans and forecast future resources needed for potential surge of cases</p>	<p>Continue actions described for recognition phase</p> <p>Consider declaring a public health emergency</p>	<p>Continue actions described for initiation phase</p> <p>Map affected areas and high-risk households to identify those requiring enhanced response measures, using scenario simulations to help update plans</p>	<p>Continue actions described for acceleration interval</p> <p>Review and revise response activities proportionate to the situation, including restocking of resources and rebuilding essential services</p>	<p>Update Incident Management System as to designated authorities, roles and responsibilities, and other required capacities</p> <p>Review local government and community response plans</p>
Epidemiology and Surveillance	<p>Enhance COVID-19 surveillance through active case finding, expansion of influenza-like illness (ILI) and severe acute respiratory infection (SARI) surveillance systems, and reporting of ILI and SARI case clustering through the event-based surveillance system</p> <p>Immediately report cases using the information system</p>	<p>Ensure immediate notification of COVID-19 cases and identification, reporting through the information system, and investigation of case clustering.</p> <p>Review ILI and SARI surveillance trends to identify case clustering or sudden increase of cases.</p>	<p>Maintain notification of COVID-19 cases through the information system.</p> <p>Surveillance data analysis should prioritize immediate identification, mapping, and investigation of case clustering and areas with high incidence rates</p>	<p>Maintain immediate notification of COVID-19 cases.</p> <p>Identify areas with case clustering and/or incidence rates for investigation.</p> <p>Utilize ILI and SARI surveillance trends to identify areas with case clustering or sudden increase of cases requiring further investigation</p>	<p>Set up COVID-19 surveillance to ensure early case detection through inventory of reporting units and placement of adequate number of trained surveillance staff</p> <p>Enhance ILI, SARI, and event-based surveillance systems to detect increase and/or clustering of ILI and/or SARI cases</p> <p>Ensure presence of disease surveillance at ports and/or areas of entries and exits</p> <p>Closely coordinate with neighboring municipalities/cities and province for reported cases and clustering in these areas</p>

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PANDEMIC PHASE	RECOGNITION	INITIATION	ACCELERATION	DECELERATION	PREPARATION
Contact Tracing	Create local contact tracing teams to conduct extensive contact tracing with information technology	Conduct extensive contact tracing with information technology	Continue contact tracing but may prioritize tracing and assessment of close contacts among household members and health worker contacts, especially if resources are limited	Return to conduct of extensive contact tracing to ensure that most number of contacts will be assessed and appropriately managed	Set up and improvement of contact tracing systems Increase capacity for local contact tracing, including capacitating monitoring teams
Laboratory	Test all individuals fitting the case definition and a subset of identified close contacts Test any SARI patient with severe clinical presentation ² If testing capacity allows, systematically select specimens from reported SARI or ILI cases	Test all individuals fitting the COVID-19 case definitions	Provide laboratory confirmation of cases fitting COVID-19 surveillance criteria, prioritizing severe, critical, and highly vulnerable cases, symptomatic health workers, and first few symptomatic individuals in special settings (e.g. long term living facilities, health facilities, prisons)	If resources will be adequate, test all individuals fitting the COVID-19 case definitions and a subset of identified close contacts	Strengthen laboratory capacity and develop testing strategy
Community engagement and support for continued social and economic activity	Build trust and support by providing correct, relevant information on health situation and ongoing government response activities and adopted policies	Continue actions described for recognition phase Consider additional staff and engaging partners to implement communication strategies Utilize alternative media platforms, such as social media, discussion fora, hotlines, to relay key messages and address clarifications and public uncertainties	Continue actions described for initiation phase Consider alternative media platforms to utilize aligned to the ECQ guidelines	Continue actions described for acceleration phase Messaging should emphasize measure that communities should comply with to ensure continuous reduction of additional cases and prevent resurgence of cases	Strengthen capacity and resilience of communities Identify and engage community leaders and partners for possible response activities

² Severe clinical presentation includes those with either shortness of breath (RR at least 30 breaths/min); 93% or lower oxygen saturation in resting state; arterial pressure of oxygen (PaO₂)/fraction of inspired oxygen (FiO₂) 300 mm Hg or lower (1 mmHg=0.133kPa); or with chest imaging showing obvious lesion progression more than 50% within 24-48 hours.

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PANDEMIC PHASE	RECOGNITION	INITIATION	ACCELERATION	DECELERATION	PREPARATION
<p>Health system capacity</p>	<p>Adopt and implement triage to ensure non-overloading of hospitals</p> <p>Adopt clinical management guidelines</p> <p>Implement strict infection prevention and control (IPC) practices, especially in health facilities</p> <p>Establish a system to monitor health status (physical and mental) of health workers and their immediate referral and management, as needed</p> <p>Assess impact on medical care facilities, identify whether medical resources are sufficient to manage ill persons</p> <p>Monitor morbidity and mortality reports of non-COVID-19 conditions and ensure provision of essential health services</p>	<p>Continue IPC and other protocols recognition phase</p> <p>Monitor the surge of health care needs, especially for critical care services, in health care facilities</p> <p>Review and prepare to deploy a mortuary surge (mass mortality) plan</p> <p>Monitor morbidity and mortality reports of non-COVID-19 conditions and review strategies to ensure provision of essential health services</p>	<p>Continue actions described in initiation phase</p> <p>Set up alternative care sites as needed, by repurposing existing infrastructure and workforce</p> <p>Implement contingency plans, as needed</p> <p>Monitor surge of non-COVID-19 cases, complications, and deaths</p> <p>Recalibrate strategies for continuous provision of essential health services</p>	<p>Initiate targeted cessation of surge capacity as appropriate</p> <p>Monitor morbidity and mortality reports of non-COVID-19 conditions and gradually scale up provision of essential health services</p>	<p>Develop and prepare health systems capacity including isolation beds, ICU beds, ventilators for the epidemic, including for surge capacity, supply chain for medicines, supplies and equipment, training in treatment protocols, and ensure non-interruption of essential health services and public health programmes</p>

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PANDEMIC PHASE	RECOGNITION	INITIATION	ACCELERATION	DECELERATION	PREPARATION
Risk communication	<p>Continue risk communication activities in preparation phase</p> <p>Public awareness on existence of cases in their area</p> <p>Reinforce and properly communicate public health importance of non-pharmaceutical interventions</p> <p>Risk management for high risk communities and settings (crowded areas, confined settings)</p>	<p>Continue risk communication activities in recognition phase</p> <p>Continue providing regular updates on health situation and ongoing community mitigation measures to local chief executives, key partners, stakeholders, media, and the public</p>	<p>Continue risk communication activities in initiation phase</p> <p>Disseminate updated risk messages and what is the “new normal” to public and stakeholders</p>	<p>Continue dissemination updated risk messages and “new normal” to public and stakeholders</p> <p>Provide information to prepare for and respond to possible additional pandemic waves</p>	<p>Identify target audience and specific communication strategies to increase awareness on COVID-19 disease and prevention measures</p> <p>Disseminate risk communication strategies</p> <p>Public awareness on existence of outbreaks outside their area</p>
National and local coordination	<p>Coordinate with all partners (public health and local leaders, employers, organizations and stakeholders)</p>	<p>Continue coordination with all partners and engage with additional offices/institutions, as needed</p> <p>Prepare to receive funds to support response, if available</p>	<p>Continue coordination with all partners</p> <p>Support maintenance of critical infrastructure and key resources as appropriate</p>	<p>Continue coordination with all partners and identify which support may be scaled down and/or modified based on new strategies</p>	<p>Define and set up mechanisms of coordination (inter-sectoral and across administrative levels, i.e. national, regional and local government levels)</p>

Sources:

1. “Updated Preparedness and Response Framework for Influenza Pandemics”. Centers for Disease Control and Prevention - Morbidity and Mortality Weekly Report. September 26, 2014.
2. “WHO Pandemic Phase Descriptions and Main Actions by Phase”. World Health Organization.
3. Walensky and del Rio. “From Mitigation to Containment of the COVID-19 Pandemic: Putting the SARS-CoV-2 Genie Back in the Bottle”. JAMA Network. April 17, 2020.

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Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

APR 27 2020

ADMINISTRATIVE ORDER
No. 2020 - 0015

SUBJECT: Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation

I. RATIONALE

Coronavirus Disease 2019 (COVID-19) was first identified last December 2019 as a cluster of pneumonia cases of unknown etiology. On 30 January 2020, the World Health Organization declared the COVID-19 outbreak as a Public Health Emergency of International Concern and eventually as a Global Pandemic by 11 March 2020.

In the absence of specific treatment or a vaccine, non-pharmaceutical interventions (NPI) form the backbone of the response to the COVID-19 outbreak. Non-pharmaceutical interventions are public health strategies meant to mitigate and suppress transmission of infectious diseases. While the Enhanced Community Quarantine (ECQ) has been instrumental in slowing the rapid spread of the disease, local evidence suggests that the gains from the ECQ will be reversed in the absence of complementary interventions that will minimize case resurgence.

The Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID) Resolution No. 28 mandates that minimum public health standards must be specified by the Department of Health (DOH) and adhered to by all sectors. These standards shall serve as a guide in institutionalizing key NPIs to combat COVID-19.

II. OBJECTIVE

This Order aims to provide guidance for sectoral planning on the implementation of NPIs as minimum public health standards to mitigate the threat of COVID-19. It shall serve as a basis in the decision-making process and development of more specific sectoral policies for COVID-19 response.

III. SCOPE AND COVERAGE

This Order shall apply to all entities involved in COVID-19 response both from public and private sectors, including all national government agencies (NGAs), government offices, private offices and workplaces, local government units (LGUs), development partners, academic and research institutions, civil society organizations,, and all others concerned.

IV. DEFINITION OF TERMS

- A. Administrative Controls** - refer to procedural interventions or modifications in policies, standards, and processes, that are meant to reduce the frequency and severity

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of exposure to infectious diseases (e.g. hygiene and disinfection protocols, work shifting, etc.)

- B. Comorbidity at risk of COVID-19 exacerbation** - presence of one or more additional conditions co-occurring with (that is, concomitant or concurrent with) a primary condition that increases an individual's risk for mortality if afflicted by COVID-19. This includes immunocompromised individuals (such as but not limited to those with cancer, HIV/AIDS and other autoimmune disorders) and individuals with chronic conditions (such as but not limited to hypertension, diabetes mellitus, and chronic kidney disease).
- C. Engineering Controls** - refer to physical interventions or modifications in spaces or environments, that is meant to prevent the transmission of infectious diseases (e.g. use of physical barriers, exhaust ventilation, etc.)
- D. Medical-grade Protective Apparel** - refers to the specialized personal protective equipment worn by healthcare workers and other frontliners involved in the disease outbreak response, for the purpose of protection against infectious materials. These include surgical face masks, N95 respirators, face shield or goggles, coveralls, isolation gowns, surgical gloves, protective oversleeves, head cap, and shoe cover, among others.
- E. Modification Potential** - refers to the degree to which mitigation strategies and other public health measures can reduce the risk of COVID-19 transmission in different settings.
- F. Most-at-risk Population (MARF) for COVID-19** - refers to population groups who have a higher risk of developing severe COVID-19 infection such as individuals aged 60 and above, pregnant, and those with underlying conditions or comorbidity at risk of COVID-19 exacerbation.
- G. Non-pharmaceutical Interventions (NPI)** - refers to public health measures that do not involve vaccines, medications or other pharmaceutical interventions, that individuals and communities can carry out in order to reduce transmission rates, contact rates, and the duration of infectiousness of individuals in the population.
- H. Protective Personal Equipment**- refers to protective garments or equipment worn by individuals to increase personal safety from infectious agents
- I. Vulnerable groups** - refers to socially disadvantaged groups that are most susceptible to suffer directly from disasters and health events. These include senior citizens, immunocompromised individuals, women, children, persons deprived with liberty (PDL), persons with disabilities (PWDs), and members of indigenous peoples (IPs), internally displaced persons (IDPs), indigenous cultural communities (ICCs), among others.

V. GENERAL GUIDELINES

- A.** The DOH shall set minimum public health standards to guide the development of sector-specific and localized guidelines on mitigation measures for its COVID-19 response across all settings - such as but not limited to home, public places, offices and workplaces, high-density communities, food and other service establishments, schools, hotels and other accommodations, churches and places of worship, prisons and other places of detention, public transportation (air, land, and water transport), and health facilities.

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B.C. The adoption and implementation of the standards shall be guided by the following principles:

1. Shared accountability

- a) Health is a key development objective that is the shared accountability of the government, communities, households, and individuals.
- b) A whole-of-system, whole-of-government, whole-of-society approach is essential to develop cohesive solutions to current and future challenges to public health and national security.
- c) All efforts shall espouse the government's strategic directions of national government-enabled, local government-led, and people-centered response to the COVID-19 health event.

2. Evidence-based decision-making

- a) Evidence shall guide policy development and decision-making at all levels of government.
- b) As science continues to evolve, all actors shall periodically assess and recalibrate policies, plans, programs and guidelines.

3. Socioeconomic equity & rights-based approach

- a) Recognizing that vulnerabilities are socially determined, it is important to be cognizant of the equity considerations and implications of blanket policies, plans, and programs that are being conceptualized for scaled-up implementation. Vulnerable groups should therefore be identified and provided additional social safety net protections.
- b) Policy design shall always choose the least restrictive alternative that achieves its goals.
- c) In the event of any conflict of rules or guidelines, the interpretation shall ensure the protection of human rights. As such, the safety, needs, and well-being of the individual shall prevail.

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C.D. All policies, investments, and actions shall ensure that COVID-19 mitigation objectives are achieved using the following strategies:

1. Objective 1: Increase physical and mental resilience

- a. Ensure access to basic needs of individuals, including food, water, shelter and sanitation.
- b. Support adequate nutrition and diets based on risk.
- c. Encourage appropriate physical activity for those with access to open spaces as long as physical distancing is practiced.
- d. Discourage smoking and drinking of alcoholic beverages.
- e. Protect the mental health and general welfare of individuals.
- f. Promote basic respiratory hygiene and cough etiquette.
- g. Protect essential workforce through provision of food, PPE and other commodities, lodging, and shuttle services as necessary.
- h. Provide financial and healthcare support for workforce who contracted COVID-19 through transmission at work.
- i. Limit exposure of MARP groups, such as through limitation in entry or prioritization in service or provision of support.
- j. Provide appropriate social safety net support to vulnerable groups for the duration of the COVID-19 health event.

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2. Objective 2: Reduce transmission

- a. Encourage frequent hand washing with soap and water, and discourage the touching of the eyes, nose, and mouth, such as through appropriate information and education campaigns.
- b. Encourage symptomatic individuals to stay at home unless there is a pressing need to go to a health facility for medical consultation, if virtual consultation is not possible.
- c. Ensure access to basic hygiene facilities such as toilets, handwashing areas, water, soap, alcohol/ sanitizer.
- d. Clean and disinfect the environment regularly, every two hours for high touch areas such as toilets, door knobs, switches, and at least once every day for workstations and other surfaces.
- e. Ensure rational use of personal protective equipment (PPEs) that is suitable to the setting, and the intended user. Medical-grade protective apparel shall be reserved for health care workers and other frontliners, and symptomatic individuals at all times.

3. Objective 3: Reduce contact

- a. Implement strict physical distancing at all times, specially at public areas, workstations, eating areas, queues, and other high traffic areas.
- b. Reduce movement within and across areas and settings.
- c. Restrict unnecessary mass gatherings.
- d. Limit non-essential travel and activities.
- e. Install architectural or engineering interventions, as may be deemed appropriate.
- f. Implement temporary closure or suspension of service in high risk areas or establishments, as necessary.

4. Objective 4: Reduce duration of infection

- a. Identify symptomatic individuals and immediately isolate, such as through the use of temperature scanning, symptom self-monitoring, and voluntary disclosure.
- b. Coordinate symptomatic individuals through appropriate health system entry points such as primary care facilities or teleconsulting platforms.
- c. Trace and quarantine close contacts of confirmed individuals consistent with Department of Health guidelines.

VI. IMPLEMENTING GUIDELINES

- A. Risk Severity Grading.** All actors (NGAs in coordination with Civil Service Commission, LGUs and/or Private Sector) shall base their COVID-19 mitigation response from the IATF-EID's risk severity grading (e.g., Low, Moderate, and High Severity)
- B. Risk-based Public Health Standards Across Settings.** *At the minimum*, all actors shall implement the prescribed interventions in various settings (**Annex A**) depending on their Risk Severity Grading. For each prescribed intervention, concrete examples of corresponding hazard controls (e.g. engineering control, administrative control, and PPEs.) are provided.

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Depending on the risk severity grading:

1. Interventions that are listed as '**MUST DO**' shall be mandatory. See **Annex B**.
2. Interventions that are listed as '**CAN DO**' shall be optional, and may be tailored further as guided by the Modification Potential Matrix on **Annex C.1**.

NGAs shall build on the identified interventions in developing sector-specific policies and plans, and may propose adjustments for additional interventions inconsistent with those indicated in this Order.

C. Prioritizing Additional Mitigation Strategies based on Modification Potential.

All actors may implement additional mitigation interventions for different settings. The Modification Potential Matrix provided for in **Annex C.1**, rated settings based on the likelihood that it can be modified to lessen contact. All actors are encouraged to prioritize settings that scored high, followed by medium, then low.

VII. ROLES AND RESPONSIBILITIES

A. DOH shall:

1. Provide technical assistance in facilitating inter-agency or sector-specific planning;
2. Continue to update the set minimum public health standards based on most recent evidence available and issue succeeding updates through DOH Department Circulars;
3. Develop standards, systems, and guidelines on operationalizing post-ECQ interventions;
4. Engage stakeholders and promote awareness on NPIs and its importance, including relevant and accurate information about appropriate protocols; and
5. Consolidate reports and recommendations from NGAs and LGUs for endorsement to the IATF-EID and other agencies concerned

B. Other National Government Agencies shall:

1. Develop and submit their sector-specific plans and guidelines on the operationalization of the risk-based public health standards to the DOH, which shall be consolidated and endorsed by the Secretary of Health to the IATF; and
2. Submit to the DOH sector-specific monitoring tools to track compliance.

C. Local Government Units shall:

1. Ensure implementation of risk-based public health standards for COVID-19 mitigation;
2. Set up mechanisms to monitor compliance and submit reports according to provided tools;
3. Coordinate with DOH and other NGAs in carrying out these guidelines;
4. Develop counterpart local ordinances, to ensure compliance with national directives at the local level; and
5. Ensure immediate and widest dissemination of these guidelines to all units/sectors within their jurisdiction

D. Industries and the Private Sector shall:

1. Comply with the risk-based public health standards set by DOH, sector-specific policies and plans by other NGAs, and other relevant rules and regulations

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VIII. REPEALING CLAUSE

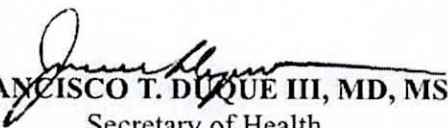
Other related issuances not consistent with the provisions of this Order are hereby revised, modified, or rescinded accordingly. Nothing in this Order shall be construed as a limitation or modification of existing laws, rules and regulations.

IX. SEPARABILITY CLAUSE

Should any provision of this Order or any part thereof be declared invalid, the other provisions, insofar as they are separable from the invalid ones, shall remain in full force and effect.

X. EFFECTIVITY

This Order shall take effect immediately.


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

Annex A. Required public health standards across all settings (as of April 27, 2020)

Intervention	Minimum Requirements by Settings				
	A. Home	B. Public Places	C. High-Density Communities	D. Offices/ Workplaces	E. Food and Other Service Establishments
1. INCREASE PHYSICAL AND MENTAL RESILIENCE					
1.1 Respiratory Hygiene and Cough Etiquette	<p>Practice respiratory etiquette at all times. Use tissue or the inner portion of the elbow to cover the nose and mouth when sneezing/coughing. Practice proper disposal of tissue after use.</p> <p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Practice respiratory etiquette at all times. Use tissue or the inner portion of the elbow to cover the nose and mouth when sneezing/coughing. Practice proper disposal of tissue after use.</p> <p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals if going to a health facility.</p>	<p>Practice respiratory etiquette at all times. Use tissue or the inner portion of the elbow to cover the nose and mouth when sneezing/coughing. Practice proper disposal of tissue after use.</p> <p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Practice respiratory etiquette at all times. Use tissue or the inner portion of the elbow to cover the nose and mouth when sneezing/coughing. Practice proper disposal of tissue after use.</p> <p>Engineering Control: None</p> <p>Administrative Control: Employers may provide tissues within easy reach in all workstations and communal space</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Practice respiratory etiquette at all times. Use tissue or the inner portion of the elbow to cover the nose and mouth when sneezing/coughing. Practice proper disposal of tissue after use.</p> <p>Engineering Control: None</p> <p>Administrative Control: Owners may provide tissues in strategic places within the establishment</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>
1.2 Promote Mental Health	<p>Health emergencies can put people in extreme stress. Individuals may reach out to families and friends or a mental health professional through the telemedicine hotlines</p>	<p>Health emergencies can put people in extreme stress. Individuals may reach out to a professional through the telemedicine hotlines</p> <p>Engineering Control: None</p>	<p>Health emergencies can put people in extreme stress. Individuals may reach out to families and friends or a mental health professional through the telemedicine hotlines</p>	<p>Health emergencies can put people in extreme stress. Individuals may reach out to a professional through the telemedicine hotlines</p> <p>Engineering Control: None</p>	<p>Health emergencies can put people in extreme stress. Individuals may reach out to a professional through the telemedicine hotlines</p> <p>Engineering Control: None</p>

	<p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: None</p>	<p>Administrative Control: None</p> <p>PPE: None</p>	<p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: None</p>	<p>Administrative Control: Employers must provide mental and psychosocial support such as but not limited to providing mindfulness activities/sessions, in-house counseling sessions, online counseling, and support groups to its employees</p> <p>Employers to promote work-life balance through proper scheduling of activities and rotation of workforce</p> <p>PPE: None</p>	<p>Administrative Control: Owners must provide mental and psychosocial support such as but not limited to in-house counseling sessions, online counseling, and support groups to its employees</p> <p>Owners to promote work-life balance through proper scheduling of activities and rotation of workforce</p> <p>PPE: None</p>
<p>1.3 Reduce exposure of vulnerable individuals (e.g., senior citizens, individuals with underlying health conditions) to prevent infection</p>	<p>Elderly, individuals with underlying conditions, and pregnant women must stay at home and limit their travel to essential or urgent needs. They should also minimize their exposure from individuals who frequently leave the house.</p> <p>Engineering Control: None</p> <p>Administrative Control: Daily monitoring of individuals at risk; and contingency planning by the household for accessing healthcare or purchasing of</p>	<p>Elderly, individuals with underlying conditions, and pregnant women must stay at home and limit their travel to essential or urgent needs</p> <p>Engineering Control: None</p> <p>Administrative Control: LGUs and establishment owners must designate specific lanes or areas for the elderly, individuals with underlying conditions, and pregnant women in public places</p>	<p>Elderly, individuals with underlying conditions, and pregnant women living in high-density communities must stay at home and limit their travel to essential or urgent needs</p> <p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Elderly, individuals with underlying conditions, and pregnant women may be asked not to physically report to work</p> <p>Engineering Control: None</p> <p>Administrative Control: Employers must provide alternative work arrangements to the elderly, individuals with underlying conditions, and pregnant women for the duration of COVID-19 health event</p>	<p>Elderly, individuals with underlying conditions, and pregnant women may be asked not to report to work</p> <p>Engineering Control: None</p> <p>Administrative Control: Owners must designate specific lanes or areas for the elderly, individuals with underlying conditions, and pregnant women within the establishment</p> <p>PPE: Cloth mask for general</p>

	<p>medication from pharmacy in case of emergency.</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>LGUs must provide transport services to health facilities for vulnerable groups needing health care.</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>		<p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>public or surgical mask for symptomatic individuals</p>
<p>1.4 Provision of support for essential workforce (ex: financial, lodging, shuttle, food, etc.)</p>	<p>N/A</p>	<p>Engineering Control: None</p> <p>Administrative Control: Provision of financial, transportation, food, and other services as needed</p> <p>PPE: Cloth mask for general public, or medical-grade protective apparel, depending on the intended user (personnel managing checkpoints, monitoring of public spaces) and setting</p>	<p>N/A</p>	<p>Engineering Control: Provision of temporary accommodations to employees, if necessary</p> <p>Administrative Control: Provision of financial, transportation, food, and other services to employees as needed</p> <p>PPE: Cloth mask for general public, or medical-grade protective apparel, depending on the intended user/setting</p>	<p>Engineering Control: Provision of temporary accommodations to employees, if necessary</p> <p>Administrative Control: Provision of financial, transportation, food, and other services as needed</p> <p>PPE: Cloth mask for general public, or medical-grade protective apparel, depending on the intended user/setting</p>
<p>1.5 Provision of support for vulnerable groups (ex. Social Amelioration Programs, Food Assistance)</p>	<ul style="list-style-type: none"> - Provision of benefits under the Social Amelioration Program to qualified beneficiaries as determined by DSWD Memorandum Circular No. 04, Series of 2020 - LGUs may further extend their support to other vulnerable groups (e.g. PWDs, women, IPs, IDPs, among others) as may be deemed necessary - Other NGAs shall continue or may further expand their assistance to the vulnerable groups as part of their mandates. - Private sector may also provide additional assistance and support to MARPs and vulnerable groups 				

2. REDUCE TRANSMISSION

<p>2.1 Personal Hygiene (e.g. handwashing with soap and water, sanitizing with hand disinfectants, etc.)</p>	<p>Individuals must wash their hands with soap and water regularly or use hand disinfectants</p> <p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: None</p>	<p>Individuals must wash their hands with soap and water regularly or use hand disinfectants</p> <p>Engineering Control: Placement of makeshift handwashing facilities, hand sanitizers and dispensers with an alcohol-based solution in all public places , (i.e. areas with high foot traffic, transportation systems)</p> <p>Administrative Control: Ensure routine monitoring and replacement of hand soaps, sanitizers, and other disinfectants in all public places</p> <p>PPE: None</p>	<p>Individuals living in high-density communities must wash their hands with soap and water regularly or use hand disinfectants</p> <p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: None</p>	<p>Individuals must wash their hands with soap and water regularly or use hand disinfectants</p> <p>Engineering Control: Placement of handwashing facilities, hand sanitizers, and dispensers with an alcohol-based solution in all entrances, exits, areas with high foot traffic and facilities</p> <p>Administrative Control: Employers must ensure daily monitoring and availability of hand soaps, sanitizers, and other disinfectants in restrooms and in all entrances and facilities</p> <p>PPE: None</p>	<p>Individuals must wash their hands with soap and water regularly or use hand disinfectants</p> <p>Engineering Control: Placement of handwashing facilities, hand sanitizers, and dispensers with an alcohol-based solution in all entrances and facilities</p> <p>Administrative Control: Owners must ensure daily monitoring and availability of hand soaps, sanitizers, and other disinfectants within the establishment</p> <p>PPE: None</p>
<p>2.2 Environmental Hygiene (e.g. disinfecting surfaces and objects)</p>	<p>Disinfection of frequently touched surfaces such as but not limited to tables, doorknobs, light switches, phones, toilets, among others using 0.5% bleach solution (100 mL Bleach, 900 mL water)</p> <p>Engineering Control: None</p> <p>Administrative Control:</p>	<p>Disinfection of frequently touched surfaces and objects using 0.5% bleach solution (100 mL Bleach, 900 mL water) at least twice a day</p> <p>Disinfection of purchased items</p> <p>Engineering Control: Placement of foot baths in all entrances (1:10 bleach</p>	<p>Disinfection of frequently touched surfaces such as but not limited to tables, doorknobs, light switches, phones, toilets, among others using 0.5% bleach solution (100 mL Bleach, 900 mL water)</p> <p>Engineering Control: None</p> <p>Administrative Control:</p>	<p>Disinfection of frequently touched surfaces and objects such as but not limited to tables, switches, doorknobs, and workstations using 0.5% bleach solution (100 mL Bleach, 900 mL water) at least once a day</p> <p>Engineering Control: Placement of foot baths in all entrances (1:10 bleach</p>	<p>Disinfection of frequently touched surfaces and objects such as but not limited to tables, switches, doorknobs, and workstations using 0.5% bleach solution (100 mL Bleach, 900 mL water) at least once a day</p> <p>Engineering Control: Placement of foot baths in all entrances (1:10 bleach</p>

	<p>None</p> <p>PPE: None</p>	<p>solution; 1 litre bleach mixed with 9 litres of clean water)</p> <p>Administrative Control: Placement of signs reminding the general public to minimize touching of surfaces in public places</p> <p>Ensure routine cleaning of frequently touched surfaces and objects, and routine cleaning and replacement of disinfectant solutions in foot baths</p> <p>PPE: None</p>	<p>None</p> <p>PPE: None</p>	<p>solution; 1 litre bleach mixed with 9 litres of clean water)</p> <p>Administrative Control: Ensure routine cleaning of frequently touched surfaces and objects, and routine cleaning and replacement of disinfectant solutions in foot baths</p> <p>PPE: None</p>	<p>solution; 1 litre bleach mixed with 9 litres of clean water)s</p> <p>Administrative Control: Ensure routine cleaning of frequently touched surfaces and objects, and routine cleaning and replacement of disinfectant solutions in foot baths</p> <p>PPE: None</p>
<p>2.3 Use of PPE and other medical-grade protective apparel</p>	<p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: Individuals with flu-like symptoms must wear a medical-grade mask at all times (and the elderly or people with underlying conditions)</p>	<p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: Healthy or Asymptomatic Individuals shall use cloth face masks in public places.</p> <p>Individuals with suspected flu-like symptoms, or are feeling sick must wear medical-grade mask at all times if they go outside</p>	<p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: Individuals living in high-density communities must wear cloth face masks when leaving the household</p> <p>Individuals with suspected flu-like symptoms must wear medical-grade mask at all times</p>	<p>Engineering Control: None</p> <p>Administrative Control: Management shall allocate appropriate PPEs to employees (i.e., essential workforce) on duty, depending on the nature of work and contact with the general public.</p> <p>PPE: Healthy or Asymptomatic Individuals shall use cloth face masks.</p>	<p>Engineering Control: None</p> <p>Administrative Control: Owners shall allocate appropriate PPEs to employees (i.e., essential workforce) on duty, depending on the nature of work and contact with the general public.</p> <p>PPE: Individuals may use cloth face masks when going to restaurants and other establishments</p>

3. REDUCE CONTACT

<p>3.1 Practicing physical Distancing</p>	<p>Practice physical distancing (at least 1 meter apart) in communal areas (e.g. living room, dining room, etc.)</p> <p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Engineering Control: Placement of red marking tapes on the floor to guide individuals to stay at least one meter apart from each other</p> <p>Administrative Control: Limitation on the number of people inside the establishment</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>If possible, practice physical distancing (at least 1 meter apart) in communal areas (e.g. living room, dining room, etc.)</p> <p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Engineering Control: Installation of temporary barriers between cubicles</p> <p>Administrative Control: Employers must limit face to face meetings as much as possible and adopt WFH arrangements.</p> <p>Allow flexible dining policy in the work space/cubicle during lunch break; OR limit the number of individuals who can eat in the pantry at a given time.</p> <p>If WFH are not possible, practice physical distancing in the workplace (at least one meter apart from each co-worker)</p> <p>Employers provide cloth masks to employees.</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Engineering Control: Installation of temporary barriers in front desks, counters, etc.</p> <p>Placement of red marking tapes on the floor to guide individuals to stay at least one meter apart from each other when ordering for food at the counter</p> <p>Administrative Control: Limitation on the number of people inside the establishment</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>
<p>3.2 Modified Work Structures and Schedules, and alternative work arrangements</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>Engineering Control: None</p> <p>Administrative Control: Employers should provide modified alternative</p>	<p>Engineering Control: None</p> <p>Administrative Control: Owners should provide modified alternative</p>

				structures and arrangements PPE: Cloth mask for general public or surgical mask for symptomatic individuals	structures and arrangements (e.g. online transactions and pick-up, drop-off points, delivery services. etc.) PPE: Cloth mask for general public or surgical mask for symptomatic individuals
3.3 Limitation of non-essential services	N/A	N/A	N/A	N/A	Engineering Control: None Administrative Control: Owners should provide modified alternative structures and arrangements for transactions (i.e. pick-up, delivery, drop-off points, online transactions, etc.) PPE: Cloth mask for general public or surgical mask for symptomatic individuals
3.4 Restriction on Mass Gatherings	N/A	Engineering Control: None Administrative Control: Limitation on the number of people in public places PPE: Cloth mask for general public or surgical mask for symptomatic individuals	Engineering Control: None Administrative Control: None PPE: Cloth mask for general public or surgical mask for symptomatic individuals	Engineering Control: None Administrative Control: Suspension of office meetings, conferences, and other large gatherings PPE: Cloth mask for general public or surgical mask for symptomatic individuals	Engineering Control: None Administrative Control: Limitation on the foot traffic within the establishment PPE: Cloth mask for general public or surgical mask for symptomatic individuals

4. REDUCE DURATION OF INFECTION

<p>4.1 Detection and isolation of Symptomatic Individuals (at home or in designated community quarantine facilities)</p>	<p>Individuals with flu-like symptoms must be isolated in a separate room or area within the household</p> <p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Individuals with flu-like symptoms must not go to any setting except for health-related concerns, if virtual consultation is not possible.</p> <p>Engineering Control: None</p> <p>Administrative Control: Placement of standard symptom and temperature checks in strategically located areas in public places and proper referral of all individuals with symptoms of ILI</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>If possible, Individuals with flu-like symptoms must be isolated in a separate room or area within the household or a community quarantine/ isolation facility when made available by the LGU</p> <p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Engineering Control: None</p> <p>Administrative Control: Employers must subject all employees to temperature checks prior to entering the building/ office spaces and proper referral to appropriate facility for symptomatic employees</p> <p>Employers must monitor all employees daily to ensure proper detection of employees with symptoms</p> <p>Employees with mild flu-like symptoms shall adopt a work from home (WFH) arrangement for the duration of COVID-19 health event</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Individuals with flu-like symptoms must not go to any setting except for health-related concerns, if virtual consultation is not possible.</p> <p>Engineering Control: None</p> <p>Administrative Control: Owners must subject all customers to temperature checks prior to entering the establishment</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>
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Intervention	Minimum Requirements by Settings (cont.)				
	F. Schools	G. Hotels and other accommodations	H. Transportation and Ports of Entry	I. Churches / Places of worship	J. Prisons and other places of detention
1. INCREASE PHYSICAL AND MENTAL RESILIENCE					
1.1 Respiratory Hygiene and Cough Etiquette	<p>Practice respiratory etiquette at all times. Use tissue or inner portion of elbow to cover nose and mouth when sneezing/coughing</p> <p>Engineering Control: None</p> <p>Administrative Control: School administration may provide tissues and alcohol hand rub in entrances, corridors and other communal areas. All toilet facilities should have adequate water and soap for handwashing.</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Practice respiratory etiquette at all times. Use tissue or inner portion of elbow to cover nose and mouth when sneezing/coughing</p> <p>Engineering Control: None</p> <p>Administrative Control: Hotel Management may provide tissues and alcohol hand rub in communal areas and amenities. All toilet facilities should have adequate water and soap for handwashing.</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Practice respiratory etiquette at all times. Use tissue or inner portion of elbow to cover nose and mouth when sneezing/coughing</p> <p>Engineering Control: None</p> <p>Administrative Control: None Management may provide tissues and alcohol hand rub in entrances and exits and along waiting. All toilet facilities should have adequate water and soap for handwashing.</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Practice respiratory etiquette at all times. Use tissue or inner portion of elbow to cover nose and mouth when sneezing/coughing</p> <p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Practice respiratory etiquette at all times. Use tissue or inner portion of elbow to cover nose and mouth when sneezing/coughing</p> <p>Engineering Control: None</p> <p>Administrative Control: Owners must provide tissues within the establishment</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>
1.2 Promote Mental Health	<p>Health emergencies can put people in extreme stress. Individuals may reach out to a professional through the telemedicine hotlines</p> <p>Engineering Control: None</p>	<p>Health emergencies can put people in extreme stress. Services to support mental health must be made available.</p> <p>Engineering Control: None</p>	<p>Health emergencies can put people in extreme stress. Individuals may reach out to a professional through the telemedicine hotlines</p> <p>Engineering Control: None</p>	<p>Health emergencies can put people in extreme stress. Individuals may reach out to a professional through the telemedicine hotlines</p> <p>Engineering Control: None</p>	<p>Health emergencies can put people in extreme stress. Services to support mental health must be made available.</p> <p>Engineering Control: None</p>

	<p>Administrative Control: Administrators must provide mental and psychosocial support such as but not limited to in-house counseling sessions, online counseling, support groups, etc.</p> <p>PPE: None</p>	<p>Administrative Control: Management must provide mental and psychosocial support such as but not limited to in-house counseling sessions, online counseling, and support groups to its employees</p> <p>PPE: None</p>	<p>Administrative Control: None</p> <p>PPE: None</p>	<p>Administrative Control: None Management can institute activities promoting mental wellbeing and overall health to their constituents including online programs and counseling. Communal online prayer activities</p> <p>PPE: None</p>	<p>Administrative Control: Management must provide mental and psychosocial support such as but not limited to in-house counseling sessions and support groups to employees and inmates</p> <p>PPE: None</p>
<p>1.3 Reduce exposure of vulnerable individuals (e.g., senior citizens, individuals with underlying health conditions) to prevent infection</p>	<p>Engineering Control: None</p> <p>Administrative Control: School administrators may offer alternative arrangements to personnel who are elderly, with underlying conditions, and pregnant.</p> <p>If alternative arrangements are not possible, designated areas in communal areas must be available to high-risk groups</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Engineering Control: None</p> <p>Administrative Control: Availability of designated areas or facilities for the elderly, individuals with underlying conditions, and pregnant women.</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Engineering Control: None</p> <p>Administrative Control: Operators and drivers may designate a specific area for the elderly, individuals with underlying conditions, and pregnant women within the vehicle and waiting area.</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Engineering Control: None</p> <p>Administrative Control: Officiators and religious leaders may designate a specific area for the elderly, individuals with underlying conditions, and pregnant women in the place of worship or offer alternative ways of participation (e.g. online, recorded mass, etc.)</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Engineering Control: None</p> <p>Administrative Control: Availability of designated lanes or areas for the elderly, individuals with underlying conditions, and pregnant women.</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>
<p>1.4 Provision of support for essential workforce (ex: financial, lodging, shuttle, food,etc.)</p>	<p>Engineering Control: Provision of temporary accommodations to employees, if necessary</p>	<p>Engineering Control: Provision of temporary accommodations to employees, if necessary</p>	<p>Engineering Control: Provision of temporary accommodations to employees, if necessary</p>	<p>N/A</p>	<p>Engineering Control: Provision of temporary accommodations to employees, if necessary</p>

	<p>Administrative Control: Provision of financial, transportation, food,</p> <p>PPE: Cloth mask for general public, or medical-grade protective apparel, depending on the intended user/setting</p>	<p>Administrative Control: Provision of financial, transportation, food,</p> <p>PPE: Cloth mask for general public, or medical-grade protective apparel, depending on the intended user/setting</p>	<p>Administrative Control: Provision of financial, transportation, food,</p> <p>PPE: Cloth mask for general public, or medical-grade protective apparel, depending on the intended user/setting</p>		<p>Administrative Control: Provision of financial, transportation, food,</p> <p>PPE: Cloth mask for general public, or medical-grade protective apparel, depending on the intended user/setting</p>
<p>1.5 Provision of support for vulnerable groups (ex. Social Amelioration Programs, Food Assistance)</p>	<ul style="list-style-type: none"> - Provision of benefits under the Social Amelioration Program to qualified beneficiaries as determined by DSWD Memorandum Circular No. 04, Series of 2020 - LGUs may further extend their support to other vulnerable groups (e.g. PWDs, women, IPs, IDPs, among others) as may be deemed necessary - Other NGAs shall continue or may further expand their assistance to the vulnerable groups as part of their mandates. - Private sector may also provide additional assistance and support to MARPs and vulnerable groups 				
<p>2. REDUCE TRANSMISSION</p>					
<p>2.1 Personal Hygiene (e.g. handwashing with soap and water, sanitizing with hand disinfectants, etc.)</p>	<p>Engineering Control: Placement of handwashing stations, hand sanitizers, and dispensers with an alcohol-based solution in all rooms, communal areas, and amenities especially eating areas.</p> <p>Administrative Control: Students and teachers must perform regular and thorough handwashing with soap and water. Allot a specific period of time for handwashing.</p> <p>Hand sanitizers or alcohol-based solutions must be available in all classroom</p>	<p>Engineering Control: Placement of handwashing stations, hand sanitizers, and dispensers with an alcohol-based solution in all rooms, communal areas, and amenities</p> <p>Administrative Control: Ensure routine monitoring and replacement of hand soaps, sanitizers, and other disinfectants in all rooms and public areas</p> <p>PPE: None</p>	<p>Engineering Control: Placement of hand sanitizers and dispensers with an alcohol-based solution in all vehicles, LRT/MRT, bus and train stations, and in all exits and entrances.</p> <p>Administrative Control: Ensure routine monitoring and replacement of hand soaps, sanitizers, and other disinfectants in all exits and entrances.</p> <p>PPE: None</p>	<p>Engineering Control: Placement of hand sanitizers and dispensers with an alcohol-based solution at strategic entry points</p> <p>Administrative Control: Ensure routine monitoring and replacement of hand soaps, sanitizers, and other disinfectants in all strategic entry points</p> <p>PPE: None</p>	<p>Engineering Control: Placement of handwashing stations, hand sanitizers, and dispensers with an alcohol-based solution in all rooms, communal areas, and amenities</p> <p>Administrative Control: Ensure routine monitoring and replacement of hand soaps, sanitizers, and other disinfectants in all strategic entry points</p> <p>PPE: None</p>

	<p>or school facilities</p> <p>Ensure routine monitoring and replacement of hand soaps, sanitizers, and other disinfectants in all classrooms, restrooms, etc.</p> <p>PPE: None</p>				
<p>2.2 Environmental Hygiene (e.g. disinfecting surfaces and objects, waste management, proper disposal of infectious wastes)</p>	<p>Disinfection of tables, doorknobs, desks, and school items using 0.5% bleach solution (100 mL Bleach, 900 mL water) at least twice a day</p> <p>Engineering Control: Placement of foot baths in all entrances (1:10 bleach solution; 1 litre bleach mixed with 9 litres of clean water)</p> <p>Administrative Control: Ensure routine cleaning of frequently touched surfaces and objects, and routine cleaning and replacement of disinfectant solutions in foot baths</p> <p>PPE: None</p>	<p>Regular disinfection of rooms, front desks, counters, and other frequently touched surfaces and objects such as key cards, door handles/knobs, elevator buttons, among others using 0.5% bleach solution (100 mL Bleach, 900 mL water)</p> <p>Engineering Control: Placement of foot baths in all entrances (1:10 bleach solution; 1 litre bleach mixed with 9 litres of clean water)</p> <p>Administrative Control: Ensure routine cleaning of frequently touched surfaces and objects, and routine cleaning and replacement of disinfectant solutions in foot baths</p> <p>Ensure implementation of proper food preparation and handling.</p>	<p>Disinfection of surfaces that are often touched by passengers using 0.5% bleach solution (100 mL Bleach, 900 mL water) at least every two hours</p> <p>Engineering Control: Placement of foot baths in all entrances (1:10 bleach solution; 1 litre bleach mixed with 9 litres of clean water)</p> <p>Administrative Control: Ensure routine cleaning of frequently touched surfaces and objects, and routine cleaning and replacement of disinfectant solutions in foot baths</p> <p>PPE: None</p>	<p>Regular disinfection of chairs, tables, cloths, relics, and other equipment using 0.5% bleach solution (100 mL Bleach, 900 mL water)</p> <p>Engineering Control: Placement of foot baths in all entrances (1:10 bleach solution; 1 litre bleach mixed with 9 litres of clean water)</p> <p>Administrative Control: Ensure routine cleaning of frequently touched surfaces and objects, and routine cleaning and replacement of disinfectant solutions in foot baths</p> <p>PPE: None</p>	<p>Disinfection of surfaces and frequently touched surfaces using 0.5% bleach solution (100 mL Bleach, 900 mL water) at least twice a day</p> <p>Engineering Control: Placement of foot baths in all entrances (1:10 bleach solution; 1 litre bleach mixed with 9 litres of clean water)</p> <p>Administrative Control: Ensure routine cleaning of frequently touched surfaces and objects, and routine cleaning and replacement of disinfectant solutions in foot baths</p> <p>PPE: None</p>

		<p>PPE: Surgical masks for front desk/concierge staff/staff stationed at entry points and at the lobby.</p> <p>Mouth cover and gloves for food preparers and handlers in the kitchen, buffet/hotel restaurants</p>			
<p>2.3 Use of PPE and other medical-grade protective apparel</p>	<p>Engineering Control: None</p> <p>Administrative Control: School administrators shall allocate appropriate PPEs to teachers, canteen vendors, maintenance, and security guards.</p> <p>PPE: School personnel who are in contact with students and school staff (security guards, maintenance crew, canteen handlers, etc.) must wear cloth masks at all times</p>	<p>Engineering Control: None</p> <p>Administrative Control: Hotel Management shall allocate appropriate PPEs to its hotel staff (e.g. concierge, maintenance, guards, etc)</p> <p>PPE: Hotel staff who are in contact with guests (security guards, concierge, maintenance, etc) must wear cloth masks at all times</p>	<p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: Drivers, Barkers, and conductors who are in contact with passengers must wear cloth masks at all times</p> <p>Personnel manning exits and entrances and those with high exposure to people entering must wear surgical mask</p>	<p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: Attendees may wear cloth face masks during mass and other religious gatherings</p>	<p>Engineering Control: None</p> <p>Administrative Control: Governing body with jurisdiction over prisons shall appropriate funds to provide PPEs to its essential employees and inmates</p> <p>PPE:Provision of cloth face masks for inmates and detained individuals</p>
<p>3. REDUCE CONTACT</p>					
<p>3.1 Practicing Physical Distancing</p>	<p>Practice physical distancing (at least 1 meter apart) in all communal areas</p> <p>Engineering Control: None</p> <p>Administrative Control: Restriction on mass</p>	<p>Practice physical distancing (at least 1 meter apart) in all areas</p> <p>Engineering Control: Placement of red marking tapes on the floor of front desks, buffet, and other</p>	<p>Practice physical distancing (at least 1 meter apart) in all areas</p> <p>Engineering Control: Placement of marks or temporary barriers in buses, trains</p>	<p>Practice physical distancing (at least 1 meter apart) in all areas</p> <p>Engineering Control: Placement of marks to guide attendees during communion or offertary services and</p>	<p>Engineering Control: Placement of temporary barriers between inmates and non-residents</p> <p>Administrative Control: Practice physical distancing</p>

	<p>gatherings that will require close contact (e.g. school activities, flag ceremony if physical distancing is not possible, etc.)</p> <p>Provide platforms for online learning, adjustment of teaching methods and schedules to allow for physical distancing.</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>amenities to guide guests to stay at least one meter apart from each other</p> <p>Installation of temporary barriers in concierge, front desks, etc.</p> <p>Administrative Control: Limitation on the number of guests inside the hotel, amenities (pool, buffet, etc.), and other public places</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Administrative Control: Passengers must keep a safe distance from other passengers</p> <p>Limitation on the number of passengers in public transportation including buses, jeepney, taxi, tricycles, and trains.</p> <p>Restrict motorcycle-sharing public transportation system</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>temporary barriers to separate attendees</p> <p>Administrative Control: If possible, religious authorities should release guidelines modifying religious practices to limit close contact, maintain physical distancing, and prevent cross-contamination of frequently touched surfaces and religious objects.</p> <p>Limitation on the number of attendees in churches and places of worship. But if possible, implement online religious services until further notice.</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>in all communal areas</p> <p>Temporarily suspend visitation privileges or provide alternative mechanisms (e.g. online visitations)</p> <p>Limit conduct of group activities within the facility</p> <p>Isolate symptomatic individuals</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>
<p>3.2 Modified Work Structures and Schedules, and alternative work arrangements</p>	<p>Engineering Control: None</p> <p>Administrative Control: Administrators should provide modified alternative structures and arrangements</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Engineering Control: None</p> <p>Administrative Control: Administrators should provide modified alternative structures and arrangements</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>

3.3 Limitation of non-essential services	N/A	N/A	N/A	N/A	N/A
3.4 Restriction on Mass Gatherings	<p>Engineering Control: None</p> <p>Administrative Control: Restriction on large gatherings (e.g. school activities, field trips, sports festivals, and flag ceremony, if physical distancing is not possible, etc.)</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Engineering Control: None</p> <p>Administrative Control: Limitation on the number of reservations to control the number of guests in the hotel</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Engineering Control: None</p> <p>Administrative Control: Limitation on the number of passengers in vehicles, buses, trains, and other public transportation</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Engineering Control: None</p> <p>Administrative Control: Provide multiple schedule of services or alternative practices to limit the number of attendees in religious services</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Engineering Control: None</p> <p>Administrative Control: None</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>
4. REDUCE DURATION OF INFECTION					
<p>Detection and isolation of Symptomatic Individuals (e.g. temperature scanning at entry points, symptom monitoring, etc.)</p>	<p>School administrators must provide alternative arrangements for students, teachers, and personnel (e.g. online meetings/classes, recorded classes, etc) with flu-like symptoms</p> <p>Engineering Control: None</p> <p>Administrative Control: School administrators and teachers must subject all students and personnel to temperature checks prior to entering the classrooms and facilities.</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Engineering Control: None</p> <p>Administrative Control: Hotel Management must subject all guests and employees to temperature checks prior to entering the hotel</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Individuals with flu-like symptoms must not go to any setting except for health-related concerns, if virtual consultation is not possible.</p> <p>Engineering Control: None</p> <p>Administrative Control: Operators and drivers must subject passengers to temperature checks prior to entering public transportation (e.g. buses and trains)</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Engineering Control: None</p> <p>Administrative Control: Officiators and Religious Leaders must subject all attendees to temperature checks prior to entering the place of worship</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>	<p>Engineering Control: None</p> <p>Administrative Control: Immediate isolation of suspected, probable, and confirmed cases in designated areas within the facility</p> <p>PPE: Cloth mask for general public or surgical mask for symptomatic individuals</p>

Annex B. Risk Severity Grading and Risk-based Public Health Standards

Intervention	Risk Severity ¹ Based on Classification Tool		
	Low	Moderate	High
OBJECTIVE NO. 1 Increase Physical and Mental Resilience			
Respiratory Hygiene and Cough Etiquette	Must Do	Must Do	Must Do
Promote Mental Health	Must Do	Must Do	Must Do
Reduce exposure of vulnerable individuals (e.g., senior citizens, individuals with underlying health conditions) to prevent infection	Can Do	Must Do	Must Do
Provision of support for essential workforce (ex: financial, lodging, shuttle, food, etc.)	Can Do	Must Do	Must Do
Provision of support for vulnerable groups (ex. Social Amelioration Programs, Food Assistance)	Can Do	Must Do	Must Do
OBJECTIVE NO. 2 Reduce Transmission			
Personal Hygiene (e.g. handwashing with soap and water, sanitizing with hand disinfectants, etc.)	Must Do	Must Do	Must Do
Environmental Hygiene (e.g. disinfecting surfaces and objects)	Must Do	Must Do	Must Do
Use of PPE and other medical-grade protective apparel	Can Do	Must Do	Must Do
OBJECTIVE NO.3 Reduce Contact			
Physical Distancing	Must Do	Must Do	Must Do
Modified Work Structures and Schedules, and alternative work arrangements	Can Do	Must Do	Must Do
Limitation on non-essential	Can Do	Must Do	Must Do

¹ Takes into account the case doubling rate and critical care utilization rate

Limitation of non-essential Services	Can Do	Can Do	Must Do
Restriction on Mass Gatherings	Can Do (50 individuals max)	Can Do (10 individuals max)	Must Do
Closure of Schools OR use of alternative learning modalities (e.g., online/distance learning)	Can Do	Must Do	Must Do
OBJECTIVE NO.4 Reduce Duration of Infection			
Detection and isolation of Symptomatic Individuals (e.g. temperature scanning at entry points, symptom monitoring, etc.)	Must Do	Must Do	Must Do

Annex C.1. Modification Potential Per Setting²

Setting	Contact Intensity	Number of Contacts	Modification Potential
Home	Low	Low	Low
Public Places			
Groceries	Medium	Medium	Medium
Wet Markets	Medium	Medium	Medium
Parks, playground, and other outdoor recreation spaces	Low	Low/Medium	Low
Athletic Fields	Medium	Medium	Low
Pools	Medium	Low/Medium	High
Beaches	Low	High	Medium
Communities	High	High	Low
Food and other service establishments			
Restaurants	Medium	Medium	Medium
Shopping Malls	Low	Medium	Medium
Salon, spas, and other personal care services	Medium/High	Low	Medium
Gyms/Fitness studios	Medium	Medium	Medium
Theaters, Museums	Medium	High	Medium
Outdoor large venues (concerts, sports)	High	High	Medium
Indoor large venues (concerts, sports)	High	High	Low
Offices and workplaces	High	Medium	High
Schools			
Childcare facilities (day care, play schools)	High	Medium/High	Low/Medium
Schools (elementary and high school)	High	High	Low

²Adopted from the *Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors*, John Hopkins University (2020), and modified to local context.

Universities	High	High	High
Residence Hall and other dormitories	High	Medium	Low
Hotels and other Accommodations	Medium	Medium	Medium
Transport and Ports of Entry			
Buses, PUVs	High	High	Medium
LRT/MRT	High	High	Medium
Airplanes	High	High	Medium
Taxis	High	Low	Low
Ports of Entry	High	High	Medium
Places of worship	High	High	Medium
Prisons and other places of detention	High	High	Medium

Annex C.2. Basis of Assessment Rating for Modification Potential Matrix

Criteria	Rating		
	Low	Medium	High
<i>Contact Intensity</i>	Individuals are only in contact for a brief period of time and they can easily practice physical distancing at all times(e.g. walking past someone)	Individuals are in contact for a longer period of time and are fairly distant from each other (e.g individuals in restaurants who are separated by several feet apart)	Individuals are in prolonged close contact (e.g. inmates sharing communal prison cells), and may not be able to practice physical distancing at all times
<i>Number of Contacts</i>	A few number of individuals in the setting at a given time	A small group of individuals in the setting at a given time	A large group of individuals in a setting at a given time
<i>Modification Potential</i>	Risk of transmission can be reduced through the use and provision of Personal Protective Equipment (e.g wearing masks, face shields, coverall, etc.)	Risk of transmission can be reduced through administrative controls (e.g. enforcing limits on the number of people allowed within an establishment)	Risk of transmission can be reduced through engineering controls (e.g. installation of temporary barriers and placement of red marking tapes on the floor, etc.)