



Republic of the Philippines
Department of Education
Region XI
SCHOOLS DIVISION OF DIGOS CITY

DIVISION MEMORANDUM
No. 067, s. 2021

January 18, 2021

WORKPLACE COVID-19 CASE MANAGEMENT

To: Assistant Schools Division Superintendent
Chief Education Supervisors (CID&SGOD)
All Schools Division Office Personnel
All School Heads
All Teaching, Teaching- Related and Non-Teaching Personnel
All Others Concerned

1. In reference to Regional Memorandum N. 65, series of 2020 entitled "Workplace COVID-19 Case Management", the field is hereby informed the Management of COVID-19 cases in the workplace to intensify the precautionary measures to protect the welfare of the workforce.
2. Contact tracing shall begin for suspect cases even while specimen collection for SARS-CoV-2 confirmatory testing from the suspect case is yet to commence, or while waiting for PCR results. This means generating the potential contact list and notifying the potential contacts.
3. Close contacts, suspect cases must be subject for quarantine. Monitoring under quarantine may be done by non-medical personnel of the Barangay Health Emergency and Response Team (BHERT) or a health personnel. The Health personnel of the Office should immediately coordinate with the Administrative Office and Local Health Office. Monitoring of cases under isolation and quarantine must be done by medical personnel for symptom management.
4. Other general contacts or individuals who may have been exposed, but do not fulfill the case definition of a close contact (close contacts of a close contact or suspect case, brief exposure for <15 mins, etc.) shall be advised to self-monitor and strictly adhere to minimum public health standards. If symptoms manifest, immediate self-isolation is strongly advised, contact BHERT, and inform the office health personnel.



5. Contact Tracing among the Workforce

- Office health personnel shall conduct contact tracing within the workplace to identify close contacts. Workplace CCTV may be used to determine close contacts.
- Health personnel shall ensure that close contacts of employees whose RT-PCR test confirmed positive undergo a 14-day quarantine period.
- During the 14-day quarantine, close contacts shall be required to regularly report to the office health personnel or designated personnel for any development, including new symptoms.
- Symptomatic employees should update the health personnel regarding their COVID-19 test results from a nationally accredited testing facility.
- Office health personnel must coordinate and adhere with the LGU's office policies and protocols for management and referral of COVID-19 cases.

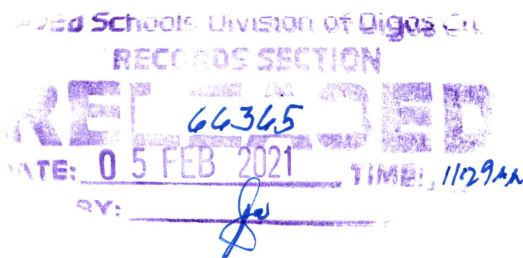
6. PhilHealth has available benefit packages for Community Isolation, Temporary Treatment, Monitoring Facilities and Inpatient care in COVID-19 referral hospitals which can be availed by learners, teaching and non-teaching personnel.

7. COVID-19 confirmed personnel may apply for medical reimbursement claims under the Employees Compensation through the Government Service Insurance System (GSIS), Employees Compensation Insurance Program of GSIS.

8. For your information, guidance and strict compliance.


CRISTY C. EPE

Schools Division Superintendent 





Republic of the Philippines
Department of Education
DAVAO REGION

Office of the Regional Director

December 23, 2020

REGIONAL MEMORANDUM
No. 65, s. 2020

WORKPLACE COVID-19 CASE MANAGEMENT

To : Assistant regional Director
Schools Division Superintendents
Regional Chiefs/Heads of Divisions/Section/Units
All other concerned

1. The Department of Education Region XI adheres to the health protocols to ensure the safety of all learners, teaching and non-teaching personnel. In line with the recent developments of the Public Health Emergency brought by the COVID-19 and with the continued local transmission and increase on the number of cases, this Regional Office issues the Management of COVID-19 cases in the workplace to intensify the precautionary measures to protect the welfare of the workforce.

2. The COVID-19 virus can be spread through droplets when an infected person speaks, coughs or sneezes. Transmission can also happen through contact with FOMITES that can enter the mouths, eyes or noses of people as well as surfaces up to one (1) meter away, and can survive for at least three (3) days depending on the material. The World Health Organization (WHO) recently added AIRBORNE transmission via micro-droplet suspension as one of the modes of transmission of COVID-19. Studies reveal that airborne transmission may be possible in health care settings, during aerosol-generating procedures (i.e. nebulization, cardiopulmonary resuscitation, endotracheal intubation, suctioning of secretions, etc.), and in small, closed, and confined spaces with little or no ventilation based on latest issuances of Department of Health (DOH).

3. Symptoms can take UP TO 14 DAYS from infection to show. The most COMMON SYMPTOMS are:

- Fever (not necessarily high fever)
- Dry cough
- Tiredness or fatigue
- Shortness of breath or difficulty in breathing
- Patients may, likewise, experience other non-specific symptoms such as sore throat, nasal congestion, headache, diarrhea, nausea and vomiting, and loss of



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smell(anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms.

- Some people are ASYMPTOMATIC—they do not show symptoms, but they are infected and can transmit the virus.

4. Classification of COVID-19 cases

SUSPECT:

A person who meets these criteria:

- Acute onset of fever AND cough; OR
- Acute onset of ANY THREE OR MORE of the following signs or symptoms: fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status
- A patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever of $> 38.0^{\circ}\text{C}$; and cough; with onset within the last 10 days; and who requires hospitalization).

PROBABLE:

- A patient who meets clinical criteria of a suspect case AND is a contact of a probable or confirmed case, or epidemiologically linked to a cluster of cases which has had at least one confirmed case identified within that cluster.
- A suspect case with chest imaging showing findings suggestive of COVID-19 disease
- A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause.
- Death, not otherwise explained, in an adult with respiratory distress preceding death AND who has a contact of a probable or confirmed case or epidemiologically linked to a cluster which had at least one confirmed case within that cluster.

CONFIRMED:

- Any individual who was laboratory-confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, and/or officially accredited laboratory testing facility.



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CLOSE CONTACT:

- Individual whose exposure should have happened two (2) days before or within 14 days from onset of symptoms of a confirmed or probable case:
 - Face-to-face contact with a probable or confirmed case within 1 meter and for at least 15 minutes (* DTI-DOLE Joint Memorandum Circular No. 2020-04-A further expands this among workers with or without a mask);
 - Direct physical contact with a probable or confirmed case;
 - Direct care for a patient with probable or confirmed COVID-19 disease without using recommended personal protective equipment; and
 - Other situations as indicated by local risk assessments in the workplace.
- 5. All employees and workers shall:
 - a. Always practice personal protective measures such as regular hand washing, wearing of face masks and face shield, physical distancing of at least 1 meter, and avoiding crowded places.
 - b. Self-isolate or just stay at home and not to report to work if COVID-19 like symptoms (fever, cough, sore throat, myalgia, flu-like illness) are observed. In such case, the employee shall inform his /her supervisor immediately.
 - c. Undergo risk exposure assessment and be subjected to contact tracing procedure if with exposure to COVID-19 suspect, probable or confirmed case, according to prescribed national guidelines set by the Department of Health and the Local Government Unit (LGU) and other workplace policies.
 - d. Adopt an appropriate alternative work arrangement upon discussion with and approval by the work supervisors subject to governing rules and regulations and other local personnel guidelines.
- 6. Contact tracing shall begin for suspect cases even while specimen collection for SARS-CoV-2 confirmatory testing from the suspect case is yet to commence, or while waiting for PCR results. This means generating the potential contact list and notifying the potential contacts.
- 7. Close contacts, suspect cases must be subject for quarantine. Monitoring under quarantine may be done by non-medical personnel of the Barangay Health Emergency and Response Team (BHERT) or a health personnel. The Health personnel of the Office should immediately coordinate with the Administrative Office and Local Health Office. Monitoring



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of cases under isolation and quarantine must be done by medical personnel for symptom management.

8. All close contacts shall be immediately placed under Home quarantine and must finish the 14-day period regardless of results.

9. Other general contacts or individuals who may have been exposed, but do not fulfill the case definition of a close contact (close contacts of a close contact or suspect case, brief exposure for <15 mins, etc.) shall be advised to self-monitor and strictly adhere to minimum public health standards. If symptoms manifest, immediate self-isolation is strongly advised, contact BHERT, and inform the office health personnel.

10. **CONTACT TRACING AMONG THE WORKFORCE**

- Office health personnel shall conduct contact tracing within the workplace to identify close contacts. Workplace CCTV may be used to determine close contacts.
- Health personnel shall ensure that close contacts of employees whose RT-PCR test confirmed positive undergo a 14-day quarantine period.
- During the 14-day quarantine, close contacts shall be required to regularly report to the office health personnel or designated personnel for any development, including new symptoms.
- Symptomatic employees should update the health personnel regarding their COVID-19 test results from a nationally accredited testing facility.
- Office health personnel must coordinate and adhere with the LGU's office policies and protocols for management and referral of COVID-19 cases.

11. A medical clearance must be presented by personnel who had undergone isolation or quarantine issued by the attending physician or by office medical officer.

12. PhilHealth has available benefit packages for Community Isolation, Temporary Treatment, Monitoring Facilities and Inpatient care in COVID-19 referral hospitals which can be availed by learners, teaching and non-teaching personnel.

13. COVID-19 confirmed personnel may apply for medical reimbursement claims under the Employees Compensation through the Government Service Insurance System (GSIS), Employee's Compensation Insurance Program of GSIS.



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14. Attached to this Memorandum is the Department of Health Handbook on COVID-19 Management and Prevention issued as of September 30, 2020.
15. For information, guidance and strict compliance.


EVELYN R. FETALVERO, CESO IV
Director III
Officer-In-Charge
Office of the Regional Director 

Enclosed: As stated

ROE/D4/mbm



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