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Tanggapan ng Pangalawang Kalihim

DepEd Task Force COVID-19
MEMORANDUM No. 95
18 August 2020

For: **Secretary Leonor Magtolis Briones**
Undersecretaries and Assistant Secretaries
Bureau and Service Directors
Regional Directors and BARMM Education Minister
Central Office Personnel

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

The DepEd Task Force COVID-19 (DTFC) issues the following **updated protocols** to guide the bureaus, services, and units **at the Central Office (CO)**, particularly in the detection, reporting, referral, handling, managing, and facilitating the testing of COVID-19 cases and close contacts among **the officials and all personnel at the CO**, regardless of status (e.g., including those under Contract of Service or Job Order).

This **new issuance**—still in support of DepEd Order No. 14, s. 2020 titled Guidelines on the Required Health Standards in Basic Education Offices and Schools—**incorporates new provisions** from the recent issuances of the Department of Health (DOH)¹ as well as **adjustments** necessitated by the issues encountered and lessons learned from the initial implementation of the **DTFC Memorandum No. 68**, titled Protocols in Handling, Management, and Testing of Reported Covid-19 Cases and Close Contacts at the Central Office, especially the need to provide immediate support and assistance to the **growing number of COVID-19 cases** in the CO, and effectively updates the said DTFC memorandum.

This issuance may also serve **as a reference for the Regional Directors and the BARMM Minister of Education in the issuance of their respective guidelines** for the

¹ In case the DOH has new updates or further changes in the provisions of their issuances where some of the provisions of this DTFC memo has been based (e.g., definition of close contact, testing protocol, requirement for home-quarantine, etc.), the latest provisions from the DOH shall prevail and shall be observed by all concerned. Any provision in this DTFC memo which shall be inconsistent with future DOH issuances shall automatically be amended or repealed accordingly. The DTFC constantly monitors and coordinates with the DOH for any new development on their issuances, and shall immediately issue, for the guidance of the Central Office and the field, any new changes or updates as relevant to DepEd.



Office of the Undersecretary for Administration (OUA)

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

Department of Education, Central Office, Meralco Avenue, Pasig City
Rm 519, Mabini Bldg; Mobile: +639260320762; Tel: +63286337203, +63286376207
Email: usec.admin@deped.gov.ph; Facebook/Twitter @depedtayo



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detection, reporting, referral, handling, managing, and facilitating the testing of COVID-19 cases and close contacts among their officials, personnel, and learners, **contextualizing the provisions in their respective settings and conditions**, including arrangements with their respective local government units (LGUs), as deemed appropriate and practicable.

I. Updated Definition of Terms

Asymptomatic	Means there are no symptoms
Confirmed COVID-19 case	Refers to any individual who tested positive for COVID-19 through laboratory confirmation at the national reference laboratory, subnational reference laboratory, or a DOH-certified laboratory testing facility
Close contact of a confirmed COVID-19 case	<p>A person who may have come into contact with a confirmed case two days prior to the onset of illness of the confirmed COVID-19 case until the time that said case test negative on laboratory confirmation or other approved laboratory test through:</p> <ol style="list-style-type: none"> 1. face-to-face contact with a confirmed case within one meter and for more than fifteen minutes; 2. direct physical contact with a confirmed case; 3. direct care for a patient with confirmed COVID-19 disease without using proper personal equipment; or 4. other situations as indicated by local risk assessments. <p>A person who was with a confirmed case in an enclosed space for at least two hours</p>
Suspect COVID-19 case	<p>A person who is presenting any of the conditions below:</p> <ol style="list-style-type: none"> 1. All severe acute respiratory infections (SARI) cases where no other etiology that fully explains the clinical presentation. 2. Influenza-like illness (ILI) cases with any one of the following: <ol style="list-style-type: none"> a. with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in an area that reported local transmission of Covid-19 disease during the 14 days prior to symptom onset; or b. with contact to a confirmed case or probable case of COVID-19 disease during the 14 days prior to the onset of symptoms. 3. Individuals with fever or cough or shortness of breath



	<p>or other respiratory signs or symptoms fulfilling any one of the following conditions:</p> <ol style="list-style-type: none"> a. Aged 60 years and above b. With a comorbidity c. Assessed as having a high-risk pregnancy; and/or d. Health worker.
Probable COVID-19 case	<p>A suspect case who fulfills any one of the following listed below:</p> <ol style="list-style-type: none"> 1. Suspect case whose testing for COVID-19 is inconclusive; or 2. Suspect who tested positive for COVID-19 but whose test was not conducted in a national or subnational reference laboratory or officially accredited laboratory for COVID-19 confirmatory testing; or 3. Suspect case who died without undergoing any confirmatory testing.

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

A. **General Guidelines**

1. Unless otherwise deliberately chosen/requested by the personnel concerned (e.g., for ease of contact tracing efforts, personal choice to help lessen stigma against confirmed cases, request for support, etc.) names and personal information of confirmed cases and close contacts shall be disclosed only to and kept confidential among the following:
 - a. Chairperson of the DTFC
 - b. Head of Office² of personnel concerned
 - c. Chairperson of the CO Task Force COVID-19
 - d. CO clinic doctor in coordinating with the relevant authorities on the case and with relevant DepEd offices for assistance (only relevant information shall be disclosed as required in coordination activities)
 - e. Bureau of Human Resource and Organizational Development (BHROD) Director and designated staff in charge assisting in PhilHealth requirements, and facilitating other assistance and other benefits (only relevant information shall be disclosed in coordination activities)
 - f. Bureau of Learner Support Services-School Health Division (BLSS-SHD) Chief and the Disaster Risk Reduction and Management Service (DRRMS) director and their designated staff in charge of providing necessary assistance as coordinated by the BHROD and preparing and releasing status reports (only relevant information shall be disclosed as required in reporting activities and other forms of assistance)



² For this document, **Head of Office** refers to the Undersecretary/Assistant Secretary/Bureau or Service Director supervising a specific strand/bureau/service/office/unit.

2. All personnel shall inform **within 24 hours** their immediate supervisor/Head of Office (Bureau/Service Director and ExeCom Lead) and the CO clinic medical doctor, if they are notified or they learn that they have been exposed to a close contact of a confirmed COVID-19 case or that they themselves are the close contact or the confirmed COVID-19 case. The CO clinic medical doctor shall immediately conduct the appropriate assessment and necessary intervention and shall take charge of informing the CO Task Force COVID-19 about the case.
3. The CO Task Force COVID-19, through the CO clinic medical doctor in close coordination with the Head of Office of the personnel concerned (personnel exposed to a close contact/suspect case/probable case, a close contact of a confirmed case, or a confirmed case), shall take charge of coordinating with the relevant authorities on the case and with relevant DepEd offices for assistance.
4. The CO Task Force COVID-19 is tasked to coordinate with the BHROD and the DRRMS and the BLSS-SHD for the provision of necessary assistance to personnel concerned. The BHROD shall assist the personnel concerned on their PhilHealth requirements and with the DRRMS and the BLSS-SHD, facilitate other forms of assistance that can be provided based on available resources.
5. The Head of Office of the personnel concerned shall take charge of preparing status reports and updates on the case while maintaining the confidentiality of the identity of the personnel concerned, and submitting the same to the CO Task Force COVID-19. The CO Task Force COVID-19 shall submit consolidated daily reports to the DTFC through the BLSS-SHD and the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.
6. The chairperson of the CO Task Force COVID-19 shall **within 24 hours upon being notified of a confirmed case or other complicated cases such as those that required emergency response (e.g., personnel needing critical care, personnel whose entire family get infected, etc.)** shall convene offices concerned through a teleconference to plan and discuss the **details of how the case will be managed**, according to the applicable protocol (e.g., Protocol OS-1, Protocol H-2, Protocol HC-3), depending on the circumstances surrounding the case.
7. The DepEd Complex, partially or entirely, may be put on lockdown, if warranted, upon the recommendation of the CO Task Force COVID-19 and the approval of the Executive Committee, based on the prevailing conditions per case, and in accordance with the agreed ways on how the case will be managed. A separate DTFC memorandum shall be issued providing guidelines on the declaration of lockdown in the Central Office.
8. The CO Task Force COVID-19 shall issue an advisory **within 24 hours from the confirmation** of information that a CO personnel has tested positive of COVID-19, especially if the personnel concerned physically reported to the office two days before the onset of symptoms. The advisory to be issued shall provide general information about contact tracing, disinfection efforts, and



other interventions done regarding the case, without necessarily disclosing the name and other personal information of the personnel concerned and their close contacts, unless otherwise specifically requested/decided upon by the personnel concerned. Follow-up advisories shall be issued at least every three days, or as frequently as necessary, to address possible concerns or allay fears of other personnel physically reporting to work.

9. To assist the Head of Office particularly in providing necessary psychosocial support to the personnel concerned, each office shall designate a Psychological First Aid (PFA) provider. The DTFC, through the DRRMS, shall provide PFA Training to all designated PFA providers in the CO.
10. The Head of Office shall also designate a technical staff to provide necessary support and assistance in case management, including the daily reporting of cases in their respective offices through the DTFC-developed reporting mechanisms.
11. The personnel concerned may only be allowed to physically report for work again upon presentation of applicable medical certificate or clearance. The Head of Office shall ensure the safe return to work of all personnel, including the necessary arrangements to support the reintegration to the workplace of recovered personnel (e.g., to help avoid discrimination).
12. All offices shall maintain a daily logsheet of all the persons entering their respective premises, with contact information, as a proactive measure in aid of possible contact tracing in the future.

B. Allocation of Resources for Assistance to Personnel Concerned

1. When hospitalization is not required, CO personnel concerned have the **option to stay at home** (when standards are met [own bathroom]) or at a **nationally-/LGU-managed temporary treatment and monitoring facility** of their choice or as designated by their Barangay Health Emergency Response Teams (BHERT). **If neither of these options is feasible (e.g., due to discomfort or anxiety)**, CO personnel are also given the **option to stay in a CO-designated quarantine facility where they will be provided by DepEd** with support and assistance in terms of transportation, monitoring, psychosocial support, medicines, food, and testing, if eligible and applicable. The CO-designated quarantine facilities are as follows:

a. NEAP Marikina

- i. NEAP Marikina is hereby designated as the quarantine facility **primarily** for:
 - (1) personnel who are symptomatic (but do not require hospitalization) with no known exposure to a confirmed case (as an extra precautionary measure internal to DepEd)
 - (2) personnel who are exposed to a symptomatic personnel (as an extra precautionary measure internal to DepEd)
 - (3) personnel who are exposed to a close contact/suspect case/probable case and who need to undergo self-observation and/or testing



- (4) personnel who are close contacts of a confirmed case
- ii. **A specified area of NEAP Marikina** is also designated for the quarantine of personnel who are confirmed cases of COVID-19 and are asymptomatic or with mild symptoms and do not require hospitalization.
 - iii. When warranted under **special circumstances** (e.g., the child of a positive case is also exposed and has no relative to attend to, several members of the family are staying in just one room, etc.), as determined and recommended by the CO Task Force COVID-19, and approved by the DepEd Task Force COVID-19, **immediate family members of personnel concerned** may also be quarantined in NEAP Marikina.
 - iv. A **CO Quarantine Management Team** is hereby created to take charge of the necessary arrangements for the conversion into and the subsequent management of NEAP Marikina as a temporary treatment and monitoring facility for COVID-19, ensuring that existing DOH guidelines are properly observed, and in coordination with appropriate health and local government authorities. As needed, NEAP Marikina shall be linked to the COVID-19 initiatives of the City Government of Marikina. A separate DTFC memorandum shall be issued, providing guidelines on the management of NEAP as a quarantine facility, and the composition, and the roles and responsibilities of the CO Quarantine Management Team.
- b. DepEd, through the DTFC, shall continue to explore institutional partnership(s) with the DOH or (an) LGUs through the DILG, for the accommodation of eligible personnel in the DOH's or the LGU(s)'s COVID-19 testing and quarantine facilities, especially in anticipation that NEAP Marikina may also reach its full capacity, if cases continue to increase, and to maximize the services offered by the LGUs.
2. The CO shall ensure the availability of **at least two standby vehicles** with **assigned drivers and accompanying persons** exclusive to the purpose of providing immediate and uninterrupted response and transportation to personnel concerned.
 3. The CO shall ensure the availability of funds to cover the aforementioned expenses related to the assistance to be provided to personnel concerned (e.g., transportation costs such as fuel, toll fees; PPEs for drivers and accompanying persons; quarantine costs such as accommodation, food, and medicines for those who stay in DepEd-designated quarantine facilities; test kits and/or payment for testing-related procedures, etc.)
 4. The CO clinic shall **hire a team of health care providers** (additional medical officers, nurses, administrative support staff, and other professionals as deemed necessary) to ensure the uninterrupted delivery of services and the smooth management of cases, including the necessary monitoring and follow-up, the supervision of NEAP Marikina, the coordination with DOH's/LGUs!



quarantine facilities, and other referral services. The CO clinic shall ensure the availability of at least two medical doctors to be on shifting duties: one, physically present at the CO clinic from 8:00 am to 5:00 pm, and another, from 5:00 pm to 8:00 am (on-site and/or on-call work assignment as necessary). The hired health care providers shall be paid the applicable benefits, and have a dedicated vehicle service during the performance of their work.

C. Personnel Responsibilities and Personal Obligations

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

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

Florentino “Boy” Barte Jr.	09158216184
Maritess “Tess” Ablay	09158665006
Dr. Rainerio “Rey” Reyes (CO clinic medical doctor)	09399129668

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

D. Personnel Leave Privileges

1. The Department shall continue to adopt the provisions under CSC MC No. 08



s. 2020 or the *Interim Guidelines on the Use of Leave Credits for Absences Due to Quarantine and/or Treatment Relative to COVID-19* and DepEd Order No. 11, s. 2020 or the *Revised Guidelines on Alternative Work Arrangements in DepEd during the Period of State of National Emergency Due to COVID-19 Pandemic* for CO personnel needing treatment and/or quarantine.

2. It is reiterated that CSC MC No. 08, s. 2020 shall apply to all public sector officials and employees regardless of status of appointment (permanent, temporary, provisional, substitute, coterminous, casual, contractual, or fixed term).

E. Overview of the Protocols

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

III. Updates on Testing for COVID-19

In view of the various requests and inquiries received by the DTFC for the testing of personnel for COVID-19, attention is invited to the relevant provisions on testing in **DO 14, s. 2020** (referencing to **DOH Memorandum No. 2020-0180** or the Revised Interim Guidelines on Expanded Testing for COVID-19), as well as more recent provisions in the **DOH Memorandum No. 2020-0258** or the Updated Interim Guidelines on Expanded Testing for COVID-19, and the **DOH Memorandum No. 2020-0258-A** or the Amendment



to Department Memorandum No. 2020-0258 entitled Interim Guidelines on Expanded Testing for COVID-19.

In following provision from the **DOH Memorandum No. 2020-01258**:

“Discharge and recovery criteria for suspect, probable, and confirmed COVID-19 cases shall no longer entail repeat testing. Symptomatic patients who have clinically recovered and are no longer symptomatic for at least 3 days and have completed at least 14 days of isolation either at home, temporary treatment and monitoring facility, or hospital, can be tagged as a recovered confirmed case and reintegrated to the community without the need for further testing, provided that a licensed medical doctor clears the patient. **Patients who test RT-PCR positive and remain asymptomatic for at least 14 days can discontinue quarantine and tagged as a recovered confirmed case without need for further testing**, provided a licensed medical doctor clears the patient.”

Given these new issuances and other developments (e.g., rapid antibody testing is no longer recommended; testing after the completion of prescribed quarantine of positive cases may no longer be required, etc.), the DTFC recommends the **necessary updating of the DepEd Testing Protocol** in DO 14, s. 2020. The DTFC, providing guidance to the CO Task Force COVID-19, also continues to coordinate with the DOH and other health authorities for the testing of eligible CO personnel, per existing DOH guidelines.

For the proper guidance of all.



ALAIN DEL B. PASCUA
Undersecretary
Chairperson, DepEd Task Force COVID-19



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Enclosure No. 1

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

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



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



Enclosure No. 2

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

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



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

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



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Enclosure No. 3

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

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



the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.



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Enclosure No. 4

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

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



to the DepEd Task Force COVID-19 (DTFC-19), through the BLSS-SHD and the DRRMS for inclusion in daily DepEd COVID-19 Situation Reports submitted to the Executive Committee.



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Enclosure No. 5

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

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



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



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Enclosure No. 6

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

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



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

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



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Enclosure No. 7

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

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



Enclosure No. 8

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

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



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Enclosure No. 9

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

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



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