



REVISED GUIDELINES FOR RESPONDING TO COVID-19 CASES AMONG STAFF & FACULTY FOR UP DILIMAN OFFICES AND UNITS

(Published September 2020)



UNIVERSITY OF THE PHILIPPINES
Diliman COVID-19 Task Force

Role of Post-ECQ Teams (PETs) and Health Liaison Officers (HeLOs)



Formation of PETs and HeLOs

Each office/unit shall form a Post-ECQ Team (PET) and/or designate a Health Liaison Officer (HeLO) as the main mechanism that guides the office or unit's COVID-19 response.

The PET and/or HeLO shall:

- a. Ensure the compliance of their office/unit to the University's guidelines;
- b. Undertake a risk assessment of their respective offices/units;
- c. Send a daily report to the UPHS-Public Health Unit (UPHS-PHU) regarding the number of suspected and positive COVID-19 cases in their office/unit, even zero number of cases.
- d. Assess their office's or unit's situation if a staff/faculty gets infected;
- e. Communicate directly with the UPHS-PHU regarding the situation of the patient and the office;
- f. Help plan and implement their offices or unit's response to the situation based on the UPHS-PHU's assessment and suggestions; and
- g. Update their respective office or unit on their co-worker's situation and UPHS-PHU assessment.

PETs and HeLOs



Risk Assessment

All offices and units undertake a risk assessment process spearheaded by the PETs and/or HeLOs. This process reviews all office work functions/activities and the risk associated with each function or activity. The level of risk exposure is based on: a) probability (or likelihood) that staff/faculty will be exposed to risk, and b) impact (or severity) of that particular risk should exposure occur.

The risk assessment will allow offices/units to better understand the potential risks in their workplace and informs the unit's decision and action when positive cases are reported. The risk assessment will also be the basis for the targeted testing among staff/faculty.

PETs or HeLOs will accomplish the risk assessment matrix (*see Appendix A*) and submit the assessment results to the UPHS-PHU by Sept. 14, 2020.

Basic Health and Safety Protocols in the Workplace



Strictly follow the post-ECQ guidelines of the university.

If you are not feeling well and/or experiencing one of the symptoms, **do not report for work**. This is a critical part of safety compliance and our first line of defense against the spread of the virus in the workplace.

While at work, wear face masks and face shields, and practice physical distancing and hand hygiene.

Staff/faculty fills out a health checklist every time they report for work which is part of our new work context.

The checklist will ask for health information and names of places and close contacts covering a certain period. This will facilitate future contact tracing.

All offices/units are encouraged to implement an online score-based health screening checklist by scanning the attached QR code (*see Appendix B*) which will be posted at the office's or unit's entrance. If an employee registers a score higher than 1, the employee will not be allowed to enter the premises and immediately escorted to the quarantine/holding room, where he/she will wait for the UPHS-PHU. Depending on the UPHS-PHU assessment, the employee may still be allowed to report for work.

Visitors will also fill out a score-based health screening checklist by scanning a different QR code (*see Appendix C*) which will also be posted at the office entrance. In case the visitor will not be allowed entry because of his/her score, the PET or HeLO will ask the visitor if he/she wishes to go to the UPHS-PHU for medical attention.

For the online checklist, each office/unit may provide a mobile phone or tablet at the office entrance which shall be used by their staff/faculty. These gadgets may also be covered in plastic or any material that will allow the assigned office staff to disinfect them easily.

We urge all units to start using the QR Code by the first week of September 2020.

In case there is no available facility to scan the QR code, the checklist may be accomplished manually by the staff/visitor (*see Appendix D for Staff and Appendix E for Visitors*).



Any staff/faculty who exhibits any of the COVID-19-related symptoms at work will be immediately isolated and brought to a designated holding area until medical help arrives.

The PET member or HeLO shall assist the staff/faculty in seeking immediate care by calling any of the following:

- a. UPHS Emergency Room:
8981-8500 loc. 111
- b. UP Barangay Health Emergency Response Team (BHERT):
8426-7997

The staff/faculty should inform their PETs or HeLOs of any update on their medical condition.

Steps in Responding to a Confirmed or Suspected Case

If a staff/faculty discloses that he/she tested positive for COVID-19 or has been exposed to a confirmed case, the PET or HeLO shall do the following:

1. Ask the staff/faculty to self-isolate or quarantine at home, and wait for further instructions from the UPHS-PHU within 24 hours. Staff/faculty should stop reporting for work and self-isolate for 10-14 days.
2. Inform the UPHS-PHU and facilitate contact tracing by providing the name and contact details of the staff/faculty.
3. The UPHS-PHU may be contacted via mobile number: **0947-4279281**. They will assess the situation, recommend, and identify who among the office's/unit's staff/faculty shall undergo a swab test, if necessary.
4. If self-isolation at home is not feasible due to any of the following reasons: over-crowding and/or presence of young children, elderly and persons with comorbidities, the patient may be referred to *Silungang Molave* or an appropriate isolation facility. (For a guide to home quarantine, see Appendix F).



1. Close contacts (CC) may also voluntarily self-disclose to the PET or HeLO who will refer them to UPHS-PHU. All close contacts will do self-quarantine for 14 days and to report any appearance/progression of symptoms to UPHS-PHU for further instructions.
2. Observing confidentiality, the PET and/or HeLO may facilitate contact tracing by introducing the UPHS-PHU staff to the concerned members of the unit or provide names and contact details of the concerned staff/faculty to the UPHS-PHU.
3. The PETs or HeLOs shall help in explaining to the staff/faculty who is considered a CC.
4. Close contacts are defined as those who:
 - a. Interacted with a confirmed positive and symptomatic (with symptoms) patient two (2) days prior to the onset of symptoms;

Or, interacted with a confirmed positive and asymptomatic (no symptoms) patient two (2) days prior to confirmation of the positive test result;
 - b. The interaction lasted for more than 15 minutes; and,
 - c. The persons involved did not wear face masks or were in an enclosed space or shared activities that breached physical distancing.

Examples of instances will also be provided to the office's/unit's staff/faculty for better identification and assessment (*see Appendix G*).

Contact Tracing



Communicating, Monitoring and Reporting Cases

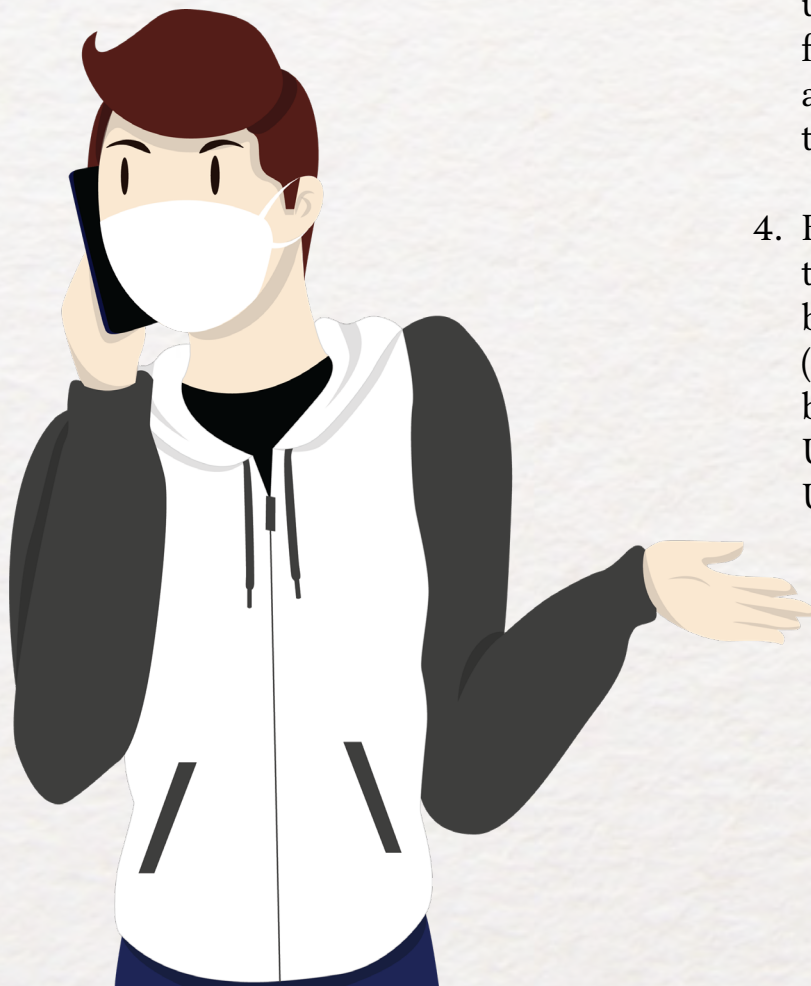
1. PETs or HeLOs communicate to their unit heads the status of cases and the appropriate action to be taken by their unit (e.g. office closure), as assessed by and in consultation with the UPHS-PHU.
2. PETS and/or HeLOs act as the main communication line between the UPHS-PHU and their office/unit. They provide regular updates on the COVID-19 situation in their units. For transparency, offices/units may disclose the number of people affected and the nature of activity that may have facilitated the transmission.

Units are urged to set up a communication mechanism for this. This shall help lessen the agitation and fear among the staff/faculty and the UP community as well.

3. The University is required by the Civil Service Commission to regularly report on the number of positive cases among our faculty and staff. Thus, the PET and/or HeLO shall submit daily reports to the UPHS-PHU, which in turn shall consolidate all office/unit reports. Please see 1.c.

For a standardized reporting system, units shall be provided an online form. This form shall be submitted automatically to the UPHS-PHU and the designated university server.

4. For a standardized reporting system, the online form may be accessed by scanning the attached QR code (*see Appendix H*). This form shall be submitted automatically to the UPHS-PHU and the designated University server.



Data Privacy and Confidentiality

1. Although disclosure of one's COVID-19 medical status is not mandatory due to privacy considerations, the unit shall encourage staff/faculty to report if they tested positive or have been exposed to a confirmed case. This is critical for monitoring cases in the workplace and community.

A common reason for non-disclosure by staff/faculty is the fear of being stigmatized, thus, all steps must be taken to assure that the affected person's identity is protected.

2. Identities of staff who were confirmed positive for COVID-19 and their close contacts must be kept confidential and may be divulged only to those identified by the UPHS-PHU or COVID-19 Task Force to do the contact tracing and case investigation.



Office closure and disinfection

1. When a workplace has a confirmed case, it must close until disinfection has been undertaken. Twenty-four hours is enough time for the virus to die naturally without a potential host, after which surface disinfection of offices can be done. (For a guide to disinfection and sanitation, see *Appendix I*).
2. Any extended office closure must be done in consultation with the UPHS-PHU, and depends on the findings from contact tracing, especially if a significant number of people in the unit have been exposed.
3. Depending on the office condition and situation and UPHS-PHU recommendation, units may consider giving staff/faculty a few days to recover from the possible mental stress before reopening offices.
4. Units shall exercise prudence in deciding to shut down an entire building.



Returning to work



Any faculty or staff who underwent quarantine must submit any of the following to the PET or HeLO before they may return to work:

1. Medical clearance from the UPHS-PHU, or
2. Quarantine completion certificate from the barangay or isolation facility.

Addressing fear, anxiety, and stigma



1. Fear and anxiety are expected to affect staff/faculty mental health and well-being. All are encouraged to consult the following offices for help:

- a. UPHS Counselling Services:
Telemedicine 8981-8500 loc. 2702

- b. PsycServ:
8981-8500 loc. 2496 or 0916-757-3157

- c. UP Pahinungod:
psp.updpahinungod@gmail.com

Also, staff/faculty and offices may not be conscious of stigmatizing attitude and statements. Labeling a place as a source of contagion or avoiding persons working in these places do not prevent transmission. Droplets from the mouth and nose, as well as movement and interaction of people without safety protection, are the main causes the virus spreads.

2. Fear, in times of uncertainty and risk, is understandable. Units may organize online “Kumustahan” to check in, to reach out, know how each one is doing, and support each other. One way to support others is to follow safety protocols to protect everyone in the workplace.

Additional Health and Safety Protocols

1. Implementation of the following are advised:
 - a. Put in place mechanisms that will prevent staff/faculty from congregating in large numbers, including meal time. Meals may be scheduled to prevent more than 2-3 staff/faculty eating together.
 - b. If possible, use electric fans to allow for sufficient air flow.
 - c. For airconditioned rooms, open windows twice a day for at least 30 minutes to generate enough airflow.
2. In our own communities, avoid engaging in group activities such as parties, boodle fights, social drinking, excursions, and the like. Be aware that recent COVID-19 cases on campus have been traced to community activities such as these.
3. Any UPD community member (students, faculty and staff) exhibiting any of the COVID-19 symptoms should proceed to the UPHS for assessment and consultation. The UPHS is open 24/7 to help in the assessment and swab-testing, if needed, of patients.



Send Questions to UP Diliman COVID-19 Task Force or UPHS-PHU



Any COVID-19 related information or question may be addressed to the UP Diliman COVID-19 Task Force (covid19.taskforce@upd.edu.ph) or to the UPHS ([0947-4279281](tel:0947-4279281)).





Produced by UP Diliman Information Office for the UP Diliman COVID-19 Task Force

Risk Matrix

Risk Assessment Matrix					
Level of Risk					
Probability	Impact				
	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Very High (5)	5	10	15	20	25
High (4)	4	8	12	16	20
Medium (3)	3	6	9	12	15
Low (2)	2	4	6	8	10
Very Low (1)	1	2	3	4	5

Value	Probability	Definition
5	Very High	At least once a day
4	High	At least once a week
3	Medium	At least once a month
2	Low	At least once every 6 months
1	Very Low	At least once a year or rarely

Value	Impact	Definition
1	Very Low	Little to no impact on testing activities or to the personnel performing the activity
2	Low	Minimal changes to work environment resulting in delays in testing activity
3	Medium	Medium impact due to changes in work environment and/or equipment resulting in ambiguous/inaccurate test results
4	High	Marked impact due to high personal risk on personnel performing activities resulting in threat to health and safety or great compromise to the operations of the facility
5	Very High	Very high impact that directly results in injury to personnel involved and can potentially disrupt all operations

Lab Risk Assessment for Philippine Genome Center - Clinical Genomics Laboratory											Ver.1.1 as of 30 Mar 202
SR#	Area	Activity/Process	Quality Concerns / Risks	Initial Risk Assessment			Existing Controls	Residual Risk Assessment			Further Controls Needed
				Severity Rating	Likelihood	Risk Rating		Severity Rating	Likelihood	Risk Rating	
1	Field Activities	Sample Collection	Inactivation of nasopharyngeal/oropharyngeal swab specimen - risk of infection	5	4	20	On-site heat inactivation (water bath or dry heat) 60 degrees C for at least 30 minutes after sealing with parafilm; procedure done prior to transport	2	2	4	
2	Lab Activities	Sample collection	Mislabeling of specimen	4	3	12	Patient identifiers with printed labels including the following details: Name, Patient ID, specimen type, date collected Sample collection sheet forwarded to receiving section, who performs a readback to confirm the contents of each labeled specimen to their respective patient identifiers.	5	1	5	Reject samples with incomplete/unverifiable patient identifiers.
3	Lab Activities	Sample collection	Samples proceed outside of quarantined sections of the facility	3	3	9	Samples are inactivated prior to arrival at the facility; dedicated receiving bay separate to main entrance with direct access to the testing lab via the service elevator, bypassing sections of the facility outside of the quarantined area.	2	1	2	
4	Lab Activities	RNA Extraction	Overflowing of tips in amber biohazard bags resulting in puncture and spillage	2	4	8	Placement of "do not overfill" sign and indicator line on bag to encourage early replacement of amber biohazard bags	1	2	2	
5	Lab Activities	RNA Extraction	Spillage of used tips in amber biohazard bags upon sealing	2	4	8	Use of a handheld sealer to close the bag in an upright fashion	1	1	1	
6	Lab Activities	Test Performance	Inundation of staff due to number of tests performed resulting in errors	4	3	12	Limit number of tests performed to 20 per shift per staff member; keep staff at specific test stage stations to minimize errors	2	2	4	
7	Lab Activities	Test Performance	Inexperience of volunteers working in COVID-19 screening lab	3	4	12	Buddy system with experienced staff member for every shift to facilitate checking and learning of protocols; evaluation and screening of volunteers prior to inclusion in workforce	2	3	6	Hire additional staff to reduce reliance on volunteers
8	Lab Equipment	Autoclave	Improper disinfection of used equipment	2	2	4	Monthly calibration to assure appropriate function	1	1	1	
9	Lab Equipment	N95 masks (PPE)	Poor fit of masks on laboratory staff (failed "fit-ness test")	4	4	16	Assign staff that fail "fit-ness test" to areas not requiring N95 mask PPE	1	1	4	
10	Lab Equipment	Biosafety cabinet	Failure due to power outage	4	2	8	BSC certified and hooked to UPS with AVR; backup generators with 16 hours operational capacity (<8 second delay)	1	1	1	
11	Lab Layout	Access	Shared entrance with neighboring laboratory	1	4	4	Deny access to other facilities on the third floor (location of COVID-19 screening lab) until interim segregation panel is placed to limit access to authorized personnel only	1	1	2	

UNIVERSITY OF THE PHILIPPINES
Diliman, Quezon City

HEALTH CHECKLIST FOR FACULTY/STAFF RE-ENTRY

To be able to monitor and control the spread of COVID-19 infection within the campus, the faculty and staff are requested to accomplish this health checklist every time they re-enter their workplace. The university ensures that any sensitive personal information contained herein shall be kept confidential and protected under the Data Privacy Act of 2012. If needed, information from this health checklist may be used to facilitate contact tracing efforts by the University Health Service Public Health Unit (UHS-PHU) and/or the Local Government Unit (LGU).

College/Unit: _____ Department/Institute: _____

Name: _____ Body Temperature: _____

Please check the appropriate answers.

1. In the past 14 days, I have experienced

- body pains
- headache
- sore throat
- fever
- diarrhea
- cough
- colds
- shortness of breath
- loss of taste
- loss of smell
- none of the above

2. I have stayed in the same close environment with a confirmed COVID-19 case in the past 14 days.

- Yes
- No
- I am not aware.

3. I have had contact with somebody with body pains, headache, sore throat, fever, diarrhea, cough, colds, shortness of breath, loss of taste, or loss of smell for the past 14 days.

- Yes
- No

4. When did you last report for work? _____

5. Since then until today, I have been to the following places (besides my home):

6. I have had Rapid-Antibody Test.

- Yes (Result: _____ Date done: _____)
- No

7. I have had RT-PCR Swab Test.

- Yes (Result: _____ Date done: _____)
- No

Signature: _____ Date: _____

Health Screening

Name: _____ Date _____

Temperature: _____

Yes No 1. Do you have any history of exposure to COVID-19 patient in the last 14 days?
(Ikaw ba ay may nakasamang may COVID-19 sa nakaraang 14 na araw?)

Yes No 2. Do you have history of travel to an area with high COVID-19 transmission?
(Kayo po ba ay nanggaling sa lugar na may mataas na bilang ng COVID-19?)

Yes No 3. Do you have any symptoms such as sorethroat, body pains, headache, fever and flu like symptoms (cough, colds, fatigue) in the last 14 days?
(Mayroon po ba kayong masakit na lalamunan pananakit ng katawan, sakit ng ulo, lagnat at trangkaso (ubo, sipon, pagkahapo) sa nakaraang 14 na araw?)

Name and Signature
(Pangalan at lagda)

Health Screening

Name: _____ Date _____

Temperature: _____

Yes No 1. Do you have any history of exposure to COVID-19 patient in the last 14 days?
(Ikaw ba ay may nakasamang may COVID-19 sa nakaraang 14 na araw?)

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Name and Signature
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Health Screening

Name: _____ Date _____

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Name and Signature
(Pangalan at lagda)

Health Screening

Name: _____ Date _____

Temperature: _____

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(Mayroon po ba kayong masakit na lalamunan pananakit ng katawan, sakit ng ulo, lagnat at trangkaso (ubo, sipon, pagkahapo) sa nakaraang 14 na araw?)

Name and Signature
(Pangalan at lagda)

UNIVERSITY OF THE PHILIPPINES
Diliman COVID-19 Task Force

MGA GABAY SA HOME QUARANTINE (KUWARANTENA SA TAHANAN)

Ang gabay na ito ay para sa mga sumusunod:

- a) nag-positibo sa COVID-19
- b) naging close contact ng isang taong nag-positibo sa COVID-19
- k) naghihintay ng resulta ng test, may sintomas man o wala
- d) nagbyahe mula sa ibang lugar at kailangang tiyaking wala itong madedebelop na sintomas

1. Manatili sa tahanan.

Iwasan ninyo ang mga aktibidad sa labas ng tahanan, maliban sa pagpapagamot ng karamdaman. Huwag munang pumasok/pumunta sa trabaho, paaralan o pampublikong lugar, at huwag sumakay sa pampublikong transportasyon o mga taxi.

2. Ihiwalay ang sarili sa ibang tao sa inyong tahanan.

Hangga't maaari, manatili sa kuwarto na hiwalay sa mga tao sa inyong tahanan. Bukod dito, gumamit kayo ng hiwalay na banyo, kung mayroon.

3. I-monitor ang temperatura tatlong beses sa isang araw.

4. Tumawag muna bago bumisita sa inyong doktor.

Kung kayo ay magkalagnat (may temperaturang 38 °C o higit pa), o magkaroon ng mga respiratoryong sintomas, tumawag sa UP Health Service (UPHS) emergency room upang ipaalam sa kanila na ikaw ay pupunta sa UPHS upang magpasuri.

5. Isuot ang face mask.

Isuot ang inyong face mask kung kayo ay nasa loob ng kuwarto kasama ang ibang tao at kung kayo ay bibisita sa tagapagbigay ng pangangalagang pangkalusugan. Kung hindi makakapagsuot ng face mask, ang mga taong kasama ninyo sa tirahan ay kinakailangang magsuot ng face mask habang kasama ninyo sila sa iisang kuwarto.

6. Takpan ang ubo at bahing.

Takpan ang inyong bibig at ilong ng tisyu kung kayo ay uubo o babahing, o maaari kayong umubo o bumahing gamit ang manggas ng inyong damit. Itapon ang tisyu sa basurahang may supot sa loob (line trash can), at agad na hugasan ang inyong mga kamay ng sabon at tubig nang hindi bababa sa 20 segundo.

7. Maghugas ng mga kamay.

Hugasan ang inyong mga kamay nang madalas at lubusan gamit ang sabon at tubig nang hindi bababa sa 20 segundo. Maaari kayong gumamit ng alcohol-based sanitizer kung walang sabon at tubig na magagamit at kung hindi ganoon kadumi ang inyong mga kamay. Iwasang hawakan ang inyong mga mata, ilong at bibig ng maruruming mga kamay.

8. Iwasang maghiraman ng gamit sa bahay.

Huwag ipahiram ang mga pinagkakainan, iniinumang baso, tasa, kagamitan sa pagkain, tuwalya, sapin sa higaan o iba pang mga kagamitan sa ibang tao sa inyong tahanan. Matapos gamitin ang mga ito, hugasang mabuti ng sabon at tubig.

9. I-monitor ang mga sintomas.

Humingi ng agarang atensiyong medikal kung lumalala ang inyong sakit (hal. nahihirapang huminga). Bago magpunta sa UPHS, tumawag muna upang ipaalam sa kanila na ikaw ay naka-quarantine sa inyong tahanan para sa pagmo-monitor ng mga sintomas ng COVID-19. Makatutulong ito sa doktor ng UPHS upang mapaghandaan ang inyong pagdating.

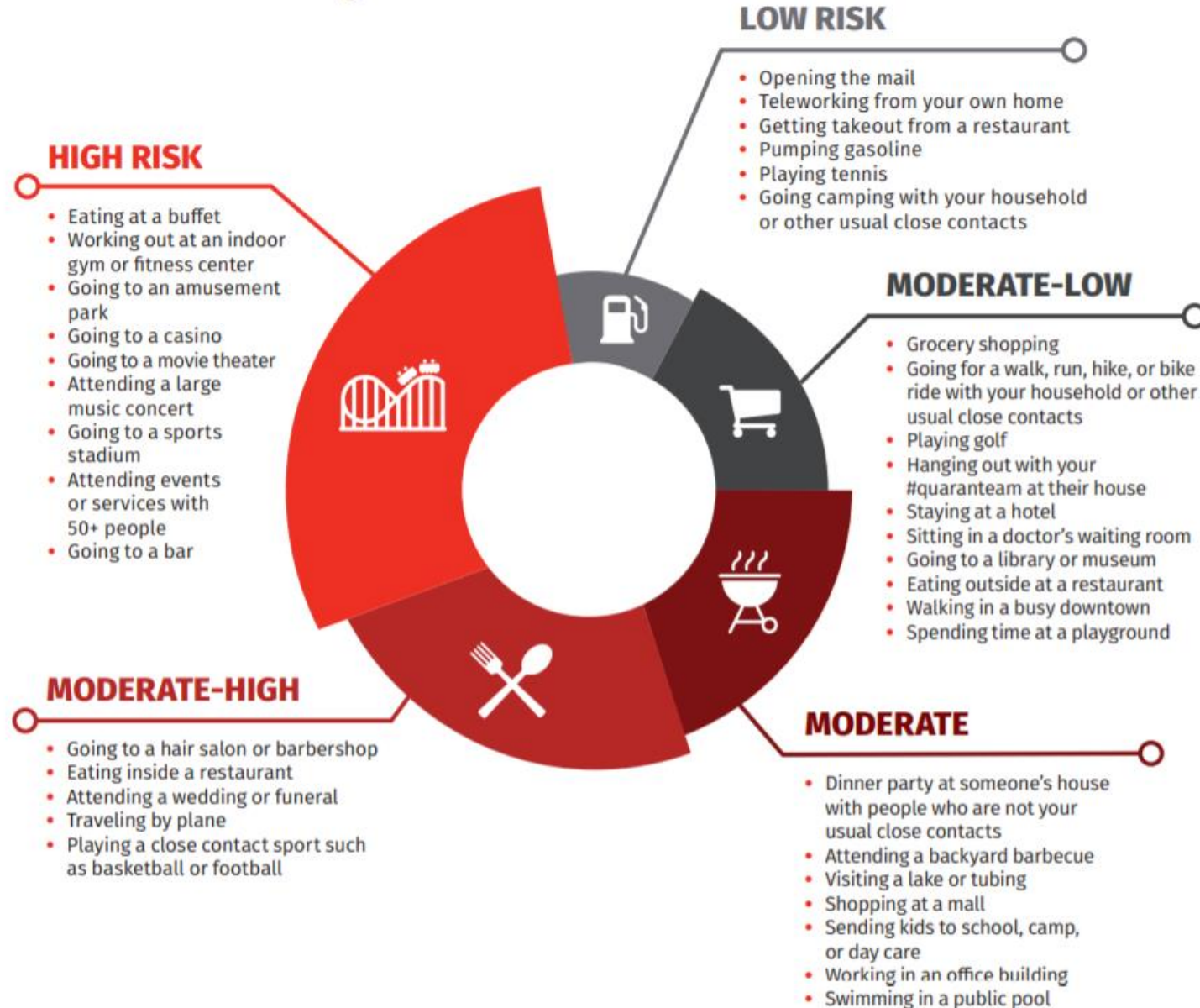
Mga Numero ng Telepono:

UP Health Service: 8981-8500 loc 111
8928-3608

UP Campus Barangay Health Emergency Response Team (BHERT): 8426-9779

COVID-19 RISK INDEX

Know Your Risk During COVID-19



WORKER EXPOSURE RISK TO COVID-19 (OSHA)

Classifying Worker Exposure to SARS-CoV-2

Worker risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may depend in part on the industry type and need for contact within 6 feet of people known to have, or suspected of having, COVID-19.

OSHA has divided job tasks into four risk exposure levels, as shown below. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.

Occupational Risk Pyramid for COVID-19

VERY HIGH EXPOSURE RISK

Jobs with a high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers include:

- Healthcare and morgue workers performing aerosol-generating procedures on or collecting/handling specimens from potentially infectious patients or bodies of people known to have, or suspected of having, COVID-19 at the time of death.

HIGH EXPOSURE RISK

Jobs with a high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

- Healthcare delivery, healthcare support, medical transport, and mortuary workers exposed to known or suspected COVID-19 patients or bodies of people known to have, or suspected of having, COVID-19 at the time of death.

MEDIUM EXPOSURE RISK

Jobs that require frequent/close contact with people who may be infected, but who are not known or suspected patients. Workers in this category include:

- Those who may have contact with the general public (e.g., schools, high-population-density work environments, some high-volume retail settings), including individuals returning from locations with widespread COVID-19 transmission.



The four exposure risk levels represent probable distribution of risk.

CASE

- Someone who has COVID 19 and has a positive RTPCR test for SARSCOV2
- A **SUSPECT OR A PROBABLE CASE** is someone exposed to a case who develops symptoms even if they have not had a test yet.

CONTACTS

- Someone who had contact with a case while they were infectious during their illness and 2 days before their illness began.

CLOSE CONTACTS

- Someone who may not have had any physical contact at all but was close to the person who's infectious.
- They were within 6 feet of the person for at least 15 mins or more (without proper protection). 6 ft is the distance that respiratory droplets can travel.

Physical contact

- Anyone who had direct physical contact with someone who is infectious is at risk of infection.

Proximate contacts

- People who have been in the same room for extended period, maybe an hour or more with an infectious person, but they were more than 6 feet away.
- They have had contact with the same surface

ISOLATION

- Keeps sick people separate from healthy people.
- Restricted to home or hotel
- Separate space in hospital to limit contact for the duration of infectiousness.
 - 2 days before onset
 - At least 10 days after onset of symptoms must be improving and no fever within 24 hrs

QUARANTINE

- Restricts movement and contact of healthy people who have been exposed
- For 14 days since the last contact with the person who is infected.

Calculating the isolation and quarantine period

Mon	Tue	Wed	Thu	Fri	Sat	Sun
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
2	3	4	5	6	7	8

How to Quarantine for close contacts

- Try to not to have contact with other people, except if you need to see a doctor. If you live with other people , try to find another place to stay; or use your own bedroom and bathroom. If you can't avoid being around other people, you should always wear a face mask. The mask should be completely cover your nose and mouth. You must complete the 14-day quarantine period.
- Quarantine restricts movement of healthy people who have been exposed.
- Quarantine duration is for 14 days since the last contact with the person who is infected.



Daily COVID-19 Status Report

UNIVERSITY OF THE PHILIPPINES HEALTH SERVICE

GABAY SA PAGLILINIS AT PAG-DISINFECT NG MGA OPISINA

Ang pagdi-disinfect ay isang proseso o paraan nang pagtanggap ng mga mikrobyo upang hindi ito maging sanhi ng pagkakasakit ng mga tao. Para maging epektibo, kinakailangan na ang mga gamit at ibabaw (surface) ay nalinis muna nang mabuti gamit ang tubig at sabon. Pagkatapos nito, isusunod ang pag-disinfect gamit ang sodium hypochlorite (Zonrox para sa puti).

Sa pag-disinfect ng mga dingding, muebles at equipment, ang tamang sukat ay 1:100 ng sodium hypochlorite (Zonrox). Ibig sabihin, sa bawat 100 baso ng tubig ay magdadagdag ng isang (1) basong Zonrox. Sa pag-disinfect ng sahig, ang sukat ay 1:10 dilution, o sa bawat 10 baso ng tubig ay magdadagdag ng isang baso ng Zonrox.

Narito ang mga steps sa paglilinis at pag-disinfect.

1. Tanggalin ang mga beddings, kurtina at anupamang labahin. Ilagay sa plastic bag at dalhin sa laundry.
2. Simulan ang paglilinis gamit ang maligamgam na tubig + detergent solution. Sundan ito ng 10 ml Zonrox solution + 99- ml tubig. Linisin ang mga curtain rods, frames ng bintana, upuan at electric fans.
3. Linisin ang mga dinding magmula sa itaas pababa.
4. Linisin ang kama (una: warm water + detergent solution, at sundan ng Zonrox solution.
5. Linisin ang mga furniture (lockers, la mesa, upuan, etc.)
6. Linisin ang toilet (lababo, salamin, toilet bowl, door handle)
7. Linisin ang sahig gamit ang Zonrox solution (100 ml Zonrox + 900 ml tubig). I-mop mabuti ang sahig pagkatapos bigyan ng 30 minutes contact time.
8. Banlawan ang mop head. I-mop muli ang sahig gamitin ang malinis na mop head.
9. Pagkatapos maglinis: tanggalin ang mop head at hugasan ito sa isang timba na may sabon at tubig.
10. Maghugas maigi ng kamay sa tubig at sabon. Tuyuin.
11. Buksan ang mga bintana at isara ang pinto.