

UNIVERSITY OF THE PHILIPPINES

DILIMAN

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OFFICE OF THE CHANCELLOR

28 January 2022

MEMORANDUM NO. FRN-22-007

FOR : All Deans, Directors, and Heads of Units
Administrative Officers, Post-ECQ Teams (PETs) and
Health Liaison Officers (HeLOs)

SUBJECT : Updated Guidelines for Physically Reporting and Returning-to-Work
Personnel (as of 26 January 2022)

The UP Diliman COVID-19 Task Force further amends and updates the University's Guidelines released on 31 December 2021 (Memo No. FRN 21-174) and 5 January 2022 (Memo No. FRN 22-001) to reflect the raised alert level and the changes in the DOH guidelines on quarantine and isolation, and the use of RT-PCR tests.


Please comply with the updated guidelines and disseminate to all personnel. Also, kindly note the significant changes regarding the shortened period for quarantine and isolation and the appropriate use of RT-PCR and rapid antigen tests.

Except for those returning from a research-related travel, personnel are no longer required to submit a Return-to-Work (RTW) Form. Instead, they should submit a Health Screening Form every time they physically report for work.

Please note that these guidelines are to be observed by physically-reporting personnel in all essential offices as well as by personnel reporting for work after the extended work-from-arrangement until 4 February 2022.

For any questions, you may contact the UP Health Service-Public Health Unit at uphspublichealth.upd@up.edu.ph.

Thank you again for your cooperation. Stay safe.


FIDEL R. NEMENZO, D.Sc.
Chancellor



UNIVERSITY OF THE PHILIPPINES DILIMAN

Return to Work Form

Part 1: Self-Certification

PERSONAL DETAILS [1]	
Name:	Job Title:
College/Department/Office/Unit:	Category: Faculty: <input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent REPS: <input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent Staff: <input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent
Email address:	*Non-Permanent includes Lecturers, UP Contractual, Non-UP Contractual, JOs, CoS, Project-based
Contact number:	
Vaccination details	1 st dose: 2 nd dose Booster
TRAVEL DETAILS	
Date/s of applied leave/travel:	Date Returned to Work:
Mode/s of transportation used: <i>(Please check all that apply)</i> <input type="checkbox"/> Personal vehicle (Car, motorcycle, etc.) <input type="checkbox"/> Airplane <input type="checkbox"/> Boat/Ship <input type="checkbox"/> Jeepney <input type="checkbox"/> Rented/Carpool <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Others, please specify: _____	
Place/s visited/frequented: <i>(Please list down all places that you have visited/frequented during your leave/travel. You may use the back of this form or another sheet of paper if needed.)</i>	

Lodging:

- Own house/residence
- Motel/Hostel

- Hotel
- Transient Houses/Dorms

- Bed and Breakfast
- Others, please specify:

Food: *(How and where did you take your meals?)*

- Shared meals at home
- Delivery

- Restaurant/Fast Food: Dine-In
- Restaurant/Fast Food: Take-out

- Drive-Through
- Others, please specify:

ACTIVITIES AND SOCIAL INTERACTIONS

Please list down all the activities you held and/or participated in during your leave/travel. Do not forget to indicate the number of participants for the said activity, including immediate household/family members. You may use the back of this form or another sheet of paper if needed.

<i>Activity</i>	<i>Number of participants</i>

I hereby certify that information presented in this form is true and accurate to the best of my knowledge.

Full name and signature:

Date:

Part 2: Return To Work Assessment *(To be completed by Post-ECQ Team or Health Liaison Officer)*

Name of Post-ECQ Team Lead/Health Liaison Officer:	Date of RTW Assessment:
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QUARANTINE AND CLEARANCE

1. Did the personnel undergo a quarantine? YES NO
How many days?

2. Did he/she submit a Medical Clearance from the UP-Health Service?

Name of Attending Physician: _____

Date of consult: _____

RETURN-TO-WORK ORDER

Did the personnel fully accomplish his/her Return-to-Work Form? YES NO

Is the personnel fit to work (based on the submitted Medical Clearance and RTW Form)? YES NO

Recommended date for personnel to return to work: _____

Post-ECQ Team Lead/Health Liaison Officer

Date

APPROVED BY:

Head of Unit

Travel risk assessment:

References:

1. https://www.nj.gov/health/cd/documents/topics/NCOV/INFCONT_exp_risk_assess_template_patients_postacute.pdf
2. https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf
3. https://coronavirus.idaho.gov/wp-content/uploads/2021/05/Managing-Resident-Quarantine-After-Non-medical-Outings_FINAL_2021_4_30.pdf
4. <https://www.covid19.act.gov.au/stay-safe-and-healthy/advice-for-high-risk-settings>
5. <https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/vaccination-considerations-for-workplaces.html>



#TatagUP
Tugon ng UP Diliman sa Hamon ng COVID-19



Updated Guidelines for Physically Reporting and Returning-to-Work Employees

28 January 2022

Considering the rapid increase in the number of COVID-19 cases in UP Diliman due to the Omicron variant and the raising of Alert Level 3 in NCR, the UP Diliman COVID-19 Task Force further amends and updates the University's guidelines released on 31 December 2021 (Memo No. FRN 21-174) and 5 January 2022 (Memo No. FRN 22-001) to reflect the raised alert level, the changes in the DOH guidelines on quarantine and isolation, and the use of RT-PCR tests.

Principles

These guidelines adhere to the following principles adapted from the UP System Guidelines for the Gradual Reopening of Campuses.

- *Public safety is paramount, trumping individual preferences. The rights of an individual end where the rights of another begin. Where individual preferences undermine public safety, the greater good shall always prevail.*
- *Health, safety, and progress (are a) shared responsibility. Each constituent is answerable to oneself, to one's family, and his or her wider community. Meticulous adherence to protocols and consistent self-regulation among UP's constituents will enable the University to open its workplace, even to a limited extent.*

1. Daily Submission of Health Screening Form (for personnel physically reporting for work)

All units and offices shall strictly implement a daily health screening using thermal scanners and health screening forms.

Before reporting for work, personnel shall accomplish and submit a health screening form to their health liaison officer (HeLO), Post-ECQ Team (PET), administrative officer, or unit head. This shall be done each time the staff is expected to be physically present at the office. The QR code below may be used to access the health screening form.



HeLOs, administrative officers, or PETs shall find ways to verify the personnel's health status for the day. All symptomatic personnel shall be referred immediately to the UP Health Service-Public Health Unit (UPHS-PHU) through this referral form: <https://tinyurl.com/reportedcase>.

Employees who have symptoms (regardless of perceived mildness) shall be advised to consult with UPHS--either via telemedicine or face-to-face consultation—for proper assessment, management, and clearance.

Telemedicine appointments can be booked through this site: uphs.appointlet.com. For face-to-face appointments, employees may go directly to the UPHS Emergency Room (ER).

Final assessment will be done by UPHS-PHU. The result of the medical consultation will determine which action/s will be deemed advisable: to go on *quarantine or isolation*, to *undergo an RT-PCR test*, to *take a rapid antigen test*, or to *return to work*. *In case of a quarantine recommendation*, quarantine shall constitute a work-from-home arrangement.

Personnel are no longer required to submit a return-to-work form, except for staff returning from a research-related travel. (See Item #11)



2. When to Report or Return to Work

As a preventive measure, symptomatic personnel shall work from home (WFH) while waiting for advice from UPHS-PHU/UPHS physician or test result before reporting physically for work.

Only the following personnel may physically report for work:

- a) those who have no symptoms
- b) those whose symptoms have disappeared after the required period of quarantine or isolation
- c) those who tested negative for COVID-19 and have no symptoms

Personnel who have symptoms must be seen by UPHS and their health condition validated in order to continue working from home. They must also submit a medical assessment from UPHS to their unit.

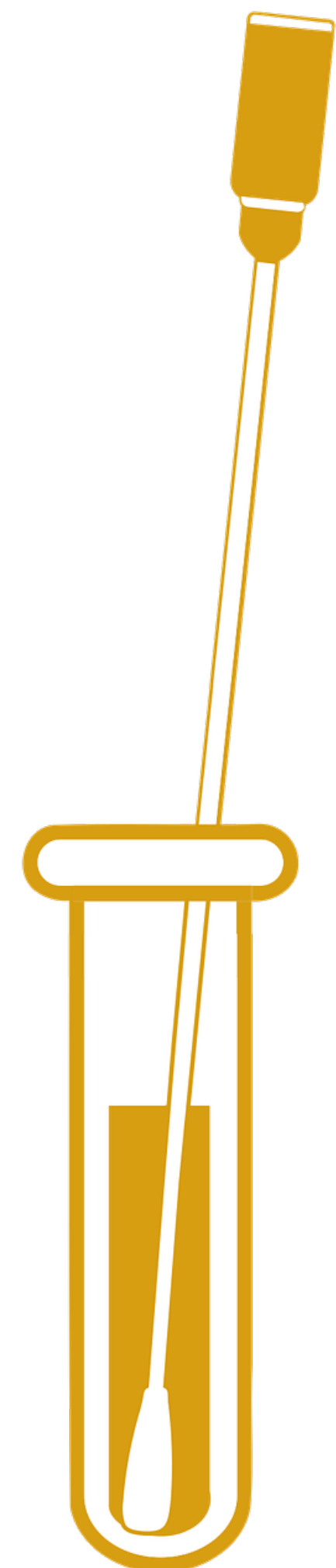
3. When to Take an RT-PCR Test

Under the new DOH guidelines, RT-PCR testing is only necessary for health workers, senior citizens, and those with comorbidities.

In the case of those who belong to the general public, the recommendation is to undergo the appropriate quarantine or isolation period for those who have symptoms and/or are close contacts of confirmed positive cases. From these guidelines, the following personnel shall be advised to take an RT-PCR test periodically:

- a) health workers and staff of UPHS and PGC (A1)
- b) personnel who are senior citizens and have symptoms (A2)
- c) personnel who have comorbidities and have symptoms (A3)
- d) personnel who have been categorized as “Very High Risk” or “High Risk” (after the risk assessment in late 2020 and early 2021) because of the nature of their work (especially in the case of those in essential offices)

If warranted, concerned personnel shall submit their case investigation form (CIF) to UPHS-PHU for assessment and scheduling. HeLOs may coordinate with UPHS-PHU to facilitate the scheduling of RT-PCR tests, which shall be covered by UP Diliman.



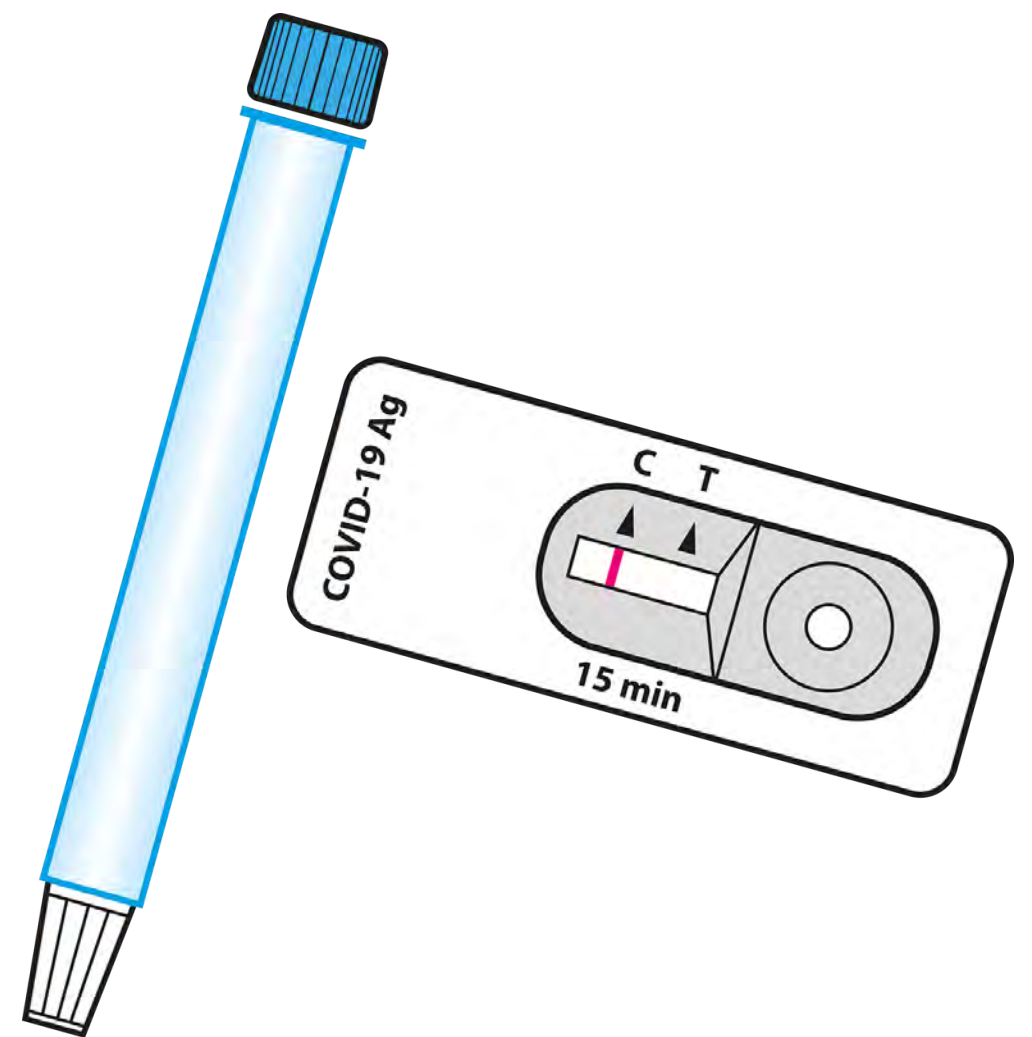
4. When to Take a Rapid Antigen Test

Personnel who do not fall under the categories A1, A2, or A3 but *exhibit symptoms and/or have been exposed to a confirmed positive case* shall be advised to either take a rapid antigen test or simply undergo the required quarantine period without taking any test.

High risk UPD personnel, however, may opt to take a rapid antigen test in place of an RT-PCR test.

If warranted, concerned personnel shall submit their case investigation form (CIF) to UPHS-PHU for assessment and scheduling. HeLOs may coordinate with UPHS-PHU to facilitate the scheduling of rapid antigen tests, which shall be covered by UP Diliman.

A confirmatory RT-PCR test may be scheduled for personnel who have symptoms but whose rapid antigen test resulted negative. In this case, the cost of RT-PCR shall be covered by PhilHealth. However, quarantine or isolation shall be the main mode of responding to symptomatic individuals.



5. Who Should Undergo Quarantine or Isolation

Under the new DOH guidelines, strict symptom screening and monitoring are the main modes of managing cases. Thus, emphasis is placed on quarantine and isolation to prevent disease transmission.

Quarantine or isolation shall be advised for the following personnel:

- a) those who tested positive in their RT-PCR or rapid antigen test
- b) those who have symptoms however mild
- c) those who have been exposed to a confirmed positive case

Quarantine refers to the separation and restriction of movement of those who have been exposed to a contagious disease but are otherwise well to see if they become sick.

Isolation refers to the separation and restriction of movement of those who are sick with a contagious disease from those who are well.

6. Length of Quarantine or Isolation Period for Vaccinated and Unvaccinated Personnel

The length of period for quarantine or isolation that will be recommended by UPHS-PHU will depend on the following:

- a) risk exposure to COVID-19 [whether one is a confirmed positive or has symptoms (probable) or is a close contact (suspect)]
- b) vaccination status of personnel [i.e., fully vaccinated, or partially vaccinated or unvaccinated]

Employees who are fully vaccinated [completed two doses of a COVID-19 vaccine (or one dose in case of Janssen) or two doses and a booster] are at a lower risk of becoming ill with COVID-19 but still are at some risk for becoming infected and then potentially spreading the virus to others even if they have no symptoms.

Employees who are not fully vaccinated or unvaccinated (received one dose of a COVID-19 vaccine or none) are at a greater risk of becoming seriously ill with COVID-19 and spreading the virus to others.

Table 1: Updated Isolation Period for Asymptomatic & Mild Cases

		Probable Case (with symptoms) or Positive Mild Case	Positive Asymptomatic Case
GENERAL PUBLIC	Fully Vaccinated	7 days from onset of symptoms	7 days from date of test
	Partially Vaccinated or Unvaccinated	10 days from onset of symptoms	10 days from date of test
		*Must strictly continue wearing mask during isolation. Isolation may be extended as long as symptoms remain.	

Table 2: Updated Quarantine Period for Asymptomatic Close Contacts

		How long and from when?	When can they reintegrate?	Is testing needed to reintegrate?
GENERAL PUBLIC	Fully Vaccinated	5 days from exposure	Remained without symptoms for 5 days	NO
	Partially Vaccinated or Unvaccinated	14 days from exposure	Remained without symptoms for 14 days	NO
		*Must strictly continue wearing mask during quarantine. Quarantine may be extended as long as symptoms remain.		

Source for Tables 1 and 2: DM No. 2022-0013 DOH Guidelines on Quarantine, Isolation, Testing for COVID-19 Response and Case Management for the Omicron Variant, updated as of January 14, 2022.

7. Testing of Security Guards, Utility Workers, and Other Agency-Hired Personnel

As a rule, COVID-related and other health tests of security guards, utility workers, and other agency-hired personnel are done through the agencies. UP Diliman, however, shall assist in providing free rapid antigen tests to these workers.

HeLOs, administrative officers, and PETS shall also submit the list of agency-hired workers that need to be tested to Dr. Oliva Basuel at osbasuel@up.edu.ph for assessment and scheduling.

A confirmatory RT-PCR test may be scheduled for personnel who have symptoms but whose rapid antigen test turned negative. In this case, the cost of RT-PCR shall be covered by PhilHealth. However, quarantine or isolation shall be the main mode of responding to symptomatic individuals.

8. Vaccination and Booster Shots

To make the workplace safe for everyone, personnel are highly encouraged to get vaccinated or get their booster shots immediately. Vaccination schedules will be announced by UPHS at a later time.

Employees are encouraged to go to their local government unit vaccination sites to get their primary series and/or booster shots.

9. On Unvaccinated or Partially Vaccinated Personnel

Because of the ordinances and regulations issued by local governments and national government agencies restricting the movement of unvaccinated or partially vaccinated individuals, it is advised that UPD personnel who fall under this group shall continue to WFH during this period.

For those who perform essential functions and cannot do WFH, a certificate shall be issued by the home unit attesting to the essential nature of their work. On-site arrangements shall also be made to ensure a safer workplace for all personnel. This may include allocating a separate space for the concerned personnel to ensure physical distancing, and other alternatives.

Measures to mitigate the potential effect of mixing individuals with different vaccination statuses shall be formulated in consultation with personnel.



10. WFH Arrangements and Skeleton Workforce

Offices and units shall operate on a mixed arrangement of WFH and skeleton workforce (SW). Physically reporting staff shall be reduced to 30-50 percent at any given time.

For offices and units performing essential functions, they shall determine the appropriate size and schedule of their SW based on their respective workload while adjusting for additional safety restrictions in the workplace.

Office capacity shall consider physical space, ventilation, and other pandemic-related safety restrictions.

11. Research-related Travel

Research and fieldwork may be conducted by university staff subject to unit guidelines and supervision.

Any faculty, REPS, or staff travelling outside of NCR for research must secure a travel order from their unit. A travel order is issued by the unit head or project leader and approved by the Chancellor, subject to health and safety requirements.

Research staff must undergo strict quarantine for seven (7) days and must have no symptoms prior to the scheduled travel. The requirement of an RT-PCR or rapid antigen test will be subject to the guidelines of the destination LGU. Cost of COVID-related tests for research staff may be covered by project funds.

Upon return from travel, they must submit a return-to-work form (please see Appendix A), undergo a mandatory quarantine, and seek medical clearance from UPHS before reporting for work. Quarantine, in this case, shall constitute a WFH arrangement.



12. Strict Adherence to Health and Safety Protocols in the Workplace

The same health and safety protocols apply in the current COVID-19 situation, even with the presence of the highly transmissible Omicron variant. What is critical is the compliance with these protocols.

Unit heads must ensure that these protocols and conditions for compliance are in place and monitored. All staff must observe the following:

- a) Submit health screening form and take their temperature before entering office premises.
- b) Wear face mask (preferably, surgical mask) and face shield properly at all times.
- c) Practice physical distancing of at least two meters.
- d) Practice hand hygiene.
- e) Ensure the office has proper ventilation. Open windows and use electric fans to generate air circulation.
- f) Do not report for work if you feel any symptom (cough, fever, headache, diarrhea, body malaise, etc.).
- g) Do not eat meals together.
- h) Inform the office if you are living with or caring for a COVID-19-positive, acutely or chronically ill, individual at home.
- i) While waiting for your COVID-19 test result, you must immediately self-isolate. Once the result is received, follow the doctor's instructions regarding quarantine or isolation.
- j) Secure a medical clearance from UPHS before reporting for work, after quarantine or isolation, or after taking a sick leave.

For any questions, please contact the UPHS-Public Health Unit at UP trunkline loc. 2719 or at 0947-4279281.





Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

January 14, 2022

DEPARTMENT MEMORANDUM

No. 2022- 0013

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT (CHD); MINISTER OF HEALTH- BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM); CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; DOH ATTACHED AGENCIES AND INSTITUTIONS AND ALL OTHERS CONCERNED

SUBJECT: Updated Guidelines on Quarantine, Isolation, and Testing for COVID-19 Response and Case Management for the Omicron Variant

I. BACKGROUND

The presence of a highly transmissible COVID-19 variant, Omicron, highlights the need for adaptive changes to ensure continued availability of health and essential services. Because mass vaccination has significantly reduced the individual's chances of getting severe disease and dying, our policies and guidelines on testing, quarantine and isolation are being updated to reflect the current state of information and achieve a favorable risk-benefit ratio.

Based on the current Omicron situation and updated recommendations from the Philippine COVID-19 Living Recommendations and Department of Health (DOH) Technical Advisory Group (TAG), these guidelines are hereby issued to update protocols for isolation, quarantine and testing for COVID-19 across all age groups, as stipulated in the provisions of Department Memorandum No. 2020-0512 "Revised Omnibus Interim Guidelines on Prevention, Detection, Isolation, Treatment, and Reintegration Strategies for COVID-19" that were reiterated in the DOH Administrative Order No. 2021-0043 "Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions". However, this does not preclude the DOH to revert to previously issued protocols and issue necessary updated guidelines based on current evidences and trends.

II. IMPLEMENTING GUIDELINES

A. QUARANTINE OF ASYMPTOMATIC CLOSE CONTACTS

1. Fully vaccinated asymptomatic close contacts of individuals with symptoms, suspect, probable, or confirmed cases shall quarantine for at least 5 days from the date of the last exposure. Quarantine can be discontinued at the end of the set quarantine period if they have remained asymptomatic during the whole recommended quarantine period regardless if testing has been done and resulted negative.

2. Partially vaccinated or unvaccinated asymptomatic close contacts of individuals with symptoms, suspect, probable, or confirmed cases shall quarantine for at least 14 days from the date of the last exposure. Quarantine can be discontinued at the end of the set quarantine period if they have remained asymptomatic during the whole recommended quarantine period regardless if testing has been done and resulted negative.
3. All asymptomatic close contacts shall not be required testing unless symptoms will develop, and should immediately isolate regardless of test results.
4. All asymptomatic close contacts shall conduct symptom monitoring for at least 14 days, regardless of shortened quarantine period. They shall strictly observe minimum public health standards, including physical distancing, hand hygiene, cough etiquette, and wearing of masks, among others, regardless of vaccination status.
5. Hospital Infection Prevention and Control Committees (IPCC), Health Offices from Provinces, Highly Urbanized Cities, and Independent Component Cities coordinated with their corresponding hospital IPCC, and other sectors authorized by the IATF with strict industry regulations on infection prevention and control (IPC) shall be authorized to implement further shortening of quarantine duration up to 0 days for their fully vaccinated workers with boosters who are close contacts based on the institution's individualized risk and needs assessment.
6. Intensive contact tracing and testing of asymptomatic close contacts are not recommended priority interventions in areas with large scale community transmission.

B. ISOLATION OF INDIVIDUALS WITH SYMPTOMS AND SUSPECT, PROBABLE, AND CONFIRMED CASES

1. All asymptomatic and fully vaccinated confirmed cases, shall isolate for at least 7 days from sample collection date. Isolation can be discontinued without the need for repeat testing, provided they have remained asymptomatic during the whole recommended isolation period. If symptoms develop within or after the prescribed period, the individual shall complete the required days of isolation depending on the severity of symptoms.
2. All asymptomatic and partially vaccinated or unvaccinated confirmed cases, shall isolate for at least 10 days from sample collection date. Isolation can be discontinued without the need for repeat testing, provided they have remained asymptomatic during the whole recommended isolation period. If symptoms develop within or after the prescribed period, the individual shall complete the required days of isolation depending on the severity of symptoms.
3. All individuals with symptoms and suspect, probable, and confirmed cases presenting with mild symptoms, including individuals under priority groups A2 and A3 who are fully vaccinated, shall isolate for at least 7 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24

hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.

4. All individuals with symptoms and suspect, probable, and confirmed cases presenting with mild symptoms, including individuals under priority groups A2 and A3 who are partially vaccinated or unvaccinated, shall isolate for at least 10 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.

same duration of isolation for both mild and moderate??

5. All individuals with symptoms and suspect, probable, and confirmed cases presenting with moderate symptoms, regardless of vaccination status, shall be isolated for at least 10 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.
6. All individuals with symptoms and suspect, probable, and confirmed cases presenting with severe and critical symptoms, regardless of vaccination status, shall be isolated for at least 21 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.
7. All symptomatic immunocompromised confirmed cases, as outlined below, shall be isolated for at least 21 days from onset of signs and symptoms, regardless of vaccination status. These shall include patients with:
 - a. Autoimmune disease
 - b. HIV
 - c. Cancer/ malignancy
 - d. Undergoing steroid treatment
 - e. Transplant patients, and
 - f. Patients with poor prognosis or bed-ridden.

Isolation can be discontinued upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms. Repeat RT-PCR testing shall also be recommended for this group. If results turn out negative, they may be discharged from isolation. If results turn out positive, refer to an Infectious Disease Specialist who may issue clearance and discharge if warranted.

8. Hospital IPCC, city and provincial health offices coordinated with provincial or city HIPCC, and other sectors authorized by the IATF with strict industry regulations on IPC shall be authorized to implement further shortening of isolation protocols up to 5 days for their fully vaccinated workers with boosters who are suspect, probable, and

confirmed cases whether asymptomatic, mild, or moderate, based on the institution's individualized risk and needs assessment.

9. Repeat testing nor medical certification is not required for the safe reintegration into the community, except for immunocompromised individuals. Time based isolation is sufficient provided the affected individual remains asymptomatic.

C. TESTING PRIORITIZATION

1. Testing, especially using RT-PCR, shall be recommended and prioritized for instances where the result of testing will affect the clinical management. Specifically, this will include those who are at risk for developing severe disease such as Priority Groups A2 (persons above 60 years old) and A3 (persons with comorbidities).
2. Testing, especially using RT-PCR, shall also be recommended and prioritized for groups at highest risk for infection such as Priority Group A1 or healthcare workers as deemed necessary.
3. Testing using Antigen tests shall be recommended only for symptomatic individuals and in instances wherein RT-PCR is not available, consistent with previously issued guidelines.
4. Testing shall be optional for other groups not stated above, including for community level actions wherein case management of probable and confirmed cases remain the same. Specifically:
 - a. Testing shall NOT be recommended for asymptomatic close contacts. Instead, symptom monitoring is recommended. Should testing still be used, testing should be done at least 5 days from the day of last exposure.
 - b. Testing shall NOT be recommended for screening asymptomatic individuals.
5. All government agencies and instrumentalities, as well as private sectors are recommended to align with the updated guidelines on quarantine, isolation, and testing for COVID-19 response consistent with the new policy directions. Implementation of the updated testing policy with regards to other agency's guidelines shall take effect as indicated there.

D. HOME QUARANTINE AND ISOLATION

1. Department Circular 2022-0002 "Advisory on COVID-19 Protocols for Quarantine and Isolation" provisions on home quarantine and isolation for individuals with no symptoms, mild symptoms, and moderate symptoms and for step-down management are further clarified that in extreme circumstances (e.g. unavailability of TTMFs, and multiple household members are infected with no single rooms available), individuals who are suspected of COVID-19 may be placed together in a shared room provided that the bed shall be spaced at least 2 meters apart, with proper ventilation, and temporary partitions to ensure patient privacy shall be placed between them.
2. To ensure promotion of their psychosocial well-being, individuals in quarantine and isolation are recommended to maintain and continue lines of communication to family

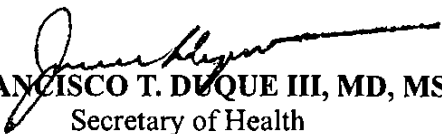
and friends. They may also download the DOH Lusog-Isip Mobile Application for free (available in both Apple store or Google play store) or access the National Center for Mental Health (NCMH) Crisis Hotline or the DOH Regional Helplines (See Annex C) for mental health and psychosocial support concerns.

3. All quarantined and isolated individuals, including locally stranded individuals, are recommended to be quarantined or isolated in the area in which they are located instead of being transported to outside of their area of origin to undergo quarantine or isolation.

III. REPEALING CLAUSE

DOH DM 2020-0258 and 0258-A “Updated Interim Guidelines on Expanded Testing for COVID-19”, DM 2020-0512 “Revised Omnibus Interim Guidelines on Prevention, Detection, Isolation, Treatment, and Reintegration Strategies for COVID-19”, and other issuances inconsistent with or contrary to this DM are hereby repealed, amended, or modified accordingly. All other provisions of existing issuances which are not affected by this DM shall remain valid and in effect.

For strict compliance.


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

Annex A: Summary of Updated Quarantine and Isolation Protocols

		General Public	Healthcare workers and authorized sectors**
QUARANTINE			
Asymptomatic close contact	Fully vaccinated	At least 5 days from exposure***	At least 5 days from exposure IPCC may shorten up to 0 days if with booster
	Partially Vaccinated or Unvaccinated	At least 14 days from exposure	At least 14 days from exposure
ISOLATION			
Asymptomatic case	Fully vaccinated	At least 7 days* from positive test (sample collection date)	At least 7 days* from positive test (sample collection date) IPCC may shorten up to 5 days if with booster
	Partially Vaccinated or Unvaccinated	At least 10 days* from positive test (sample collection date)	At least 10 days* from positive test (sample collection date)
Symptomatic, suspect, probable or confirmed case with MILD symptoms	Fully vaccinated	At least 7 days* from onset of symptoms	At least 7 days* from onset of symptoms IPCC may shorten up to 5 days if with booster
	Partially Vaccinated or Unvaccinated	At least 10 days* from onset of symptoms	At least 10 days* from onset of symptoms
Symptomatic, suspect, probable or confirmed case with MODERATE symptoms	Regardless of vaccination status	At least 10 days* from onset of symptoms	At least 10 days* from onset of symptoms
Symptomatic, suspect, probable or confirmed case with SEVERE and CRITICAL symptoms	Regardless of vaccination status	At least 21 days* from onset of symptoms	At least 21 days* from onset of symptoms
Immunocompromised <i>*Autoimmune disease, HIV, Cancer/ Malignancy, Transplant Patients, Undergoing steroid treatment, Patients with poor prognosis/ Bed-ridden patients</i>	Regardless of vaccination status	At least 21 days* from onset of symptoms with negative repeat RT-PCR	At least 21 days* from onset of symptoms with negative repeat RT-PCR

*Isolation can be discontinued upon completion of the required days, provided that, they shall not develop fever for at least 24 hours without the use of any antipyretic medications and shall have improvement of respiratory symptoms. Except for immunocompromised individuals, repeat testing nor medical certification is not required for safe reintegration into the community. Time based isolation is sufficient provided the affected individual remains asymptomatic.

** Hospital IPCC, PHO coordinated with provincial HIPCC, and other sectors authorized by the IATF with strict industry standards on IPC shall be authorized to implement further shortening of quarantine and isolation protocols for their fully vaccinated workers with boosters who are close contacts, suspect, probable, and confirmed cases whether asymptomatic, mild, or moderate, based on the institution's individualized risk and needs assessment.

*** All asymptomatic close contacts should continue symptom monitoring for 14 days, strictly observe MPHS which includes wearing well-fitted masks, physical distancing, among others

Annex B. Updated Testing Protocols

Who is being tested?	Why is testing being done?	Should you test?	Remarks
A1 or Health Care Workers	Surveillance to plan for adequate health system capacity	YES*	Use antigen test only when symptomatic, and when RT-PCR is not available
A2 Senior Citizens or A3 Persons with Co-morbidities Including those at high risk for severe disease	Confirming COVID-19 to know if investigational drugs can be given	YES	
All except A1, A2 and A3 - no symptoms	Confirming COVID-19 after exposure to positive case	OPTIONAL, quarantine ASAP, and monitor symptoms	
All except A1, A2 and A3 - mild symptoms	Confirming COVID-19 after onset of symptoms	OPTIONAL, isolate ASAP, teleconsult, home care if with capacity to be managed at home	

*Hospital IPCC, PHO coordinated with provincial HIPCC, and other sectors authorized by the IATF with strict industry standards on IPC can determine need for testing upon careful assessment of benefits and risks.

Annex C. DOH Regional Helplines

REGION	CENTER	SERVICES	HOTLINE
NATIONWIDE	National Center for Mental Health	24/7 Crisis Hotline Telemental Health Psychological/Psychiatric Referrals & Management	1553 0917-899-8727 0966-351-4518 0908-639-2672 bit.ly/mhusaptayo
4-B MIMAROPA	MIMAROPA HEMS Helpline	HEMS MHPSS COVID-19 Mental Health Concerns	0945-992-9323 0929-295-6595
6 WESTERN VISAYAS	Capiz Provincial Health Office	MHPSS	0916-241-1596 0921-991-2064
7 CENTRAL VISAYAS	Central Visayas MHPSS Helpline Tawag Paglaum	PFA, PSP, Substance Abuse Referrals, Swab concerns 24/7 Crisis Hotline Suicide Prevention	0916-343-7016 0933-644-3488 0939-937-5433 0939-936-5433 0927-654-1629
8 EASTERN VISAYAS	Biliran Provincial Hospital DOH-CHD Region 8 Northern Samar Provincial Health Office	MHPSS, PFA MHPSS Psychiatric referrals PFA to agencies, LGUs (by appointment)	0953-356-0296 0920-181-8809 0966-531-6464 0947-423-8423 0999-927-4848 0949-776-7389 0919-278-3337 0921-217-7701 0928-350-1846 0907-832-7760 0948-341-8981 0930-770-2679
10 NORTHERN MINDANAO	DOH-CHD Region 10	MHPSS	0997-359-0888 0965-055-6777 0965-835-6888
11 DAVAO REGION	DOH-CHD Region 11	PFA	0977-760-8610 0939-768-3627 0933-404-1072
12 COTABATO REGION	Cotabato Regional Medical Center	Crisis Hotline Psychiatric Referrals	0935-574-4500

HEMS	Health Emergency Management Staff	PFA	Psychological First Aid
MHPSS	Mental Health & Psychosocial Support	PSP	Psychosocial Processing



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