



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

17 April 2020

DEPARTMENT MEMORANDUM

No. 2020 - 0189

TO : ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS AND ALL OTHERS CONCERNED

SUBJECT: Updated Guidelines on Contact Tracing of Close Contacts of Confirmed Coronavirus Disease (COVID-19) Cases

I. BACKGROUND

On January 30, 2020, the World Health Organization (WHO) declared the Coronavirus Disease 2019 (COVID-19) as a Global Public Health Emergency of International Concern (PHEIC). This declaration was a call to action for all countries to prepare for containment, which include active surveillance, early detection, isolation, case management, and contact tracing to prevent further spread. By March 11, 2020, the WHO declared COVID-19 a pandemic, with 118,000 reported confirmed cases affecting 110 countries and territories. On March 12, 2020, President Rodrigo Roa Duterte raised the national code alert for COVID-19 to Code Red Sublevel 2.

On March 24, 2020, the President announced the creation of a National Task Force for COVID-19, adopting a whole-of-government approach in addressing COVID-19. Hence, there is a need to update the Department of Health (DOH) Department Memorandum (DM) 2020-0068, entitled "Interim Guidelines on Contact Tracing for Confirmed 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Cases" to also adopt these approach.

II. DEFINITION OF TERMS

- A. **Contact tracing** – the identification, listing, and follow-up of persons who may have come into close contact with a confirmed COVID-19 case. Contact tracing is an important component in containing outbreaks of infectious diseases. Under Code Red Sublevel 2, contact tracing is aimed at mitigating the spread of the disease.
- B. **Close contact** – a person who may have come into contact with the probable or confirmed case two days prior to onset of illness of the confirmed COVID-19 case (use date of sample collection for asymptomatic cases as basis) until the time that said cases test negative on laboratory confirmation or other approved laboratory test through:

1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
 2. Direct physical contact with a probable or confirmed case;
 3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; OR
 4. Other situations as indicated by local risk assessments.
- C. **Confirmed COVID-19 case** – 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.
- D. **Probable COVID-19 case** – a suspect case who fulfills anyone of the following listed below:
- a. Suspect case whose testing for COVID-19 is inconclusive; or
 - b. 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
 - c. Suspect case who died without undergoing any confirmatory testing
- E. **Suspect COVID-19 case** – a person who is presenting with any of the conditions below:
- a. All SARI cases where NO other etiology that fully explains the clinical presentation.
 - b. ILI cases with any one of the following:
 - i. 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
 - ii. with contact to a confirmed or probable case of COVID-19 disease during the 14 days prior to the onset of symptoms.
 - c. Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions:
 - i. Aged 60 years and above;
 - ii. With a comorbidity;
 - iii. Assessed as having a high-risk pregnancy; and/or
 - iv. Health worker

III. GENERAL GUIDELINES

- A. Contact tracing is one of the main public health interventions for COVID-19 response and shall be the responsibility of the whole government.
1. The Department of Health, through the Epidemiology Bureau (EB), shall provide guidelines and oversight for all contact tracing activities.
 2. The external agencies engaged in COVID-19 response shall comply with their specific roles and corresponding operational guidelines issued by the National Task Force for COVID-19 response
- B. The goals of contact tracing are as follows:
1. To interrupt ongoing transmission and reduce the spread of infection;
 2. To alert close contacts to the possibility of infection and offer preventive counselling or care; and
 3. To understand the epidemiology of a disease in a particular population
- C. Contact tracing shall be initiated after case investigation of every reported confirmed COVID-19 cases, to include the following actions:

1. Identify settings where the contacts have visited or social interactions where the contacts have been exposed.
 2. Identify all social, familial, work, and health care worker contacts who have had contact with a confirmed case from 2 days before symptom onset of the case (use date of sample collection for asymptomatic cases as basis) until the time that said case test negative on laboratory confirmation
 3. Create a line list, including demographic information and geographic information at barangay and sitio levels, date of first and last exposure or date of contact with the confirmed or probable case, and, for symptomatic close contacts, date of onset of fever, respiratory symptoms, or other significant signs and symptoms;
 4. Thoroughly document the common exposures and type of contact with the confirmed or probable case for any contact who become infected with COVID-19
- D. Contact tracing shall prioritize listing of the following close contacts:
1. Health workers who attended to the confirmed COVID-19 case
 2. Individuals who lived with the confirmed COVID-19 case
 3. Individuals who worked with the confirmed case, and
 4. Vulnerable populations as identified in the demographic vulnerabilities tool
- E. For suspect COVID-19 cases, we shall list the individuals they were in contact using these same guidelines and advise these individuals accordingly. This list shall facilitate contact tracing for suspect cases who may become re-classified as probable or confirmed cases.
- F. In order to ensure that the data privacy rights of the patient/data subject are respected and that the data or information processed are protected, the provisions on data privacy under Republic Act No. 11332 or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act, the provisions of the Data Privacy Act of 2012, its Implementing Rules and Regulations (IRR) and other issuance of National Privacy Commission (NPC) shall be strictly complied with. The aforementioned law, rules and issuances shall also govern in case disclosure shall be made by the DOH or other agencies involved in the contact tracing to third parties. The guidelines for processing and disclosure of the personal information of patient/data subject are attached in **Annex A**.
- G. As stated in DILG Memorandum Circular 2020 - 062, “Barangay Health Emergency Response Teams (BHERTs) are designated to help combat the spread of COVID-19 by managing, on the barangay level, Persons Under Investigation, and those who came in contact with them. BHERT members are also tasked with the monitoring and reporting of PUIs within an LGU jurisdiction.” Hence, Barangay LGUs, through the BHERTs, shall, after acting as the navigator during contact tracing, monitor the health status of all close contacts. Furthermore, LGUs may add barangay population volunteers to BHERTs.
- H. Classification of patients for reporting purposes shall follow the AO 2020-0013 re: Revised Administrative Order No. 2020-0012 “Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health” dated March 17, 2020.

IV. SPECIFIC GUIDELINES

A. Identification of Contacts of Suspect COVID-19 Cases

1. For identified suspect COVID-19 cases, data fields of the COVID-19 Case Investigation Form (CIF) (*See Annex B*) shall be submitted, including the initial list of contacts for suspect COVID-19 cases using the definition stated in this issuance
2. Information in the CIF shall be encoded in a DOH-registered COVID-19 Information System.
3. All suspect cases shall be advised that this list shall be endorsed to the concerned local government unit who shall a) inform identified contacts of the possible exposure, b) advise them to practice self-quarantine and self-monitoring, and report development or progression of sign or symptoms, and c) update them as to laboratory status of suspect COVID-19 case and re-classify them, as needed.

B. Case Investigation and Contact Tracing for Probable and Confirmed COVID-19 Cases

1. DOH-EB shall immediately notify the concerned RESU for each new reported confirmed COVID-19 case. The RESU shall immediately notify the Regional and Assistant Regional Directors of Centers for Health Development regarding the new confirmed COVID-19 case, who in turn shall inform concerned provincial, city or municipal LGU through its Provincial Epidemiology and Surveillance Unit (PESU) and City Epidemiology and Surveillance Unit (CESU) or Municipal Epidemiology and Surveillance Unit (MESU).
2. The following shall conduct case investigation and collect data fields of the COVID-19 Case Investigation Form (CIF) (*Annex B*) and Travel History Form (*Annex C*), or any information technology system registered to DOH and/or validated by DICT. They shall generate a list of close contacts (*Annex D*) upon completion of case investigation that shall be forwarded to the local contact tracing teams.
 - a. C/MESU for local government units who have established them
 - b. PESU for health offices at the municipal and component city level in the absence of city or municipal personnel capable of conducting case investigation
 - c. RESU for health offices of provinces and highly urbanized cities in the absence of personnel capable of conducting case investigation
3. All health facilities that conducted sample collection and/or testing, consultation, and/or admission of confirmed COVID-19 cases shall ensure that P/C/MESUs are provided access to the complete medical record of the confirmed COVID-19 case and shall help facilitate the interview of the confirmed COVID-19 cases, and his/her relatives, caregivers, and/or guardians.
4. Upon receipt of close contact lists from R/P/C/MESUs, local contact tracing teams (LCTTs) shall rigorously locate, profile (*Annex E*), and assess (*Annex F and G*) all close contacts. The LCTTs shall identify symptomatic close contacts who fit the

COVID-19 case definition based on AO 2020-0013 and test and isolate using the same guidelines.

5. For close contacts not fitting any of the COVID-19 case definitions, the LCCT shall classify and test these close contacts based on DM 2020-0180 Revised Interim Guidelines on Expanded Testing for COVID-19.
6. Sample collection shall be performed by the concerned P/C/MESU.
7. If close contacts reside outside the jurisdiction of the concerned P/C/MESU but reside in the same region, the RESU shall endorse the list of these close contacts to the appropriate P/C/MESU.
8. If close contacts reside both outside the jurisdiction of the concerned P/C/MESU and the region, the RESU shall endorse the list of these close contacts to the appropriate RESU, who shall endorse to the appropriate P/C/MESU.

C. Contact Tracing in Areas with Community Transmission

1. All P/C/MESUs in areas with community transmission shall continue conducting case investigation, testing, and contact tracing to reduce transmission of COVID-19.
2. The LCTTs in these areas may conduct contact tracing until 2nd generation transmission, and/or prioritize less affected communities and/or high risk close contacts, which includes health workers, non-health workers with high risk exposure, and people working with vulnerable populations (e.g. elderly care workers)
3. Conduct of case investigation, testing, and contact tracing in these areas shall be complemented by other measures, such as work/school suspension, community quarantine and physical distancing, to effectively reduce COVID-19 transmission.

D. Composition and Coordination with Local Contact Tracing Teams (LCTT)

1. The LCTT shall be composed of the following:

Team Leader: City or Municipal Health Officer

Co - Team Leader: City or Municipal Philippine National Police Chief

Members: City or Municipal Philippine National Police; physicians, nurses, midwives, and/or sanitary inspectors from the City or Municipal Health Office, local population officers, workers and volunteers from the City or Municipal Population Office, Bureau of Fire Protection, City or Municipal Disaster Risk Reduction and Management Office, Barangay Health Emergency Response Team; other staff or individuals who shall be designated/deputized by the Team Leaders

2. DOH Centers for Health Development may deploy Human Resources for Health for contact tracing.
3. Other agencies, such as the Commission on Population and Development, and the Armed Forces of the Philippines, may also be deputized to assist in contact tracing.

E. Monitoring of Close Contacts under Quarantine

1. The Barangay LGU, through the BHERT, supported by other volunteers and contact tracing personnel shall monitor close contacts under quarantine for the development or progression of signs and symptoms of the disease.
2. The BHERT shall update all contacts' Signs and Symptoms Log Forms (*Annex H*) daily.
3. Any previously asymptomatic close contact who develops signs and symptoms shall be referred by the BHERT to the P/C/MESU and shall be re-assessed, re-classified, managed depending on classification as specified in Annex D.
4. Any symptomatic close contact who by the end of the 14-day quarantine remained symptomatic but still does not fit suspect case definition, should be re-assessed and managed as per current clinical practice guidelines. Said close contact should remain in self-isolation while undergoing said assessment.

F. Certificate of Quarantine Completion

1. The Provincial, City or Municipal Health Officer, upon the recommendation of the P/C/MESU, shall issue a Certificate of Quarantine Completion (*Annex I*) to all close contacts who shall successfully complete the 14-day home-based quarantine and is asymptomatic at the end of the 14-day quarantine.
2. Close contacts who remained symptomatic by the end of the 14-day quarantine shall be issued a certificate of quarantine completion by the physician who monitored his clinical course until resolution of his medical condition.

G. Recording and Reporting

1. All P/C/MESUs shall submit information gathered during case investigations to the RESU daily by 5:00 PM. The RESU shall in turn submit these to EB immediately.
2. All LCTTs shall submit information gathered during contact tracing to the P/C/MESUs, who shall submit to the RESU daily by 5:00PM. The RESU shall in turn submit these to EB immediately.
3. All BHERTs shall submit daily monitoring data of contacts to the P/C/MESUs, who shall submit to the RESU and EB by 10:00 AM the following day.
4. Hospitals shall submit status updates of admitted COVID-19 cases (*Annex J*) to the RESU. The RESU shall submit these updates daily to EB by 5:00 PM.
5. In the interim, a ladderized information flow (*Annex K*) shall be observed, starting from LCTTs, to P/C/MESUs, to RESUs, and to EB. In the future electronic submission of contact tracing data shall be utilized to ensure timely submission and validation of data at all levels.

H. Use of Information and Communications Technologies related to Contact Tracing

1. All contact tracing applications or technologies should include the necessary data fields, conform to DOH contact tracing protocols, and shall be cleared by the

national lead of contact tracing following the standards developed by the Knowledge Management and Information Technology Service (KMITS) of DOH.

2. All entities interested to develop contact tracing applications and technologies should be registered to the National Privacy Commission and should conform to the provisions of the Data Privacy Act of 2012 including, but not limited to, assigning data protection officers and ensuring policies on data protection and breach management protocols.

I. Protecting Data Privacy of COVID-19 Cases and Close Contacts

1. Pursuant to Data Privacy Act of 2012, declaration forms shall be given to and signed by COVID-19 patients and close contacts, or their relatives, caregivers, and/or guardians, prior to conducting epidemiologic investigation or close contact interviews. A privacy notice shall be provided to inform patients and contacts on the processing of information.
2. All identified close contacts shall be assigned anonymised identification for the purpose of information sharing to or data analysis by individuals other than the personal information controller or those designated to have access to personal and sensitive information. Names and other unique identifiers shall NOT be released publicly or shared with entities not directly involved in the care of the patient, or entities unauthorized by law or other legal instruments to process such information, without the patient's consent. Violations of this provision shall be punishable by the penalties set under the Data Privacy Act.
3. Only information relevant to the contact tracing shall be collected. The DOH reserves the right to release information on COVID-19 cases that are relevant for public health interventions without full disclosure of the case's identity.
4. The DOH with other government agencies involved and/or contributing to the contact tracing shall form a memorandum of agreement on data sharing to ensure proper use and accountability of personal information being collected.
5. The Epidemiology Bureau shall be the personal information controller who will be responsible for directing all actions related to the data, including the use of personal information needed for the conduct of COVID-19 response activities such as contact tracing.
6. The RESU, the P/C/MESU, other surveillance units, and deputized agencies shall identify their personal information processors and shall be responsible for assigning a data protection officer and data protection controls such as privacy and breach management.

V. ROLES AND RESPONSIBILITIES

A. The EB shall:

1. Provide technical supervision on the joint contact tracing activity by the RESU and concerned LGU;

2. Design recording and reporting systems and applications to ensure timely submission of complete and valid data; and,
3. Coordinate with appropriate national government agencies to secure records and documentations needed for contact tracing

B. The KMITS shall:

1. Develop standards for applications and technologies for contact tracing and other COVID-19 mitigation efforts and ensure that they conform to mutually agreed protocols.
2. Undertake appropriate monitoring and evaluation activities to ensure quality of system implementation, including adequacy of control mechanisms, security management, and feedback system; and,
3. Provide direction on resolving technical issues and concerns related to the development, implementation, and use of the contact tracing applications or technologies.

C. The RESU shall:

1. Ensure timely and appropriate coordination with concerned LGU and other regional and local offices, institutions, and officials, as needed;
2. Ensure timely endorsement of list of confirmed cases to concerned P/C/MESU
3. Supervise conduct of case investigations
4. Facilitate collection of laboratory specimens while the LGUs and health facilities are not yet trained in specimen collection, storage, and transport;
5. Regularly monitor conduct of contact tracing and provide technical assistance to the LGU and catchment hospitals;
6. Ensure timely submission of all data gathered to EB, preferably using standardized forms and the COVID-19 Information System; and,
7. Orient and/or train LGU, health facilities, and concerned agencies on contact tracing guidelines and recording and reporting systems, even in the absence of confirmed COVID-19 cases in the LGU.

D. The LGU and its P/C/MESU shall:

1. Draft case investigation plans;
2. Conduct case investigation and specimen collection;
3. Conduct appropriate management and referral, as needed, of symptomatic close contacts;
4. Facilitate transportation for suspect and probable cases that need to be referred to higher level of care, as well as for samples to be submitted to the laboratory;
5. Ensure timely submission of close contact profiles and monitoring to RESU; and,
6. Orient and/or train the local contact tracing and monitoring teams.

E. The LCTT Leader and Co-Team Leader shall:

1. Draft contact tracing plans;
2. Secure the list of confirmed COVID-19 cases from the P/C/MESU concerned;
3. Locate all confirmed cases and secure the areas where the cases are located;
4. Prepare and provide needed logistics for contact tracing;
5. Regularly coordinate with the P/C/MESU for updates;
6. Ensure that reports are submitted on time to the P/C/MESU;

7. Ensure that members of the LCTTs are oriented and trained
8. Ensure that the data privacy rights of patients and individuals subjected to contact tracing are protected; and
9. Utilize the Demographic Vulnerability Tool downloadable from the POPCOM website (<http://popcom.gov.ph>) in planning and implementing its task.

F. The members of the LCTT shall:

1. Conduct contract tracing;
2. Conduct immediate transport of close contacts for health facility isolation;
3. Provide health education to close contacts;
4. Submit accomplished forms to the Team Leader and Co-Team Leader;
5. Conduct daily monitoring of close contacts for 14 days each;
6. Assess previously asymptomatic close contacts presenting with symptoms at any point during the duration of the quarantine; and,
7. Refer symptomatic close contacts to the Team Leader or Co-Team Leader for assessment and facilitate transport for immediate referral, as needed.

G. The BHERTs shall:

1. Serve as the navigator of the LCTT and help to locate all contacts;
2. Conduct regular monitoring and assessment of close contacts under quarantine;
3. Submit timely and accurate Individual Signs and Symptoms Log Forms to the P/C/MESU; and,
4. Immediately refer to the LESU all close contacts who shall develop signs and symptoms while under quarantine.

H. The health facilities (public and private) shall:

1. Cooperate fully with the DOH-EB and its regional and local counterparts by ensuring that LCTTs are provided access to medical records, facilitating case interviews, and conducting other case investigation and contact tracing activities by virtue of R.A. 11223 and R.A. 11332; and,
2. Submit Case Investigations Forms and Travel History, Places Visited, and Events Attended Forms using the COVID-19 Information System.


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

Annex A. Guidelines for Processing and Disclosure of the Personal Information of Patient/Data Subject

1. The information collected by the DOH and its partner agencies shall be referred to as "Patient Identifiers or Patient Data". The said information shall include the full name of the individuals, his/her address, age, birthdate, PhilHealth Number, Existing Illness or Comorbidities and other information deemed necessary for the purpose of contact tracing.
2. The patient/data subject shall be informed of the purpose and reason why his/her personal information are collected by the DOH and its partner agencies, including the possibility that the information will be disclosed to other government authorities and authorized persons to provide an effective response during this COVID-19 pandemic.
3. All personnel, volunteers or individuals who will participate in the contact tracing activity shall sign a Non-Disclosure Agreement (NDA) beforehand to ensure that unauthorized disclosure will be prevented.
4. Patient Identifiers or Patient Data of all suspected, probable and confirmed COVID-19 cases as identified by the DOH and its partner agencies during the conduct of contact tracing must be reported to the DOH and its designated/deputized public health authorities serving as partner agencies pursuant to this Guidelines.

5. The national and local governments shall only use the Patient Identifiers or Patient Data for the purpose of planning policies and adopting measures of response for this COVID-19 pandemic. Use of data for other purposes not related to the COVID-19 Health Emergency shall be prohibited.

6. Disclosure of Patient Identifiers or Patient Data shall be limited to authorized entities, officers, personnel and concerned individuals only. The said disclosure is allowed if the same will serve a public purpose or function during this COVID-19 pandemic.

Disclosure to the public, the media or any other public-facing platforms without the written consent of the patient or his/her authorized representative or next of kin, shall be strictly prohibited.

7. Any disclosure by the DOH to third parties shall be embodied in a Data Sharing Agreement (DSA) as provided by NPC Circular No. 16-02 (Data Sharing Agreements Involving Government Agencies) dated October 10, 2016.

Partner agencies must first obtain the written consent of the DOH before they can disclose Patient Identifiers or Patient Data to third parties, and the said disclosure shall likewise be embodied in a DSA.

8. Any violation or breach of the data privacy rights of the patient/data subject shall be dealt with, in accordance to the provisions on data privacy under Republic Act No. 11332, the provisions of the Data Privacy Act of 2012, its IRR and other issuances of the NPC. Upon the termination of this undertaking and once its purpose has been served, the Patient Identifiers or Patient Data shall be disposed of in accordance with the aforementioned law, rules and issuances governing Data Privacy.

Annex B. COVID-19 Case Investigation Form



Philippine Integrated Disease
Surveillance and Response

Case Investigation Form
Coronavirus Disease (COVID-19)



Disease Reporting Unit/Hospital:		Name of Investigator:		Date of Interview:	
1. Patient Profile					
Last Name	First Name	Middle Name	Birthdate (mm/dd/yyyy)	Age	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation	Civil Status	Nationality	PhilHealth No.	Passport No.	
2. Philippine Residence					
2.1. Permanent Address					
House No./Lot/Blk.	Street/Venue		Municipality/City	Province	
Region	Home Phone No.	Cellphone No.	Email address		
2.2. Current Address					
House No./Lot/Blk.	Street/Venue		Municipality/City	Province	
Region	Home Phone No.	Work Phone No.	Other Email address		
3. Address Outside the Philippines (for Overseas Filipino Workers and Individuals with Residence Outside the Philippines)					
Employer's Name	Occupation		Place of Work:		
House No./Blk. Name	Street	City/Municipality	Province		
Country	Office Phone No.	Cellphone No.			
4. Travel History					
History of travel/work in other countries with a known COVID-19 transmission 14 days before the onset of your signs and symptoms:			Port (Country) of exit:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Airline/Sea vessel:	Flight/Vessel Number:	Date of Departure (mm/dd/yyyy)	Date of Arrival in Philippines:		
5. Exposure History					
History of exposure to known COVID-19 case 14 days before the onset of signs and symptoms:			If yes, Date of Contact with known COVID-19 Case (mm/dd/yyyy):		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Have you been in a place with a known COVID-19 transmission 14 days before the onset of signs and symptoms:			Type of Place: <input type="checkbox"/> Work place <input type="checkbox"/> Health facility <input type="checkbox"/> Social gathering <input type="checkbox"/> Religious gathering <input type="checkbox"/> Other: specify type: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Date when you have been in that place: _____ Name of the place/s: _____		
List the name of persons who were with you two days prior to onset of illness until this date and their contact numbers: Use the back part of this sheet when needed			Name _____ Contact number _____		
			Name _____ Contact number _____		
			Name _____ Contact number _____		
6. Clinical Information					
Disposition at Time of Report: <input type="checkbox"/> Currently admitted <input type="checkbox"/> in a non-health facility isolation <input type="checkbox"/> Discharged <input type="checkbox"/> Home-based isolation					
Health Status at time of report: <input type="checkbox"/> Stable <input type="checkbox"/> Unknown <input type="checkbox"/> Other, please specify: _____					
Date of Onset of Illness (mm/dd/yyyy):			Date of Admission/Consultation (mm/dd/yyyy):		
Fever: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cough: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sore throat: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cold: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shortness of breath: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other signs/symptoms, specify: _____			Is there any history of other illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Chest x-ray done? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, where): _____			Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Chest X-ray findings: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Other radiologic findings: _____			Assessed as High Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Specimen Information					
Specimen Collected	IFMS, Date Collected (mm/dd/yyyy)	Date sent to RTM (mm/dd/yyyy)	Date received in RTM (to be filled up by RTM)	Virus Isolation Result	PCR Result
<input type="checkbox"/> Serum	_____	_____	_____		
<input type="checkbox"/> Oropharyngeal/ Nasopharyngeal swab	_____	_____	_____		
<input type="checkbox"/> Other	_____	_____	_____		
8. Classification					
<input type="checkbox"/> Suspect Case		<input type="checkbox"/> Probable Case		<input type="checkbox"/> Confirmed Case	
9. Outcome					
Date of Discharge (mm/dd/yyyy):	Condition on Discharge: <input type="checkbox"/> Improved <input type="checkbox"/> Recovered/Asymptomatic <input type="checkbox"/> Transferred <input type="checkbox"/> Abandoned <input type="checkbox"/> Died				
Name of informant (if patient not available)	Relationship:	Phone No.			

COVID-19 Case Definitions:

- 1. Suspect case** – is a person who is presenting with any of the conditions below.
 - a. All SARI cases where NO other etiology fully explains the clinical presentation.
 - b. EU cases with any one of the following:
 - i. 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
 - ii. with contact to a confirmed or probable case of COVID-19 in the two days prior to onset of illness of the probable/confirmed COVID-19 case until the time the probable/confirmed COVID-19 case became negative on repeat testing.
 - c. Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions:
 - i. Aged 60 years and above
 - ii. With a comorbidity
 - iii. Assessed as having a high-risk pregnancy
 - iv. Health worker
- 2. Probable case** – a suspect case who fulfills any one of the following listed below.
 - a. Suspect case whom testing for COVID-19 is inconclusive
 - b. 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
 - c. Suspect case who died but was not tested
- 3. Confirmed case** – any individual, irrespective of presence or absence of clinical signs and symptoms, who was laboratory confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, and/or DOH-certified laboratory testing facility.

Annex C. Travel History, Places Visited, and Events Attended Form

HISTORY OF TRAVEL, PLACES VISITED, AND EVENTS ATTENDED BY THE SUSPECTED COVID-19 CASE

Instructions: Obtain information on DAILY travel history, places visited, and events attended by the case for the past **14 DAYS PRIOR ONSET OF ILLNESS**. Fill out ALL items that are applicable and use additional sheets if needed. If the suspected case does not have any local or foreign travel history and did not visit the specific type of place, write N/A in the first cell under Day of Onset of Illness in the table.

Name: _____	Age: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address: _____	Home Telephone Number: _____	Mobile Number: _____

I. TRAVEL HISTORY

A. Domestic and International Travel by Air and Sea

Days from Onset of Illness	Date	Name of Flight Carrier (Plane)/ Sea Vessel	Flight No./ Vessel No.	Route
1				<input type="checkbox"/> Passenger <input type="checkbox"/> Crew
2				<input type="checkbox"/> Passenger <input type="checkbox"/> Crew

B. History of Land Transportation

Days from Onset of Illness	Date	Route	Type of Vehicle	Airconditioned	Estimated No. of Persons
1			<input type="checkbox"/> Bus (Name: _____) <input type="checkbox"/> Train (Name: _____) <input type="checkbox"/> Public Utility Cars <input type="checkbox"/> Public Utility Jeepney/ Tricycle/ Motorcycle	<input type="checkbox"/> Yes <input type="checkbox"/> No	

II. PLACES VISITED

A. Accommodation

Days from Onset of Illness	Date	Name and Address of Accommodation	Duration of Stay (# of hours, guest or worker)	Type of Accommodation	Airconditioned
1			Number of Hours: _____ <input type="checkbox"/> Guest <input type="checkbox"/> Worker <input type="checkbox"/> Household contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Airconditioned <input type="checkbox"/> Non-airconditioned

B. Food Establishment

Days from Onset of Illness	Date	Name and Address of Food Establishment	Duration of Stay (# of hours, guest or worker)	Type of Food Establishment	Airconditioned
1			Number of Hours: _____ <input type="checkbox"/> Diner <input type="checkbox"/> Food delivery staff <input type="checkbox"/> Worker	<input type="checkbox"/> Fast-food restaurant <input type="checkbox"/> Buffet <input type="checkbox"/> Bar <input type="checkbox"/> Carinderia/diner <input type="checkbox"/> Others (pls. specify: _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Store

Days from Onset of Illness	Date	Name and Address of Store	Duration of Stay (# of hours, guest or worker)	Type of Store	Airconditioned
1			Number of Hours: _____ <input type="checkbox"/> Customer <input type="checkbox"/> Worker	<input type="checkbox"/> Public market <input type="checkbox"/> Non-airconditioned grocery shop <input type="checkbox"/> Sari-sari store <input type="checkbox"/> Mall	<input type="checkbox"/> Airconditioned grocery shop <input type="checkbox"/> Convenience store <input type="checkbox"/> Hardware <input type="checkbox"/> Others (Pls. specify: _____)

D. Health Facility

Days from Onset of Illness	Date	Name and Address of Health Facility	Duration of Stay (# of hours, patient or HCW)	Type of Health Facility
1			Number of Hours: _____ <input type="checkbox"/> Health worker <input type="checkbox"/> Patient	<input type="checkbox"/> Government hospital <input type="checkbox"/> Stand-alone clinic <input type="checkbox"/> Rural Health Unit <input type="checkbox"/> Private hospital <input type="checkbox"/> Stand-alone laboratory <input type="checkbox"/> Barangay Health Center

E. Workplace

Days from Onset of Illness	Date	Name of Company	Address of Company	Work shift during the day of exposure
1				

III. EVENTS ATTENDED

Days from Onset of Illness	Date	Type of Event	Location of Event	Time of the Event (Morning, Afternoon, Evening)	Number of Hours Spent in the Event
1					
2					

Annex E. Profile of the COVID-19 Close Contacts



**Republic of the Philippines
Department of Health**

PROFILE OF THE COVID-19 CLOSE CONTACTS

Use black or blue pen only. Write clearly in BLOCK letters. Place X in all applicable boxes.

DEMOGRAPHIC PROFILE

NAME: _____			NATIONALITY: _____		
<small>Last Name</small>	<small>Given Name</small>	<small>Middle Name</small>			
AGE: _____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pregnant	Trimester: _____			
DATE OF BIRTH: _____	CIVIL STATUS: _____	RELIGION: _____			
<small>MM / DD / YYYY</small>					
HOME ADDRESS: _____					
<small>House No., Bldg. No., Street Name</small>		<small>Barangay</small>	<small>MunCity</small>	<small>Province</small>	<small>Region</small>
CONTACT DETAILS: _____			EMAIL ADDRESS: _____		
<small>Home Telephone No.</small>			<small>Mobile No.</small>		
Confirmed Case ID: _____			Date of Onset of Illness (mm/dd/yyyy): _____		

HEALTH PROFILE

KNOWN MEDICAL CONDITION/S AND MEDICAL HISTORY:	

CURRENT MEDICATION/S:	BLOOD TYPE:
_____	_____

NATURE OF EXPOSURE (Select All That Applies)

<input type="checkbox"/> Plane	Airline: _____ Flight No.: _____ Route: _____ Date of Last Exposure: ___/___/___
<input type="checkbox"/> Crew <input type="checkbox"/> Passenger	Seat No.: _____ Within 4-rows: <input type="checkbox"/> Yes <input type="checkbox"/> No If crew: <input type="checkbox"/> In-flight <input type="checkbox"/> Ground
<input type="checkbox"/> Sea Vessel	Name of Sea Vessel: _____ Vessel No.: _____ Route: _____
Date of Last Exposure: ___/___/___	<input type="checkbox"/> Crew <input type="checkbox"/> Passenger Seat No.: _____ Within 4-rows: <input type="checkbox"/> Yes <input type="checkbox"/> No
If crew: <input type="checkbox"/> In-flight <input type="checkbox"/> Ground	
<input type="checkbox"/> Land Vehicle	Specify type: _____ Route: _____ Date of Last Exposure: ___/___/___
<input type="checkbox"/> Crew <input type="checkbox"/> Passenger	Seat No.: _____ Within 4-rows: <input type="checkbox"/> Yes <input type="checkbox"/> No If crew: <input type="checkbox"/> Driver <input type="checkbox"/> Conductor
<input type="checkbox"/> Accommodation	Specify type: _____ Name: _____ Date of Last Exposure: ___/___/___
Address: _____ <input type="checkbox"/> Guest <input type="checkbox"/> Hotel worker: _____	
<small>MunCity Province Region</small>	
<input type="checkbox"/> Food Establishment	Specify type: _____ Name: _____ Date of Last Exposure: ___/___/___
Address: _____ <input type="checkbox"/> Diner <input type="checkbox"/> Crew: _____	
<small>MunCity Province Region</small>	
<input type="checkbox"/> Store	Specify type: _____ Name: _____ Date of Last Exposure: ___/___/___
Address: _____ <input type="checkbox"/> Customer <input type="checkbox"/> Worker: _____	
<small>MunCity Province Region</small>	
<input type="checkbox"/> Health Facility	Specify type: _____ Name: _____ Date of Last Exposure: ___/___/___
Address: _____ <input type="checkbox"/> Patient <input type="checkbox"/> Health Worker: _____	
<small>MunCity Province Region</small>	
<small>If health worker, fill-out assessment of risk of exposure WHO form</small>	
<input type="checkbox"/> Event	Specify type: _____ Event place: _____ Date of Last Exposure: ___/___/___
<input type="checkbox"/> Workplace	Company Name: _____ Address: _____
<small>MunCity Province Region</small>	
Date of Last Exposure: ___/___/___	

<Health Status Assessment on Page 2>

Symptomatic (Fever or Respiratory Infection or Diarrhea): A. 14 days prior to first date of exposure
B. Anytime during date of exposure

Date Onset of Illness: ___/___/___

Select all that applies:

- Yes No Attendance in social events/ gatherings within two weeks from onset of illness
If yes, where: _____ Date: ___/___/___
- Yes No Travelled outside the province within two weeks from onset of illness
If yes, where: _____ From Date: ___/___/___ - To Date: ___/___/___
- Yes No Travelled outside the country within two weeks from onset of illness
If yes, where: _____ From Date: ___/___/___ - To Date: ___/___/___

Symptomatic within 14 days after last date of exposure: Yes No

If yes, Date Onset of Illness: ___/___/___ Name of Referral Hospital: _____
Date of Referral: ___/___/___

If no, Place of Quarantine: Home Quarantine Facility, specify: _____

Assessed by: _____ Date Assessed: ___/___/___
(Name and Signature)

<Proceed to Fill-out COVID-19 Contact Tracing Sign and Symptom Log Form>

Annex F. World Health Organization (WHO) Health Workers Exposure Risk Assessment and Management in the Context of COVID-19 Virus

Health workers exposure risk assessment and management in the context of COVID-19 virus

Interim guidance
4 March 2020



Coronavirus disease (COVID-19) was first detected in Wuhan city, China in December 2019. On 30 January 2020, the WHO Director General declared that the current outbreak constituted a Public Health Emergency of International Concern.

Current available evidence is that the COVID-19 virus is transmitted between people through close contact and droplets. People most at risk of infection are those who are in contact with a COVID-19 patient and/or who care for COVID-19 patients. This inevitably places health workers at a high risk of infection.

Target audience:

This tool is to be used by health care facilities that have either cared for or admitted COVID-19 patients. This form is to be completed for all health workers who have been exposed to a confirmed COVID-19 patient in a health care facility. It is intended to be an operational tool used by health care facilities once a COVID-19 patient has been identified within the facility. This tool will help determine the risk of COVID-19 virus infection of all HCWs who have been exposed to a COVID-19 patient and then provides recommendations for appropriate management of these HCWs, according to their infection risk.

Objectives:

1. To determine the risk categorization of each HCW after exposure to a COVID-19 patient (see below Part 1: COVID-19 virus exposure risk assessment form for HCWs);
2. To inform the management of the exposed HCWs based on risk (see below Part 2: Management of health worker exposed to COVID-19 virus).

Part 1: COVID-19 virus assessment of risk of exposure for health workers in health care facilities

Protecting HCWs is of paramount importance to WHO. Understanding HCW exposure to COVID-19 virus and how this translates into risk of infection is critical for informing infection prevention and control (IPC) recommendations. The data that will be captured using this data collection form and risk assessment tool can be used to identify IPC breaches and define policy to mitigate health worker and nosocomial infection. As such, health care facilities using the following risk assessment are encouraged to share deidentified data with WHO to inform discussions about WHO guidance related to IPC. That is, any data shared with WHO should not include any personally identifiable information (Questions 2A, 2B and 2G).

1. Interviewer information	
A. Interviewer name:	
B. Interviewer date (DD/MM/YYYY):	__/__/____
C. Interviewer phone number:	
D. Does the health worker have a history of staying in the same household or classroom environment with a confirmed COVID-19 patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Does the HCW have history of traveling together in close proximity (within 1 meter) with a confirmed COVID-19 patient in any kind of conveyance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the HCW answers yes for questions 1 D – 1E it is considered a community exposure to COVID-19 virus and health workers should be managed as such. The management recommendations in Part 2: Management of health workers exposed to COVID-19 virus apply only to health care-related exposure.

2. Health worker information	
A. Last name:	
B. First name:	
C. Age	
D. Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer
E. City:	
F. Country:	
G. Contact details:	
H. Type of health care personnel:	<input type="checkbox"/> Medical doctor <input type="checkbox"/> Physician assistant <input type="checkbox"/> Registered nurse (or equivalent) <input type="checkbox"/> Assistant nurse, nurse technician (or equivalent) <input type="checkbox"/> Radiology /x-ray technician <input type="checkbox"/> Phlebotomist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Physical therapist <input type="checkbox"/> Respiratory therapist <input type="checkbox"/> Nutritionist/dietitian <input type="checkbox"/> Midwife <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy technician or dispenser

	<input type="checkbox"/> Laboratory personnel <input type="checkbox"/> Admission/reception clerk <input type="checkbox"/> Patient transporter <input type="checkbox"/> Catering staff <input type="checkbox"/> Cleaner <input type="checkbox"/> Other (specify):
I. Health care facility unit type in which the health worker works?	<i>Tick all that apply:</i> <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency <input type="checkbox"/> Medical unit <input type="checkbox"/> Intensive care unit <input type="checkbox"/> Cleaning services <input type="checkbox"/> Laboratory <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other, specify:
3. Health worker interactions with COVID-19 patient information	
A. Date of health worker first exposure to confirmed COVID-19 patient:	Date (DD/MM/YYYY): ___/___/___ <input type="checkbox"/> Not known
B. Name of health care facility where case received care:	
C. Type of health care setting:	<input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient clinic <input type="checkbox"/> Primary health centre <input type="checkbox"/> Home care for mild cases <input type="checkbox"/> Other:
D. City:	
E. Country:	
F. Multiple COVID-19 patients in health care facility	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Number of patients (approximate if exact number not known):
4. Health worker activities performed on COVID-19 patient	
A. Did you provide direct care to a confirmed COVID-19 patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
B. Did you have face-to-face contact (within 1 meter) with a confirmed COVID-19 patient in a health care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
C. Were you present when any aerosol generating procedures (AGP) was performed on the patient? <i>See below for examples</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
- If yes, what type of AGP procedure?	<input type="checkbox"/> Tracheal intubation <input type="checkbox"/> Nebulizer treatment <input type="checkbox"/> Open airway suctioning <input type="checkbox"/> Collection of sputum <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> Cardiopulmonary resuscitation (CPR) <input type="checkbox"/> Other, specify:

D. Did you have direct contact with the environment where the confirmed COVID-19 patient was cared for? E.g. bed, linen, medical equipment, bathroom etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
E. Were you involved with health care interaction(s) (paid or unpaid) in another health care facility during the period above?	<input type="checkbox"/> Other health care facility (public or private) <input type="checkbox"/> Ambulance <input type="checkbox"/> Home care <input type="checkbox"/> No other health care facility

Exposure of health workers to COVID-19 virus

If the health worker responds 'Yes' to any of the Questions 4A – 4C, the health worker should be considered as being exposed to COVID-19 virus

5. Adherence to infection prevention and control (IPC) during health care interactions	
For the following questions, please quantify the frequency you wore PPE, as recommended: 'Always, as recommended' should be considered wearing the PPE when indicated more than 95% of the time; 'Most of the time' should be considered 50% or more but not 100%; 'occasionally' should be considered 20% to under 50% and 'Rarely' should be considered less than 20%.	
A. During the period of a health care interaction with a COVID-19 patient, did you wear personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If yes, for each item of PPE below, indicate how often you used it:	
- 1. Single gloves	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time (50% or more but not 100%) <input type="checkbox"/> Occasionally 20% to under 50% <input type="checkbox"/> Rarely (less than 20% of the time)
- 2. Medical mask	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 3. Face shield or goggles/protective glasses	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 4. Disposable gown	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
B. During the period of health care interaction with the COVID-19 patient, did you remove and replace your PPE according to protocol (e.g. when medical mask became wet, disposed the wet PPE in the waste bin, performed hand hygiene, etc)?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
C. During the period of health care interaction with the COVID-19 case, did you perform hand hygiene before and after touching the COVID-19 patient? NB: Irrespective of wearing gloves	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
D. During the period of health care interaction with the COVID-19 case, did you perform hand hygiene	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time

before and after any clean or aseptic procedure was performed (e.g. inserting: peripheral vascular catheter, urinary catheter, intubation, etc.)?	<input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
E. During the period of health care interaction with the COVID-19 case, did you perform hand hygiene after exposure to body fluid?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
F. During the period of health care interaction with the COVID-19 case, did you perform hand hygiene after touching the COVID-19 patient's surroundings (bed, door handle, etc)? Note: this is irrespective of wearing gloves	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
G. During the period of health care interaction with the COVID-19 case, were high touch surfaces decontaminated frequently (at least three times daily)?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely

6. Adherence to infection prevention and control (IPC) when performing aerosol generating procedures (e.g. Tracheal intubation, nebulizer treatment, open airway suctioning, collection of sputum, tracheostomy, bronchoscopy, cardiopulmonary resuscitation (CPR) etc.)	
For the following questions, please quantify the frequency you wore PPE, as recommended: 'Always, as recommended' should be considered wearing the PPE when indicated more than 95% of the time; 'Most of the time' should be considered 50% or more but not 100%; 'occasionally' should be considered 20% to under 50% and 'Rarely' should be considered less than 20%.	
A. During aerosol generating procedures on a COVID-19 patient, did you wear personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If yes, for each item of PPE below, indicate how often you used it:	
- 1. Single gloves	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 2. N95 mask (or equivalent respirator)	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 3. Face shield or goggles/protective glasses	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 4. Disposable gown	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 5. Waterproof apron	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely

B. During aerosol generating procedures on the COVID-19 patient, did you remove and replace your PPE according to protocol (e.g. when medical mask became wet, disposed the wet PPE in the waste bin, performed hand hygiene, etc)?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
C. During aerosol generating procedures on the COVID-19 case, did you perform hand hygiene before and after touching the COVID-19 patient? NB: Irrespective of wearing gloves	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
D. During aerosol generating procedures on the COVID-19 case, did you perform hand hygiene before and after any clean or aseptic procedure was performed (e.g. inserting: peripheric vascular catheter, urinary catheter, intubation, etc.)?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
E. During aerosol generating procedures on the COVID-19 case, did you perform hand hygiene after touching the COVID-19 patient's surroundings (bed, door handle, etc)? Note: This is irrespective of wearing gloves	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
F. During aerosol generating procedures on the COVID-19 case, were high touch surfaces decontaminated frequently (at least three times daily)?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely

7. Accidents with biological material	
A. During the period of a health care interaction with a COVID-19 infected patient, did you have any episode of accident with biological fluid/respiratory secretions? <i>See below for examples</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If yes, which type of accident?	<input type="checkbox"/> Splash of biological fluid/respiratory secretions in the mucous membrane of eyes <input type="checkbox"/> Splash of biological fluid/respiratory secretions in the mucous membrane of mouth/nose <input type="checkbox"/> Splash of biological fluid/respiratory secretions on non-intact skin <input type="checkbox"/> Puncture/sharp accident with any material contaminated with biological fluid/respiratory secretions

Risk categorization of health workers exposed to COVID-19 virus

High risk for COVID-19 infection

The health worker did not respond 'Always, as recommended' to Questions:

- 5A1 – 5G, 6A – 6F
- AND/OR responded 'Yes' to 7A.

All other health workers should be considered low risk for COVID-19 virus infection.

Part 2: Management of health workers exposed to COVID-19 virus

The management of health workers exposed to COVID-19 virus will vary according to the Risk categorization of health workers exposed to COVID-19 virus, as determined in Part 1.

Recommendations for health workers with high risk for infection:

- Stop all health care interaction with patients for a period of 14 days after the last day of exposure to a confirmed COVID-19 patient;
- Be tested for COVID-19 virus infection;
- Quarantine for 14 days in a designated setting.¹

Health care facilities should:

- Provide psychosocial support to HCW during quarantine, or duration of illness if HCW becomes a confirmed COVID-19 case;
- Provide compensation for the period of quarantine and for the duration of illness (if not on a monthly salary) or contract extension for duration of quarantine/illness;
- Refresher infection prevention and control training for the health care facility staff, including HCWs at high risk for infection once he/she returns to work at the end of the 14-day period.

Recommendations for health workers with low risk for COVID-19 infection:

- Self-monitor temperature and respiratory symptoms daily for 14 days after the last day of exposure to a COVID-19 patient. HCWs should be advised to call health care facility if he/she develop any symptoms suggestive of COVID-19;
- Reinforce contact and droplet precautions when caring for all patients with acute respiratory illness² and standard precautions to take care of all patients;
- Reinforce airborne precautions for aerosol generating procedures on all suspect and confirmed COVID-19 patients;

¹ WHO Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19): Interim guidance 23 February 2020 ([https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19))).

² WHO infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected: Interim guidance 25 January 2020 ([https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)).

- Reinforce the rational, correct and consistent use of personal protective equipment when exposed to confirmed COVID-19 patients;³
- Apply WHO's "My 5 Moments for Hand Hygiene" before touching a patient, before any clean or aseptic procedure, after exposure to body fluid, after touching a patient, and after touching patient's surroundings;⁴
- Practice respiratory etiquette at all times.

© World Health Organization 2020. All rights reserved.

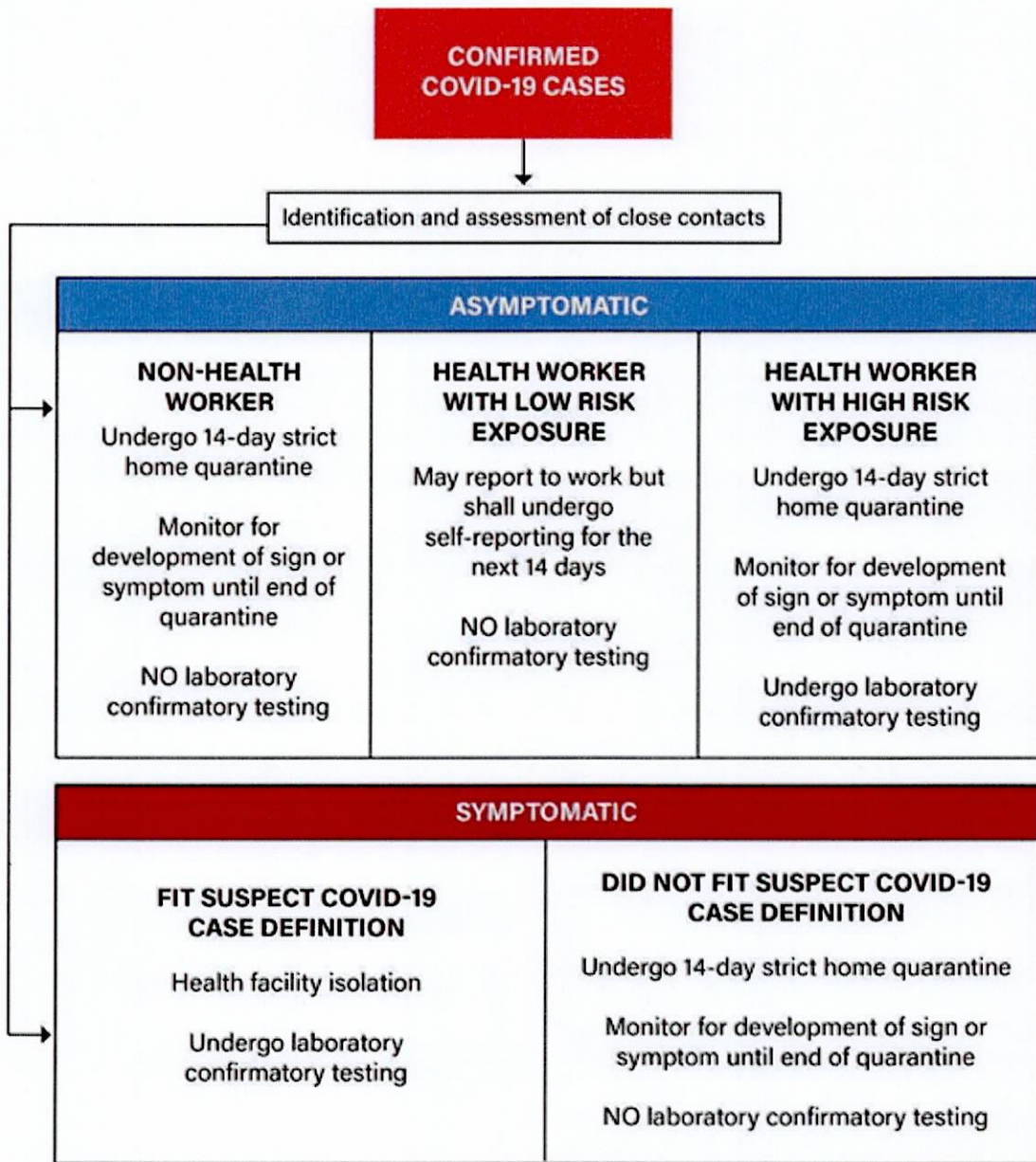
This is a draft. The content of this document is not final, and the text may be subject to revisions before publication. The document may not be reviewed, abstracted, quoted, reproduced, transmitted, distributed, translated or adapted, in part or in whole, in any form or by any means without the permission of the World Health Organization.

WHO reference number: WHO/2019-nCoV/HCW_risk_assessment/2020.1

³ WHO infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected: interim guidance 25 January 2020 ([https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)).

⁴ WHO guidelines on hand hygiene in health care: first global patient safety challenge – clean care is safer care. Geneva: World Health Organization; 2009 (<https://apps.who.int/iris/handle/10665/44102>).

Annex G. Algorithm for Close Contact Management and Testing



Annex H. Signs and Symptoms Log Form

COVID-19 Contact Tracing Sign and Symptom Log Form

Confirmed Case ID: _____ Date: _____ Region: _____
 Close contact name: _____
 Date of Last Exposure: _____ Date of Voluntary Quarantine Period Ends*: _____

INSTRUCTIONS: Monitoring shall be done twice a day. Indicate the date. Go through each condition for monitoring. Put a check if the close contact met the condition being asked under the corresponding time of the day (AM / PM) monitoring was done. Provide the temperature taken (e.g., 38.3).

Conditions for Monitoring	Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
No Sign / Symptom																								
Fever (temp.)																								
Cough																								
Sore Throat																								
Difficulty of breathing																								
Colds																								
Diarrhea																								
Other Symptoms																								
1.																								
2.																								
3.																								

*Quarantine Period Ends 14 days after Date of Last Exposure

Annex I. Certificate of Quarantine Completion

AGENCY LETTERHEAD AND LOGO

QUARANTINE CLEARANCE

TO WHOM IT MAY CONCERN:

This is to certify that _____ who came from

Last Name, First Name MI

_____ had undergone the advised home quarantine in relation to

Address

his possible exposure on _____ which started from

Date/s of Exposure

_____ to _____

Date of Start of Quarantine

Date of End of Quarantine

at _____

Name of Facility and/or Address
where Quarantine Done

It is further certified that _____ did not develop

Last Name, First Name MI

any signs and symptoms of COVID-19 within the said period during monitoring done by

Full Name of individual who conducted monitoring

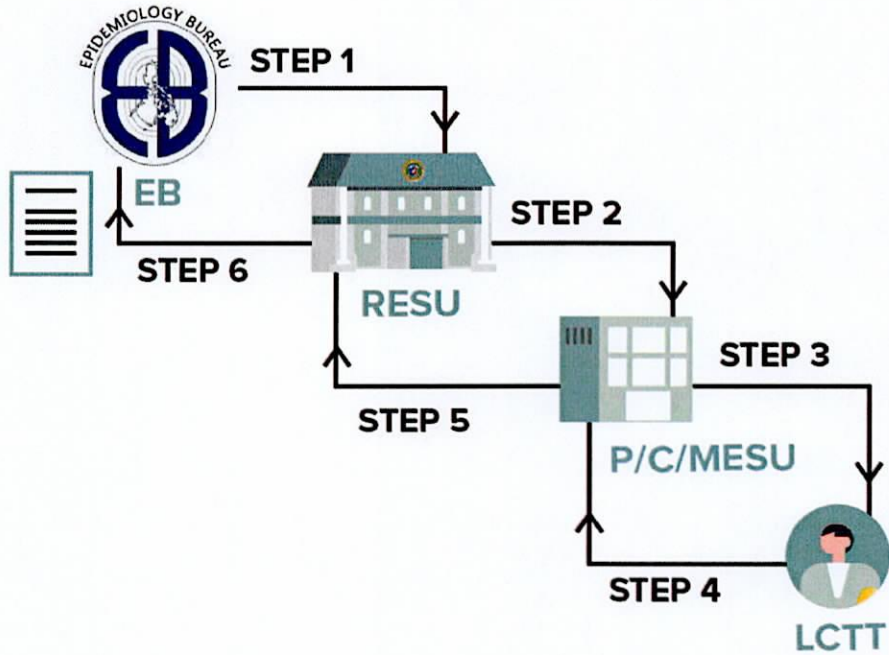
However, it is advised that personal check-up and assessment be done in a nearest health facility by the end of quarantine period.

Issued this _____ day of _____ for whatever purpose it may serve best.

(Printed name with signature and date)

Annex K. Interim Ladderized Information Flow and Web-based Information Flow

LADDERIZED INFORMATION FLOW



WEB-BASED INFORMATION FLOW

