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SUBJECT: Guidelines in the Management of Covid-19 Cases in the TESDA Offices		Page 1 of 12 page/s Number 087, Series of 2020
Date Issued: 03 August 2020	**Effectivity:** As indicated	**Supersedes:**

In view of the on-going threat of the spread of the Coronavirus Disease 2019 (COVID-19) in the TESDA offices, this issuance shall serve as guidance for TESDA COROPOTI when a COVID-19 case is detected/reported within the workplace/office.

I. RATIONALE/BACKGROUND

The following issuances shall be used as reference in the management of COVID-19 cases that might arise in TESDA Offices:

1. DOH-DILG Joint Administrative Order No. 2020-0001 on the "Guidelines on Local Isolation and General Treatment Areas for COVID-19 cases (LIGTAS COVID) and the Community-based Management of Mild COVID-19 Cases dated April 15, 2020
2. DOH Department Circular No. 2020-0131 Public Advisory No. 16 on the "Guidance for Institutions if a PUI or a Confirmed COVID-19 Case is Detected at the Workplace" dated 11 March 2020
3. DOH Department Memorandum No. 2020-0157 on the "Guidelines on Cleaning and Disinfection in Various Settings as an Infection Prevention and Control Measure Against COVID-19" dated 10 April 2020
4. DOH Department Memorandum No. 2020 -0178 on the "Interim Guidelines on Health Care Provider Networks during the COVID-19 Pandemic" dated 11 April 2020
5. DOH Department Memorandum No. 2020-0189 on "Updated Guidelines on Contract Tracing of Close Contacts of COVID-19 Cases" dated 17 April 2020
6. DOH Administrative Order No. 2020-0015 on "Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation" dated 27 April 2020
7. Department of Trade and Industry and Department of Labor and Employment Interim Guidelines on "Interim Guidelines on Workplace Prevention and Control of COVID-19" dated 30 April 2020
8. DOH Department Memorandum No. 2020-0220 Interim Guidelines on the "Interim Guidelines on the Return-to-Work" dated 11 May 2020
9. DOH Department Memorandum No. 2020-0258 "Updated Interim Guidelines on Expanded Testing for COVID-19" dated 29 May 2020
10. CSC Memorandum Circular No. 08, s. 2020 on the "Revised Interim Guidelines on the Use of Leave Credits for Absences Due to Quarantine and/or Treatment Relative to the Coronavirus Disease-2019 (COVID-19)" dated 02 April 2020

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II. SCOPE AND COVERAGE

All COROPOTI covered by various quarantine classifications as specified in applicable (IATF-EID) Resolutions/Guidelines.

I. DEFINITION OF TERMS

1. **Case** – a person with a particular problem requiring or receiving medical or welfare attention. A case is often used to label individuals further as suspect, probable or confirmed.
2. **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 through:
   - Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
   - Direct physical contact with a probable or confirmed case;
   - Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; or
   - Other situations as indicated by local risk assessments.
3. **Influenza-like Illness (ILI)** – is a condition with sudden onset (within 3 days *of presentation and fever should be measured at the time of presentation)* of fever of **38°C** and cough or sore throat in the absence of other diagnoses.
4. **Severe Acute Respiratory Infection (SARI)** – is an acute respiratory illness with onset during the previous 7 days requiring overnight hospitalization and has ILI and anyone of the following: shortness of breath or difficulty breathing; severe pneumonia, acute respiratory distress or severe respiratory disease.
5. **Suspect COVID-19 case** – is a person who is presenting with any of the conditions below:
   a. All SARI cases
   b. ILI cases with any of the following:
      - with 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
      - 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

c. Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions:
   - Aged 60 years and above
   - With comorbidity
   - Assessed as having high risk pregnancy
   - Health worker

6. **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.
7. **Probable COVID-19 case** — a suspect case who fulfills any one of the following:
   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

II. GENERAL POLICIES

1. Adherence to the issuances of pertinent government agencies on the management of COVID-19 cases in the workplace must be ensured by COROPOTI.

2. A Focal Staff in COROPOTI shall be designated to monitor the health conditions of personnel in the respective offices and ensure that the On-line TESDA COVID-19 Health Status Daily Monitoring (Memorandum No. 219 dated 05 June 2020) is submitted to the following offices for analysis and appropriate action:
   - Central Office - Human Resources Management Division
   - Regional Offices – Office of the Regional Director
   - Provincial Offices – Office of the Provincial Director
   - For TTIs – Office of the Administrator

3. Active collaboration must be carried out with the respective City/Provincial/ Municipal Health Offices to ensure easy access of services for COVID-19 cases that may arise in TESDA Offices.

4. When applicable, isolation facilities shall be established in the TESDA premises for affected personnel, in order to avoid unnecessary association with other COVID-19 cases in the Local Government Unit Barangay Isolation Units (BIU) or other Community Isolation Units (CIU).

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III. IMPLEMENTING GUIDELINES

Per DOH Department Circular No. 2020-0131 Public Advisory No. 16 on the "Guidance for Institutions if a PUI or a Confirmed COVID-19 Case is Detected at the Workplace", the following shall serve as a guide:

A. When there is a reported PUI/Contact COVID-19 case in the workplace/office:

1. The Head of office must require all affected personnel to:
   a) Ensure that the required health protocols are strictly followed such as wearing of facemasks, meticulous hand washing with soap and water, and discourage the touching of the eyes, nose, and mouth with unclean hands;
   b) Implement strict physical distancing at all times in workstations, eating areas, queues and other high traffic areas;
   c) Reduce movement within and across areas and settings;
   d) Restrict unnecessary mass gatherings;
   e) Have their health condition monitored by an assigned focal staff which includes temperature checks at least twice daily;
   f) Declare any symptom experienced to the On-line TESDA COVID-19 Health Status Daily Monitoring and submit to the assigned focal staff

2. The Head of office must advise **symptomatic individuals to stay at home** unless there is a pressing need to go to a health facility for medical consultation, if virtual consultation is not possible.

3. Symptomatic individuals must inform their immediate supervisor of their health condition and the immediate supervisor shall report the information to their respective heads of offices and to the following concerned offices:
   - Central Office - Human Resources Management Division
   - Regional Offices – Office of the Regional Director
   - Provincial Offices – Office of the Provincial Director
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4. The Head of office may apply appropriate alternative work arrangements as deemed necessary per TESDA Circular Nos. 063 and 063-A issued 26 May 2020 and 02 June 2020, respectively.

5. The General Services of concerned offices shall perform enhanced disinfection of office premises according to DOH Department Memorandum No. 2020-0157 as follows:
   a. Thorough disinfection of high or frequently touched surfaces such as tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks and other electronic equipment in the concerned area
   b. Mop the floors with appropriate cleaning and disinfecting solutions
   c. Disinfection of elevators and ATM machines

B. When there is a reported SUSPECT/PROBABLE/CONFIRMED COVID-19 case in the workplace/office:

1. The immediate supervisor/head of personnel with COVID-19 cases shall inform the Head of their Office and the following concerned offices of the occurence :
   - Central Office - Human Resources Management Division
   - Regional Offices – Office of the Regional Director
   - Provincial Offices – Office of the Provincial Director
   - For TTIs – Office of the Administrator

2. The assigned Focal Staff in HRMD-AS/FASD/TTI/PO Administrative Units concerned shall report the COVID-19 cases of concerned TESDA offices to the City/Provincial/Municipal Health Office of their respective Local Government Units

3. The respective City/Provincial/Municipal Health Offices Contact Tracing Team together with concerned TESDA offices shall assess who among such persons should be placed on quarantine and advise which area to vacate & cordon-off.

4. All concerned personnel should cooperate and provide the necessary assistance and support to the joint TESDA and LGU Contract Tracing Team by helping identify person/s at the workplace who may have had close contacts with the confirmed case. For those who are not placed under quarantine, follow required health protocols under Section A.

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5. All personnel identified by the Contact Tracing Team to vacate the prescribed section of the workplace premises where the confirmed case worked must immediately comply. The prescribed workplace section shall also be immediately cordoned-off. There is no need to vacate the building or the whole floor if there had been **no sustained and close contact** with the confirmed case.

6. The office in charge for general services in TESDA operating units shall carry out a thorough cleaning and disinfecting of that section of the office premises particularly those that come in frequent contact, using 0.1% bleach.

7. For personnel who have been asked to vacate their work stations or are pending assessment by the joint TESDA and LGU Contract Tracing Officers, they shall perform their official duties and responsibilities on Alternative Work Arrangements specified in TESDA Circular No. 063 and 063-A.

8. For personnel who were advised by the LGU Contact Tracing Team to isolate or undergo quarantine may opt to quarantine at home or stay in the isolation areas established in the TESDA premises while awaiting further instructions from the LGU City/Provincial/Municipal Health Office.

9. Asymptomatic close contacts of confirmed or probable COVID-19 cases may be tested using RT-PCR at the discretion of the contact tracing team and subject to the availability of testing capacity. If the symptoms develop at any time, prioritize collecting samples for RT-PCR testing.

10. TESDA COROPOTI shall ensure that the personnel required to isolate or undergo quarantine in the isolation area of the TESDA premises shall be provided with care and support.

11. The assigned Focal Staff in HRMD-AS/FASD/TTI/PO Administrative Units concerned shall regularly keep in touch with their respective personnel with COVID-19 case to check their physical and emotional conditions.

12. Suspect, probable and confirmed COVID-19 cases who have clinically recovered and are no longer symptomatic and have completed at least 14 days of isolation can be tagged as recovered without RT-PCR provided that a licensed medical doctor clears the patient.

13. Asymptomatic cases can be released from quarantine after 14 days as long as the personnel remains asymptomatic for the entire duration of the quarantine, even without testing or test results. There is no need to repeat RT-PCR testing prior to release and tagging as recovered.

14. The Chief of Divisions/Heads of Operating Units shall provide their personnel and other relevant persons, e.g. clients/customers, timely information and latest developments of the COVID-19 cases in their office and reassure them of the measures being taken to ensure their well-being at the workplace.

IV. DORMITORY POLICIES ON ISOLATION AND QUARANTINE

The operation of isolation facilities of TESDA Offices shall be guided by the following:

1. The assigned Focal Staff of HRMD-AS/FASD/TTI/PO Administrative Units shall coordinate with the respective City/Provincial/Municipal Health Offices for inspection and approval of the TESDA isolation units.
2. The protocols required by the respective City/Provincial/Municipal Health Offices must be complied by the concerned TESDA COROPOTI and upon approval of the Isolation Unit by the City/Provincial/Municipal Health Offices, the operation may commence.
3. The assigned Focal Staff of HRMD-AS/FASD/TTI/PO Administrative Units shall monitor daily, the physical and emotional conditions of the affected personnel in the isolation units while practicing the required health standards and report the conditions of the affected personnel to their respective City/Provincial/Municipal Health Offices for appropriate advice.
4. Regular coordination with City/Provincial/Municipal Health Offices shall be conducted while the affected personnel are not yet cleared for release from isolation.

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V. TESDA CAREHEALTH PLUS COVID-19 COVERAGE

For coverage of COVID-19 cases, guidance from Carehealth Plus are as follows:

Reverse Transcription Polymerase Chain Reaction (RT PCR) Test

a. **Asymptomatic Patients**
These patients need not be tested for COVID-19 RT-PCR TEST. For patients insisting on getting tested, the cost shall be borne by the patient. In the event that the result is positive (+), then CareHealth Plus will reimburse the cost.

b. **Symptomatic Patients**
CareHealth Plus shall cover the cost for members that has symptoms upon recommendation of attending physician.

VI. DUTIES AND RESPONSIBILITIES

1. TESDA HEADS OF THE OFFICE

a. Designate a Focal Staff to perform the following:
   - conduct of daily health monitoring of all personnel in the Office/Unit
   - report to respective TESDA offices results of daily health monitoring
   - actively collaborate with respective City/Provincial/Municipal Health Offices for easy access to services of the LGU on COVID-19 cases
   - monitor health conditions of personnel with COVID-19 cases

b. Ensure that all COVID-19 cases in their office are given care and support by the proper authorities

c. Ensure that the required health protocols are meticulously followed by all personnel specifically proper wearing of facemask and face shields, frequent, sanitizing/handwashing, cough etiquette and physical distancing;

d. Ensure that all TESDA issuances regarding the Spread and Mitigation of COVID-19 are regularly discussed with all personnel; and

e. Ensure that while alternative work arrangements are in place, the efficient and effective service provision shall be continuously delivered.

2. TESDA PERSONNEL

a. Follow strictly the required health protocols both at home, during travel and at the office;
b. Be honest in declaring health conditions daily;
c. Cooperate with their respective offices during Contact Tracing activities;
d. Diligently fill up the Individual Calendar for oneself and members of the family; and
e. Be continuously responsible for own welfare and the welfare of others.

VII. CONTACT TRACING CHARTS

The Symptoms Chart (Annex A) which is a representation of Dr. Edsel Maurice Salvana's Facebook posts, may be adopted as a guide for individual decisions while waiting for the Assessment Results of the City/Provincial/Municipal Health Office Contact Tracing Teams.

Further, to expedite the contact tracing activities of the City/Provincial/Municipal Health Office Contact Tracing Teams, the Individual Calendar (Annex B) developed by Regional Director Elmer K. Talavera for TESDA-IV-A (CaLaBaRZon), maybe adopted by all personnel including their family members. This Individual Calendar is a responsive tool for identifying an individual's whereabouts, making contact tracing efficient and effective.

This Calendar can be used as basis for the Case Investigation Report for COVID-19 of City/Provincial/Municipal Health Offices as specified in Section IV.A of the DOH Department Memorandum 2020-0189 on Updated Guidelines on Contract Tracing of Close Contacts of COVID-19 Cases.

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VIII. COVID-19 HOTLINES AND CALL CENTERS

For more information, please call the DOH's COVID-19 Hotline: 1555 and Emergency Operations Center at (632) 8651-7800 local 1149 or 1150 or visit the following official DOH channels:

Website: https://www.doh.gov.ph/2019-nCoV
Facebook: https://www.facebook.com/OfficialDOHgov/
Twitter: https://twitter.com/DOHgov

This TESDA Circular shall be adopted for the duration of the State of National Emergency, unless subsequently revoked or amended.

SEC. ISIDRO S LAPEÑA, PhD, CSEE
Director General

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ANNEX A

SYMPTOMS CHART

EXPOSED TO A COVID-19 POSITIVE PERSON							
IF	**You have SYMPTOMS**			**You have NO SYMPTOMS When was exposure?**			
	Shortness of breath	Fever, cough or colds? Sore throat?	Mild symptoms	5-14 days ago; CLOSE CONTACT *	Less than 5 days ago; CLOSE CONTACT *	Less than 14 days ago; NOT CLOSE CONTACT	More than 14 days ago
THEN	**Proceed to nearest EMERGENCY ROOM**	**Call DOH hotline 1555** for instructions how to access TEST		**QUARANTINE immediately till Day 14**	**QUARANTINE immediately till Day 14**	Limit activities; meticulous mask use within 14 days	No need to TEST; No need to ISOLATE
		Meantime Wear MASK; ISOLATE	TEST then, maybe told to ISOLATE	OPTIONAL TEST		May be TESTed per LGU/DOH advice if there are large clusters in locality	
			contact LGU re community ISOLATION FACILITIES in area	Follow doctor's advice after TEST			
The Chart above is a representation of the post from Dr. Edsel Maurice Salvana				2nd Generation Contact: exposed to an UNTESTED PERSON exposed to a positive case			
				* Direct physical contact; 15+ mins. & within 3 ft; 2+ hrs. in enclosed; Provided care to patient w/o PPE			

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ANNEX B

INDIVIDUAL CALENDAR

WHEREABOUTS, WHEN, WITH WHOM

	DATE		5	530	6	630	7	730	8	800	9	930	10	1030	11	1130	12	1230	13	1330	14	1430	15	1530	16	1630	17	1730	18	1830	19	1930	20	2030	21	2130	22	2230	23	2330	24
14	JUN 26	F	HOME							OFC							(Lunch) Kent				(Ofc) Julie, Max												HOME								
13	JUN 27	S	HOME							(Office) Vin, Simon							(Lunch) Mark			OFC			(Ofc) Jess										HOME								
12	JUN 28	S	HOME						(CHURCH) JOSE						HOME					(MALL) JOSE, PEDRO													HOME								
11	JUN 29	M	HOME				(Ofc) Jeremy, Nathan			(Ofc) Clark, Jenny							(Lunch) Max			OFC					(Ofc) Max							HOME								
10	JUN 30	T	HOME							(Office) Julie					OFC		(Lunch) Kenny			O F C		(Office) Mark						OFC					HOME								
9	JUL 1	W	HOME							OFC						Office (Max, Clark)	(Lunch) Levi, Kenny			OFC													HOME								
8	JUL 2	T			(Home) Jo					OFC							(Lunch) Max			(Ofc) Vin, Jenny, Simon					OFC							HOME								
7	JUL 3	F	HOME					(Ofc)Nic		(Ofc) Jenny, Nathan							(Lunch) Levi			OFC					(Ofc) Julie							HOME								
6	JUL 4	S	HOME																	(Home) Jo												HOME									
5	JUL 5	S	HOME							(Church) Matthew						Home			(Supermarket) Jo														HOME								
4	JUL 6	M	HOME							(Ofc) Max							(Lunch) Kenny																HOME								
3	JUL 7	T	HOME							OFC							(Lunch) Levi			(Ofc) Simon								OFC					HOME								
2	JUL 8	W	HOME							(Office) Clark, Julie, Nick							(Lunch) Max																HOME								
1	JUL 9	T	HOME							OFC							(Lunch) Kenny																HOME								
0	JUL 10	F	HOME							OFC						(Ofc) Levi	(Lunch) Roger			(Ofc) Kent													HOME								