Office of the Schools Division Superintendent

JULY 9, 2020

DIVISION MEMORANDUM No. 175, s. 2020

IMPLEMENTATION OF DEPED POLICY FOR PERSONNEL WITH POSSIBLE COVID-19 EXPOSURE

To:

Assistant Schools Division Superintendents

Chief, Curriculum Implementation Division

Chief, School Governance and Operations Division

Public Schools District Supervisors

Public Elementary and Secondary School Heads

All Others Concerned

- All teaching and Non-teaching Personnel of this Division shall implement strictly the Policy for Personnel with Possible COVID-19 Possible Exposure.
- 2. As a general rule all DepEd personnel should follow all health protocols issued by Department of Health to avoid spread of infection. Individuals with fever, cough or shortness of breath or other respiratory signs or symptoms should inform immediate supervisors and division health personnel of his/her current situation. Must also seek consultation to the nearest rural health unit.
- 3. Attached is the Policy for DepEd Personnel with Possible COVID-19 Exposure.
- 4. Immediate and wide dissemination of and compliance with this Memorandum is desired.

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Policy for Department of Education Personnel with Possible COVID-19 Exposure

I. COVID - 19 Case Definition

The Department of Education Task Force Covid - 19 through Memorandum No. 035 dated April 11, 2020 has adopted the latest classification of cases for COVID-19 from the Department of Health stipulated in its Administrative Order 2020-013. The following are the definition of each Covid-19 category lifted from the said administrative order:

- 1. Suspect Case is a person who is presenting any of the conditions below.
 - A. All severe acute respiratory infection (SARI) cases where no other etiology fully explains the clinical presentation
 - B. Influenza like illness (ILI) cases with any of the following:
 - B.1 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.
 - B.2 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 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:
 - C.1 Aged 60 years and above
 - C.2 With a co-morbidity
 - C.3 Assessed as having high-risk pregnancy
 - C.4 Health worker
- 2. Probable Case fulfills any one of the following listed below:

A. Suspect case whom testing for COVID-19 is inconclusive



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- 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.
- 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.

For the purpose of internal reporting, the department has also issued an internal category named Close Contacts of Confirmed Case which is defined as follows:

1. Face to face contact with a confirmed case within 1 meter and for more than 15 minutes.

2. Direct physical contact with a confirmed case

3. Direct care for a patient with confirmed COVID-19 disease without using proper personal protective equipment.

Any personnel who falls to any of the above mentioned case definitions in relation to COVID-19 must do the following:

- i. Avoid reporting to duty and submit himself for consultation at their respective rural health unit and ask for advise on what to do next.
- ii. Strictly follow isolation protocols when advised by the Municipal/ City Health Officers.
- iii. Inform immediate supervisors and assigned division health personnel of his/her current situation.



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II. Exposure Occuring in the Office

In instances that even against all precautionary measures have been exhausted, exposure from a COVID -19 case occurs, the following measures should be done.

- i. School health personnel assigned/ school head/ clinic teacher must write a full written incident report of what happened leading to the exposure incident. This shall be kept confidential and submitted to the division office for investigation purposes.
- ii. Immediately report the incident to the Municipal/ City Health Office for proper action.
- iii. The personnel/ school concerned in an exposure event shall fully cooperate with the proper health authorities in the contact tracing procedures. The following information will give an idea of what is contact tracing and its related procedures.
 - a. Contact Tracing the process of identification of persons who may have come into contact with an infected person and subsequent collection of further information about these contacts.
 - b. Close contacts are individuals who were exposed to a confirmed COVID-19 case 2 days before the case's onset of illness (if asymptomatic, refer to was collected) until the case tests negative.

They were individuals who had lived with, cared for, traveled with or transacted with a confirmed case who had:

- direct contact with a confirmed case
- face to face contact with a confirmed case for at least 15 minutes OR
- was with a confirmed case in an enclosed space for at least two hours.
- c. General contacts are contacts of a confirmed case who DID NOT fulfill the definition for a close contact. General contacts refer to the individuals who may have been exposed to a confirmed case (such as those who were in the same event, social gathering or venue as the confirmed case) but were beyond one meter distance from the confirmed case or did not have prolonged interaction or direct contact with the confirmed case.



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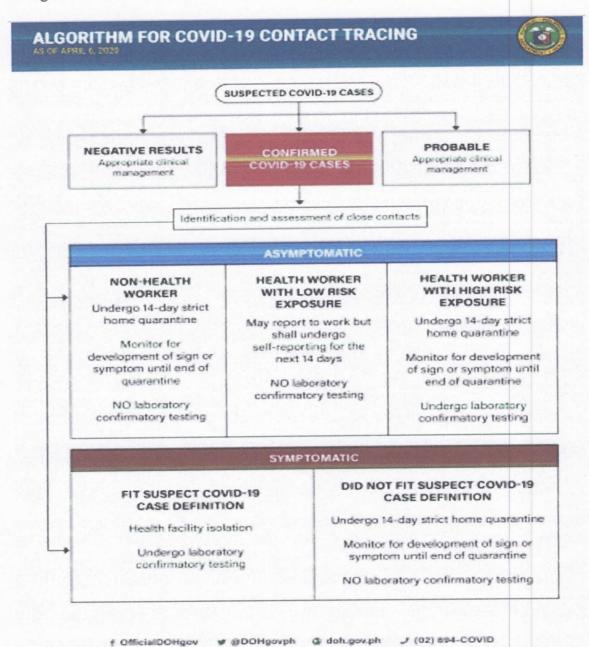
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d. Algorithm for COVID-19 CONTACT TRACING





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III. Safety Precautions and Protocols

Reiteration of the safety precautions and protocols stipulated in DM 162, s. 2020 dated June 1, 2020 is highly emphasized to be observed at all times in any setting.

1. General Precautions

a. DepEd reiterates its directives for the strict observance of precautions recommended by DOH and WHO to reduce the general risk of transmission of respiratory infection, specifically, proper hand and respiratory hygiene and safe food practices. Proper hand hygiene is needed to minimize the risk of transmission through touching any contaminated object, material or surface, the respiratory hygiene is needed to reduce the risk of spreading the virus by an infected individual; and the safe food practices is to reduce risk of exposure to or ingestion of contaminated food.

DINE IN AT THE CANTEENS SHALL BE DISCOURAGED. FOOD HANDLING SHALL BE REGULATED. JUNK FOODS AND SOFTDRINKS SHALL NOT BE ALLOWED.

b. The following proper hand and respiratory hygiene, and safe food practice, and related precautions are enjoined:

i. Frequently clean hands by using alcohol-based hand rub or soap and water;

ii. When coughing and sneezing, maintain distance and cover mouth and nose with flexed elbow or tissue – throw tissue into a closed bin immediately and wash hands;

iii. Avoid close contact with anyone who has fever and coughs;

iv. If you have fever, cough and difficulty breathing, seek medical care early and share previous travel history with your health care provider;

v. When visiting live markets in areas currently experiencing cases of COVID-19, avoid direct unprotected contact with live animals and surfaces in contact with animals;

vi. The consumption of raw and undercooked animal products should be avoided. Raw meat, milk and animal organs should be handled with care, to avoid cross contamination with uncooked foods, as per good food safety practices; and

vii. Within healthcare facilities, enhance standard infection prevention and control practices in hospitals, especially in emergency departments.

- c. Airflow in classrooms should be improved by opening windows and doors as much as possible.
- d. Daily/Weekly disinfection shall be undertaken using the recommended disinfection supplies.



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2. When Respiratory Symptoms Occur

Wearing of medical mask is indicated for an individual exhibiting or feeling symptoms of respiratory infections. The medical mask is intended to contain respiratory secretions. Thus, it should be worn as much as possible. The individual should also clean his or her hands immediately after contact with his or her own respiratory secretions.

2. Wearing of Medical Mask

- a. Wearing of medical mask is indicated for an individual exhibiting or feeling symptoms of respiratory infections, in order to contain respiratory secretions.
- b. WHO, in its advice on the use of masks, states that a medical mask is not required for non-sick persons. However, in crowded places where one is unsure of any possible exposure, masks may be resorted to.
- c. In using masks, best practices should be followed on how to wear, remove, and dispose of them and on hand hygiene action after removal. WHO provides guidelines in the use of masks:
 - i. If medical masks are worn, appropriate use and disposal are essential to ensure they are effective and to avoid any increase in risk of transmission associated with the incorrect use and disposal of masks.
 - ii. The following information on correct use of medical masks derives from the practices in health-care settings:
 - 1. Place mask carefully to cover mouth and nose, and tie securely to minimize any gaps between the face and the mask;
 - 2. While in use, avoid touching the mask;
 - 3. Remove the mask by using appropriate technique (i.e. do not touch the front but remove the lace from behind);
 - 4. After removal or whatever you inadvertently touch a used mask, clean hands by using an alcohol-based rub or soap and water if visibly soiled;
 - 5. Replace masks with a new clean, dry mask as soon as they become damp/humid;
 - 6. Do not re-use single-use masks;
 - 7. Discard single-use masks after each use and dispose of them immediately upon removal;
 - 8. Cloth (i.e. cotton or gauze) masks are not recommended under any circumstance.



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References:

Department of Health, Department Memorandum No. 2020 - 0245, dated May 28, 2020 Contact Tracing Protocols, Epidemiology Bureau - Department of Health, dated April 16, 2020 Department of Health, Department Circular No. 2020-0048, dated February 5, 2020

Department of Education - DepEd Task for COVID-19, Memorandum No 035, dated April 11, 2020 Department of Education - Division of Cebu Province, DM No. 162, s. 2020, dated June 1, 2020

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