



PHILIPPINE GENERAL HOSPITAL
The National University Hospital
University of the Philippines Manila
HOSPITAL INFECTION CONTROL UNIT
PHIC-Accredited Health Care Provider
ISO 9001:2015 Certified



5 February 2020

MEMORANDUM NO. 2020 - _____

TO: All Department Chairs, Division Chiefs, Unit Heads and Others Concerned

FROM: GERARDO D. LEGASPI, MD
Director

SUBJECT: IMPLEMENTING GUIDELINES ON THE PREPAREDNESS AND RESPONSE TO THE 2019 NOVEL CORONAVIRUS ACUTE RESPIRATORY DISEASE (2019 nCoV ARD)
Updated February 4, 2020

For information and guidance of all concerned. This is 2nd update of PGH nCoV Guidelines. (Original Document: January 24, 2020.

Background:

On December 31, 2019 a series of pneumonia cases of unknown etiology was seen in Wuhan City, Hubei Province of China. The seafood market was suspected to be the center of the outbreak and thus was closed on January 1, 2020.

By January 9, 2020, the cause of the pneumonia was traced to the identification of a novel type of coronavirus (2019-nCoV).

As of January 22, 2020, 440 cases of confirmed 2019-nCoV pneumonia with 9 deaths have been documented in Wuhan City and several other provinces and cities of China including Beijing, Shanghai and Shenzhen, as well as other countries (USA, Japan, Thailand, South Korea). Fifteen healthcare workers from Wuhan City have also been diagnosed to have pneumonia.

By January 28, 2020, the confirmed cases reported by the World Health Organization (WHO) (<http://www.who.int/docs/default-source/coronaviruse/situation-reports/202001278-sitrep-8-ncov-cleared.pdf>) has ballooned to 4593 cases globally, with 4537 cases from China, 976 severe pneumonias and 106 deaths.

As of January 30, 2020, the Department of Health (DOH) announced the first case of the 2019 nCoV ARD in a 38 year old female from Wuhan City, China (<http://www.doh.gov.ph/2019-nCoV>).

By January 31, 2020 the WHO gave the new condition the official name as **2019 novel Coronavirus Acute Respiratory Disease (2019 nCoV ARD)**. The global number of cases is 9826, with 9720 confirmed cases in China, 213 deaths and 19 countries affected (<http://www.who.int/docs/default-source/coronaviruse/situation-reports/202001278-sitrep-11-ncov.pdf>).

IMPLEMENTING GUIDELINES FOR THE PHILIPPINE GENERAL HOSPITAL

A. DEFINITIONS OF HUMAN 2019 NOVEL CORONAVIRUS INFECTIONS

1. **A PERSON UNDER INVESTIGATION (PUI)** is defined by the WHO (WHO Global Surveillance for human infection with novel coronavirus (2019-nCoV) Interim guidance 21 January 2020 WHO/2019-nCoV/Surveillance Guidance/2020.3) as a **SUSPECT CASE:**
 - A person with severe acute respiratory infection (SARI), with fever, cough, and requiring admission to hospital, AND with no other etiology that fully explains the clinical presentation
AND any one of the following:
 - i. a history of travel to or residence in the city of Wuhan, Hubei Province China, in the 14 days prior to symptom onset; or
 - ii. the disease occurs in a healthcare worker who has been working in an environment where patients with SARIs are being cared for.
 - A person with ANY acute respiratory illness AND at least one of the following:
 - i. close physical contact with a confirmed or probable case of 2019 nCoV infection in the 14 days prior to illness onset, OR
 - ii. visiting or working a live animal market in Wuhan, Hubei Province China in the 14 days prior to symptom onset, OR
 - iii. worked or attended a healthcare facility in the 14 days prior to symptom onset where patients with hospital-associated 2019 nCoV infections have been reported.
2. **A CONFIRMED CASE** is a person with laboratory confirmation of 2019-nCoV infection irrespective of clinical signs and symptoms.
3. **A PROBABLE CASE** is a suspect case for whom testing for 2019-nCoV is inconclusive or for whom testing was positive on a pan-coronavirus assay.
4. **PERSON FOR MONITORING (PUM)** is defined the DOH as those with same history and/or exposure as the PUIs above but Asymptomatic (no fever, no cough).
5. **Close contact** has also been defined by the WHO as:
 - ✓ Living in the same household as the nCoV patient
 - ✓ Working together in close proximity
 - ✓ Sharing the same classroom
 - ✓ Travelling together with a nCoV patient in any kind of conveyance
 - ✓ Healthcare associated exposure including direct care for nCoV patients, working with healthcare workers infected with the nCoV, visiting patients or staying in the same close environment as an nCoV patient

B. SCREENING AND INITIAL RAPID IDENTIFICATION OF POSSIBLE 2019-NCOV CASES WITHIN THE PGH FACILITY:

1. The purpose of this screening process is to rapidly and efficiently identify persons who may be cases of the nCoV at the key entrances of the hospital, and safely isolate them for further evaluation. ANNEX 1 summarizes this screening process at the PGH.
2. **The PGH Security Services/guards on duty are tasked to screen all persons entering the premises in the following strategic points:**
 - PGH Main Gate at Taft Avenue
 - PGH Main Hospital lobby
 - PGH OPD main entrance
 - Gate between OPD to Main Hospital at the back of Ward 3
 - ER Triage Gate / Ambulance Checkpoint
3. The same screening process will be followed at the FMAB entrances for clinic patients. The FMAB screening will be the responsibility of FMAB management.
4. For ALL PEDESTRIANS ENTERING THE PGH TAFT GATE, **The FAST LANE** will be implemented. The signage for the **nCoV FAST LANE** is placed at the very front of the gate plus repeated announcements of the Security calling for persons who had recent travel to China or had contact with person who had recent travel to China to advise persons to skip the lines and approach the Security personnel directly.
 - The persons who can skip the lines and can use the FAST LANE are:
 - ✓ individuals with travel to China (mainland China, Hong Kong, Macau) in the last month;
 - ✓ individuals who had close contact/live with/work for persons who came from China (mainland China, Hong Kong, Macau) in the last month;
 - ✓ individuals with close contact with confirmed 2019 nCoV patients including healthcare workers from other facilities who took care of confirmed cases of nCoV.
 - The persons who go to the fast lane will be given a surgical mask. They will then be directed to proceed to the **nCoronavirus Triage Area**.
 - The **ncoronavirus TRIAGE Area** is located in the parking area across the guard location. The security guard should be able to see that the persons reach the triage area.
 - Thermal scanning will not be done at the TAFT Gate.
5. All persons passing through all the other above entrances other than the TAFT gate will undergo thermal scanning using the thermal gun.
 - If a person is found to have a temperature of 38.0 or higher, the person will be asked to leave the line for further questions as follows:
 - “Did you have travel to China in the last month” or “*Kayo po ba ay nanggaling sa China sa nakaraang buwan?*”
 - “Did you have contact with any person who went to China in the last month?” or “*Kayo po ba ay may nakasalimuha na tao na nagpunta sa China nitong nakaraang buwan?*”
 - For non-English/Filipino speaking persons, the guard will show laminated cue cards with translations to the Chinese language.

6. If the answer to any of the above additional questions is YES, the person is immediately given a surgical mask and directed by the guard. Instructions include: Follow the RED ARROWS to the Triage Area. In addition, a roving guard will accompany these persons.
7. Except for persons identified at the TAFT GATE to go to the triage area, all other persons identified to go to the triage area should be accompanied by the roving guard to the **nCoronavirus Triage Area**.
8. What should assigned PGH personnel wear to protect themselves in these areas?
 - Security guards: Surgical masks all the time while on duty. Surgical masks of guards will be changed every 4 hours.
9. How will this area be disinfected after persons leave this area?
 - The laminated cue cards will be disinfected by the security guards every after patients touch the cards using alcohol and disposable tissues.
10. What are the materials which should always be in this area?
 - The Security department has been provided with the thermal scanners.
 - Laminated cue cards with translation.
 - Box of surgical masks
 - Alcohol
 - Disposable tissue
 - Small yellow trash bag

C. TRIAGING, EVALUATION AND IDENTIFICATION OF PERSONS UNDER INVESTIGATION

1. The **nCoronavirus Triage Area** is set up at the front of PGH parking lot right of the Oblation as a temporary structure to further evaluate persons sent by the Security guards.
2. **The Emergency Room Officer (ERO) will be responsible for coordinating the triaging process. CONTACT NUMBER OF ERO: 09323421229**
3. Once persons are identified to proceed to the nCoronavirus Triage Area, the roving Security will inform the ERO and the ERO will inform the assigned fellow/resident on scheduled decking. Assignments and contact numbers will be provided to the ERO by the departments/sections accordingly two weeks in advance.
4. The nCoronavirus Triage Area will be manned by the physicians. During the first two weeks, the Infectious Disease Fellows of the Pediatrics, OB-Gynecology and Medicine departments will be on-call to evaluate the patients who will be sent to the tent. If the outbreak continues, additional residents will be trained to take the calls. There will also be an ID consultant from both Pediatrics and Medicine assigned to be on call and on deck for admissions.
CONTACT NUMBER OF ID FELLOWS: ADULT ID FELLOW- 09323390827; PEDIA ID FELLOW- 09224678973
5. Triage ID fellows/other residents will wear N95 mask, goggles, gown, gloves when evaluating patients. Prior to first duty, the fellows/ resident must get Proficiency for Proper PPE from HICU.
During the triage evaluation, the patient will be wearing a surgical mask.

6. Triage physicians will use the DOH Checklist (See ANNEX 2: UP-PGH Interim Decision Tool for 2019 nCoV Assessment Checklist for PUI v5).

The patients will be assessed if he/she meets the criteria of **PERSON UNDER INVESTIGATION** using the DOH checklist. (from DOH Decision Tool for Novel Coronavirus Assessment for Bureau of Quarantine and Hospitals v5 February 3, 2020).

Fever ≥38 C (current fever or with history of fever)	Respiratory Infection Cough AND/or colds	Travel History For the last 14 Days in China	<u>History of Exposure*</u>	Case Category/ Intervention	UP-PGH disposition
+	+	+	+	Category: <u>Patient Under Investigation (PUI)</u> <ul style="list-style-type: none"> • Completes the Case Investigation Form (CIF) • Trained hospital staff collects specimens (NPS and OPS) and sends to RITM (NPS and OPS must be collected upon admission and after 24 to 48 hours) • Manages PUI accordingly 	
+	+	+	-		
+	+	-	+		
+	-	+	+		
-	+	+	+		
+	-	+	-		
-	+	+	-		
+	-	-	+		
-	+	-	+		
-	-	+	+	Category: <u>Person under Monitoring</u> Bureau of Quarantine <ul style="list-style-type: none"> • Collects and evaluates the BoQ Health Declaration card • Advises person to go on self- quarantine for 14 days, monitor body temperature daily and observe any signs and symptoms of respiratory infection • If symptoms worsen, immediately notify the nearest hospital for consultation and provide travel history Centers for Health Development <ul style="list-style-type: none"> • Monitors strictly those who are self-quarantined *Anyone who came from other parts of the world with confirmed 2019-nCoV ARD infection except China has no history of exposure but with fever and/or cough is considered <u>Person under Monitoring</u> and is advised to go on self quarantine for 14 days.	
-	-	+	-		
-	-	-	+		

The checklist will be available at the nCoronavirus Triage Area at all times. As the outbreak is evolving, the above checklist may change according to the recommendations of the DOH. The algorithm released by the PSMID (February 4, 2020 v4) seen here as ANNEX 3 as an additional guidance for screening, triage and other PGH staff.

7. At the end of each patient encounter at the **nCoronavirus Triage Area**, the ID fellow/resident **should be able** to categorize the patient as any of the following:
- Person Under Investigation (PUI) and admit to the designated place to admit PUIs;

- Asymptomatic Person at Risk/Contact and send patient home for 14-day self-quarantine;
 - Different Diagnosis and send patient to ER or the OPD.
8. What PGH staff should wear to protect themselves in this area?
- Security guards: Surgical masks all the time while on duty, even when accompanying patients, not expected to touch patients
 - ERO: none- ERO is not expected to be near patient during task of coordination
 - Physicians in nCoronavirus Triage area: gown, gloves, N95 mask, eye protection
9. How will this area be disinfected after persons leave this area?
- The horizontal surfaces (table, chairs, cue cards) in the triage area will be disinfected by the triage physicians before and after seeing patients using alcohol and disposable tissues.
 - The triage area is open air will not need additional ventilation aids.
 - The tent will be equipped with a HEPA filter machine.
 - After a resuscitation, the tent will be disinfected with chlorine containing disinfectant.
10. What are the materials which should always be in this area?
- PPEs, alcohol are to be kept safe at the Guardhouse, replenished by HICU daily basis
 - Alcohol, laminated cue cards c/o HICU
 - Resuscitation equipment by DEM, checked by DEM Chief Nurse
 - Trash bins with color-coded plastics, Oxygen tank with ports, IV stand with IV needs c/o DEM Chief Nurse
 - HEPA Filter machine to be bought by Pay Admitting
 - Admission forms to be replenished by Pay Admitting

D. ADMISSION OF PERSONS UNDER INVESTIGATION

1. Patients categorized as Person Under Investigation will be advised admission. The fellow/resident will inform **the HICU surveillance officer and RESU for possible transfer to RITM or San Lazaro**. Once transfer is approved, transport via PGH ambulance conduction will be arranged. **CONTACT NUMBERS OF HICU SURVEILLANCE OFFICER 0916-3045328**
RESU DOH NCR assigned to PGH Ms. Weena Terminez 0927-2702466; RESU DOH NCR: Mr. Mark Espanol 0926-0248694; DOH RESU 8535-1488 or 8531-0037 or 8531-0034
2. If transfer is not possible, the Department of Pay Patient Services through the DPPS special phone will be contacted. **CONTACT NUMBERS OF DPPS Local 3137.**
3. The DPPS will inform the area where the patient will be admitted to.
 - Procedures for admission will be facilitated.
 - The DPPS Pay Admitting Services will provide the Triage area all the paper materials to facilitate admission of the PUI.
4. All PUI admissions will be under the primary services in-charge of the Divisions of Infectious Diseases. Consultants of adult and pediatric ID services will have a decking list which will also be made available two weeks in advance. The fellow/resident in the triage will also inform the ID consultants of PUI admissions. If needed, the consultants of the Divisions of Pulmonary Medicine may also be called as referral services. A list of consultants/fellows on deck must also be made available to the triage area.

5. The DPPS will coordinate movement of the PUI patient from the Triage to the Room. An assigned Utility Worker (UW) will transport the patient. The patient will continue to wear the surgical mask during the transport. The UW will wear complete PPEs. The stable patient will be brought by wheelchair accompanied by Security to keep pathway clear, inform the elevator 6 personnel to empty elevator car and wait for patient and inform receiving area to await patient (open all entrances to shorten patient transport). Security to stay beyond 1 meter of patient. Path from triage to the admitting room will be via PGH Lobby to left side of corridors pass by fronts of Wards 9 and 11 to Elevator 6 then to 5th floor RCB. The security guard from the first floor need not enter elevator. He/she will endorse to the 5th floor guard.
6. All healthcare workers who will care for PUIs and confirmed 2019 nCoV cases will wear full Personal Protective Equipment (PPE) which include for Droplet (but using N95 mask with face protection) and Contact Precautions (disposable gowns and gloves).
7. The triage fellow will endorse the PUI patients to the medical team.
8. **Initial diagnostic workup recommended:** initial tests to be ordered and will be performed after patient is admitted. These include blood tests: CBC, BUN creatinine, ALT, portable Chest X-ray and sputum for GSCS. Other tests will be ordered according to the other differential diagnosis.
9. The nasopharyngeal and oropharyngeal samples for nCoV testing and other viruses should be facilitated. The disease surveillance officer from the HICU (Ms. Mary Garrido **0916-3045328**) and/or ID fellows in triage (**ADULT ID FELLOW- 09323390827; PEDIA ID FELLOW- 09224678973**) will collect nasopharyngeal, oropharyngeal swabs and sputum tests using the proper collection kits. Samples are to be kept in 4C while awaiting transport to RITM. Transport of specimen to RITM will be shouldered by PGH.
10. Transport and movement outside the patient's room should be minimized and done only when absolutely necessary.
11. For patients who may eventually require ICU monitoring and care, the necessary equipment will be brought to the patient's room to allow critical care management under the supervision of the Critical Care team/consultants.
12. The case investigation form shall be used for investigation of all suspected cases of nCoV infection and completed by the Disease surveillance officer.
13. What should assigned PGH staff wear to protect themselves in this area?
 - Security guards accompanying transport- surgical masks at all times; not to go inside
 - UW transporting patient to room: gown, gloves, N95 mask, goggles – PPEs from DPPS, wear before entering triage area
 - Elevator staff: N95 – N95 already with Philcare wear only once informed there is a PUI
 - Accompanying triage medical staff: same PPEs as in triage
 - Accepting medical and nursing staff: gown, gloves, N95 mask, goggles.....
14. How will this area be disinfected after persons leave this area?

- Elevator – cleaned by Philcare with disinfectants. Clean wall and floors including elevator buttons. UV for 30 minutes. May use after UV disinfection.
- Wheelchair- cleaned by Philcare with disinfectants; can be used after disinfection

E. CLINICAL MANAGEMENT OF UNSTABLE PUIs WITH SEVERE ACUTE RESPIRATORY INFECTION

1. Stable patients will be directly brought to the room for admission.
2. Patients with unstable vital signs, particularly those brought in by ambulance, will be stabilized at the nCoV Triage Area inside the ambulance. The triage officer/ERO decides on whether an ambulance must be sent to the ncoronavirus triage area. The triage officer/ERO activates the **nCOV CODE TEAM.**
3. The fellows/residents should also be able to quickly recognize the patients who are referred from other areas to the triage area with Severe acute respiratory infection (SARI) and alert the ER Response team through the ERO (**CONTACT NUMBER OF ERO: 09323421229**) so that the nCoV CODE TEAM can be called.
4. The equipment and materials for resuscitation as well as PPEs for all responding DEM and other health personnel will be made available at the Triage tent.
5. The triage physician will facilitate referral through the HICU/RESU for possible transfer to RITM or San Lazaro or admission. **CONTACT NUMBERS OF HICU SURVEILLANCE OFFICER 0916-3045328; RESU DOH NCR assigned to PGH Ms. Weena Terminez 0927-2702466; RESU DOH NCR: Mr. Mark Espanol 0926-0248694; DOH RESU 8535-1488 or 8531-0037 or 8531-0034.**
6. If transfer is not possible, the patient is admitted to the PGH in designated areas.
7. What should PGH personnel wear to protect themselves?
 - Ambulance personnel- gown, gloves, N95, goggles
 - All members of code team – gown, gloves, N95, goggles
 - Accepting nursing and medical personnel- gown, gloves, N95, goggles.
8. How will these areas be disinfected after the persons leave this area?
 - Discard all materials, consider all materials as single use and discard to yellow bag.
 - Have UV light clean air for 1 hour.
 - As above, the tent will be cleaned with chlorine containing disinfectant.

F. OTHER ENTRY POINTS OF ADMISSIONS FOR PUIs

1. UP and PGH employees, UP students who were **already assessed by the UP Health Service as PUIs as well as private patients already assessed by PGH physicians as PUIs can be directly admitted by their consultants.** The physician should directly contact the DPPS and make sure the PUI is isolated quickly using a surgical mask upon entry to PGH and brought to the room directly and efficiently.
2. The UPHS or other PGH consultants who wish to admit PUIs should also coordinate with the ERO and the ID Fellow and consultants on deck that day should be made to assure a smooth admission process.

3. Transfers from other hospitals will have to be coordinated with the RESU and the PGH HICU/DEM.

G. LABORATORY DIAGNOSIS OF THE 2019 NOVEL CORONAVIRUS

1. The nasopharyngeal and oropharyngeal swab specimens from suspected cases of nCoV patients will be sent to the RITM in coordination with the HICU/RESU surveillance officers.
2. Actual collection of specimen shall be done only by trained disease surveillance coordinators and/or ID fellows. The specimens will be stored in the HICU freezer while awaiting transport to RITM.
3. Transport to RITM will be coordinated with the PGH Transportation system. Handling of specimens should adhere rigorously to Standard Precaution to minimize the possibility of exposure to pathogens.
4. Results of the viral testing from the DOH/RITM will be followed closely and relayed accordingly.
5. If the 2019 nCoV test is negative, and other medical problems have been addressed, the patient will be discharged.
6. If the 2019 nCoV test is positive, the patient will continue with supportive management. Once improved, repeat nasopharyngeal and oropharyngeal samples will be sent to RITM.
7. Two negative nCoV tests 24-hours apart is required prior to discharge.

H. INFECTION PREVENTION AND CONTROL

1. All PGH staff and consultants, trainees, students should understand that early recognition and immediate isolation of suspected nCoV patient is the most critical measure for reduce the rapid transmission of the virus to other patients.
2. For healthcare workers, the most critical measure is reduce risk of getting the nCoV while caring for the patients will be the proper use of personal protective equipment (PPE) and isolation precautions when caring for suspected and confirmed nCoV cases. Standard Precautions, particularly hand hygiene and respiratory etiquette, as well as droplet and contact precautions should be instituted. Therefore whenever a HCW is called to see a suspected or confirmed case of nCoV, the PPE should be donned as follows before entering the patient zone: fluid-resistant gown, gloves, at least a surgical mask, (N95 mask when available) and eye goggles or face mask.
3. Appropriate hand hygiene should be observed with vigilance.
4. Any surfaces that become soiled with respiratory secretions or body fluids should be cleaned with hospital disinfectants.
5. All healthcare workers, paramedical staff, janitorial crew and all others who will be within 3 feet of PUI and confirmed nCoV patients should wear entire PPE for droplet and contact precautions.
6. Isolation precautions should be continued during the duration of symptomatic illness and continued for 24 hours after the resolution of symptoms.
7. PPE for the purpose on the screening, triaging, caring for suspected and confirmed cases of nCoV will be always available from the HICU. They will be distributed to the assigned personnel in designated strategic storage places for easy access when needed.

8. Personal equipment and gadgets should not be used inside areas where there are PUIs.
9. All PPEs will be disposed to yellow bags.

I. EDUCATION AND INFORMATION OF PATIENTS AND FAMILY MEMBERS

1. The clinical and public health implications of diagnosis of PUI for persons who are brought to the nCoV Triage Area will be explained nCoV to patient, companions and family members. In cases where the person is unable to speak or understand English, an interpreter may be necessary.
2. All symptomatic persons who will meet criteria for PUI will be advised admission. Whenever possible, transfer to RITM or San Lazaro will be offered.
3. The PUI should be advised to follow respiratory etiquette. Spitting is prohibited at the PGH.
4. If the patient is asymptomatic, the person is allowed to go home. Self-quarantine for 14 days from the departure from China will be imposed on the patient. The name and contact number of the patient will be given to the RESU for community monitoring.
5. All patients and family members will be taught by the Triage physician the proper hand washing, use of alcohol, use of surgical mask, and other preventive measures.

J. CONTINUING EDUCATION AND SURVEILLANCE OF PGH EMPLOYEES, FACULTY, ROTATING STUDENTS AND TRAINEES AND ALL OTHER HEALTHCARE WORKERS AS WELL AS UP MANILA COMMUNITY

1. The HICU and the Divisions of Infectious Diseases are in charge of providing continuing education and providing updates about nCoV and infection control for the PGH community. See Annex 4 for initial posters on FAQs and Prevention of Transmission.
2. PGH staff and healthcare workers, as well as the entire UP Manila community are also encouraged to keep themselves updated using reliable websites such as the DOH and the WHO.
3. PGH staff and all healthcare workers must be vigilant about caring for themselves and making sure to wear the proper PPEs when necessary.
4. An **exposed health care worker** is one who failed to wear the proper PPEs according to standard of care or had a breach in procedures while caring for a person confirmed to have the 2019 nCoV ARD.
 - a. **Accidental or negligent exposure of healthcare workers should not occur.**
 - b. Such exposed HCW will be reported to the UPHS and have to go on 14day self-quarantine. He/she cannot go back to work until the 14days are completed without development of any symptoms. Clearance to go back to work after the 14day quarantine will be given by the UPHS.
 - c. If any of the exposed workers develop any fever with temperature >38 and/or respiratory symptoms of sore throat/cough/colds, the healthcare worker will be admitted as PUI and managed accordingly.

- d. The UPHS will be responsible for monitoring exposed PGH healthcare workers
5. All other HCWs who see nCoV patients and are wearing the proper PPEs will not need quarantine nor have work restrictions.
 6. While the global nCoV outbreak is in effect, all travels of PGH employees to mainland China as well as its Special Administrative Regions Hong Kong and Macau will not be allowed.
 7. All arrivals of travels from China including Mainland China, Hong Kong, and Macau after January 21st 2020 should be reported to the UPHS for monitoring by telephone or by email. These personnel, healthcare workers, faculty and students with travel to mainland China, Hong Kong and Macau will not be allowed to report back to work during the 14-day quarantine period. The first day of quarantine is the day they arrive in the Philippines. Departments and units will submit list of travellers to the UPHS including university students who have rotations to the PGH. PGH employees and all university faculty and students who require quarantine are encouraged to self-report to the UPHS by telephone. The UPHS will be responsible for setting up a mechanism to facilitate self-reporting of personnel who have a travel as well as following up of personnel and students periodically to check on their health conditions.
 8. As an additional precaution, other travels to countries outside China where there are nCoV cases greater than in the Philippines, the PGH personnel is advised to wear surgical mask for 14 days. Reporting to UPHS nor quarantine is not required for travel outside China, Hong Kong and Macau until further notice.
 9. The rules on 14-day quarantine will also be imposed on all faculty and students from the University of the Philippines Manila, particularly if they have rotations to the PGH.
 10. The entire UP Manila community are enjoined to likewise keep updated on the 2019 novel coronavirus ARD global outbreak and follow vigilant monitoring of their health condition. Prevention of transmission within our offices, clinics, homes, classrooms will only be possible with cooperation of everyone and strict adherence to frequent hand hygiene, respiratory etiquette, social distancing, and overall maintenance of good hygiene.
 11. Any fever and respiratory symptoms such as cough, colds, sore throat, and specially any shortness of breath among any of member of the UP Manila and PGH communities warrants evaluation. Persons with respiratory complaints are discouraged to go to work, clinic, ward rotation, ICU rotation or classroom. Wear a surgical mask while with symptoms to limit spreading the infectious droplets. Call or text your supervisor, team leader, class coordinator and the like.
 12. At this time, if travel to China, Hong Kong and Macau is part of the history, the afflicted individual should secure and wear a surgical mask and seek consultation at the UPHS or physician of choice. Inform the nursing or medical personnel at the UPHS triage or front desk so that proper PPEs are worn before and they are prepared to properly and promptly evaluate. It is also possible that they are directed to the ncoronavirus Triage Area.

13. On the other hand, surgical masks are not necessary for routine hospital, office or university work. Prudently use surgical masks and specially N95 masks and use when you are caring for persons who have communicable.

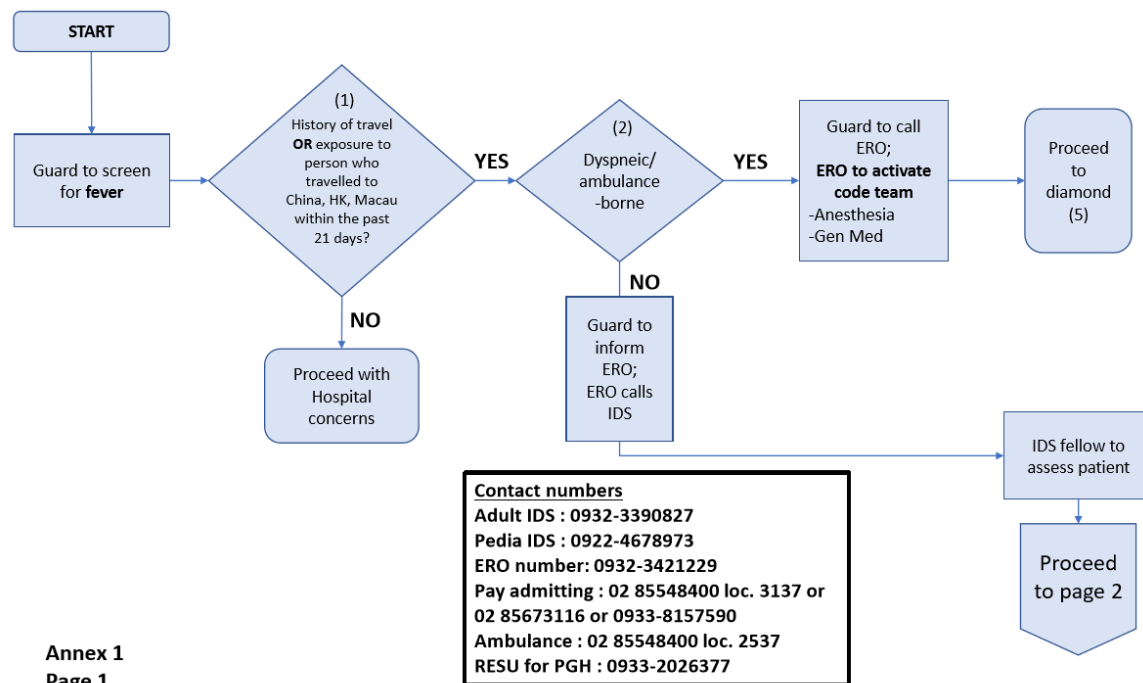
K. Resource Requirements for Response to the nCoV

1. Dedicated nursing personnel to care for the PUIs and specially confirmed cases is the ideal response for this situation. The Division of Nursing will be in charge of delegating best nursing complement for these tasks including nursing care for whole spectrum of severity of the 2019 nCoV ARDs from mild to severe pneumonias in respiratory failure and on mechanical ventilation.
2. Continuous supply of the necessary personal protective equipment is of utmost importance and will be a critical component of the response. The HICU in coordination with the Purchasing and Budget will be in charge making sure that supplies are available.
3. Additional supplies to augment stocks through donations will be facilitated by other administrative offices and the DEM.

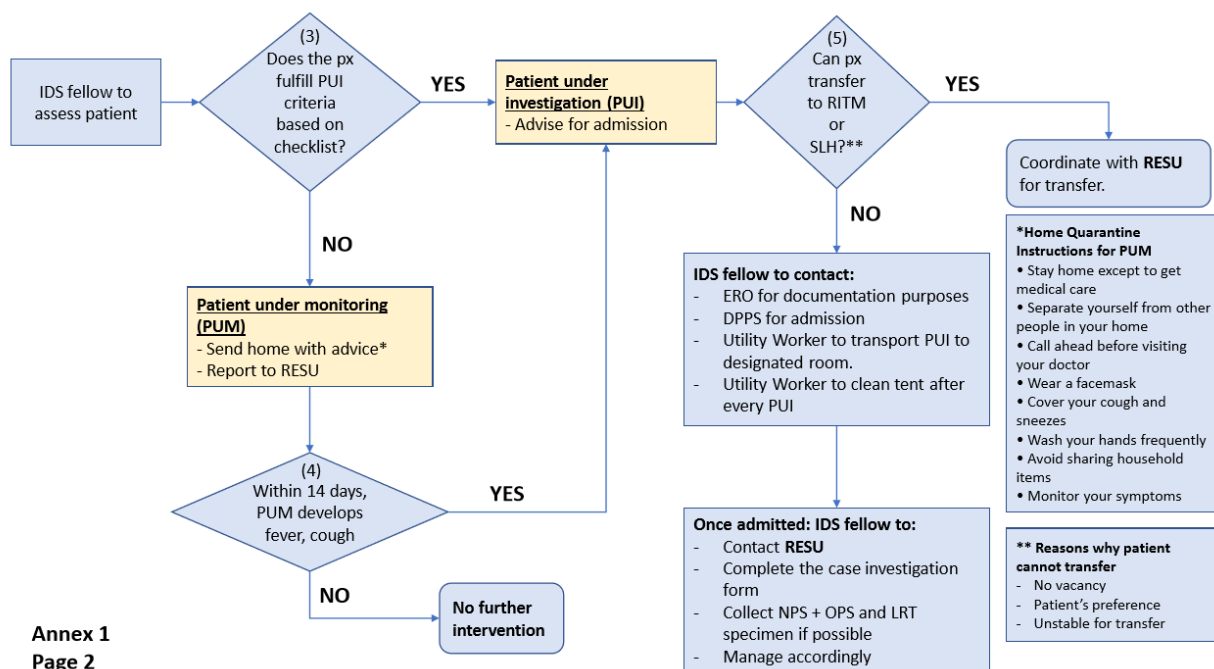
L. Other Contact Numbers and emails:

- Dr. Regina BERBA (HICU): 0998-5381599
- Ms. Merlita MAAT (HICU): 0946-3800913
- Ms. Germilyn LUCAS (HICU): 0917-5300686
- Ms. MARY GARRIDO (PGH Surveillance Officer/HICU): 0916-3045328
- PGH HICU: pgh.hicu@gmail.com
- HICU local: 3238

ANNEX 1 – PGH nCoV Flowchart



Annex 1
Page 1



Annex 1
Page 2



ANNEX 2

UP-PGH Interim Decision Tool for 2019 - Novel Coronavirus Assessment v5 (as of Feb 03, 2020)



Patient Information

Date Seen/Consult: _____

Name of Patient: _____

Age: _____ Sex: _____

Address: _____

Contact number: _____

Encircle which applies:

**please note the actual Temperature*

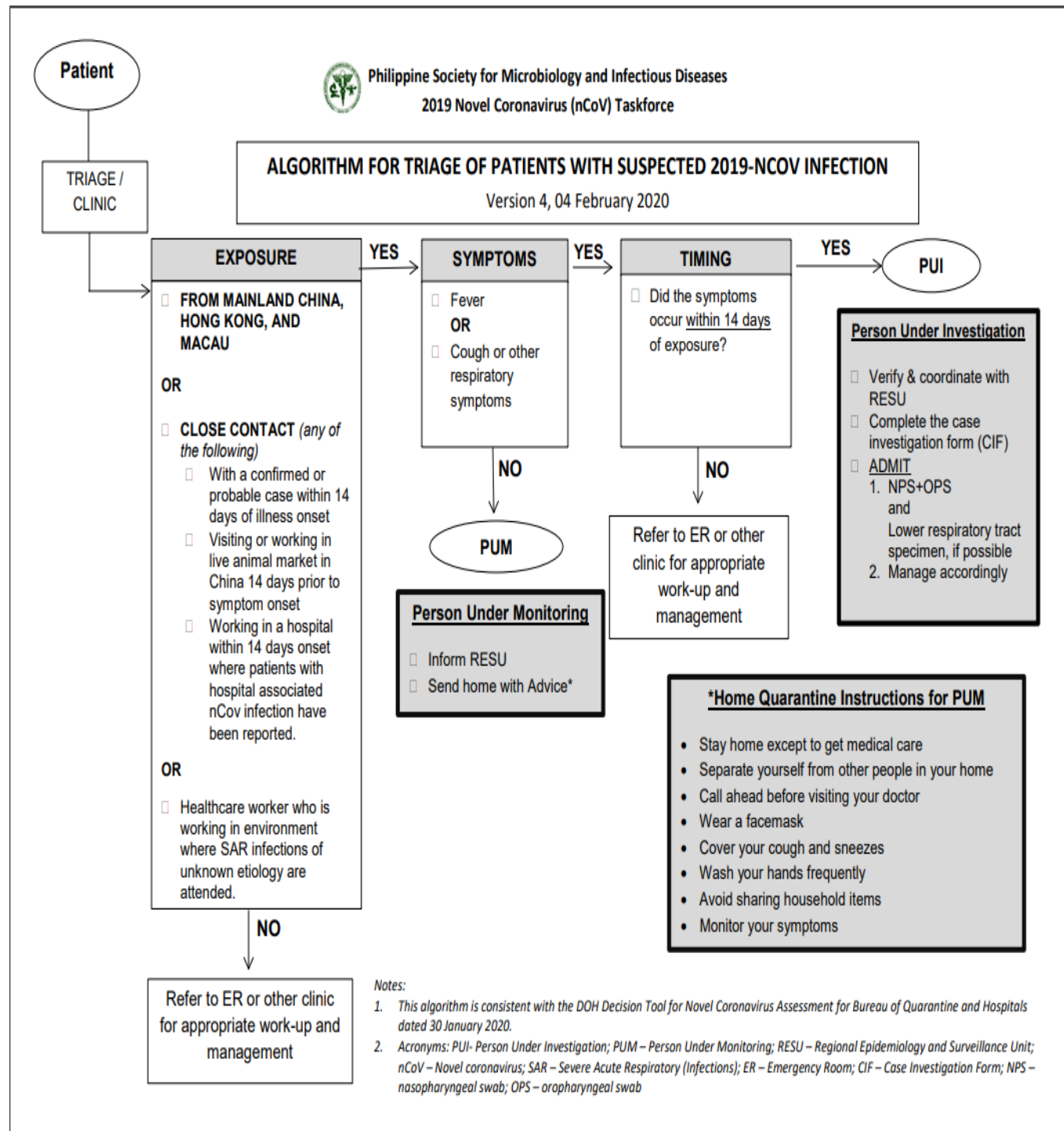
Fever ≥38 C (current fever or with history of fever)	Respiratory Infection Cough AND/or colds	Travel History For the last 14 Days in China	History of Exposure*	Case Category/ Intervention	UP-PGH disposition
+	+	+	+	Category: <u>Patient Under Investigation (PUI)</u> <ul style="list-style-type: none"> • Completes the Case Investigation Form (CIF) • Trained hospital staff collects specimens (NPS and OPS) and sends to RITM (<i>NPS and OPS must be collected upon admission and after 24 to 48 hours</i>) • Manages PUI accordingly 	
+	+	+	-		
+	+	-	+		
+	-	+	+		
-	+	+	+		
+	-	+	-		
-	+	+	-		
+	-	-	+		
-	+	-	+		
-	-	+	+	Category: <u>Person under Monitoring</u> Bureau of Quarantine <ul style="list-style-type: none"> • Collects and evaluates the BoQ Health Declaration card • Advises person to go on self- quarantine for 14 days, monitor body temperature daily and observe any signs and symptoms of respiratory infection • If symptoms worsen, immediately notify the nearest hospital for consultation and provide travel history Centers for Health Development <ul style="list-style-type: none"> • Monitors strictly those who are self-quarantined <i>*Anyone who came from other parts of the world with confirmed 2019-nCoV ARD infection except China has no history of exposure but with fever and/or cough is considered <u>Person under Monitoring</u> and is advised to go on self quarantine for 14 days</i>	
-	-	+	-		
-	-	-	+		

NPS, nasopharyngeal swab; OPS, oral pharyngeal swab

Signature over Printed Name by Medical Officer

***Exposure History Include:**

- a. Close contact who took care, handled specimens and/or lived with a confirmed case of 2019-nCoV infection; or
 - **Close Contact** is defined as:
 - Health care associated exposure, including providing direct care for nCoV patients, working with health care workers infected with novel coronavirus, visiting patients or staying in the same close environment as a nCoV patient
 - Working together in close proximity or sharing the same classroom environment with a nCoV patient
 - Traveling together with a nCoV patient in any kind of conveyance
 - Living in the same household as nCoV patient
- b. Visiting/working in a live animal market in China
- c. Direct contact with animals in China with circulating 2019-nCoV in human and animals



ANNEX 4: Information Materials for Patients on 2019 nCoV

2019-nCoV FAQs

What is it?
2019 Novel Coronavirus, or 2019-nCoV, is a new respiratory virus first identified in Wuhan, Hubei Province, China.

What are the signs & symptoms?
Common signs and symptoms include fever, cough, and shortness of breath. Some people may experience fatigue, muscle aches, and loss of taste or smell. In severe cases, it can lead to pneumonia and acute respiratory distress syndrome (ARDS).

How do I get infected?
It is likely spread from an animal source, but may also spread from person-to-person. Transmission is mainly via respiratory droplets produced when an infected person coughs or sneezes.

What is the treatment?
There is no specific antiviral treatment recommended for 2019-nCoV infection. Treatment is mainly supportive.

How can I protect myself?
Wash your hands with soap and water or alcohol-based hand sanitizers.
Avoid touching your eyes, nose, and mouth with unwashed hands.
Avoid close contact with people who are sick.
Cover your cough or sneeze with a tissue.
Clean and disinfect frequently touched objects and surfaces.
Cook meat and eggs thoroughly.
Avoid unprotected contact with live wild and farm animals.

2019-nCoV FAQs

What is it?
2019 Novel Coronavirus, or 2019-nCoV, is a new respiratory virus first identified in Wuhan, Hubei Province, China.

How long does it take to get infected?
The incubation period is typically 2-14 days.

Is person-to-person spread possible?
Yes, person-to-person spread is possible, especially in close contact.

What are the signs & symptoms?
Common signs and symptoms include fever, cough, and shortness of breath. Some people may experience fatigue, muscle aches, and loss of taste or smell. In severe cases, it can lead to pneumonia and acute respiratory distress syndrome (ARDS).

How can I protect myself?
Wash your hands with soap and water or alcohol-based hand sanitizers.
Avoid touching your eyes, nose, and mouth with unwashed hands.
Avoid close contact with people who are sick.
Cover your cough or sneeze with a tissue.
Clean and disinfect frequently touched objects and surfaces.
Cook meat and eggs thoroughly.
Avoid unprotected contact with live wild and farm animals.

MAHALAGA ANG PALAG ANG PAG KUNIGAS NG KAMAY O AMIT ANG TUBIG AT SABON O ALCOHOL

**TAKPAN ANG ILONG AT BIBIG SA
TUVING UUBO AT BABAHING**

**MAKIHALUBILO SA
TAKANG MAY SENTOMAS NA
KATULAD NG TRANKASO**

**LUTUING MABUTI
PAGKAING KARNE AT ITLOG**

**ANG MGA HAYOP NA
DAPAT IWASAN**

**2019-nCoV
PREVENTION**

CLEAN HANDS WITH SOAP AND WATER OR ALCOHOL BASED HANDRUB

**COVER NOSE AND MOUTH
WHILE COUGHING AND
SNEEZING WITH TISSUE OR
FLEXED ELBOW**

**AVOID CLOSE CONTACT WITH
PERSONS WITH COLDS OR FLU-
LIKE SYMPTOMS**

**COOK THOROUGHLY MEAT
AND EGGS**

**AVOID UNPROTECTED
CONTACT WITH LIVE WILD OR
FARM ANIMALS**

**2019-nCoV
PREVENTION**



DEPARTMENT OF HEALTH
RESEARCH INSTITUTE FOR TROPICAL MEDICINE
Alabang, Muntinlupa City, Metro Manila
(02) 8072628 to 32
www.ritm.gov.ph

Hospital No.: **LABORATORY TEST REQUEST FORM** Accession No.:

I. PATIENT INFORMATION: (To be filled-up by requisitioner)

Name: (First, Middle, Last)		Date of Birth: (MM/DD/YYYY)	
Address: (Street, Barangay, District, Municipality, Province, Region)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Age: (YY.MM)
Location/ Classification: <input type="checkbox"/> OPD <input type="checkbox"/> Referral <input type="checkbox"/> AS <input type="checkbox"/> RITM INPATIENT		Date of Admission: (MM/DD/YYYY)	
Clinical Impression:	Suspected Agent:	Date of Onset of Illness: (MM/DD/YYYY)	

II. REQUISITIONER INFORMATION: (To be filled-up by requisitioner)

Requisitioner (MD)/Disease Surveillance Officer (DSO) Name:		Address:		Requisitioner MD/DSO/DRU Contact Details: (at least 1) Tel No.: Fax No.: Cell No.: Email Address:	
Name of Disease Reporting Unit (DRU):	Type of DRU:	Region:	Province:	Municipality:	

III. HOSPITAL INFORMATION: (To be filled-up by RITM staff)

Date and Time of Specimen Receipt: (MM/DD/YYYY- HR:MIN)	Received by: printed name & signature	Official Receipt No.
--	--	----------------------

IV. SPECIMEN INFORMATION AND LABORATORY TESTS: (To be filled-up by requisitioner. Please mark with an "X" the box of the requested examination with additional information as requested. For pre-collected specimens, requisitioner to indicate the date and time of sample collection at the space provided.)

LABORATORY EXAMINATION	SPECIMEN TYPE							
	NPS and/or OPS in VTM (specify if NPS and/or OPS)	NPS in APTM	Sputum	Serum	Respiratory specimen (specify type)	Fixed tissue (specify type, site & surgical procedure)	Blood in BHI	Others (specify type)
Influenza A H5N1 PCR								
Influenza A H7N9 PCR								
MERS Coronavirus PCR								
panCoronavirus PCR								
Influenza A PCR and subtyping for H1N1, H3N2 and H1N1 pdm09								
Influenza B PCR								
RSV PCR								
Aerobic Culture and Sensitivity								
Atypical pneumonia PCR <i>Legionella, Mycoplasma and Chlamydia</i>								
Invasive Bacterial Diseases PCR <i>S. pneumoniae, H. influenzae and N. meningitidis</i>								
Electron Microscopy								
Histopathological Examination								
Others: (Refer to RITM Lab Menu)								
Date and Time Collected:								
Collected by:								
RITM Staff Only								
Specimen Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO



Philippine Integrated Disease
Surveillance and Response

Case Investigation Form

Severe Acute Respiratory Infection (SARI)

(ICD 10 Code: J22)



Name of DRU:		Type: <input type="checkbox"/> RHU <input type="checkbox"/> CHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic									
Address:		<input type="checkbox"/> Gov't Lab. <input type="checkbox"/> Private Lab. <input type="checkbox"/> Airport/Seaport <input type="checkbox"/> Others_____									
		Source: <input type="checkbox"/> Surveillance <input type="checkbox"/> Outbreak									
I. PATIENT INFORMATION:		Hospital Number:		Patient's First Name		Middle Name		Last Name			
Complete Address:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: <u>MM</u> <u>DD</u> <u>YY</u>		Age: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years					
Occupation:		Name of Workplace:									
Contact details:		Address of Workplace:									
II. HISTORY OF ILLNESS, PHYSICAL EXAMINATION AND PRE-EXISTING CONDITIONS											
Date Onset of Illness		<u>MM</u> <u>DD</u> <u>YY</u>		Date Seen/Consult		<u>MM</u> <u>DD</u> <u>YY</u>					
Signs and Symptoms:		SARI Suspect Case for Patients > 5 years old Temperature at consultation: ____ °C <input type="checkbox"/> Fever/ Feverish Duration: ____ days/weeks <input type="checkbox"/> Headache <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Difficulty of breathing <input type="checkbox"/> Requires hospital admission <input type="checkbox"/> Others: (Please specify) _____				SARI Suspect Case for Patients < 5 years old and EITHER ONE of the two IMCI criteria for pneumonia 1. IMCI Criteria for pneumonia: <input type="checkbox"/> Any 2 months to 5 years of age with cough or difficult breathing <input type="checkbox"/> Breathing faster than 60 breaths/min (infants < 2 months) <input type="checkbox"/> Breathing faster than 50 breaths/min (2-12 months) <input type="checkbox"/> Breathing faster than 40 breaths/min (1-5 years old) <input type="checkbox"/> Requires hospital admission.				2. IMCI criteria for severe pneumonia <input type="checkbox"/> Any child 2 months to 5 years of age with cough or difficult breathing With any of the following danger signs: <input type="checkbox"/> Unable to drink or breastfeed <input type="checkbox"/> Vomits everything <input type="checkbox"/> Convulsions <input type="checkbox"/> Lethargic or unconscious <input type="checkbox"/> Chest indrawing or stridor in a calm child <input type="checkbox"/> Requires hospital admission.	
Did you take any of the following medication(s) prior to consultation? (Please specify chosen category and duration of intake) <input type="checkbox"/> Antivirals: _____ <input type="checkbox"/> Antibiotics: _____ <input type="checkbox"/> Antipyretics: _____ <input type="checkbox"/> Others: _____		Are there any influenza-like-illness during the week in your: Household <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown School/Daycare/Workplace <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Did you have direct contact with suspected or confirmed case? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Did you receive an Anti-influenza vaccine in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
History of exposure to any of the ff: <input type="checkbox"/> Bats <input type="checkbox"/> Poultry/Migratory Birds <input type="checkbox"/> Camels <input type="checkbox"/> Pigs <input type="checkbox"/> Horses <input type="checkbox"/> Others: _____		History of travel/residence abroad for the last 21 days: Date of travel:(mm/dd/yy) _____ <input type="checkbox"/> Yes (specify country/ies): _____ Flight #: _____ Date of arrival: _____ Point of entry and exit: _____ <input type="checkbox"/> No				Recent chest X-ray <input type="checkbox"/> Done <input type="checkbox"/> Not Done Result: _____ Date:(mm/dd/yy) _____					
Pre-existing Conditions <input type="checkbox"/> Asthma <input type="checkbox"/> Chronic cardiac disease <input type="checkbox"/> Chronic liver disease <input type="checkbox"/> Chronic neurological or neuromuscular disease <input type="checkbox"/> Chronic renal disease <input type="checkbox"/> Chronic respiratory disease		<input type="checkbox"/> Diabetes <input type="checkbox"/> Haematologic disorders <input type="checkbox"/> Immunodeficiency diseases <input type="checkbox"/> Obesity BMI: _____ <input type="checkbox"/> Pregnancy <input type="checkbox"/> Undernourished <input type="checkbox"/> Others (please specify) _____				Admitted: <input type="checkbox"/> Yes Date:(mm/dd/yy) _____ <input type="checkbox"/> No _____ ICU: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Suspicious for novel respiratory virus case: (Specify respiratory pathogen): _____											

Name of investigator: _____

DOH-EB-PIDSR-SARICIF-REV2

(ICD 10 Code: J22)

DOH-EB-PIDSR-SARICIF-REV2

Severe Acute Respiratory Infection (SARI)

(ICD 10 Code: J22)

CASE DEFINITION/CLASSIFICATION:

INFLUENZA-LIKE-ILLNESS (ILI)

Suspected case: A person with acute respiratory infection, with measured fever of $\geq 38^{\circ}\text{C}$ and cough with onset within the last 10 days.

Probable case: Not applicable

Confirmed case: A suspected case that is laboratory-confirmed (used mainly in epidemiological investigation rather than surveillance).

SEVERE ACUTE RESPIRATORY INFECTION (SARI)

SARI Suspect Case for Persons > 5 years old:

An acute respiratory infection with:

- history of fever or measured fever of $\geq 38^{\circ}\text{C}$;
- and cough;
- with onset within the last 10 days;
- and requires hospitalization
- WITH difficulty of breathing; OR

-A suspect case of severe undiagnosed pneumonia, Acute Respiratory Distress Syndrome, Severe Respiratory Disease due to Novel Respiratory Pathogens

SARI Suspect Case for Patients ≤ 5 years old:

EITHER:

IMCI criteria for pneumonia

Any child 2 months to 5 years of age with cough or difficult breathing, AND:

- Breathing faster than 60 breaths/min (infants < 2 months)
- Breathing faster than 50 breaths/min (2-12 months)
- Breathing faster than 40 breaths/min (1-5 years old)

OR:

IMCI criteria for severe pneumonia

Any child 2 months to 5 years of age with cough or difficult breathing and any of the following danger signs:

- Unable to drink or breastfeed
- Vomits everything
- Convulsions
- Lethargic or unconscious
- Chest indrawing or stridor in a calm child

AND

Requires hospital admission.

Notes:

- The requirement of "hospital admission" is meant to imply that in the judgment of a treating clinician the patient has an illness that is severe enough to require inpatient medical care.
- "Shortness of breath or difficulty breathing" is intended to capture dyspnea or air hunger. This does not refer to nasal congestion or other upper airway obstruction.
- "History of fever" does not require a history of documented fever and may include a patient's subjective report of having a fever or feeling "feverish".
- SARI may reflect a new illness superimposed on an underlying condition or older illness
- SARI is not equivalent to classic pneumonia and would not always present as pneumonia. It is expected that much of the severe respiratory disease associated with influenza would be due to exacerbations of chronic lung disease or heart disease, for example, and would not include an admitting diagnosis of pneumonia.

PROBABLE CASE

A person fitting the definition above of a "Suspect Case" with clinical, radiological, or histopathological evidence of pulmonary parenchyma disease (e.g. pneumonia or ARDS) but no possibility of laboratory confirmation either because the patient or samples are not available or there is no testing available for other respiratory infections.

CONFIRMED CASE: A suspected case that is laboratory-confirmed.