



Republic of the Philippines
Department of Education
REGION VI - WESTERN VISAYAS
SCHOOLS DIVISION OFFICE OF KABANKALAN CITY

10 AUGUST 2021

DIVISION MEMORANDUM

No. 187, s. 2021

COVID-19 RISK REDUCTION IN THE WORKPLACE

To: **Assistant Schools Division Superintendent
Chief Education Supervisors, CID & SGOD
Public Schools District Supervisors
Public Elementary and Secondary School Heads
Division Unit Heads
All Others Concerned**

1. With reference to **Division Memorandum No. 039, s. 2020 dated February 5, 2020 entitled 2019-nCoV ARD - Risk Reduction and Immediate Response Task Force**, and **World Health Organization COVID-19: Case Definitions; Updated in Public health surveillance for COVID-19, published 16 December 2020**, all teaching and non-teaching DepEd personnel is reminded to strictly comply to the existing IATF protocols and minimum public health standards.
2. In the interest of public health and safety, watch out for symptoms such as:
 - a. Acute onset of **fever and cough**;
 - b. **OR** Acute onset of **any three or more** of the following signs or symptoms:
Fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, nasal catarrh, difficulty of breathing, loss of appetite, nausea/vomiting, diarrhoea, altered mental status.
3. If these symptoms are observed, notify immediately your head of office to coordinate with the LGU health offices and SDO.
4. Close contact, being **less than 2 meters** of a **Suspected, Probable, Confirmed case, or linked to a COVID-19 cluster**, regardless of **whether vaccinated, wearing a mask or duration of exposure**, should immediately self-isolate and inform their immediate superior.
5. All teaching and non-teaching personnel is duty-bound to exercise due diligence and precautionary measures to minimize exposure to risks associated with COVID-19 and support government efforts to contain the spread of the virus.
6. The following are attached in enclosures for perusal and reference:
 - a. World Health Organization COVID-19: Case Definitions; Updated in Public health surveillance for COVID-19
 - b. Operationalizing the Preventive Alert System in Schools (PASS)
7. For immediate dissemination and compliance.

PORTIA M. MALLORCA, PhD, CESO V
Schools Division Superintendent

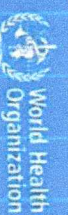
References:

Division Memo No. 039, s. 2020
WHO COVID-19: Case Definitions; Updated in Public health surveillance for COVID-19



WHO COVID-19: Case Definitions

Updated in Public health surveillance for COVID-19, published 16 December 2020



Case Definitions

Suspected case of SARS-CoV-2 infection

A A person who meets the clinical AND epidemiological criteria:

Clinical Criteria:

- Acute onset of fever AND cough; OR
- Acute onset of ANY THREE OR MORE of the following signs or symptoms: Fever, cough, general weakness/fatigue¹, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting¹, diarrhoea, altered mental status.

AND

Epidemiological Criteria:

- Residing or working in an area with high risk of transmission of virus: closed residential settings, humanitarian settings such as camp and camp-like settings for displaced persons; anytime within the 14 days prior to symptom onset; or
- Residing or travel to an area with community transmission anytime within the 14 days prior to symptom onset; or
- Working in any health care setting, including within health facilities or within the community; any time within the 14 days prior of symptom onset.

B A patient with severe acute respiratory illness:

(SARI: acute respiratory infection with history of fever or measured fever of ≥ 38 °C; and cough; with onset within the last 10 days; and requires hospitalization).

C Asymptomatic person not meeting epidemiologic criteria with a positive SARS-CoV-2 Antigen-RDT²

¹ Signs separated with slash (/) are to be counted as one sign.

² NAAT is required for confirmation, see Diagnostic testing for SARS-CoV-2

See Antigen detection in the diagnosis of SARS-CoV-2 infection using rapid immunassays

Note: Clinical and public health judgment should be used to determine the need for further investigation in patients who do not strictly meet the clinical or epidemiological criteria. Surveillance case definitions should not be used as the sole basis for guiding clinical management.

Probable case of SARS-CoV-2 infection

A A patient who meets clinical criteria above AND is a contact of a probable or confirmed case, or linked to a COVID-19 cluster³

B A suspect case with chest imaging showing findings suggestive of COVID-19 disease⁴

C A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause.

D Death, not otherwise explained, in an adult with respiratory distress preceding death AND was a contact of a probable or confirmed case or linked to a COVID-19 cluster³

Confirmed case of SARS-CoV-2 infection

A A person with a positive Nucleic Acid Amplification Test (NAAT)

B A person with a positive SARS-CoV-2 Antigen-RDT AND meeting either the probable case definition or suspect criteria A OR B

C An asymptomatic person with a positive SARS-CoV-2 Antigen-RDT who is a contact of a probable or confirmed case

³ A group of symptomatic individuals linked by time, geographic location and common exposures, containing at least one NAAT-confirmed case or at least two epidemiologically linked, symptomatic (meeting clinical criteria of Suspect case definition A or B) persons with positive Ag-RDTs (based on $\geq 97\%$ specificity of test and desired $>99.9\%$ probability of at least one positive result being a true positive)

⁴ Typical chest imaging findings suggestive of COVID-19 include the following:

- Chest radiography: hazy opacities, often rounded in morphology, with peripheral and lower lung distribution
- Chest CT: multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution
- Lung ultrasound: thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms.

(Enclosure No. 2 to Division Memorandum No. 39, s. 2020)

**OPERATIONALIZING THE PREVENTIVE ALERT SYSTEM IN SCHOOLS
(PASS)**

1. The Preventive Alert System in Schools (Pass), based on DepEd Order No. 34, s. 2003, is a systematic relay of information on a child's or teacher's state of health to appropriate personnel and/ or agencies in the locality.
2. All school heads shall operationalize the Preventive Alert System in their respective schools.
3. Teachers in- charge shall explain in class how PASS works:
 - a. Learners will observe the well-being of their own classmates and if someone among them is not feeling well or has colds/cough and is feverish, the sick learner will be reported to the teacher for validation of his/ her condition;
 - b. Early morning health inspection shall be conducted routinely by the teacher to detect the presence of fever and other signs and symptoms of infection. The teacher shall keenly observe the health status of each learner in the classroom. If the teacher finds out that a learner is sick, this case will be reported immediately to the school head;
 - c. The school head shall notify the family/ guardian of the sick learner. A face mask should be worn by the feverish person and immediately referred to the school health personnel or the nearest barangay/ municipal/ city health center for evaluation and referral to a hospital if needed. The same process shall be observed for teachers or other personnel who will exhibit symptoms of infection.
 - d. Learners, teachers, and other personnel evaluated by school health personnel/ referred to hospitals shall strictly observe the advice of the health personnel/ hospital, including the possibility of home quarantine;
 - e. The condition of the learner, teacher, and other personnel should be closely followed up by the attending school health personnel; and
 - f. Learners on home quarantine shall be given ADM of education.
4. School heads shall closely coordinate with the barangay/ municipal/ city health offices and the SDOs relative to any resident in the community who has traveled to and returned from a country/ area affected by the 2019-nCoV ARD.
5. School heads shall conduct daily monitoring of health status of children and personnel and maintain a record on health status.

