



CRISIS MANAGEMENT COMMITTEE PREVENTION AND CONTROL OF COVID-19

Revised: February 14, 2022

I. PROTECTING YOURSELF AND OTHERS FROM THE SPREAD OF COVID-19

The main route of transmission of COVID-19 is through respiratory droplets generated when an infected person coughs or sneezes. Any person who is in close contact with someone who has respiratory symptoms (e.g., sneezing, coughing, etc.) is at risk of being exposed to potentially infective respiratory droplets. Droplets may also land on surfaces where the virus could remain viable for several hours to days. Transmission through contact of hands with contaminated surfaces can occur following contact with the person's mucosa such as nose, mouth and eyes. You can reduce your chances of being infected or spreading COVID-19 by taking some simple precautions:

- Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water. Why? Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.
- Maintain at least 1 meter (3 feet) distance between yourself and others. Why? When someone coughs, sneezes, or speaks they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person has the disease.
- Avoid going to crowded places. Why? Where people come together in crowds, you are more likely to come into close contact with someone that has COVID-19 and it is more difficult to maintain physical distance of 1 meter (3 feet).
- Avoid touching eyes, nose and mouth. Why? Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and infect you.
- Wearing of face mask is advised. Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose the used tissue immediately and wash your hands. Why? Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.
- Stay home and self-isolate even with minor symptoms such as cough, headache, mild fever, until you recover. Have someone bring you supplies. If you need to leave your house, wear a mask to avoid infecting others. Why? Avoiding contact with others will protect them from possible COVID-19 and other viruses.

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- If you have a fever, cough and difficulty breathing, seek medical attention, but call by telephone in advance if possible and follow the directions of your local health authority. Why? National and local authorities will have the most up to date information on the situation in your area. Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections.
- Keep up to date on the latest information from trusted sources, such as WHO or your local and national health authorities. Why? Local and national authorities are best sources to advise on what people in your area should be doing to protect themselves.

II. PROTOCOLS ON THE APPROPRIATE USE OF PPE's

- 1) **Lowest Risk:** School personnel and students must interact, and physical distancing cannot always be maintained.
 - 2) **Moderate Risk:** Tasks include those that require close/direct contact (within 6 feet of) students who are not known or suspected to have COVID-19. These precautions are recommended since some students with the disease may not be showing any symptoms at the time of interaction. Although there is risk with these tasks, not all PPE listed may be needed for all situations. These tasks include, but are not limited to first aid, oral medication administration, vision screening, hearing screening, consultation, blood glucose checks (diabetes care), and inhalers for students with asthma.
 - 3) **Highest Risk:** Tasks include physical assessment of any individual suspected of having COVID-19 or during aerosol-generating procedures. Tasks that require close contact (i.e. within six feet of) with students' bodily fluids or aerosol generating procedures such as suctioning of airways. These tasks should be done in a well-ventilated room isolated from others if possible.
- **Cloth Face Coverings** (not considered PPE)
Lowest Risk
Simple barrier to help prevent respiratory droplets from traveling into the air when the student/staff coughs, sneezes, talks or raises their voice.
Remove and replace when soiled or becomes wet.
Cleaning Guidelines: Wash and dry daily.
For better fit and extra protection: Wear two masks (disposable mask underneath AND cloth mask on top) OR A cloth mask can be combined with a fitter or brace.
 - **Disposable Face Masks**
Moderate – Highest Risk
Disposable face masks are not to be shared and are made protect staff from contact with liquids.
When to use: Disposable face masks should be worn when caring for or monitoring a COVID 19 symptomatic student or providing special procedures involving bodily fluids.
When to remove: Remove and/or replace disposable face masks when they become soiled or



wet.

For better fit and extra protection: Wear two masks (disposable mask underneath AND cloth mask on top) OR a cloth mask can be combined with a fitter or brace.

“As soon as possible and as tolerated, sick students should wear a disposable mask until they are picked up from school.”

- **Face Shield**

Moderate (Situation Dependent) – Highest Risk

A face shield provides eye protection and increases protection provided by disposable masks when needed. It is recommended that with proper maintenance, staff may use a face shield for an extended period until damaged, it no longer fastens securely, or until visibility is obscured.

A face shield is suggested if there is a reasonable chance that a splash or spray of blood or body fluids may occur to the eyes, mouth, or nose.

Cleaning Guidelines: Face Shields or Eye protection should be removed and cleaned if it becomes visibly soiled or difficult to see through.

Tip: To help reduce fogging, wipe toothpaste or shaving cream on the plastic part, then hand rinse with water.

“a face shield is not a substitute for wearing a mask”

- **Gloves**

Moderate-Highest Risk (Situation Dependent)

It is recommended that gloves be worn when there is reasonable expectation that the staff may come in contact with blood, body fluids, non-intact skin, mucous membranes, and contaminated items.

“Wearing gloves is not a substitute for hand washing with soap and running water”

- **Gowns**

Highest Risk

Gowns or other covering are recommended when there is a reasonable expectation that saliva or other bodily fluids may come into contact with staff’s clothing.

Staff should consider wearing a gown when assisting students with personal cares

- Feeding • Toileting • Assisting with hygiene • Transferring

Cleaning Guidelines: Remove gowns when soiled or no longer providing personal care. Per CDC guidelines, if the gown is not soiled, it is safe to wear the same gown while caring for multiple students within the same cohort, at the same time.

PPE TYPES BY RISK LEVEL

PPE TYPES	LOWEST RISK	MODERATE RISKS	HIGHEST RISKS
Cloth Face Covering (Not considered a PPE)	YES	NO	NO
N95	NO	NO	YES



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		YES Situation Dependent	YES Situation Dependent
GLOVES	NO	YES Situation Dependent	YES Situation Dependent
FACE SHIELD	NO	YES Situation Dependent	YES
GOWNS	NO	NO	YES
DISPOSABLE FACE MASK	NO	YES	YES

III. QUARANTINE AND ISOLATION PROTOCOLS

A. CLOSE CONTACTS

People considered as close contacts

1. Interacted with a person with COVID-19 within one meter for more than 15 minutes.
2. Had direct physical interaction with probable or confirmed COVID-19 case.
3. Had interaction with a person with COVID-19 without wearing protective equipment.

B. IMPLIMENTING GUIDELINES

o Quarantine of Asymptomatic Close Contacts

1. Fully vaccinated asymptomatic close contacts of individuals with symptoms, suspect, probable, or confirmed cases shall quarantine for at least 5 days from the date of the last exposure. Quarantine can be discontinued at the end of the set quarantine period if they have remained asymptomatic during the whole recommended quarantine period regardless if testing has done and resulted negative.
2. Partially vaccinated or unvaccinated asymptomatic close contacts of individuals with symptoms, suspect, probable, or confirmed cases shall quarantine for at least 14 days from the date of the last exposure. Quarantine can be discontinued at the end of the set quarantine period if they have remained asymptomatic during the whole recommended quarantine period regardless if testing has been done and resulted negative.
3. All asymptomatic close contacts shall not be required testing unless symptoms will develop, and should immediately isolate regardless of test results.
4. All asymptomatic close contacts shall conduct symptom monitoring for at least 14 days, regardless of shortened quarantine period. They shall strictly observe minimum public health standards, including physical distancing, hand hygiene, cough etiquette, and wearing of masks, among others, regardless of vaccination



status.

○ **ISOLATION OF INDIVIDUAL WITH SYPTOMS AND SUSPECTED PROBABALE, AND CONFIRMED CASES**

1. All asymptomatic and fully vaccinated confirmed cases, shall isolate for at least 7 days from sample collection date. Isolation can be discontinued without the need for repeat testing, provided they have remained asymptomatic during the whole recommended isolation period. If symptoms develop within or after the prescribed period, the individual shall complete the required days of isolation depending on the severity of symptoms.
2. All asymptomatic and partially vaccinated or unvaccinated confirmed cases, shall isolate for at least 10 days from sample collection date. Isolation can be discontinued without the need for repeat testing, provided they have remained asymptomatic during the whole recommended isolation period. If symptoms develop within or after the prescribed period, the individual shall complete the required days of isolation depending on the severity of symptoms.
3. All individuals with symptoms and suspect, probable, and confirmed cases presenting with mild symptoms, including individuals under priority groups A2 and A3 who are fully vaccinated, shall isolate for at least 7 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.
4. All individuals with symptoms and suspect, probable, and confirmed cases presenting with mild symptoms, including individuals under priority groups A2 and A3 who are partially vaccinated or unvaccinated, shall isolate for at least 10 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.
5. All individuals with symptoms and suspect, probable, and confirmed cases presenting with moderate symptoms, regardless of vaccination status, shall be isolated for at least 10 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.
6. All individuals with symptoms and suspect, probable, and confirmed cases presenting with severe and critical symptoms, regardless of vaccination status, shall be isolated for at least 21 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have



improvement of respiratory signs and symptoms.

7. All symptomatic immunocompromised confirmed cases, as outlined below, shall be isolated for at least 21 days from onset of signs and symptoms, regardless of vaccination status. These shall include patients with:
 - a. Autoimmune disease
 - b. HIV
 - c. Cancer/ malignancy
 - d. Undergoing steroid treatment
 - e. Transplant patients, and
 - f. Patients with poor prognosis or bed-ridden.

Isolation can be discontinued upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms. Repeat RT-PCR testing shall also be recommended for this group. If results turn out negative, they may be discharged from isolation. If results turn out positive, refer to an Infectious Disease Specialist who may issue clearance and discharge if warranted.

SUMMARY OF QUARANTINE AND ISOLATION PROTOCOLS

		Length of Quarantine/ Isolation
QUARANTINE		
Asymptomatic Close Contacts	Fully Vaccinated	At least 5 days from exposure***
	Partially Vaccinated or Unvaccinated	At least 14 days from exposure
ISOLATION		
Asymptomatic Case	Fully Vaccinated	At least 7 days* from positive test (sample collection date)
	Partially Vaccinated or Unvaccinated	At least 10 days* from positive test (sample collection date)
Symptomatic, suspected, probable or confirmed case with MILD Symptoms	Fully Vaccinated	At least 7 days* from onset of symptoms
	Partially Vaccinated or Unvaccinated	At least 10 days* from onset of symptoms
Symptomatic, suspected, probable or confirmed case with MODERATE symptoms	Regardless of Vaccination Status	At least 21 days* from onset of symptoms
Symptomatic, suspect, probable or confirmed case with SEVERE and CRITICAL symptoms	Regardless of Vaccination Status	At least 21 days* from onset of symptoms with negative repeat RT-PCR

* Isolation can be discontinued upon completion of the required days, provided that, they shall not develop fever for at least 24 hours without the use of any antipyretic medications and shall have



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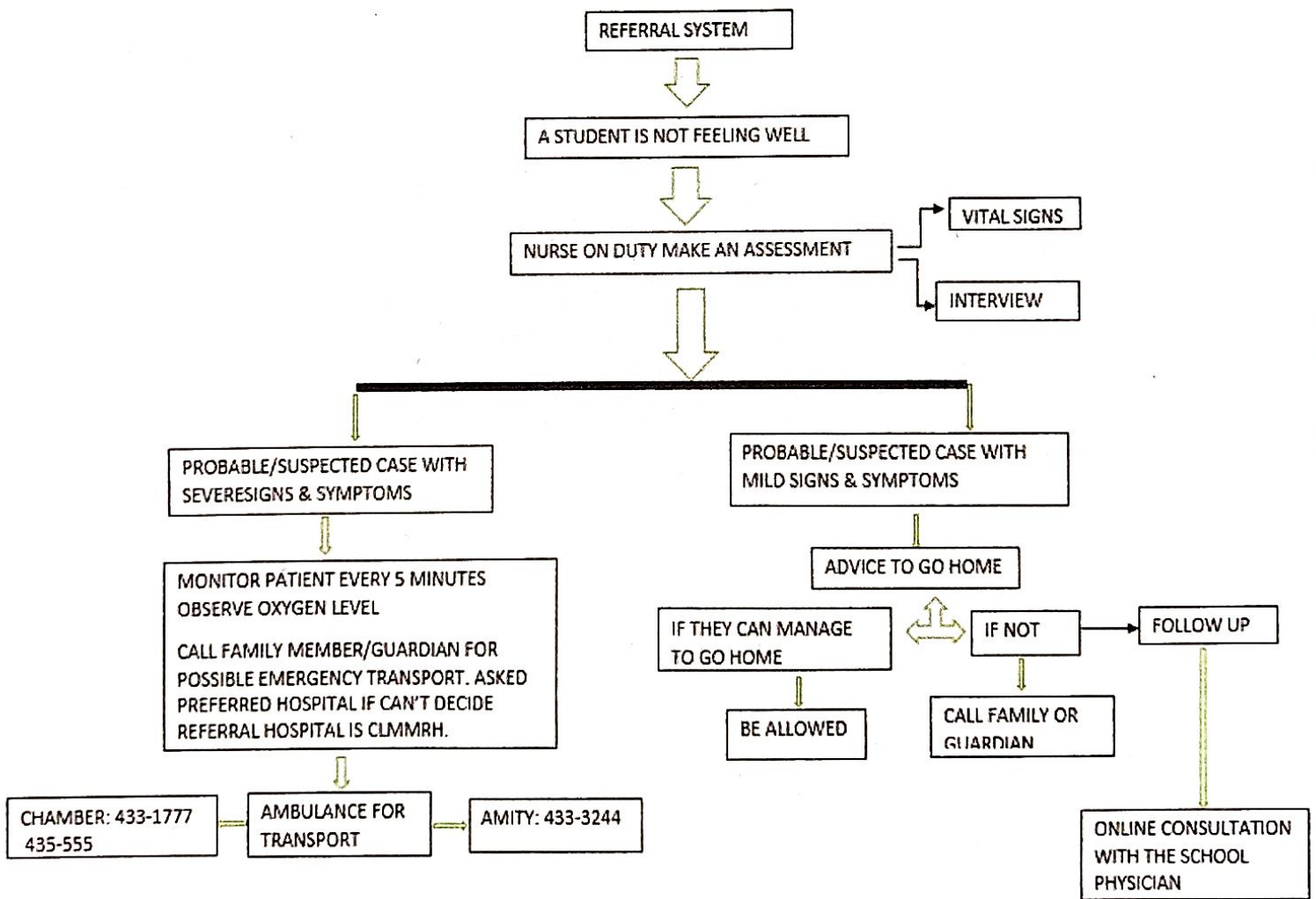
improvement of respiratory symptoms. Except for immunocompromised individuals, repeat testing nor medical certification is not required for safe reintegration into the community. Time based isolation is sufficient provided the affected individual remains asymptomatic.

** Hospital IPCC, PHO coordinated with provincial HIPCC, and other sectors authorized by the IATF with strict industry standards on IPC shall be authorized to implement further shortening of quarantine and isolation protocols for their fully vaccinated workers with boosters who are close contacts, suspect, probable, and confirmed cases whether asymptomatic, mild, or moderate, based on the institution's individualized risk and needs assessment.

*** All asymptomatic close contacts should continue symptom monitoring for 14 days, strictly observe MPHS which includes wearing well-fitted masks and physical distancing.

IV. EMERGENCY TRANSPORT AND REFERRAL SYSTEM

Patient who is isolated and identified as Suspected Covid-19 Case, Probable Covid-19 Case or Confirmed Covid-19 Case shall be thoroughly assess and triaging must be done as a basis for referral and transport decision. This protocol and flow chart is to give guidance for the referral and transport of symptomatic COVID-19 patients. This framework is based on the Local Inter-Agency Task Force referral system of Bacolod City.



- a. Reporting of COVID-19 test results to the DOH shall be done in accordance with DOH Administrative Order No. 2020-0013, entitled "Revised Guidelines for the Inclusion of

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- COVID-19 in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health.”
- b. Even before testing, the OSH Officer/employer must report COVID-19 positive employees, symptomatic employees, and their close contacts, to the local health office having jurisdiction over the workplace and the Barangay Health Emergency Team (BHERT) of their place of residence, in accordance with DOH DM No. 2020-0189.
 - c. The data privacy provisions under the Data Privacy Act and DM 2020-0189 shall be strictly complied with to ensure that the data privacy rights of patients/subjects are respected and protected.
 - d. The LGU, through their City Epidemiology Surveillance Unit (CESU), Municipal Epidemiology Surveillance Unit (MESU) or Provincial Epidemiology Surveillance Unit (PESU), shall submit reports to the Regional Epidemiology Surveillance Unit (RESU) using the Event-Based Surveillance System of the Epidemiology Bureau of DOH
 - e. Reporting to the DOLE shall be made in accordance with Section X of the DTI-DOLE Interim Guidelines on Workplace Prevention and Control of COVID-19 using the Work Accident/Illness Report (WAIR) COVID-19.

V. LOCKDOWN, DISINFECTION, AND CLOSURE OF THE BUILDING/ WORKPLACE PROTOCOLS

- a. If one confirmed case of COVID-19 is detected in the workplace, the facility shall be disinfected with an appropriate disinfectant solution (0.5% bleach solution). The conduct of a comprehensive disinfection by specialists is recommended.
The building must be locked down for 24 hours prior to disinfection to lessen transmission to sanitation personnel. During the disinfection process, all doors and windows should be opened to maximize ventilation. The building may only be opened 24 hours after the disinfection process.
- b. Case clustering shall be defined as two or more confirmed cases from the same area/ facility whether in the same/ different office spaces.
- c. The school shall ensure that the temporary closure of their establishments for disinfection purposes be done in accordance with the National Task Force Against COVID-19 Memorandum Circular No. 2 dated 15 June 2020 on the Operational Guidelines on the Application of Zoning Containment Strategy in the Localization of the National Action Plan against COVID-19 Response.
- d. Individual businesses and offices, regardless of the community quarantine status in their respective areas, must abide by the directives/advice of their LGU/CESU/RESU on building closure due to case clustering.

VI. CRISIS MANAGEMENT COMMITTEE

- a. The Committee shall oversee enforcement and monitoring of the minimum public health standards for COVID-19 prevention in the workplace.
- b. Monitoring by Committees shall include evaluation and analysis of the school's implementation of the minimum health standards and protocols to immediately address the spread of COVID-19 in the workplace, if any, and recommend and implement appropriate preventive measures. Health surveillance may be

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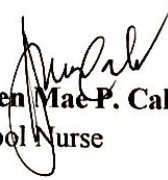
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conducted to determine the cause/s of the spread/transmission of the virus in the school.

CHED-DOH JMC 2021-004	Name of Officer	School Designation
School Head	Sr. Maria A. Garcia, OSA	President
	Sr. Joan BC S. Infante, OSA	VP for Academic Affairs
Institutional Health Officer	Mrs. Josephine Lumagbas, RN	Head Nurse
Institutional Safety Officer/ Institutional Surveillance Officer	Engr. John Louie Gregory Salvarino	Safety Officer and DRRM Officer
Institutional Planning Officer	Sr. Jennifer Dela Cruz, OSA	VP for Finance and General Services
	Sr. Elena Morallo, OSA	Head, Physical Plant and General Services
	Dr. Romela Aujero	VP Personnel and Alumni Relations
	Mr. Rodjhun Navarro	VP Research, Innovation, and Linkages
Institutional Information Officer	Mr. Adryan Valiao	Marketing Staff
Faculty Representative	Mr. John Paul Pascual	Culinary Teacher
Student Representative	Ms. Niña Fuentes	SHTM Governor
Health and Safety Marshal	Mr. Gilchrist R. Seville, RN	School Nurse

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School President/ Chair, Crisis Management Committee