



Republic of the Philippines  
**Department of Education**

REGION IV-A

**SCHOOLS DIVISION OFFICE OF CAVITE PROVINCE**

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February 10, 2020

DIVISION MEMORANDUM

NO. \_\_\_\_, s. 2021

To: OIC, Assistant Schools Division Superintendents  
Chiefs, SGOD and CID  
School Health and Nutrition Section Personnel  
Public Schools District Supervisors  
Elementary and Secondary School Heads  
All Others Concerned

**GUIDELINES IN HANDLING AND MANAGING OF REPORTED COVID-19 CASES  
AND CLOSE CONTACT AT THE SDO-CAVITE OFFICES AND SCHOOLS**

1. In support of Division Memorandum No. 181, s. 2020 titled **Health Protocols at DepEd Offices and Schools in Cavite Province during COVID-19 Pandemic** and in reference to DepEd Task Force COVID-19 Memorandum No. 95 titled **Updated Protocols in Handling, Managing, and Testing of Reported COVID-19 Cases and Close Contact at the Central Office**
2. To better manage and deliver quality service to SDO-Cavite personnel affected by the COVID-19 infection, the SDO-Cavite COVID-19 Task Force issues the following protocol to guide the offices at the SDO-Cavite in reporting, handling, and managing COVID-19 cases and close contacts among SDO-Cavite personnel regardless of status.
3. Creation of SDO-Cavite Contact Tracing Team comprising the Medical personnel which have been trained on COVID-19 Contact Tracing: Basic Training by the Central, Regional and Provincial Health Offices.
4. The standards and protocols integral on the formulated guidelines were based to the recent issued interim guidelines for COVID-19 of the Department of Health (DOH), Inter-Agency Task Force (IATF) and Department of Education (DepEd).
5. See attachment for the detailed guidelines on identifying, reporting, handling and management of reported COVID-19 cases and close contact among SDO-Cavite personnel.



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6. Relevant inquiries and clarifications regarding the above-mentioned protocol can be communicated to the School Health and Nutrition of the SDO-Cavite.
7. For immediate dissemination and appropriate action.

**ROMMEL C. BAUTISTA, CESO V**  
Schools Division Superintendent

FTG/DM No. 41 S. 2021  
021021-091/ 02/10/2021



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**I. Definition of Terms**

- A. **Contact Tracing** – the identification, listing, and follow-up of persons who may have come into close contact with a confirmed COVID-19 case.
- B. **Close Contact** – a person who may have come into contact with the probable or confirmed COVID-19 case two days prior to onset of illness of the confirmed COVID-19 case (use date of sample collection for asymptomatic cases as basis) until the time that cases test negative on laboratory confirmation or other approved laboratory test through:
- i. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes.
  - ii. Direct physical contact with a probable or confirmed case
  - iii. Direct care for a patient with a probable or confirmed COVID-19 disease without using proper personal protective equipment;  
OR
  - iv. Other situations as indicated by local risk assessment
  - v. Close Contact Classifications
    1. **First-generation close contact** – close contact of a probable or confirmed COVID-19 case
    2. **Second-generation close contact** – close contact of a first-generation close contact
    3. **Third-generation close contact** – close contact of a second-generation close contact
- C. **Asymptomatic** – refers to individual who are not manifesting any signs and symptoms.
- D. **Confirmed COVID-19 Case** – refers to any individual who tested positive for COVID-19 through laboratory confirmation at the national reference laboratory, sub-national reference laboratory, or a DOH-certified laboratory testing facility.
- E. **Probable COVID-19 Case** – a suspect case who fulfills anyone of the following listed below:
- i. Suspect Case whose testing for COVID-19 is inconclusive; or
  - ii. Suspect who tested positive for COVID-19 but whose test was not conducted in national or sub-national reference laboratory or officially accredited laboratory for COVID-19 confirmatory testing



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iii. Suspect case who died without undergoing any confirmatory testing

F. **Suspect COVID-19 Case** – a person presenting any of the conditions below:

- i. All severe acute respiratory infections (SARI) cases where no other etiology that fully explains the clinical presentation
- ii. Influenza-like illness (ILI) cases with any one of the following:
  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-day prior to symptom onset; or
  2. With contact to a confirmed case or probable case of COVID-19 disease during the 14 days prior to the onset of symptoms
- iii. Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions:
  1. Aged 60 years and above
  2. With a comorbidity
  3. Assessed as having a high-risk pregnancy; and/or
  4. Health worker

G. **Cluster of cases** – refers to a presence of two (2) or more cases either suspect, probable, and/or confirmed COVID-19; or any possible source of transmission until proven otherwise, aggregated in a certain area per period of time with epidemiological link.

## II. Guidelines in Contact Tracing of Reported COVID-19 Cases and Close Contacts

### A. Contact Tracing

- i. All information regarding the probable, confirmed covid-19 cases and close contacts shall be disclosed only to and kept confidential among the following:
  1. Chairperson of the SDO Cavite COVID-19 Task Force (SDS or Duly Assigned Officer)
  2. Head of the Office of personnel concerned
  3. School Health Section – Medical Officers



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4. Contact Tracing Team
  5. Designated medical personnel who will conduct Contact Tracing (Contact Tracer)
- ii. All personnel shall inform their immediate supervisor/Head of office and SHS Medical Officer within **24 hours** after they have known or notified that they have been exposed to a probable or confirmed COVID-19 case or that they themselves are the close contact or the confirmed COVID-19 case.
  - iii. The SDO Cavite COVID-19 Task Force, through the Medical Officer with close coordination with the Head of Office of the personnel concerned (personnel who have been identified as a close contact, probable, or a confirmed COVID-19 case), shall take charge in coordinating with the **Contact Tracing Team** for the immediate conduct of contact tracing.
  - iv. The **Contact Tracing Team** composed of medical personnel of the School Health Section shall handle identified cases (close contact, probable or confirmed COVID-19 case) under their assigned district area.
  - v. The assigned **Contact Tracing Team** shall verify and record all information of the reported close contact, probable, or confirmed COVID-19 case using case investigation form and/or close contact form. **(See Annex A)**
  - vi. All personnel who have been verified as close contact, probable or confirmed COVID-19 case must be referred and coordinated to their Local Health Office (Rural Health Unit or City Health Office) which they reside for proper reporting and management and shall follow DOH Guidelines in Isolation and Quarantine.<sup>3</sup>
  - vii. Management of others types of contacts were as follows:

<b>Types of Contacts</b>	<b>Intervention</b>	<b>Symptoms Development</b>
Second-generation and Third-generation Close Contact	Advice to self-monitor and strictly adhere to minimum public health standards If first-generation	If symptoms manifest, immediately do self-isolation and contact Barangay Health Emergency Response



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	exposure becomes a probable or confirmed case, immediately quarantine in a facility	Team (BHERT) and possible referral to facility isolation
General Contacts	Advice to self-monitor and strictly adhere to minimum public health standards	
Close Contacts of Suspect Cases	Advice to self-monitor and strictly adhere to minimum public health standards If exposure becomes a probable or confirmed case, immediately quarantine in a facility	

Source: DM No. 2020-0439, Omnibus Interim Guidelines on Prevention, Detection, Isolation, Treatment and Reintegration Strategies for COVID-19

- viii. The Contact Tracing Team in-charge shall continue to monitor their cases (close contact, probable, confirmed COVID-19 case) using Case/Close Contact Monitoring Form **(See Annex B)** and provide Psychological First Aid (PFA) if necessary, until their 14-day quarantine or until cleared by their local health authorities.
- ix. A summary report by the contact tracing team shall be submitted to the Medical Officer every end of the reported cluster.





**B. COVID-19 Testing**

- i. COVID-19 testing of identified Suspect COVID-19 case and Close Contact shall depend on the current directives of their local health units and National guidelines on testing for COVID-19.<sup>4</sup>

**C. Disinfection and Closure of Buildings**

- i. Routine disinfection at least once a week shall be implemented in all SDO Cavite offices and schools.
- ii. If there is one identified confirmed COVID-19 case or cluster of cases, the office or school shall be:<sup>5</sup>
  - 1. Disinfected with an appropriate disinfection solution;



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2. Locked down for 24 hours prior to disinfection;
3. During disinfection, all doors and windows should be opened to maximize ventilation
4. Office work shall resume after 24 hours after disinfection

**III. References**

1. Division Memorandum No. 181, s2020 “Health Protocols at DepEd Offices and Schools in Cavite Province during COVID-19 Pandemic”
2. DepEd Task Force COVID-19 Memorandum No. 95 “Updated Protocols in Handling, Managing, and Testing of Reported COVID-19 Cases and Close Contact at the Central Office”
3. Department Memorandum No. 2020-0439 “Omnibus Interim Guidelines on Prevention, Detection, Isolation, Treatment and Reintegration Strategies for COVID-19”
4. Department Memorandum No. 2020-0258, “Updated Interim Guidelines on Expanded Testing for COVID-19”
5. National Task Force COVID-19 Memorandum Circular No. 2, s2020 “Operational Guidelines on the Application of the Zoning Containment Strategy in Localization of the National Action Plan Against COVID-19 Response
6. Joint Memorandum Circular No. 20-04-A series of 2020 “DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19”



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**Process Flow of Reporting, Handling and Managing of Close Contact, Probable of Confirmed COVID-19 Case in SDO-CAVITE**

Step	Responsible Personnel	Details
<b>START</b>		
Reporting of COVID-19 Case in SDO Cavite	All DepEd Office Personnel and School Personnel identified or reported as Close Contact, Probable, or Confirmed COVID-19 Case	<ul style="list-style-type: none"> <li>Inform immediate Supervisor, Head of Office and/or Medical Officer <b>within 24 hours</b> after being identified or reported as Close Contact, Probable or Confirmed COVID-19 Case</li> </ul>
Coordinating of Identified COVID-19 Case to Contact Tracing Team	Medical Officer and/or Nurse	<ul style="list-style-type: none"> <li>Medical Officer or Nurse coordinates the identified Close Contact, Probable or Confirmed COVID-19 Case to assigned Contact Tracing Team</li> </ul>
Verification of Reported COVID-19 Case	Contact Tracing Team	<ul style="list-style-type: none"> <li>Contact Tracing Team shall verify and record all information of reported Close Contact, Probable or Confirmed COVID-19 Case using COVID-19 Case Form (<i>See Annex A</i>)</li> </ul>
Reporting of COVID-19 Case in Local Health Unit (RHU or CHO)	Contact Tracing Team	<ul style="list-style-type: none"> <li>All verified Close Contact, Probable or Confirmed COVID-19 Case shall be reported to their residence Local Health Unit</li> </ul>
Monitoring of COVID-19 Case	Contact Tracing Team	<ul style="list-style-type: none"> <li>The Contact Tracing Team in-charge shall continue to monitor their cases using Case/Close Contact Monitoring Form (<i>See Annex B</i>) until the end of the 14-day quarantine or until cleared by their local health authorities.</li> <li>Provide Psychological First Aid (PFA) if necessary</li> </ul>
Accomplish reports	Contact Tracing Team	<ul style="list-style-type: none"> <li>A summary report by the contact tracing team shall be submitted to the Medical Officer every end of the reported cluster.</li> </ul>
<b>END</b>		



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Annex A

Annex A

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PROFILE OF THE COVID-19 CASE/CLOSE CONTACTS FORMS

1. Primary Case (Confirmed Case)					
Last Name:	Given Name:	Middle Name:	Date of Birth: MM / DD / YYYY		
PH no:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female				
2. Details of the Contact					
Last Name:	Given Name:	Middle Name:	Date of Birth: MM / DD / YYYY		
Nationality:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status:		
Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth: MM / DD / YYYY	Religion:			
Trimester:					
Home Address:	House No., Bldg. No., Street Name, Barangay, MunCity, Province, Region				
Contact Details:	Home Telephone No. Mobile No.				
Place of assignment/School:	Designation:				
Email Address:	Relationship to confirmed case:				
3. Health Profile					
Medical History:					
Known Pre-existing Medical Condition/s:					
<input type="checkbox"/> Obesity	<input type="checkbox"/> Cancer	<input type="checkbox"/> HIV/other immune deficiency	<input type="checkbox"/> Chronic haematological disorder		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Asthma (requiring medication)	<input type="checkbox"/> Chronic lung disease (non-asthma)		
<input type="checkbox"/> Chronic liver disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Chronic kidney disease	<input type="checkbox"/> Chronic neurological impairment/disease		
<input type="checkbox"/> Other pre-existing condition(s)					
Current Medications:	Blood Type:				
4. General Exposure Information (Select All That Applies)					
<input type="checkbox"/> Contact with anyone with suspected or confirmed COVID-19 infection in the past 14 days					
Dates of last contact: MM / DD / YYYY					
<input type="checkbox"/> Place of exposure with anyone with suspected or confirmed COVID-19 infection in the past 14 days					
Workplace <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when _____					
Household <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when _____					
Restaurant <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when _____					
Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when _____					
5. Symptoms in contact					
Symptomatic (Fever or Respiratory Infection or Diarrhea) 14 days prior to first date of exposure					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Symptomatic (Fever or Respiratory Infection or Diarrhea) anytime during date of exposure					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Currently ill <input type="checkbox"/> Yes <input type="checkbox"/> No					
Onset of illness: Date MM / DD / YYYY Time: <input type="checkbox"/> am <input type="checkbox"/> pm					
Symptoms					
<input type="checkbox"/> Fever (>38 °C) or history of fever					
Maximum temp: °C					
<input type="checkbox"/> Sore throat					
<input type="checkbox"/> Runny nose					
<input type="checkbox"/> Cough					
<input type="checkbox"/> Shortness of breath					
<input type="checkbox"/> Diarrhea					
<input type="checkbox"/> Other, specify					
If Yes, Date (MM / DD / YYYY)					
6. Outcome/status of contact (only complete if contact has been ill or is currently ill)					
Status					
<input type="checkbox"/> Recovered, if Yes, specify date symptoms resolved (MM / DD / YYYY) _____					
<input type="checkbox"/> Still ill					
<input type="checkbox"/> Dead, if Yes, specify date of death (MM / DD / YYYY) _____					
<input type="checkbox"/> Unknown/lost to follow-up					
Hospitalization ever required?					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, reason for hospitalization _____					
If yes, date of hospitalization and date of discharge (MM / DD / YYYY) _____ to _____					
Date of isolation: _____ Place of isolation: _____					
7. Laboratory Test (Complete a new line for each specimen collected and each type of test)					
Date Sample collected (MM / DD / YYYY)	Type of Sample	Type of test	Name of Laboratory	Result	Result date (MM / DD / YYYY)
	<input type="checkbox"/> Nasal swab <input type="checkbox"/> Throat swab <input type="checkbox"/> NPS <input type="checkbox"/> Serum <input type="checkbox"/> Other, specify	<input type="checkbox"/> PCR <input type="checkbox"/> Other, specify			
8. Final Contact Classification (at final follow-up)					
<input type="checkbox"/> Never ill/not a case <input type="checkbox"/> Confirmed secondary case <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Suspected case <input type="checkbox"/> Probable case					



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**Annex B**



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**CASE/CLOSE CONTACT MONITORING SHEET**

Confirmed Case:

NAME OF CLOSE CONTACT	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
	With Symptoms (Yes/No)	If Yes, specify	With Symptoms (Yes/No)	If Yes, specify	With Symptoms (Yes/No)	If Yes, specify	With Symptoms (Yes/No)	If Yes, specify	With Symptoms (Yes/No)	If Yes, specify	With Symptoms (Yes/No)	If Yes, specify	With Symptoms (Yes/No)	If Yes, specify



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**CASE/CLOSE CONTACT MONITORING SHEET**

Confirmed Case:

NAME OF CLOSE CONTACT	Day 8		Day 9		Day 10		Day 11		Day 12		Day 13		Day 14	
	With Symptoms (Yes/No)	If Yes, specify	With Symptoms (Yes/No)	If Yes, specify	With Symptoms (Yes/No)	If Yes, specify	With Symptoms (Yes/No)	If Yes, specify	With Symptoms (Yes/No)	If Yes, specify	With Symptoms (Yes/No)	If Yes, specify	With Symptoms (Yes/No)	If Yes, specify



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