



**Office of the Secretary**

28 May 2009

DepED Order  
No. **53** s. 2009

**INFLUENZA A (H1N1) RESPONSE LEVEL SYSTEM IN SCHOOLS**

To : Undersecretaries  
Assistant Secretaries  
Bureau Directors  
Regional Directors  
Schools Division / City Superintendents  
Heads, Public Elementary and Secondary Schools

1. The Department of Health has issued the attached **RESPONSE LEVEL SYTEM IN SCHOOLS** to guide school administrators on what to do at this time that the country faces the threat of an increasing number of confirmed cases of Influenza A (H1N1). It may be noted that the Philippines is now under Response Level II because of the fact that there are already 16 confirmed cases as of May 30, 2009.
2. It is imperative, therefore, to reiterate compliance with the DepED Memorandum No. 238, s. 2009, and to closely coordinate with local health officials on the level of response that a school / community should adopt. There must be a continuing development of desirable health and nutrition habits such as proper handwashing, cough manners, personal hygiene and eating a balanced diet to increase one's resistance to infection. School administrators shall ensure the availability of clean water and soap for handwashing.
3. All school health personnel shall intensify efforts to communicate the prevention and control of Influenza A to all students and parents through the conduct of PTCA assemblies, class lectures and other forms of media. The schools medical officers and nurses-in-charge will be given an orientation by DOH officials on the filling-up of report forms and on the procedures for referral.
4. Regional directors and schools superintendents are instructed to oversee and ensure the operationalization of the Response Level System in Schools to prevent and control Influenza A (H1N1) in the schools and communities.
5. Widest dissemination of and compliance with this Order is desired.

  
**JESLI A. LAPUS**  
*Secretary*

Encls.:

As stated

References:

DepED Memorandum: Nos. 206 and 238, s. 2009

Allotment: 1- -(D.O. 50-97)

To be indicated in the Perpetual Index  
under the following subjects:

CAMPAIGN  
HEALTH EDUCATION  
POLICY  
SCHOOLS

**INFLUENZA A (H1N1) RESPONSE LEVEL SYSTEM IN SCHOOL**

RESPONSE LEVEL I	RESPONSE LEVEL II	RESPONSE LEVEL III	RESPONSE LEVEL IV
<p><b>DESCRIPTION</b></p> <ul style="list-style-type: none"> <li>No confirmed case of Influenza A (H1N1) in the Philippines</li> </ul>	<ul style="list-style-type: none"> <li>Confirmed cases of Influenza A (H1N1) virus infection in the country according to DOH</li> <li>No confirmed case in the school</li> <li>No community human to human transmission</li> </ul>	<ul style="list-style-type: none"> <li>Confirmed cases of Influenza A (H1N1) virus infection in the country according to DOH</li> <li>Confirmed case in the school</li> <li>No reported community level transmission as declared by DOH</li> </ul>	<ul style="list-style-type: none"> <li>Confirmed cases in the country</li> <li>Confirmed community level transmission as declared by the DOH</li> </ul>
<p><b>RESPONSE</b></p> <ul style="list-style-type: none"> <li>Keep updated about the status &amp; extent of Influenza A (H1N1) globally</li> <li>IEC campaign on proper hand washing, proper hygiene &amp; cough manners</li> <li>Make available hygiene &amp; sanitation facilities</li> <li>Line list students who have history of travel to countries with reported confirmed cases of Influenza A (H1N1) virus infection</li> <li>Precautionary measures during school gathering</li> </ul>	<ul style="list-style-type: none"> <li>Level I Response</li> <li>Fever surveillance</li> <li>Line list of students &amp; faculty manifesting influenza-like illness</li> <li>Monitoring trend, cause, status of absentees (students/faculty)</li> <li>While in school, persons identified to have signs &amp; symptoms of ILI, isolate them in a designated room before sending home</li> <li>Students/faculty with signs &amp; symptoms of ILI shall not report to school but inform the school physician/MHO for proper advice</li> <li>Establish referral system with health care facilities</li> <li>Report to DOH.</li> </ul>	<ul style="list-style-type: none"> <li>Level II Response</li> <li>Suspension of classes in the affected school</li> <li>Report to DOH</li> </ul>	<ul style="list-style-type: none"> <li>Suspension of classes in the affected area</li> </ul>

### **WHO WILL DECLARE SUSPENSION OF CLASSES?**

- If one school has confirmed positive case of Influenza A (H1N1), the School Principal can declare the suspension of classes
- If two or more schools in one municipality have confirmed positive case of Influenza A (H1N1), the Division Superintendent can declare the suspension of classes in the municipality.
- If one or more schools per municipalities have confirmed positive case of Influenza A (H1N1), the Division Superintendent of the province can declare the suspension of classes in the whole province
- If two or more provinces have schools with confirmed positive case of Influenza A (H1N1), the Regional Director of DepED/CHED/TESDA can declare the suspension of classes in the whole region
- The Higher Education Institution Heads CHED can declare suspension of classes in their respective school.
- The Secretary of DepED / Chairperson of CHED/Director General of TESDA can suspend classes at any stage depending on the information provided by the DOH

### **CONDITIONS WHEN TO LIFT THE SUSPENSION**

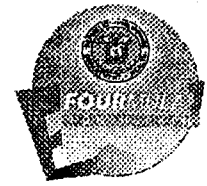
- The confirmed cases together with those cases under observation in the school(s) shall no longer have the signs and symptoms of colds, cough and/or sore throat and remain free from fever for 7 days
- No more reported cases under observation
- No more reported confirmed positive cases of Influenza A (H1N1) in the school and community for 10 days

### **ACTIONS TO BE TAKEN BY THE SCHOOL PRIOR TO RESUMPTION OF CLASSES**

- General cleaning of the school
- Cleaning the chair, desks, doors, toilets, lavatories and garbage bins with disinfectants
- Ensure provision of water, soap and other supplies and materials for proper hygiene purposes
- Intensify IEC campaign



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**Interim Guidelines No. 10  
For the Prevention and Control of Influenza A (H1N1) in Schools**

This set of guidelines consists of the Department of Health's recommendations to school authorities at this time when only a few confirmed cases of influenza A (H1N1) has been identified and DOH has not yet established the pattern of susceptibility of the population to the influenza A (H1N1) virus and the virulence or severity by which the same virus could cause illness to the Filipino people. The general recommendation is to monitor the occurrence of influenza-like illness and prevent its spread among the school population. Influenza-like illness that are to be watched out for include suspected, probable or confirmed cases of influenza A (H1N1). (For this document "school" shall include all institutions of learning for all levels of education, formal and informal.)

**A. How to Prepare the School to Respond to the Influenza A (H1N1)**

**1. Keep informed.** Keep an eye on updates about the status and extent of influenza A (H1N1) virus infection in the Philippines and in your area, through newspapers and mass media reports and the DOH website, [www.doh.gov.ph](http://www.doh.gov.ph), and by coordinating with your local health offices regarding the infection status and control measures being instituted in your locality.

The DOH (Manila-based) hotline numbers are (032) 711-1001 and (032) 711-1002.

**2. Organize an infection control team.** Identify and organize the most responsible personnel to compose the infection control team in the school. The team will plan, implement, coordinate and report the prevention and control activities with regard the influenza A (H1N1) virus. They will also assist local health authorities in the standard surveillance and reporting of influenza-like illness.

**3. Make facilities for hand hygiene and sanitation available.** Ensure that adequate hand washing and sanitation facilities—like lavatories, garbage bins and toilets—are available in the school premises, according to the Sanitation Code of the Philippines (e.g., at least 6 lavatories for every 100 population, with adequate running water and provisions for soap).

**4. Provide nursing and/or medical services.** Provide for the orientation of the school's nursing and/or medical staff on influenza A (H1N1) control and case management. If there are constraints to provide this, link up with the health office, clinic or hospital nearest the school.

**5. Designate a room** for persons developing the signs and symptoms of influenza while at school. This is preferably one separate infirmary room. If there is no extra infirmary room available, look for another rarely occupied room that can be easily disinfected and which can provide patient comfort.

**6. Make disposable surgical masks or similar devices available at all times.** Masks are essential for the medical and nursing staff of the school, and enable persons with flu-like symptoms, like cough or sneeze, to cover their mouth and nose conveniently while keeping their hands free.

**7. Encourage reporting of high-risk events.** Get information and regularly update information on enrollees, faculty and non-teaching staff having history of travel to countries or regions with confirmed influenza A (H1N1) cases or with history of exposure to probable or confirmed cases. Make reporting of these events confidential and mandatory.

**8. Launch a sustained information and behavior change campaign on common hygienic practices.** Avail of educational and information materials on appropriate hand washing, respiratory hygiene and other sanitation practices from the nearest DOH offices. These can be reproduced and disseminated to students, teachers, non-teaching staff and parents and families of the school population to assist in the nationwide effort to control influenza A (H1N1) infection.

**9. Check ventilation of rooms.** Ensure that air-conditioned classrooms and other function rooms have adequate functional exhausts or are otherwise well-ventilated so that aerosol droplets do not accumulate in any given place of where people group together.

However, even before the above measures are instituted there may be reason to adopt control measures based on currently known information on the health status and activities of students, faculty and staff of the school:

#### **B. When to Advise Particular Student, Faculty or Non-Teaching Staff to Defer Going to School**

**1. Students, faculty and non-teaching staff returning from vacations in countries with confirmed cases of influenza A (H1N1) SHOULD BE REQUIRED to defer going to school and advised to monitor themselves for signs of influenza for 10 days from date of arrival to the Philippines. Encourage compliance by arranging for catch-up lessons for students or adapting rules on leaves of absences for school employees.**

**2. Students, faculty and non-teaching staff who have had close contact<sup>1</sup> or have cared for with a probable or confirmed case of influenza A (H1N1) SHOULD BE REQUIRED to defer going to school and advised to monitor themselves for signs of influenza for 10 days from date of disengaging from the case. Again, encourage compliance by employing any innovative, effective and reasonable measures.**

**3. Persons with influenza-like illness or ILI, like fever with either cough or sore throat and other respiratory tract symptoms, whether confirmed case of influenza A (H1N1) or not, SHOULD BE ADVISED to stay home for 7 days after onset of illness or at least 24 hrs after symptoms have resolved. This is aside, of course, from providing them with immediate medical assessment and advising them to observe hand and respiratory hygiene and to stay home and not mix with crowds elsewhere (as in malls, computer shops or theaters).**

**4. Persons at high risk to develop complications from influenza—for example, people taking steroids for chronic ailments (such as asthma), very young children of less than 5 years**

<sup>1</sup> A close contact is a person who has cared for, lived with or has had direct contact with the respiratory secretions or body fluids of a probable or confirmed case of influenza A (H1N1).

old, people whose immune system is compromised by other illness (like uncontrolled diabetes and cancer)—should be advised to take more stringent precautions compared to the general population. They should wear mask at all times when in school and avoid crowds and therefore, should be seated near well-ventilated areas when they have to attend classes.

(It is up to school authorities to find ways to establish proof of travel to risk areas and proof of illness.)

### **C. How to Detect Early Signs of Influenza A (H1N1) Infection in the School Population**

1. Monitor indicative incidents. The following occurrences may suggest that there is on-going transmission of influenza in school:
  - 1.1. simultaneous or series of absences clustering in specific classes or faculty groups
  - 1.2. clustering of reported flu-like illness among users of specific buildings or function rooms
  - 1.3. severe or unusual respiratory illness in one or more student, teacher or staff
2. Ensure medical evaluation and case follow-up of all types of illness manifesting with fever or respiratory symptoms reported among the school population (students, teaching and non-teaching staff and administrators). This should be done by the medical or nursing staff in coordination with the infection control team.

### **D. What to Do When Student, Faculty and other School Staff Manifest with Influenza-like Illness While in School**

1. Provide the ill person with masks and reminders to practice hand and respiratory hygiene measures at all times. Also give instructions about avoiding touching the mask and of disposing of it regularly or when it becomes moist or soiled.
2. Keep the person comfortable in the designated separate (or isolation) room that is off limits to other non-sick persons, until relatives are informed and the personal transportation or a patient transport team from a hospital or health facility is available to bring the patient for laboratory testing and further management. Advise all transport personnel about the condition of the patient so they may take personal protective precautions.
3. Arrange for immediate medical evaluation with the responding medical staff or team wearing protective personal equipment (N9 mask, gloves, gown and eye protection goggles).
4. Advise the infection control team of the incident and need to
  - 4.1 obtain detailed exposure history
  - 4.2 disinfect and decontaminate the holding or isolation room after the patient has left or has been transported to appropriate facility (Refer to DOH Interim Guidelines No. 9 for detailed procedures for room decontamination.)
  - 4.3 report the incident to the local government's health office, and
  - 4.4 follow-up the course of illness.

## E. Indications for Delaying or Suspending Classes

1. **There is yet NO indication for suspending classes on a nationwide scale.** The reasons are:
  - 1.1. Many infectious diseases are carried by healthy, non-sick carriers and keeping children away from school is not sure to stop infection.
  - 1.2. Experts have observed that spread of influenza A (H1N1) is so fast, by the time a probable or confirmed case is identified, the case already infected several other persons.
  - 1.3. The schools may not be the primary source of infection because by the time the infection is attributed to a school, community transmission must have already occurred.
  - 1.4. Anti-viral drugs are available in the market and there are simple everyday measures each individual can practice in order to avoid infection, control the transmission and in order to fight off the disease:
    - 1.4.1. Regular hand hygiene
    - 1.4.2. Cough etiquette
    - 1.4.3. Wearing masks and other personal protective equipment
    - 1.4.4. Cleaning and disinfection of the environment
    - 1.4.5. When not necessary, avoid crowds, especially in enclosed venues
    - 1.4.6. Enough sleep and healthy diet
    - 1.4.7. Chemoprophylaxis of close contacts
    - 1.4.8. Taking anti-virals if confirmed sick with influenza A (H1N1)
2. **On a case to-case basis, administrators of a particular school may decide to suspend classes, for the following possible reasons:**
  - 2.1. A large number of its teaching or non-teaching staff is confirmed ill such that the school is unable to provide students classes on a regular schedule
  - 2.2. A large number of students is confirmed ill such that many or majority are being scheduled for make-up classes
  - 2.3. One or more report of unusually severe illness arising from a confirmed or probable case of influenza A (H1N1)
  - 2.4. Local government health office or DOH advice or recommendation as to the start of and duration of suspension of classes, because of an unusual or unexpected development with regard the epidemiology of influenza A (H1N1) in the school and/or its environs.

Issued by the DOH Emergency Management Task Force for the Pandemic Response to Influenza A (H1N1)