



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

March 11, 2020

DEPARTMENT MEMORANDUM

No. 2020 - 0115

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT, MINISTER OF HEALTH - BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO, EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL, CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA, AND INSTITUTES, PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS AND ALL OTHERS CONCERNED

SUBJECT: Prioritization of Contact Tracing for Confirmed Coronavirus Disease 2019 (COVID-19) Cases

I. BACKGROUND

After a cluster of pneumonia cases of unknown etiology was reported in Wuhan City, Hubei Province of China last December 31, 2019, Chinese health authorities preliminarily identified the cause of this viral pneumonia as a new or novel type of coronavirus (2019-nCoV).

With an increasing number of cases spreading to various territories and confirmed human-to-human transmission, the World Health Organization declared the outbreak as a Public Health Emergency of International Concern (PHEIC) last January 30, 2020.

In view of the confirmation of local transmission of COVID-19 in the country, the Department of Health (DOH), hereby issues the following guidelines in conducting immediate contact tracing for individuals with high risk and vulnerability to control local transmission.

This issuance is an enhancement of the Department Memorandum No. 2020-0068 dated February 3, 2020 entitled "Interim Guidelines on Contact Tracing for Confirmed 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD Cases)."

A particular note on the general guidelines of the above mentioned memorandum is the Section A which enumerates the rationale of conducting contact tracing. These are:

1. Contact tracing shall be one of the major strategies to contain the outbreak in the early stage where epidemiological evidence shows first and second generation transmission of 2019-nCoV ARD.

2. Contact tracing and monitoring shall be considered on for the initial cases found at the start of the outbreak. Contact tracing shall focus on the subset of the population most likely to be at risk of infections and in the network of transmission routes.
3. Contact tracing for the first 100 confirmed cases in the country shall be mandatory to contain and limit the spread of infection.

II. IMPLEMENTING GUIDELINES

A. Criteria for the Prioritization of Contacts of COVID-19 Cases

A contact of a COVID-19 case is a person NOT presenting signs and symptoms of the infection, who has or may have been in contact with a COVID-19 case. The classification of contacts as high, medium or low-risk exposure is based on the associated risk of infection that in turn determines the type of monitoring. The contact tracing team shall identify and categorize the contacts based on the table below.

Table 1. Categorization of contacts based on nature of exposure within 14 days

High Risk	Medium	Low
<ul style="list-style-type: none"> ● Health Workers who attended to a laboratory confirmed COVID-19 case OR a health worker in a Laboratory facility processing COVID-19 specimens ● Household contacts who lived with a person who is a confirmed COVID-19 case ● A person who is less than 1 meter from a laboratory confirmed COVID-19 case in a social or religious gatherings ● An office worker who has close engagement or business encounter with a laboratory confirmed COVID-19 case ● Visited the confirmed case where interaction was made less than 1 meter distance from each other 4 days before onset of illness and/or within the 14 days from the onset of illness 	<ul style="list-style-type: none"> ● Travelled with (in airplane, follow the 4 rows around) ● A person who attended a social or religious gathering where a confirmed case of COVID-19 was reported ● A hotel worker in a hotel where a laboratory confirmed COVID-19 case, was reported ● A passenger in an enclosed transport where a laboratory confirmed COVID-19 case, was reported 	<ul style="list-style-type: none"> ● Individuals with history of travel to areas with reported community transmission in the last 14 days ● Other individuals who are not categorized as high or medium risk

1. All Persons Under Monitoring (PUMs) assessed as high risk for COVID-19 shall be the focus of the contact tracing activity.

2. Medium and low risk individuals shall be endorsed by their respective RESUs to the provincial and city government units for the monitoring of PUMs for a period of 14 days. The engagement of the Barangay Health Emergency Response Teams (BHERTs) in contact tracing is important.

B. Roles and Responsibilities

1. The **Epidemiology Bureau (EB)** of the Department of Health shall be the overall Bureau to oversee the contact tracing activity. This Bureau will consolidate all regional data pertaining to contact tracing and ensure that the contact tracing process is complied with by the different RESUs;
2. The **Regional Epidemiology and Surveillance Unit (RESU)** of the Centers for Health Development (CHD) shall take the lead in the contact tracing of individuals categorized as high, while the medium to low risk will be monitored by the Local Government Unit (LGU) upon proper coordination. The RESU shall be submitting their daily report on contact tracing to the EB for consolidation:

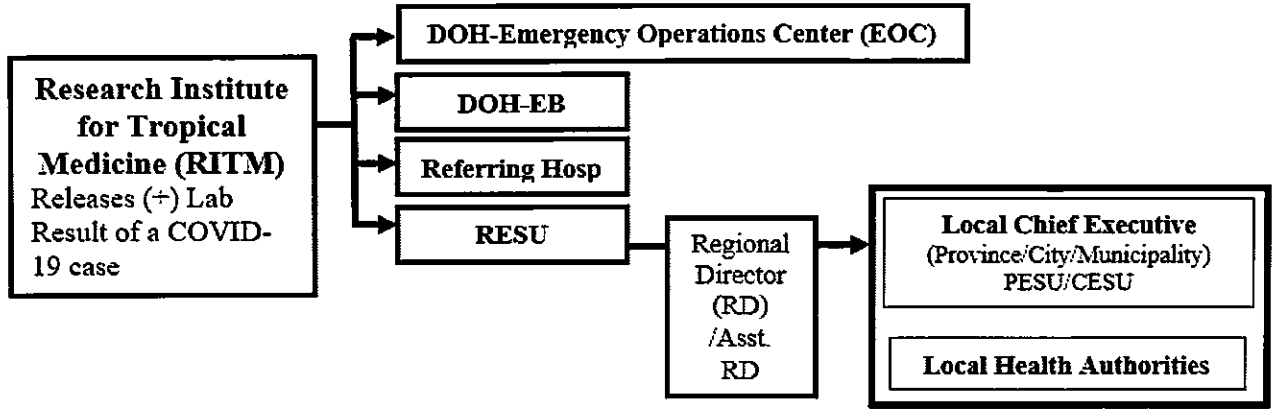
a. Contact tracing team

The role of the contact tracing team is to investigate, gather information on confirmed cases and trace the contacts, locations of frequency and possible exposures of people surrounding the case. Contact tracers investigate contacts exposure to the confirmed case, (now labelled as the index case on the chain of transmission) categorize the contacts exposure, screen the initial health status of contact, answer questions and educate contact on use of thermometers, monitoring process, quarantine policy and education about COVID-19. The team shall put remarks as “closed” in their report when all contacts identified were seen and/or interviewed by phone or face to face.

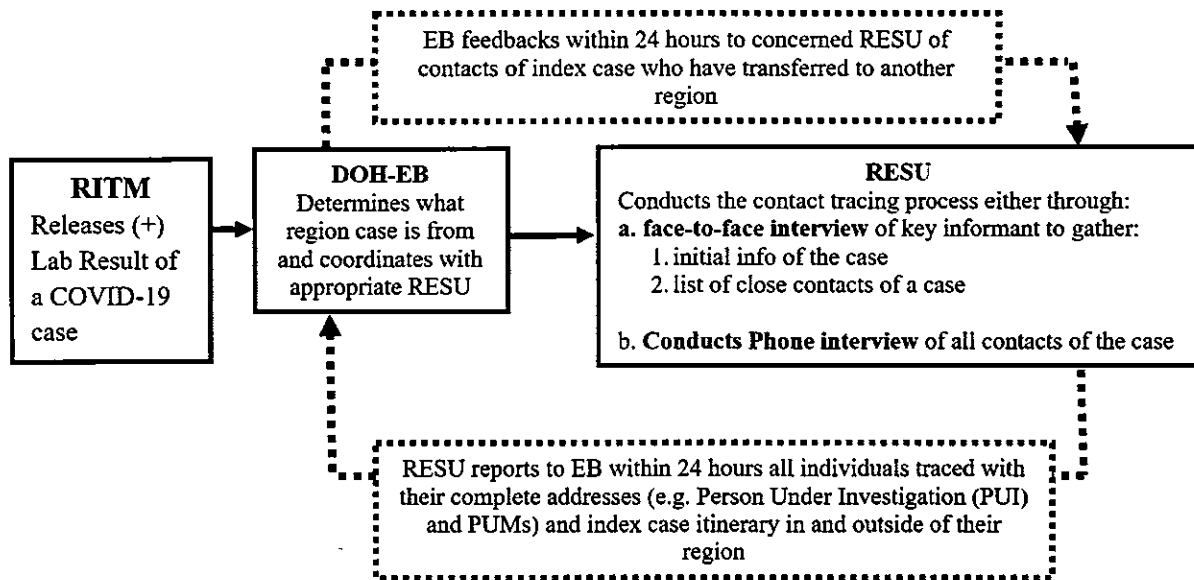
b. A contact monitoring staff (BHERTS) from the LGU shall be assigned to undertake the following:

- i. **Monitor Persons Under Monitoring (PUMs)** monitor body temperature twice a day (7AM and 3PM) and for any signs and/or symptoms of COVID-19. This information will be entered in the COVID-19 Contact Monitoring Tool (see Annex A). The BHERTs provides the Municipal Health Office (M/CHO) of daily report at 3 in the afternoon. The MHO reports this information their Provincial Epidemiology and Surveillance Unit (PESU) by 4PM. While the City Epidemiology and Surveillance Unit (CESU) to their City Health Office. The PESU and CESU in turn reports every 5 in the afternoon to the RESU.
 - ii. Any signs and symptoms during the course of the quarantine has to be assessed by the MHO/CHO using the current algorithm for triage of patients with possible COVID-19 infection.
 - iii. The contact monitoring staff shall strictly follow the infection prevention and control measures (see Annex B) to ensure they are protected.
3. The **Infection Prevention and Control Committee (IPCC) of the hospital** shall categorize further the risk of health workers based on the WHO Health Workers Exposure Risk Assessment and Management in the Context of COVID-19 Virus (See Annex C).


C. Flow of Notification and Reporting



D. Contact Tracing Flow



For strict compliance.


FRANCISCO T. DUQUE III, MD, MSc
 Secretary of Health

Annex B. Infection prevention and control measures while contact tracing

1. Bring portable alcohol-based handrub (at least 60% strength)
2. Always perform hand hygiene before and after the interview
3. Keep and maintain at least one metre distance between you and the interviewee
4. Choose an appropriate interview location, make sure it is well ventilated and ensure privacy and confidentiality. This could be outside of the interviewees house.
5. If the interviewee appears to have respiratory symptoms provide a medical mask for them to wear prior to conducting the interview. Explain to the interviewee that this is to help prevent any spread of germs. If the interviewee cannot tolerate a medical mask, proceed to wear a medical mask and explain that you are wearing a mask to protect yourself while conducting the interview
6. If you are wearing a medical mask:
 - DO NOT touch the mask once you have placed it on your face
 - DO NOT touch your face whilst conducting the interview
7. Avoid touching the environment surfaces unnecessarily, perform hand hygiene after contact with the surrounding environment
8. DO NOT eat or drink when interviewing contacts, politely decline eating or drinking any food or drinks offered
9. Once the interview is complete, verbally thank the interviewee and maintain a one metre distance
10. DO NOT shake hands or physically touch the interviewee
11. If you are wearing a mask perform hand hygiene before removing the mask; remove the mask from the back, moving it away from your face; dispose of the mask in a bin and perform hand hygiene. DO NOT reuse masks.
12. If any equipment is used, ensure it is cleaned using a detergent wipe (and dispose of wipe)
13. Perform hand hygiene

Health workers exposure risk assessment and management in the context of COVID-19 virus

Interim guidance
4 March 2020



Coronavirus disease (COVID-19) was first detected in Wuhan city, China in December 2019. On 30 January 2020, the WHO Director General declared that the current outbreak constituted a Public Health Emergency of International Concern.

Current available evidence is that the COVID-19 virus is transmitted between people through close contact and droplets. People most at risk of infection are those who are in contact with a COVID-19 patient and/or who care for COVID-19 patients. This inevitably places health workers at a high risk of infection.

Target audience:

This tool is to be used by health care facilities that have either cared for or admitted COVID-19 patients. This form is to be completed for all health workers who have been exposed to a confirmed COVID-19 patient in a health care facility. It is intended to be an operational tool used by health care facilities once a COVID-19 patient has been identified within the facility. This tool will help determine the risk of COVID-19 virus infection of all HCWs who have been exposed to a COVID-19 patient and then provides recommendations for appropriate management of these HCWs, according to their infection risk.

Objectives:

1. To determine the risk categorization of each HCW after exposure to a COVID-19 patient (see below Part 1: COVID-19 virus exposure risk assessment form for HCWs);
2. To inform the management of the exposed HCWs based on risk (see below Part 2: Management of health worker exposed to COVID-19 virus).

Part 1: COVID-19 virus assessment of risk of exposure for health workers in health care facilities

Protecting HCWs is of paramount importance to WHO. Understanding HCW exposure to COVID-19 virus and how this translates into risk of infection is critical for informing infection prevention and control (IPC) recommendations. The data that will be captured using this data collection form and risk assessment tool can be used to identify IPC breaches and define policy to mitigate health worker and nosocomial infection. As such, health care facilities using the following risk assessment are encouraged to share deidentified data with WHO to inform discussions about WHO guidance related to IPC. That is, any data shared with WHO should not include any personally identifiable information (Questions 2A, 2B and 2G).

1. Interviewer information	
A. Interviewer name:	
B. Interviewer date (DD/MM/YYYY):	__/__/__
C. Interviewer phone number:	
D. Does the health worker have a history of staying in the same household or classroom environment with a confirmed COVID-19 patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Does the HCW have history of traveling together in close proximity (within 1 meter) with a confirmed COVID-19 patient in any kind of conveyance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the HCW answers yes for questions 1 D – 1E it is considered a community exposure to COVID-19 virus and health workers should be managed as such. The management recommendations in Part 2: Management of health workers exposed to COVID-19 virus apply only to health care-related exposure.

2. Health worker information	
A. Last name:	
B. First name:	
C. Age	
D. Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer
E. City:	
F. Country:	
G. Contact details:	
H. Type of health care personnel:	<input type="checkbox"/> Medical doctor <input type="checkbox"/> Physician assistant <input type="checkbox"/> Registered nurse (or equivalent) <input type="checkbox"/> Assistant nurse, nurse technician (or equivalent) <input type="checkbox"/> Radiology /x-ray technician <input type="checkbox"/> Phlebotomist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Physical therapist <input type="checkbox"/> Respiratory therapist <input type="checkbox"/> Nutritionist/dietitian <input type="checkbox"/> Midwife <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy technician or dispenser

	<input type="checkbox"/> Laboratory personnel <input type="checkbox"/> Admission/reception clerk <input type="checkbox"/> Patient transporter <input type="checkbox"/> Catering staff <input type="checkbox"/> Cleaner <input type="checkbox"/> Other (specify):
I. Health care facility unit type in which the health worker works?	<i>Tick all that apply:</i> <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency <input type="checkbox"/> Medical unit <input type="checkbox"/> Intensive care unit <input type="checkbox"/> Cleaning services <input type="checkbox"/> Laboratory <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other, specify:
3. Health worker interactions with COVID-19 patient information	
A. Date of health worker first exposure to confirmed COVID-19 patient:	Date (DD/MM/YYYY): ___/___/____ <input type="checkbox"/> Not known
B. Name of health care facility where case received care:	
C. Type of health care setting:	<input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient clinic <input type="checkbox"/> Primary health centre <input type="checkbox"/> Home care for mild cases <input type="checkbox"/> Other:
D. City:	
E. Country:	
F. Multiple COVID-19 patients in health care facility	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Number of patients (approximate if exact number not known):

4. Health worker activities performed on COVID-19 patient	
A. Did you provide direct care to a confirmed COVID-19 patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
B. Did you have face-to-face contact (within 1 meter) with a confirmed COVID-19 patient in a health care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
C. Were you present when any aerosol generating procedures (AGP) was performed on the patient? <i>See below for examples</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
- If yes, what type of AGP procedure?	<input type="checkbox"/> Tracheal intubation <input type="checkbox"/> Nebulizer treatment <input type="checkbox"/> Open airway suctioning <input type="checkbox"/> Collection of sputum <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> Cardiopulmonary resuscitation (CPR) <input type="checkbox"/> Other, specify:

D. Did you have direct contact with the environment where the confirmed COVID-19 patient was cared for? E.g. bed, linen, medical equipment, bathroom etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
E. Were you involved with health care interaction(s) (paid or unpaid) in another health care facility during the period above?	<input type="checkbox"/> Other health care facility (public or private) <input type="checkbox"/> Ambulance <input type="checkbox"/> Home care <input type="checkbox"/> No other health care facility

Exposure of health workers to COVID-19 virus

If the health worker responds 'Yes' to any of the Questions 4A – 4C, the health worker should be considered as being **exposed to COVID-19 virus**

5. Adherence to infection prevention and control (IPC) during health care interactions	
For the following questions, please quantify the frequency you wore PPE, as recommended: 'Always, as recommended' should be considered wearing the PPE when indicated more than 95% of the time; 'Most of the time' should be considered 50% or more but not 100%; 'occasionally' should be considered 20% to under 50% and 'Rarely' should be considered less than 20%.	
A. During the period of a health care interaction with a COVID-19 patient, did you wear personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If yes, for each item of PPE below, indicate how often you used it:	
- 1. Single gloves	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time (50% or more but not 100%) <input type="checkbox"/> Occasionally 20% to under 50%) <input type="checkbox"/> Rarely (less than 20% of the time)
- 2. Medical mask	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 3. Face shield or goggles/protective glasses	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 4. Disposable gown	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
B. During the period of health care interaction with the COVID-19 patient, did you remove and replace your PPE according to protocol (e.g. when medical mask became wet, disposed the wet PPE in the waste bin, performed hand hygiene, etc)?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
C. During the period of health care interaction with the COVID-19 case, did you perform hand hygiene before and after touching the COVID-19 patient? NB: Irrespective of wearing gloves	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
D. During the period of health care interaction with the COVID-19 case, did you perform hand hygiene	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time

before and after any clean or aseptic procedure was performed (e.g. inserting: peripheric vascular catheter, urinary catheter, intubation, etc.)?	<input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
E. During the period of health care interaction with the COVID-19 case, did you perform hand hygiene after exposure to body fluid?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
F. During the period of health care interaction with the COVID-19 case, did you perform hand hygiene after touching the COVID-19 patient's surroundings (bed, door handle, etc)? Note: this is irrespective of wearing gloves	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
G. During the period of health care interaction with the COVID-19 case, were high touch surfaces decontaminated frequently (at least three times daily)?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely

5. Adherence to infection prevention and control (IPC) when performing aerosol generating procedures (e.g. tracheal intubation, nebulizer treatment, open airway suctioning, collection of sputum, tracheostomy, bronchoscopy, cardiopulmonary resuscitation (CPR) etc.)	
For the following questions, please quantify the frequency you wore PPE, as recommended: 'Always, as recommended' should be considered wearing the PPE when indicated more than 95% of the time; 'Most of the time' should be considered 50% or more but not 100%; 'occasionally' should be considered 20% to under 50% and 'Rarely' should be considered less than 20%.	
A. During aerosol generating procedures on a COVID-19 patient, did you wear personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If yes, for each item of PPE below, indicate how often you used it:	
- 1. Single gloves	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 2. N95 mask (or equivalent respirator)	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 3. Face shield or goggles/protective glasses	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 4. Disposable gown	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 5. Waterproof apron	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely

B. During aerosol generating procedures on the COVID-19 patient, did you remove and replace your PPE according to protocol (e.g. when medical mask became wet, disposed the wet PPE in the waste bin, performed hand hygiene, etc)?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
C. During aerosol generating procedures on the COVID-19 case, did you perform hand hygiene before and after touching the COVID-19 patient? NB: Irrespective of wearing gloves	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
D. During aerosol generating procedures on the COVID-19 case, did you perform hand hygiene before and after any clean or aseptic procedure was performed (e.g. inserting: peripheric vascular catheter, urinary catheter, intubation, etc.)?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
E. During aerosol generating procedures on the COVID-19 case, did you perform hand hygiene after touching the COVID-19 patient's surroundings (bed, door handle, etc)? Note: This is irrespective of wearing gloves	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
F. During aerosol generating procedures on the COVID-19 case, were high touch surfaces decontaminated frequently (at least three times daily)?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely

7. Accidents with biological material	
A. During the period of a health care interaction with a COVID-19 infected patient, did you have any episode of accident with biological fluid/respiratory secretions? <i>See below for examples</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If yes, which type of accident?	<input type="checkbox"/> Splash of biological fluid/respiratory secretions in the mucous membrane of eyes <input type="checkbox"/> Splash of biological fluid/respiratory secretions in the mucous membrane of mouth/nose <input type="checkbox"/> Splash of biological fluid/respiratory secretions on non-intact skin <input type="checkbox"/> Puncture/sharp accident with any material contaminated with biological fluid/respiratory secretions

Risk categorization of health workers exposed to COVID-19 virus

High risk for COVID-19 infection

The health worker did not respond 'Always, as recommended' to Questions:

- 5A1 – 5G, 6A – 6F
- AND/OR responded 'Yes' to 7A.

All other health workers should be considered **low risk for COVID-19 virus infection**.

Part 2: Management of health workers exposed to COVID-19 virus

The management of health workers exposed to COVID-19 virus will vary according to the Risk categorization of health workers exposed to COVID-19 virus, as determined in Part 1.

Recommendations for health workers with high risk for infection:

- Stop all health care interaction with patients for a period of 14 days after the last day of exposure to a confirmed COVID-19 patient;
- Be tested for COVID-19 virus infection;
- Quarantine for 14 days in a designated setting.¹

Health care facilities should:

- Provide psychosocial support to HCW during quarantine, or duration of illness if HCW becomes a confirmed COVID-19 case;
- Provide compensation for the period of quarantine and for the duration of illness (if not on a monthly salary) or contract extension for duration of quarantine/illness;
- Refresher infection prevention and control training for the health care facility staff, including HCWs at high risk for infection once he/she returns to work at the end of the 14-day period.

Recommendations for health workers with low risk for COVID-19 infection:

- Self-monitor temperature and respiratory symptoms daily for 14 days after the last day of exposure to a COVID-19 patient. HCWs should be advised to call health care facility if he/she develop any symptoms suggestive of COVID-19;
- Reinforce contact and droplet precautions when caring for all patients with acute respiratory illness² and standard precautions to take care of all patients;
- Reinforce airborne precautions for aerosol generating procedures on all suspect and confirmed COVID-19 patients;

¹ WHO Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19): Interim guidance 28 February 2020 ([https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19))).

² WHO Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected: Interim guidance 25 January 2020 ([https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)).

- Reinforce the rational, correct and consistent use of personal protective equipment when exposed to confirmed COVID-19 patients;³
- Apply WHO's "My 5 Moments for Hand Hygiene" before touching a patient, before any clean or aseptic procedure, after exposure to body fluid, after touching a patient, and after touching patient's surroundings;⁴
- Practice respiratory etiquette at all times.

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WHO reference number: WHO/2019-nCov/HCW_risk_assessment/2020.1

³ WHO Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected: Interim guidance 25 January 2020 ([https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)).

⁴ WHO guidelines on hand hygiene in health care: first global patient safety challenge – clean care is safer care. Geneva: World Health Organization; 2009 (<https://apps.who.int/iris/handle/10665/44102>).