DepEd Task Force COVID-19
MEMORANDUM No. 102
27 August 2020

For: Secretary Leonor Magtolis Briones
Undersecretaries and Assistant Secretaries
Bureau/Service Directors and Division Chiefs
All Others Concerned

Subject: ROLES AND RESPONSIBILITIES OF DESIGNATED SUPPORT STAFF FOR CASE MANAGEMENT IN HANDLING AND MANAGEMENT OF REPORTED COVID-19 CASES AND CLOSE CONTACTS AT THE CENTRAL OFFICE

The DepEd Task Force COVID-19 (DTFC) Memorandum No. 95 dated 19 August 2020 was issued to define the Updated Protocols in Handling, Management and Testing of Reported COVID-19 Cases and Close Contacts at the Central Office (CO). This guides the offices, bureaus, services and units in the detection, reporting, referral, handling, managing and facilitating the testing of cases and close contacts among all the officials and all personnel in CO.

Under this, Heads of Offices were enjoined to “designate a technical staff to provide necessary support and assistance in case management, including the daily reporting of cases in their respective offices through the DTFC-developed reporting mechanisms.”

As such, this memorandum defines the roles and responsibilities of the designated support staff of each office including the DTFC-developed reporting mechanisms and templates, in accordance with the DOH Administrative Order 2020-0013, DOH Department Memorandum No. 2020-0189, and DTFC issuances.

Part I. Definition of Terms

1. **Case** - refers to an individual who is either a COVID-19 probable, suspect, close contact or confirmed patient.

2. **Confirmed case** - any individual who tested positive for COVID-19 through laboratory confirmation at the national reference laboratory.
subnational reference laboratory, or a DOH-certified laboratory testing facility.

3. **Contact Tracing** - the identification, listing and follow-up of persons who may have come into close contact with a confirmed COVID-19 case. Contact Tracing is an important component in containing outbreaks of infectious diseases.

4. **Close Contact** - a person who may have come into contact with the probable or confirmed case two days prior to onset of illness of the confirmed COVID-19 case (rise date of sample collection for asymptomatic cases as basis) until the time that said cases test negative on laboratory confirmation or other approved laboratory test through:

   a. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
   b. Direct physical contact with a probable or confirmed case;
   c. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; or
   d. Other situations as indicated by local risk assessments.

A close contact also refers to a person who was with a confirmed case in an enclosed space for at least two hours.

5. **Suspect COVID-19 case** - a person who is presenting with any of the conditions below:

   a. All Severe Acute Respiratory Infection (SARI) cases where NO other etiology that fully explains the clinical presentation.
   b. Influenza like illness (ILI) cases with any one of the following:
      
      i. 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 days prior to symptom onset; and
      ii. with contact to a confirmed or probable case of COVID-19 disease during the 14 days prior to the onset of symptoms.
   
   c. Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following:

      i. Aged 60 years and above;
      ii. With a comorbidity;
      iii. Assessed as having a high-risk pregnancy; and/or
      iv. Health worker

6. **Probable COVID-19 case** - a suspect case who fulfills anyone of the following listed below:
a. Suspect case whose testing for COVID-19 is inconclusive; or
b. Suspect who tested positive for COVID-19 but whose test was not conducted in a national or subnational reference laboratory or officially accredited laboratory for COVID-19 confirmatory testing

c. Suspect case who died without undergoing any confirmatory testing

7. **Person under Monitoring** - person do not fall under confirmed, probable, suspect or close contact (i.e. person who travelled abroad or locally to high-risk places, locally stranded individuals)

**Part II. Roles and Responsibilities of the Designated Support Staff**

The designated support staff for case management shall perform the following tasks:

**A. Support in the Management of Cases**

1. Assist the personnel concerned in ensuring that coordination with BHERT is made.

2. Coordinate with the CO Clinic for the testing of personnel concerned as needed.

3. Support the overall observance of protocols in handling cases, stipulated in DTFC COVID-19 Memorandum No. 95 must be followed.

4. For COVID-19 medical queries, concerns, and coordination needs, contact directly the CO Clinic:

   a. Dr. Rainero Reyes, Medical Officer in Charge via call or SMS at 09399129668, from 7:00 am – 9:00 pm; and
   b. CO Clinic official hotline no. 09772398430 which is managed by CO Clinic health personnel, from 09:00 am -12:00 mn.

**B. Contact Tracing**

1. In accordance with DOH DM 2020-0189 and DTFC-19 policy issuances, contact tracing must be initiated after every reported COVID-19 confirmed and probable case:

   a. Identify work settings that the contacts have visited or work-related social interactions where the contacts have been exposed;

   b. Identify all work contacts who have had contact with a confirmed case from 2 days before symptom onset of the case (use date of sample collection for asymptomatic cases as basis) until the time that said case test negative on laboratory confirmation;
c. Create a line list, including date of first and last exposure or date of contact with the confirmed or probable case, and, for symptomatic close contacts, date of onset of fever, respiratory symptoms, or other significant signs and symptoms; and

d. Document properly and thoroughly the common exposures and type of contact related to work with the confirmed or probable case for any contact who become infected with COVID-19.

2. For suspect COVID-19 cases, list the individuals they were in contact using these same guidelines and advise these individuals accordingly. This list shall facilitate contact tracing for suspect cases who may become re-classified as probable or confirmed cases.

3. Data Privacy Policies shall apply to protect personal information of the identified cases.


5. Identified cases through the conducted contact tracing shall be reflected in Annex A: COVID-19 Office Monitoring Sheet and emailed to medical.nursing@deped.gov.ph. Details shall be verified by the Medical Officer in Charge.

C. Reporting of COVID-19 Cases


2. Report daily the number of COVID-19 cases (close contact, probable, suspect, confirmed) to the Central Office Task Force through:

   a. a CO COVID Counter accessible through bit.ly/COVIDCO Counter using DepEd email account;
   b. call or SMS 09158202567 (if without access to the COVID Counter); and
   c. email Annex A to medical.nursing@deped.gov.ph (if with active cases) every 5 PM daily.

3. The number of close contacts, and suspect, probable, and confirmed cases shall be collated and included by the DepEd Task Force COVID-19 through the DRRMS and the BLSS-SHD, in the Department’s Internal COVID-19 Daily Situational Report.
4. For confirmed cases and deaths, **Annex B: Official Report on Confirmed Cases and Deaths** signed Head of Office to be submitted to medical.nursing@deped.gov.ph (subject line: CO COVID-19 Confirmed/Deaths).

Also, **Annex C** provides the partial list of designated support staff for case management per office. While for those offices without designation, please prepare and submit the accomplish form (**Annex D**) to drrmo@deped.gov.ph.

This shall take effect immediately upon approval of this memorandum.

ALAIN DEL B. PASCUA
Undersecretary
Chairperson, DepEd Task Force COVID-19