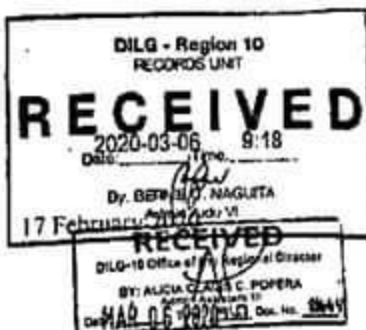




Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**



DEPARTMENT MEMORANDUM  
No. 2020 - 0090

**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:** Interim Guidelines on the Management of Persons Under Monitoring (PUMs) suspected with Coronavirus Disease 2019 (COVID-19) for Home Quarantine

**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.

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.

The Department of Health (DOH) hereby issues interim guidelines on the management of persons under monitoring (PUMs) suspected with Coronavirus Disease 2019 (COVID-19) for home quarantine.

**II. GENERAL GUIDELINES**

- A. Any person, regardless of nationality, race and age, who does not exhibit any sign nor symptom, has history of travel to other areas of China and/or history of exposure to a confirmed case of COVID-19, within the past 14 days, shall be required to undergo monitored home quarantine.
- B. Any person, regardless of nationality, race and age, who exhibits fever or any symptom of lower respiratory illness, and has a history of travel to other countries with a confirmed case of COVID-19 but without any history of exposure, shall be advised to undergo monitored home quarantine.
- C. Those undergoing home quarantine shall be prohibited to leave their rooms/homes where they are quarantined until they have been certified by the local health official to have finished the 14-day requirement for quarantine procedures.

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D. Initial coordination should be done with the Local Government Epidemiologic Surveillance Unit on the logistical, administrative and clinical parameters to be standardized in any attempt to refer a PUM for transfer or consultation.

### III. IMPLEMENTING GUIDELINES

#### A. Room Isolation and Contacts of Persons Under Monitoring (PUM)

1. Place the PUM alone in a well-ventilated room, preferably with toilet and bathroom. If this is not possible, maintain a distance of at least 1 meter from the PUM (e.g. sleep in a separate bed).
2. Assign one person who is in good health as caretaker of the PUM.
3. Visitors, family members and even caregivers are not allowed in the PUM's room, if possible.
4. Confine activities of the PUM in his/her room only. If this is not possible, ensure that shared spaces (e.g. kitchen, bathroom) are well ventilated (e.g. keep windows open).

#### B. Use of Disposable Surgical Mask

1. The PUM should wear a surgical mask fitted tightly to the nose, mouth, and chin when in the same room with another household member or when talking to other people. The use of masks is not required for the person/s the PUM is/are interacting with.
2. If alone, the PUM is not required to wear a mask.
3. Masks should not be touched or handled during use. If the mask gets wet or dirty with secretions, it must be changed immediately and disposed properly.
4. Discard the used mask after a maximum use of 8 hours. Masks are not reusable and should not be washed. After removal of mask, wash hands using water and soap, or rub hands with 70% alcohol or any hand disinfectant.

#### C. Hand Hygiene Practice for ALL

1. All PUMs and household members should perform hand hygiene following contact with PUM or if in contact with their immediate environment.
2. Perform hand hygiene by washing hands with soap and water. If hands are not visibly soiled, 70% alcohol or any alcohol-based hand rub can be used.
3. When using soap and water, disposable paper towels to dry hands is desirable. If not available, use dedicated cloth towels and replace them when they become wet.
4. Hand hygiene should also be performed before and after preparing food, before eating, after using the toilet, and whenever hands look dirty.
5. Address safety concerns (e.g. accidental ingestion by children and fire hazards) on the use of alcohol-based hand rubs.

#### D. Respiratory Hygiene and Standard Precaution for ALL

1. Respiratory hygiene/cough etiquette should be practiced by all at all times. Respiratory hygiene refers to covering the mouth and nose during coughing or sneezing using surgical masks, tissues, flexed elbow, sleeves of clothes, or inside the neckline of shirts, followed by hand hygiene.
2. Avoid direct contact with body fluids, particularly oral or respiratory secretions, and feces. Use disposable gloves to provide oral or respiratory care and when handling feces, urine and waste. ~~Wash hands before putting on and after removing gloves.~~

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