Annex F: Clinical and Social Criteria based on Joint Administrative Order

ANNEX A. COVID-19 Patient Algorithm for Triage and Hospitalization (C-PATH).
Note: The DOH may henceforth release an updated version, which shall be used for this Order.

![Flowchart: Classification of Cases]

**Footnotes**

1. Acute Respiratory Illness (ARI)
   - Flu-like symptoms (cough, cold, sore throat, body malaise, fatigue, fever)

2. Comorbidities – adults with an underlying health condition listed below:
   - Chronic lung disease
   - Chronic heart disease
   - Chronic kidney disease
   - Chronic liver disease
   - Chronic neurological conditions
   - Diabetes
   - Problems with the spleen
   - Weakened immune system such as HIV or AIDS, or medicines such as steroids, tablets or chemotherapy
   - Morbid obesity (BMI >40)

3. Severe symptoms:
For adults and adolescents: any of the following:
   - altered mental state
   - shortness of breath
   - SpO2 <94%, respiratory rate >30/min
   - systolic blood pressure <90mmHg
   - other signs of shock or complications

For children: cough or difficulty in breathing, plus at least one of the following:
   - central cyanosis or SpO2 <90%
   - severe respiratory distress (e.g., grunting, chest in-drawing)
   - signs of pneumonia (e.g., lung crackle, chest x-ray)
   - signs of acute respiratory distress (e.g., agitation, labored breathing, cyanosis)

Other signs of pneumonia may be present: fever >38°C (100°F), tachypnea (>20 breaths/min) for age.

4. Exposure by travel
   - Travel from a country/area where there is sustained community level transmission

5. Exposure by residence
   - Lives in an LGU where there is sustained community transmission

6. Exposure by contact
   1. Providing direct care to suspect, probable, or confirmed COVID-19 patients without using proper PPE (i.e. healthcare workers)
   2. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes
   3. Direct physical contact with a probable or confirmed case, OR
   4. Other situations as indicated by local risk assessments

**Probable Case**
   Proceed to box 10 if test becomes possible/available
FIGURE 1B. CONTACT TRACING PROTOCOL
Version 06 April 2020 (original)

FOOTNOTES

a Exposure by travel
Travel from a country/area where there is sustained community level transmission

b Exposure by residence
Lives in an LGU where there is sustained community level transmission

c Exposure by contact
1. Providing direct care to suspect, probable, or confirmed COVID-19 patients without using proper PPE (i.e. healthcare workers);
2. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
3. Direct physical contact with a probable or confirmed case; OR
4. Other situations as indicated by local risk assessments

d Acute Respiratory Illness (ARI)
Flu-like symptoms (cough, colds, sore throat, body malaise, fatigue, fever)

e Home Quarantine — All members of the household (including pets) must strictly stay at home

BHERT Monitoring
Barangay Health Emergency Response Team (BHERT)
- Accomplish a Case Identification Form (CIF)
- Ensure monitoring throughout the duration of isolation & quarantine
- Facilitate home care and basic needs
- A daily report shall be forwarded to the Municipality/City Epidemiology and Surveillance Units (MESU/CESU) which in turn are forwarded to the Provincial Epidemiology and Surveillance Units (PESU)
FIGURE 1C. COMMUNITY QUARANTINE PROTOCOL

Version 05 April 2020 (original)

Patient with mild symptoms and no risk factors

1

Confirmed Case?

2

Confirmed Case (Mild)

3

Suspect or Probable Case (Mild)

4

Consider self-isolation\(^a\) and home quarantine\(^b\)

5

Home quarantine difficulty?

6

BHERT Monitoring\(^c\)

7

LIGTAS COVID Center

8

Self-isolation\(^a\) plus home quarantine\(^b\)

9

Repeat test available (RT-PCR)?

10

Discharge when repeat test negative\(^e\) and symptoms have improved\(^f\)

11

Discharge when improvement of symptoms has been sustained for 14 days

12

FOOTNOTES

\(^a\) Self-isolation — strict isolation of the patient in a separate room or area in the household

\(^b\) Home Quarantine — All members of the household (including pets) must strictly stay at home

\(^c\) Situations where home quarantine is difficult

1. Living with vulnerable person (with comorbid or >60 y/o)

2. No separate bedroom or bed not >1m away

3. No separate bathroom for patient

4. Not well-ventilated

5. No separate utensils and personal things

6. No separate towels for handwashing

\(^d\) BHERT Monitoring

Barangay Health Emergency Response Team (BHERT)

- Accomplish a Case Identification Form (CIF)
- Ensure monitoring throughout the duration of isolation & quarantine
- Facilitate home care and basic needs
- A daily report shall be forwarded to the Municipality/City Epidemiology and Surveillance Units (MESU/CESU) which in turn are forwarded to the Provincial Epidemiology and Surveillance Units (PESU)

\(^e\) Repeat Test Negative

- Two consecutive negative tests 24 hours apart is preferred or at least one negative test prior to discharge

\(^f\) Improvement of symptoms:

- Temp <37.8°C > 3 days
- Respiratory symptoms reduced significantly
- CXR shows significant improvement