

CONFRONTING COVID-19:

Preparing LGUs for Response

17 March 2020

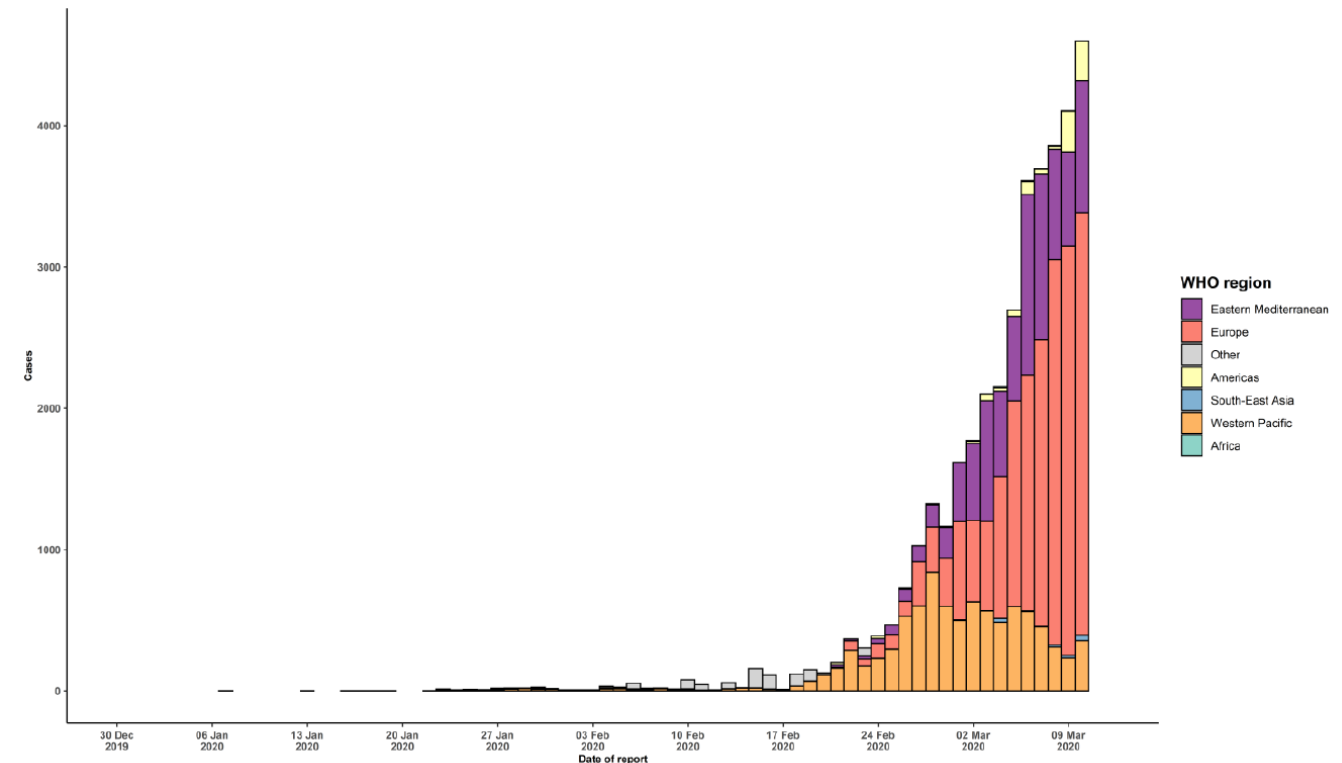
Zoom Conference

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Background

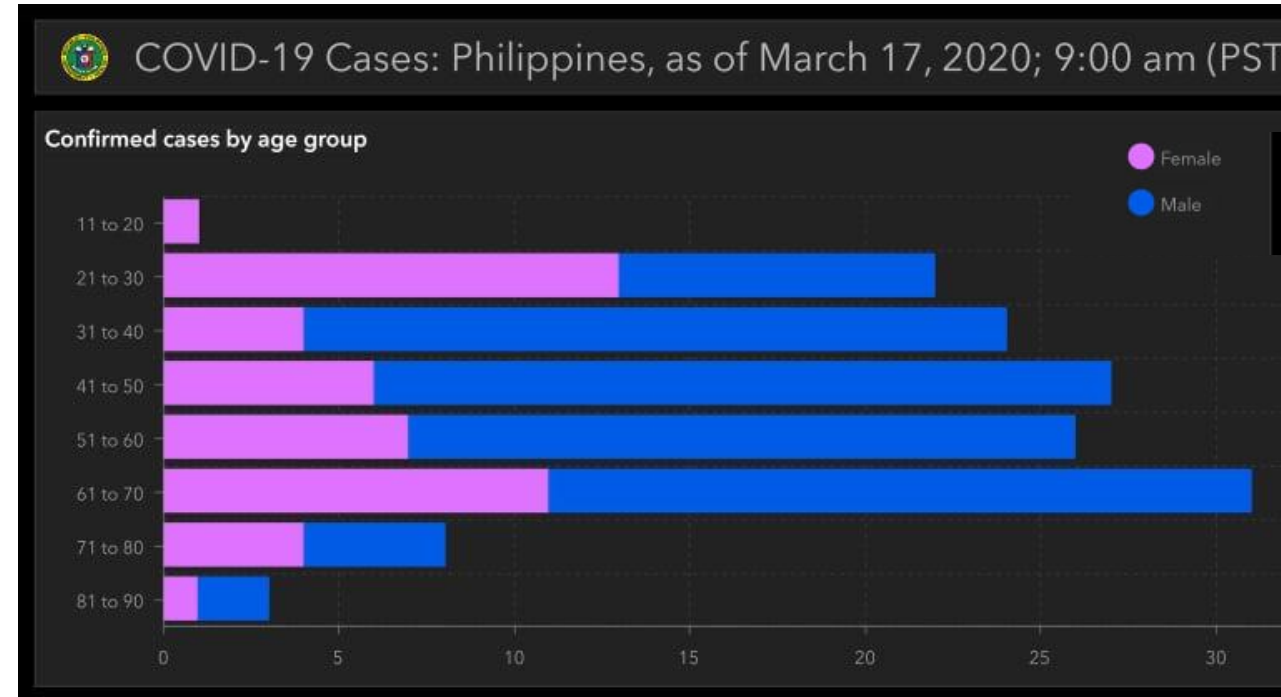
- December 31, 2019 - Wuhan Hubei, China
- 132 affected countries, China and European region
- Jan 30, 2020 - WHO-PHEIC
- Very High Global Alert: **Red Code Sub-alert Level 2**
- **Philippine IATF - EID**
 - 12 March 2020 - Philippines pronounced Metro Manila lockdown

Figure 2. Epidemic curve of confirmed COVID-19 cases reported outside of China , by date of report and WHO region through 11 March 2020



The Disease: COVID-19

- **COVID-19 is a disease caused by SARS-CoV-2 infection:** droplet, contact, close-range airborne
- Infectivity highest soon after onset of symptoms
- Can infect *all age groups* but mostly affect:
 - **>60 years old**
 - **with pre-existing conditions**
- As of 17 March 2020
 - 173,249 confirmed cases, 6,648 deaths (3.84% CFR)
 - 142 Philippine cases, 12 deaths (8.45% CFR)
- Social determinants: age, health status, mobility, social contact, social and environmental hygiene



<https://covid19ph.com/>

As of 09:00AM

17 March 2020

Cases: 142

Deaths: 12

Recovered: 3

Top admission areas:

TMC (19); RITM (16); SLMC (15)

Top areas:

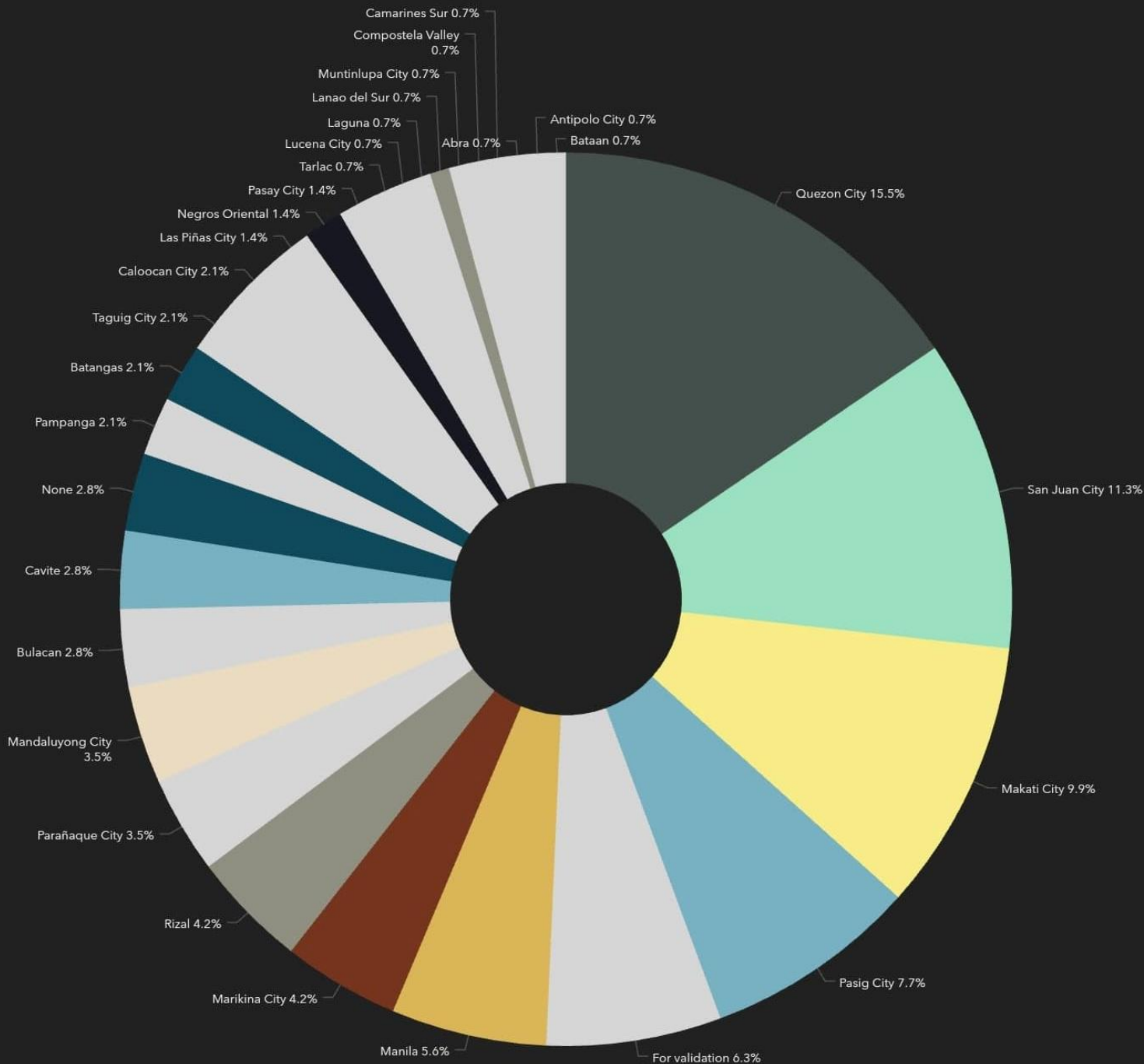
Quezon City (15.5%) = 22

San Juan City (11.3%) = 16

Makati City (9.9%) = 14

Pasig City (7.7%) = 11

Manila (5.6%) = 8



Objectives

1. Describe challenges and issues in response to COVID-19
2. Provide current updates focusing on evidence
3. Provide recommendations to:
 - a. LGU-level Incident Command System
 - b. Essential tasks
 - c. City Health Office and District Health Centers
 - d. Barangays

Quick Scoping: Summary of issues raised

1. Challenge of the government to ensure trust despite limited resources and experience.
2. Too much confusing information with unclear recommendations. Need for unified and clear information
3. Behaviours that might increase risk: mass gatherings e.g. in churches, activities, loitering during suspension of classes
4. Incorrect response to news e.g. overconsumption
5. Public hospitals, clinics, and health stations still generally lack supplies and staffing to handle referral and case management. Philhealth case rate (P14k) may not be enough.
6. Blue collar workers/ daily job earners suffer greater losses with work suspensions.
7. Community quarantines and social distancing must still respect cultural norms and preserve human dignity, especially if done among the urban poor.

Quick Scoping: Summary of field expert recommendations

PAGSUKAT

- Take an active effort to assess real level of community transmission and current response capacities

PANGANGALAGA

- Strengthen care network through infusion of supplies, ensuring (surge) capacities and activating a unified/coordinated clinical management structure

PAGPIGIL

- Make clear decisions on employing strong public approaches to “flatten the curve”
 - Social distancing while respecting social ties (**PAGLAYO**)
 - Social and environmental hygiene (**PAGLILINIS**)

PAGKAKAISA

- Utilize the “power of people” through efforts that will increase public trust and participation especially the media, youth and churches.

- Take an active effort to assess real level of community transmission and response capacities (**identify risks and gaps**)

1. Perform contact tracing and screening of travellers and symptomatics

2. Assessment of health care capacity

- Human resource (BHERT, Hospital ERT or COVID PUI teams)
- Facility readiness (checklists)
 - Commodities/supplies
 - Diagnostics
 - Equipment (i.e. mech vent)
 - Isolation rooms/ Bed capacity

3. Readiness of referral pathways

- Unified clinical guidelines and referral agreements
- List of facilities and providers
- Telecommunication (or incident command system)
- Transport
- Information system

4. Identification of High Risk Areas and Groups

- Hotspots in the City: malls, gatherings, hospitals
- Vulnerable areas: urban poor communities
- High risk groups: elderly, sick individuals

Needs of the BHS and Health Centers

- Algorithm to screen travelers & symptomatics
- CHO (LESU): Contact tracing (<100 patients; local transmission)
- **Supplies**
 - PPE: face mask, eye protection, gloves, and gown
 - Isolation room if possible
 - Hand hygiene facilities: 60% ethyl or isopropyl alcohol, soap, and water
 - Pulse oximeter & functioning oxygen system
 - Forms: Close contact line list, S&Sx log form (submitted to EB every 10AM)
- **Personnel: 1 BHERT for every 5000 population**

Referral Protocol

BHERT conduct home visits for PUMs. Require arriving resident(s) to **check temperature daily (morning and afternoon)** during the **14-day** home confinement period. Daily monitoring of symptoms like **cough, difficulty breathing, or shortness of breath.**

If symptoms are observed = **isolate PUI**
Notify the receiving medical facility then **transport** immediately to a DOH-designated coronavirus referral center or hospital

If *no symptoms* are observed after 14-days, report to City Health Officer for lifting of home confinement

Place the **rest of their household in a 14-day confinement in Barangay Isolation Units (BIU) or at home.** Repeat the process for them.

Train BHERTs and household volunteers

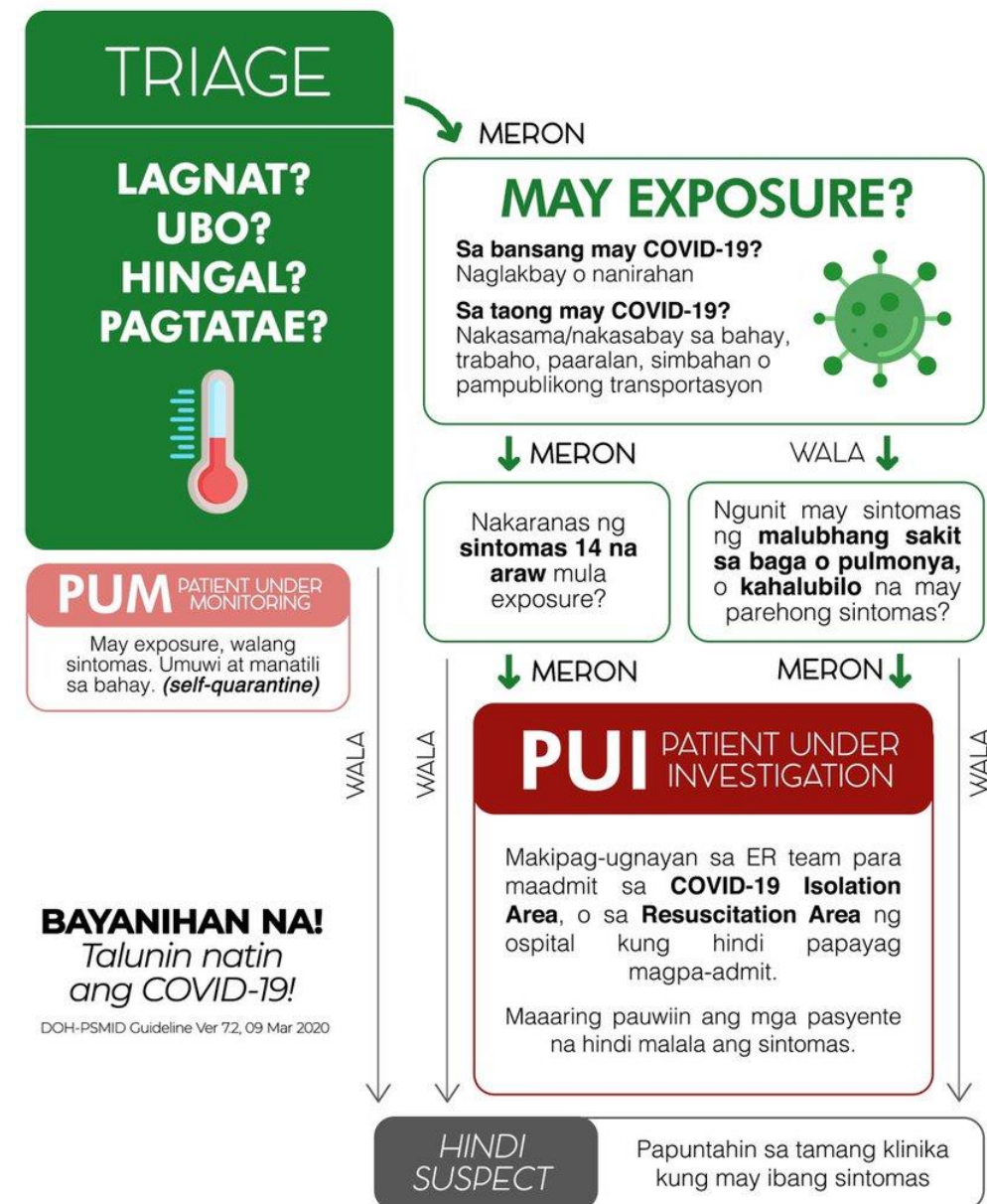
- Triage
- Contact tracing (DM 2020-0068)
- Contact precautions
- Referral

BHERT Composition

- Executive officer
 - Barangay tanod
 - 2 BHWs with 1 preferably a RN or RHM
- * PNP-CIDG for difficult to track contacts*

Also available in:

Bikolano
Cebuano
Ilokano
Kapampangan
Waray
Ybanag
English



5. Incident command system
6. Network referral protocol
7. Identify Level 2 and 3 hospitals to handle PUI
8. Surge capacity protocol
9. Technical guidance: Infectious disease specialist, Infection control
10. Continue Infection prevention and control systems within facilities
11. Institutionalize case management protocols
12. Essential laboratory services and referral to reference laboratories
13. Essential health services for COVID-19 care
14. Forecast logistic needs, rapid procurement and supply chain
15. Risk Communication/ Public information

- **Incident Management System**

- Convene and coordinate network-wide incident management system
- Guarantee the continuity of decision-making and resource management in any situation
- Consult and disseminate core internal and DOH documents related to the management of COVID-19

- **Infection prevention and control**

- DOH 2020-0072; Set up IPC Committee
- Ensure HCW orientation and safety. Exclusive team of HCWs for suspected or confirmed case
- Monitor healthcare associated infections
- Bed distancing >1 meter. Review patient placements. Designate holding areas.
- Ensure supply of single-use and disposable equipment, PPEs (hazmats), Hepa filters, alcohol, and other contingencies.

- **Surge Capacity**

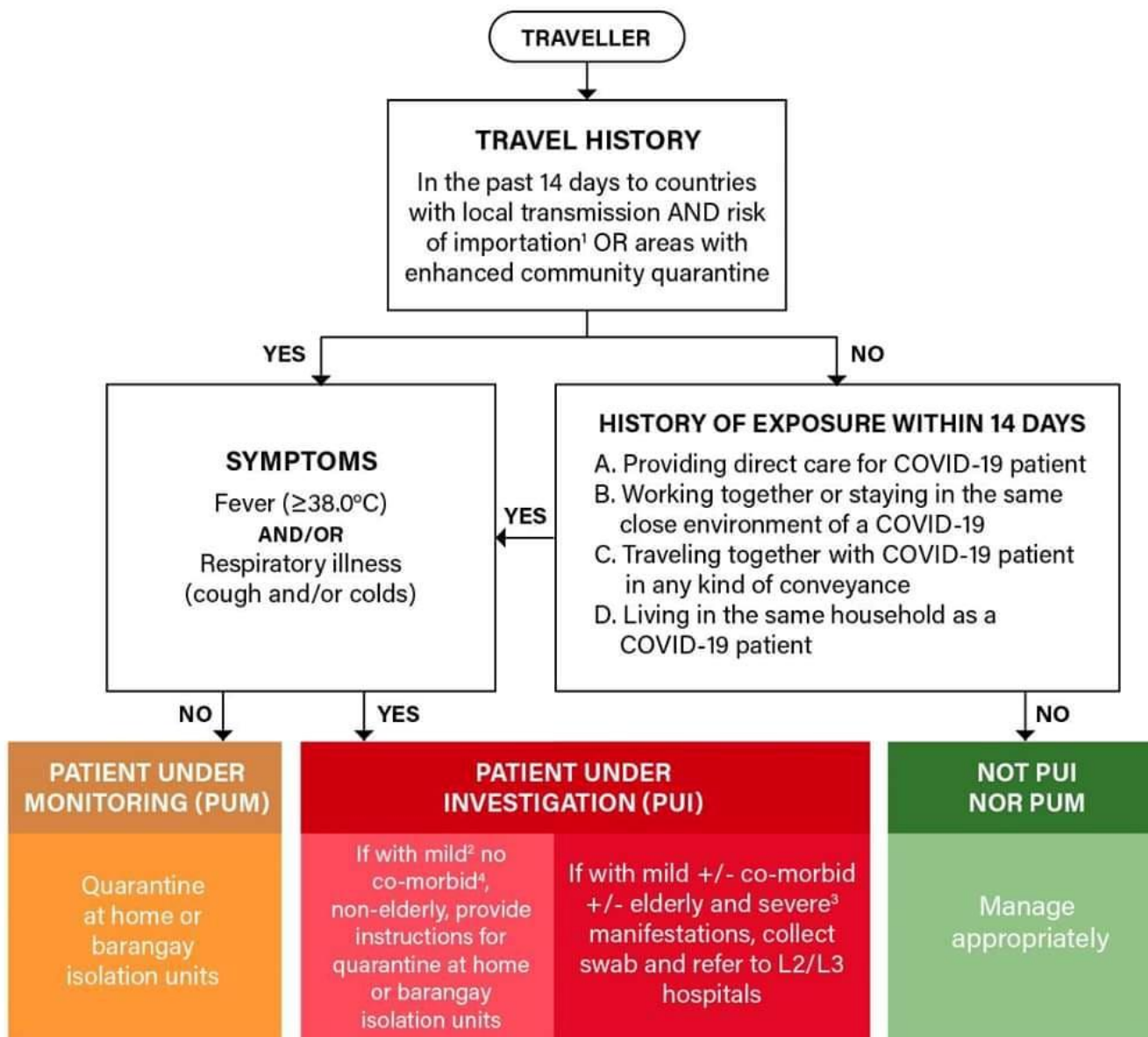
- Identify L2 and L3 hospitals to handle PUIs
- Calculate maximal case admission capacity
- Identify ways of expanding hospital in-patient capacity
 - outsourcing care of non-critical patients (e.g. home for mild illness)
 - identify additional sites for conversion to patient care units or community-based respiratory clinics (e.g. community centres, gymnasiums)
 - Cancel nonessential services
- Adapt WHO/DOH admission, prioritization and discharge criteria



ALGORITHM FOR TRIAGE OF PATIENTS WITH POSSIBLE COVID-19 INFECTION IN PORTS OF ENTRY

FOR USE BY:
QUARANTINE
OFFICERS

MARCH 16, 2020 EDITION



Ports of Entry

NOTES

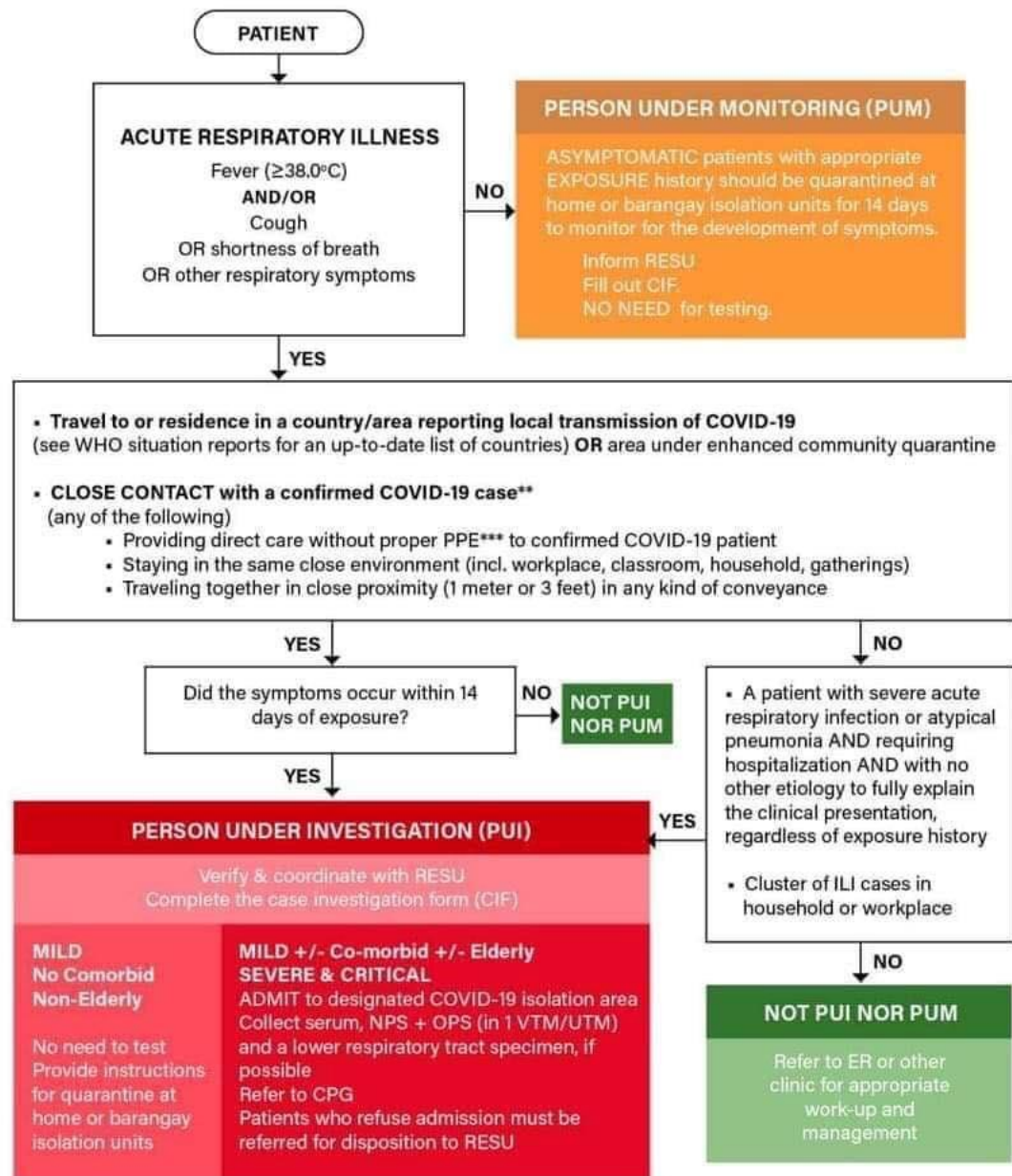
1. To be evaluated weekly by the ASEAN Biodiaspora Virtual Center. Separate advisory will be issued every Wednesday to determine countries to be included.
2. Mild manifestation include fever, dry cough, fatigue, sputum production, sore throat, myalgia or arthralgia, chills, headache, nausea or vomiting, nasal congestion, diarrhea.
3. Severe manifestations include difficulty of breathing and or respiratory rate $\geq 30/\text{minute}$.
4. Person with underlying medical problems, including cardiovascular disease, diabetes, cancer, chronic lung disease, and immunosuppression.



ALGORITHM FOR TRIAGE OF PATIENTS WITH POSSIBLE COVID-19 INFECTION IN HEALTH CARE FACILITIES

FOR USE BY:
HEALTH CARE
PROVIDERS

MARCH 16, 2020 EDITION



This algorithm is consistent with the WHO surveillance definition of COVID-19 as of 27 February 2020 and may change depending on evolving information on transmission patterns and pathogenicity of the virus.

****CONFIRMED case** – A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms

*** PROPER PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. Well-fitting N95 mask (fit-tested)
2. Eye protection (goggles or face shield)
3. Impermeable gown
4. Surgical gloves

The reader is referred to the Guidelines on Infection Control for COVID-19.

COVID-19 – CoronaVirus Disease 2019; PPE – personal protective equipment; RESU – Regional Epidemiology and Surveillance Unit; CIF – Case Investigation Form; NPS – Nasopharyngeal swab; OPS – oropharyngeal swab; VTM – viral transport medium; UTM – universal transport medium

Samples of IPC Practices

* CTT0



- **Case management**

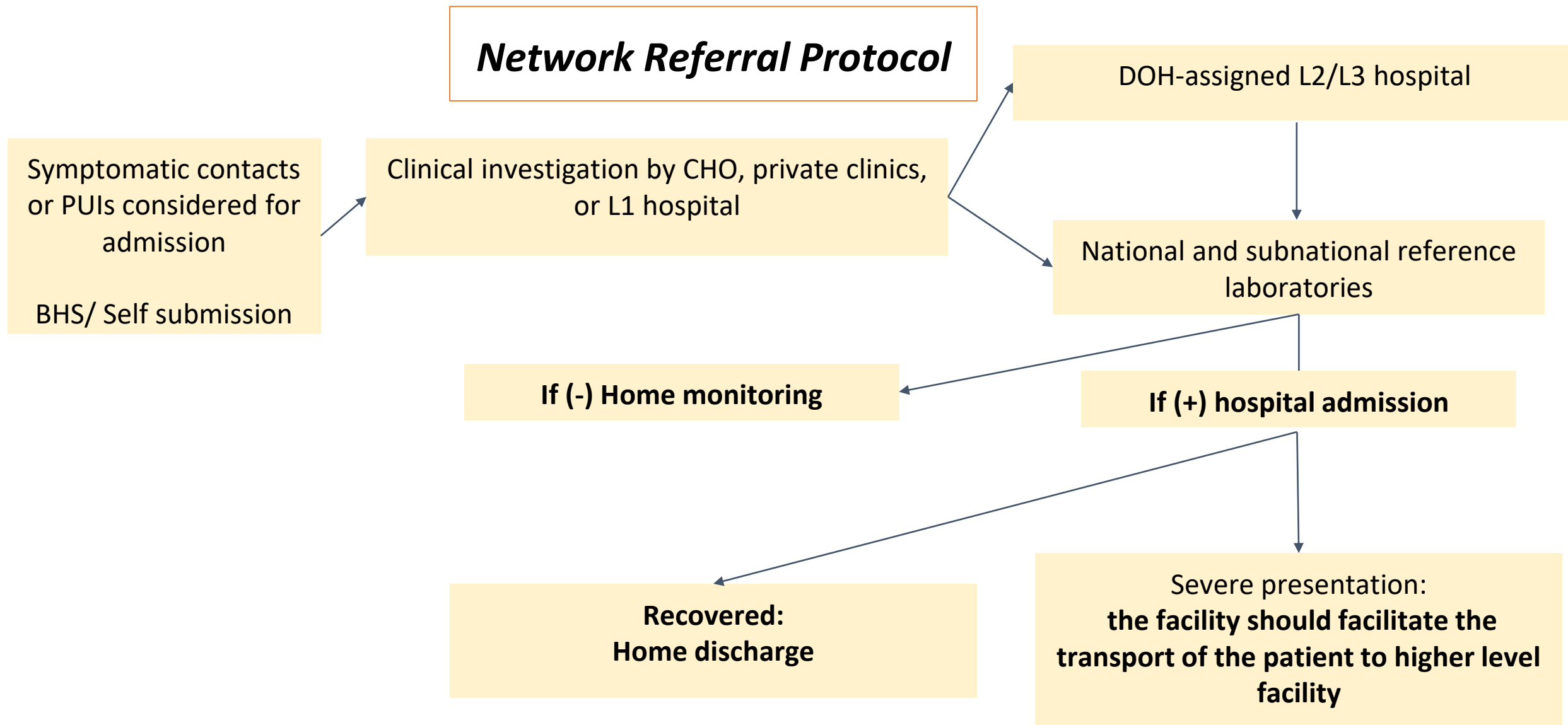
- DOH DC 2020-0049
- Consider establishing additional areas for triage, possibly outside the hospital “community respiratory clinics”
- Appoint an exclusive triage supervisor
- Triage area with negative pressure vents and respiratory hygiene supplies
- Ensure the availability of oxygen and means of respiratory support

- **Continuity of essential health services and patient care**

- Identify and maintain the COVID hospital services (diagnostics, treatment, isolation) that your facility must provide at all times
- Be familiar with preparedness, triage, and referral checklists and referral flow in the network

- **Laboratory services**

- Continuous availability of essential laboratory supplies and resources
- Prompt provision of laboratory data to those responsible for clinical management and surveillance.
- Prioritize testing for respiratory viruses (e.g., COVID-19)



- **Logistics and management of supplies**

- Forecast commodity needs
- Identify mechanisms for rapid procurement
- Warehousing and storage
- Transport and distribution up to barangay-level
- Ensure there is a policy in place for managing donations of medical supplies, food for staff, etc.

- **Communication**

- Brief the hospital staff on their roles and responsibilities in the COVID-19 IMS
- Appoint a public information spokesperson
- Be familiar with referral mechanisms established at the national level and related communication and notification channels.

SUPPLY NEEDS

SURVEILLANCE

Triple packaging boxes
Viral Transport Medium
Sharps container boxes

PREVENTION AND CONTROL

Gloves, examination, non-sterile
Mask, surgical, health care worker
Mask, surgical, patient
Eye protection, health care worker
Pulse oximeter
Oxygen concentrator
Flow splitter, for oxygen supply
Flow meter, thorbe tube
Humidifier, non-heated
Nasal prongs/ Oxygen cannula
Nasal catheter
Oxygen mask, connection tube, reservoir bag
Venturi mask

Case management (PPE Health care facility)

Gloves examination, non-sterile
Gloves , examination or surgical, sterile
Goggles protective
Fit test kit
Particulate respirator grade N95 or higher
Mask, surgical - health care worker
Mask, surgical , patient
Scrubs, tops
Scrubs, pants
Apron, heavy duty (straight apron with bib)
Gown/ Hazmat suit
Alcohol-based hand tub
Bio-hazard bag
Safety box
Soap
Gloves, cleaning
Hand drying tissue
Chlorine

CASE MANAGEMENT (supportive treatment)

Gloves, examination, non-sterile
Mask, surgical, health care worker
Mask, surgical, patient
Eye protection, health care worker
Pulse oximeter
Oxygen concentrator
Flow splitter, for oxygen supply
Flow meter, thorbe tube
Humidifier, non-heated
Nasal prongs/ Oxygen cannula
Nasal catheter
Oxygen mask, connection tube, reservoir bag
Venturi mask
Patient ventilator for critical care
Laryngoscope, adult
Laryngoscope child
Laryngoscope neonate
Endotracheal tube, without cuff
Endotracheal tube, with cuff
Endotracheal tube introducer, Bougie
Endotracheal tube introducer, stylet
Colorimetric end tidal CO2 detector
Resuscitator, adult
Resuscitator child
Oropharyngeal airway, guedel, sterile, single use
Nasopharyngeal airway, trumpet design

Novel Coronavirus COVID-19

FOR HEALTHCARE WORKERS

Personal Protective Equipment (PPE) According to Healthcare Activities

Remember Hand hygiene is always important. Clean hands before putting on, and after taking off, PPE.

Triage/points of entry screening personnel



medical
mask

Collecting respiratory specimens



goggles OR face shield

medical mask

gown

gloves

Caring for a suspected/confirmed case of COVID-19 with NO aerosol-generating procedure



goggles OR face shield

medical mask

gown

gloves

Caring for a suspected/confirmed case of COVID-19 WITH aerosol-generating procedure



goggles OR face shield

Respirator (N95 or FFP2)

gown

gloves

Transport of suspected/ confirmed case of COVID-19, including direct care



goggles OR face shield

medical mask

gown

gloves

Daily Reporting

Health status

- Number of PUIs, cases, deaths
- Number of consults in health facilities

Resources

- Bed Occupancy Rate in public/ private facilities
- Medicines stock outs
- Supplies stock outs

PAGPIGIL

- Make clear decisions on employing recommended public approaches to “flatten the curve”
- Social distancing while respecting social ties (**PAGLAYO**)
- Social and environmental hygiene (**PAGLILINIS**)

16. Enforcement of regulations/recommendations in

- Workplaces
- Schools
- Commercial establishments
- Households

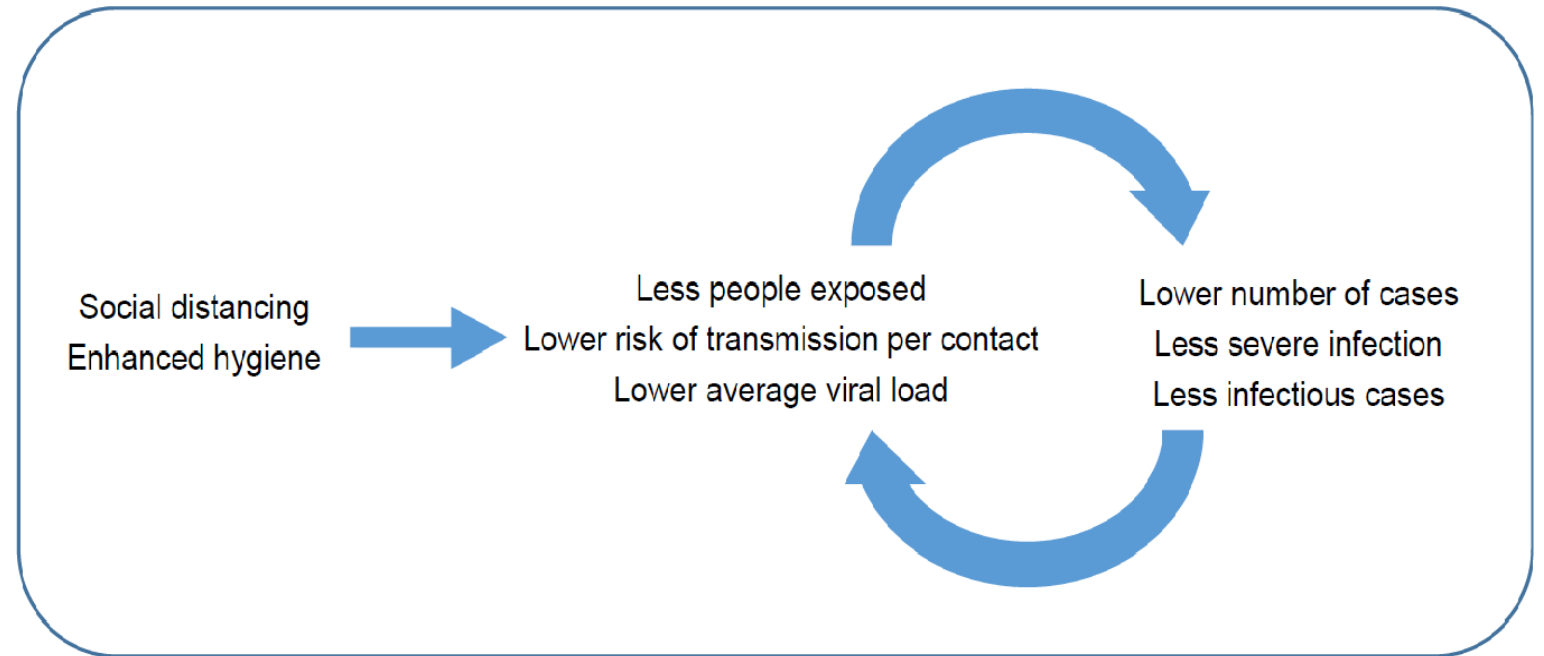
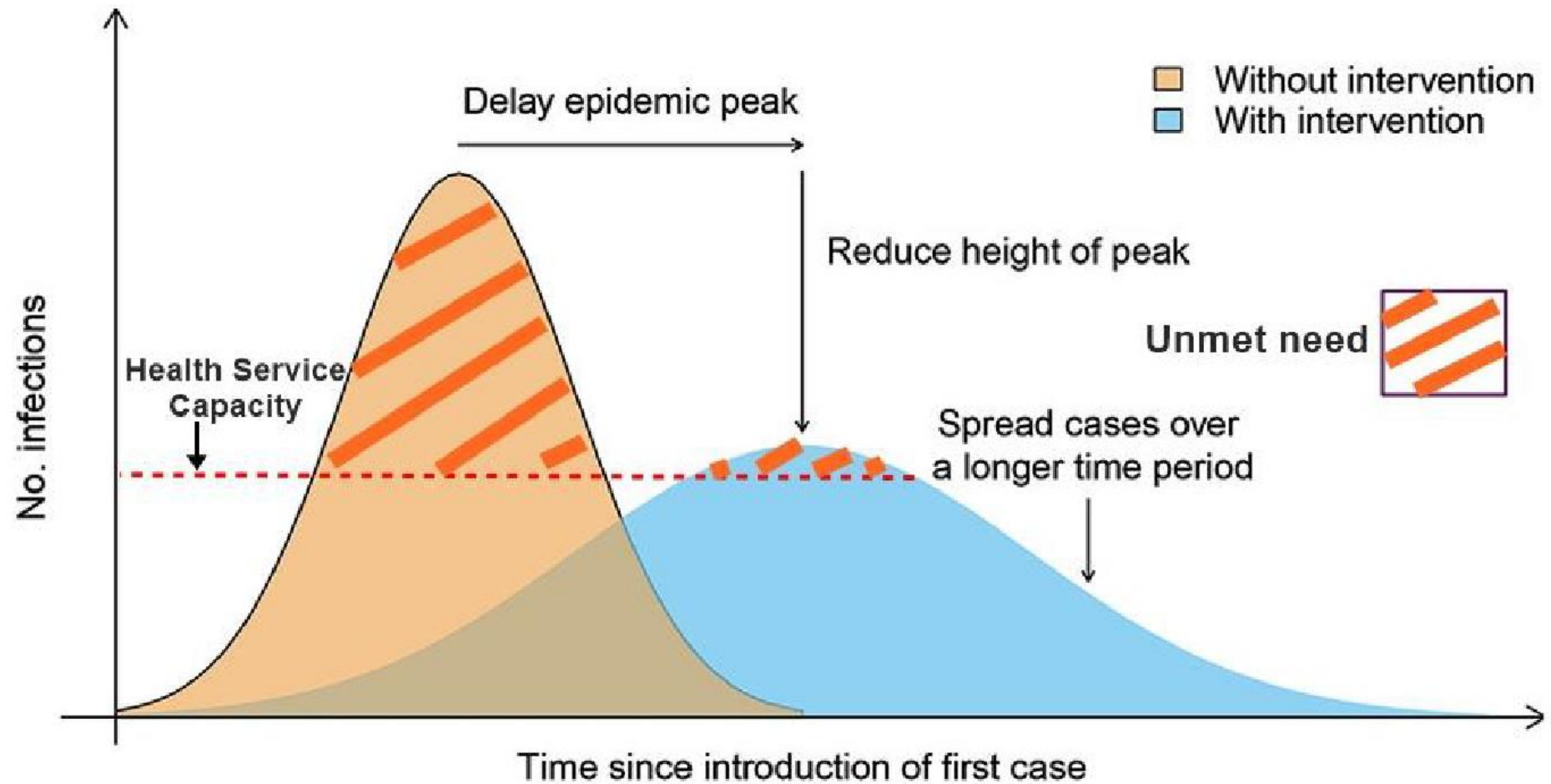
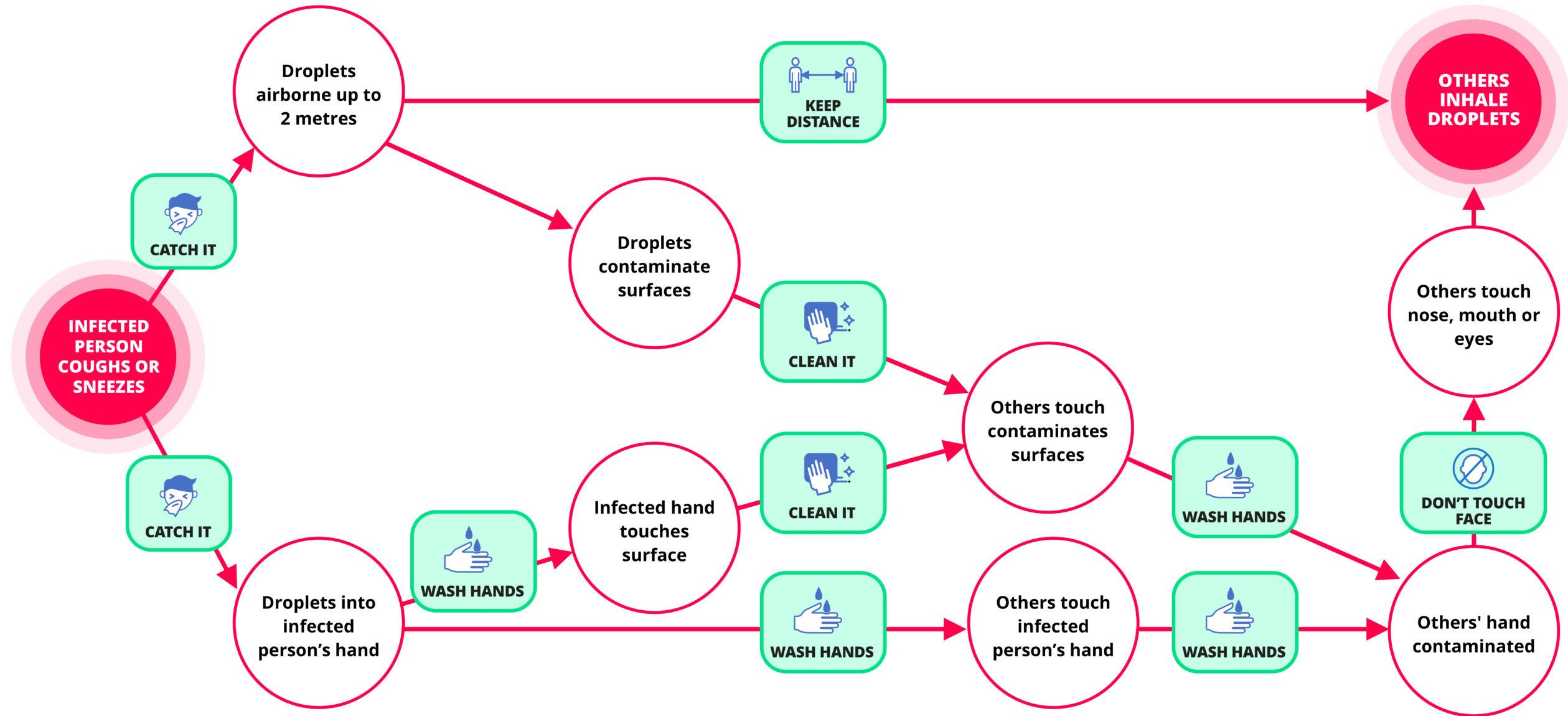


Figure 2: Conceptual model of how pre-emptive interventions with a negative multiplier effect could impact an impending epidemic

PAGPIGIL



Mental model for transmission



RESPONSE IN SCHOOLS

1. Supervised sanitation practices
2. Defer activities that mix classes
3. Promotion of cough etiquette
4. Strict stay at home policy if ill
5. Gamifying hygiene rules
6. Regular handwashing schedules
7. Disinfection of high touch surfaces
8. Outdoor lessons where possible
9. Open windows and air-conditioning
10. Hygienic food preparation
11. Review after-school care arrangements

Management of Symptomatics

Manifestation of **signs and symptoms** in persons with **history of travel** or **contact with household member with history of exposure in the past 14 days**

Refer to nearest hospital. Coordinate transport with **Barangay Health Emergency Response Team (BHERT)**

While waiting, isolate in **well-ventilated area or BIUs** and provided with **masks, hygiene products and waste management facilities**.

Reminders:

- ☐ **Regular handwashing and positive hygiene behaviors.**
 - ☐ If soap and water is unavailable, use alcohol with at least 60% ethanol or isopropanol.
- ☐ **Clean and disinfect school buildings,**
 - ☐ Use 0.5% sodium hypochlorite for surfaces and 70% ethyl alcohol for small items.
- ☐ Post **signs** encouraging good hand and respiratory hygiene practices.
- ☐ Ensure **trash is removed daily** and disposed safely.

COMMUNITY ENGAGEMENT AND COORDINATED RESPONSE

School administrators must coordinate with authorities on **joint risk assessment**.

Notify BHERT of suspect patients

DECLARATION OF CLASS SUSPENSIONS

Local Chief Executive (LCE) may suspend classes based on recommendations by DOH.

School administrator, in accordance with prescribed actions for Response Levels may suspend classes if urgent action is needed and later report to the LCE.

ENSURE SUPPLY OF THE FOLLOWING IN SCHOOLS:

1. Clean water
2. Soap
3. Alcohol-based hand rub
4. Tissue paper
5. Others: FDA-registered cleaning products, gloves, disinfecting wipes, no-touch trash cans

RESPONSE IN WORKPLACE

Checklist:

- ☐ No handshaking policy
- ☐ Cough and sneeze etiquette
- ☐ Videoconferencing as default
- ☐ Defer large meetings
- ☐ Enforced hand sanitation at entrances
- ☐ Regular sanitation reminders via emails
- ☐ Lunch at own desk
- ☐ Staff who are ill or with ill household contact must stay at home
- ☐ Work from home or staggered arrangements
- ☐ Open windows and air-conditioning
- ☐ Assess business travel risks
- ☐ Food preparation hygiene
- ☐ Analyze causes of crowding events

Management of Symptomatics

Provide symptomatic worker with face mask, and place in well-ventilated, isolated room.



Refer worker to company health provider or nearest hospital for evaluation & proper management.



Decontaminate work area with disinfectant (chlorine bleaching soln and 1:100 phenol based disinfectant)

Notification, Referral, Reporting

Occupational & Safety Health Officer should report

- (a) symptomatics
- b) asymptomatics w/ hx of travel
- (c) asymptomatics w/ hx of exposure to cases to MHO or CHO for initial investigation



MHO/CHO must report to:

Regional Epidemiology Surveillance Unit (RESU) using the Event-Based Surveillance System (ESR) of the Epidemiology Bureau of the DOH

Leave of Absence & Entitlements

- 1. LOA & Entitlements.** For government workers, will be promulgated by CSC & DOLE
- 2. Hospitalization benefits.** According to provision of PhilHealth.
- 3. Social Security Benefits.** According to GSIS.
- 4. Employee's Compensation Benefits.** According to Presidential Decree No. 626
- 5. Assistance to Gov't Instrumentalitis.** Provided by the DOH.
- 6. Completion of Quarantine** will be issued by local quarantine/health official

RESPONSE IN HOUSEHOLDS

CHECKLIST

- ☐ Enhanced hand sanitation
- ☐ Disinfect high touch surfaces regularly
- ☐ “Pumasok kung masigla” signage
- ☐ Increase ventilation rates
- ☐ Cough and sneeze etiquette
- ☐ Ill-members have own room and caretaker
- ☐ Door for ill persons kept closed
- ☐ Wearing of simple surgical masks for ill persons
- ☐ Consider extra protection for senior citizen members

HOME GUIDELINES

A. Room Isolation and Contacts of PUM

1. Alone in a well-ventilated single room or maintain a distance of at least 1 meter from the PUM.
2. Assign one person who is in good health as caretaker of PUM.
3. Confine activities of PUM in his/her room only. If not possible, shared spaces must be well-ventilated.

B. Use of Disposable Surgical Mask

1. PUM should wear a surgical mask tightly fitted to nose, mouth, and chin when in the same room with another person.
2. If alone, PUM is not required to wear a mask.
3. Masks should not be touched or handled during use. If wet or dirty with secretions, it must be changed immediately and disposed properly.
4. Masks are non-reusable and should be discarded after a maximum use of 8 hours.

Food Handling of PUM on Home Quarantine

1. Caretaker of PUM shall serve their food only up to the room door. After eating, plates should be picked up at the room door using disposable gloves.
2. Eating utensils should be cleaned with soap or detergent and water after use. They may be re-used.
3. Do not share utensils, dishes, and drinks with PUM.

Disposal of Used Gloves, Tissue Papers, and Masks

1. Immediately discard materials used to cover mouth or nose into the trash. Clean reusable items such as handkerchief properly after use.
2. Discarded materials and wastes generated by PUM should be placed in a container in PUM's room before disposal with other household waste.

G. Cleaning and Disinfection

1. For cleaning and disinfection, use regular household disinfectant with bleach solution (1-part bleach to 99-parts water).
2. PUMs should clean touched surfaces in their immediate environment daily using solution in #1.
3. Disinfect bathroom and toilet at least once daily using solution in #1.
4. Clean clothes, bed linens, bath and hand towels, etc. of PUM using regular laundry soap and water or machine wash at 60-90°C with common household detergent, and sun-dry. Place used linen into a laundry bag. Do not shake soiled laundry.
5. Avoid contaminated materials coming into contact with skin and clothes.

H. Reporting

1. PUM who developed symptoms should be reported immediately to Regional Epidemiology and Surveillance Unit (RESU) or Local Surveillance Officer for transport to nearest health facility.
2. All household members of PUM should seek immediate medical care when symptoms develop.

PAGKAKAISA

- Utilize the “power of people” through efforts that will increase public trust and participation especially the media, youth and churches.

17. Lessen uncertainty, confusion, and fear. Demystify the advice, virus, and the disease.

- Formulate **risk communication and community engagement plan.**
- Identify stakeholders to engage

18. Take stock on the participation of the public youth, churches, council leaders, etc.

- Persuade private sector to pay workers even without work during the quarantine
- Mobilize local and national cash pay-outs.
- Make sure NOBODY GET HUNGRY. (*“Neighbourhood Kusina ng Bayan”*)
- Advice to take the lockdown as *“spiritual rejuvenation”* for lent.

19. Practice kindness, humility, compassion.

Action points for the LHB/ Local IATF

- Quick identification of gaps
- Formulation, approval, and implementation of strategic action plan
- Estimate fund allocation for supply and human resource gaps
 - Local transmission scenario
 - Sustained transmission scenario
- Approve a comprehensive risk communication and community engagement plan
- Hold stakeholders' meeting and stocktaking
- Formulate a monitoring and evaluation frame

Committees and Work Areas

- **Incident Commander/ EOC**
 - Daily meetings
- **Health Response**
 - Disease surveillance
 - Monitoring of resources and capacities
 - Health education
 - Essential care, assessment, laboratories, referral
- **Water, Sanitation and Hygiene (WASH)**
- **Risk Communication/ Health Promotion/ Public Information**

The P4 Action Framework

PAGSUKAT

1. Perform contact tracing and travelers and symptomatic screening
2. Assessment of health care capacity
3. Readiness of referral pathways
4. Identification of high risk areas or group

PANGANGALAGA

5. Incident command system
6. Network referral protocol
7. Identify Level 2 and 3 hospitals to handle PUI
8. Surge capacity protocol
9. Technical guidance: Infectious disease specialist, Infection control
10. Continue Infection prevention and control systems within facilities
11. Institutionalize case management protocols
12. Essential laboratory services and referral to reference laboratories
13. Essential health services for COVID-19 care
14. Forecast logistic needs, rapid procurement and supply chain
15. Risk Communication/ Public information

PAGPIGIL

16. Enforcement of regulations/recommendations in workplaces, schools, commercial establishments, households

PAGKAKAISA

17. Lessen uncertainty, confusion, and fear. Demystify the advice, virus, and the disease.
18. Take stock on the participation of the public youth, churches, council leaders, etc.
19. Formulate risk communication and community engagement plan

Risk Communication and Community Engagement Framework

FORMAT	TOPIC	PRIMARY AUDIENCE	USE IN
		Health facility managers	
		Health Care workers	
		Patients	
		Visitors	
		Non-health allies	

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Department Circular 2020-0042: Reiteration of the Interim Guidelines on 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Response in Schools and Higher Education Institutions

Department Circular 2020-0049: Reiteration of the Interim Guidelines on 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Response in Hospitals and other Facilities

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