



Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
CENTRAL OFFICE
Manila

097-13 DPWH

07-04-2022

JUN 22 2022

DEPARTMENT ORDER)
)
NO. 136)
Series of 2022)
d 7/4/2022

SUBJECT: Revised Construction Safety Guidelines for the Implementation of Infrastructure Projects During the COVID-19 Public Health Crisis, Superseding Department Order Nos. 39 Series of 2020 and 30, Series of 2021

Cognizant of the issuance of Executive Order No. 151, Series of 2021 on November 11, 2021 approving the nationwide rollout of the Alert Level System (ALS) and the letter of the Undersecretary of Health and IATF Head Secretariat dated March 01, 2022 (**Annex A**), reminding all IATF member agencies to review respective issuances anchored upon the existence of the State of Public Health Emergency for the implication on its possible lifting, the following guidelines is hereby issued to supersede the provisions of the Department Order Nos. 39, Series of 2020 and 30, Series of 2021.

I. COVERAGE

This Revised Construction Safety and Health Guidelines for the Implementation of Infrastructure Projects during the COVID-19 Public Health Crisis shall supersede the existing provisions of D.O. 30, Series of 2021 which allows all government and private construction projects to adopt to a more effective approach of continuing the construction operations with the strict compliance to the IATF Guidelines on the Nationwide Implementation of Alert Level System for COVID-19 Response.

II. CONSTRUCTION SAFETY GUIDELINES FOR THE IMPLEMENTATION OF INFRASTRUCTURE PROJECTS DURING THE COVID-19 PUBLIC HEALTH CRISIS

A. Prior to Deployment

1. All public and private construction projects shall be allowed to operate at full-on site capacity as per IATF Guidelines dated December 14, 2021. However, employers may continue to provide flexible and alternative work arrangements as deemed appropriate based on function or individual risk.
 - a) Employers are advised to ask their employees to present proof of full vaccination status prior to work deployment while vaccinated individuals with underlying health conditions shall provide a **Certificate of Fit to Work** secured from the Occupational Health Personnel/Professionals authorized to issue such certificate. Unvaccinated individuals can similarly attend physically on duty however, regular conduct of approved COVID-19 test shall be undertaken to ensure monitoring of probable infection at the expense of the

employee. Those unvaccinated individuals with underlying health conditions shall continue to observe alternative work arrangements with the approval of the employer as deemed necessary, provided that whenever they are needed to occasionally report to work, shall also secure and provide **Certificate of Fit to Work**.

- b) All employees must be subjected to temperature checks prior to entering the building/site/office spaces. Proper referral to the appropriate facility shall be done in case of symptomatic employees.
- c) Employers are encouraged to collaborate with the national and/or local government testing efforts and follow the expanded testing strategy and rules, as provided in DOH DM No. 2020-0258, DOH DM No. 2020-0258-A, and other relevant issuances.
- d) Should mandatory testing be implemented by the employer, it should not constitute as an added cost to the employee.
- e) Testing, Quarantine and Isolation of Symptomatic and Closed Contacts.
 - i. All employees regardless of vaccination status which exhibit or is experiencing symptoms of COVID-19 and those who are close contacts must undergo RT-PCR testing in the expense of the employer. Rapid antibody-based or antigen test kits shall not be used as stand-alone tests to definitively diagnose or rule out COVID-19, as these must be used in conjunction with RT-PCR. COVID-19 testing shall be in accordance with DOH DM No. 2020-0258 and DOH DM No. 2020-0258-A. Employer shall inform the LGU/s having jurisdiction over the workplace and the respective residence/s of the positive symptomatic employees and close contacts for monitoring purposes.
 - ii. Implement testing protocols consistent with national guidelines, which may be stricter for individuals who are unvaccinated or have higher exposure risk pursuant to IATF Resolution No. 148-B and No. 149, s. 2021.
 - iii. Updated isolation and quarantine protocols for confirmed positive employees for COVID-19 and their close contacts shall be consistent with DOH Department Memorandum No. **2022-0013 (Annex B)**.
 - iv. Isolation can be discontinued upon completion of the recommended isolation period, provided that they do not have fever for at least 24

hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.

- v. Repeat tests shall not be required for the recovered patients of COVID-19 after the recommended isolation period.
- f) Testing of Asymptomatic Employees Returning to Work
 - i. RT-PCR or antibody-based or antigen tests are NOT required for asymptomatic employees returning to work regardless of their vaccination status.
 - ii. Employees physically reporting to work shall be screened for COVID-19 symptoms including fever, cough, colds and other respiratory symptoms, and/or determination of travel or exposure to COVID-19 cases within the last 14 days.
- g) Asymptomatic employees prior to physically returning to work may be cleared by the local health officer or Occupational Safety and Health (OSH) physician.
- h) Concessionaires, contractors and subcontractors shall ensure that their projects are compliant with DOLE D.O. No. 13 Series of 1998, R.A. 11058, and Occupational Safety and Health Standards. Cost of COVID-19 prevention and control measures such as, but not limited to, testing, disinfection facilities, hand sanitizers, PPEs, signages and proper orientation & training, as well as the provision of finance, transportation, food, and other services, as needed, shall be provided and be for the account of the employers/contractors. For private construction projects, the provisions of DOLE Labor Advisory No. 18-20 shall apply.
- i) Concessionaires, contractors and subcontractors shall provide disinfection facilities at their respective project sites, in compliance with pertinent DOH and IATF Guidelines, to be placed at strategic locations to ensure the safety and welfare of all personnel. The use of disinfection tents, misting chambers or sanitation booths for individuals is strictly prohibited.
- j) Designate a Safety Officer who shall ensure, monitor and evaluate proper implementation and strict observance of the minimum public health standards. Proper information dissemination regarding COVID-19 construction protocols, on top of existing construction safety practices, shall be conducted by Safety Officers on all personnel during tool box meetings/orientations.

- k) Concessionaires, contractors and subcontractors shall prepare a contingency plan which shall include coordination with the local government and health care provider networks, management of staff and visitors with COVID-19 symptoms, processes for establishment lockdown and disinfection, and alternative processes in case of escalation of Alert Level status.

B. During Deployment

1. Company policies on prevention and control of COVID-19 should be aligned with existing minimum public health standards and guidelines issued by DOH and other regulatory agencies.
2. All individuals are mandated to properly wear face masks or other facial protective equipment which can effectively lessen the transmission of COVID-19 at all times except during eating and drinking.
3. Regularly disinfect high-risk areas such as but not limited to areas for gatherings, tools, highly touched surfaces, and frequently visited areas such as entrance and exit points, restrooms, hallways, elevators using Food and Drug Administration (FDA)-approved disinfectants.
4. Physical distancing of at least one (1) meter apart from each co-worker should always be practiced in the construction site and offices, if possible.
5. Face-to-face meetings should be limited, as much as possible. Tool box or gang meetings for safety should still be conducted, but following minimum public health standards.
6. Maintain smoke-free and vape-free environment.
7. All personnel must practice respiratory etiquette at all times. They must use tissue or the inner portion of the elbow to cover the nose and mouth when sneezing/coughing. Proper disposal of tissue after use should be observed.
8. As COVID-19 is spread through respiratory droplets, spitting in the workplace can contribute to the transmission of COVID-19. Employers shall implement policies and other applicable guidelines which prohibit spitting.
9. Flexible dining policy shall be adopted (e.g., staggered breaks). The number of workers who can eat in the pantry/dining area at a given time should be limited. Eating alone by workers in their respective workstations may be opted if feasible.

10. Field offices, employees' quarters, and other common areas shall be regularly maintained, including daily disinfection of such facilities.
11. Employers shall establish Occupational Safety and Health (OSH) Committees in accordance with Republic Act No. 11058, its IRR, and DOLE Department Order No. 198, Series of 2018. The OSH Committee and/or Safety Officer of the workplace shall oversee enforcement and monitoring of the minimum public health standards for COVID-19 prevention in the workplace and of DTI-DOLE Joint Memorandum Circular No. 20-04-A.
12. For off-site employees' quarters and transport service, duly disinfected before and after use, may be provided, and social distancing shall likewise be observed therein at all times.
13. Sharing of construction and office equipment is discouraged. However, if necessary, the shared equipment must be disinfected in between transfers amongst personnel.
14. The movement of cargo/delivery vehicles, as well as vehicles used by public utility companies, shall be unhampered. Shuttle services of permitted establishments shall not be subject to an ID system but shall maintain compliance with minimum public health standards.
15. All material and equipment delivery and disposal shall be conducted by a specific team of personnel on an isolated loading/unloading zone while limiting contact with the delivery/disposal personnel. All material and/or equipment entering the construction site shall be duly disinfected as much as possible.
16. Proper waste disposal shall be provided for infectious waste, such as PPEs and other waste products.
17. If one confirmed case of COVID-19 is detected in the construction site/workplace, such place shall be disinfected with an appropriate disinfectant solution (0.5% bleach solution). The conduct of a comprehensive disinfection by specialists is recommended.
18. Employers shall ensure strict compliance with the protocols established by the DOH and LGUs for contact tracing of employees in close contact with a COVID-19 case, as specified in DOH Memorandum No. 2020-0189 entitled, "Updated Guidelines on Contact Tracing of Close Contacts of Confirmed Coronavirus Disease (COVID-19) Cases".
19. Reporting of COVID-19 test results to the DOH shall be done in accordance with DOH Administrative Order No. 2020-0013, entitled "Revised Guidelines for the Inclusion of

COVID-19 in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health."

20. Other applicable provisions of DTI-DOLE Joint Memorandum Circular No. 20-04-A or the "DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19", issued on 15 August 2020, are likewise advised for compliance.

III. MONITORING AND ENFORCEMENT

- A. For DPWH infrastructure projects, the concerned DPWH Implementing Office (IO) shall monitor compliance with these Guidelines through the establishment of a committee in the office led by the Head of the IO.
- B. For LGU implemented projects and private construction projects, the LGU concerned, through its City/Municipal Engineering Office, shall monitor compliance with these Guidelines.
- C. For infrastructure projects implemented by other national government agencies, Government-Owned and Controlled Corporations (GOCC), and other government instrumentalities, the head or representative of the agency, GOCC, or government instrumentality concerned shall monitor compliance with these guidelines.
- D. Concessionaires, contractors, and subcontractors shall submit to the DPWH IO, LGU, or Implementing Government Agency, GOCC or Instrumentality, as the case may be, a certification under oath that they have complied and shall continue to comply with the provisions of these Guidelines within fifteen (15) days from commencement of work. (A copy of the certification is attached hereto as **Annex C**)

IV. PENALTIES

Violation of any provision of these Guidelines shall be subject to the following penalties, without prejudice to the imposition of additional administrative sanctions as the internal rules of DPWH may provide and/or further criminal action that may be filed against such erring concessionaires, contractors, subcontractors, and suppliers, its responsible officers, directors or employees, which may include, but shall not be limited to the following:

- A. Any violation of these Guidelines may be prosecuted under the appropriate local ordinance or as non-cooperation of the person or entities punishable under *Section 9 par. (d) or (e)*, as the case may be, of *Republic Act No. 11332*, otherwise known as the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act", and its Implementing Rules and Regulations;

- B. Termination of contract for breach thereof resulting to default pursuant to Item III (A) (2) (c) (i), Annex I of the Implementing Rules and Regulations of Republic Act No. 9184 in relation to Section 37.2.3 of the same, which provides that bidding documents requiring bidders to know and be familiar with all existing laws, decrees, ordinances, acts, and regulations, including the Department Orders of DPWH, shall form part of the contract awarded, and refusal or failure to comply with the valid instruction of DPWH, as the procuring entity, shall justify the contract's termination;
- C. Contract termination/rescission under Section 12.21 (b) of the Implementing Rules and Regulations of Republic Act No. 6957, as amended by Republic Act No. 7718 (BOT Law);
- D. Referral to the Philippine Contractors Accreditation Board of any such violation by the contractor/subcontractor, which shall constitute as prima facie case of construction malperformance of grave consequence due to negligence, incompetence, or malpractice contemplated under DOLE D.O. No. 13, Series of 1998, and DPWH D.O. No. 56, Series of 2005, in relation to Republic Act No. 4566 (Contractors' License Law).

V. EFFECTIVITY

These Guidelines shall take effect immediately upon publication in the Official Gazette or any newspaper of general circulation.

This Order hereby supersedes D.O. No. 39, Series of 2020 and D.O. No. 30, Series of 2021, and related issuances that are inconsistent herewith.

For information and guidance.



ROGER G. MERCADO
Acting Secretary

Department of Public Works and Highways
Office of the Secretary



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6.1.3 RCN/ECG/AMD/EAA/MLQ



REPUBLIC OF THE PHILIPPINES
INTER-AGENCY TASK FORCE
FOR THE MANAGEMENT OF EMERGING INFECTIOUS DISEASES

01 March 2022

ALL HEADS OF IATF-EID MEMBER AGENCIES

San Lazaro Compound
Tayuman, Sta. Cruz
Manila

ATTN: **UNDERSECRETARIES/ASSISTANT SECRETARIES/
DIRECTORS FOR LEGAL AFFAIRS**

RE: **IMPLICATIONS ON THE POSSIBLE LIFTING OF PUBLIC
HEALTH EMERGENCY PURSUANT TO PROCLAMATION NO.
922 s.2020**

Dear GENTLEMEN/MESDAMES:

On 8 March 2020, the Office of the President issued Proclamation No. 922 upon the confirmation of the local transmission of the Corona Virus Disease by the Secretary of Health. As stated in its Whereas Clause, the outbreak of COVID-19 constitutes an emergency that threatens national security which requires a whole-of-government response aligned with the Four-Door Framework for COVID-19 of this Department and the efforts of all concerned government agencies and local government units. Under Section 5 thereof, the State of Public Health Emergency shall remain in force and effect until lifted or withdrawn by the President. The same has not yet been lifted or withdrawn as of writing.

During the 163rd Regular Meeting of the IATF held on 24 March 2022, the sub-Technical Working Group on Data Analytics, recommended that the IATF study the legal implications of the possible lifting of the State of Public Health Emergency. They submit that before the lifting of the State of Public Health Emergency may be recommended, the IATF first determine its effects on the issuances promulgated and actions taken by the each member-agency as part of COVID-19 response.

In this regard and in preparation for the eventual lifting of the State of Public Health Emergency, may we respectfully remind all IATF member-agencies to review their respective issuances and programs for COVID-19 Response which are anchored upon the existence of the State of Public Health Emergency.



REPUBLIC OF THE PHILIPPINES
INTER-AGENCY TASK FORCE
FOR THE MANAGEMENT OF EMERGING INFECTIOUS DISEASES

For concerns and clarifications, you may reach us through iatfsecretariat@doh.gov.ph cc: oasmg@doh.gov.ph.

Thank you for your usual support and cooperation.

For the IATF Chairperson,


ATTY. CHARADE B. MERCADO-GRANDE
Undersecretary of Health
Head Secretariat, IATF



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

ANNEX B

January 14, 2022

DEPARTMENT MEMORANDUM

No. 2022- 0013

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT (CHD); MINISTER OF HEALTH- BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM); CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; DOH ATTACHED AGENCIES AND INSTITUTIONS AND ALL OTHERS CONCERNED

SUBJECT: Updated Guidelines on Quarantine, Isolation, and Testing for COVID-19 Response and Case Management for the Omicron Variant

I. BACKGROUND

The presence of a highly transmissible COVID-19 variant, Omicron, highlights the need for adaptive changes to ensure continued availability of health and essential services. Because mass vaccination has significantly reduced the individual's chances of getting severe disease and dying, our policies and guidelines on testing, quarantine and isolation are being updated to reflect the current state of information and achieve a favorable risk-benefit ratio.

Based on the current Omicron situation and updated recommendations from the Philippine COVID-19 Living Recommendations and Department of Health (DOH) Technical Advisory Group (TAG), these guidelines are hereby issued to update protocols for isolation, quarantine and testing for COVID-19 across all age groups, as stipulated in the provisions of Department Memorandum No. 2020-0512 "Revised Omnibus Interim Guidelines on Prevention, Detection, Isolation, Treatment, and Reintegration Strategies for COVID-19" that were reiterated in the DOH Administrative Order No. 2021-0043 "Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions". However, this does not preclude the DOH to revert to previously issued protocols and issue necessary updated guidelines based on current evidences and trends.

II. IMPLEMENTING GUIDELINES

A. QUARANTINE OF ASYMPTOMATIC CLOSE CONTACTS

1. Fully vaccinated asymptomatic close contacts of individuals with symptoms, suspect, probable, or confirmed cases shall quarantine for at least 5 days from the date of the last exposure. Quarantine can be discontinued at the end of the set quarantine period if they have remained asymptomatic during the whole recommended quarantine period regardless if testing has been done and resulted negative.

2. Partially vaccinated or unvaccinated asymptomatic close contacts of individuals with symptoms, suspect, probable, or confirmed cases shall quarantine for at least 14 days from the date of the last exposure. Quarantine can be discontinued at the end of the set quarantine period if they have remained asymptomatic during the whole recommended quarantine period regardless if testing has been done and resulted negative.
3. All asymptomatic close contacts shall not be required testing unless symptoms will develop, and should immediately isolate regardless of test results.
4. All asymptomatic close contacts shall conduct symptom monitoring for at least 14 days, regardless of shortened quarantine period. They shall strictly observe minimum public health standards, including physical distancing, hand hygiene, cough etiquette, and wearing of masks, among others, regardless of vaccination status.
5. Hospital Infection Prevention and Control Committees (IPCC), Health Offices from Provinces, Highly Urbanized Cities, and Independent Component Cities coordinated with their corresponding hospital IPCC, and other sectors authorized by the IATF with strict industry regulations on infection prevention and control (IPC) shall be authorized to implement further shortening of quarantine duration up to 0 days for their fully vaccinated workers with boosters who are close contacts based on the institution's individualized risk and needs assessment.
6. Intensive contact tracing and testing of asymptomatic close contacts are not recommended priority interventions in areas with large scale community transmission.

B. ISOLATION OF INDIVIDUALS WITH SYMPTOMS AND SUSPECT, PROBABLE, AND CONFIRMED CASES

1. All asymptomatic and fully vaccinated confirmed cases, shall isolate for at least 7 days from sample collection date. Isolation can be discontinued without the need for repeat testing, provided they have remained asymptomatic during the whole recommended isolation period. If symptoms develop within or after the prescribed period, the individual shall complete the required days of isolation depending on the severity of symptoms.
2. All asymptomatic and partially vaccinated or unvaccinated confirmed cases, shall isolate for at least 10 days from sample collection date. Isolation can be discontinued without the need for repeat testing, provided they have remained asymptomatic during the whole recommended isolation period. If symptoms develop within or after the prescribed period, the individual shall complete the required days of isolation depending on the severity of symptoms.
3. All individuals with symptoms and suspect, probable, and confirmed cases presenting with mild symptoms, including individuals under priority groups A2 and A3 who are fully vaccinated, shall isolate for at least 7 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24

hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.

4. All individuals with symptoms and suspect, probable, and confirmed cases presenting with mild symptoms, including individuals under priority groups A2 and A3 who are partially vaccinated or unvaccinated, shall isolate for at least 10 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.
5. All individuals with symptoms and suspect, probable, and confirmed cases presenting with moderate symptoms, regardless of vaccination status, shall be isolated for at least 10 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.
6. All individuals with symptoms and suspect, probable, and confirmed cases presenting with severe and critical symptoms, regardless of vaccination status, shall be isolated for at least 21 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.
7. All symptomatic immunocompromised confirmed cases, as outlined below, shall be isolated for at least 21 days from onset of signs and symptoms, regardless of vaccination status. These shall include patients with:
 - a. Autoimmune disease
 - b. HIV
 - c. Cancer/ malignancy
 - d. Undergoing steroid treatment
 - e. Transplant patients, and
 - f. Patients with poor prognosis or bed-ridden.

Isolation can be discontinued upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms. Repeat RT-PCR testing shall also be recommended for this group. If results turn out negative, they may be discharged from isolation. If results turn out positive, refer to an Infectious Disease Specialist who may issue clearance and discharge if warranted.

8. Hospital IPCC, city and provincial health offices coordinated with provincial or city HIPCC, and other sectors authorized by the IATF with strict industry regulations on IPC shall be authorized to implement further shortening of isolation protocols up to 5 days for their fully vaccinated workers with boosters who are suspect, probable, and

confirmed cases whether asymptomatic, mild, or moderate, based on the institution's individualized risk and needs assessment.

9. Repeat testing nor medical certification is not required for the safe reintegration into the community, except for immunocompromised individuals. Time based isolation is sufficient provided the affected individual remains asymptomatic.

C. TESTING PRIORITIZATION

1. Testing, especially using RT-PCR, shall be recommended and prioritized for instances where the result of testing will affect the clinical management. Specifically, this will include those who are at risk for developing severe disease such as Priority Groups A2 (persons above 60 years old) and A3 (persons with comorbidities).
2. Testing, especially using RT-PCR, shall also be recommended and prioritized for groups at highest risk for infection such as Priority Group A1 or healthcare workers as deemed necessary.
3. Testing using Antigen tests shall be recommended only for symptomatic individuals and in instances wherein RT-PCR is not available, consistent with previously issued guidelines.
4. Testing shall be optional for other groups not stated above, including for community level actions wherein case management of probable and confirmed cases remain the same. Specifically:
 - a. Testing shall NOT be recommended for asymptomatic close contacts. Instead, symptom monitoring is recommended. Should testing still be used, testing should be done at least 5 days from the day of last exposure.
 - b. Testing shall NOT be recommended for screening asymptomatic individuals.
5. All government agencies and instrumentalities, as well as private sectors are recommended to align with the updated guidelines on quarantine, isolation, and testing for COVID-19 response consistent with the new policy directions. Implementation of the updated testing policy with regards to other agency's guidelines shall take effect as indicated there.

D. HOME QUARANTINE AND ISOLATION

1. Department Circular 2022-0002 "Advisory on COVID-19 Protocols for Quarantine and Isolation" provisions on home quarantine and isolation for individuals with no symptoms, mild symptoms, and moderate symptoms and for step-down management are further clarified that in extreme circumstances (e.g. unavailability of TTMs, and multiple household members are infected with no single rooms available), individuals who are suspected of COVID-19 may be placed together in a shared room provided that the bed shall be spaced at least 2 meters apart, with proper ventilation, and temporary partitions to ensure patient privacy shall be placed between them.
2. To ensure promotion of their psychosocial well-being, individuals in quarantine and isolation are recommended to maintain and continue lines of communication to family

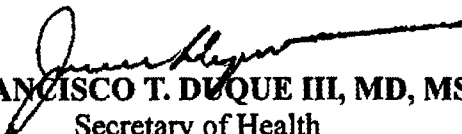
and friends. They may also download the DOH Lusog-Isip Mobile Application for free (available in both Apple store or Google play store) or access the National Center for Mental Health (NCMH) Crisis Hotline or the DOH Regional Helplines (See Annex C) for mental health and psychosocial support concerns.

3. All quarantined and isolated individuals, including locally stranded individuals, are recommended to be quarantined or isolated in the area in which they are located instead of being transported to outside of their area of origin to undergo quarantine or isolation.

III. REPEALING CLAUSE

DOH DM 2020-0258 and 0258-A "Updated Interim Guidelines on Expanded Testing for COVID-19", DM 2020-0512 "Revised Omnibus Interim Guidelines on Prevention, Detection, Isolation, Treatment, and Reintegration Strategies for COVID-19", and other issuances inconsistent with or contrary to this DM are hereby repealed, amended, or modified accordingly. All other provisions of existing issuances which are not affected by this DM shall remain valid and in effect.

For strict compliance.


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

Annex A: Summary of Updated Quarantine and Isolation Protocols

		General Public	Healthcare workers and authorized sectors**
QUARANTINE			
Asymptomatic close contact	Fully vaccinated	At least 5 days from exposure***	At least 5 days from exposure IPCC may shorten up to 0 days if with booster
	Partially Vaccinated or Unvaccinated	At least 14 days from exposure	At least 14 days from exposure
ISOLATION			
Asymptomatic case	Fully vaccinated	At least 7 days* from positive test (sample collection date)	At least 7 days* from positive test (sample collection date) IPCC may shorten up to 5 days if with booster
	Partially Vaccinated or Unvaccinated	At least 10 days* from positive test (sample collection date)	At least 10 days* from positive test (sample collection date)
Symptomatic, suspect, probable or confirmed case with MILD symptoms	Fully vaccinated	At least 7 days* from onset of symptoms	At least 7 days* from onset of symptoms IPCC may shorten up to 5 days if with booster
	Partially Vaccinated or Unvaccinated	At least 10 days* from onset of symptoms	At least 10 days* from onset of symptoms
Symptomatic, suspect, probable or confirmed case with MODERATE symptoms	Regardless of vaccination status	At least 10 days* from onset of symptoms	At least 10 days* from onset of symptoms
Symptomatic, suspect, probable or confirmed case with SEVERE and CRITICAL symptoms	Regardless of vaccination status	At least 21 days* from onset of symptoms	At least 21 days* from onset of symptoms
Immunocompromised <i>*Autoimmune disease, HIV, Cancer/ Malignancy, Transplant Patients, Undergoing steroid treatment, Patients with poor prognosis/ Bed-ridden patients</i>	Regardless of vaccination status	At least 21 days* from onset of symptoms with negative repeat RT-PCR	At least 21 days* from onset of symptoms with negative repeat RT-PCR

*Isolation can be discontinued upon completion of the required days, provided that, they shall not develop fever for at least 24 hours without the use of any antipyretic medications and shall have improvement of respiratory symptoms. Except for immunocompromised individuals, repeat testing nor medical certification is not required for safe reintegration into the community. Time based isolation is sufficient provided the affected individual remains asymptomatic.

** Hospital IPCC, PHO coordinated with provincial HIPCC, and other sectors authorized by the IATF with strict industry standards on IPC shall be authorized to implement further shortening of quarantine and isolation protocols for their fully vaccinated workers with boosters who are close contacts, suspect, probable, and confirmed cases whether asymptomatic, mild, or moderate, based on the institution's individualized risk and needs assessment.

*** All asymptomatic close contacts should continue symptom monitoring for 14 days, strictly observe MPHS which includes wearing well-fitted masks, physical distancing, among others

Annex B. Updated Testing Protocols

Who is being tested?	Why is testing being done?	Should you test?	Remarks
A1 or Health Care Workers	Surveillance to plan for adequate health system capacity	YES*	Use antigen test only when symptomatic, and when RT-PCR is not available
A2 Senior Citizens or A3 Persons with Co-morbidities Including those at high risk for severe disease	Confirming COVID-19 to know if investigational drugs can be given	YES	
All except A1, A2 and A3 - no symptoms	Confirming COVID-19 after exposure to positive case	OPTIONAL, quarantine ASAP, and monitor symptoms	
All except A1, A2 and A3 - mild symptoms	Confirming COVID-19 after onset of symptoms	OPTIONAL, isolate ASAP, teleconsult, home care if with capacity to be managed at home	

*Hospital IPCC, PHO coordinated with provincial HIPCC, and other sectors authorized by the IATF with strict industry standards on IPC can determine need for testing upon careful assessment of benefits and risks.

Annex C. DOH Regional Helplines

DOH Regional Helplines

REGION	CENTER	SERVICES	HOTLINE
NATIONWIDE	National Center for Mental Health	24/7 Crisis Hotline Telemental Health Psychological/Psychiatric Referrals & Management	1553 0917-899-8727 0966-351-4518 0908-639-2672 bit.ly/mhusaptayo
4-B MIMAROPA	MIMAROPA HEMS Helpline	HEMS MHPSS COVID-19 Mental Health Concerns	0945-992-9323 0929-295-6595
6 WESTERN VISAYAS	Capiz Provincial Health Office	MHPSS	0916-241-1596 0921-991-2064
7 CENTRAL VISAYAS	Central Visayas MHPSS Helpline	PFA, PSP, Substance Abuse Referrals, Swab concerns	0916-343-7016 0933-644-3488
8 EASTERN VISAYAS	Tawag Paglaum Biliran Provincial Hospital DOH-CHD Region 8	24/7 Crisis Hotline Suicide Prevention MHPSS, PFA MHPSS Psychiatric referrals	0939-937-5433 0939-936-5433 0927-654-1629 0953-356-0296 0920-181-8809 0966-531-6464 0947-423-8423
10 NORTHERN MINDANAO	Northern Samar Provincial Health Office	PFA to agencies, LGUs (by appointment)	0999-927-4848 0949-776-7389 0919-278-3337 0921-217-7701 0928-350-1846 0907-832-7760 0948-341-8981 0930-770-2679
11 DAVAO REGION	DOH-CHD Region 10 DOH-CHD Region 11	MHPSS PFA	0997-359-0888 0965-055-6777 0965-835-6888 0977-760-8610 0939-768-3627 0933-404-1072
12 COTABATO REGION	Cotabato Regional Medical Center	Crisis Hotline Psychiatric Referrals	0935-574-4500
	HEMS MHPSS	Health Emergency Management Staff Mental Health & Psychosocial Support	PFA Psychological First Aid PSP Psychosocial Processing