



WORKER HEALTH ADVISORY on COVID-19



ARE YOU IDENTIFIED AS CLOSE CONTACT of a person with any of the following symptoms?

COMMON COVID-19 SYMPTOMS

- Fever or chills
- Muscle or body aches
- Headache
- Cough (dry/productive)
- Nasal Itching or sneezing
- Congested or Runny Nose
- Itchy Throat
- Sore Throat
- Nausea or vomiting
- Diarrhea

NO

MAY GO BACK TO WORK*

CLOSE CONTACT

Employees with exposures two (2) days before or within 14 days from onset of symptoms of a suspect, probable or confirmed case. Exposure shall be any of the following or failed in two or more of the following:

- Poorly ventilated indoor area
- Distance less than one (1) meter
- Unprotected/no PPE
- Exposure > 15 minutes
- Other situations as indicated by local risk assessment

Day 0: last day of exposure to a probable, suspect or confirmed COVID-19 case

(DOH DC No. 2021-0122)

QUARANTINE

NOT VACCINATED OR PARTIALLY VACCINATED

Refers to the individual given with one dose of a two dose series only.

QUARANTINE for at least **14 DAYS** from last exposure

FULLY VACCINATED/ BOOSTER

More than or equal to 2 weeks after having received the second dose in a 2 dose series or the single dose vaccine.

QUARANTINE At least **5 DAYS** of exposure

ISOLATION: separates sick people with a contagious disease from people who are not sick.

QUARANTINE: separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

- Testing shall NOT be recommended for screening asymptomatic individuals; nor asymptomatic close contact
- RT-PCR is optional for the general public
- Recommended for healthcare workers, seniors >60 & immunocompromised

MAY REQUEST FOR RT-PCR

- On the 1st to the 3rd day of symptoms or
- Asymptomatic close contact: Not earlier than the 5th day from the last day of exposure if advised by your attending physician

ISOLATE

SUSPECT, PROBABLE, OR CONFIRMED with MILD SYMPTOMS

DAY 0: first day of symptoms or a positive COVID-19 viral test. **DAY 1** is the first full day after the symptom developed or when the test specimen was collected

POSITIVE

RT-PCR/
ANTIGEN
TEST
DONE

NOT VACCINATED OR PARTIALLY VACCINATED

DEVELOPED SYMPTOMS?

NO

COMPLETE AT LEAST ISOLATION PERIOD FOR **10 DAYS FROM DATE OF SWAB COLLECTION** OR AS ADVISED BY YOUR DOCTOR. MAY RTW

YES

COMPLETE AT LEAST ISOLATION PERIOD FOR **10 DAYS FROM DATE OF ONSET OF SYMPTOMS** OR AS ADVISED BY YOUR DOCTOR. MAY RTW

FULLY VACCINATED/ BOOSTER

DEVELOPED SYMPTOMS?

NO

COMPLETE AT LEAST ISOLATION PERIOD FOR **7 DAYS FROM DATE OF SWAB COLLECTION** OR AS ADVISED BY YOUR DOCTOR. MAY RTW

YES

COMPLETE AT LEAST ISOLATION PERIOD FOR **7 DAYS FROM DATE OF ONSET OF SYMPTOMS** OR AS ADVISED BY YOUR DOCTOR. MAY RTW

NEGATIVE

RT-PCR/
ANTIGEN
TEST
DONE

NOT VACCINATED OR PARTIALLY VACCINATED

DEVELOPED SYMPTOMS?

NO

COMPLETE AT LEAST QUARANTINE PERIOD FOR **14 DAYS FROM DATE OF LAST EXPOSURE** AS ADVISED BY YOUR DOCTOR. MAY RTW

YES

COMPLETE AT LEAST ISOLATION PERIOD FOR **10 DAYS FROM DATE OF ONSET OF SYMPTOMS** AS ADVISED BY YOUR DOCTOR. MAY RTW

FULLY VACCINATED/ BOOSTER

DEVELOPED SYMPTOMS?

NO

COMPLETE AT LEAST QUARANTINE PERIOD OR **5 DAYS FROM DATE OF LAST EXPOSURE** AS ADVISED BY YOUR DOCTOR. MAY RTW

YES

COMPLETE AT LEAST ISOLATION PERIOD FOR **7 DAYS FROM DATE OF ONSET OF SYMPTOMS** AS ADVISED BY YOUR DOCTOR. MAY RTW

NO

RT-PCR/
ANTIGEN
TEST
DONE

NOT VACCINATED OR PARTIALLY VACCINATED

DEVELOPED SYMPTOMS?

NO

COMPLETE AT LEAST **14 DAYS QUARANTINE PERIOD FROM THE LAST DAY OF EXPOSURE** AS ADVISED BY YOUR DOCTOR; MAY RTW

YES

COMPLETE AT LEAST **10 DAYS ISOLATION PERIOD FROM LAST DAY OF EXPOSURE** AS ADVISED BY YOUR DOCTOR; MAY RTW

FULLY VACCINATED/ BOOSTER

DEVELOPED SYMPTOMS?

NO

COMPLETE AT LEAST QUARANTINE PERIOD FOR **5 DAYS FROM DATE OF ONSET OF SYMPTOMS** AS ADVISED BY YOUR DOCTOR; MAY RTW

YES

COMPLETE AT LEAST ISOLATION PERIOD FOR **7 DAYS FROM DATE OF ONSET OF SYMPTOMS** AS ADVISED BY YOUR DOCTOR; MAY RTW

REGARDLESS OF VACCINATION STATUS

SYMPTOMATIC, SUSPECT, PROBABLE or CONFIRMED with **MODERATE SYMPTOMS**

ISOLATE At least **10 DAYS** from onset of symptoms

SYMPTOMATIC, SUSPECT, PROBABLE OR CONFIRMED with **SEVERE AND CRITICAL SYMPTOMS**

ISOLATE At least **21 DAYS** from onset of symptoms

IMMUNOCOMPROMISED

ISOLATE At least **21 DAYS** from onset of symptoms with **NEGATIVE** repeat RT-PCR

- Notify local health office having jurisdiction over the workplace / Brgy Health Emergency Response Team (BHERT) of place of residence
- For home based quarantine, a certificate of quarantine completion (CQC) shall be issued by C/MHO
- For facility based quarantine, certificate of quarantine completion (CQC) shall be issued upon discharge
- Last step is the clearance from attending physician, an OH physician or CHO/MHO with preferably oh training (if the number of employees of the company does not require an OH physician based on dole do 198-18).

SOURCES:
 -DOH DC No. 2021-0122
 -DOH DC No. 2022-0002
 -Workplace handbook on Covid-19 Ver.1
 -CDC Quarantine & Isolation
 -DOH DM No. 2022-0013

Isolation can be discontinued upon completion of required days, with no fever for at least 24 hours without the use of any antipyretic medications & shall have improvement of respiratory symptoms.

- Note: Isolation & quarantine for **healthcare workers** please follow DOH guidelines or your Hospital Infection Prevention & Control Committee
- Aforementioned guidelines may change based on new releases of government protocols.

• RTW: return to work

