



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

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

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

****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

REQUEST FOR RT-PCR
On the 1st to the 3rd day of symptoms

NEGATIVE RT-PCR

POSITIVE RT-PCR

COMPLETED ISOLATION PERIOD FOR **10-14 DAYS**** AS ADVISED BY YOUR DOCTOR
MAY GO BACK TO WORK*

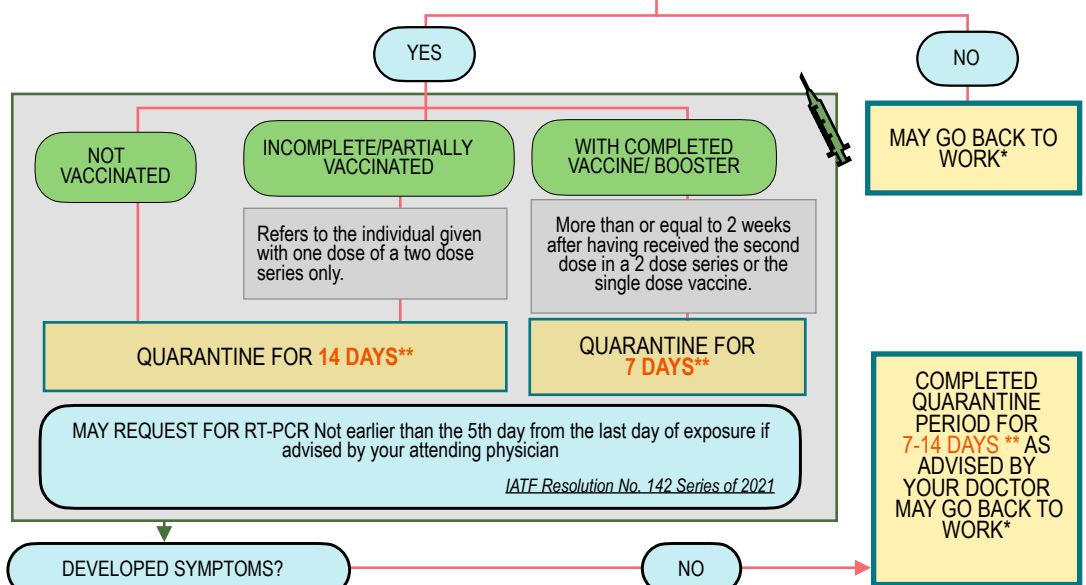
CLOSE CONTACT

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)



DEVELOPED SYMPTOMS?

NO

COMPLETED QUARANTINE PERIOD FOR **7-14 DAYS**** AS ADVISED BY YOUR DOCTOR
MAY GO BACK TO WORK*

SUSPECT CASE

PROBABLE CASE

Suspect Criteria A:

a. CLINICAL CRITERIA:

- Acute onset of fever & cough or any three (3) or more of the following: General weakness/fatigue/body malaise/myalgia; headache, coryza, sore throat, dyspnea, diarrhea, anorexia/nausea/vomiting, altered mental status

b. EPIDEMIOLOGICAL CRITERIA:

- Works in a health care setting, residing/working/traveling in areas w/high risk transmission of virus anytime within the 14 days prior to symptom onset

Suspect Criteria B:

- (+) clinical and epidemiological criteria
- With severe acute respiratory illness (SARI); acute respiratory infection w/ history of fever \geq 38C; and cough; with onset within 10 days; & requires hospitalization

Suspect Criteria C:

- Asymptomatic not meeting epidemiological criteria with a POSITIVE SARS-CoV-2 Antigen RDT

- Meets clinical criteria & is a contact of a probable or confirmed case or linked to a COVID-19 cluster
- Suspect case w/ findings on chest imaging suggestive of COVID-19 disease
- (+) anosmia, (+) ageusia in the absence of any other identified cause
- Death not otherwise explained, in an adult w/ respiratory distress preceding death; and was a contact of a probable or confirmed case or linked to a COVID-19 cluster

CONFIRMED CASE

COMPLETED ISOLATION FOR **10 DAYS**** ASYMPTOMATIC/MILD/ MODERATE OR AS DETERMINED BY MD

MILD COVID-19

- Acute onset of fever & cough or any three (3) or more of the following:
 - Coryza
 - Sore throat
 - Diarrhea
 - Anorexia/nausea/vomiting
 - Loss of sense of smell & taste
 - General weakness, body malaise, fatigue, myalgia
 - Headache

MODERATE COVID-19

- I. (+)pneumonia,
 - no difficulty of breathing or shortness of breath
 - RR <30beats/min
 - Oxygen saturation \geq 94% at room air
- II. Without pneumonia but with risk factors for progression
 - Elderly 60yo > and/or with comorbidities

COMPLETED ISOLATION FOR **21 DAYS**** FOR SEVERE/ CRITICAL OR AS DETERMINED BY MD

SEVERE COVID-19

- (+)pneumonia & any one of the following:
 - Signs of respiratory distress
 - Oxygen Sat <94% at room air
 - RR of \geq 30beats/min
 - Requiring oxygen supplementation

CRITICAL COVID-19

- (+)pneumonia & any of the following:
 - Impending respiratory failure requiring high flow oxygen, non invasive or invasive ventilation
 - Acute respiratory distress syndrome
 - Sepsis or shock
 - Deteriorating sensorium
 - multi-organ failure
 - thrombosis

* NOTIFY LOCAL HEALTH OFFICE HAVING JURISDICTION OVER THE WORKPLACE AND / BRGY HEALTH EMERGENCY RESPONSE TEAM (BHRT) 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).

NOTE: Isolation & quarantine for **Healthcare Workers** please follow DOH Guidelines

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

COMPLETED ISOLATION PERIOD
MAY GO BACK TO WORK*

PCOM DETAILS

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