



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

May 11, 2020

DEPARTMENT MEMORANDUM

No. 2020 - 0220

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS AND ALL OTHERS CONCERNED

SUBJECT: Interim Guidelines on the Return-to-Work

I. INTRODUCTION

Coronavirus disease 2019 (COVID-19) was first reported in December 2019 as a cluster of pneumonia cases of unknown etiology. Pursuant to the Memorandum from the Office of the President dated March 16, 2020, with the subject “Community Quarantine over the Entire Luzon and Further Guidelines for the Management of the Coronavirus Disease 2019 (COVID-19) Situation,” among the recommended guidelines included work suspension.

With the Enhanced Community Quarantine coming to an end, the Department of Health (DOH) shall implement these interim guidelines aimed to prevent, control, and diminish infection in the workplace.

II. GENERAL GUIDELINES

1. Employers in the workplace shall adopt business continuity plans to prevent the spread of COVID-19. Employers shall develop a work arrangement that will reduce the number of people in the workspace and also reduce the need to travel, including work from home arrangements to those whose tasks can be done at home, and among employees at high risk. This includes employees beyond 60 years of age, or of any age with co-morbidities, or pre-existing illness such as hypertension, diabetes, cancer or immunocompromised health status, or with high-risk pregnancy.

2. Social support that will facilitate compliance must be in place. This includes appropriate policies on sick leave and medical insurance coverage to accommodate the COVID-19 situation, and pay allowance from the employer.
3. Workplace facilities shall screen returning employees/workers for influenza-like symptoms. Temperature checks and proper disinfection of inbound and outbound persons shall be strictly implemented.
4. Non-pharmaceutical interventions should be implemented in the workplace such as infection prevention and control measures such as hygiene promotion, environmental cleaning, disinfection, physical distancing, health education, and other public health and safety measures indicated in the Joint Department of Trade and Industry and Department of Labor Employment Interim Guidelines on Workplace Prevention and Control of COVID-19.

III. SPECIFIC GUIDELINES

A. Engineering and Administrative Control Measures

1. The employer must ensure that the workspace is properly disinfected, ventilated, and maintained.
2. The employer shall also provide proper visual reminders for safety policies around the workplace to improve compliance.
3. The employer may also adopt and implement alternative working arrangements indicated in the Civil Service Commission Memorandum Circular 10, series of 2020, and Joint Department of Trade and Industry and Department of Labor Employment Interim Guidelines on Workplace Prevention and Control of COVID-19.

B. Implementation of Other Prevention and Control Measures

1. Conduct daily temperature and symptom monitoring and recording of all staff who report for work.
2. Establish referral network for employees who will develop symptoms.
3. Employers must enforce infection control procedures such as physical distancing, wearing of masks, meticulous hand hygiene, and cough etiquette as stipulated in AO 2020-0015 on the Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation. Appropriate PPE shall also be worn based on the setting of their work (e.g. face shields and masks for those who render service via face-to-face encounters, full PPE for frontline healthcare workers, etc.).
4. Employers shall implement activities to promote physical and mental resilience among their employees and workers, and ensure other measures to reduce transmission, contact rate and risk of infection of COVID-19, as indicated in the Joint DTI and DOLE guidelines.

C. Screening of Returning Employees and Workers


1. Returning employees and workers physically reporting to their place of employment shall be screened for symptoms of COVID-19, including fever, cough, colds and other respiratory symptoms, and/or relevant history of travel or exposure within the last 14 days.
 - a. The following exposures should have happened two (2) days before or within 14 days from onset of symptoms of a confirmed or probable case:
 - 1) Face-to-face contact with a confirmed case within 1 meter and for more than 15 minutes
 - 2) Direct physical contact with a confirmed case
 - 3) Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment
2. Returning employees and workers **who are symptomatic with relevant history of travel/exposure** on the date of work resumption shall not be allowed to physically return to work and must consult with their primary care provider. The use of telemedicine is encouraged for proper care and coordination.
3. Returning employees and workers **who were symptomatic with relevant history of travel/exposure** within the last fourteen (14) days prior to the date of work resumption shall present the Certificate of Quarantine Completion duly issued by the step-down care facility or local health office, whichever is applicable based on the latest DOH guidelines on reintegration of suspect, probable, and confirmed COVID-19 cases.
4. If **asymptomatic** within the last fourteen (14) days prior to the date of work resumption, employees and workers can be cleared to physically return to work.

D. Testing of Asymptomatic Returning Employees

1. While testing is an important component of response against COVID-19, limitations on their reliability and validity shall be recognized.
2. Employers who opt to conduct testing may do so in a representative sample of those who have returned to work physically and have a high risk of contracting COVID-19 due to the nature of the work (e.g. frontliners).
3. Testing using RT-PCR among representative samples for baseline can be conducted to look for any evidence of asymptomatic transmitters (Annex A).
 - a. If tested **positive**, the returning employee/worker is a COVID-19 case and will be isolated and referred accordingly for appropriate management. All close contacts shall be isolated and tested accordingly based on Department Memorandum 2020-0180.
 - b. If found **negative**, returning employee and worker can continue working with usual precautions.

- c. If initially tested negative but developed symptoms, the employee must be tested accordingly based on Department Memorandum 2020-0180.
 - i. If found positive, all close contacts of returning employees and workers shall be isolated and tested accordingly based on Department Memorandum 2020-0180.
 - d. Employers shall report the results to DOH in accordance with 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" and Administrative Order No. 2020-0014 entitled "Guidelines in Securing a License to Operate a COVID-19 Testing Laboratory in the Philippines."
4. Alternatively, testing using FDA-approved rapid antibody-based tests among representative samples for baseline can also be conducted up to every 14 days.
- a. Employees who test **IgM negative and IgG negative**, or **IgG positive regardless of IgM results** may continue to work.
 - b. Employees who test **IgM positive but IgG negative** on the 1st test shall be isolated for 14 days and repeat testing on the 14th day. If results are still IgM positive and IgG negative, extend quarantine by seven-day increments and repeat testing. If persistently IgM positive but IgG negative for two consecutive retestings after the 1st 14 day period, consider potential false positives and confer with infectious diseases specialists.
 - c. Employers shall submit to hrtucovid19results@gmail.com the results of the rapid antibody tests among the sample representatives using the format available on <https://bit.ly/RDTRreportingForm>.
5. Cost of the test not covered by PhilHealth shall be borne by the employer.

For strict compliance.


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

Annex A. Decision Matrix for Sample Representative of Asymptomatic Employees with Relevant History of Travel and/or Exposure

Using RT-PCR as Baseline

RT-PCR Result	Action
Positive	<ul style="list-style-type: none"> ● Isolate, manage and refer accordingly. ● All close contacts shall be isolated and tested with RT-PCR as well.
Negative	May continue working with usual precautions.

If symptoms develop, test using RT-PCR. Cost of testing for symptomatic returning employees shall be subject to PhilHealth policies. All costs not covered by PhilHealth shall be borne by the employer.

Using Rapid Antibody Test every 14 days

IgM	IgG	Action
(-)	(+)	Not actively infected. May continue working with usual precautions.
(-)	(-)	
(+)	(+)	
(+)	(-)	Isolate for 14 days. Repeat testing on day 14 of quarantine. <ul style="list-style-type: none"> ● If results are still IgM positive and IgG negative, extend quarantine by seven-day increments and repeat testing. ● If persistently IgM positive but IgG negative for two consecutive retestings after the 1st 14 day period, consider potential false positives and confer with infectious diseases specialists.