

Protocol on Prevention, Contact Tracing, Quarantine/ Isolation, Testing, and Home Support Program for University Personnel
Ateneo de Davao University

A. General Protocol on Prevention

1. During the National Health Emergency, operations in the University campuses may be limited to essential offices and a skeleton workforce.
2. Essential offices are defined as follows:
 - a. Offices that provide support services to the University for its online classes;
 - b. Offices that secure University premises, maintain the physical properties thereof, provide technical support, and troubleshoot hardware and software being used in online classes and online work;
 - c. Offices with employees who will be directly involved in the delivery of laptops, pocket wi-fi, and other essential items to students and teachers (as a member of the Support Services Team);
 - d. The basic essential offices that support the day-to-day operations of the campuses are the following:
 - i. Physical Plant Office: security, maintenance, project management, repairs
 - ii. Purchasing Office
 - iii. Finance Office
 - iv. HRMDO
 - v. UITO-TSO/ MIS
 - vi. CCFC and Martin Hall Operations
 - vii. iCommP
 - viii. Library
 - ix. Admission and Aid Office
 - x. ADD-ALL
 - xi. AIM
 - xii. Registrar's Office
 - xiii. University Clinic
 - e. Other offices may be included as required by the operations of the University.

3. Employees shall report to their respective offices following a work arrangement and schedule that will preclude a complete shutdown in case of virus transmission in an office. However, if it becomes necessary to the operations of the University, all employees may be called upon to report to work in their offices following minimum health standards and guidelines.

4. Work Arrangements

- a. Unit and office heads must cluster their employees to avoid a complete shutdown in case of a virus transmission. Each cluster must be able to perform office operations unhampered while other clusters work from home with clear and meaningful work plans in accordance with University Memos No. 2020-027 (*Guidelines on a Work-from-Home Arrangement in the University Due to the COVID-19 Emergency*) and No. 2020-030 (*Implementing Mayor Sara Duterte's E.O. 20 More Strictly Implementing Community Quarantine*).
- b. A cluster will work for three consecutive days in the office after which the next cluster will do the same. This three-day cluster bubble shall be observed.
- c. *Redundancy Mechanism*: Each office shall prepare the duplication of critical services or functions with the intention of increasing the reliability of continuous services and operations in cases when some of the office staff will be quarantined for a period of time. Each critical service shall have an assigned administrative associate or officer and an alternate who can take over a function temporarily on a specified work arrangement, if necessary.
- d. Business Continuity Plan/ Operation Continuity Plan: Each essential office shall fill out a Business Continuity Plan and submit such to their direct supervisor and the Human Resource Management and Development Office (HRMDO) (Work Continuity Plan: [click here for template](#)).

5. COVID-19 Workplace Measures

- a. *Workplace Risk Assessment*: The following document will be used to determine the risk involved in office operations:

https://www.who.int/publications/i/item/WHO-2019-nCoV-Adjusting_PH_measures-Workplaces-2020.1

- b. *Preventive Measures*: The following Preventive Measures will be implemented in the workplace:

- i. Hand Hygiene
 1. Hand washing with soap and water, or using hand disinfectants with alcohol-based sanitizers, specifically, but not limited to, the following instances:
 - a. Before and after handling food or eating;
 - b. After using the bathroom;
 - c. Before and after taking off one's face mask and/or face shield;
 - d. After touching frequently-touched surfaces and objects (e.g., stair railings, elevator controls, doorknobs); and
 - e. Before and after touching one's face.
 2. The following disinfecting/washing resources, supplies/materials should be made available to employees and clients/visitors:
 - a. handwashing stations,
 - b. soap and sanitizers, and
 - c. hand drying equipment or supplies (e.g., single-use paper towels).
 3. The foregoing supplies/materials should be placed in these strategic locations in the workplace:
 - a. Corridors or hallways
 - b. Conference areas
 - c. Elevators
 - d. Stairways
 - e. Points of entry
 - f. Locker rooms
 - g. Common areas (e.g., lounge, pantry, etc.)
 - h. Restrooms and bathrooms
 - i. Cafeteria (when it is allowed to operate)
 - j. Personal workspaces
 - k. Company vehicles and shuttle services
- ii. Respiratory Hygiene
 1. Masks
 - a. Face masks must be worn at all times.
 - b. Medical-grade masks¹ are highly encouraged and should be properly disposed of after use.
 - c. Masks with vents should not be used.

¹ Medical-grade masks are N96 or K95.

- d. Cloth masks, with additional filters, such as tissue paper or any similar material, may be used as long as they are clean and washed daily. The filter should be changed daily or after every sneezing or coughing episode; it should be properly disposed of after use. Hands should be washed/disinfected before one replaces the filters.
- e. Frequent mask handling and manipulation should be avoided.

2. Face shields

- a. Face shields should be used in closed environments, crowded, or enclosed spaces.
- b. Face shields shall cover the entire face (completely cover the sides and length of the face). If possible, face shields should extend to the ears and below the chin.
- c. Visor-type face² shields shall not be allowed.
- d. Face shields and masks should always be worn together when interacting with colleagues, clients, and visitors.
- e. Face shields may be removed according to the demands of the work or when occupational safety and health of employees so requires.

iii. Physical Distancing

- 1. Physical distancing of at least one (1) meter, or two (2) meters when possible, shall be observed at all times. This must be practiced in combination with the wearing of masks and face shields.

iv. Workplace Ventilation

- 1. Adequate ventilation should be strictly maintained inside the workplace. Natural air flow exchange (opening windows, opening doors, turning off air-conditioning units to reduce air recirculation) is highly encouraged. If possible, the installation of exhaust fans or air filtration devices with High-Efficiency Particulate Air (HEPA) filters or the recalibration of building heating, ventilation, and air-conditioning (HVAC) systems may be explored.

v. Meal Schedules

- 1. Employees shall adopt staggered meal schedules to further restrict contact among themselves. Eating alone in one's workstation is highly encouraged. Dining in pantries may be allowed provided that employees shall strictly comply with physical distancing of at least

² Visor-type are shields that cover only the eyes, not the whole face.

one (1) meter; they shall be prohibited from talking with one another. Employees are expected to bring their own utensils and water tumblers. Employers are required to provide signages, physical barriers, and such other means to ensure compliance with these protocols.

- a. Masks should be immediately worn after eating.
 - b. The use of communal items, such as, but not limited to, dipping sauces and condiments, utensil dispensers, and straw dispensers, shall be prohibited.
 - c. Serving buffet meals and other similar setups shall be prohibited.
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- vi. Online meetings via Zoom or Google Meet will be encouraged and preferred over physical meetings.
 - vii. Business transactions in offices via telephone should be encouraged at all times. The teleconference features of the current PABX should be explored and learned by office staff and administrators.
 - viii. The schedule for physical appointments with essential offices (like employment examination, delivery of equipment and supplies, collection of checks, etc) should be arranged ahead of time so that the staff can prepare for these interactions.
 - ix. Inter-office visitation and interaction are discouraged.
 - x. Document Sending/ Release Options: Employees and stakeholders should be given an option to send digital documents or release documents via courier. Requesting parties should bear the cost of courier services.
 - xi. The Physical Distancing Marshall shall conduct ocular inspections of essential offices to enforce the 1- to 2-meter distancing in workplace tables/ desks.
 - xii. Unit heads and supervisors should reduce and manage work-related travels in order to minimize the risk of exposure of personnel.
 - xiii. Regular Environmental Cleaning and Disinfection
 1. Essential offices shall be regularly disinfected.

2. High-risk offices (e.g., Cashier's Booth, Registrar's Booth for Releasing of Documents, Check Disbursement Counter, etc), shall be disinfected twice a week.
- xiv. Risk Communication, Training, and Education
1. Posters on Health Standards during the Pandemic shall be published in the office bulletin boards to remind personnel of the health guidelines.
 2. Webinars shall update the University community and personnel about the virus, vaccines, and preventive measures through the programs of the University Clinics, School of Nursing, and Ateneo Voices (Health Program).

6. Health Surveillance at the Gates

- a. Health declaration shall be required at the gates: The online QR link shall be displayed at the gates. A printed form can be requested in case an internet connection is not available.
- b. A Clinic nurse or a security guard will check the temperature and/or symptoms of persons entering the campus.
- c. The Minimum Health Protocol Check will be done: face mask, face shield, hand sanitizing using an alcohol dispenser or the washing station at the gates;
- d. The Davao Safe QR Code of the personnel should be scanned prior to entry into and prior to egress from the campus as mandated by the local government unit.
- e. The Clinic nurse stationed at the gates shall have the confidential current list of employees in isolation and on quarantine. Those on the list are not allowed to enter the campus.

7. COVID-19 Vaccination

- a. All University personnel are strongly encouraged to get vaccinated.
- b. The University Clinics and the Office of the EVP would disseminate information regularly of vaccination schedules on-campus or off-campus sites in coordination with the City Health Office and the Department of Health.
- c. All University personnel should update their health records and data at the employees portal (klippert.addu.edu.ph) regarding vaccinations.

8. Boosting the Immune System

- a. Employees are encouraged to get enough rest or sleep daily.

- b. All are enjoined to exercise at least 30 minutes a day at least three times a week.³
- c. All are encouraged to participate in **Caring Circles** and online activities of the University Community (online Zumba, online Yoga, mental health webinars, etc.)

B. General Protocol on Contact Tracing, Quarantine, and Isolation

1. The difference between isolation and quarantine shall be emphasized. Isolation refers to the separation of people with a contagious disease from people who are not sick. Therefore, **isolation** intends to treat and monitor confirmed cases. On the other hand, **quarantine** refers to the separation and movement restrictions of people who have been exposed to a contagious disease to see if they become sick. Hence, quarantine intends to keep individuals under observation to see if they will develop COVID-19 signs or symptoms or if they will test positive for COVID-19.
2. **Close contacts** shall refer to persons who have been exposed to a **confirmed case** (*WHO Public Health Surveillance for COVID-19*, 7 Aug 2020):
 - a. in close proximity or face-to-face contact within 1 meter in a closed environment; or,
 - b. working in the same office for an extended period of time.
3. **Contact tracing** shall be initiated after case investigation of every reported confirmed COVID-19 case:
 - a. Fully vaccinated individuals are considered as close contact (F1) if they were exposed within the last three (3) days from the date of the swab test of a confirmed case.
 - b. Unvaccinated individuals are considered as close contact (F1) if they were exposed within the last seven (7) days from the date of the swab test of a confirmed case.
4. An individual who is confirmed positive for COVID-19 (F0) shall follow the government mandatory isolation procedure:
 - a. (+) Patients with mild symptoms who have completed at least 10 days of **isolation** from the onset of symptoms either at home or in a Temporary Treatment and Monitoring Facility with the last 3 days of being clinically recovered and asymptomatic can be reintegrated into the community without the need for further testing, provided that a University Physician clears the patient. Confirmed cases with mild symptoms can be tagged as recovered once discharge criteria are met.
 - b. (+) Patients with moderate, severe, or critical symptoms who have completed at least 21 days of **isolation** either at home or in a hospital from the onset of

³<https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/nutrition-basics/aha-diet-and-lifestyle-recommendations>

symptoms, with the last 3 days of being clinically recovered and asymptomatic can be reintegrated into the community without the need for further testing, provided that a University Physician clears the patient. Confirmed cases with moderate, severe, or critical symptoms can be tagged as recovered once discharge criteria are met.

- c. Asymptomatic vaccinated individuals who test RT-PCR positive (+) and remain asymptomatic for at least 10 days from the date of swab test can discontinue **isolation**. They can be tagged as recovered confirmed cases without the need for further testing, provided a University Physician certifies or clears the patient.
5. All close contacts (**F1**) of confirmed cases shall be placed under **quarantine**. In the event that they develop symptoms and/or test positive for COVID-19, they shall be asked to submit to **isolation** and to contact the University Clinic for advice and telemedicine.
 - a. Unvaccinated close contacts (**F1**) who remain asymptomatic for at least 14 days from the last date of exposure can discontinue their quarantine without the need of any test.
 - b. Vaccinated close contacts (**F1**) who remain asymptomatic for at least 7 days from the last date of exposure can discontinue their quarantine without the need for any test.
 6. Second-generation close contacts (**F2**), third-generation close contacts (**F3**), and general contacts shall be advised to self-monitor and strictly adhere to minimum health standards. They shall inform the University Clinic upon the appearance of signs or symptoms (*DOH Circular No, 2020-0512, II.G*).
 7. University personnel who have travelled outside the Davao Region shall:
 - a. undergo a five-day quarantine if they are fully vaccinated individuals who travelled by air (with a negative RT-PCR as required by the City Government);
 - b. engage in a work-from-home arrangement for up to five days upon return to the Davao Region either by land or sea travel.

C. General Protocol on Rapid Antigen Testing (RAgT)

1. If they are mandated by the City Government and/or local City Health Office to have an RT-PCR test, full-time regular employees can either avail of two (2) RT-PCR tests through the HMO-accredited Molecular Laboratory (cf. *HRMDO Memo 2021-M004* dated 18 June 2021) or the free RT-PCR testing of the local government unit.

2. If the free RT-PCR is not readily available and if there are three or more confirmed positive cases in the same office indicating an office outbreak or local transmission, all personnel in that office that are classified as close contacts (**F1**) are required to undergo RAgT through the University Clinic. Testing shall be conducted at the Mezzanine Hall of the Community Center and administered by the College clinic personnel by calling tel (82) 221. 2411 local 8337 or 0917.460.5108.

The purpose of the RAgT in the event of a local outbreak where RT-PCR testing is not readily available is to immediately identify the probable case and quarantine close contacts in order to arrest further transmission.

3. For *symptomatic* close contacts (F1), a positive RAgT result shall be treated as the final diagnostic test result.

Symptomatic close contacts (F1) who have negative AgT results, as well as asymptomatic close contacts regardless of AgT results, shall undergo a confirmatory RT-PCR test (*DOH Circular No. 2020-0512*).

D. General Protocol on Home Support Program for Those who Quarantine or Self-Isolate due to COVID-19

1. Positive asymptomatic personnel or positive personnel with mild symptoms who may have difficulty in self-isolating at their own home may stay at the La Storta Retreat House, on a first-come, first-served basis, contingent on the availability of space.
 - a. There will be no more than five (5) individuals at the facility.
 - b. A refrigerator, a microwave oven, and a washing machine will be available. There will also be provisions for cooking.
 - c. Individuals must bring their own Personal Quarantine Kit:
 - i. Utensils/ plates
 - ii. Pillows/ blankets/ towels
 - iii. Toiletries
 - iv. Maintenance medicines/ vitamins
 - v. Paracetamol and decongestant
 - vi. Thermometer
 - vii. Oximeter/ Digital BP monitor (if available)
 - viii. Face mask
 - ix. Clothes for the isolation period

- x. Laundry soap
- d. Cleaning supplies will be provided.
 - i. Patients will take care of cleaning the restrooms and kitchen.
 - ii. Yellow garbage bags and trash bins will be available at the facility.
- e. Disinfection activities will be done through the Physical Plant Office before ingress and after egress of individuals from the facility.
- f. For the orderly processing of deliveries by families and other parties, there will be a set schedule for no-contact delivery/ drop-off of food and supplies: from 7 AM to 8 AM, from 11 AM to 12 PM, and from 5 PM to 6 PM.
 - i. A big plastic box/bin on a table shall serve as the receptacle for packages and supplies.
 - ii. Each delivery package or parcel should be labeled with the name of the recipient.

2. Telemedicine and Telehealth Consultation

- a. Individuals will be monitored twice a day via telemedicine (7 AM and 4 PM) - call or SMS for those who are on self-isolation either at their home or at the retreat facility.
- b. The hotlines for emergency telemedicine are the following:

Ateneo de Davao trunk line: (082) 221-2411

Grade School Clinic
 Local 4113
 Sun 09332744619
 Globe 09053840241
 Smart 09615644994

Senior High School Clinic
 Local 6905
 Sun 09224552318
 Globe 09666940352

Junior High School Clinic
 Local 4325
 Sun 09425630738
 Globe 09955148191
 Talk and Text 09127053018

College Clinic
 Local 8337
 Sun 09225188915
 Globe 09174605108

3. Logistical Support (Delivery Services, etc. % Physical Plant Office)

- a. On request basis/ availability of PPO transportation

- b. Use of Delivery Services/ Meal Services (number to be provided)
 - c. Delivery Box/ Table to be stationed at the Gate
- **CARER:** The University Clinic must assign a carer to each reported quarantined or self-isolating employee whether at home or at the Retreat facility. The carer must be a nurse from the University Clinic or any employee who is trained by the University Clinic to be a carer. The carer is in charge of the following:
 - Case history
 - Contact tracing
 - Coordination and referral to the Home Support Program (psychosocial support, telehealth consultation with a doctor, or logistical support, if necessary)
 - Informing HRMDO and the employee's office or unit head for work arrangement/leave of absence purposes
 - Regular check-in/*kamustahan* during the quarantine or isolation period
 - **DISCHARGE:** The Clinic will issue a discharge order and clearance either via email or by phone after patients complete 14 days, inclusive of three (3) days without symptoms.
 - The University Clinic will inform the unit heads about employees who have been discharged or who have completed their quarantine period at home or at the retreat facility.
 - The assigned carer will advise the patient on the date that one should report back to the campus and the necessary check by the University Physician prior to returning to work.
 - This program is available to employees who test positive for COVID-19, report to the University Clinic as such, and are self-isolating at home. The program also extends to employees who are directed by the University Clinic to quarantine at home due to exposure to a confirmed COVID-19 positive case.

E. Committee Recommendations

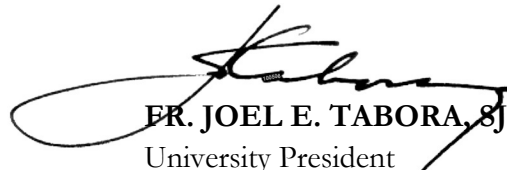
The committee recommends that guidelines on the following be crafted by the respective offices according to the available resources and services that these offices can provide to the University community:

- Caring Circle (Spiritual Support % ISFO and Formation Offices) - by request
 - Phone number of ISFO to be provided
 - Protocol to be drafted by ISFO

- Psychosocial Support (Mental Health Support % COPERS) - by request
 - Phone number of COPERS to be provided
 - Protocol to be drafted by COPERS

These protocols will be in effect immediately after approval until the end of the school year (31 May 2022).

Approved by:



ER. JOEL E. TABORA, SJ
University President
Date: 10 November 2021

H. Glossary of Terms

Antigen Test (or Rapid Antigen Test):

Antigen tests are immunoassays that detect the presence of a specific viral antigen, which implies current viral infection. Antigen tests are currently authorized to be performed on nasopharyngeal or nasal swab specimens placed directly into the assays extraction buffer or reagent.

Asymptomatic:

An asymptomatic case is an individual who has a laboratory-confirmed positive test and who has no symptoms during the complete course of infection.

Clinically Recovered:

The person has no contagion capacity and will be able to resume activities.

Close Contact:

The Department of Health (DOH) defines close contact as having exposure to an individual with a probable or confirmed case of Covid-19.

Confirmed Cases:

A person may be considered a “confirmed case” of COVID-19 only if they were tested at a national or subnational reference laboratory, or at a DOH-certified laboratory testing Facility. This is regardless of whether the person shows clinical signs and symptoms of COVID-19.

Contact Tracing:

In public health, contact tracing is the process of identifying persons who may have come into contact with an infected person and subsequent collection of further information about these contacts.

COVID-19:

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus.

Discharge:

When you leave a hospital after treatment, you go through a process called hospital discharge. A hospital will discharge you when you no longer need to receive inpatient care and can go home and resume normal activities.

First-Generation Close Contact:

First-generation close contacts are F1 contacts who were physically exposed to an RT-PCR-confirmed COVID-19-positive case.

HMO:

A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage.

Isolation:

Isolation refers to the separation of people with a contagious disease from people who are not sick. Therefore, isolation intends to treat and monitor confirmed cases (compare with Quarantine).

KN95 Mask:

The KN95 is a Chinese standard mask that has similar properties to the N95, in terms of blocking bacteria and particulate by at least 95%.

Medical grade mask:

Medical-grade disposable face masks are regulated by the FDA and must meet strict criteria in order to be considered medical devices. Medical-grade face masks are also referred to as surgical masks or medical procedure masks, according to the CDC. They are not the same thing as N95 respirators, which are regulated by the National Institute for Occupational Safety and Health.

N95 Mask:

The N95 is made by various manufacturers under different names, from MSAS "Affinity Foldable Respirator" to 3Ms "Particulate Respirator" Look for "NIOSH N95" on the package: the "N95" is a government efficiency rating that means the mask blocks about 95 percent of particles that are 0.3 microns in size or larger.

Positive Asymptomatic:

An asymptomatic case is an individual who has a laboratory-confirmed positive test and who has no symptoms during the complete course of infection.

Positive Symptomatic:

A symptomatic COVID-19 case is a case that has developed signs and symptoms compatible with a COVID-19 virus infection. Symptomatic transmission refers to transmission from a person while they are experiencing symptoms.

Quarantine:

Quarantine refers to the separation of and movement restrictions of people who have been exposed to a contagious disease to see if they become sick. Hence, quarantine intends to keep individuals under observation to see if they will develop COVID-19 signs or symptoms or if they will test positive for COVID-19.

QR-Code (or SAFE Davao QR Code):

QR-Code means the digital code being scanned at the ingress and egress stations of all establishments in Davao City. It is a code that refers to a contact tracing system of the local government. The “**Safe Davao QR**” system, which is made available to residents, non-residents, and establishments including all private and government offices, is a government database system that hastens the contact-tracing process and prohibits non-essential movement of the people within the city in an effort to curb the spread of the coronavirus.

RT-PCR Test:

The polymerase chain reaction (PCR) test for COVID-19 is a molecular test that analyzes the upper respiratory specimen, looking for genetic material (ribonucleic acid or RNA) of SARS-CoV-2, the virus that causes COVID-19.

SARS-COV-2:

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), also known as the coronavirus, is the virus that causes COVID-19 (coronavirus disease 2019), the respiratory illness responsible for the ongoing COVID-19 pandemic.

Second Generation Close Contact

F2 contacts the second-generation contacts of an RT-PCR-confirmed Covid-19-positive case. They are the close contacts of the F1-First Generation contacts.

Self-isolation:

Self-isolation refers to the separation of a person with a contagious disease from people who are not sick in the household or community setting. Therefore, isolation intends to treat and monitor confirmed cases (compare with Quarantine).

Signs and Symptoms:

A symptom is a manifestation of a disease apparent to the patient himself, while a sign is a manifestation of a disease that the physician perceives. The sign is objective evidence of disease; a symptom, subjective. Symptoms represent the complaints of the patient.

Symptomatic:

Symptomatic can mean showing symptoms, or it may concern a specific symptom.

Telemedicine:

Telemedicine is the practice of medicine using technology to deliver care at a distance. A physician in one location uses a telecommunications infrastructure to deliver care to a patient at another site.

The onset of symptoms:

The first appearance of the signs or symptoms of an illness.

Third Generation Close Contact:

F3 contacts are third-generation contacts of an RT-PCR-confirmed Covid-19-positive case (close contacts of F2).

Visor Face Shield:

A visor, or face shield, is a heat-reflecting or wire screen that provides partial protection to the face. It is considered a secondary form of protection, meaning that it does not provide adequate protection on its own but must be used with primary protective equipment, such as goggles or safety glasses (compare to full-face shield).

WHO:

The World Health Organization (WHO) is a specialized agency of the United Nations (UN) that acts as a coordinating authority on international public health.

I. Sources

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