



OFFICE OF THE GOVERNOR

ADVISORY NO. 39

**REITERATING THE APPLICABLE GUIDELINES ON HOME QUARANTINE FOR COVID-19
CASES PURSUANT TO DEPARTMENT OF HEALTH (DOH) AND
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT (DILG)
JOINT ADMINISTRATIVE ORDER (JAO) NO. 2020-0001
AS AMENDED BY DOH-DILG JAO NO. 2020-0001-A**

In order to guide Local Government Units (LGUs), their instrumentalities and constituent households and individuals in the prevention of transmission and management of contact, suspect, probable, and confirmed cases of CoViD-19 at the family and community level, as well as to further ensure the safety and health of constituents of the province of La Union, the following DOH and DILG Guidelines are reiterated hereunder:

1. IDENTIFICATION OF COVID-19 CASES IN THE COMMUNITY.

- 1.1. The Local CoViD-19 Task Force (LCTF) shall setup or adopt an existing hotline dedicated to case finding and monitoring that community members can call if they report symptoms or any contact with a confirmed case of COVID-19. Setting up the hotline requires the following:
 - 1.1.1. Dedicated cellular phone or landline that is disinfected regularly;
 - 1.1.2. Dedicated healthcare worker (HCW) with training on the applicable DOH issuance on CoViD-19 patient algorithm for triage and hospitalization; and
 - 1.1.3. Adequate dissemination of the hotline number in the respective LGU.

- 1.2. The dedicated member of the BHERT shall classify households based on exposure of members to CoViD-19 as indicated hereunder and report information on suspect, probable, and confirmed cases of CoViD-19 to the RHU thereafter.



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HOUSEHOLD WITHOUT EXPOSURE TO COVID-19	HOUSEHOLD ON HOME QUARANTINE	HOUSEHOLD WITH LIGTAS COVID OR HEALTHCARE FACILITY ADMISSION
No family member is a suspect, probable, or confirmed case of CoViD-19	At least one family member is a suspect, probable, or confirmed case of CoViD-19 that does not meet any of the referral criteria under the applicable DOH issuance on CoViD19 patient algorithm for triage and hospitalization; Home care is feasible.	At least one household member is a suspect, probable or confirmed case of COVID-19 that has been admitted at a LIGTAS CoViD Center (LCC) or Hospital

1.3. A HCW shall carefully assess household members based on the applicable DOH issuance on CoViD-19 patient algorithm for triage and hospitalization. The localized Algorithm, as herein attached (see Annex A), shall guide the HCW whether admission to the LCC or Home Quarantine/Self Isolation will be advised.

2. CONDITIONS FOR IMPLEMENTATION OF HOME QUARANTINE.

Home quarantine for **suspect, probable and confirmed cases** is allowed in the following cases:

2.1. **As confirmed by the BHERT or local health officer** through ocular inspection and family interview, the patient is **NOT considered vulnerable or having comorbidities** (i.e. minors, senior citizens, people with underlying health conditions, pregnant women, persons with disabilities that cannot carry-out self-care, and immunocompromised patients); **does NOT manifest moderate, severe, or critical symptoms; AND that his/her home meets the conditions and requirements in the home care checklist provided in Section 3 are complied with;**



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2.2. **As confirmed by the local Regional Task Force on CoVID-19, the LCC within the region is fully occupied and the Local Government Unit does not have sufficient isolation facilities.** DOH DM 2020-0512, entitled "Revised Omnibus Interim Guidelines on Prevention, Detection, Isolation, Home Treatment, and Reintegration Strategies for CoVID-19" highlights the "quarantine or isolation first" approach, establishing exposure and identification symptoms. Hence, close contacts shall be quarantined or isolated immediately and managed according to the severity of symptoms. Testing, as appropriate, shall be conducted following the guidelines in the same issuance.

If over the course of home quarantine or isolation, the condition of the contact, suspect, probable, or confirmed case of CoVID-19 worsens or if he/she are unable to properly comply with home quarantine or isolation protocols, then he/she shall be admitted to a LIGTAS CoVID Center or the appropriate health facility.

3. **HOUSEHOLD REQUIREMENTS FOR HOME QUARANTINE.** The BHERT, supervised by the RHU, shall assess the household's capability for home care using the checklist as above indicated. The assessment includes ocular inspection and family interview.

HOME CARE CHECKLIST (ALL MUST BE PRESENT)		
Infrastructure	Accommodations	Resource for Patient Care and Support
<ul style="list-style-type: none"> Line for communication with family and health workers Electricity Potable water Cooking source 	<ul style="list-style-type: none"> Ability to provide a separate bedroom for the patient if confirmed case, or separate bed with enough distance (>3 feet or 1 meter) if suspect, probable or close contact so long as there are no vulnerable persons in the household 	<ul style="list-style-type: none"> Primary caregiver who will remain in the residence and who is not a high risk for complications, and is educated on proper precautions



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HOME CARE CHECKLIST (ALL MUST BE PRESENT)		
Infrastructure	Accommodations	Resource for Patient Care and Support
<ul style="list-style-type: none">Bathroom with toilet and sink - Separate one for a family member who is a confirmed case. If none, for households with suspect, probable or close contact, disinfect the toilet with prescribed bleach solution immediately after every use particularly surfaces in contact with affected member Solid waste and sewage disposal		<ul style="list-style-type: none">Medication for pre-existing conditions, as needed; family planning supplies as desired. The patient shall provide an electronic prescription refill as per FDA issuance to the Primary caregiver/ BHERT for assistance in availing the medicines and supplies.Digital thermometer, preferably one per patient, disinfected before and after useMonitoring of Meal preparationAssistance in buying essential goods such as food, mask, tissues, and hand hygiene productsLaundryHousehold cleaning products NAPANAM QR Code of Close Contact, Suspect, Probable, and Confirmed Case



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4. TESTING OF SUSPECT, PROBABLE AND CONFIRMED CASES.

All members of families that have at least one member who is a suspect, probable, or confirmed COVID-19 case regardless of place of quarantine or isolation shall be tested according to the guidelines prescribed by DOH Department Memorandum No. 2020-0151 or the "Interim Guidelines on Expanded Testing for Covid-19" and any subsequent amendments thereto.

5. PROVISION OF BASIC NECESSITIES.

The Barangay having jurisdiction over the place of residence of patients who shall practice home quarantine/self-isolation shall assist the patient and his/her family in accessing nutritious food and other basic necessities that his/her household may need during the entire time of home quarantine/isolation.

6. MONITORING AND IMPLEMENTATION.

The BHERT shall also ensure that the patient and the members of his/her household shall stay safe at home. For the purpose of this provision, the BHERT may seek assistance from the Philippine National Police (PNP) to strictly yet compassionately and respectfully monitor and implement the same, while protecting the household from any acts of violence that may arise from discrimination. Moreover, the NAPANAM focal persons of the LGUs are directed to tag confirmed cases and their contacts to control entry to establishments in the Province.

7. STATUS REPORTING.

The BHERT shall also conduct strict daily monitoring of symptoms and adherence to protocols of those under home quarantine/isolation. The BHERT shall endorse consolidated reports to the Local COVID-19 Task Force and Municipal/City Epidemiology and Service Unit (M/CESU) who shall in turn submit consolidated reports to the PESU and RESU.

8. EFFECTIVITY.

This Advisory shall take effect immediately and shall remain in force unless otherwise superseded or modified by subsequent policies and other issuances.


FRANCISCO EMMANUEL "PACOY" R. ORTEGA III

Provincial Governor

April 19, 2021

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ANNEX A

LOCALIZED COVID-19 PATIENT ALGORITHM FOR TRIAGE AND HOSPITALIZATION

