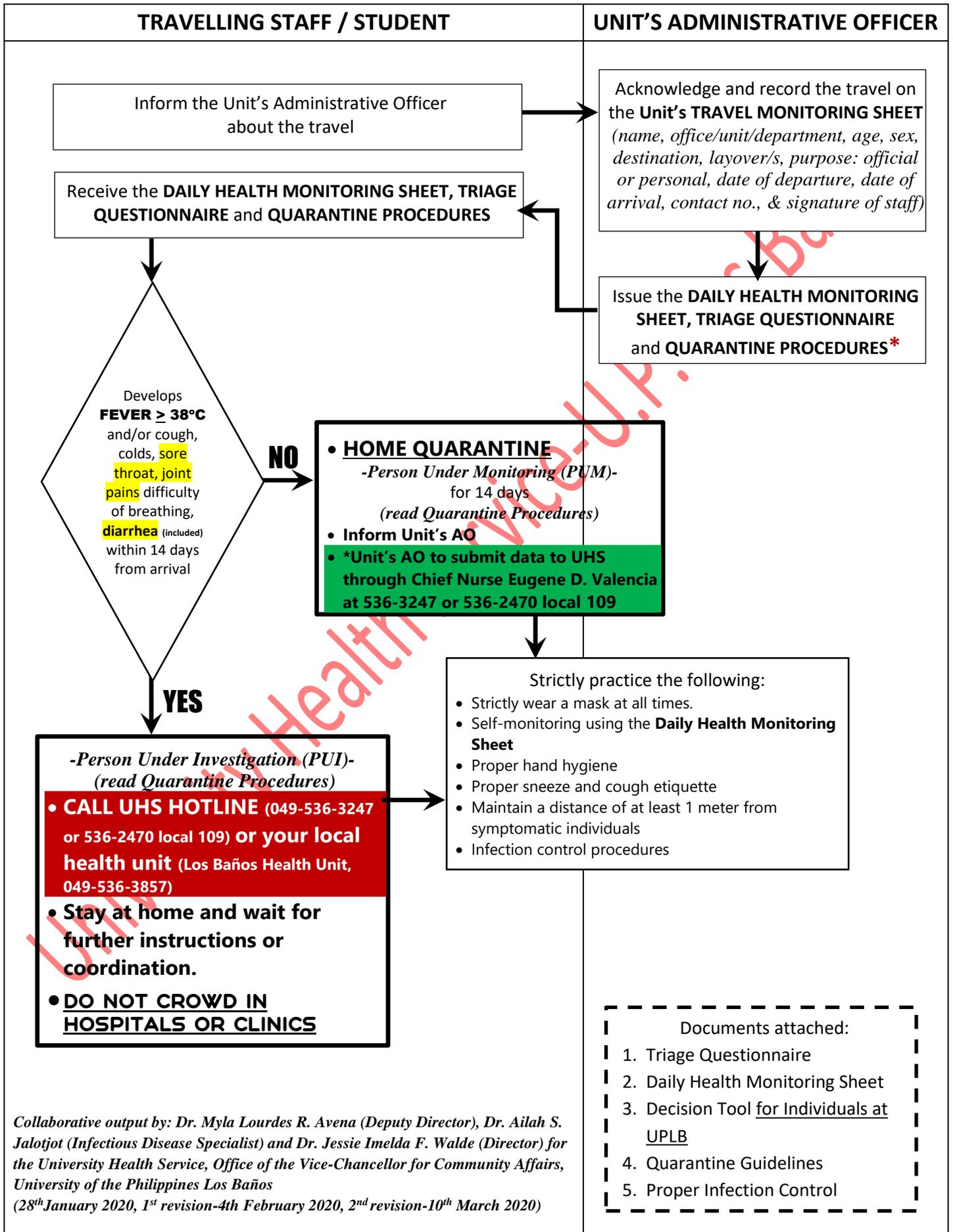




**PROTOCOL FOR OFFICIAL AND PERSONAL
INTERNATIONAL TRAVELS OF UPLB STAFF & STUDENTS
FOR INFECTION CONTROL AGAINST COVID-19**



(Updated, 10th March 2020)



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UNIVERSITY HEALTH SERVICE
Office of the Vice-Chancellor for Community Affairs
U.P. Los Baños



DAILY MONITORING SHEET FOR PATIENTS UNDER MONITORING AGAINST EMERGING DISEASES

Patient's Name	_____	Date of Arrival in the Philippines	_____
Close Contact's Name	_____	Country/Place of Origin	_____
		Layover/s	_____

Signs / Symptoms	Days														Observations:
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
No symptom															<p>University Health Service 049-536-3247, 536-2470 local 109</p>
Headache															
Fever (<i>indicate temperature in °C</i>)															
Other flu-like symptoms (i.e. joint pains,...)															
Sore throat															
Cough															
Colds															
Difficulty of breathing															
Diarrhea															

(28th January 2020, 1st revision-4th February 2020, 2nd revision-10th March 2020)

University Health Service-U.P. Los Baños



DECISION TOOL

FOR COVID-19



FOR INDIVIDUALS AT THE UPLB CAMPUS

(as of March 10, 2020)

Fever	Respiratory Infection	Diarrhea	Travel History ABROAD for the past 14 days (any country)	History of Exposure*	Case Category
$\geq 38^{\circ}\text{C}$	(sore throat, cough AND / OR colds)				
+	+	+	+	+	<p style="text-align: center;">Person Under Investigation (PUI)</p> <ul style="list-style-type: none"> Wear mask and CALL UHS HOTLINE: (049-536-3247 or 536-2470 local 109) or your local health unit (Los Baños Health Unit, 049-536-3857) Stay at home and wait for further instructions or coordination. Queries can initially be attended to over the phone. DO NOT CROWD IN HOSPITALS OR CLINICS. Home is the safest barrier against the disease.
+	+	+	+	-	
+	+	+	-	+	
+	-	-	+	+	
-	+	-	+	+	
-	-	+	+	+	
+	-	-	+	-	
-	+	-	+	-	
-	-	+	+	-	
+	-	-	-	+	
-	+	-	-	+	
-	-	+	-	+	
-	-	-	+	+	<p style="text-align: center;">Person for Monitoring</p> <ul style="list-style-type: none"> Go on home quarantine for 14 days. Monitor body temperature daily. Observe any signs and symptoms of respiratory infection. If symptoms worsen, call the University Health Service or the hospital of your choice. Queries can initially be attended to over the phone.
-	-	-	+	-	
-	-	-	-	+	

*Exposure History includes:

- a. close contact with a confirmed case of 2019-nCoV infection or,
- b. a healthcare facility in a country where 2019-nCov infections have been reported; or,
- c. visiting / working in a live animal market in Hubei province, China
- d. direct contact with animals in countries with circulating 2019-nCov in human and animals

References: RITM-Department of Health, 30 January 2020

Department of Health – Philippine Society for Microbiology and Infectious Diseases (COVID-19 Task Force), 9 March 2020

QUARANTINE PROCEDURES

- Stay at home
(For H days from the day of your arrival or exposure).
- Limit contact with others.
- Do self-monitoring for any of the listed symptoms to appear.




- Observe frequent handwashing. Cleaning your hands often keeps you from spreading germs.

→ WASH HANDS WITH SOAP AND WARM WATER FOR 20 SECONDS; OR,
→ CLEAN WITH AN ALCOHOL-BASED (70% ISOPROPYL OR 70% ETHYL ALCOHOL) HAND SANITIZER.



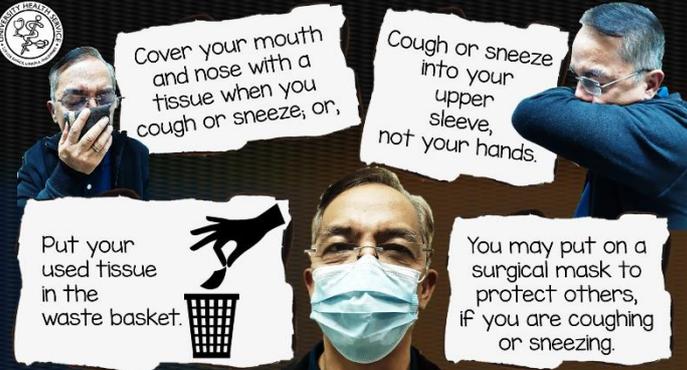
Observe proper sneeze and cough etiquette.



Cover your mouth and nose with a tissue when you cough or sneeze; or,
Cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.

You may put on a surgical mask to protect others, if you are coughing or sneezing.



There is only **ONE WAY** to properly wear your face mask.

1 Hold mask with the **COLORED SIDE FACING OUTWARD**.
The white side should be next to the face.



2 Tie all the strings (for tie-on masks) or pull the rubber bands tight around the ears (for ear-loop masks) properly. Confirm that the mask is secure to ensure protection.



3 Secure the nosepiece comfortably over the bridge of the nose by **CRIMPING THE METALLIC WIRE TO PREVENT LEAKAGE**.



4 Pull the mask down to cover the chin. The face mask should fully cover the nose, mouth, as well as the chin.



If any of the symptoms appear (within the H-day monitoring period),



CALL THE UHS HOTLINE 536-3247 or 536-2470 local 109 or your HOSPITAL OF CHOICE.



Should you wear a mask?

- ✓ Yes. If you have respiratory symptoms - cough, difficulty breathing
- ✓ Yes. If you are providing care to individuals with respiratory symptoms
- ✓ Yes. If you are a health worker and attending to individuals with respiratory symptoms
- X NOT needed for general public who do not have respiratory symptoms




PROPER INFECTION CONTROL

CLEAN UP!

Clean surfaces:

- WITH SOAP AND WATER
- FROM TOP TO BOTTOM
- FROM THE LEAST TO THE MOST CONTAMINATED AREAS



TOP

BOTTOM

DISINFECT!

PREPARE AND APPLY your disinfectant of choice onto the cleaned surfaces.

Disinfectants are inactivated by organic matter. To ensure its potency, it is important to clear and clean contaminated surfaces first before application.

Sodium hypochlorite (Zonrox®)

3 Tbsp (or 45 ml) sodium hypochlorite
+
1 liter of water
(as directed)



CONTACT TIME: 10 MINUTES

Lysol® (liquid)

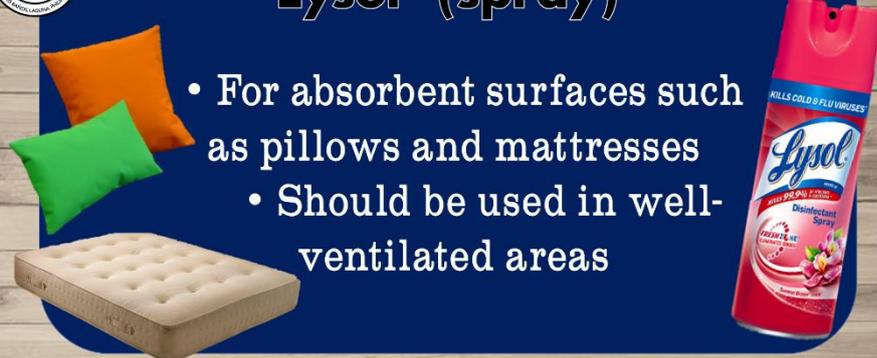
1 tsp (or 5 ml) Lysol +
1 gallon (or 3.8 liters) water
or
1 part Lysol +
300 parts water



CONTACT TIME: 10 MINUTES

Lysol® (spray)

- For absorbent surfaces such as pillows and mattresses
- Should be used in well-ventilated areas



CONTACT TIME: 10 MINUTES



TRIAGE QUESTIONNAIRE FOR U.P. LOS BAÑOS	
Name (Last, First, Middle)	Date Today
With travel history abroad (within the last 14 days)? <input type="radio"/> YES <input type="radio"/> NO Where, including layover/s?	
Exposed to somebody with travel history abroad <input type="radio"/> YES <input type="radio"/> NO (within the last 14 days)? If yes, where was the travel within the last 14 days?	
Exposed to somebody who has/had COVID-19? <input type="radio"/> YES <input type="radio"/> NO	
If the answer is YES to any of the questions, state the following: Date of Arrival in the Philippines:	
TICK (✓) ALL THE SYMPTOMS YOU HAVE	
<input type="radio"/> Fever, (temp. ____ °C)	If yes, since when:
<input type="radio"/> Headache	If yes, since when:
<input type="radio"/> Joint pains	If yes, since when:
<input type="radio"/> Cough	If yes, since when:
<input type="radio"/> Colds <input type="radio"/> Sore throat	If yes, since when:
<input type="radio"/> Difficulty of breathing	If yes, since when:
<input type="radio"/> Diarrhea	If yes, since when:
I declare that all the above information are true and correct.	Signature of Patient
RECOMMENDATION/S	
<input type="checkbox"/> Wear a medical mask. Observe proper cough and sneeze etiquette.	
<input type="checkbox"/> Observe quarantine procedures.	
<input type="checkbox"/> Proceed with your transaction.	
<input type="checkbox"/> Proceed & present this form to the UHS Holding Area.	
UHS HOTLINES: 536-3247, 536-2470 loc 109	Signature of Triage Staff

*Keep this copy for documentation and future reference. (28th Jan 2020, revised 10th Mar 2020)

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