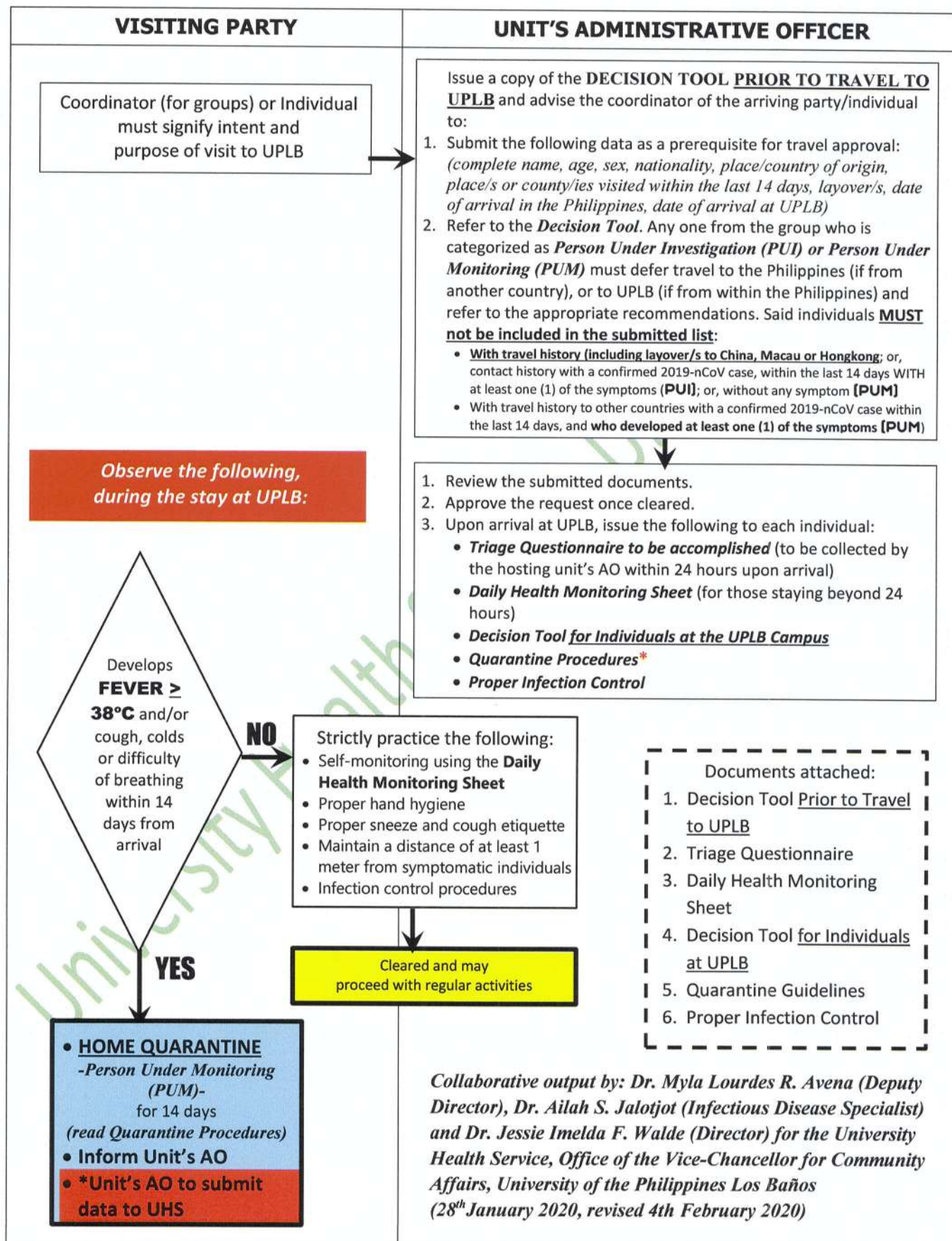




**ALGORITHM FOR INCOMING VISITORS OF UPLB**  
**(includes field/educational trips and foreign delegates)**  
**FOR INFECTION CONTROL AGAINST EMERGING DISEASES**





# DECISION TOOL

## FOR NOVEL CORONAVIRUS ASSESSMENT



### PRIOR TO TRAVEL TO THE UPLB CAMPUS

(as of February 5, 2020)

| Fever                     | Respiratory Infection  | Travel History for the past 14 days in China (includes Macau and Hongkong) | History of Exposure* | Case Category  |
|---------------------------|------------------------|--|----------------------|--|
| $\geq 38^{\circ}\text{C}$ | (cough AND / OR colds) |  |                      |  |
| +                         | +                      | +  | +                    | <b>Person Under Investigation (PUI)</b> <ul style="list-style-type: none"><li>• Wear mask and isolate.</li><li>• Call to inform the hospital of your choice in your area.</li><li>• <i>Defer travel to UPLB within the next 3 weeks.</i></li></ul>   |
| +                         | +                      | +  | -                    |  |
| +                         | +                      | -  | +                    |  |
| +                         | -                      | +  | +                    |  |
| -                         | +                      | +  | +                    |  |
| +                         | -                      | +  | -                    |  |
| -                         | +                      | +  | -                    |  |
| +                         | -                      | -  | +                    |  |
| -                         | +                      | -  | +                    |  |
| -                         | -                      | +  | +                    | <b>Person for Monitoring</b> <ul style="list-style-type: none"><li>• Go on home quarantine for 14 days.</li><li>• Monitor body temperature daily.</li><li>• Observe any signs and symptoms of respiratory infection.</li><li>• If symptoms worsen, call to inform the hospital of your choice in your area.</li><li>• <i>Defer travel to UPLB.</i></li></ul> |
| -                         | -                      | +  | -                    |  |
| -                         | -                      | -  | +                    |  |

\*Exposure History includes:

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

Reference: RITM-Department of Health, 30 January 2020







# DECISION TOOL

## FOR NOVEL CORONAVIRUS ASSESSMENT



### FOR INDIVIDUALS AT THE UPLB CAMPUS

(as of February 5, 2020)

| Fever                     | Respiratory Infection  | Travel History for the past 14 days in China (includes Macau and Hongkong) | History of Exposure* | Case Category  |
|---------------------------|------------------------|--|----------------------|--|
| $\geq 38^{\circ}\text{C}$ | (cough AND / OR colds) |  |                      |  |
| +                         | +                      | +  | +                    | <b>Person Under Investigation (PUI)</b> <ul style="list-style-type: none"> <li>• Immediately wear mask and isolate.</li> <li>• Call the University Health Service or the hospital of your choice.</li> </ul>   |
| +                         | +                      | +  | -                    |  |
| +                         | +                      | -  | +                    |  |
| +                         | -                      | +  | +                    |  |
| -                         | +                      | +  | +                    |  |
| +                         | -                      | +  | -                    |  |
| -                         | +                      | +  | -                    |  |
| +                         | -                      | -  | +                    |  |
| -                         | +                      | -  | +                    |  |
| -                         | -                      | +  | +                    | <b>Person Under Monitoring (PUM)</b> <ul style="list-style-type: none"> <li>• Go on home quarantine for 14 days.</li> <li>• Monitor body temperature daily.</li> <li>• Observe any signs and symptoms of respiratory infection.</li> <li>• If symptoms worsen, call the University Health Service or the hospital of your choice.</li> </ul> |
| -                         | -                      | +  | -                    |  |
| -                         | -                      | -  | +                    |  |

\*Exposure History includes:

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

Reference: RITM-Department of Health, 30 January 2020



# QUARANTINE PROCEDURES



- Stay at home  
(For 14 days from the day of your arrival or exposure).
- Limit contact with others.
- Do self-monitoring for any of the listed symptoms to appear.

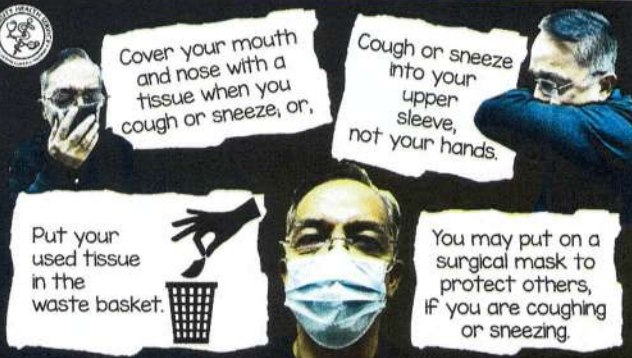


Observe proper sneeze and cough etiquette.



- 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.



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 14-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





**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 <b>abroad</b> (within the last 14 days)? <input type="radio"/> YES <input type="radio"/> NO<br>Where, including layover/s?  |                           |
| Exposed to somebody with travel history abroad <input type="radio"/> YES <input type="radio"/> NO<br>(within the last 14 days)? If yes, where was the travel within the last 14 days? |                           |
| Exposed to somebody who has/had 2019-nCoV? <input type="radio"/> YES <input type="radio"/> NO   |                           |
| If the answer is YES to any of the questions, state the following:<br>Date of Arrival in the Philippines:   |                           |
| <b>TICK (✓) ALL THE SYMPTOMS YOU HAVE</b>   |                           |
| <input type="radio"/> Fever   | If yes, since when:       |
| <input type="radio"/> Headache  | If yes, since when:       |
| <input type="radio"/> Cough   | If yes, since when:       |
| <input type="radio"/> Colds   | If yes, since when:       |
| <input type="radio"/> Difficulty of breathing   | If yes, since when:       |
| I declare that all the above information are true and correct.  |                           |
| Signature of Patient  |                           |
| <b>RECOMMENDATION/S</b>   |                           |
| <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.   |                           |
| <b>UHS HOTLINES:</b><br>536-3247, 536-2470<br>loc 109   | Signature of Triage Staff |

\*Keep this copy for documentation and future reference.  
(28<sup>th</sup> January 2020, revised 5th February 2020)



| TRIAGE QUESTIONNAIRE FOR U.P. LOS BAÑOS   |                           |
|---|---------------------------|
| Name (Last, First, Middle)  | Date Today                |
| With travel history <b>abroad</b> (within the last 14 days)? <input type="radio"/> YES <input type="radio"/> NO<br>Where, including layover/s?  |                           |
| Exposed to somebody with travel history abroad <input type="radio"/> YES <input type="radio"/> NO<br>(within the last 14 days)? If yes, where was the travel within the last 14 days? |                           |
| Exposed to somebody who has/had 2019-nCoV? <input type="radio"/> YES <input type="radio"/> NO   |                           |
| If the answer is YES to any of the questions, state the following:<br>Date of Arrival in the Philippines:   |                           |
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| <input type="radio"/> Fever   | If yes, since when:       |
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| <b>RECOMMENDATION/S</b>   |                           |
| <input type="checkbox"/> Wear a medical mask. Observe proper cough and sneeze etiquette.  |                           |
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