Regional Memorandum Order
No. 001
Series of 2022

SUBJECT: Guidelines on Admission and Discharge of Clients/Residents in Centers/Residential Care Facilities during a National State of Public Health Emergency

I. RATIONALE

The World Health Organization (WHO) declared the COVID-19 outbreak a global health emergency on January 30, 2020 and on March 11, 2020 this virus was declared a global pandemic. The Philippines have been imposing community quarantines since March 15, 2020, as a measure to limit the spread of the virus. Based from the statistics of Department of Health (DOH), since March 2020 up to October 2021, the National Capital Region (NCR) has the greatest number of COVID 19 cases in the Philippines with a total number of 855, 316 cases, 838, 957 recovered and 10, 370 deaths. Said statistics comprises of 32.814% of the total reported cases in the Philippines.

Aside from COVID-19, there are various health outbreak that occurred in the country, In 2002, Severe Acute Respiratory syndrome coronavirus (SARS-CoV or SARS-CoV-1), infected over 8,000 people from 29 different countries and territories, and resulted in at least 774 deaths worldwide. In the Philippines there were 14 total cases of which there were 2 reported death cases documented from November 1, 2002 -July 31, 2003.

Another is Avian Influenza, on August 11, 2017, the first case of highly pathogenic avian influenza (HPAI) subtype A H5N6 was officially reported in the country detected in San Luis, Pampanga. Subsequent outbreaks were observed in some municipalities of Nueva Ecija. A total of 23 farms were infected- 15 layer chicken farms, 6 duck farms and 2 quail farms. About 45000 birds died from the disease while 300,000 birds were killed as part of the management program. This was successfully controlled when the last notification of outbreak was submitted to the Animal Health Organization (OIE) on June 27, 2018. The country enjoyed a two-year disease free status until its recurrence in 2020 where the virus was observed in the provinces of Nueva Ecija, Pampanga and Rizal. About 12,000 quails died and at least 38000 were culled as part of the government's mitigating measures.

Malaria in the Philippines is endemic in 58 of the 80 provinces and nearly 12 million people, 13% of the population, are at high risk; the other 22 provinces are free of malaria. Most malaria cases in the country occur in forested, swampy, hilly and mountainous regions. The majority (72%) of the cases are due to P. falciparum and 26% to P. vivax, while 1.3% are due to other unspecified species, and 0.7% are mixed infections. There has not been a systematic decline in the percentage of cases due to P. falciparum.

A common cause of cholera outbreaks in the Philippines are contaminated water sources. Worldwide, there are an estimated 3–5 million cholera cases and 100,000–120,000 deaths due to cholera every year. The number of reported cases of cholera in the Philippines from 2006 to 2016 was 6,760. Diarrhoea was one of the top ten causes of death in 2011 in the Philippines.

But this situation should not get in the way of providing protection and temporary shelter to clients/residents in vulnerable situations. Ensuring also the welfare of clients/residents who are subject for reintegration to the mainstream community. The Department still carry out its mandate to serve clients amidst the Public Health Emergency being experience in the region.

The setup of Residential Care Facilities with residents within its confinements has the potential to become breeding ground for the spread of Covid-19 as admission and re-admission is inevitable. The pandemic puts the residents and staff highly vulnerable for higher risks of infections.

This Covid-19 pandemic became a triggering factor in drafting a guideline for higher prevention and control measures for the safety of residents and staff to continue with the provision of a

nurturing environment. This guideline is applicable to all other infectious diseases / health outbreaks that may arise in the future caused by organisms such as bacteria, viruses, fungi and parasites.

II. LEGAL BASES

This guideline is in support to **The Inter-Agency Task Force for the Management of Emerging Infectious Diseases** which is a task force organized by the executive of the Philippine Government to respond to affairs concerning emerging infectious diseases in the Philippines.

- Guidelines on the Implementation of Alert Levels System for Covid-19 Response in Pilot Areas as of October 13, 2021
- Memorandum from the Executive Secretary: Additional Measures to Address the Rising Cases of COVID-19 in the Country dated March 21, 2021
- Department of Social Welfare and Development Memorandum "Guidance on the Protection, Prevention and Safety of residents and personnel at the DSWD Residential Care Facilities Re: COVID 19
- Department of Health Memorandum No. 2020-0439 Omnibus Interim Guidelines on Prevention, Detection, Treatment and Reintegration Strategies for COVID – 19 dated October 6, 2020
- Advisory from the Secretary "Operation During National State of Public Health Emergency (COVID-19 Pandemic) dated May 27, 2020
- Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines dated May 15, 2020
- Department of Health Memorandum No. 2020-0015 – Guidelines on the Risk-Based Public Health Standard for COVID-19 Mitigation dated April 27, 2020
- Department of Health Memorandum No. 2020-0157 - Guidelines on the cleaning and Disinfection in various settings as an Infection Prevention and Control Measures against COVID-19 dated April 10, 2020
- Revised Recommendations Relative to the Management of the Coronavirus Disease 2019 (COVID-19) Situation dated April 6, 2020
- Additional Guidelines for the Enhanced Community Quarantine dated March 30, 2020
- Department of Social Welfare and Development Advisory No. 1 series of 2020 – Guidelines for the Prevention, control, mitigation of the spread of the Coronavirus Disease in the DSWD Central Office, Field Offices, other Facilities, Attached and Supervised Agencies dated March 14, 2020
- Proclamation Order No. 22 series of 2020 – declaring a State of Public Health Emergency throughout the Philippines dated March 8, 2020
- Resolutions Relative to the Management of the Coronavirus Disease 2019 (COVID-19) Situation dated March 3, 2020
- Department of Health Circular #2020-0039 or the "Interim Guidelines on the 2019 Novel Corona Virus Acute Respiratory Disease Response in the Workplace dated February 5, 2020
- Department of Health Memorandum No. 2020-062 – Guidelines on the Standard Airborne Infection, Isolation Room and Conversion of Private Rooms and / or wards into temporary Rooms for the Management of Patients Under Investigation for COVID-19 dated February 4, 2020

- Executive Order No. 168 S 2014 – Creating the Inter-Agency Task Force for the Management of Emerging Infectious Disease in the Philippines. - The Task Force may call upon any department, bureau, office, agency or instrumentality of the government, including Government-Owned or –Controlled Corporations (GOCCs), government financial institutions (GFIs), local government units (LGUs), non-government organizations (NGOs) and the private sector for assistance as the circumstances and exigencies may require. Further, the DOH Secretary may recommend to the President the enlistment of the Armed Forces of the Philippines to supplement the Philippine National Police and other law enforcement agencies for the purpose of enforcing the quarantine of specific areas or facilitating the transport of EID patients, and for such other purposes for the effective implementation of this Order. The duly authorized representatives of the member-agencies of the Task Force shall have a rank not lower than Assistant Secretary.

III. OBJECTIVES

General Objective

To come up with appropriate processes in managing the Centers/Residential Care Facilities during the period of a National State of Public Health Emergency.

Specific Objectives:

1. To guide the Centers/Residential Care Facilities in admission and discharge of clients/residents to and from the referring and receiving parties;
2. To inform all referring and receiving parties on the documents and actions needed in admitting and discharging of clients/residents from and to the Centers/Residential Care Facilities;
3. To comply with the protocol in the management of a Public Health Emergency;
4. To ensure that each Center/Residential Care Facility has its contingency plan in the prevention and protection of residents and staff.

IV. DEFINITION OF TERMS

a. ***Admission*** – refers to process of admitting the client in the Residential Care Facility.

b. ***Admission Cottage*** – refers to a cottage where newly admitted residents are housed for 10-14 days prior to transfer to a regular cottage.

c. ***Asymptomatic case*** – refers to any people who do not show any symptoms, but they are infected and can transmit the virus

d. ***COVID -19 cases***

1. ***Suspect*** – refers to a patient who meets the clinical and epidemiological criteria.
   Clinical Criteria:
   - Acute symptoms of fever and cough
   - Acute onset of symptoms of any three or more of the following signs and symptoms; fever, cough, general weakness / fatigue, headache, myalgia, sore throat, coryza/colds, difficulty of breathing/shortness of breath, anorexia, / nausea/ vomiting, diarrhea, altered mental status.

   Epidemiological Criteria:
   - Residing or working in area with high-risk transmission of the virus

- Residing or travel to an area with community transmission anytime within the days prior to symptoms onset

2. ***Probable*** – refers to a patient who meets the clinical criteria of suspect and is a contact of probable or confirmed case, or epidemiologically linked to cluster of cases. A suspect case with chest imaging showing findings suggestive of COVID-19 disease. A person with recent onset of loss of smell or loss
3. ***Confirmed*** – refers to any individual who was a laboratory confirmed (RT-PCR) for COVID 19 in a test conducted at the accredited testing Residential Care Facilities.

e. ***Discharge*** – refers to the physical transfer of the resident in the Residential Care Facility to the accepting party. This can be thru permanent placement, reintegration to their families, for independent living or transfer to other Social Welfare Agencies that would best address their needs.

f. ***Holding Area*** – refers to a designated separate and well-ventilated which should have benches, stalls or chairs separated by at least two meters distance. The holding areas should have dedicated toilets and hand hygiene stations

g. ***Medical Certificate*** – refers to a written statement from a Physician who attests to the result of a medical examination of a patient. It serves as a written proof of a client's/resident's health condition

h. ***Pre-Admission Case Conference*** – refers to a meeting of Rehabilitation Team together with the referring party wherein agreements, tasking and role delineation to the interventions to be provided to the client/s will be discussed among partners.

i. ***Pre-Discharge Case Conference*** - refers to a meeting of Rehabilitation Team together with the accepting party wherein agreements will be discussed for the aftercare and future plans for the best interests of the resident.

j. ***Quarantine*** – refers to the separation and restriction on the movement of people.

k. ***Reverse Transcription-Polymerase Chain Reaction (RT-PCR) Test*** – is a nuclear-derived method for detecting the presence of COVID-19 virus in a human body.

l. ***Symptomatic case*** – refers to any person who is experiencing any of the symptoms of COVID – 19 viruses.

m. ***Travel Pass*** – refers to a document authorizing the person to cross borders.

n. ***Virtual Meeting*** – refers to a meeting via online using other media platform.

V. SCOPE AND COVERAGE

This policy shall cover referred and walk-in clients for admission and discharge from DSWD Centers/Residential Care Facilities during the National State of Public Health Emergency.

VI. GENERAL POLICIES

1. This guideline shall complement with the existing policies indicated in the Manual of Operations.

2. All referrals shall go through pre-admission conference which shall be conducted via virtual or face to face or combination of both.

3. Referred clients who are **"suspect", "probable" or "confirmed" for COVID-19** shall not be admitted in the Center/Residential Care Facilities. The referring party shall be advised to coordinate with the concerned Local Government Unit (LGU) and/or other government entities for medical intervention.

4. Walk-in clients who are **"suspect", "probable" or "confirmed" for COVID-19** shall not be admitted and shall be advised to coordinate with the concerned Local Government Unit (LGU) for appropriate assistance.

5. Pre-admission/Pre-discharge conference with the referring and accepting party shall be conducted thru virtual/ online platform, face to face or acombination of both. For residents with court cases, a lawyer shall be invited.

6. The referring party and client/s being referred shall be received at the Holding Area. Staff shall be equipped with appropriate or improvised Personal Protective Equipment (PPE). Alcohol and alcohol-based sanitizers shall be available and ready for use. In case of unavailability of alcohol and alcohol-based sanitizers, there shall be an accessible wash area with soap and running water.

7. The following shall form part of the admission requirements:
    - Negative RT-PCR Test Result within 72 hours prior to admission to the C/RCFs
    - Certification/Medical Certificate that the client/s underwent a mandatory quarantine prior to admission to the Center/Residential Care Facility
    - Other medical document maybe required as necessary consistent with the government policy

8. Upon completion of the admission, client/s shall temporarily stay in the Admission Cottage where they shall be observed/monitored for 10 to 14 days quarantine period. A Houseparent shall be assigned in the admission cottage round the clock in three (3) shifting schedules with proper wearing of PPE. The Medical staff shall check the client on a daily basis.

9. Current situation in the receiving community and existing Local Government issuances relative to the Public Health Emergency shall be considered.

10. The following shall form part of the discharge requirements:
    - Negative RT-PCR Test Result (72 hours before departure date)
    - Medical Certificate that the resident/s underwent a mandatory quarantine prior to discharge from the Center/Residential Care Facility
    - Notice of coordination and acceptance as required by the receiving LGU
    - Travel Pass

VII. IMPLEMENTING PROCEDURES

Pre-Admission Phase

1. Orientation on the procedures and admission requirements to the referring party.

2. Review of admission requirements submitted by the referring party.

3. Conduct of a virtual and/or face-to-face admission conference which will be attended by the Rehabilitation Team and the referring party.

Admission Phase

1. Client/s and referring party shall undergo body temperature check and other sanitation procedures before entering the Holding Area.

2. Officer of the day (OD) or Executive-on-Duty (EOD) shall review the documents as to the completeness and provide orientation on the programs and services and the Center/Residential Care Facility's rules and regulations.

3. Referred client/s shall be endorsed to the Medical Service for physical/medical examination and body frisking.

4. Inventory of client/s valuables and belongings and ensuring that these are sanitized.

5. Admitted resident/s shall be endorsed to the Houseparent-on-duty of the Admission Cottage.

Pre-Discharge Phase

1. Conduct of virtual and/or discharge conference upon receipt of favorable Parental/Family Capability Assessment Report from the Local Government Unit (LGU).

2. Referral of resident/s for SWAB Testing to licensed Testing Centers.

3. Issuance of a Medical Certificate; for cases residing outside National Capital Region, the Medical Certificate shall be secured by the concerned C/RCFs from the City Health Office (CHO) which geographical jurisdiction covers the area where the Center/Residential Care Facility is located.

4. Travel Pass shall be secured from the Philippine National Police (PNP) station which has jurisdiction over the concerned Center/Residential Care Facility.

Discharge Phase

1. Conduct discharge conference with the accepting party to accompany/receive the resident during the actual discharge.

2. Endorsement of Request Letter to the accepting Local Government Unit (LGU) for the provision of After Care Services and signing of Discharge Documents.

VIII. INSTITUTIONAL ARRANGEMENT

A. Field Office

a. Office of the Regional Center Coordinator (ORCC) provide technical assistance, monitor and evaluate the implementation on the effectiveness of the guideline.

B. Centers/Residential Care Facilities

a. Ensure effective implementation and compliance to the guideline.

b. Monitor the overall implementation of this policy and submit feedback report to the Field Office.

C. Referring and Accepting Party *(Regional Offices, Local Government Units and other partner agencies)*

a. Provide logistical requirements

b. Ensure continuous case management of client/s and/or after care services.

c. Provide after care services for discharged clients and submits Feedback Report

IX. EFFECTIVITY

This policy shall take effect immediately and shall remain in force until the National State of Public Health Emergency has been lifted by the President of the Philippines.

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