MEMORANDUM TO:

OIC, Office of the Assistant Schools Division Superintendent
Chief Education Supervisors, SGOD and CID
Elementary and Secondary School Principals
Officers-In-Charge
Unit Heads
All Concerned
Public Schools Only

DIVISION REFERRAL SYSTEM FOR COVID -19 CASES

Attached herewith is the Division Referral System for COVID -19 cases, which reiterates the process flow in referring possible COVID -19 cases to concerned authorities, for information and guidance of the field.

All School Heads are required to report all cases in their respective schools to the Schools Governance and Operations Division-School Health and Nutrition Section at tel. no. 8682-0592 or at email address: sdomarkinaschoolhealth@yahoo.com, for proper monitoring and endorsement to Marikina City Health Office (MCHO).

Immediate dissemination and strict compliance of this Memorandum is desired.

SHERYLL T. GAYOLA, CESE (Sgd.)
Assistant Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent
REFERRAL SYSTEM FOR COVID-19 CASES

History of exposure to a COVID Positive patient

Sign and Symptoms
- Fever >38°C
- Cough/colds/sore throat
-Shortness of breath
-Difficulty or breathing
-Loss of taste/smell
-Rashes
-Body weakness/ fatigue

Probable/Suspected COVID-19 Personnel / Learners

Personnel notifies:
1. Clinic Teacher
2. Principal/School Head

Personnel notifies SDO Nurses

SDO nurses conduct initial interview through phone call. Perform brief health history taking and assess for signs/ symptoms.

SYMPTOMATIC

Personnel goes to the nearest Health Center

Barangay Health Emergency Response Team will accomplish the Case Identification Form (CIF)

COVID-19 Rapid Test
(Same day release of results)

IF (+) Positive Rapid Test result

Personnel will be transported to a Temporary Treatment and Management Facility

TTMF with individual rooms and toilets (e.g. LIGTAS COVID-19 Centers)

COVID-19 Swab Test
(3 to 7 days release of result)

While waiting for the result, personnel must remain in quarantine.

QUARANTINE: 1. To take action as needed for possible onset of symptoms, and 2. To ensure restricted movement.

IF (-) Negative Swab Test result

Personnel completes 14-day home quarantine protocol

IF Asymptomatic/Mild:
Isolate for 14 days at:
a) Isolation Facility
b) Self-Isolation/Home Quarantine

Repeat Swab Test

IF SEVERE: Personnel will be transported to a Local Government Hospital for further treatment and management

ISOLATE

ASymptomatic

Personnel completes 14-day self-isolation/home quarantine protocol

To report to SDO nurse once any sign/symptom appears.

TREAT

DETECT