



UNIVERSITY OF SANTO TOMAS
OFFICE OF THE SECRETARY-GENERAL

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AY: 2019-2020

TO: ALL HEADS OF ADMINISTRATIVE AND ACADEMIC UNITS, SAFETY
AND SECURITY OFFICE, HEALTH SERVICE, AND UST HOSPITAL

FROM: THE OFFICE OF THE SECRETARY-GENERAL

SUBJECT: PROTOCOL FOR REFERRAL FOR 2019-nCoV

DATE: 10 FEBRUARY 2020

As a proactive measure, the University, in coordination with the Crisis Management Committee, issues the **Protocol for Referral for 2019-nCoV**, for strict compliance, through the cooperation of the unit heads. *Please see attached copy.*

The Unit Heads are enjoined to read the protocol and discuss it with the local Crisis Management Committee.

Thank you.


FR. JESUS M. MIRANDA, JR., O.P.
Secretary-General

PROTOCOL FOR REFERRAL FOR 2019-nCoV

1. All students, support staff, faculty and administrators, who have history of travel to China, Hongkong and Macau, or history of exposure to nCoV* must be advised to go on MANDATORY ISOLATION/HOME QUARANTINE for 14 days from the date of arrival even if asymptomatic. Following WHO recommendation, these individuals must monitor their temperature and if symptoms of fever ≥ 38 or cough and/or colds occur, they must inform Health Care Provider or Health Service at 8211 for immediate consultation.

2. The faculty-in-charge shall refer to the Health Service at local 8211 and inform parents or guardians of students who have fever, cough, colds with history of travel to nCoV confirmed countries and/or close contact with confirmed case of nCoV or Person under investigation (PUI) within the last 14 days. Information to be included upon referral are the following: place of travel, duration of stay and date of arrival or information regarding the nature of contact with nCoV patients / PUI.

- Should patient and parent/s decide to bring patient to a private MD, the Health Service should be notified immediately for documentation
- Immediately after the patient goes out of the room, disinfection should be done.

3. The unit head shall refer to the Health Service at local 8211 all faculty and support staff who have fever or cough and/or colds with history of travel to nCoV confirmed countries and/or close contact with confirmed case of nCoV or Person under Investigation (PUI) within the last 14 days. Information to be included upon referral are the following: place of travel, duration of stay and date of arrival or information regarding the nature of contact with nCoV patients/PUI.

- Should patient and parent/s decide to bring patient to a private MD, the Health Service should be notified immediately for documentation
- Immediately after the patient goes out of the room, disinfection should be done.

4. The patient who have symptoms of fever or cough and/or colds with history of travel must be required to wear a face mask and be placed in an isolation area. If stable (without difficulty of breathing, shortness of breath, the patient must go to the Health Service directly for medical evaluation accompanied by a faculty-in-charge/unit head. If unstable (with difficulty of breathing, shortness of breath), the faculty-in-charge must place patient in an isolation area within the building while waiting for the Health Service staff to arrive.

- Immediately after the patient goes out of the isolation room, disinfection should be done.

5. At the Health Service, the patient will be placed in an isolation room. The medical doctor wearing appropriate personal protective equipment (PPE) such as N95 mask, hospital

gown and gloves will assess the patient if there is a need for referral to Regional Epidemiological Unit and Surveillance Unit (RESU) for monitoring, evaluation and possible admission to DOH designated referral centers (San Lazaro Hospital, RITM, Lung Center and tertiary hospitals with facilities). If the patient is a student, the parents/guardian must be informed of his/her current status.

- Students, faculty members and support staff who will need consultation beyond UST Health Service's clinic hours, should proceed to the UST Hospital Emergency Room/Treatment Room for evaluation and management.
- The UST Health Service should be informed of the details of consultation thru Dr. Jay Ron Padua (Pediatric Infectious Disease Specialist) at 0915-4345727 for documentation.

6. Once the isolation room of the health service has been vacated by the patient, full disinfection must be done.

7. Disposition regarding discharge of the patient will be upon the discretion of the referral institution.

*While waiting for the results, exposed faculty members, students and support staff who will be asymptomatic will be advised to wear masks and practice standard WHO/DOH recommendation. Estimated turn-around time will be 48-72 hours. If results will be negative, the exposed individuals will have the option to either continue or discontinue the use of the face masks.

*If the student, support staff, faculty member and administrator will be nCoV positive, we will follow the pathway for person under monitoring (PUM) for asymptomatic contact and person under investigation (PUI) for symptomatic contacts.

*If an unconscious patient (student, administrator, faculty member, support staff and guest) is found outside the classroom but within the University premises, the security staff will be designated to inform the Health Service through local 8211 and accompany the patient until the Health Service staff arrives/ The Health Service staff will then evaluate the patient if he/she will be brought to the Health Service or to the UST Hospital Emergency Room.

*History of Exposure (Based on DOH Advisory #3 for nCoV:

1. Providing care for and/or handling specimens of confirmed 2019-nCoV ARD patient or persons under investigation for 2019-nCoV ARD infection.
2. Staying in the same close environment as confirmed 2019-nCoV ARD patient or persons under investigation for 2019-nCoV ARD infection.
3. Traveling together with confirmed 2019-nCoV ARD patient or persons under investigation for 2019-nCoV ARD infection in any kind of conveyance.
4. Living in the same household as confirmed 2019-nCoV ARD patient or persons under investigation for 2019-nCoV ARD infection.