



Pontifical and Royal
UNIVERSITY OF SANTO TOMAS
The Catholic University of the Philippines

University of Santo Tomas
Collective Institutional Guidelines for the Prevention and Control of
the Coronavirus Disease (COVID-19)
February 17, 2020

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Policy Bases

The following documents were used as bases for drafting these guidelines:

1. World Health Organization (WHO) **Coronavirus Disease (COVID-19)** Situation Reports (World Health Organization, 2020) and Advice for the Public (World Health Organization, 2020)
2. **COVID-19 Interim Guidelines (Department of Health, 2020)**
3. Department of Education (DepEd) Memorandum 15, s2020, “First Set of Policy Directives of the DepEd Task Force nCoV” (Department of Education, 2020)
4. **Department of Education (DepEd) Memorandum 21, s2020, “Second Set of Policy Directives of the DepEd Task Force nCoV” (Department of Education, 2020)**
5. **Commission on Higher Education Guidelines for the Prevention, Control and Mitigation of the Spread of the 2019-Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) in Higher Education Institutions (HEIs) (De Vera, 2020)**

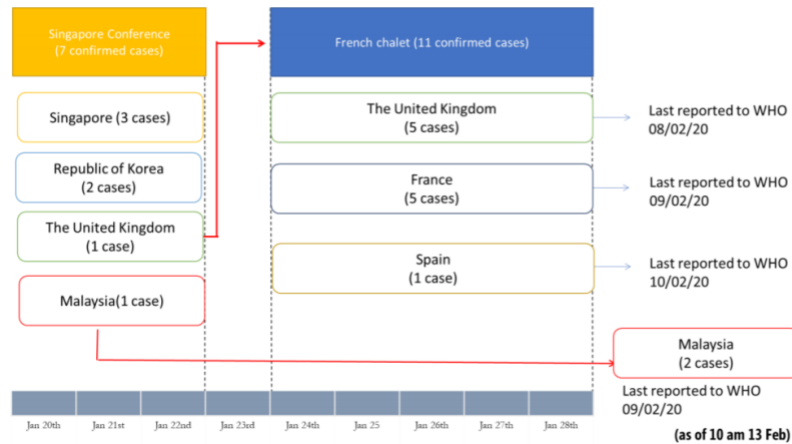
Key events that merit release of this updated and more comprehensive guidelines:

1. On January 30, 2020, WHO declared the 2019-nCoV as a Public Health Emergency of International Concern (PHEIC) (World Health Organization, 2020).
2. On February 2, 2020, the Office of the President of the Philippines, through a statement by Executive Secretary Salvador Medialdea, approved the following recommendations of the Inter-Agency Task Force for the Management of Emerging Infectious Diseases in the Philippines (IATF-EID) (Department of Education, 2020):
 - a. Temporarily banning the entry of any person, regardless of nationality, except Filipino citizens and holders of Permanent Resident Visa issued by the Philippine Government, directly coming from China and its Special Administrative Regions;
 - b. Temporarily banning the entry of any person, regardless of nationality, except Filipino citizens and holders of Permanent Resident Visa issued by the Philippine Government, who, within fourteen (14) days immediately preceding arrival in the Philippines, has been to China and its Special Administrative Regions;
 - c. A mandatory fourteen (14) day quarantine for Filipinos and Permanent Resident Visa holders coming from any place in China and its Special Administrative Regions;
 - d. Temporary ban on Filipinos from travel to China and its Special Administrative Regions; and
 - e. Establishment of a repatriation and quarantine facility.
3. On February 10, 2020, CNN reported that Taiwan is included in the temporary travel ban imposed by the Philippines, as clarified by the Department of Health (CNN Philippines, 2020). However, on February 14, 2020, the Philippine Government’s Inter-Agency Task Force (IATF) lifted the said travel ban “by reason of the strict measures they (Taiwan) are undertaking, as well as the protocols they are implementing to address the COVID-19” (Rappler, 2020)
4. On February 11, 2020, the WHO declared an official name for the new coronavirus disease, COVID-19 (TIME, 2020).
5. On February 12, 2020, the Commission on Higher Education released the Guidelines for the Prevention, Control and Mitigation of the Spread of the 2019-Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) in Higher Education Institutions (HEIs) through the Facebook page of Chairperson Popoy De Vera. (De Vera, 2020)

6. As of February 16, 2020, there are 51,857 confirmed cases of COVID-19 in 25 countries around the world, majority located in China (including Hong Kong, Macau and Taipei) (World Health Organization, 2020).
7. As of February 5, 2020, DOH confirms the third 2019-nCoV ARD case in the Philippines (Department of Health, 2020)
8. On February 5, 2020, DOH released Department Circular No. 2020-0042, “Reiteration of the Interim Guidelines on 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Response in Schools and Higher Education Institutions” (Department of Health, 2020). Highlights of this circular include:
 - a. Reiteration of the practice of personal protection and hygiene
 - b. Emphasis on infection control, including:
 - i. Encouraging learners and staff to stay home when sick.
 - ii. Advising learners, parents, and staff on the importance of staying home when sick for at least 24 hours after they no longer have signs and symptoms (fever or signs of fever, cough, colds).
 - iii. Review school policies on:
 1. Implementing flexible sick leave policies for students and staff
 2. Lifting the use of perfect attendance awards
 3. Cross-training staff so that others can cover for co-workers who need to stay home.
 - c. Guidelines for management of symptomatics
 - d. Community engagement and coordinated response
 - i. Guidelines for conducting joint risk assessment by administrators, higher-level school authority, local government unit, and public health officials to determine the appropriate level of response (Appendix D). These specify the criteria, appropriate response, and recommendations on class suspensions for each response level.
 - e. Guidelines for declaration of class suspension per response level, and resumption of classes thereafter
 - f. Official sources of 2019-nCoV information and advisories
9. On February 7, 2020, DOH released an advisory on concerts and other public events and gatherings (Department of Health, 2020), urging the public to avoid attending, participating in, and organizing events that draw a huge number of attendees. The DOH likewise recommends the cancellation of such planned big events or mass gatherings until further advice.
10. On February 12, 2020, DepEd released Memorandum No. 021, s2020, “Second Set of Policy Directives of the DepEd Task Force nCoV” (Department of Education, 2020), indicating that all policies and directives contained in DepEd Memorandum No. 015, s2020, “First Set of Policy Directives of the DepEd Task Force nCoV” are sustained. This updated memorandum likewise refers to the following DOH advisories:
 - a. DOH Interim Guidelines on 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Response in Schools and Higher Education Institutions
 - b. DOH Advisory on the Use of Masks
 - c. DOH Advisory on Concerts and Other Public Event Gatherings
11. The WHO Situation Report 24, dated 13 February 2020 (World Health Organization, 2020), states that a total of 170 cases of COVID-19 who had a travel history to China have been reported outside of China. While the vast majority (89%) do not appear to lead to onward transmission of the virus, 19 cases (11%) were associated with onwards transmission. The report provides information on transmission chain of events involving 20 individuals originating from a conference in Singapore, while

15 cases were linked to a conference in Bavaria, Germany. The transmission chain for Singapore is as follows:

Figure 2. Description of the known transmission chain of event originating in Singapore (Event Number 1, Table 1), as of 10 am 13 Feb 2020



University Response to COVID-19 based on DOH Guidelines

Given the criteria provided by DOH for community engagement and coordinated response, the University is currently on Level 2 response:

1. Confirmed cases of COVID-19 in the country
2. No confirmed case in the school
3. No confirmed community-level transmission

Our appropriate response includes:

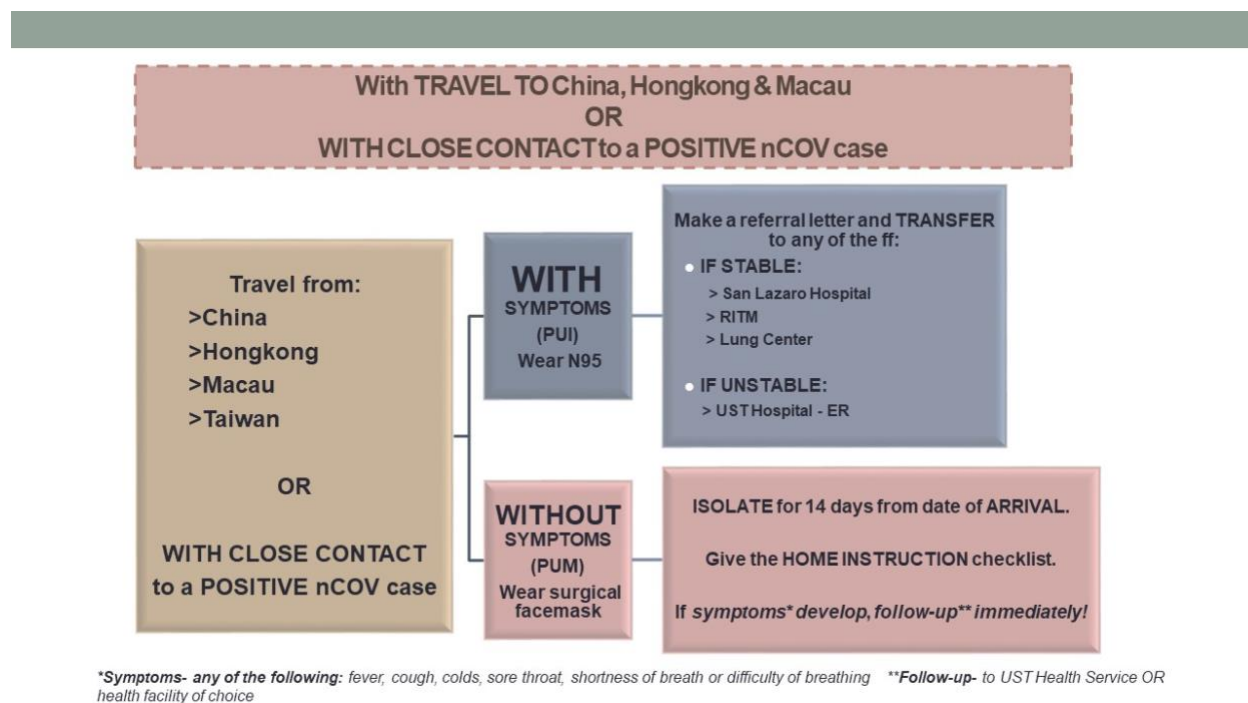
1. Level 1 response
 - a. Keep updated about the status and extent of COVID-19 globally.
 - b. Campaign for proper handwashing, general hygiene, and cough/sneeze manners.
 - c. Make available hygiene and sanitation facilities.
 - d. Line list and monitor health status of learners, faculty and non-teaching personnel who have history of travel to countries with reported cases of COVID-19.
 - e. Observe precautionary measures during school gatherings
2. Plus
 - a. Fever, cough and colds surveillance
 - b. Line list of learners, faculty and non-teaching personnel with influenza-like illness (ILI)
 - c. Monitor trend, cause, status of absentees (learners, faculty, non-teaching personnel)
 - d. Isolate in designated room and refer to the school clinic or to a health facility, persons identified to have signs and symptoms of ILI in school
 - e. Learners/faculty/non-teaching personnel with signs and symptoms of ILI shall not report to school, but inform the school physician/local health authorities for proper advice
 - f. Establish referral system with healthcare facilities
 - g. Report to local health office (MHO/CHO) and/or regional DOH Center for Health Development

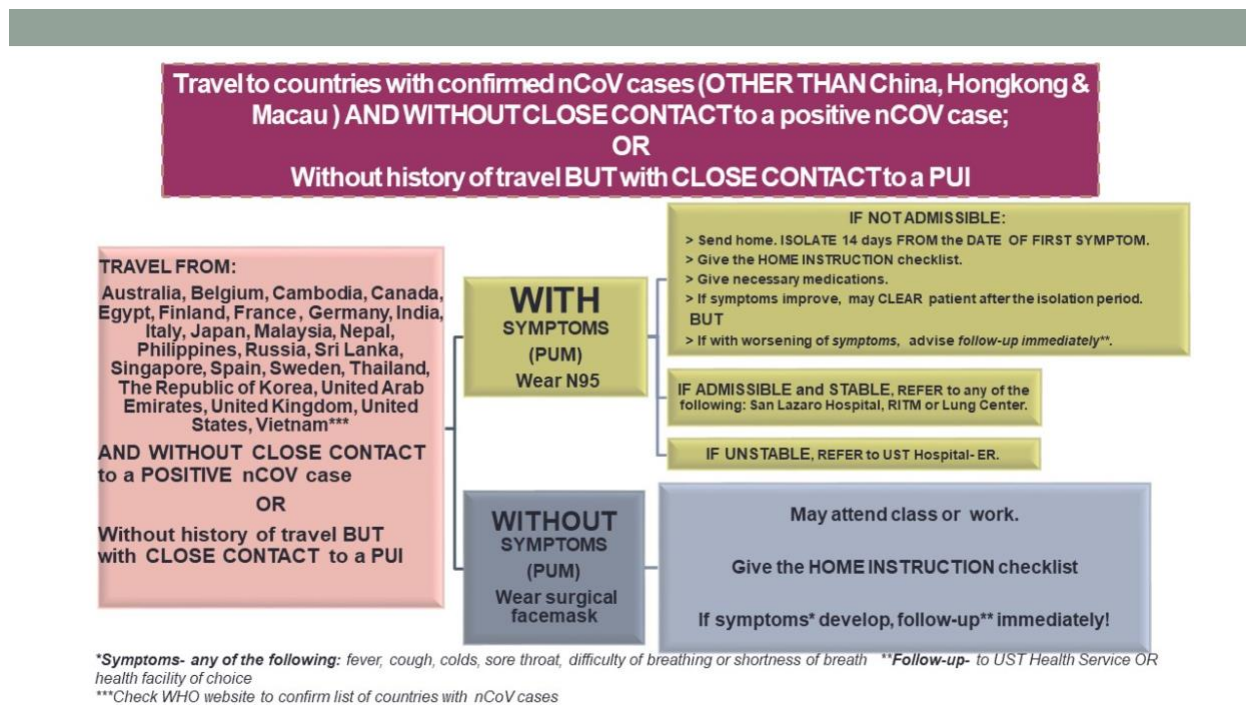
Suspension of classes is not recommended for Level 2 response.

Pathways of Assessment and Intervention for Persons at Risk

People with **COVID-19** infection, the flu, or a cold typically develop respiratory symptoms such as fever, cough, and runny nose. WHO recommends that people who have cough, fever and difficulty breathing should seek medical care early. Patients should inform health care providers if they have travelled in the 14 days before they developed symptoms, or if they have been in close contact with someone with who has been sick with respiratory symptoms. (World Health Organization, 2020)

The following diagram summarizes the **revised** pathways for appropriate action to be undertaken based on the presence of potential risk factors:





An updated list of countries with confirmed cases of **COVID-19** may be acquired through the WHO Situation Reports (World Health Organization, 2020). DOH has released the list of flights taken by the 3 confirmed cases of **COVID-19** in the Philippines to facilitate contact-tracing (Department of Health, 2020).

Members of the Thomasian community, including visiting faculty and students, who feel sick while in University premises should immediately proceed to the Health Service. The following diagrams show the management process to be followed by the Health Service in addressing potential cases of **COVID-19**:

Those with history of travel to China, Hong Kong, and Macau shall comply with the mandatory fourteen (14) day quarantine for Filipinos and Permanent Resident Visa holders (Department of Education, 2020) (CNN Philippines, 2020), even if they do not present with symptoms.

Absences arising from mandatory quarantine and treatment shall be considered as excused absence for students, subject to submission of supporting documents (i.e., airline ticket, passport), and will allow them to make-up for any missed gradable requirement. On the other hand, these absences for administrators, faculty members, and support staff, shall be chargeable to their sick leave and/or vacation leave credits (Department of Labor and Employment, 2020). As much as possible, continuity of teaching and learning activities shall be ensured by maximizing UST Cloud Campus or conducting make-up classes upon return. Faculty members are highly encouraged to closely monitor students who are absent from their classes and provide them with alternative activities to help them cope with the lessons that they missed.

Affected administrators, faculty members, support staff and students shall immediately inform their unit heads of their status so that they may be given the necessary assistance, granted flexible work arrangements, or referred to appropriate support services.

Home Quarantine Instructions for Patients Under Monitoring (PUM) as per DOH Advisory

- STAY HOME except to get medical care
- Separate yourself from other household members
- Call ahead of time before visiting your doctor
- Wear a facemask
- Observe proper cough/sneeze etiquette
- Wash your hands with soap and water frequently
- Avoid sharing household items
- Seek immediate consultation and treatment if with fever, cough or colds

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 COVID-19 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 or cough and/or colds with history of travel to COVID-19 confirmed countries and/or close contact with confirmed case of COVID-19 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 & date of arrival or information regarding the nature of contact with COVID-19 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 COVID-19 confirmed countries and/or close contact with confirmed case of COVID-19 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 & date of arrival or information regarding the nature of contact with COVID-19 patients/ PUI.
 - Should the faculty or support staff decide to go 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 should go to the Health Service directly for medical evaluation accompanied by faculty-in-charge/unit head. If unstable (with difficulty of breathing, shortness of breath), the faculty-in-charge/unit head 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 evaluated 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 a referral and possible admission to DOH designated referral

centers (San Lazaro Hospital, RITM, and Lung Center). If the patient is a student, the parents/guardians must be informed of the 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 face masks.
 - If the student, support staff, faculty member and administrator will be COVID-19 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 at 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. Travelling 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

WHO and DOH Health Advisory for the General Public

WHO provides standard recommendations to the general public (World Health Organization, 2020) to reduce exposure to and transmission of a range of illnesses, to protect self and others from getting sick, and to stay healthy while travelling.

1. Wash your hands frequently

Wash your hands frequently with an alcohol-based hand rub or soap and water.

Why? Washing your hands with an alcohol-based hand rub or soap and water kills the virus if it is on your hands.

2. Practice respiratory hygiene

When coughing and sneezing, cover mouth and nose with flexed elbow or tissue – discard tissue immediately into a closed bin and clean your hands with alcohol-based hand rub or soap and water.

Why? Covering your mouth and nose when coughing and sneezing prevent the spread of germs and viruses. If you sneeze or cough into your hands, you may contaminate objects or people that you touch.

3. Maintain social distancing

Maintain at least 1 metre (3 feet) distance between yourself and other people, particularly those who are coughing, sneezing and have a fever.

Why? When someone who is infected with a respiratory disease, like **COVID-19**, coughs or sneezes they project small droplets containing the virus. If you are too close, you can breathe in the virus.

4. Avoid touching eyes, nose and mouth

Why? Hands touch many surfaces which can be contaminated with the virus. If you touch your eyes, nose or mouth with your contaminated hands, you can transfer the virus from the surface to yourself.

5. If you have fever, cough and difficulty breathing, seek medical care early

Tell your health care provider if you have traveled in an area in China where **COVID-19** has been reported, or if you have been in close contact with someone with who has traveled from China and has respiratory symptoms.

Why? Whenever you have fever, cough and difficulty breathing it's important to seek medical attention promptly as this may be due to a respiratory infection or other serious condition. Respiratory symptoms with fever can have a range of causes, and depending on your personal travel history and circumstances, **COVID-19** could be one of them.

6. If you have mild respiratory symptoms and no travel history to or within China

If you have mild respiratory symptoms and no travel history to or within China, carefully practice basic respiratory and hand hygiene and stay home until you are recovered, if possible.

7. As a general precaution, practice general hygiene measures when visiting live animal markets, wet markets or animal product markets

Ensure regular hand washing with soap and potable water after touching animals and animal products; avoid touching eyes, nose or mouth with hands; and avoid contact with sick animals or spoiled animal products. Strictly avoid any contact with other animals in the market (e.g., stray cats and dogs, rodents, birds, bats). Avoid contact with potentially contaminated animal waste or fluids on the soil or structures of shops and market facilities.

8. Avoid consumption of raw or undercooked animal products

Handle raw meat, milk or animal organs with care, to avoid cross-contamination with uncooked foods, as per good food safety practices.

DOH likewise provides additional details on prevention steps to take for people who may have the **COVID-19** infection, for caregivers and household members, and those who may had contact with persons under investigation (PUI) (Department of Health, 2020).

WHO Advise on the Use of Masks

WHO provides advice on the use of medical masks in communities, at home and at health care facilities in areas that have reported outbreaks caused by the **coronavirus disease (COVID-19)** (World Health Organization, 2020).

Wearing a medical mask is one of the prevention measures to limit spread of certain respiratory diseases, including **COVID-19**, in affected areas. However, the use of a mask alone is insufficient to provide the adequate level of protection and other equally relevant measures should be adopted. If masks are to be used, this measure must be combined with hand hygiene and other infection, prevention, and control (IPC) measures to prevent the human-to-human transmission of **COVID-19**.

Masks should be worn by individuals with respiratory symptoms, individuals with suspected **COVID-19** infection with respiratory symptoms, relatives or caregivers to individuals with suspected **COVID-19** infection with mild respiratory symptoms, and health care workers.

In the community setting, a medical mask is not required for individuals without respiratory symptoms, as no evidence is available on its usefulness to protect non-sick persons. If masks are used, best practices should be followed on how to wear, remove, and dispose of them and on hand hygiene action after removal, as follows:

- place mask carefully to cover mouth and nose and tie securely to minimize any gaps between the face and the mask;
- while in use, avoid touching the mask;
- remove the mask by using appropriate technique (i.e. do not touch the front but remove the lace from behind);
- after removal or whenever you inadvertently touch a used mask, clean hands by using an alcohol-based hand rub or soap and water if visibly soiled
- replace masks with a new clean, dry mask as soon as they become damp/humid;
- do not re-use single-use masks;
- discard single-use masks after each use and dispose of them immediately upon removal.

University Guidelines on the Conduct of In-Campus and Local Off-Campus Activities

Consistent with efforts to control the spread of **COVID-19**, in-campus and local off-campus activities which meet the following criteria are hereby suspended, until further notice:

- **Large public events and gatherings (Department of Health, 2020);**
- Non-curricular and non-graded student activities, the suspension of which will not significantly affect attainment of intended learning outcomes;
- Unit or departmental activities that are not crucial to the standard operations and performance targets of the concerned unit/department;
- Those that will be conducted in crowded places or enclosed venues which will not comply with the acceptable 1 meter (3 feet) social distance between individuals (World Health Organization, 2020);
- High risk activities which may include, but are not limited to, the following:
 - Activities that place students as front-liners in attending to infected or potentially infected persons without prior triage (i.e., sorting of or allocation of treatment to patients) performed by trained healthcare professionals;

- Activities that expose students to greater health risks compared to what is inherent to the activity or task in the absence of the **COVID-19** (e.g., industry or community immersions in areas with confirmed cases of **COVID-19**); and
- Activities that are supervised by instructors who do not have the necessary training to evaluate health risks and implement appropriate protective measures for students.

Considering differences in the context of each academic unit, office or department, administrative and academic officials are advised to conduct a thorough risk assessment of scheduled activities, especially those involving students, in order to make informed decisions on which institutionally-sanctioned activities should be suspended and which may be allowed to push through.

Junior High School, Education High School, and Senior High School shall comply with DepEd Memorandum Order No. **21**, s2020, “**Second** Set of Policy Directives of the DepEd Task Force nCoV” (Department of Education, 2020)

Academic units are directed to engage faculty members in drafting alternative activities that will still achieve the intended learning outcomes.

University Guidelines on the Conduct of International Off-Campus (Outbound) Student Activities

Consistent with government directive to temporarily ban Filipinos from travel to China and its Special Administrative Regions (Hong Kong, and Macau) (Department of Education, 2020) (CNN Philippines, 2020), all international off-campus student activities to China, Hong Kong, and Macau are suspended until further notice.

In consideration of the increasing number of countries with confirmed cases of **COVID-19** (World Health Organization, 2020), as a precautionary measure **and consisted with CHED guidelines that travel to areas with confirmed cases of nCoV should be limited (De Vera, 2020)**, all international off-campus student activities to other countries scheduled until **March** 2020 are likewise suspended. For the tertiary level, the University shall release regular updates to allow enough time for academic units to submit the documents required by the Commission on Higher Education (CHED) for international off-campus activities (Commission on Higher Education, 2015) (Commission on Higher Education, 2013). **Decision on the suspension of activities for the month of April shall be released by the end of February 2020.**

Junior High School, Education High School, and Senior High School shall comply with DepEd Memorandum Order No. **21**, s2020, “**Second** Set of Policy Directives of the DepEd Task Force nCoV” (Department of Education, 2020).

Academic units are directed to engage faculty members in drafting alternative activities that will still achieve the intended learning outcomes.

University Guidelines on the Conduct of International Inbound Student and Faculty Activities

Inbound internationalization activities may proceed as scheduled, depending on the existing guidelines of foreign partner institutions and the governments of their countries. If these inbound students and faculty will be coming from countries with confirmed cases of **COVID-19**, took flights with layovers in airports of these countries, or have potential contact with PUI or lab-confirmed cases, they shall likewise follow the pathways for assessment and intervention for persons at risk, as indicated in the diagram above. They shall also be covered by the guidelines for engagement in in-campus and local off-campus activities.

Host academic units should also undertake the following:

1. Conduct an orientation of the students and/or academic staff which includes precautionary measures for detection and control of the spread of infection;
2. Provide guidelines in case they fell ill:
 - a. If any student/academic staff experiences fever and any lower respiratory illness such as cough, colds, throat pain, difficulty in breathing, and shortness of breath, that person will have to be placed in isolation, and immediately be reported to the academic unit so they can be assisted in seeking medical attention at the UST Health Service.
 - b. If the Health Service deems it appropriate to refer the student or faculty to an epidemiological unit identified by the Department of Health, further assessment and/or treatment may incur cost on the part of the patient.
 - c. Communicate the status of infected students/staff with their foreign partner institution.
 - d. Provide the needed assistance to ensure effective isolation in order to prevent the spread of infection.

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