UNIFIED COVID-19 ALGORITHMS

Section 4

GUIDELINES ON RETURN TO WORK

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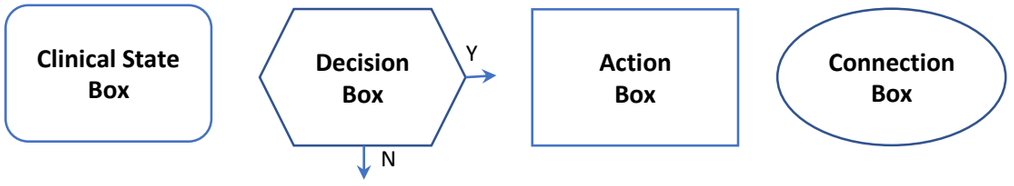
INTRODUCTION

The clinical algorithm (flow chart) is a text format that is specially suited for representing a sequence of clinical decisions which are intended to improve and standardize decisions in delivery of medical care. For the purpose of clarity, a typical clinical algorithm is depicted with basic symbols that represent clinical steps in decision-making:

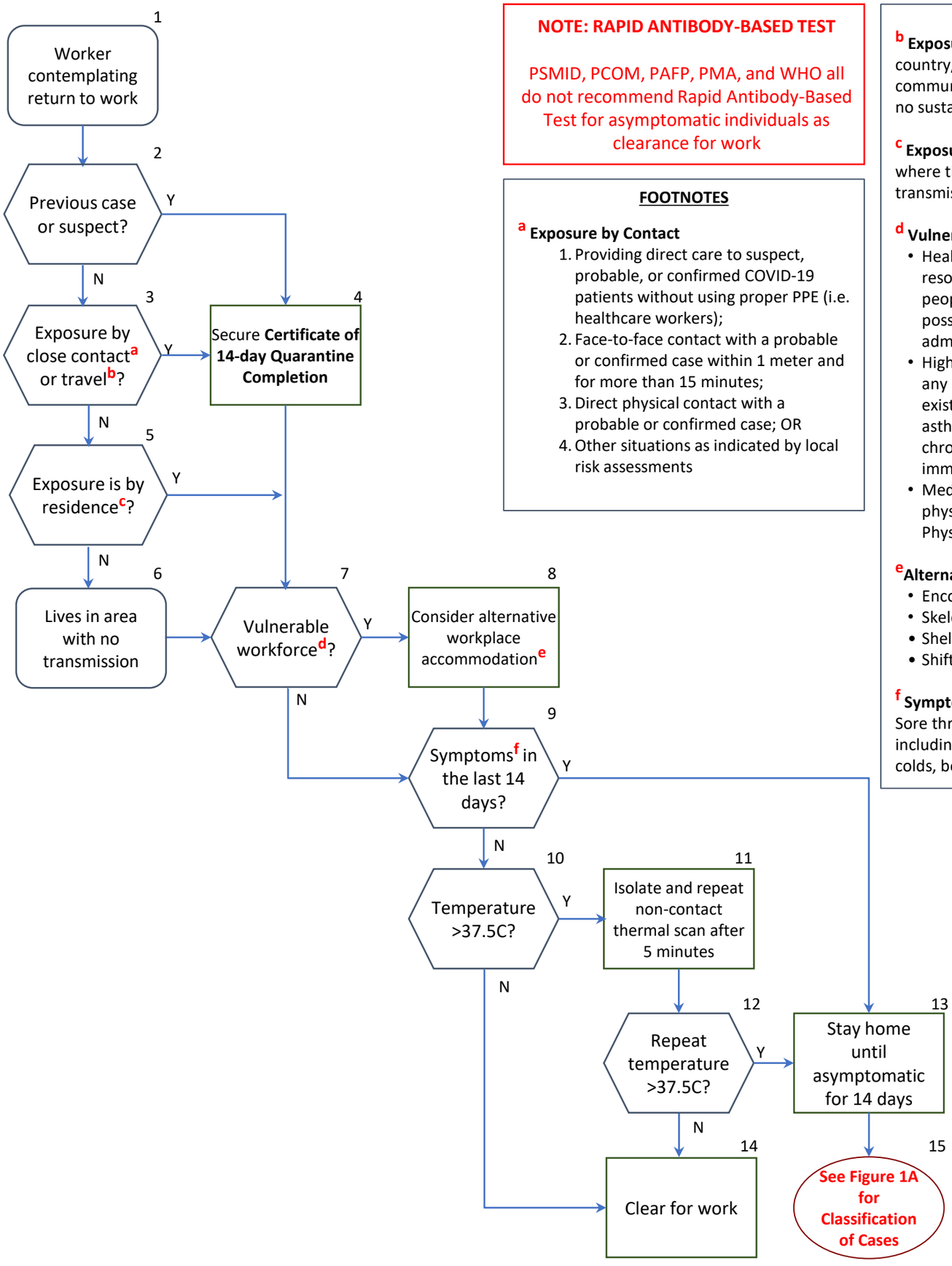


1. The rectangle with rounded edges depicts the current clinical state of an individual patient;
2. The hexagon is decision box which contains a question answerable by yes or no; one arrow going to the right signifies “yes”, and one arrow going downwards signifies “no”;
3. The rectangle with sharp edges depicts the action to be done; and
4. The oval depicts connection to another algorithm in a different page.

Note that the following algorithms are adapted from multiple guidelines as released by the World Health Organization, Department of Health, and other societies. This document was also reviewed by different experts with the end-goal of having a summarized and comprehensive compilation of guidelines that will aid in management of COVID-19 patients by healthcare workers from both the community and hospital levels.

Lastly, while these patient-centered algorithms intend to summarize and simplify recommendations, these may be subject to change as evidence emerges and guidelines are updated. Any recommendations on patient care are not absolute. Final decisions remain under the discretion of the healthcare provider.

FIGURE 4. CLEARING FOR RETURN TO WORK



NOTE: RAPID ANTIBODY-BASED TEST

PSMID, PCOM, PAFP, PMA, and WHO all do not recommend Rapid Antibody-Based Test for asymptomatic individuals as clearance for work

FOOTNOTES

[a] **Exposure by Contact**

1. Providing direct care to suspect, probable, or confirmed COVID-19 patients without using proper PPE (i.e. healthcare workers);
2. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
3. Direct physical contact with a probable or confirmed case; OR
4. Other situations as indicated by local risk assessments

FOOTNOTES

[b] **Exposure by Travel -** Travel from a country/area where there is sustained community level transmission to an area with no sustained community transmission

[c] **Exposure by Residence -** Stays in a locality where there is sustained community level transmission

[d] **Vulnerable Workforce**

- Health and safety committee, human resources, line managers, and other key people to work together to address possible risks with engineering and administrative controls
- High risk pregnancy, 60 y/o and above, any age with co-morbidities, or pre-existing illness (hypertension, diabetes, asthma, COPD, cancer, blood dyscrasias, chronic liver and kidney diseases, or with immunocompromised status)
- Medical clearance from attending physician and/or Occupational Health Physician when needed

[e] **Alternative Workplace Accommodation**

- Encourage work from home
- Skeletal workforce
- Shelter in place
- Shift work

[f] **Symptoms**

Sore throat, body pains, headache, fever, including other flu-like symptoms (cough, colds, body malaise, fatigue)

REFERENCES

Philippine College of Occupational Medicine, Inc. (2020). *Return to Work: Interim Guide on Health and Safety in the Workplace.* Last update May 5, 2020.

Department of Trade and Industry and Department of Labor and Employment (2020). *Interim Guidelines on Workplace Prevention and Control of COVID-19.*

Department of Health. (2020). *Interim Guidelines on the Return-to-work*. Department Memorandum No 2020-0220 dated May 11, 2020

Philippine Society for Microbiology and Infectious Disease. (2020). *Interim Guidelines on the Clinical Management of Adult Patients with Suspected or Confirmed COVID-19 Infection 2.0*

Philippine Society of Public Health Physicians. (2020). *Recommendation on Community-Based Management of COVID-19 (v3)*