



**DEPARTMENT OF HEALTH  
DEPARTMENT OF BUDGET AND MANAGEMENT**

OCT 22 2020

**JOINT ADMINISTRATIVE ORDER**

No. 2020-0001

**SUBJECT: Implementing Guidelines on the Grant of COVID-19 Compensation to Public and Private Health Workers under Republic Act (R.A.) No. 11494 otherwise known as the "Bayanihan to Recover as One Act"**

**I. RATIONALE**

In recognition of the unselfish and invaluable contributions of the public and private health workers who risk their lives to help fight and prevent the further spread of COVID-19 in the country, Section 4(k) of Republic Act (R.A.) No. 11494 otherwise known as the "Bayanihan to Recover As One Act" authorizes the President to provide compensation of One Million Pesos (P1,000,000.00) to the heirs of the health workers who contracted COVID-19 infection and died while fighting the COVID-19 pandemic; and further, in case of sickness or contracting COVID-19 infection while in the line of duty, for severe or critical case, One Hundred Thousand Pesos (P100,000.00) shall be provided to the health worker, and for mild or moderate case, Fifteen Thousand Pesos (P15,000.00) shall be provided to the health worker, retroactive 01 February 2020.

To comply with this directive, this Joint Administrative Order is issued to ensure that entitled health workers are given the compensation benefit indicated in the said Republic Act.

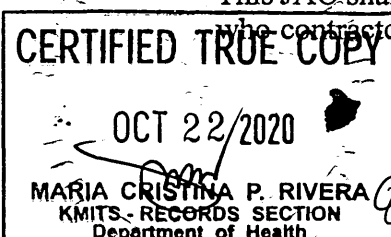
The specific provisions of this JAO streamline the procedures and requirements for the claim of the sickness and death compensation under R.A. No. 11494 and clarify the scope and eligibility of the claimants for the said compensation.

**II. OBJECTIVE**

The purpose of this Order is to address the gaps identified during the implementation of R.A. No. 11469 and to further provide the implementing guidelines for the grant of compensation to public and private health workers who contracted mild/moderate or severe/critical COVID-19 infection and died while in the line of duty.

**III. SCOPE AND COVERAGE**

This JAO shall apply to all public and private health workers assigned in health facilities, who contracted mild/moderate or severe/critical COVID-19 infection and died while in



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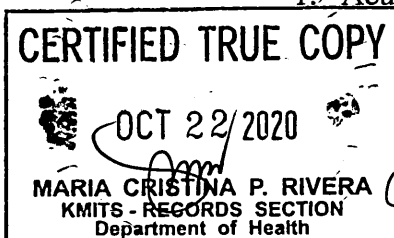
the line of duty, retroactive 01 February 2020 until the State of Public Emergency is lifted.

#### IV. DEFINITION OF TERMS

For purposes of this JAO, the following terms and phrases shall mean and be understood as follows:

- A. Health workers – refer to medical, allied health professional, and other technical/administrative and support personnel regardless of the nature and status of employment assigned in hospitals and health facilities who are directly catering to or exposed to persons who are classified as either suspect, probable, or confirmed COVID-19 cases while performing functions in the line of duty.
- B. Health Facilities – refer to publicly or privately-owned structures dedicated primarily to the provision of services for health promotion, prevention, diagnosis, treatment, rehabilitation, and palliation of individuals suffering from illness, disease, injury, disability, or deformity, or in need of obstetrical or other medical and nursing care. These include, but are not limited to DOH-duly licensed or DOH/LGU-designated hospitals, temporary treatment/quarantine/swabbing/testing sites and monitoring facilities, clinics, diagnostic facilities, sanitarium, health infirmaries, health centers, rural health units, barangay health stations, clinics and other health-related establishments owned and operated by the Government or its political subdivisions with original charters, which are designated by DOH for COVID-19 response.
- C. Mild COVID-19 case – refers to symptomatic patients presenting with fever, cough, fatigue, anorexia, myalgia; other non-specific symptoms such as sore throat, nasal congestion, headache, diarrhea, nausea and vomiting; loss of smell (anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms with NO signs of pneumonia or hypoxia (*Adopted from DM 2020-0381 Interim Guidelines on the COVID-19 Disease Severity Classification and Management*)
- D. Moderate COVID-19 case – Patient with clinical signs of non-severe pneumonia (e.g. fever, cough, dyspnea, respiratory rate (RR) = 21-30 breaths/minute, peripheral capillary oxygen saturation (SpO<sub>2</sub>) >92% on room air) (*Adopted from DM 2020-0381 Interim Guidelines on the COVID-19 Disease Severity Classification and Management*)
- E. Severe COVID-19 case – refers to confirmed cases classified as either “severe pneumonia” or “critical pneumonia”, based on Philhealth Circular 2020-0009 and;
- Patient with clinical signs of severe pneumonia or severe acute respiratory infection as follows: fever, cough, dyspnea, RR>30 breaths/minute, severe respiratory distress or SpO<sub>2</sub> < 92% on room air. (*Adopted from DM 2020-0381 Interim Guidelines on the COVID-19 Disease Severity Classification and Management*)
- F. Critical COVID-19 case – Patients manifesting with acute respiratory distress syndrome, sepsis and/or septic shock (*Adopted from DM 2020-0381 Interim Guidelines on the COVID-19 Disease Severity Classification and Management*)

1. Acute Respiratory Distress Syndrome (ARDS)



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- a. Patients with onset within 1 week of known clinical insult (pneumonia) or new or worsening respiratory symptoms, progressing infiltrates on chest X-ray or chest CT scan, with respiratory failure not fully explained by cardiac failure or fluid overload

2. Sepsis

- a. Patients with life-threatening organ dysfunction caused by a dysregulated host response to suspected or proven infection. Signs of organ dysfunction include altered mental status, difficult or fast breathing, low oxygen saturation, reduced urine output, fast heart rate, weak pulse, cold extremities or low blood pressure, skin mottling, or laboratory evidence of coagulopathy, thrombocytopenia, acidosis, high lactate or hyperbilirubinemia

3. Septic Shock

- a. Patients with persistent hypotension despite volume resuscitation, requiring vasopressors to maintain MAP > 65 mmHg and serum lactate level >2 mmol/L

G. Antecedent cause of death – refer to intervening cause or causes of death occurring between underlying and immediate causes. It is the condition that led to or precipitated the immediate cause of death, or a condition that occurred resulting from the underlying cause of death.

1. Underlying cause of death – the following shall be considered as underlying cause of death:

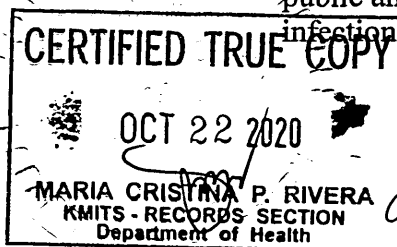
- a. The disease or injury which initiated the train of morbid events leading directly to death
- b. The circumstances of the accident or violence which produced the fatal injury
- c. It is the start of the sequence of events that leads to death. It is the condition that occurs the earliest in time in the sequence of events.

2. Immediate cause of death – terminal cause of death; it is the condition that directly leads to death. For multiple causes of death, it is entered on the first line of Part 1 of the death certificate.

V. GENERAL GUIDELINES

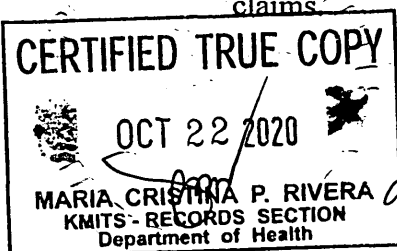
A. The compensation shall be provided to public and private health workers who have contracted COVID-19 in the line of duty, with the following amounts, upon submission of complete documentary requirements to support the claims:

1. A compensation of Fifteen Thousand Pesos (P15,000.00) shall be provided to public and private health workers who contracted mild or moderate COVID-19 infection in the line of duty and who have recovered.



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2. A compensation of One Hundred Thousand Pesos (P100,000.00) shall be provided to public and private health workers who contracted severe or critical COVID-19 infection in the line of duty who have recovered.
  3. A compensation of One Million Pesos (P1,000,000.00) shall be provided to public and private health workers who have contracted COVID-19 infection in the line of duty and died due to COVID-19 as indicated in the death certificate, which may appear as immediate, antecedent, underlying cause of death or other significant conditions contributing to death.
- B. The compensation provided to health workers shall be granted without prejudice to other existing benefits provided under applicable government insurance systems and their governing laws. Those eligible health workers or their beneficiaries who have already received compensation benefits under the provisions of Republic Act No. 11469 shall no longer receive benefits under this Order, except in cases of reinfection.
  - C. The compensation provided herein shall be exempted from the applicable taxes under the National Internal Revenue Code of 1997, as amended.
  - D. The compensation provided herein shall be given to the beneficiaries not later than three (3) months after the date of confinement or death, provided that the latter submitted complete supporting documents to the concerned offices.
  - E. The successive order of priority in the granting of death benefits to the heirs of deceased health workers shall be distributed to legal heirs in accordance with applicable rules of intestate succession under the New Civil Code. In the absence of the foregoing, the death benefits shall revert to the funds set aside for sickness and death compensation for health workers.
  - F. In case of doubt in the interpretation or in the appreciation of evidence, these provisions shall be resolved in favor of the claim of the health worker or the deceased health worker's beneficiary or legal heir.
  - G. Issues and concerns that may arise in relation to the implementation of this JAO shall be brought to the DOH, as the lead agency, in coordination to DBM for discussion and resolution, and amend this JAO, as required and necessary, when the circumstances warrant.
  - H. Without prejudice to other requirements for eligibility under this Order, a health worker who contracts mild/moderate or severe/critical COVID-19 infection and who eventually recovers or dies therefrom is presumed to have contracted said disease in the line of duty, unless there is reason to believe that such is not the case; In which case, DOH personnel may request for evidence showing that the contraction of the disease was work-related.
  - I. The evaluation of the application for the compensation benefits shall be governed by the eligibility criteria provided for under Section VI.A and VI.B of this Order.
  - J. The Epidemiology Bureau (EB) shall be the primary source of information in relation to COVID-19 cases which can be utilized by the MPO and CHDs in processing the claims.



3) R.G.F. Pan 4 JMR

## VI. SPECIFIC GUIDELINES

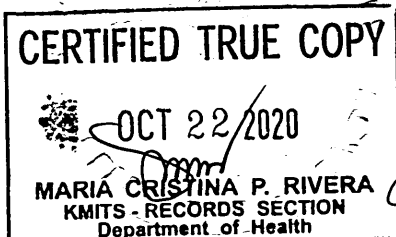
### A. Eligibility for Sickness Compensation

The grant of sickness compensation to qualified health workers shall be subject to the following conditions:

1. The person qualifies as a health worker as defined herein, who can be any of the following:
  - a. Employee occupying a regular, contractual, or casual position, on full time or part-time basis, in a public or private health facility;
  - b. Worker engaged through contract of service (COS) or job order (JO), duly accredited volunteer workers including but not limited to swabbers, encoders, bar coders, contact tracers, ambulance drivers and barangay health workers, regardless of the nature of engagement, provided they are assigned in health facilities as defined under Section IV(B);
  - c. Medical, allied medical, or technical/administrative personnel assigned in health facilities as defined under Section IV (B) providing medical and related services for the COVID-19 response who are under the following but not limited to the Armed Forces of the Philippines, Department of National Defense, Philippine National Police, Bureau of Fire Protection and Bureau of Jail Management and Penology under the Department of the Interior and Local Government, Bureau of Corrections under the Department of Justice, Philippine Coast Guard under the Department of Transportation, the Department of Health, and such other government agency or entity as may be appropriate, including those in their respective regional offices and attached agencies, as well as those under the Local Government Units and the Philippine National Red Cross.
2. The health worker provides critical and urgent services for the containment and management of the COVID-19 by directly catering to or directly being exposed to persons who are classified as either suspect, probable, or confirmed COVID-19 cases; and
3. The health worker has contracted mild/moderate or severe/critical COVID-19 infection in the line of duty, as evidenced by any appropriate official and/or medical record.

### B. Eligibility for Death Compensation

1. For health workers who died with COVID-19 as immediate, antecedent underlying cause of death or as other significant conditions contributing to death, the following shall be the conditions for eligibility:
  - a. The person qualified as a health worker as defined in this Order, who can be any of those enumerated under Section VI, Paragraph (a.1) of this Order;



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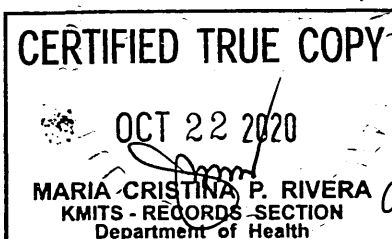
- b. The health worker provides critical and urgent services for the containment and management of the COVID-19 by directly catering to or being exposed to persons who are classified as either suspect, probable, or confirmed COVID-19 cases

C. Requirements for Claim

1. Common requirements for claim for health workers who suffered mild/moderate or severe/critical COVID-19 infection:
  - a. Original Copy of an Updated Service Record or Certificate of Employment, or proof of contract with a hospital or health facility
  - b. Photocopy of any two (2) valid government issued IDs (Passport, driver's license, GSIS or SSS UMID, PhilHealth, Postal, PRC, Sr. Citizen's and OFW ID)
  - c. Certified True Copy (CTC) of Comprehensive Medical/Clinical Abstract or Discharge Summary signed by the attending physician, if hospitalized
  - d. Certified True Copy (CTC) of the Molecular and Diagnostic Pathology Test (MDPT) Result issued by DOH accredited laboratory.
  - e. Original Special Power of Attorney (SPA) in case the person who will process the application is not the heir or the healthcare worker himself/herself.
2. Additional Documents for Mild or Moderate COVID-19 Case:
  - a. If home/facility quarantined, Medical Certificate issued by City/Municipal or Provincial Health Authority/Appropriate Epidemiology Surveillance Officer
3. Additional Documents for Severe or Critical COVID-19 Case:
  - a. Certified True Copy (CTC) of Arterial Blood Gas (ABG) Result
  - b. Certified true Copy (CTC) of Chest X-ray Result
  - c. For health workers assigned at the LGU, secure certification from the province, city and municipality health office.

In determining the eligibility and entitlement of the claimant to the compensation under this Order, DOH reserves the right to require the latter to submit additional relevant documents.

4. In addition to the aforementioned requirements necessary to establish the eligibility of a deceased health worker, the heirs of the same shall likewise submit the following minimum requirements to claim the One Million Pesos (P1,000,000.00) death compensation:



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- a. Original copy of Death Certificate of the deceased health worker issued by Philippine Statistics Authority (PSA), or PSA-authenticated death certificate issued by LGU;
- b. Photocopies of any two (2) valid government issued IDs of the claimants (Passport, driver's license, GSIS or SSS UMID, PhilHealth, Postal, PRC, Senior Citizen's and OFW ID);
- c. Original copy of Marriage certificate issued by PSA, if one of the claimants is the surviving spouse;
- d. Authenticated copy of Certificate of Finality of Annulment/Nullity or Annotated Marriage Contract/Certificate issued by PSA, if applicable;
- e. Original copy of Birth certificate/s of the child/children issued by PSA or issued by the Local Civil Registrar, if one or some of claimants is/are the surviving child/children;
- f. Affidavit of Guardianship of minor or incapacitated child/children, if applicable.

In determining the eligibility and entitlement of the heir to the compensation under this Order, DOH reserves the right to require the latter to submit additional relevant documents.

5. Other evidentiary rules in the claiming of death benefits

- a. Notwithstanding any of the provisions mentioned above, a comprehensive medical abstract, an Affidavit by an attending physician, or such other evidence as may be sufficient to prove that the immediate, underlying, or antecedent cause of death and/or other significant conditions contributing to death of a health worker is due to COVID-19 may be submitted whenever claiming the death benefits provided under this Order;
- b. Any dispute between and among multiple claimants must be settled through the regular courts of justice, unless an Extrajudicial Settlement of Estate from the heirs in accordance with the Rules of Court is provided or a proper settlement agreement resolving the dispute between the claimants is submitted to the assessing office/officer.

D. Classification of Claims

Claims shall be processed by the following agencies:

<p>DOH-Central Office  <b>Malasakit Program Office (MPO)</b></p>	<p>For health workers under the various health facilities in <b>Metro Manila</b> such as but not limited to the following:</p> <ul style="list-style-type: none"> <li>● Specialty/Special Hospitals</li> <li>● DOH Attached Agencies</li> <li>● Clinics/Infirmaries operated by other Government Agencies</li> </ul>
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OCT 22 2020

MARIA CRISTINA P. RIVERA  
 KMITS - RECORDS SECTION  
 Department of Health

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	<ul style="list-style-type: none"> <li>• Other government agencies as mentioned in <i>Section VI.A Eligibility for Compensation</i>, sub-section 1.c</li> <li>• Mega Swabbing Sites</li> </ul>
<p style="text-align: center;"><b>CENTERS FOR HEALTH DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>• CORDILLERA</li> <li>• ILOCOS</li> <li>• CAGAYAN VALLEY</li> <li>• CENTRAL LUZON</li> <li>• CALABARZON</li> <li>• MIMAROPA</li> <li>• BICOL</li> <li>• WESTERN VISAYAS</li> <li>• CENTRAL VISAYAS</li> <li>• EASTERN VISAYAS</li> <li>• ZAMBOANGA PENINSULA</li> <li>• NORTHERN MINDANAO</li> <li>• DAVAO</li> <li>• SOCCSKSARGEN</li> <li>• CARAGA</li> <li>• BARMM</li> <li>• METRO MANILA</li> </ul>	<p>For health workers under the following:</p> <ul style="list-style-type: none"> <li>• DOH retained hospitals</li> <li>• LGU hospitals</li> <li>• Private hospitals, clinics, infirmaries</li> <li>• Barangay Health Centers</li> <li>• Designated Swabbing Sites</li> <li>• Designated COVID-19 Laboratories</li> <li>• DOH/LGU designated temporary treatment and monitoring facilities</li> <li>• Designated Quarantine Sites</li> </ul>

**E. Process of Claims and Payment**

1. The claims for sickness and death compensation of health workers shall be processed by the DOH through its Malasakit Program Office (MPO) and/or Medical Assistance to Indigent Patients (MAIP) Coordinators in the Center for Health Development (CHD).
2. The health worker or legal beneficiary (or his/her duly authorized representative) shall prepare all the requirements to be submitted to the concerned DOH Office.
3. The DOH concerned office shall evaluate the completeness and veracity of the requirements submitted by the health worker or legal beneficiary.
4. For health workers at the LGU, the DOH concerned office shall refer with the province, city, municipal health officer to verify the submitted requirement and validate the claim of the health worker or legal beneficiary.
5. The DOH concerned office shall send an official notification to the health worker or legal beneficiary once his/her claim is approved and available for release. Likewise, an official notification shall also be issued to the health worker or beneficiary with disapproved claims.

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 KMITS - RECORDS SECTION  
 Department of Health

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6. If the claim is disapproved, the health worker or beneficiary may submit to the DOH Central Office a Motion for Reconsideration addressed to the Secretary of Health.
7. The DOH concerned office shall issue a paycheck to the health worker or beneficiary.

## VII. RESPONSIBILITIES OF AGENCIES

### A. Department of Health shall:

1. Ensure that the appropriate compensation benefits be accorded to the surviving health worker or beneficiary; and
2. Facilitate/cause appropriate action on all appeals of the claimant.

### B. Department of Budget and Management shall:

Upon request, issue corresponding fund release documents to DOH to implement the provision of sickness and death compensation to affected public and private health workers, pursuant to RA 11494, in accordance with the existing government budgeting, accounting and auditing rules and regulations.

## VIII. FUNDING SOURCE

Funds for the implementation of this JAO shall be sourced from identified savings and other appropriations pursuant to Section 4, paragraphs (pp), (qq), (rr), (ss), (sss) and (tt), in relation to Sections 10 and 11 of R.A. No. 11494, subject to the availability of funds.

## IX. REPORTING

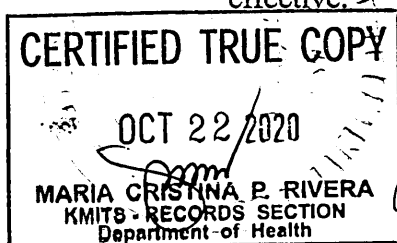
The DOH, in coordination with DBM, shall submit periodic reports to the Office of the President on the implementation of this JAO, including, but not limited to, the number of health workers provided with compensation and amount utilized for this purpose.

## X. PENAL PROVISION

Any person found to have participated directly or indirectly in the commission of fraud, collusion, falsification, or misinterpretation in any transaction relative to this JAO, whether for him/her or for some other persons, shall suffer the penalties provided for in Article 172 of the Revised Penal Code.

## XI. SEPARABILITY CLAUSE

If any clause, sentence or provision of this JAO shall be declared invalid or unconstitutional, the other provisions not affected thereby shall remain valid and effective.



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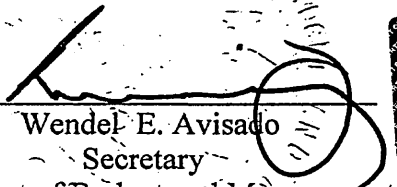
**XII. REPEALING CLAUSE**

All previous orders, issuances, rules and regulations inconsistent with or contrary to this JAO shall be repealed or amended accordingly.

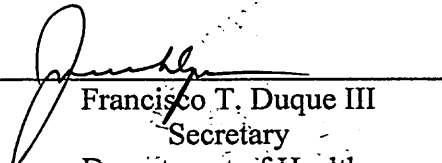
**XIII. EFFECTIVITY**

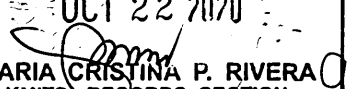
This Joint Administrative Order shall take effect fifteen (15) days after its publication in a newspaper of general circulation. It shall have retroactive effect from February 1, 2020 and remain in effect until the state of national emergency as declared by the President is lifted, pursuant to Section 4(k) of Republic Act No. 11494.

HEREUNTO, signed and agreed upon by:

  
Wendel E. Avisado  
Secretary  
Department of Budget and Management



  
Francisco T. Duque III  
Secretary  
Department of Health

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