



Republic of the Philippines  
NATIONAL POLICE COMMISSION  
**NATIONAL HEADQUARTERS, PHILIPPINE NATIONAL POLICE**  
**OFFICE OF THE CHIEF, PNP**  
Camp BGen Rafael T Crame, Quezon City

**MEMORANDUM CIRCULAR**

NO.: 2021-020

18 FEB 2021

**GUIDELINES AND PROCEDURES IN THE CONDUCT OF CASE INVESTIGATION  
AND CONTACT TRACING OF PNP PERSONNEL WITH CLOSE CONTACTS  
TO CONFIRMED COVID-19 CASE**

**1. REFERENCES:**

- a. Inter-Agency Task Force for the Management of Emerging Infectious Diseases Resolution No. 70 series of 2020;
- b. Department of Health (DOH) Memorandum No. 2020-0189 dated April 17, 2020;
- c. PNP ICT Master Plan: Secured, Mobile, Artificial Intelligence, Real-time, and Technology-driven (SMART);
- d. PNP Investigator's Handbook for the "New Normal", series of 2020;
- e. TDCA/ASCOTF Conference on COVID-19 Contact Tracing Policy/Protocol dated December 22, 2020; and
- f. Memorandum from DDA, CIDG with subject, "Procedures and Guidelines on Contact Tracing Operations dated October 20, 2020".

**2. RATIONALE:**

This Memorandum Circular (MC) provides the guidelines and procedures in the conduct of contact tracing to those who have close contacts to confirmed COVID-19 cases which will be observed by all units of the Philippine National Police (PNP) nationwide.

**3. SITUATION:**

On January 30, 2020, the World Health Organization (WHO) declared COVID-19 as a Global Public Health Emergency of International Concern. This declaration was a call to action for all countries to prepare for containment, which includes active surveillance, early detection, isolation, case management, and contact tracing to prevent further spread of the disease.

In line with this, a National Task Force for COVID-19, adopted a whole-of-government approach in addressing COVID-19. Part of this approach is the conduct of contact tracing which is defined as a means to identify everyone who has come in close contact with someone who has COVID-19. According to the WHO Representative Office for the Philippines, contact tracing is a very effective way to stop the spread of the virus by immediately checking if close contacts are infected and managing these cases to prevent onward transmission of the virus.

AUTHENTICATED BY:

  
JULIE ANN T. GARCIA  
Police Major  
Chief, PPS, DPRM

As one of the frontliners who are fighting against this pandemic, the PNP adopted this approach. Efforts in contact tracing were exerted but without standard guidelines and procedures. Hence, there is a need to create a policy to standardize the aforesaid approach within the PNP organization.

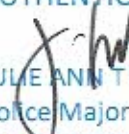
#### 4. PURPOSE:

To set guidelines and procedures in the contact tracing management of PNP personnel in accordance with the international minimum standard health protocols and to ensure that the PNP is compliant with the requirements set forth by the DOH.

#### 5. DEFINITION OF TERMS:

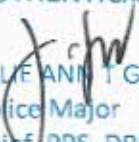
- a. Close Contact – refers to someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from two days before illness onset (or, for asymptomatic patients, two days prior to test specimen collection) until the time the patient is isolated. It also pertains to a situation where a person who may have come into contact with probable or confirmed case two days prior to onset of illness of the confirmed COVID-19 case (use date of sample collection for asymptomatic case as basis) or any of the following:
  - 1) Face-to-face contact with a probable confirmed case within 1 meter and for more than 15 minutes with or without proper personal protective equipment (PPE);
  - 2) Direct physical contact with a confirmed case;
  - 3) Direct care for a patient with probable or confirmed COVID-19 disease with or without using proper PPE; or
  - 4) Other situations as indicated by local risk assessments with or without proper PPE.
- b. Confirmed COVID-19 case – refers to any individual who tested positive for COVID-19 through laboratory confirmation at the national reference laboratory, subnational reference laboratory, or a DOH-certified laboratory testing facility.
- c. Contact Tracing – is the identification, listing, and follow-up of persons who may have come into close contact with a confirmed COVID-19 case. Contact tracing is an important component in containing outbreaks of infectious diseases.
- d. General Contact – pertains to a situation where an individual may have been exposed to a confirmed case (such as those who were in the same event, social gathering, or venue as the confirmed case) but did not fall within the definition for a close contact.

AUTHENTICATED BY:

  
JULIE ANN T. GARCIA  
Police Major  
Chief, PPS, DPRM

- e. High Risk - pertains to a situation where a person may have: face-to-face contact with a probable or confirmed case within one meter and for more than 15 minutes without proper PPE; direct physical contact with a confirmed case; and direct care for a patient with probable, suspected, possible, and confirmed COVID-19 without proper PPE.
- f. Isolation - separates infected persons with a confirmed diagnosis of contagious disease from persons who are not infected.
- g. Low Risk – pertains to a situation where a person may have: face-to-face contact with a probable or confirmed case within one meter and for more than 15 minutes using proper PPE; direct care for a patient with probable, suspected, possible using proper PPE; and other situations as indicated by local risk assessments with proper PPE.
- h. Probable COVID-19 case – pertains to a situation where an individual falls in any of the following conditions listed below:
  - 1) Testing for COVID-19 is inconclusive because the result means it is not possible to determine if they had COVID-19;
  - 2) Tested positive for COVID-19 but whose test was not conducted in a national or subnational reference laboratory or officially accredited laboratory for COVID-19 confirmatory testing; or
  - 3) Died without undergoing any confirmatory testing.
- i. Quarantine - separates and restricts the movement of persons who may have been exposed to a contagious disease but do not have confirmed medical diagnosis to observe if they become infected and/or eventually manifest symptoms.
- j. Suspect COVID-19 case – pertains to a case where a person manifested any of the following conditions:
  - 1) All Severe Acute Respiratory Infections (SARI) cases where no other etiology that fully explains the clinical presentation.
  - 2) Influenza Like Illness (ILI) cases with any one of the following:
    - a) With no other etiology that fully explains the clinical presentation and a history of travel to or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset; or
    - b) With contact to a confirmed or probable case of COVID-19 disease during the 14 days prior to the onset of symptoms.
  - 3) Fever or cough or shortness of breath or other respiratory signs or symptoms with any one of the following conditions:
    - a) With a comorbidity;
    - b) Assessed as having a high-risk pregnancy; and/or

AUTHENTICATED BY:

  
JULIE ANN T. GARCIA  
Police Major  
Chief PPS, DPRM

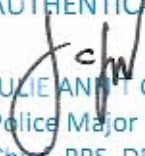
c) Health workers.

## 6. GUIDELINES:

### a. General Guidelines:

- 1) Contact tracing is one of the main public health interventions for COVID-19 response and shall also be the responsibility of the PNP within its organization. Hence, all PNP offices/units shall comply with their specific role and corresponding operational guidelines issued by the National Task Force against COVID-19;
- 2) The goals of contact tracing are as follows:
  - a) To interrupt ongoing transmission and reduce the spread of infection within PNP personnel;
  - b) To alert close contacts to the possibility of infection and offer preventive counselling or care; and
  - c) To understand the epidemiology of a disease in a particular PNP unit, place, or headquarters.
- 3) Contact tracing shall be initiated after case investigation of every reported confirmed COVID-19 cases, to include the following actions:
  - a) Identify settings where the contacts have visited or social interactions where the contacts have been exposed.
  - b) Identify all social, familial, and work contacts of any PNP personnel with a confirmed COVID-19 case two days before the onset of the symptoms (use date of sample collection for asymptomatic cases as basis) until the time that said case test negative on laboratory confirmation.
  - c) Thoroughly document the common exposure and type of contact with the confirmed or probable case of any PNP personnel who become infected with COVID-19.
  - d) PNP personnel who is Probable/Confirmed to be COVID-19 positive must be required to divulge all persons whom he/she has close contact for the past seven days to include complete details (Name, Address, Contact Number, and Address or Location) that will give information to the contact tracing teams.
- 4) Contact tracing shall prioritize the listing of the following close contacts:
  - a) PNP personnel who attended with the confirmed COVID-19 case;
  - b) PNP personnel who lived with the confirmed COVID-19 case;

AUTHENTICATED BY:

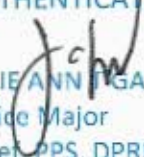
  
JULIE ANN T. GARCIA  
Police Major  
Chief, PPS, DPRM

- c) PNP personnel who worked with the confirmed case; and
  - d) PNP personnel who are identified as vulnerable or immunocompromised person.
- 5) The following PNP personnel in their corresponding positions shall be primarily responsible for the monitoring of contact tracing functions, implementation of the minimum health standards in contact tracing, and coordination with their respective health service office/unit:
- a) Administrative Officers (AdmO) of the Command Group, D-Staff, P-Staff and Administrative and Records Management Division (ARMD) of National Support Units (NSUs);
  - b) Chief, Regional Personnel Records Management Division (C, RPRMD), Police Regional Offices (PROs);
  - c) Chief, Provincial/District Personnel Records Management Division/Branch (PPRMD/B) for the Police Provincial or District Offices;
  - d) Deputy Chief of Police (DCOP) of Police Stations; and
  - e) Team Leader, Station Health Unit (TL, SHU).
- 6) AdmO, ARMD, RPRMD, D/PPRMD/B, DCOP and TL, SHU shall have a Contact Tracing Team who shall assist him in, but not limited to, contact tracing function and implementation of this MC. The team shall be composed of the following:

<b>Designation</b>	<b>Specialization</b>	<b>Remarks</b>
Team Leader	PCO-Trained Investigator	Graduate of investigation course and related trainings
Asst Team Leader	PNCO-Investigator	Graduate of investigation course and related trainings
Team Members	PNCO Tracers (4) <ul style="list-style-type: none"> <li>• Profiler</li> <li>• Recorder</li> <li>• Interviewer</li> <li>• IT personnel</li> </ul>	Qualified personnel with related trainings

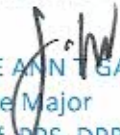
- 7) AdmO, ARMD, RPRMD, D/PPRMD/B, DCOP and TL, SHU shall ensure that designated Contact Tracers and Case Investigators are appropriately or competently trained on contact tracing and infection prevention and control practices. Case investigators and contact tracers should preferably have the following requisite knowledge, skills, and characteristics:
- a) Resourcefulness in locating patients and contacts who may be difficult to reach or reluctant to engage in conversation;

AUTHENTICATED BY:

  
**JULIE ANN GARCIA**  
 Police Major  
 Chief, PPS, DPRM

- b) An understanding of patient confidentiality, including the ability to conduct interviews without violating confidentiality or data privacy;
  - c) Understanding of when to refer individuals or situations to medical resources;
  - d) Cultural knowledge suitable to the local community;
  - e) Understanding of the medical terms and principles of exposure, infection, infectious period, potentially infectious interactions, symptoms of disease, pre-symptomatic and asymptomatic infection;
  - f) Good if not excellent interpersonal, cultural sensitivity, and interviewing skills such that they can build and maintain trust with patients and contacts; and
  - g) Basic skills of crisis counselling and the ability to confidently refer patients and contacts for further care if needed.
- 8) AdmO, ARMD, RPRMD, D/PPRMD/B, DCOP and TL, SHU together with Contact Tracing Team shall undergo appropriate trainings for Contact Tracing to be equipped on the basic skills and knowledge for the conduct of contact tracing;
- 9) For suspect COVID-19 cases, PNP personnel through PNP CODA or PNP Daily Diary shall list the individuals they were in contact or fill out the Contact Tracing Form accordingly. This shall facilitate contact tracing for suspect cases who may become re-classified as probable or confirmed cases;
- 10) PNP personnel through PNP CODA or PNP Daily Diary, shall encode their respective close daily contact individuals to be monitored and supervised by the respective AdmO, ARMD, RPRMD, D/PPRMD/B, DCOP and TL, SHU; and
- 11) AdmO of the Command Group, D-Staff, P-Staff and ARMD of Crime-based NSUs shall ensure to strictly adhere to the COVID-19 Contact Tracing Policy/Protocol set by the Health Service (Annex "A").
- 12) Health Service, AdmO, ARMD, RPRMD, D/PPRMD/B, DCOP and TL, SHU shall ensure that all personnel listed as high risk contacts are immediately brought to available PNP Quarantine Facilities. This is to urge all PNP personnel to remain vigilant in the health safety guidelines.


AUTHENTICATED BY:

  
JULIE ANN GARCIA  
Police Major  
Chief, OPS, DPRM

b. Specific Guidelines:

- 1) Phase 1: Detection of PNP Personnel with Confirmed COVID-19 Case
  - a) All identified PNP personnel with confirmed COVID-19 case shall submit all the data necessary to their PNP CODA accounts, PNP Daily Diary or on the Contact Tracing Form;
  - b) AdmO, ARMD, RPRMD, D/PPRMD/B, DCOP and TL, SHU in coordination with the PNP personnel with confirmed COVID-19 case shall (1) inform identified contacts of the possible exposure; and (2) Coordinate with the Health Service Stations for appropriate medical intervention; and
  - c) AdmO, ARMD, RPRMD, D/PPRMD/B, DCOP and TL, SHU shall categorize identified contacts whether they are Low or High Risk depending on the degree of exposure.
- 2) Phase 2: Case Investigation and Contact Tracing
  - a) AdmO, ARMD, RPRMD, D/PPRMD/B, DCOP and TL, SHU shall generate necessary data from PNP CODA, PNP Daily Diary or Contact Tracing Form to identify the close contacts of PNP personnel with confirmed COVID-19 case;
  - b) Contact tracers must exhaust all available means to locate and/or contact those who had close contact with a confirmed case to obtain the needed specific pieces of information;
  - c) In the event that no other means of communication can be used, face-to-face interviews shall be applied. Provided that contact tracers are properly equipped with PPEs;
  - d) The following information must be carefully given emphasis during interview as the same will be considered as important factors in determining the degree of risk of exposure by the person:
    - (1) Pre-existing medical condition;
    - (2) Age; and
    - (3) Distance and duration of exposure.
  - e) Close contacts and general contacts shall strictly adhere to the minimum health standards, and report for onset of signs or symptoms;
  - f) AdmO, ARMD, RPRMD, D/PPRMD/B, DCOP and TL, SHU shall ensure that all PNP personnel listed on PNP CODA, PNP Daily

AUTHENTICATED BY:

  
JULIE ANN GARCIA  
Police Major  
Chief, PPS, DPRM

or Contact Tracing Form who contacted any PNP personnel with confirmed COVID-19 case, are duly notified and advised such to follow the protocols for close contacts;

- g) AdmO, ARMD, RPRMD, D/PPRMD/B, DCOP and TL, SHU shall ensure all data required shall be submitted to Health Service Units;
  - h) AdmO, ARMD, RPRMD, D/PPRMD/B, DCOP and TL, SHU shall ensure the conduct of follow-ups on the listed contacts of suspected cases specifically involving civilians; and
  - i) AdmO, ARMD, RPRMD, D/PPRMD/B, DCOP and TL, SHU shall educate and enhance the awareness of close contacts with the necessary information relative to COVID-19 such as but are not limited to the following:
    - (1) health risks;
    - (2) what they should do to separate themselves from others who are not exposed;
    - (3) how to monitor themselves for illness; and
    - (4) possible situations wherein they could spread the infection to others even if they themselves do not feel ill.
- 3) Phase 3: Submission of COVID-19 Case Contact Tracing Reports to Respective Health Service Units
- a) AdmO, ARMD, RPRMD, D/PPRMD/B, DCOP and TL, SHU shall ensure all data required shall be submitted to Health Service Units in their respective Provincial, Regional or National offices/units;
  - b) AdmO, ARMD, RPRMD, D/PPRMD/B, DCOP and TL, SHU shall coordinate with their respective Health Service stations in advising possible medical interventions necessary to contain the spread of the disease; and
  - c) Any PNP personnel who has been diagnosed with COVID-19 case shall be assisted by Health Service personnel through the AdmO, ARMD, RPRMD, D/PPRMD/B, DCOP and TL, SHU who shall further coordinate with the local government health centers and provide all necessary data regarding the exposure of immediate family members, relatives and others who have been contacted with by the subject PNP personnel.

c. Responsibilities:

1) **Directorate for Personnel and Records Management**

- a) Office responsible for the effective implementation of this MC;

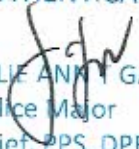
AUTHENTICATED BY:

  
JULIE ANN T. GARCIA  
Police Major  
Chief, PPS, DPRM



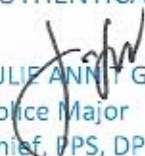
- b) Evaluate and monitor the PNP contact tracing reports of all PROs and NSUs;
  - c) Issue appropriate orders to the concern personnel in the implementation of this MC; and
  - d) Perform other tasks as directed.
- 2) **Directorate for Information and Communication Technology Management**
- a) Assist in the implementation of this MC;
  - b) Ensure the effective implementation of PNPCODA or other PNP systems necessary for contact tracing; and
  - c) Perform other tasks as directed.
- 3) **Directorate for Investigation and Detective Management**
- a) Assist in the implementation of this MC;
  - b) Conduct pre-charge investigation to PNP personnel who will violate the provision of this MC and other relevant policies; and
  - c) Perform other tasks as directed.
- 4) **Directorate for Logistics**
- a) Provide necessary logistical requirements for the contact tracing efforts; and
  - b) Perform other tasks as directed.
- 5) **Directorate for Comptrollership**
- a) Provide budgetary requirements for the successful implementation of this MC; and
  - b) Perform other tasks as directed.
- 6) **Directorate for Operations**
- a) Assist in the implementation of this MC;
  - b) PNP Command Center and Public Safety Division, DO to monitor reports and update of PROs; and
  - c) Perform other tasks as directed.
- 7) **Directorate for Police Community Relations**
- a) Assist in the dissemination of this MC;

AUTHENTICATED BY:

  
JULIE ANN GARCIA  
Police Major  
Chief, PPS, DPRM

- b) Utilize/Deploy Barangay Peacekeeping Action Team and other force multipliers in the conduct of contact tracing with utmost observance of the minimum health standards and safety protocols; and
  - c) Perform other tasks as directed.
- 8) **Directorate for Intelligence**
- a) Provide relevant data pertaining to COVID-19; and
  - b) Perform other tasks as directed.
- 9) **Information Technology Management Services**
- a) Ensure the effectiveness of PNPCODA and other PNP Systems for contact tracing;
  - b) Come up with a uniform template (Contact Tracing Report Form) to be used by the ARMDs/AdmOs and Contact Tracing team preferably in an editable format using Google docs for easy access and submission;
  - c) Add additional features in the PNCODA as personnel online diary like features of CTDIGS-Self-Assessment with detail of contact persons;
  - d) Serve as the central repository of data on contact tracing; and
  - e) Perform other tasks as directed.
- 10) **Health Service**
- a) Provide necessary medical assistance and information in the implementation of this MC in coordination with ITMS;
  - b) Collate COVID-19 Case Contact Tracing reports;
  - c) Assist the AdmO, ARMD, RPRMD, D/PPRMD/B, DCOP and TL, SHU in giving medical interventions necessary to contain the spread of the disease;
  - d) Ensure the strict implementation of the guidelines on the proper usage of PPE such as face mask and face shield (Annex "B"); and
  - e) Perform other tasks as directed.
- 11) **Criminal Investigation and Detection Group**
- a) Provide necessary investigative assistance in the implementation of this MC; and
  - b) Perform other tasks as directed.

AUTHENTICATED BY:

  
JULIE ANN GARCIA  
Police Major  
Chief, PPS, DPRM

**12) Crime Laboratory**

- a) Provide necessary assistance and information in the implementation of this MC through the conduct of RT-PCR test to PNP personnel; and
- b) Perform other tasks as directed.

**13) Police Regional Offices**

- a) Ensure the implementation of this MC;
- b) Ensure and submit certification of dissemination and full implementation of this MC down to the lowest PNP office/unit.
- c) Validate, monitor, and supervise the encoding and submission of COVID-19 reports;
- d) Ensure the accuracy of the report submitted; and
- e) Perform other tasks as directed.

**14) Provincial Police Offices/District Offices/City Police Offices**

- a) Ensure the implementation of this MC;
- b) Ensure and submit certification of dissemination and full implementation of this MC down to the lowest PNP office/unit;
- c) Validate, monitor, and supervise the encoding and submission of COVID-19 reports;
- d) Ensure the accuracy of the report submitted; and
- e) Perform other tasks as directed.

**15) City/Municipal Police Stations**

- a) Ensure the implementation of this MC;
- b) Ensure compliance and submit certification of dissemination and full implementation of this MC;
- c) Validate, monitor, and supervise the encoding and submission of COVID-19 reports;
- d) Ensure the accuracy of the report submitted; and
- e) Perform other tasks as directed.

**16) National Support Units**

- a) Ensure the implementation of this MC;

AUTHENTICATED BY:

  
JULIE ANNT GARCIA  
Police Mayor  
Chief, PPS, DPRM

- b) Ensure and submit certification of dissemination and full implementation of this MC down to the lowest PNP office/unit.
- c) Validate, monitor, and supervise the encoding and submission of COVID-19 reports; and
- d) Ensure the accuracy of the report submitted.

**7. ADMINISTRATIVE SANCTION:**

Any violation of this MC shall be dealt with administratively as may be warranted by evidence. All Unit Commanders shall be included in the investigation under the principle of Command Responsibility. If evidence further warrants, criminal complaints shall also be filed against those who may have committed acts or omissions contrary to the Revised Penal Code or any special penal statutes.

**8. REPEALING CLAUSE:**

Any issuance, memoranda, rules and regulations issued by the PNP inconsistent herewith are deemed repealed and amended accordingly.

**9. EFFECTIVITY:**

This MC shall take effect 15 days from filing a copy thereof at the UP Law Center in consonance with Section 3, Chapter 2, Book VII of Executive Order No. 292 otherwise known as the "Revised Administrative Code of 1987," as amended.



**DEBOLD M SINAS**  
 Police General  
 Chief, PNP

**Annexes:**

- Annex A- COVID19 Contact Tracing Policy/Protocol Diagram for NHQ and Crime-based NSUs
- Annex B- Supplemental Guidelines on the use of Face mask and Face shield inside PNP camps

**Distribution:**

- Command Group
- D-Staff
- P-Staff
- RD, PROs
- D, NSUs



**AUTHENTICATED BY:**

  
**JULIE ANNE T. GARCIA**  
 Police Major  
 Chief, PPS, DPRM