



Republic of the Philippines  
Supreme Court  
Office of the Court Administrator  
Manila

**OCA CIRCULAR No. 350-2022**

**TO : ALL JUDGES AND COURT PERSONNEL OF  
THE FIRST AND SECOND LEVEL COURTS**

**SUBJECT : UPDATED GUIDELINES ON COVID-19  
HEALTH PROTOCOLS, QUARANTINE AND  
AMENDMENTS ON THE USE OF LEAVE  
CREDITS DUE TO QUARANTINE AND/OR  
TREATMENT OF COVID-19**

Pursuant to Supreme Court Memorandum Order No. 123-2022 (Updated Quarantine and Isolation Protocols for COVID-19 cases in the Supreme Court) dated August 5, 2022 and Civil Service Commission Memorandum Circular No. 2, s. 2022 (Amendment to the Revised Interim Guidelines on the Use of Leave Credits for Absences Due to Quarantine and/or Treatment of COVID-19), dated January 18, 2022, the following guidelines are hereby adopted:

**A. GUIDELINES ON QUARANTINE<sup>1</sup> AND ISOLATION<sup>2</sup>**

**I – QUARANTINE OF ASYMPTOMATIC CLOSE CONTACTS**

1. FULLY VACCINATED ASYMPTOMATIC close contacts of individuals with symptoms, suspect,<sup>3</sup> probable or confirmed cases shall no longer be required to undergo quarantine.

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<sup>1</sup> **Quarantine** – refers to the separation and movement restrictions of people who were exposed to a contagious disease to see if they become sick. Hence, quarantine intends to keep individuals under observation to see if they will develop COVID-19 signs or symptoms or if they will test positive for COVID-19.

<sup>2</sup> **Isolation** – refers to the separation of sick people with a contagious disease from people who are not sick. Therefore, isolation intends to treat and monitor suspect, probable, and confirmed cases.

<sup>3</sup> **Suspect Case** – refers to the any of the following:

- a. A person who meets the clinical AND epidemiologic criteria:

Clinical criteria:

1. Acute onset of fever AND cough OR;
2. Acute onset of ANY THREE OR MORE of the following signs or symptoms: fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status;

Epidemiological criteria:

1. Residing or working in an area with high risk of transmission of the virus: for example, closed residential settings and humanitarian settings, such as camp and camp-like settings for displaced persons, any time within the 14 days prior to symptom onset.
2. Residing in or travel to an area with community transmission anytime within 14 days prior to symptom onset; OR
3. Working in a health setting, including within health facilities and within households, anytime within the 14 days prior to symptom onset.

2. **PARTIALLY VACCINATED** or **UNVACCINATED ASYMPTOMATIC** close contacts of individuals with symptoms, suspect, probable or confirmed cases shall be required to undergo quarantine for at least fourteen (14) days from the date of last exposure.
3. Testing for all asymptomatic close contacts shall not be required unless symptoms will develop, and should immediately isolate regardless of test results.
4. All asymptomatic close contacts<sup>4</sup> should continue symptom monitoring for 14 days, strictly observe minimum public health standard which includes wearing of well-fitted masks, physical distancing, among others.

## **II – ISOLATION OF INDIVIDUALS WITH ASYMPTOMATIC CONFIRMED CASES; SYMPTOMATIC, SUSPECT, PROBABLE OR CONFIRMED CASES:**

### **A. ASYMPTOMATIC CONFIRMED CASES**

1. All **ASYMPTOMATIC** and **FULLY VACCINATED** confirmed cases shall isolate for at least seven (7) days from sample collection date. For healthcare workers with booster shots, the isolation period may be shortened to five (5) days.
2. All **ASYMPTOMATIC** and **PARTIALLY VACCINATED** or **UNVACCINATED** confirmed cases shall isolate for at least ten (10) days from sample collection date.
3. Isolation can be discontinued upon completion of the required days, provided that they shall not develop fever for at least 24 hours without the use of any antipyretic medications and shall have improvement of respiratory symptoms.

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b. A. patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measure fever of >38 C; and cough; with onset within the last 10 days and who requires hospitalization).

<sup>4</sup> **Close Contact** – refers to a person who has experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a suspect, probable or confirmed case:

- a. Face-to-face contact with a probable or confirmed case within one (1) meter and for more than 15 minutes;
- b. Direct physical contact with a probable or confirmed case;
- c. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment (PPE) or
- d. Other situations as indicated by local risk assessment.

## **B. SYMPTOMATIC, SUSPECT, PROBABLE OR CONFIRMED CASES**

1. All individuals with symptoms, suspect, probable<sup>5</sup>, or confirmed cases with MILD symptoms who are FULLY VACCINATED shall isolate for at least 7 days from onset of symptoms, but may be extended to 10 days if symptoms still exist. For healthcare workers with booster shots, isolation may be shortened to 5 days.
2. All individuals with symptoms, suspect, probable or confirmed<sup>6</sup> cases with MILD symptoms who are PARTIALLY VACCINATED or UNVACCINATED shall isolate for at least 10 days from onset of symptoms.
3. All individual with symptoms, suspect, probable, or confirmed cases with MODERATE symptoms, regardless of vaccination status, shall isolate for at least 10 days from onset of symptoms.
4. All individuals with symptoms, suspect, probable, or confirmed cases with SEVERE and CRITICAL symptoms, regardless of vaccination status, shall isolate for at least twenty-one (21) days from onset of symptoms.
5. All severely IMMUNOCOMPROMISED confirmed cases shall be isolated for at least 21 days from onset of symptoms with negative repeat RT-PCR, regardless of vaccination status. These include:
  - (a) Individuals receiving active chemotherapy for cancer;
  - (b) Being within one year out from receiving a hematopoietic stem cell or solid organ transplant;
  - (c) Untreated HIV infection with CD4<200;
  - (d) Primary Immunodeficiency;
  - (e) Taking immunosuppressive medications;
  - (f) Taking more than 20mg a day of prednisone for more than 14 days.The degree of immunocompromised is determined by the health care provider, and preventive actions are adapted to each individual and situation.

It is to be understood that all health and safety protocols must be strictly implemented in all the first and second level courts. Work suspension and lockdowns in the courts with reported COVID-19 cases can no longer be

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<sup>5</sup> **Probable case** – A patient who meets clinical criteria: 1. Acute onset of fever AND cough OR 2. Acute onset of ANY THREE coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status; AND is

a. contact of a probable or confirmed case, or epidemiologically linked refers to exposure of a suspect case to a confirmed case which occurred within 2-14 days prior to the suspect case's onset of illness. This is based on current available data on COVID-19 incubation period.

b. a suspect case (described below) with chest imaging showing finding suggestive of COVID-19 disease  
c. a person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause

d. Death, not otherwise explained, in an adult with respiratory distress preceding death AND who was a contact of a probable or confirmed case or epidemiologically linked to a cluster which has had at least one confirmed case identified within that cluster.

<sup>6</sup> **Confirmed COVID-19 case** refers to a person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

declared. Disinfection, cleaning and sanitation of the affected courts shall be undertaken on the weekend.

**B – UPDATE IN TREATMENT OF LEAVE OF ABSENCE**

Categories	Nature of Absence from Work; Applicable Leave of Absence	Procedure Upon Return to Work
<p>1. Government official and employees coming from official or personal travel from countries with or without localized COVID-19 transmissions who underwent the required quarantine period, isolation and/or treatment for COVID-19</p>	<p>For those on official travel under categories 1 and 2, absence from work during the required quarantine period, isolation and/or treatment, for every instance, shall be considered as excused absence<sup>7</sup> (required quarantine leave) provided he/she may be required to adopt Work-from-Home arrangement.</p> <p>For those on personal travel under categories 1 and 2, absence from work for every instance of the required quarantine period shall be considered as excused absence (required quarantine leave) provided he/she may be required to adopt Work-from-Home arrangement.</p>	<p>1. Application for Leave of absence</p> <p>2. Certificate Issued by government/private physician that he/she has submitted himself/herself for monitoring/investigation, as applicable, (For close contract)</p>
<p>2. Government official and employees coming from official or personal local travel from areas under community quarantine who underwent the required quarantine period, isolation and/or treatment for COVID-19</p>	<p>However, the period of their isolation and/or treatment shall be considered sick leave chargeable against their leave credits, if any.</p> <p>In case work suspension is declared during the required period of isolation and/or treatment, it shall be considered excused absence and shall be not chargeable against their earned leave credits.</p>	<p>3. Completion of Quarantine Certificate issued by the local quarantine/health official;</p> <p>3. 4. Medical Certificate that he/she is cleared to report back to work; and medical records showing that he/she was treated of the COVID-19 signed by the attending physician (for those under treatment of COVID-19)</p> <p>4. Copy of RT-PCR test result.</p>

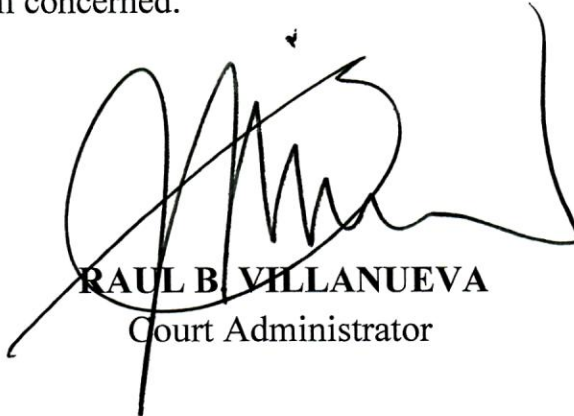
<sup>7</sup> **Excused Absence**” as used in this Circular shall refer to the period when government personnel are not required to report for work (required quarantine and/or treatment, and work suspension), but are entitled to pay, as declared by the President or the appropriate and competent authorities

Categories	Nature of Absence from Work; Applicable Leave of Absence	Procedure Upon Return to Work
<p>3. Officials and employees who are infected or identified as close contacts of a suspect, probable and/or confirmed cases of COVID-19 while in the performance of their functions (onsite or WFH arrangement) and underwent the required quarantine period, isolation and/or treatment for COVID-19</p>	<p>Absence from work for every instance of the required quarantine period, isolation and/or treatment for COVID-19 shall be considered as excused absence (required quarantine leave, isolation and/or COVID-19 treatment leave) provided he/she may be required to adopt Work-from-Home arrangement.</p>	<p>5. Copy of Vaccination Card (for those fully vaccinated)</p> <p>6. Copy of Barangay Contact Tracing form for those under Category 4, who are identified as close contacts with a suspect, probable and/or confirmed cases of COVID-19.</p>
<p>4. Official and employees who are infected or identified as close contacts of a suspect, probable and/or confirmed cases of COVID-19 due to personal activities and underwent the required quarantine period, isolation and/or treatment for COVID-19</p>	<p>Absence from work for every instance of required quarantine period shall be considered excused absence (required quarantine leave).</p> <p>However, the period of their isolation and/or treatment shall be considered sick leave chargeable against their leave, if any.</p> <p>For personal activities in violation of IATF-EID protocols, absence from work for the required quarantine period isolation and/or treatment of COVID-19, shall be considered as sick leave chargeable against their leave credits, if any.</p> <p>In case work suspension is declared during the required period of quarantine, isolation and/or treatment (as indicated in 2<sup>nd</sup> and 3<sup>rd</sup> paragraphs hereof), it shall be considered excused absence and shall be not chargeable against their earned leave credits.</p>	

All other previous related issuances, including OCA Circular No. 189-2022, which are inconsistent with or contrary to this Circular, are deemed repealed, amended or modified accordingly.

For the strict compliance of all concerned.

December 20, 2022



**RAUL B. VILLANUEVA**  
Court Administrator