

**MINISTER OF HEALTH
OF THE REPUBLIC OF INDONESIA**

DECREE OF THE MINISTER OF HEALTH OF THE REPUBLIC OF INDONESIA
NUMBER HK.01.07/MENKES/328/2020
REGARDING
GUIDELINE ON THE PREVENTION AND HANDLING OF THE CORONA VIRUS DISEASE
2019 (COVID-19) IN OFFICES AND INDUSTRIAL WORKPLACES IN SUPPORTING
BUSINESS CONTINUATION IN THE PANDEMIC SITUATION

WITH THE GRACE OF GOD ALMIGHTY

MINISTER OF HEALTH OF THE REPUBLIC OF INDONESIA,

- Considering :
- a. whereas to break the chain of transmission of the Corona Virus Disease 2019 (COVID-19), measures are taken in various aspects including health, social and economic;
 - b. whereas various policies on the acceleration of handling of the Corona Virus Disease 2019 (COVID-19) must still support the continuity of society's economy, as such, from the health aspect, prevention and management measures need to be carried out in offices and industrial workplaces;
 - c. whereas based on the considerations as referred to in letter a and letter b, it is necessary to stipulate a Decree of the Minister of Health regarding Guideline on the Prevention and Handling of the Corona Virus Disease 2019 (COVID-19) in Offices and Industrial Workplaces in Supporting Business Continuation in the Pandemic Situation;
- Bearing in Mind :
- 1. Law Number 1 of 1970 regarding Work Safety (State Gazette of the Republic of Indonesia of 1970 Number 1, Supplement to State Gazette of the Republic of Indonesia Number 2918);
 - 2. Law Number 4 of 1984 regarding Outbreak of Communicable Diseases (State Gazette of the Republic of Indonesia of 1984 Number 20, Supplement to State Gazette of the Republic of Indonesia Number 3273);

3. Law Number 36 of 2009 regarding Health (State Gazette of the Republic of Indonesia of 2009 Number 144, Supplement to State Gazette of the Republic of Indonesia Number 5063);
4. Government Regulation Number 40 of 1991 regarding Handling of Outbreak of Communicable Disease (Republic of Indonesia State Gazette of 1991 Number 49, Republic of Indonesia State Gazette Supplement Number 3447);
5. Government Regulation Number 50 of 2012 regarding Work Health and Safety Management System (Republic of Indonesia State Gazette of 2012 Number 100, Republic of Indonesia State Gazette Supplement Number 5309);
6. Government Regulation Number 88 of 2019 regarding Work Health (Republic of Indonesia State Gazette of 2019 Number 251, Republic of Indonesia State Gazette Supplement Number 6444);
7. Minister of Health Regulation Number 64 of 2015 regarding Organization and Work Procedure of the Ministry of Health (Republic of Indonesia State Gazette of 2015 Number 1508) as amended by Minister of Health Regulation No. 30 of 2018 regarding Amendment of Minister of Health Regulation No. 64 of 2015 regarding Organization and Work Procedure of the Ministry of Health (Republic of Indonesia State Gazette of 2018 Number 945);

HAS DECIDED:

- To Stipulate : DECREE OF THE MINISTER OF HEALTH REGARDING GUIDELINE ON THE PREVENTION AND HANDLING OF THE CORONA VIRUS DISEASE 2019 (COVID-19) IN OFFICES AND INDUSTRIAL WORKPLACES IN SUPPORTING BUSINESS CONTINUATION IN THE PANDEMIC SITUATION.
- FIRST : Guideline on the Prevention and Handling of the Corona Virus Disease 2019 (COVID-19) in the Offices and Industrial Workplaces in Supporting Business Continuation in the Pandemic Situation as provided in the Appendix shall be an inseparable part of this Ministerial Decree.
- SECOND : Guideline on the Prevention and Handling of the Corona Virus Disease 2019 (COVID-19) in Offices and Industrial Workplaces in Supporting Business Continuation in the Pandemic Situation, is aimed to provide a reference for management/managers of workplaces in government

institutions, private companies, State-Owned Enterprises (*Badan Usaha Milik Negara* or “**SOE**”), Provincial and Regency/City Health Service Offices.

THIRD : The Central Government, Provincial Regional Governments, and Regency/City Regional Governments shall develop and supervise the implementation of Guideline on the Prevention and Handling of the Corona Virus Disease 2019 (COVID-19) in Offices and Industrial Workplaces in Supporting Business Continuation in the Pandemic Situation, in accordance with their respective authorities, and may involve the community.

FOURTH : This Ministerial Decree shall be effective as of the date of stipulation.

Stipulated in Jakarta
on May 20, 2020

MINISTER OF HEALTH
REPUBLIC OF INDONESIA,

signed.

TERAWAN AGUS PUTRANTO

APPENDIX
DECREE OF THE MINISTER OF HEALTH
REPUBLIC OF INDONESIA
NUMBER HK.01.07/MENKES/328/2020
REGARDING
GUIDELINE ON THE PREVENTION AND
HANDLING OF THE CORONA VIRUS
DISEASE 2019 (COVID-19) IN OFFICES
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GUIDELINE ON THE PREVENTION AND HANDLING OF THE CORONA VIRUS DISEASE
2019 (COVID-19) IN OFFICES AND INDUSTRIAL WORKPLACES IN SUPPORTING
BUSINESS CONTINUATION IN THE PANDEMIC SITUATION

CHAPTER I
PREAMBLE

A. Background

WHO has declared the Corona Virus Disease 2019 (COVID-19) as a pandemic. The Spread of COVID-19 in Indonesia has currently widened across regions and countries accompanied by the increase of number of cases and/or number of deaths. This situation has increasingly impacted the political, economic, social, cultural, defense, and safety aspects as well as the welfare of people in Indonesia, thus requiring comprehensive strategy and measures in the acceleration of the handling of COVID-19. Having observed the spread and transmission of COVID-19 in Indonesia that has worsened, the Government through Presidential Decree Number 11 of 2020 has stipulated Corona Virus Disease 2019 (COVID-19) Public Health Emergency in Indonesia, for which countermeasures must be carried out in accordance with the provisions of laws and regulations.

In addition, the President has also stipulated the Presidential Decree Number 12 of 2020 regarding the Stipulation of the Spread of the Corona Virus Disease 2019 (COVID-19) as a Non-Natural National Disaster, stating that the countermeasures of national disaster caused by the spread of the Corona Virus Disease 2019 (COVID-19) shall be carried out by the Task Force for the Acceleration of Handling of the Corona Virus Disease 2019 (COVID-19) and Governors, regents, and mayors as the Head of the regional Task Force for the Acceleration of the Handling of the Corona Virus Disease 2019 (COVID-19) and in stipulating policies in their respective regions they must take into account the policies from the Central Government.

The countermeasures of this COVID-19 pandemic requires the participation of all parties including the Central Government, Regional Governments, private parties and all elements of the society in the territory of the Republic of Indonesia. The business world and working society have a significant contribution in breaking the chain of transmission due to the large amount of working population and mobility as well as social interaction are generally caused by working activities. Workplaces as the locus of interactions and gatherings of people become a risk factor at which transmission must be anticipated. Government Regulation Number 21 of 2020 regarding Large-Scale Social Restrictions to Accelerate the Handling of the Corona Virus Disease 2019 (COVID-19) has stated that Large-Scale Social Restriction (*Pembatasan Sosial Berskala Besar* or “**PSBB**”) shall be carried out, among others, by giving closing workplaces. However, the working world cannot be restricted forever, the economic wheel must keep going, and therefore, following the implementation of PSBB with the continuing COVID-19 pandemic condition, it is necessary to conduct mitigation efforts and workplace preparedness as optimal as possible to be able to adapt to the change of lifestyle in the COVID-19 situation (New Normal). By implementing this guideline, it is expected to minimize the risks and impacts of the COVID-19 pandemic in workplaces specifically for offices and industries, where there is a COVID-19 transmission potential as a result of gatherings of many people in the same location.

B. Purpose

To enhance the efforts of workplaces specifically offices and industries in the prevention of the COVID-19 transmission for workers during the pandemic.

C. Target

The target of this guideline comprises Workplaces of Government Institutions, Private Companies, SOEs, Provincial and Regency/City Public Health Service Offices.

D. Definitions

1. Close contact means a person who makes a physical contact or is in the same room or visits (within a 1 meter radius with a patient under surveillance or a confirmed case) within 2 days prior to the showing of symptoms and up to 14 days after the showing of symptoms.
2. Mitigation means the actions to reduce or minimize the impact of a disaster towards the society.
3. Asymptomatic Carrier (*Orang Tanpa Gejala*) hereinafter abbreviated as OTG means a person who has a history of close contact with a COVID-19 confirmed case (with PCR) but does not show any symptoms.

4. Person Under Monitoring (*Orang Dalam Pemantauan*) hereinafter abbreviated as ODP means a person who experiences fever ($\geq 38^{\circ}\text{C}$) or has a history of fever; or symptoms of respiratory system disruption such as cold/sore throat/cough **and** with no other causes based on convincing clinical picture **and** during the last 14 days prior to the showing of symptoms had a history of travel or stay in a country/region in which local transmission* is reported or has a history of contact with a COVID-19 confirmed case.
5. Patient Under Observation hereinafter abbreviated as PDP means a person who experiences fever ($\geq 38^{\circ}\text{C}$) or history of fever; along with cough/shortness of breath/sore throat/cold/mild up to severe pneumonia **and** with no other causes based on convincing clinical picture **AND** during the last 14 days prior to the showing of symptoms had a history of travel or stay in a country/region that in which local transmission is reported or has a history of contact with a COVID-19 confirmed case.
6. Probable means a PDP who is undergoing RT PCR examination, which result is inconclusive (cannot be determined yet).
7. Confirmed case means a patient who has contracted COVID-19 with a positive test result using the PCR test.
8. Self-quarantine means Restriction of activities/separation of people who are not ill but might be exposed to an infection agent or infectious disease with the objective to monitor the symptoms and detect cases which is carried out at home or in other places that are prepared for quarantine.
9. Self-isolation means Separation of people who are not ill or infected by other people from the others to prevent the spread of infection or contamination which is carried out at home or in other places that are prepared for quarantine.

CHAPTER II PREVENTION AND HANDLING OF COVID-19 IN OFFICES AND INDUSTRIAL WORKPLACES

It is necessary to take steps to prevent and handle the COVID-19 transmission potential in the workplaces that are carried out by all components present in the workplace from employees to the management level as well as empowering all available resources. The determination of this step shall be adjusted with the risk level based on the type of work and the size of business sector with considerations, including:

1. Work factors

Identification of types of work and its relation to the potential danger of disease transmission exposure needs to be carried out in order to make more effective efforts. This risk assessment shall be carried out based on the potential of exposure from public environment during commute, co-workers and contact with customers as well as potential of exposure with history of travel from and to the COVID-19 infected regions. The categorization of risky workers is as follows:

- Low exposure risk – jobs which activities do not entail frequent contact with the public (customers, clients or general public) and other co-workers.
- Medium exposure risk – jobs which entail frequent contact with the general public, or other co-workers, visitors, clients or customers, or contractors.
- High exposure risk – jobs or work assignments that has a high potential to make close contact with people who are known or suspected to be infected with COVID-19, as well as contact with goods and surfaces that may be contaminated by the virus.

2. Factors outside of work

Factors that may happen at home or in the community.

3. Comorbidity factor

Potential in elders, the existence of underlying diseases such as diabetes, hypertension, pulmonary disorders and kidney disorders, immunocompromised/auto-immune disease and pregnancy.

A. DURING THE LARGE-SCALE SOCIAL RESTRICTION (PSBB)

1. For Workplaces

- a. Management Policies in the Prevention of Transmission of COVID-19:
 - 1) Management shall always monitor and update the development of information regarding COVID-19 in its area. (Periodically may be accessed in <http://infeksiemerging.kemkes.go.id> and local Regional Government policies).
 - 2) Formation of the COVID-19 Handling Team in the workplace that consists of Management, personnel department, Work Health and Safety department and Health workers supported by a Decree issued by the Workplace Management.
 - 3) Head of office or employer shall provide a policy and procedures for workers to report every existence of COVID-19 suspect (symptoms of fever or cough/cold/sore throat/shortness of breath) to be monitored by the health workers.
 - 4) Does not treat positive cases as a stigma.
 - 5) Work from home arrangement.
Determine essential workers who need to stay at work and workers who can work from home.
- b. If there are essential workers who need to stay at work during PSBB:
 - 1) At the workplace entrance, do measure body temperature using thermoguns, and before going to work, do implement COVID-19 Risks Self-Assessment to ensure the worker coming to work is in a COVID-19 free condition. (Form 1)
 - 2) Do arrange for working hours to not be too long (overtime) which will result in less time for the worker to rest, which may cause a decline in the body immune system.
 - 3) For shift workers:
 - a) If possible, eliminate shift 3 (working hours that start in the evening until morning).
 - b) For shift 3, prioritize workers aged less than 50 years old.
 - 4) Require workers to wear masks during commute from/to home, and in the workplace.

- 5) Regulate the food nutrition intake provided by the workplace, choose fruits that are rich in vitamin C such as orange, guava, etc. to help maintain immune system. If possible, workers may be given vitamin C supplement.
- 6) Facilitate a safe and healthy workplace,
 - a) Hygiene and sanitation of work environment
 - Ensure that all work areas are clean and hygienic by conducting periodical cleaning using the appropriate cleanser and disinfectant (every 4 hours). Especially for door and stair handles, elevator buttons, jointly-used office equipment, other public areas and facilities.
 - Maintain air quality of the workplace by optimizing air circulation and sunshine into the workplace, cleaning AC filters.
 - b) Hand washing facilities
 - Provide more hand washing facilities (soap and running water).
 - Provide instruction on the location of hand washing facilities.
 - Display education posters on the correct way to wash hands.
 - Provide hand sanitizer with a minimum of 70% alcohol content in necessary places (such as entrance door, meeting room, elevator door, etc.).
 - c) Physical Distancing in all work activities.

Arrangement on distance among workers to be at least 1 meter in every work activity (arrangement of workstations, arrangement of seating in canteen, etc.).
 - d) Campaigning for Community Campaign for Healthy Living (*Gerakan Masyarakat Hidup Sehat* or GERMAS) through Healthy Lifestyle and Clean and Healthy Behavior (*Perilaku Hidup Bersih dan Sehat* or PBHS) in the workplace as follows:
 - Washing Hands With Soap (*Cuci Tangan Dengan Sabun* or CTPS)

Encourage workers to wash their hands upon arriving in the workplace, before eating, after contact with a customer/meeting with other people, after going to the bathroom, after touching goods that are possibly contaminated.
 - Coughing etiquette

Endorse the coughing etiquette (closing mouth and nose with inner upper arm) and if using tissue to cover cough and

sneezes, dispose of the tissue to a closed trash bin and wash hands with soap and running water thereafter.

- Joint exercises before work by keeping a safe distance, and recommendation to sunbathe at break hour.
- Eat food with balanced nutrition.
- Prevent the joint use of personal equipment with others such as praying tools, cutleries, etc.

c. Socialization and Education for workers regarding COVID-19

- 1) Education shall be conducted intensively to all workers and their families to give a correct understanding on the COVID-19 pandemic problem, so that workers gain knowledge to independently carry out preventive and promotive measures to prevent the transmission of the disease, and to reduce over-worrying caused by false information.
- 2) Education materials that can be given:
 - a) Causes of COVID-19 and preventive measures.
 - b) Identification of initial symptoms of illness and actions that must be taken when the symptoms show.
 - c) Practice of PHBS such as washing hands properly, coughing etiquette.
 - d) Procedure of reporting and examination if there is a suspicion.
 - e) Education methods that can be taken: installation of banner, pamphlet, wall magazine, etc. in strategic areas that can be easily seen by every worker such as in the entrance, eating area/canteen, break area, staircase as well as audio & video media broadcasted repeatedly. SMS/Whatsapp blast to all workers periodically as a reminder.
 - f) Education materials can be accessed at www.covid19.go.id.

2. For Workers

a. Stay at home

If there is no urgent need, do not go out. If required to leave the house, wear a mask, avoid places with crowds, always maintain a minimum distance of 1 meter

from other people, immediately complete the needs and go home. Obey the instructions of religious leaders.

- b. Keep the house clean
To be cleaned and mopped twice a day.
- c. Optimize air circulation and sunlight in the house
Let morning air and sunlight into the house.
- d. Wash hands with soap and running water
Every time hands are dirty, after defecating, after cleaning babies and children, before and after eating, before feeding.
- e. Get accustomed to cough/cold etiquette by covering mouth and nose with upper inner arm.
- f. Wear a mask if experiencing a cough/cold/fever.
- g. Separate sick family members
Maintain distance or separate the room if someone is sick, wear a mask.
- h. If experiencing health complaints suspected to be COVID-19, immediately consult with health workers through telemedicine such as sehatpedia, halodoc, good doctor, local COVID-19 call center, etc.
- i. If there is no urgent and emergency complaint, avoid visiting health services facilities during the pandemic, and if such is required, do make the visit by wearing a mask.
- j. Look for COVID-19 information source only from the reliable sources such as www.covid19.go.id.

B. WHEN RETURNING TO WORK AFTER THE LARGE-SCALE SOCIAL RESTRICTIONS (PSBB)

1. For Workplaces

- a. Management/COVID-19 Handling Team in the workplace shall always monitor the latest information as well as call for vigilance and instruction from the Central and Regional Governments regarding COVID-19 in their region, and update the policy and procedures regarding COVID-19 in the workplace in accordance with the latest development. (Periodically may be accessed in <http://infeksiemerging.kemkes.go.id> and local Regional Government policies).

- b. Require workers to wear a mask when in the workplace, during commute from and to workplace, and every time they leave the house.
- c. Prohibition of entry for workers, guests/visitors with symptoms of fever/sore throat/cough/cold/shortness of breath. Give leniency in the company regulation regarding the obligation to present sick letter.
- d. If the worker must undergo self-quarantine/isolation, his/her rights shall be accorded to him/her.
- e. Provide a separate area/room for observation for workers who are found with symptoms during screening.
- f. In certain conditions if necessary, a workplace that has the resource may facilitate a place for self-quarantine/isolation. Standards for organizing self-quarantine/isolation shall refer to the guideline at www.covid19.go.id.
- g. Implementation of hygiene and sanitation in work environment:
 - 1) Always ensure that all work areas are clean and hygienic by conducting periodical cleaning using the proper cleanser and disinfectant (every 4 hours). Especially door and stair handles, elevator buttons, jointly used office equipment, other public areas and facilities.
 - 2) Maintain the air quality of the workplace by optimizing air circulation and sunlight to enter into the workplace, cleaning AC filters.
- h. Conduct engineering for the prevention of transmission such as installation of divider or glass screen for workers who serve the customers, etc.
- i. One day before coming to work, Self-Assessment of the COVID-19 risks shall be carried out by all workers to ensure that the workers coming to work are in a COVID-19 free condition. Guests shall be requested to fill out the Self-Assessment form. (Form 1)
- j. Conduct body temperature screening in each entry point of the workplace:
 - 1) Officers who conduct body temperature screening must receive a training and wear personal protective equipment (mask and face shield) as they encounter a lot of people who may carry the virus.

- 2) Body temperature screening shall not be conducted in the entrance with an AC curtain as it may result in a false reading.
 - 3) Interpretation and follow up from the body temperature screening result in the entrance are as attached in Form 2 and Form 3.
- k. Implement physical distancing;
- 1) Arrangement of the number of workers coming in to work to ease the implementation of physical distancing.
 - 2) At entrance doors, arrange queueing distance so that the workers do not crowd. Place marks on the floor or poster/banner as a reminder.
 - 3) If the workplace is a multi-story building, the vertical mobilization shall be arranged as follows:
 - a) The use of elevator: limit the number of people in the elevator, place marks on the elevator floor where people must stand within and people must stand in a back to back position.
 - b) The use of staircase: if there is only 1 staircase, for the lanes to go up and to go down, procure that there will be no workers crossing paths when going up or down the stairs. If there are 2 staircases, separate the staircases for going up and for going down.
 - c) Implement a seating arrangement to have at least 1-meter distance on each desk/work area, when in a meeting, in the canteen, on breaks, etc.
- l. If possible, provide special transportation for workers for their round-trip from mess (dormitory)/housing to the workplace so that workers do not use public transportation.
- m. Health workers/Work Health and Safety (*Kesehatan dan Keselamatan Kerja*, K3) workers/personnel department shall monitor the workers' health proactively:
- 1) Before coming to work, implement the Self-Assessment of COVID-19 risks to all workers to ensure that the workers coming to work are in a COVID-19 free condition. (Form 1)
 - 2) While at work, each work unit/department/division shall monitor all workers should there be any worker with fever/cough/cold.

- 3) Encourage workers to be able to self-monitor and report if experiencing fever/sore throat/cough/cold while at work.
- 4) For workers who have recently returned from business travel to a country/region infected with COVID-19, the workers must carry out self-quarantine in their homes and self-monitoring for 14 days for the symptoms that show up and measure their body temperature twice a day. (Form 9)

2. For Workers

- a. Always implement Germas through Clean and Healthy Lifestyle when at home, during commute to and from the workplace and while at work;
 - 1) During commute to/from the workplace
 - a) Ensure that you are in a healthy condition, if there is any complain of cough, cold, fever, please stay at home.
 - b) Wear a mask.
 - c) Try not to use public transportation, but if required to use public transportation,
 - Keep a distance from other people at least 1 meter.
 - Try not to frequently touch the public facilities, use hand sanitizer.
 - Use your own helmet.
 - Try to use non-cash payment, if required to use money, use hand sanitizer thereafter.
 - Not to touch face or rub eyes with hand, use wet tissue if required.
 - 2) While at work
 - a) Upon arriving, immediately wash hands with soap and running water.
 - b) Use elbow to open doors and press elevator buttons.
 - c) Not to crowd and keep a distance in elevators with a back to back position.
 - d) Clean desk/work area with disinfectant.

- e) Try not to regularly touch jointly used facilities/equipment in the workplace, use hand sanitizer.
 - f) Keep a distance with co-workers at least 1 meter.
 - g) Try to let air flow and sunlight into the room.
 - h) Get accustomed to not shaking hands.
 - i) Keep wearing a mask.
- 3) When arriving at home
- a) Do not make contact with any family member before cleaning self (showering and changing clothes).
 - b) Wash clothes and mask with detergent. For disposable masks, before disposing, tear and wet with disinfectant so as not to infect the waste management personnels.
 - c) If necessary, clean cellphone, glasses, bag with disinfectant.
- b. Increase immunity with consumption of balanced nutrition, physical activities at least 30 minutes per day, enough rest (sleep at least 7 hours), sunbathe in the morning.
 - c. Be more careful if having degenerative illness such as diabetes, hypertension, pulmonary disruption and kidney disruption or immunocompromised condition/autoimmune disease and pregnancy. Keep control of the degenerative illnesses.
- C. WHEN FINDING WORKERS WHO ARE OTG, ODP, PDP OR COVID-19 CONFIRMED CASE

If the workplace finds/receives information that a worker fulfills the criteria of OTG, ODP, PDP or the COVID-19 Confirmed Case, do:

1. Immediately report to and coordinate with the local Community Health Center or Public Health Office. (Form 4)
2. Workers who fulfill the OTG criteria,

- a. Shall undertake the taking of specimen/swab for Rapid Test Polymerase Chain Reaction (RT PCR) by a trained/competent health worker.
- b. If there is no RT PCR testing facility, a Rapid Test (RT) may be carried out with the follow-up on the result of RT as in the table below:

No.	Rapid Test Result	Follow-up	Further Examination
1	NEGATIVE (non reactive)	Conduct self-quarantine along with the implementation of PHBS and physical distancing. (Form 5)	Repeat examination on the 10 th day. If the re-examination result is positive, RT PCR shall be carried out twice in 2 consecutive days in a health service facility/laboratory appointed by the Government.
2	POSITIVE (reactive)	<p>Conduct self-quarantine along with the implementation of PHBS and physical distancing. (Form 5)</p> <p>If the positively confirmed OTG shows symptoms of fever (>38°C) or cough/cold/sore throat during the quarantine, then:</p> <ol style="list-style-type: none"> a. If the symptoms are mild, carry out self-isolation at home for 14 days. b. If the symptoms are moderate, carry out isolation at an emergency hospital. c. If the symptoms are severe, carry out isolation at a referral hospital. 	And immediately carry out confirmation examination with RT PCR twice in 2 consecutive days in a health service facility/laboratory appointed by the Government.

3. Workers who fulfill the ODP criteria,
 - a. Shall undertake the taking of specimen/swab for Rapid Test Polymerase Chain Reaction (RT PCR) on day 1 and 2 by a trained/competent health worker.
 - b. If there is no RT PCR testing facility, a Rapid Test (RT) may be carried out. The follow-up on the result of RT can be seen in the table below:

No.	Rapid Test Result	Follow-up	Further Examination
1	NEGATIVE	Conduct self-quarantine along with the implementation of PHBS and physical distancing. (Form 5)	Repeat examination on the 10 th day. If the 10 th day re-examination result is positive, RT PCR shall be carried out twice in 2 consecutive days in a health service facility/laboratory appointed by the Government.
2	POSITIVE	Conduct self-quarantine along with the implementation of PHBS and physical distancing. (Form 5)	And immediately carry out confirmation examination with RT PCR twice in 2 consecutive days consecutively in a health service facility/laboratory appointed by the Government.
		<p>If the positively confirmed ODP shows worsening symptoms, then:</p> <ol style="list-style-type: none"> a. If the symptoms are moderate, carry out isolation at an emergency hospital. (Fever >38°C, mild shortness of breath, persistent cough and sore throat). b. If the symptoms are severe, carry out isolation at a referral hospital. (Persistent fever >38°C, severe acute respiratory 	

		infection/severe pneumonia)	
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4. Workers who fulfill the criteria of PDP must immediately be referred to a designated referral Hospital (may be found at www.covid19.kemkes.go.id).
5. Each worker with PDP status and positively confirmed case must be tested with Epidemiological Investigation (Form 6). This activity is carried out to identify close contacts/OTG (Form 7).
6. Further, the following should be conducted:
 - a. Contact identification in workplace environment by identifying other people/workers with a history of interacting with a worker who is an ODP, a PDP or positively confirmed case within a 1 meter radius in accordance with the guideline for the prevention and handling of COVID-19 (www.covid19.kemkes.go.id), using the form of identification of close contact in workplace (Form 8).
 - b. Workers with a contact with a worker who is an ODP, a PDP or positively confirmed case shall be categorized into 2 groups (Ring) based on their activities in the past 14 days:
 - 1) Ring 1: Workers and other people that have directly interacted within a radius of 1 meter with the worker who is an ODP, a PDP or positively confirmed case.
 - 2) Ring 2: Workers and other people who are in the same room with a worker who is an ODP, a PDP or positively confirmed case.
 - c. To workers who have been identified into Ring 1 and Ring 2, a Rapid Test shall be carried out as well as self-quarantine/isolation (work from home) along with implementing PHBS and Physical Distancing (procedure in accordance with the OTG criteria above). If any symptoms show, immediately report to the health workers.
 - d. Self-quarantine may be carried out at the worker's home or quarantine/isolation places prepared by the workplace/Government. Entering the Government's quarantine places must be in accordance with the applicable provisions. Implementation of self-quarantine may be seen at www.covid19.kemkes.go.id. (Form 9 and Form 10)

- e. Immediately conduct cleaning and disinfection of working room/areas contaminated by a worker who is an ODP, a PDP or COVID-19 confirmed cases workers. (Disinfection guidelines can be found at www.covid19.kemkes.go.id)
- 1) Close the working room/area that has been used by a sick worker for at least 1 x 24 hours before cleaning and disinfection process is carried out to minimize the potential of exposure to respiratory tract droplets.
 - 2) Cleaning shall be carried out by wiping all working area on surfaces that are often touched by the sick worker using liquid disinfectant (such as desk/work area, door handle, stairs handle, elevator, water tap, etc.).
 - 3) Spray disinfectant liquid in rooms that are contaminated by the sick worker (such as working room, meeting room, toilet, praying room, etc.).
 - 4) Open the doors and windows to an open area to increase air circulation in that place. If possible, wait for another 1 x 24 hours after cleaning and disinfection have been carried out.

CHAPTER III COORDINATION BETWEEN WORKPLACES AND REGIONAL GOVERNMENTS IN THE HANDLING OF COVID-19

In handling the COVID-19 pandemic, Regional Governments shall coordinate with the related agencies in the Task Force for the Acceleration for the Handling of the Corona Virus Disease 2019 (COVID-19).. The Government, private sector and society must work together and collaborate in COVID-19 prevention and management efforts in their areas. Workplaces and the business world are a part of society that play an important role in breaking the transmission chain of COVID-19. As for the roles of each party are as follows:

1. Health Service Offices
 - a. To conduct a risk assessment of the transmission of COVID-19 in its area.
 - b. To carry out socialization, monitoring, and guidance as well as assistance for workplaces in the prevention and handling of COVID-19.
 - c. To monitor the implementation of COVID-19 surveillance in the workplace.
 - d. To build and strengthen networks with cross-programs, cross-sectors related to COVID-19 surveillance in the workplace.
 - e. To conduct risk communication regarding confirmed positive COVID-19 patients to their workplaces for the purpose of contact tracing in the workplace environment.
 - f. To coordinate the quarantine/isolation facilities and COVID-19 health service facilities for society.
2. Manpower Service Offices
Together with the Health Service Offices, to conduct socialization, guidance and supervision in COVID-19 prevention and management efforts in the workplace.
3. Community Health Centers (*Puskesmas*)
 - a. To conduct risk communication including dissemination of information regarding COVID-19 to workplaces.
 - b. To communicate regarding confirmed positive COVID-19 patients to their workplaces for the purpose of contact tracing in the workplace environment.
 - c. To building and strengthen networks with cross-programs, cross-sectors related to COVID-19 in the workplace.
4. Hospitals/Health Care Facilities
 - a. To provide health services to patients who have contracted COVID-19.
 - b. To conduct risk communication including dissemination of information regarding COVID-19
5. Offices and Industrial Workplaces
 - a. To provide a safe and healthy workplace for workers through various COVID-19 prevention and management efforts in the workplace integrated with occupational safety and health.
 - b. To coordinate with the Health Service Office in preventing the transmission of COVID-19 in the workplace.
 - c. Must report to a Health Service Office if a worker contracts COVID-19.

- d. If required, to facilitate self-quarantine/isolation for workers indicated as OTG, ODP, PDP.
6. Workers : must implement *Germas* in order to protect themselves and their families from COVID-19 transmission.

CHAPTER IV CLOSING

Guidelines for COVID-19 prevention and handling in offices and industrial workplaces are prepared in general to assist the working world in enhancing their role and vigilance in anticipating the transmission of COVID-19 in the work environment as well as providing optimal protection for the workers' health. These guidelines can be developed by each workplace according to their needs. It is hoped that the involvement of all parties, whether it be the government, the business world and society, in the prevention and handling of COVID-19 in workplace arrangements can help minimize the impact of COVID-19 to the continuation of the working world and, on a macro level, can contribute to suppressing COVID-19 in the society, so that the spread of COVID-19 can be prevented and controlled properly.

MINISTER OF HEALTH
OF THE REPUBLIC OF
INDONESIA

signed.

TERAWAN AGUS PUTRANTO

Form 1

**COVID-19 RISK
SELF ASSESSMENT INSTRUMENT**

Name :
 NIK (No. KTP) :
 Employee ID :
 Work Unit/Section/Division :
 Date :

For the sake of the common health and safety at the workplace, you must be **HONEST** in answering the questions below.

In the past 14 days, have you experienced any of the following:

No.	QUESTION	YES	NO	IF YES, SCORE	IF NO, SCORE
1	Did you leave the house/public place (to the market, health facilities, crowds of people, etc.)?			1	0
2	Did you use public transportation?			1	0
3	Did you travel outside the city/international? (infected areas/red zones)			1	0
4	Did you participate in activities that involve many people?			1	0
5	Do you have a history of close contact with a person who is declared an ODP, a PDP or confirmed to have COVID-19 (shaking hands, talking, being in one room/one house)?			5	0
6	Did you experience a fever/cough/runny nose/sore throat/shortness of breath in the last 14 days.			5	0
TOTAL AMOUNT					

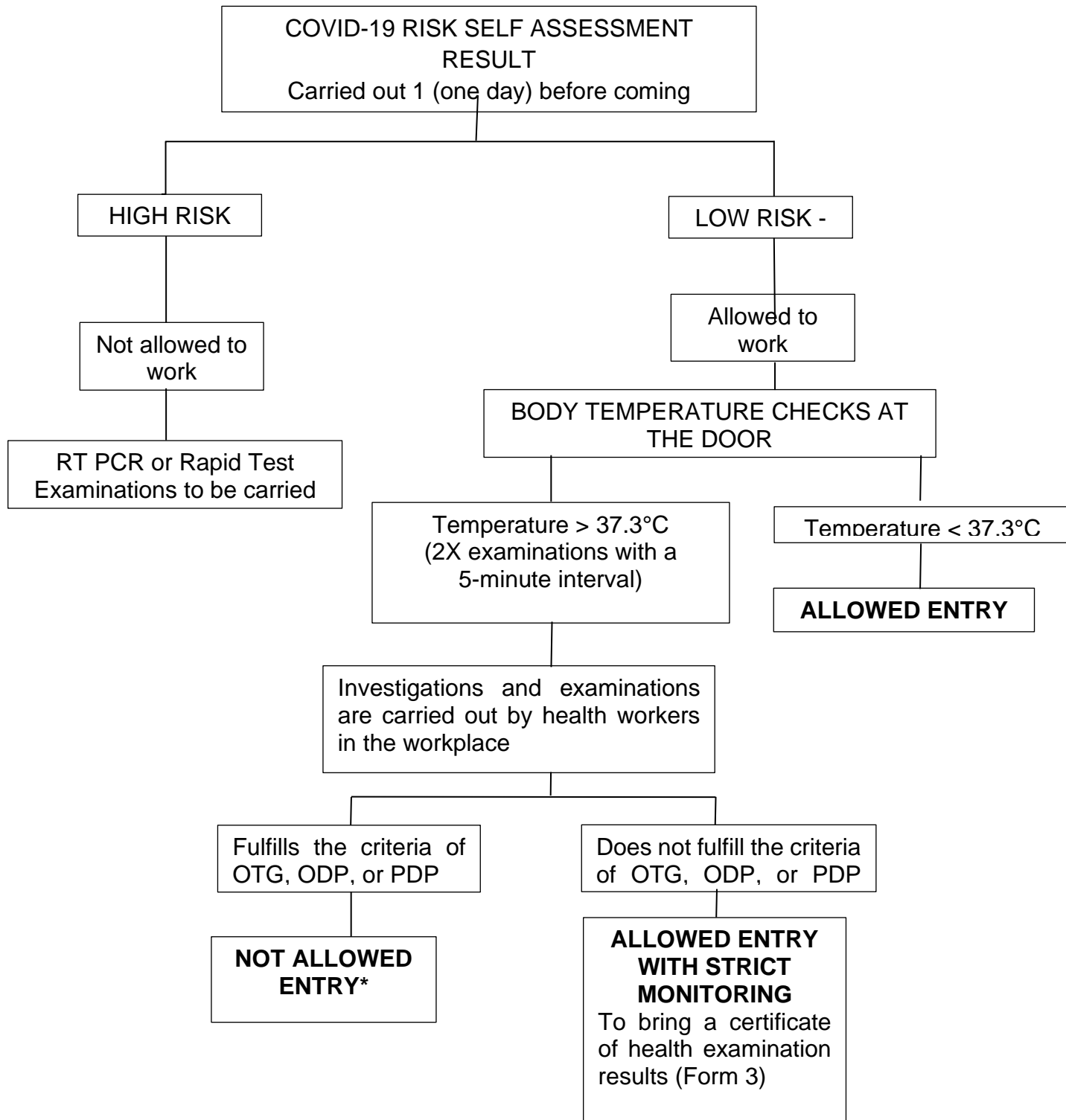
0 = Low Risk
 1 – 4 = Moderate Risk
 ≥ 5 = High Risk

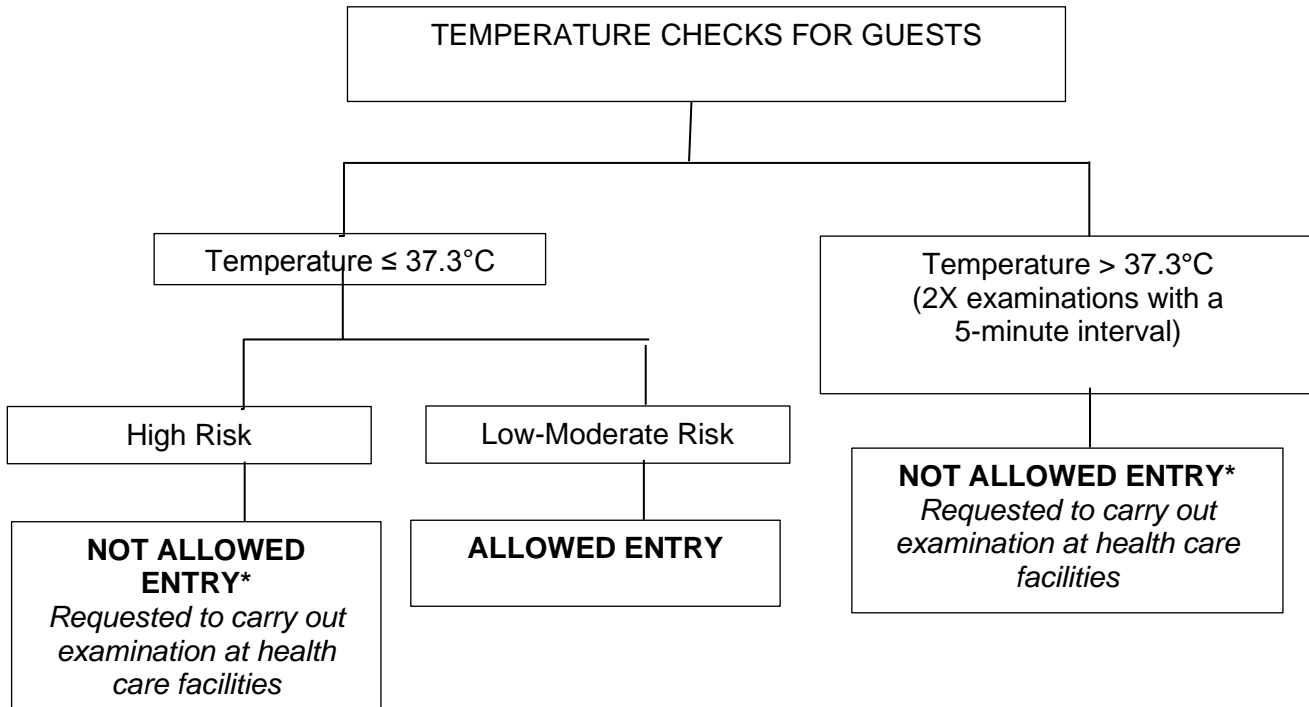
FOLLOW-UP:

- High Risk, to carry out investigation and the person shall not be allowed to come to work. The workers shall take an RT-PCR examination, if not available a Rapid Test can be carried out by the local health worker/health care facility.

- Low – Moderate Risk, worker is allowed to come to work but a temperature check shall be performed at the entrance of the workplace. If a temperature of $>37.3^{\circ}\text{C}$ is found, an investigation and inspection by a health worker is required. If it is confirmed that the worker does not meet the criteria of OTG, ODP or PDP, the worker may come to work.

COVID-19 RISK SELF-ASSESSMENT RESULT FOLLOW-UP PROCEDURE





*) Description :

- Workers: not allowed to work, rest at home for self-quarantine.
- Guests: not allowed to enter the workplace any further.
- Courier: the goods to be left in the front area, goods shall be disinfected and then forwarded to the recipient.

Form 3

EXAMINATION STATEMENT LETTER

The undersigned, the doctor explains that:

Name :
Age :
Address :
Status : workers/guests* (*choose one)
Section/Division :

Based on the results of examination on, hours, no symptoms and signs that suggests a COVID-19 infection (OTG, ODP, PDP) were found, and subsequently shall be ALLOWED/ALLOWED WITH NOTES/NOT ALLOWED* to enter the work area/place.

Note:

Thus this statement letter is made properly and is to be used appropriately.

....., 20.....
Examining Doctor

Name
SIP.

*Choose one

Form 4

FORM OF NOTIFICATION OF DISCOVERY OF COVID-19 CASE

To
Health Service Office of

We,
Name : Agency/Office/State-Owned Enterprise/Company*
Address :
Date :

Reports:

No.	Name	NIK No. (KTP)	Age	Home Address	Status (OTG/ODP/PDP/Confirmed)

Acknowledged by,

Health Officer

Head of Agency/Office/State-Owned Enterprise/Company

Name Name

Note: This form shall be filled out by health workers/K3/employee affairs officers and sent to the Health Service Office with copies to the Public Health Emergency Operation Center (PHEOC)

PHEOC: (021) 5210411
081212123119
HOTLINE COVID-19: 119 - ext 9

(*choose one)

Form 5

**SELF QUARANTINE/ISOLATION READINESS SHEET
(CARE AT HOME)**

The undersigned:

Name :
Age :
Gender :
Phone Number :
Address :

States his/her readiness to carry out self quarantine/isolation (care at home) for 14 days and will comply with all rules/protocols stipulated by the Government until this action is declared to have ended.

This statement is made truthfully.

....., 2020

Health officer,

Person making the statement,

()

()

Acknowledged by,
Head of Agency/Office/State-Owned Enterprise/Company

()

*To be copied to the Health Service Office

**FORM OF EPIDEMIOLOGY INVESTIGATION ON ODP, PDP
AND COVID-19 CONFIRMATION**

Health Care Facility :

Interviewer Name :

Post :

Interview Date :

Interviewer Phone Number :

A. PATIENT IDENTITY			
Patient name : ...		Criteria*: <input type="checkbox"/> Patient under observation <input type="checkbox"/> Person under monitoring <input type="checkbox"/> Probable case <input type="checkbox"/> Confirmed case	
ID Number : ... **)			
Parent names/Family Card : ...			
Date of Birth: .../.../...	Age: ... years, ... months	<input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation:
Address Street/Block : ... Neighbourhood/Community Unit : ... Village/Sub-District : ...		District : ... Regent/City: ... Telephone/Mobile Phone: ...	
B. CLINICAL INFORMATION			
Date of onset of symptoms: ...		Malaise : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fever ____°C <input type="checkbox"/> History of Fever		Muscle Pain : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cough : <input type="checkbox"/> Yes <input type="checkbox"/> No		Nausea or Vomiting : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fever : <input type="checkbox"/> Yes <input type="checkbox"/> No		Abdominal Pain : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sore Throat : <input type="checkbox"/> Yes <input type="checkbox"/> No		Diarrhea : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Shortness of Breath : <input type="checkbox"/> Yes <input type="checkbox"/> No		Other, please specify...	
Headache : <input type="checkbox"/> Yes <input type="checkbox"/> No			
Accompanying Conditions:			
Pregnant : <input type="checkbox"/> Yes <input type="checkbox"/> No		Immunological disorder : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes : <input type="checkbox"/> Yes <input type="checkbox"/> No		Chronic kidney disorder : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart disease : <input type="checkbox"/> Yes <input type="checkbox"/> No		Chronic liver disorder : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hypertension : <input type="checkbox"/> Yes <input type="checkbox"/> No		Chronic obstructive pulmonary disease: <input type="checkbox"/>	
Malignancy : <input type="checkbox"/> Yes <input type="checkbox"/> No		Yes <input type="checkbox"/> No	
		Other, please specify...	
Is the patient receiving care at the hospital : <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, name of the last Hospital : ...			
Date of admission at the last hospital: ...			
Ward : ...			
Treatment actions - treated in ICU : <input type="checkbox"/> Yes <input type="checkbox"/> No			
- Intubation : <input type="checkbox"/> Yes <input type="checkbox"/> No			

- use of EMCO : <input type="checkbox"/> Yes <input type="checkbox"/> No
If available, the names of the previous hospitals : ...
Last status of the patient: <input type="checkbox"/> Recovered <input type="checkbox"/> Still Sick <input type="checkbox"/> Deceased, date : ...

- *) Fill out in accordance with operational definitions (refer to guidelines)
 **) ID Number (patient) : (code ministry of home affairs city/regency <3 digit sequence number>)
 ***) oxygenation of extracorporeal membranes

Diagnosis	
Pneumonia (Clinical or Radiology)	: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
ARDS (Acute Respiratory Distress Syndrome)	: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
Other Diagnosis, please specify !	: ...
Does the patient have a diagnosis or other etiology for their respiratory disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
If Yes, please specify:	: ...

C. SUPPORTING EXAMINATION INFORMATION				
No.	Examination/Specimen Type	Date of Collection of Specimen	Place of Examination	Result
Laboratory Confirmation				
1.	Nasopharyngeal (NP) Swab			
2.	Oropharyngeal (NP) Swab			
3.	Sputum			
4.	Serum			
Other Examination				
1.	Blood			
2.	Serum			
3.	Other, specify			

D. Contact/Exposure Factors				
Within 14 days before being sick, does the patient have a history of travel abroad? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know				
Country	City	Date of Travel	Date of Arrival in Indonesia	
Within 14 days before being sick, does the patient have a history of travel to local transmission areas? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know				

Province	City	Date of Travel	Date of Arrival in Current Place
Within 14 days before being sick, does the patient have a history of visiting health facilities, whether as a patient, worker or visitor? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know			
Hospital Name	City	Province/Country	Date of Visit
Within 14 days before being sick, did the patient visit any animal market? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know			
Location Name	City	Province/Country	Date of Visit

D. Contact/Exposure Factors (continued)				
Within 14 days before being sick, did the patient have close contact with a COVID-19 patient under observation? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know				
Name	Address	Relation	Date of First Contact	Date of Last Contact
Within 14 days before being sick, did the patient have close contact with a confirmed COVID-19 case? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know				
Name	Address	Relation	Date of First Contact	Date of Last Contact
Does the patient belong to a severe Acute Respiratory Infection cluster (fever and pneumonia requiring hospital treatment) with no known cause where COVID-19 cases are examined? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know				
Is the patient a health officer?		: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know		
If Yes, what personal protective equipment (PPE) was used?		<input type="checkbox"/> Gown <input type="checkbox"/> Medical Mask <input type="checkbox"/> Gloves <input type="checkbox"/> NIOSH-N95 Masks, AN EU STANDARD FFP2 <input type="checkbox"/> FFP3 <input type="checkbox"/> Goggles <input type="checkbox"/> Not using PPE		
Did the patient perform procedure involving aerosols?		: <input type="checkbox"/> Yes <input type="checkbox"/> No , specify ...		
[Other, please specify]				

E. LIST OF CASE CLOSE CONTACT						
Name	Age	JK	Relation with Case	Home Address	Mobile Phone/Telephone Number that can be reached	Contact activity that was made

F. PATIENT NOTES		
Patient NIK (KTP)	: ...	
Patient home location	Latitude	Longitude

DESCRIPTION:

- Fill out in accordance with operational definitions (refer to guidelines)

INSTRUCTION:

- All questions in this form must be filled out, there may not be any question left blank / unanswered.
- For questions with "Yes/No/Don't Know" answer choices, choose only one answer

FORM OF TRACKING OF CLOSE CONTACT/OTG AT THE WORKPLACE

Primary Case ID/Contact Tracking No.	
1. Data Collection Officer Data	
Name :	
Institution :	Phone / Email
Form Fill-in Date (Day/Date/Year) ____/____/____	
Contact Tracking/Interview Date (Day/Date/Year) :	
2. Close Contact Information	
Name	Identity/KTP No :
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality/Ethnicity (Tribe
Date of Birth (Day/Date/Year) ____/____/____	Age (Year, month)
Relation with confirmed case/patient under observation case :	
Address :	
Closest community health center :	
Address of Work :	
3.1 Close Contact *)	
*) If Yes please cross the box, if No please leave the box blank, if Do Not Know please circle the box	
<input type="checkbox"/> Have a history of International travel within 14 days Travel History Date of Travel ____/____/____ until /____/____	
<input type="checkbox"/> Have a history of domestic travel within 14 days Travel History Date of Travel ____/____/____ until /____/____	
<u>Attach a list of the names of people, addresses and telephone numbers of people who have made contact with close contact</u>	
<input type="checkbox"/> within these 14 days, contact with a person confirmed to have 2019-nCoV 2019 or a patient under 2019-nCoV 2019 observation ; If Yes, latest contact ____/____/____	
Work Unit/Section/Division :	
.....	
For every job, state the location, facility and address :	
Transportation used on a daily basis in the last 14 days :	
<input type="checkbox"/> train <input type="checkbox"/> private car <input type="checkbox"/> public transportation <input type="checkbox"/> online transportation <input type="checkbox"/> bus <input type="checkbox"/> taxi <input type="checkbox"/> other, please specify	

3.2 Close Contact Information at the Work Place *)			
Home location / contact address if different from primary contact			
Date of last contact with primary case (Date / month / year)			
<input type="checkbox"/> contact in one room/carry out activities in the same room as the primary case (a worker with COVID-19 indication) in the workplace. Number of days of contact activity in the same room with the primary case since the primary case has gotten sick Has the contact ever performed any of the following activities with the primary case when the primary case was sick at home before going to the hospital? <input type="checkbox"/> taking care of the primary case when the primary case was sick/taking the primary case to the hospital <input type="checkbox"/> hugging the primary case <input type="checkbox"/> kissing the primary case <input type="checkbox"/> shaking hands with the primary case <input type="checkbox"/> sleeping in the same room/stationed outside together <input type="checkbox"/> sharing food with the primary case <input type="checkbox"/> eating using the same utensils			
4. Exposure Information *)			
Contact type		<input type="checkbox"/> Contact in the same house <input type="checkbox"/> Health Officers <input type="checkbox"/> Others : _____	
State the date of contact and the duration of contact with the confirmed case/patient under observation from the time of first contact when the primary case was symptomatic		Date	(dd/mm/yyyy)
		Duration	(Minute/Day)
		Location : <input type="checkbox"/> Room <input type="checkbox"/> Room <input type="checkbox"/> Room <input type="checkbox"/> Room <input type="checkbox"/> Other ____	
5. Exposure Information (Health Officer), To Be Filled Out if the Contact is a health officer at their work place*)			
Job position :		Work place :	
Physical contact with a confirmed case		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Protective Equipment that was used <input type="checkbox"/> Gown <input type="checkbox"/> Medical Mask <input type="checkbox"/> Gloves <input type="checkbox"/> NIOSH-N95 Masks, AN EU STANDARD FFP2 <input type="checkbox"/> FFP3 <input type="checkbox"/> Goggles <input type="checkbox"/> Not using PPE Performed a procedure that produces aerosol? <input type="checkbox"/> Yes <input type="checkbox"/> No ; Specify Personal Protective Equipment that was used to perform such procedure <input type="checkbox"/> Gown <input type="checkbox"/> Medical Mask <input type="checkbox"/> Gloves <input type="checkbox"/> NIOSH-N95 Masks, AN EU STANDARD FFP2 <input type="checkbox"/> FFP3 <input type="checkbox"/> Goggles <input type="checkbox"/> Not using PPE			
5a. Contact Symptoms*)			
<input type="checkbox"/> The contact is suffering from illness <input type="checkbox"/> Fever ($\geq 38^{\circ}\text{C}$) or history of fever; If Yes, state the temperature:			

<input type="checkbox"/> experiencing cough, sore throat, runny nose, shortness of breath within 14 days prior to the showing of symptoms of the confirmed case/patient under observation until today?	
Date of onset of symptoms (date/month/year)	_____/____/____ <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Do not know
5b. Respiratory Symptoms*)	
<input type="checkbox"/> Sore throat <input type="checkbox"/> cough <input type="checkbox"/> runny nose <input type="checkbox"/> shortness of breath Since date Since date Since date Since date	
5c. Other Symptoms*)	
<input type="checkbox"/> Shivering <input type="checkbox"/> Nausea <input type="checkbox"/> Fatigue <input type="checkbox"/> Seizures <input type="checkbox"/> Headaches <input type="checkbox"/> Joint Pain <input type="checkbox"/> Muscle ache <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Rash <input type="checkbox"/> Weakness <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Nosebleed <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Neurological symptoms If Yes, specify _____ <input type="checkbox"/> Other Symptoms If Yes, specify _____	
6. Comorbid/Accompanying Conditions*)	
<input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> COPD (Non-Asthma) <input type="checkbox"/> HIV/Immunodeficiency <input type="checkbox"/> Chronic liver disease <input type="checkbox"/> Obesity <input type="checkbox"/> Asthma <input type="checkbox"/> Blood disorders <input type="checkbox"/> Heart disease <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> Neurological disorder <input type="checkbox"/> Organ donor recipient <input type="checkbox"/> Pregnancy, if Yes, please specify what semester : <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third Estimated birth date.....	
<input type="checkbox"/> Contact has been vaccinated for influenza within 12 months before contact with primary case If yes, vaccination date..... Vaccination in which country..... <input type="checkbox"/> Contact has been vaccinated for PVC, If yes, vaccination date	
7. Contact Status, To Be Filled Out if the contact is suffering from illness	
Status: Recovered (specify date of disappearance of symptoms): _____/____/ - <input type="checkbox"/> Still sick <input type="checkbox"/> Never got sick <input type="checkbox"/> Deceased, Date _____/____/_____	
Been treated: <input type="checkbox"/> Yes <input type="checkbox"/> No. Date of treatment, date of discharge from hospital:	
If deceased, was an Autopsy done: : <input type="checkbox"/> Yes <input type="checkbox"/> No Autopsy Results:	
8. Taking contact specimens and laboratory tests *)	
Specimen type: <input type="checkbox"/> Nasal swab <input type="checkbox"/> Throat swab <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Oropharyngeal swab <input type="checkbox"/> Serum Date of specimen collection	
Laboratory test results:	

**FORM OF IDENTIFICATION OF CLOSE CONTACT / OTG (CONTACT IDENTIFICATION)
IN WORKPLACE ENVIRONMENT**

DATE	DAY...		DAY...		DAY...		DAY...		DAY... etc		DAY... ONSET OF SYMTOMS		DAY ... LAST DAY OF ACTIVITIES IN THE WORKPLACE	
	Ring 1	Ring 2	Ring 1	Ring 2	Ring 1	Ring 2	Ring 1	Ring 2	Ring 1	Ring 2	Ring 1	Ring 2	Ring 1	Ring 2
Visited Place/Room/Work Area					Meeting Room	Work Room								
					Budi...	Joko..						Kiki ..		
					...	Sita ..						Tono...		
Person/Contact					Gina ..	Budi ..						-		

Ring 1: Workers and other people who have interacted within a 1-meter radius with a worker who is an ODP, PDP or confirmed positive case.

Ring 2: Workers and other people who were in one room with a worker who is an ODP, PDP or confirmed positive case

Form 9

**SELF MONITORING DURING SELF QUARANTINE/ISOLATION FORM
 (SELF MONITORING)**

Name :
 Date of First Examination :
 COVID Status – 19 :
 Contact History :

NO.	COMPLAINT/ SYMPTOMS		DAY													
			1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	Fever	Morning temperature														
		Afternoon temperature														
2	Cough															
3	Runny nose															
4	Sore throat															
5	Difficulty breathing/Shortness of breath															

Form 10

WHAT WORKERS MUST DO WHEN SELF QUARANTINING/ISOLATING

1. Stay at home, and do not leave the house.
2. Use separate rooms in the house from other family members if possible, try to keep a distance of at least 1 meter from other family members.
3. Always wear a mask during the self-quarantine/isolation period.
4. Perform daily temperature checks and observe clinical symptoms such as coughing or difficulty breathing.
5. Avoid sharing food utensils (plates, spoons, forks, cups) and toiletries (towels, toothbrushes, dipper) and linen/sheets.
6. Apply Clean and Healthy Behaviour (PHBS) by consuming nutritious food, practice routine hand hygiene, washing hands with soap and running water and drying hands, practicing coughing/sneezing etiquette.
7. Be in an open space and bask in the sun every morning.
8. Keep the house clean with disinfecting fluids.
9. If symptoms occur or worsen immediately report it to the health officer at work and contact the nearest health service facility.

If quarantine / self-isolation is not possible at home, report it to the workplace/community health center (*puskesmas*)/Clinic or local health service office or through the local Call Center.