

Republic of the Philippines  
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**BUREAU OF JAIL MANAGEMENT AND PENOLOGY**  
**NATIONAL HEADQUARTERS**  
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## MEMORANDUM

TO : All Regional Directors of the Jail Bureau  
Provincial Jail Administrators  
Wardens

ATTN : BJMP Medical Doctors and Jail Nurses  
BJMPRO and Jail COVID-19 Task Forces

SUBJECT : **BJMP COVID-19 ADVISORY # 14-A : TELEMEDICINE TO ADDRESS HEALTH CONCERNS IN JAILS**

DATE :

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### I. REFERENCES:

1. Presidential Proclamation No. 929 *Declaring a State of Calamity Throughout the Philippines due to Corona Virus Disease 2019* dated March 16, 2020;
2. Presidential Proclamation No. 922 *Declaring a State of Public Health Emergency throughout the Philippines* dated March 8, 2020;
3. Memorandum from the Executive Secretary on *Community Quarantine Over the Entire Luzon and Further Guidelines for the Management of the Corona Virus Disease (COVID-19) Situation* dated March 16, 2020;
4. Memorandum re: *Activation of the BJMP COVID-19 Task Force and Supplemental Guidelines* dated March 13, 2020;
5. BJMP COVID-19 Advisory #5: *Implementation of Absolute Lockdown in All Jail Facilities* dated March 19, 2020;
6. *Implementing Telemedicine in Correctional Facilities* by U.S. National Institute of Justice, May 2002
7. *Telemedicine Practice: Guidelines Enabling Registered Medical Practitioners to Provide Healthcare Using Telemedicine*, March 25, 2020.

### II. BACKGROUND AND JUSTIFICATION:

1. The primary role of the DHS is to assist the Chief, BJMP on health matters to promote healthy jail environment by providing relevant information in the prevention of diseases, promoting a holistic approach for the well-being of both PDL and personnel and providing remedy to health concerns.

2. The ratio of the medical officers to the number of PDL and personnel is still far from ideal. Jail facilities in regions are distant from each other and it is a challenge for medical officers to be physically present to conduct assessment on health conditions of PDL and personnel and provide timely and appropriate management on health concerns. The jail nurses are the first responders in the field and the provision of appropriate management



depends on the guidance of a medical officer, hence, referral system through telemedicine is to be utilized as a means to maintain health service delivery both for PDL and personnel.

### III. RECOMMENDED ACTIONS:

1. Physicians shall provide service delivery through telemedicine with the assistance of other health professionals such as nurses, pharmacists and others. Its purpose is to provide clinical support despite geographical barriers among clients who are not in the same physical location. This method involves the use of various types of ICT with a goal of improving health systems. By practicing telemedicine in jails, the Bureau will be able to provide timely solutions on health issues and concerns through maximized services of the limited medical doctors of the Bureau.

2. Telemedicine is a digital process that allows BJMP medical officers to conduct evaluation and remotely provide appropriate management for their patient via video call by utilizing available social media applications (apps) such as “Viber” and “Facebook Messenger”. A phone application or phone app allows a jail nurse to communicate with the medical officer by referring a patient’s condition or medical chief complaint/s and concerns by sending photos of signs and symptoms (e.g. lesions) or sending videos of patient’s response to stimulus (e.g. vital signs monitoring, or any physical signs manifested through physical examination like direct/rebound abdominal tenderness, etc). This technology can help the Medical Doctor arrive to a quick diagnosis and management. This will save time and cost, manpower, as well as security risks.

3. An account shall be made for each Medical Physician through any available or commonly utilized media (*Facebook Messenger or Viber*). Only Jail Nurses are allowed to forward messages to the Physicians’ account. When a patient (PDL/ Personnel) is referred for any health complaint, the jail nurse will relay important health information (derived from the patients’ health history and interview) necessary to derive a diagnosis. Initial information needed to diagnose are the following:

- a. Name of Patient
- b. Age and Sex
- c. Jail Unit/Facility
- d. Chief Complaint
- e. History of present Illness with Associated Signs and Symptoms
- f. Past Medical History
- g. Family History
- h. Personal and Social History (smoker, alcoholic beverage drinker, substance abuse)
- i. Medication Review
- j. Food and Drug Allergies
- k. Vital Signs to include weight or BMI

4. All types of documents (patient’s health record and history) photos and/or video clips must be sent to the attending physician for a better appreciation of the physical presentation of the complaint. Further instructions will be given by the physician online which can be facilitated through video call and other means of communication.

5. After careful and thorough assessment, the physician will give his/her impression/findings, and, as necessary will enumerate diagnostic test/s and prescribe medication/s or advice needing further management by the Jail Nurse.

6. The Jail Nurse will encode electronically the lab request and the prescription. This will be authenticated by the Jail Nurse through electronic signature of the attending Medical Officer. Laboratory request and prescription will be printed for use and purchase of medications. Continued coordination shall be undertaken to keep the physician aware of the condition of the patient.

7. During follow-up consultation, the Jail Nurse will provide the following necessary information to the Physician, to wit:


- a. Name of Patient
- b. Age
- c. Jail Unit/Facility
- d. Progress Notes of Patient
  - i. Subjective and Objective Complaints/Findings
  - ii. Initial Impression: (improving, progressive, recovered)
  - iii. Photos of Laboratory Results if Available

8. The Jail Nurses' discretion and clinical judgement shall prevail (strictly compliant to jail protocols, procedures, and legal mandate), in the event where worsening progression of symptoms and illness may necessitate hospitalization or any medical emergency that hospital attention is a must

9. All telemedicine consultations must be recorded on a medical consultation logbook and documented in the PDL Health Record. This shall be recorded on the daily morbidity report.

10. Please be guided accordingly.

**BY AUTHORITY OF THE CHIEF, BJMP:**

  
**ARTHUR C. LORENZO**  
Jail Chief Superintendent  
Director for Health Service  
Chairperson, BJMP National  
COVID-19 Task Force



## **BJMP MEDICAL OFFICERS**

<b>Regions</b>	<b>Medical Officers</b>
NCR	SSUPT ILNA RITA MADERAZO SUPT MAYLA CHUA SINSP WEATHERLY MONTECINA
BJMPRO - I BJMPRO -II BJMPRO-CAR BJMPRO - III	SINSP JOHN PAUL BORLONGAN
BJMPRO - CALABARZON BJMPRO - V	SINSP JAIME CLAVERIA, JR
BJMPRO – MIMAROPA	SINSP JEDIDIAH BICLAR
BJMPRO – VI	CINSP MARIE CHARYLL JAMOLO
BJMPRO – VII	SINSP JAY YLANAN
BJMPRO - VIII BJMPRO - CARAGA	SINSP TADEO SAN GABRIEL
BJMPRO - BARMM	SSUPT FARIDAH ALI
BJMPRO - IX BJMPRO - XII	SINSP ALVINER PANDAOG
BJMPRO - X BJMPRO - XI	SINSP DANIEL DAVID



## BUREAU OF JAIL MANAGEMENT AND PENOLOGY

This form is part of the screening and monitoring for COVID-19.

<b>PLEASE FILL UP FORM</b>		<b>Date &amp; Time:</b>
<b>Rank/Name:</b>		
<b>Age:</b>	<b>Gender:</b>	<b>Contact #:</b>
<b>Address or Specify Place of Quarantine:</b>		<b>Region:</b>
<b>Address or Specify Place of Quarantine:</b>		<b>Jail Unit:</b>
<b>TEMPERATURE:</b>	<b>TRAVEL and HISTORY OF EXPOSURE</b>	
<b>Within the last 4 weeks</b>		
<p>≥38°C</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>Countries or local places with known confirmed cases of COVID-19</p> <p style="text-align: center;"><input type="checkbox"/> YES</p> <p style="text-align: center;"><input type="checkbox"/> NO</p> <p>If YES, specify the location and date of your travel.</p> <hr/> <p>Have you been in CLOSE contact with a relative or friend who had been to a country or place with confirmed case of COVID-19?</p> <p style="text-align: center;"><input type="checkbox"/> YES</p> <p style="text-align: center;"><input type="checkbox"/> NO</p> <p>Specify which country/place and date of contact with relative/friend:</p> <hr/> <p>Have you been to a hospital/health care facility with confirmed case of COVID-19?</p> <p style="text-align: center;"><input type="checkbox"/> YES</p> <p style="text-align: center;"><input type="checkbox"/> NO</p> <p>If YES, specify health care facility &amp; date:</p> <hr/> <p>Have you been to a public market or grocery store?</p> <p style="text-align: center;"><input type="checkbox"/> YES</p> <p style="text-align: center;"><input type="checkbox"/> NO</p> <p>Specify location and date:</p> <hr/>	<p>Have you been in CLOSE contact with a confirmed case of COVID-19?</p> <p style="text-align: center;"><input type="checkbox"/> YES</p> <p style="text-align: center;"><input type="checkbox"/> NO</p> <p>Have you had a CLOSE contact with or currently living with a relative/friend who is a FRONTLINER? (such as: health care worker, law enforcer or uniformed personnel, security guard, member of LGU or NGO &amp; others with almost the same role including vendor/cashier in a public market/grocery store &amp; others alike)</p> <p style="text-align: center;"><input type="checkbox"/> YES</p> <p style="text-align: center;"><input type="checkbox"/> NO</p> <p>Specify where your relative/friend works:</p> <hr/> <p>Did you go out of your place or go somewhere else during your quarantine period?</p> <p style="text-align: center;"><input type="checkbox"/> YES</p> <p style="text-align: center;"><input type="checkbox"/> NO</p> <p>If YES, specify purpose, location and date:</p> <hr/>
<b>RESPIRATORY SYMPTOMS</b>		
<p>Presence of the following:</p> <p><input type="checkbox"/> Cough</p> <p><input type="checkbox"/> Colds</p> <p><input type="checkbox"/> Sore Throat</p> <p><input type="checkbox"/> Runny Nose</p> <p><input type="checkbox"/> Shortness of Breath</p> <p style="text-align: center;">OR</p> <p>If identified with presence of any of the above, since when?</p> <hr/>		

Declaration: The information I have given herein is true, correct and complete. I Understand that failure to answer any question or any falsified response may have serious consequences. (Article 171 & 172 of the Revised Penal Code of the Philippines).

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SIGNATURE OVER PRINTED NAME  
of PERSONNEL/DATE SIGNED

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SIGNATURE OVER PRINTED NAME  
of TRIAGE OFFICER/DATE SIGNED