



Republic of the Philippines
Department of Education
REGION VI – WESTERN VISAYAS
SCHOOLS DIVISION OF AKLAN

June 4, 2021

DIVISION MEMORANDUM

No. 149, s. 2021

To: OIC, Assistant Schools Division Superintendent
Chief Education Supervisors
Education Program Supervisors
Unit Heads
Public Schools District Supervisors
Heads of Public Elementary,
Secondary and Integrated Schools
School/District Health Coordinators
All others concerned

1. Please find attached DepEd Memorandum No. 028, S. 2021, titled "Comprehensive guidance on the participation of the Department of Education in the implementation of the Philippine National Deployment and Vaccination Plan (NDVP) for COVID-19 vaccines"
2. Immediate and widest dissemination of this Memorandum is directed.


MIGUEL MAC D. APOSIN EdD, CESO V
Schools Division Superintendent

Enclosure: As stated
To be included in the Perpetual Index
under the following subjects:

BUREAUS AND OFFICES HEALTH EDUCATION OFFICIALS PROGRAMS SCHOOLS

SGOD/SHNS/jpb



Poblacion, Numancia, Aklan
Tel/Fax No. (036) 265 3744 | (036) 265 3737 | (036) 265 3738 | (036) 265 3740 | (036) 265 3741
Website: <http://www.depedaklan.org>
Email Address: aklan.1958@deped.gov.ph



Republic of the Philippines
Department of Education

25 MAY 2021

DepEd MEMORANDUM
No. **028**, s. 2021

**COMPREHENSIVE GUIDANCE ON THE PARTICIPATION OF THE DEPARTMENT
OF EDUCATION IN THE IMPLEMENTATION OF THE PHILIPPINE NATIONAL
DEPLOYMENT AND VACCINATION PLAN (NDVP) FOR COVID-19 VACCINES**

To: Undersecretaries
Assistant Secretaries
Minister, Basic, Higher, and Technical Education, BARMM
Bureau and Service Directors
Regional Directors
Schools Division Superintendents
Public and Private Elementary Secondary School Heads
All Others Concerned

1. The Department of Education (DepEd) issues this **Comprehensive Guidance on the Participation of the DepEd in the Implementation of the Philippine National Deployment and Vaccination Plan (NDVP) for COVID-19 Vaccines**. The NDVP was approved and ratified by the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF) through Resolution No. 95 dated January 21, 2021. Following this, the National Task Force (NTF) Against COVID-19 in Memorandum Circular No. 5, s. 2021 dated January 26, 2021 **mandated all implementing agencies, all Regional and Local COVID-19 Task Forces, and all Regional and Local COVID-19 Vaccination Operations Centers to adopt and implement the same**.
2. Based on the NDVP, the local government units (LGUs) are the leads in the implementation of the program, while national government agencies and regional counterparts shall provide strategic directions and technical and logistical assistance, cascade policies and guidelines, and capacitate implementers.
3. A COVID-19 Vaccine Operations Center (VOC) is activated at the national level headed by the COVID-19 Vaccine Cluster Chair, at the regional level led by the Centers for Health Development with the participation of other government agencies and the Regional Task Forces Against COVID-19, and at the local levels, led by LGUs. The VOCs are further comprised of teams. The Department of Education (DepEd) is involved in the Planning, Campaign Management, and Technical Team, which focuses on policy development, information campaigns, capacity building, and setting-up of VOCs.
4. The identification of eligible populations is guided by the World Health Organization (WHO) Strategic Advisory Group of Experts on Immunization Values Framework for the Allocation and Prioritization of COVID-19 Vaccination, and the recommendations of the National Immunization Technical Advisory Group (NITAG). The NDVP has identified Priority Eligible Groups 1 to 12 for vaccination. The items pertinent to DepEd were: (i) School Health and Nutrition Personnel listed under

Priority Group No. 1; (ii) Teachers listed under Priority Group No. 6; (iii) Nonteaching personnel listed under Priority Group No. 7 (all government workers); and (iv) eligible students (e.g., students in primary, secondary, and tertiary levels and in vocational institutions) listed under Priority Group No. 9. Below are the detailed descriptions of priority eligible groups.

- a. As of April 5, 2021, the priority population groups for COVID-19 immunization were categorized as follows:

Phase 1 - Priority Eligible A	
A1	Frontline workers in health facilities both national and local, private and public, health professionals and non-professionals like students in health and allied professions courses with clinical responsibilities, nursing aides, janitors, barangay health workers, etc.
A2	Senior citizens aged 60 years old and above
A3	Adults with comorbidities not otherwise included in the preceding categories
A4	Frontline personnel in essential sectors both in public and private sectors, including uniformed personnel, and those in working sectors identified by the IATF that are directly client facing and cannot dutifully meet minimum public health standards
A5	Poor population based on the National Household Targeting System for Poverty Reduction (NHTS-PR) not otherwise included in the preceding categories
Phase 2 - Priority Eligible B	
B1	Teachers, Social Workers
B2	Other Government Workers
B3	Other essential workers
B4	Socio-demographic groups at significantly higher risk other than senior citizens and poor population based on the NHTS-PR
B5	Overseas Filipino Workers
B6	Other Remaining Workforce
Phase 3 - Priority Eligible C: Rest of the Filipino population not otherwise included in the above groups	

- b. DepEd school health personnel belong to Priority Group A1, per NTF COVID-19 National VOC Advisory No. 20, s. 2021. Based on discussion during the Training of Trainers attended by the Bureau of Learner Support

Services-School Health Division (BLSS-SHD), school health personnel are being prioritized because it is anticipated that for the vaccination of teachers, DepEd school health personnel, together with other local health professionals, will be part of the vaccination teams.

- c. The NDVP notes that the vaccination of students below 18 years will depend on the recommendations of the WHO and NITAG, with the concurrence of the COVID-19 Vaccine Cluster.

5. However, **on April 15, 2021, the IATF has identified frontline personnel in basic education and higher education institutions and agencies as part of Priority Group A4** (IATF Resolution No. 110, s. 2021), thereby adjusting the prioritization of teachers from B1 to A4. Item **A** of the IATF Resolution No. 110, s. 2021 IATF provides:

“Upon the recommendations of the National Task Force Against COVID-19 Task Group Recovery Cluster on the Priority Group A4 of the National COVID-19 Vaccine Deployment Plan is approved with finality. Without prejudice to the more detailed list to be issued by the Recovery Cluster led by the National Economic and Development Authority, and the validation of the final number to be master listed based on the availability of supply and approved priority framework, the final inclusions in the Priority Group A4 is listed hereunder:

A4.1 Commuter transport (land, air, and sea), including logistics;	A4.10 Customer-facing personnel of telecoms, cable and internet service providers, electricity distribution, water distribution utilities;
A4.2 Public and private wet and dry market vendors; frontline workers in groceries, supermarkets, delivery services;	A4.11. Frontline personnel in basic education and higher education institutions and agencies;
A4.3 Workers in manufacturing for food, beverage, medical and pharmaceutical products;	A4.12 Overseas Filipino Workers not classified above, and scheduled for deployment within two months;
A4.4 Frontline workers in food retail, including food service delivery;	A4.13 Frontline workers in law/justice, security, and social protection sectors;
A4.5 Frontline workers in Financial Services in private and government;	A4.14 Frontline government workers engaged in operations of government transport system, quarantine inspection, worker safety inspection and other activities indispensable to the COVID response;
A4.6 Frontline workers in hotels and accommodation establishments;	A4.15 Frontline government workers in charge of tax collection; assessment of businesses for incentives; election; national ID; data collection personnel;

A4.7 Priests, pastors, rabbis, imams or such other religious leaders regardless of denomination;	A4.16 Diplomatic Community and Department of Foreign Affairs personnel in consular operations;
A4.8 Security guards/personnel assigned in the establishments, offices, agencies, and organizations identified in the list of priority industry/sectors;	A4.17 Department of Public Works and Highways personnel in charge of monitoring government infrastructure projects;
A4.9 Frontline workers in news media, both private and government;	

6. The vaccination program shall be implemented in phases, taking into consideration the availability of vaccines, logistics, and cases in geographical areas. The implementation is divided into three phases, namely: The **Pre-implementation Phase**, where preparations for the actual vaccination activity are carried out; the **Implementation Phase**, which is the actual vaccine administration schedule; and the **Post-implementation Phase**, where all activities and reports to conclude a certain round are completed.

7. The workforce for the vaccination campaign shall engage a diverse set of professionals. These include teachers, counselors, pharmacists, medical and allied health professionals, and interns. The recommended composition of vaccination teams includes DepEd personnel who may play the role of a health educator or documenter/recorder and vital signs taker who support medical practitioners.

8. In terms of facilities, DepEd clinics—which are considered health facilities of government agencies—are listed as among the implementing units or establishments authorized to conduct the vaccination activity. DepEd shall work with LGUs to ensure that all implementing units adhere to proper protocols. Some areas in the school other than the clinic (e.g., covered courts, multipurpose halls/rooms, large offices in the school) have also been identified as possible venues for vaccination activities.

9. On February 26, 2021, the President approved Republic Act (RA) No. 11525 titled *An Act Establishing the Coronavirus Disease 2019 (COVID-19) Vaccination Program Expediting the Vaccine Procurement and Administration Process, Providing Funds Therefor, and for Other Purposes*, otherwise known as the **COVID-19 Vaccination Program Act of 2021**.

10. Per RA 11525, the Department of Health (DOH) shall issue a vaccine card to all persons vaccinated, provided that the vaccine cards shall not be considered as an additional mandatory requirement for educational, employment, and other similar government transaction purposes. Further, individuals vaccinated against COVID-19 as indicated in the vaccine card shall not be considered immune from COVID-19, unless otherwise declared by the DOH based on reliable scientific evidence and consensus.

Guiding Principles

11. **Commitment to DepEd Mandate.** DepEd stays true to its commitment to deliver quality, accessible, relevant, and liberating education. As the largest bureaucracy with reach to every household with a basic education learner, DepEd

recognizes that it plays a crucial role in government initiatives, especially in times of a pandemic. DepEd's role is primarily in education, by assisting to provide correct information amidst the fears, confusion, misconceptions, misinformation, or even disinformation. DepEd shall ensure that the engagement of its personnel by the LGUs shall be in a manner that is aligned with DepEd mandate.

12. **Commitment to Truth.** Everyone in the Department is enjoined to advocate truth, to believe in science, and to foster critical thinking as DepEd takes part in the government's COVID-19 Vaccination Program. Everyone shall constantly seek opportunities to obtain correct information about the vaccines and vaccination, and about the government's plan and efforts related to COVID-19 Vaccination.

13. **Commitment to Health and Safety.** DepEd is one with the rest of the government, especially the DOH, in ensuring the health, safety, and well-being of its workforce and learners. DepEd shall ensure that the engagement of its personnel by the LGUs shall be in a manner that is protective and promotive of the welfare and safety of DepEd personnel and learners.

14. **Commitment to the Promotion of Informed Decisions.** DepEd membership in the Planning, Campaign Management, and Technical Teams of the VOCs at various levels shall focus on promoting informed decisions on vaccination, within the government's broader information campaign on the benefits, risks, and other matters associated with vaccines (e.g., strengthening health/immune system to minimize possible side effects). The messaging of any campaign adopted or developed by DepEd shall focus on building capacities for informed decision making on vaccination. This is consistent with the NDVP Special Chapter on Risk Communication and Community Engagement with specific sections on informed consent, and the provision of concise, clear, and up to date information (Annex A).

15. **Roles of DepEd.** DepEd Task Force COVID-19 (DTFC) Memorandum No. 372 titled *Guidance on COVID-19 Vaccination for DepEd Teaching and Nonteaching Personnel* dated April 17, 2021 identifies three levels of participation by DepEd personnel in the ongoing implementation of the NDVP, namely:

- a. **As recipients or beneficiaries** - as qualified recipients of the vaccine (Guidance to the field on this level of participation are elaborated in DTFC Memorandum No. 372);
- b. **As members of the following bodies in the NDVP:** (i) Task Group and Sub-Task Groups of the Immunization Program – Representatives from the Central Office (CO) have been designated by the Secretary for this purpose; (ii) VOC - As members of the Planning, Campaign Management, and Technical Team of the VOC at the various levels of governance; and (iii) Vaccination Team - As volunteer members of their respective local vaccination teams through the practice of their professions and relevant skills; e.g., as medical professionals, as educators, or as guidance counselors (More information about this voluntary participation in the vaccination teams are in Sections 20 and 21 of this DepEd Memorandum [DM]); and
- c. **As champions of advocacy on vaccination.** The Public Affairs Service (PAS) is working with the DOH to develop a comprehensive communication plan for increasing awareness and rallying DepEd personnel to be champions for vaccination, and encouraging everyone to be informed and to get vaccinated.

General Guidelines

16. **Alignment with National Directives and Policies.** All concerned shall ensure that any engagement of DepEd across all governance levels is aligned with RA 11525, the NDVP, and related issuances such as the DOH Department Memorandum (DM) 2021-0099 or the Interim Omnibus Guidelines for the Implementation of the National Vaccine Deployment Plan for COVID-19, and any other subsequent issuances. DOH DM 2021-0099 further provides that the external agencies engaged in COVID-19 response shall comply with their specific roles and corresponding operational guidelines issued by the National Task Force (NTF) for COVID-19 Response. All concerned shall also ensure compliance with the Data Privacy Act.

17. **Contextualization Based on the Felt Needs of DepEd Stakeholders.** The Department shall continue to undertake consultations and surveys among its stakeholders who will benefit from or be affected by the implementation of the NDVP. Results of such consultations and surveys shall be considered when developing initiatives related to the implementation of the NDVP in DepEd.

18. Vaccination

- a. Informed consent is required for the vaccination program. Per the NDVP, consent will only be valid if it is informed, understood, and voluntary, and the person consenting must have the capacity to make the decision. (Special consideration must be given to consent arrangements for those individuals who may lack capacity to give consent.)
- b. The DOH or its authorized entities shall issue a standardized vaccination card to vaccine recipients, documenting the details of the vaccination to ensure completion of the required doses. The vaccine card shall not be considered as an additional mandatory requirement for educational, employment, and other similar government transaction purposes.

19. **Focus on Demand Generation and Communication Activities.** DepEd shall primarily participate in demand generation and communication activities, across all governance levels, towards the promotion of informed decisions. Key messages to support demand generation and communication initiatives shall be integrated in DepEd multi-media platforms (e.g., DepEd TV, DepEd Commons, DepEd social media pages, learning modules and learning activities, learning action cell [LAC] sessions), where applicable and practicable. The CO shall launch a comprehensive communication plan for this purpose.

20. Voluntary Participation in Vaccination Teams

- a. DepEd personnel shall take part in local vaccination initiatives in ways that are within the scope of their work in DepEd, such as in support of demand generation and communication activities, in representing DepEd in the respective VOCs per governance level (in the case of school health and nutrition personnel who may have been designated by the heads of their offices), or in integrating vaccination promotion through the lessons that they deliver to their learners in the case of teachers. Any other involvement in local vaccination initiatives beyond the scope of their work in DepEd, particularly participating as members of vaccination teams, shall be voluntary.

- i. DepEd school health and nutrition personnel as medical frontliners are among the top priorities among the eligible groups because they may be tapped for actual vaccinations. Their participation in actual vaccination shall remain voluntary, similar to the current arrangement in other DOH-led immunization programs implemented in DepEd, as well in their participation in other activities related to COVID-19.
 - ii. Based on the NDVP, teachers may be tapped on a voluntary basis as health educators or documenters/recorders, and vital signstakers. In operationalizing the NDVP in DepEd, willing teachers are encouraged to volunteer only as health educators, and not as vital signs-takers, except when they are also qualified license holders for health-related professions (e.g., registered nurses). The engagement of teachers as volunteers must further be compliant with DepEd no disruption of classes policy.
 - iii. Involvement of any guidance counselor for the provision of counseling and psychosocial support shall likewise be voluntary. It is underscored that the specialized practice of the guidance and counseling shall be limited to Registered Guidance Counselors
- b. Voluntary participation of DepEd personnel shall not prejudice work in DepEd (e.g., in the case of teachers, no classes shall be disrupted). Further, such participation shall be approved by their respective heads of offices, through a written endorsement to the LGU.
 - c. It is emphasized that DepEd will not do its own vaccination. DepEd personnel will only participate in vaccination initiatives led by the LGUs either as members of the VOC or as volunteers of the Vaccination Team. As stipulated in the DOH DM 2021-0099, submission of required data for master listing, microplanning, and ensuring that designated vaccination sites fulfill standards set by the DOH, among others, are the responsibility of the LGU.

21. Ensuring Provision of Necessary Support

- a. Aligned with existing DepEd policy on the engagement of its personnel for LGU-initiated COVID-19 activities, DepEd volunteers (e.g., for tasks that are beyond the scope of their work in DepEd) shall be granted by the NTF, through the LGUs, proper training, personal protective equipment, sanitation resources, and applicable remuneration or allowances.
- b. The schools division superintendent (SDS) shall ensure proper coordination with the LGU for the necessary arrangements for volunteers, including the schedule of deployment. The SDS shall prepare a written endorsement to the LGU where the responsibilities and the protection of DepEd personnel are clearly stated. The LGU's acceptance of such endorsement shall also be expressly written and recorded.
- c. The safety of DepEd personnel shall be the utmost consideration in their participation in the program in whatever capacity.
- d. Participating remotely or virtually whenever possible shall be preferred. Participation of DepEd personnel in face-to-face/onsite vaccination activities, especially prior to their turn to receive the vaccine, is highly discouraged.

- e. Concerned units across all governance levels shall explore the feasibility of additional monetary and/or non-monetary support for DepEd volunteers, subject to availability of funds and existing rules and regulations. Relevant provisions in existing issuances on employee welfare and allowable remunerations shall be reiterated.
- f. Subject to availability of funds and relevant DepEd issuances, provision for communication and transportation expenses for DepEd personnel, especially health personnel, performing duties in line with DepEd COVID-19 response that are within the scope of their work, including DepEd activities related to the operationalization of the NDVP in the Department, may be provided.

22. **Coordination for the Use of Schools.** On the use of school clinics and/or other identified areas in the school (e.g., covered courts, makeshift tents set up in open areas, multipurpose halls/rooms, large offices in the school) as vaccination centers or implementing units based on the NDVP, the provisions of OM-OSec-2021-03-003 titled **Use of DepEd Classrooms and Other Facilities as Vaccination Centers** are reiterated. The same process that applies to the use of schools as quarantine or isolation facilities shall be retained.

- a. The existing policy delegating the assessment, approval, and coordination on the use of schools as quarantine or isolation facilities to Regional Directors shall be maintained especially as the existing system highlights close coordination between DepEd, the LGU, and health authorities. The same Terms and Conditions (TAC) to be entered into by DepEd and LGUs, as attached to OM-OSec-2020-004 (Guidance to Regional Directors for Action on Requests by Local Government Units to Use DepEd Schools and Engage DepEd Personnel in Activities Related to COVID-19) shall be adopted by field offices for the use of schools for vaccination purposes. For local governments with whom there are already existing TAC or memoranda of agreement (MOA), the use of schools as vaccination sites may be treated as an addendum to the TAC/MOA.
- b. The high level of coordination will facilitate the selection of schools in strategic locations and those with sufficient capacity and human resources especially for referral of Adverse Event Following Immunization and Adverse Event of Special Interest cases. The opinion and the assessment of the DOH, through its designated authorities must be sought on the suitability of a facility as vaccination center. DOH DM 2021-0099 provides that **LGUs and health care provider networks in zones shall ensure that designated vaccination sites fulfill standards set by the DOH, while the Regional VOC shall ensure readiness of identified vaccination sites by providing technical assistance, corrective actions, and conduct of simulation.** This is also consistent with the NDVP, which stipulates that LGUs shall ensure that all implementing units adhere to the protocols required for an implementing unit/vaccination post/site.
- c. With the reality that a number of schools already serve as quarantine or isolation facilities, health and LGU authorities must elect whether to use schools for quarantine/isolation or for vaccination purposes. The concurrent use of schools for both purposes is not recommended.
- d. The use of schools for vaccination activities shall be the last resort. This is consistent with the spirit of RA 10821, which instructs that **schools can only be used as an evacuation center as a last resort to allow**

for learning continuity and to avoid the displacement of learners and personnel from schools in times of emergencies.

- e. DepEd position on the limited use of schools for vaccination also considers plans for the resumption of face-to-face and school-based engagements. Schools which are candidates for the resumption of limited face-to-face learning shall be excluded as possible vaccination sites.
- f. While classes are delivered remotely, schools still serve as venues for school-based activities in support of the Basic Education-Learning Continuity Plan (e.g., some schools serve as hubs for the pick-up and submission of learning modules or as preparation and distribution hubs for the milk and nutritious food products as part of the implementation of the School-Based Feeding Program). This shall be considered when selecting schools that will be used as vaccination sites. In cases where there are other ongoing health-related projects in a school, such school will not be used as a vaccination center. The safety of the school personnel reporting onsite in schools and the uninterrupted operations of the school for learning continuity shall be the top consideration.

Responsibility of Governance Levels

23. The DepEd CO, through appropriate units, shall provide policy, technical, and administrative guidance to the field, as well as national coordination of efforts. Specifically, the CO shall:

- a. Actively represent DepEd and participate in the Vaccine Cluster and the National VOC, ensuring that DepEd participation in the vaccination initiatives are aligned with national directives, such as RA 11525, the NDVP, the DOH DM 2021-0099 and subsequent issuances of the DOH, and the guiding principles and general guidelines contained in this DepEd Memorandum, particularly the promotion of informed decisions.
- b. Issue an amendment of the DepEd Required Health Standards to cover provisions on vaccination, and to adopt or align it with the government's BIDA Solusyon Plus sa COVID-19 campaign, as earlier communicated through DTFC Memorandum No. 327 dated February 2, 2021.
- c. Develop a comprehensive communication plan in DepEd based on the amended Required Health Standards, in support of demand generation and communication activities (DTFC Memorandum No. 327), with messaging focused on building capacities for informed decision on vaccination. The information campaign shall be implemented by PAS, with technical inputs and clearance from the DTFC.
- d. Design and implement necessary orientation and capacity building activities, including the development and distribution of toolkits for DepEd personnel who will be involved in the vaccination campaign, as well as those who will serve as vaccination team volunteers, as needed.
- e. Issue reiterative guidelines on employee welfare and allowable remunerations such as the following:
 - i. the grant of hazard pay to health personnel shall be in accordance with RA 7305 or the **Magna Carta of Public**

Health Workers and other relevant issuances of the national government; and

- ii. provision for additional monetary and/or non-monetary support for DepEd personnel involved in the deployment of vaccine shall be subject to availability of funds, existing laws, rules and regulations, and relevant issuances of the Department of Budget and Management.

f. Set up DepEd own database systems on (i) employees who register for vaccination in their LGUs (the database will cover the status of the teachers, e.g., whether they have already received vaccination and other related details on this matter, including possible cases of adverse event following immunization [AEFI]), (ii) use of schools as vaccination centers, and (iii) personnel who will volunteer as members of the vaccination team. The database can be linked or drawn from the existing database of the LGUs and/or the DOH, whichever is feasible. The database systems shall be discussed with the DOH and the National Task Force through the Vaccine Cluster-Sub-Task Group Registry, Data Management and M&E. Alternatively, the existing COVID-19 Monitoring System can also be expanded to include vaccination-related data. The DepEd database systems can be accessed and managed at the regional, division, and school levels. A separate issuance will be released to provide details on the specific data and information that field offices and schools are expected to input into the systems.

- g. Set up a Vaccination Help Desk to receive any concerns faced by field offices and personnel regarding their compliance with this DM.

24. The Regional Office (RO) shall:

- a. Provide strategic and technical oversight to the schools division offices (SDOs) consistent with national policies, and in line with the provisions of this DM.
- b. Actively participate in the Regional VOC, ensuring that DepEd participation in the vaccination initiatives are aligned with national directives, such as RA 11525, the NDVP, the DOH DM 2021-0099, and subsequent issuances of the DOH, and the guiding principles and general guidelines contained in this DM.
- c. Align all implementation plan/implementing activities, including IEC initiatives on the Required Health Standards and vaccination, as well as those proposed by regional partners, with DepEd comprehensive communication plan.
- d. Approve the use of schools as vaccination sites, based on the recommendations of the SDO.
- e. Continue the use of the monitoring system it devised per OM-Osec-2020-004 (Paragraph 17) for the use of schools by LGUs as vaccination sites.

25. The SDO shall:

- a. Provide strategic and technical oversight to the schools, consistent with national policies, and in line with the provisions of this Department Memorandum.
- b. Actively participate in the local VOC, ensuring that DepEd participation in the vaccination initiatives are aligned with national directives, such as RA 11525, the NDVP, the DOH DM 2021-0099 and subsequent issuances of the DOH, and the guiding principles and general guidelines contained in this DM.
- c. Align all implementation plan/implementing activities, including IEC initiatives on the Required Health Standards and vaccination, as well as those proposed by division partners, with DepEd comprehensive communication plan.
- d. Approve the voluntary participation of teachers and other school-based personnel in vaccination teams, as recommended by the School Head, and of the SDO nonteaching personnel.
- e. Ensure proper coordination with the LGU for the necessary arrangements and support needed by DepEd volunteers, including the preparation and submission to the LGU of a written endorsement where the responsibility and the protection of DepEd personnel are clearly stated, and ensuring that the LGU acceptance of such endorsement is expressly written and recorded.
- f. Recommend the approval by the RO/Regional Director the use of the schools as vaccination sites, provided that the LGU ensures that the schools, as designated vaccination sites, fulfill the standards set by the DOH, as cleared by the Regional VOC.
- g. Facilitate the signing of TAC/MOA between the LGUs and the schools and/or the SDOs or ROs.
- h. Ensure the performance of the roles and responsibilities of the LGUs and the schools and/or the SDOs as stipulated in the TAC and/or MOA.

26. Schools shall:

- a. Provide necessary support to the SDO in its participation in the local VOC, as needed.
- b. Maximize existing platforms (e.g., module delivery mechanisms, blended learning media) to help promote information about vaccines, vaccination, and the government's program.
- c. Properly orient teachers and other school-based personnel on available volunteer roles and arrangements, requirements/qualifications, and available support for vaccination team members.
- d. Recommend the voluntary participation of teachers and other school-based personnel.

e. Provide necessary coordination with the LGU and the SDO on the use of the school premises for vaccination, including the processing and signing of the TAC.

f. Perform the responsibilities stipulated in the TAC/MOA.

27. As a guiding principle, the next higher governance level shall be responsible for providing policy, strategic, and technical oversight to offices and personnel under its jurisdiction. Alternatively, all concerned may also submit any DepEd-specific concerns (e.g., experience of personnel on volunteering, use of school facilities and resources for NDVP implementation) through the monitoring and feedback system set up specifically for compliance with this DepEd Memorandum, accessible through this link: <http://bit.ly/depedvaccinationfeedback>.

28. For more information, please contact the **Bureau of Learner Support Services-School Health Division, DTFC Secretariat Lead**, 3rd Floor, Mabini Building, Department of Education Central Office, DepEd Complex, Meralco Avenue, Pasig City through at telephone number (02) 8632-9935 or email at blss.shd@deped.gov.ph or the Bureau of Human Resource and Organizational Development, Vaccination Sub Task Group on Registry, Data Management and Monitoring and Evaluation at bhrod.od@deped.gov.ph or (02) 8-633-7237.

29. Immediate dissemination of this Memorandum is desired.


LEONOR MAGTOLIS BRIONES
Secretary



To authenticate this document,
please scan the QR code
DEPED-OSEC-443107

Encl.:

As stated

Reference:

N o n e

To be indicated in the Perpetual Index
under the following subjects:

BUREAUS AND OFFICES
HEALTH EDUCATION
OFFICIALS
PROGRAMS
SCHOOLS

Annex A

**Selected Provisions from the Special Chapter on
Risk Communication and Community Engagement of the
Philippine National Deployment and Vaccination Plan**

*An integrated demand approach supporting informed decision among citizens
participating in the vaccination program*

Informed Consent

Obtaining informed consent for immunization is both an ethical and legal requirement in any vaccination program. Consent derives from the principle of autonomy and forms an important part of medical and public-health ethics, as well as international law. The importance of consent is that it facilitates the freedom to make choices that reflect the individual's own values, beliefs, and life experiences. The primary principle for informed consent described in the Guide to Professional Conduct, states: "Patients must be given enough information, in a way that they can understand, to enable them to exercise their right to make informed decisions about their care. Consent is not valid if the patient has not been given enough information to make a decision." While the context of a public health immunization program differs from both primary and secondary care prescribing, similar principles apply. For consent to be valid, it must be informed, understood, and voluntary, and the person consenting must have the capacity to make the decision. Special consideration must be given to consent arrangements for those individuals who may lack capacity to give consent. Informed consent must be preceded by disclosure of accurate, adequate, and relevant information in a manner that is comprehensible to the person about the nature, purpose, benefits, and risks of vaccination. The benefits of vaccination should address both benefit to the individual and to society, such as the potential for individual and herd immunity. Risks, both in terms of known risks (e.g. adverse side effects as well as the potential for unknown risks attaching to the vaccine) should be communicated to the vaccine recipient. In the current situation, it will be important to make clear to potential recipients of a COVID-19 vaccine that the duration of immunity conferred is currently unknown and may not be equally effective across all age-groups. The benefits and risks that are disclosed will depend on what is known about them at the time consent is given. Knowledge about the vaccines will continue to advance and it is important that the benefit/risk ratio be continually reviewed and updated in all information and consent material provided to potential recipients will often change.

Provision of Concise and Clear Information

The members of the national Task Group on Demand Generation and Communications will generate information for patients, consistent with the available authorized product information. For each vaccine, this will be written in plain language including all major dialects and English, will be displayed prominently, and will be freely available at all vaccination sites. It will also be available online. A copy of the regulatory, approved patient information leaflet will also be made available (paper or electronic means). This will help to ensure that each person receiving a vaccine is giving informed consent to receive a COVID-19 vaccination, and that they (or their parents or guardians) will be provided with consent forms and sufficient information to allow an informed choice to be made. This information will be provided in a way that is fully comprehensible, and will describe the nature, purpose, benefits, and risks of the vaccination and any measures to alleviate the symptoms arising from aftereffects (e.g. paracetamol to relieve high temperature). All information surrounding the vaccine development, testing limitations (if any), and administration held by the manufacturer and regulatory authorities must be fairly represented in a balanced and summarized manner. To provide valid consent, potential recipients, who might have a range of literacy and numeracy skills, should understand the core message of the vaccine's

purpose, benefits, and risks. This includes disclosing that suspected adverse reactions might not be caused by the vaccine and that rare side effects may not have been detected in clinical trials.

Providing Up to Date information

All information, education, and communication materials (including posters, social media releases, patient information leaflets) will be subject to change as new data emerges, and may include, but will not be limited, to the following relevant information about the COVID-19 vaccines:

- Approval process related to the vaccine's market authorization, including testing and limitations of testing
- Licensing
- Any new component or technology that has not been licensed or used previously
- Post-marketing analysis by the relevant regulatory agencies
- Potential and known side effects and adverse reactions including that described in the regulated package leaflet (issued by EMA)
- How and where to report side effects – a phone number will be included
- How to alleviate possible symptoms arising

Accurate and updated information should be accessible to the target eligible population, with an available central information source (such as a designated telephone service) that can be easily approached for additional concerns/queries. While all information provided will represent the state of knowledge at that time, new information and emerging facts will be documented and promulgated where appropriate and in a timely manner. It is strongly recommended that none of the communication strategies to be undertaken will compare or provide recommendations between vaccine variants (currently available or yet to be approved) in a way that may devalue/denigrate one in favor of the other.