



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

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September 4, 2020

**DIVISION MEMORANDUM**

No. 192, s. 2020

**GUIDELINES ON THE REQUIRED HEALTH STANDARDS IN  
BASIC EDUCATION OFFICES AND SCHOOLS**

**To: Chief Education Supervisors  
Education Program Supervisors  
Public Schools District Supervisors  
Heads of Public and Private Elementary/Integrated/Secondary Schools  
School Disaster Risk Reduction Management Coordinators  
All others concerned**

1. Please find attached DepEd Order No. 14, s. 2020 titled “Guidelines on the Required Health Standards in Basic Education Offices and Schools”, the contents of which are self-explanatory.
2. Immediate dissemination of this Memorandum is desired.

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

Division Taskforce COVID-19/ciu



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Republic of the Philippines  
Department of Education

25 JUN 2020

DepEd O R D E R  
No. **014** s. 2020

**GUIDELINES ON THE REQUIRED HEALTH STANDARDS  
IN BASIC EDUCATION OFFICES AND SCHOOLS**

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

1. The Department of Education (DepEd) is committed to ensure safe educational continuity amidst the challenges of COVID-19. Learning opportunities must be provided to give hope and stability, contribute to the normalization of activities in the country, and facilitate development of our learners and bring normalcy to their lives.

2. In the provision of learning opportunities, the health and safety of our learners and teaching and non-teaching personnel are of utmost importance and must be protected at all times.

3. To ensure the safe return to schools and DepEd offices when allowed by the Department of Health (DOH), the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF), or the Office of the President, DepEd issues the enclosed **Guidelines on the Required Health Standards in Basic Education Offices and Schools** (Enclosure No. 1) for the guidance of all learners, teachers, and nonteaching personnel nationwide. The specific **measures for COVID-19 mitigation in schools and offices** are detailed in Enclosure No. 2 and Enclosure No. 3, respectively.

4. The guidelines and the specific interventions are primarily based on the DOH Administrative Order No. 2020-0015 or the *Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation*, cited by the IATF to aid all sectors in all settings to implement non-pharmaceutical interventions.

5. The DepEd Central Office (CO), Regional Offices (ROs), Schools Division Offices (SDOs) and all public and private elementary and secondary schools/community learning centers (CLCs) are mandated to adopt the guidelines on the required health standards and implement the specific interventions for COVID-19 mitigation. Other measures may be instituted, guided by the following principles laid out in the DOH Administrative Order No. 2020-0015:

a. Shared accountability

- i. All efforts shall espouse the government's strategic directions of national government-enabled, local government-led, and people-centered response to the COVID-19 health event

- b. Evidence-based decision making
    - i. All policies and decisions shall be guided by evidence
    - ii. All actors shall periodically assess and recalibrate policies, plans, programs, and guidelines
  - c. Socio-economic equity and rights-based approach
    - i. Vulnerable groups should be identified and provided additional social safety net protections;
    - ii. Policy design shall always choose the least restrictive alternative that achieves its goals; and
    - iii. In the event of any conflict of rules or guidelines, the interpretation shall ensure the protection of human rights. As such, the safety, needs, and well-being of the individual shall prevail.
6. All concerned are directed to:
- a. Cooperate with DepEd in carrying out the provisions set forth in these standards;
  - b. Report any COVID-19 related concerns to the DepEd Task Force COVID-19 for Central Office concerns, or to their respective COVID-19 DRRM Teams for Regional, Division, or school-level concerns;
  - c. Comply with the standards on health and work safety issued by the Department, and participate in related programs, initiatives, and activities;
  - d. Responsibly use and manage all safety, hygiene, and sanitary resources provided by the agency;
  - e. Contextualize and adapt implementation processes and procedures according to the socio-cultural realities and contexts of learners and their communities; and
  - f. Support government initiatives for responding to the COVID-19 pandemic.
7. For more information, contact **DepEd Task Force COVID-19** through the Bureau of Learner Support Services-School Health Division (BLSS-SHD), 3rd Floor, Mabini Building, Department of Education Central Office, DepEd Complex, Meralco Avenue, Pasig City at telephone no. (02) 8-632-9935 or email at [medical.nursing@deped.gov.ph](mailto:medical.nursing@deped.gov.ph).
8. Immediate dissemination of and strict compliance with this Order are directed.

  
**LEONOR MAGTOLIS BRIONES**  
 Secretary

Encl/s: As stated  
 Reference: N o n e  
 To be indicated in the Perpetual Index  
 under the following subjects:

BUREAUS AND SERVICES	POLICY
EMPLOYEES	RULES AND REGULATIONS
HEALTH EDUCATION	SCHOOLS
LEARNERS	TEACHERS



**GUIDELINES ON THE REQUIRED HEALTH STANDARDS  
IN BASIC EDUCATION OFFICES AND SCHOOLS**

**I. RATIONALE**

1. The united efforts of the country against COVID-19 have been instrumental in slowing the spread of the virus and the disease. However, its full containment has not yet been attained. In this time of threat, challenges, and uncertainties brought about by the pandemic, the Department of Education (DepEd) is committed to find ways for learning opportunities to be provided, while ensuring the health, safety and welfare of all learners, teachers, and personnel.
2. As stipulated in Resolution No. 29 of the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF), dated April 27, 2020, all decisions to impose, lift, or extend community quarantine rests with the IATF, although local authorities may impose enhanced community quarantine upon the concurrence of their respective regional inter-agency task groups. The decision to impose, lift, or extend community quarantine should be based on the parameters identified in IATF Resolution No. 19, which include:
  - a. Trends in the COVID-19 epidemiological curve, which include, among others, the doubling time, acceleration, or deceleration of new cases;
  - b. Capacity of the health care system, which includes, among others, the number and availability of quarantine, isolation, and treatment facilities, the capability to mount contact tracing, availability of Personal Protective Equipment (PPEs) to frontliners, and the testing capacity of the country;
  - c. Social factors;
  - d. Economic factors; and
  - e. Security factors.
3. Guided by its *Basic Education Learning Continuity Plan (BE-LCP)*, the Department of Health (DOH) *Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation* (DOH Administrative Order No. 2020-0015), other applicable guidelines by the DOH and the IATF, and policy directives by the President, DepEd adopts the **Required Health Standards** to be followed in all basic education schools and community learning centers (CLCs), and DepEd offices, when and to the extent that personnel, teachers, non-teaching personnel, and learners will already be allowed to physically return to DepEd schools and/or offices.

**II. SCOPE AND COVERAGE**

4. The **DepEd Required Health Standards** for COVID-19 mitigation shall be applicable to the DepEd Central Office (CO), Regional Offices (ROs), Schools



Division Offices (SDOs), and all public and private elementary and secondary schools/CLCs nationwide, consistent with applicable guidelines from the DOH and the IATF, the policy directives of the President, and taking into consideration the socio-cultural context of their respective localities. The specific measures for COVID-19 mitigation in schools/CLCs and offices are detailed further in Enclosure No. 2 and Enclosure No. 3, respectively.

### III. DEFINITION OF TERMS

5. For the purpose of this Policy, the operational definition of the following terms are as follows:
  - a. *Isolation* - the separation of ill or infected persons from others to prevent the spread of infection or contamination
  - b. *Mental Health and Psychosocial Support (MHPSS)* - used to describe a range of activities that aims to protect/promote psychosocial well-being of individuals and communities in their affected environment and/or prevent or treat mental disorder
  - c. *Most-at-risk Population (MARP)* - population groups who have a higher risk of developing severe COVID-19 infection, such as individuals who are aged 60 and above, pregnant, or have underlying conditions or comorbidity at risk of COVID-19 exacerbation
  - d. *Protective Personal Equipment (PPE)* - protective garments or equipment worn by individuals to increase personal safety from infectious agents
  - e. *Quarantine* - the restriction of movement, or separation from the rest of the population, of healthy persons who may have been exposed to the virus, with the objective of monitoring their symptoms and ensuring early detection of case. This covers self-quarantine or community quarantine in this policy.
  - f. *Vulnerable Groups* - socially disadvantaged groups that are most susceptible to suffer directly from disasters and health events, including senior citizens, immunocompromised individuals, women, children, persons deprived of liberty (PDL), persons with disabilities (PDL), members of indigenous peoples (IPs), internally displaced persons (IDPs), and indigenous cultural communities (ICCs), among others.

### IV. POLICY STATEMENT

6. In accordance with the principles guiding the BE-LCP, the Department establishes the **DepEd Required Health Standards** to ensure the protection of the health, safety and well-being of learners, teachers and personnel, and prevent the further transmission of COVID-19.
7. This Policy facilitates the safe return of learners, teachers and personnel to schools/CLCs and offices, at the time and to the extent as will be allowed by the DOH, the IATF, or the President.



8. The policy is informed by relevant official guidelines, complemented by other credible sources, and balanced by DepEd’s own risk assessments.

## **V. DEPED REQUIRED HEALTH STANDARDS FRAMEWORK**

9. The IATF released its *Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines*, outlining the rules and guidelines for all forms of community quarantine that may be applied in the context of the COVID-19 pandemic. According to these guidelines, all forms of community quarantine aimed at preventing further transmission of COVID-19 require adherence to minimum public health standards.
10. In accordance with the DOH *Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation* (DOH AO No. 2020-0015) and consistent with the *Basic Education Learning Continuity Plan (BE-LCP)*, the **DepEd Required Health Standards** framework is mainly composed of four COVID-19 Mitigation Objectives:
  - a. Increase Physical and Mental Resilience
  - b. Reduce Transmission
  - c. Reduce Contact
  - d. Reduce Duration of Infection
11. Additional references consulted in the development of this framework include the recommendations of the Center for Disease Control and Prevention<sup>1</sup> for a holistic approach to minimum health standards for adoption by schools; the United Nations Educational, Cultural and Scientific Organization–International Institute for Educational Planning (UNESCO-IIEP) *Plan for School Reopening*<sup>2</sup> for key factors in guaranteeing the well-being of learners, teachers, and staff in schools; the Johns Hopkins *Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors*<sup>3</sup> breakdown of risks involved in mass gathering, including sports activities and other events; and UNESCO’s<sup>4</sup> framework for reopening schools.
12. The specific measures for the standards are enumerated in Enclosure No. 2 and Enclosure No. 3.

### **A. Increase Physical and Mental Resilience**

13. Guided by the strategies identified in the DOH *Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation*, key interventions in the

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<sup>1</sup> Center for Disease Control and Prevention Interim Guidance for Administrators of US K-12 Schools and Child Care Programs to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19) (2020)

<sup>2</sup> International Institute for Educational Planning (IIEP) UNESCO: Plan for School Reopening (2020)

<sup>3</sup> John Hopkins: Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors (2020)

<sup>4</sup> UNESCO/UNICEF/World Bank/World Food Programme: Framework for Reopening Schools (2020)





**DepEd Required Health Standards** aim to increase the physical resilience of learners. Standards include the re-establishment of regular and safe delivery of essential school-based services, adapted school-based feeding, continuous promotion of “school-life balance”, and learners’ engagement in daily physical activities provided physical distancing is observed. Similarly, personnel in DepEd offices shall be encouraged to engage in at least 30 minutes of daily physical activities subject to the strict observance of physical distancing, and to observe proper hygiene, safety, and other precautionary measures. Smoking and drinking of alcoholic beverages shall be discouraged, and related bans strictly implemented.

14. The Department likewise places priority on the protection and promotion of the mental health and general welfare of all learners and personnel. Interventions to increase mental resilience include discussion/facilitation of modules related to mental health within the first week of return to school, operationalization of a guidance office in every school to provide basic mental health services to learners and personnel, and the establishment of counseling services through a hotline/platform in SDOs. Likewise, a hotline/platform for counseling services shall be established at the CO for its personnel in the CO and ROs. Moreover, interventions for DepEd offices include provision of Mental Health and Psychosocial Support (MHPSS) and debriefing sessions to personnel, and the promotion of “work-life balance” through proper scheduling of activities and rotation of workforce.
15. Appropriate support for the essential workforce, vulnerable groups, and most-at-risk population (MARPs) learners and personnel shall be ensured by this Policy.

## **B. Reduce Transmission**

16. In accordance with DOH AO No. 2020-0015, strategies to reduce transmission in schools/CLCs and DepEd offices include sustaining appropriate information and education campaigns on proper handwashing and respiratory etiquette, ensuring that symptomatic individuals be required to stay at home and seek medical consultation, institutionalizing routine cleaning and disinfecting of workstations and touch areas such as toilets, door knobs, switches at least once every day for workstations, ensuring access to basic hygiene facilities, and the rational use of personal protective equipment (PPEs) such as masks.
17. In addition to the standards set in DepEd Order (DO) No. 10, s. 2016, titled *Policy and Guidelines for the Comprehensive Water, Sanitation, and Hygiene in Schools (WINS) Program*, schools/CLCs that will be allowed to deliver face-to-face learning will be required to conduct orientation on proper respiratory etiquette for learners, teachers, and personnel.

## **C. Reduce contact**

18. To reduce contact in all schools/CLCs and offices, the **DepEd Required Health Standards** directs the implementation of strict physical distancing of at least 1 meter apart in all common areas.
19. Travel and activities of learners and personnel shall be limited to those most essential. The conduct of large physical gatherings and other activities where



physical distancing may not be possible will be restricted. Online platforms for meetings, training, and conferences shall be utilized instead.

20. In compliance with the IATF *Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines* and the *Revised Interim Guidelines for Alternative Work Arrangements and Support Mechanisms for Workers in the Government During the Period of State of National Emergency Due to COVID-19 Pandemic* (CSC Memorandum Circular No. 10, s. 2020), DepEd has issued its revised policy on alternative work arrangements to minimize contact in schools/CLCs and offices, through DO No. 011, s. 2020.

#### **D. Reduce duration of infection**

21. In order to reduce the duration of infection of COVID-19, early detection and isolation of symptomatic individuals must be ensured in all schools/CLCs and offices.
22. Pursuant to DepEd Memorandum (DM) No. 15, s. 2020 (*First Set of Policy Directives of the DepEd Task Force nCoV*), the Preventive Alert System in Schools (PASS) shall continue its operation to be able to identify possible cases. Part of the procedure is the daily health inspection to detect symptoms of infection.
23. Schools/CLCs and DepEd offices shall ensure the establishment/setting-up/refurbishment of their own clinics for health assessment, provision of appropriate interventions such as first aid or treatment, and proper management of symptoms of learners, teachers, personnel, and when applicable, of visitors. Clinics shall ensure the provision of referral services and follow up of status of learners, teachers, and personnel in appropriate health facilities.

## **VI. DEPED TESTING PROTOCOL**

### **A. Framework**

24. Testing is indispensable in a comprehensive set of **Required Health Standards** in our schools/CLCs and offices, covering the DepEd family of learners, teachers, and nonteaching personnel.
25. The DepEd Testing Protocol is defined in terms of who will be tested, and how testing will proceed. This testing protocol shall not be called “mass testing” because such term, without being attached to a defined coverage, is prone to conflicting interpretation by the public and even among those who advocate it.
26. In the context of DepEd, testing *all* is not affordable and not feasible relative to the country’s testing capacity. Instead, the testing protocol of DepEd shall be risk-based, guided by issuances of the DOH and advisories issued by the World Health Organization (WHO).
27. The DepEd Testing Protocol adheres to the following principles:



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- a. Testing is an integral part of inter-related health standards and measures to ensure the health and safety of the learners, teachers and personnel. Thus, testing shall be combined with:
  - Physical distancing at school, workplace, and during travel;
  - Alternative work arrangements;
  - Suspension of face-to-face classes as needed, cancellation of activities involving congregation of learners and teachers, and use of blended learning and distance learning modalities;
  - Mental health interventions; and
  - Detection and isolation whether at home, in a DepEd facility, or in a health facility through referral.
- b. Testing in the Department shall be employed as a diagnostic tool by qualified medical personnel for medical management, and as part of detection and contact-tracing efforts to suppress spread within the DepEd family and immediate community, and where feasible and available, for clearance of a suspected individual to return to work or school.
- c. It is emphasized that COVID-19 testing of returning personnel and learners shall not be a condition to their return to offices and schools/CLCs.
- d. The DepEd Testing Protocol will take into account considerations such as availability of resources, the COVID-19 situation in a particular locality, and overall public health impact. Thus, prioritization for testing is inevitable, and will be aligned with existing DOH Guidelines.
- e. DepEd will ensure strong coordination with the health sector and local government units.

## **B. Basis**

28. Presently, the applicable DOH testing guidelines are Department Memorandum No. 2020-0180, dated April 16, 2020 (*Revised Interim Guidelines on Expanded Testing*) and Department Memorandum No. 2020-0220, dated May 11, 2020 (*Interim Guidelines on the Return-to-Work*).
29. The DOH defines “expanded testing” as testing of all individuals who are at risk of contracting COVID-19 infection, specifically: (1) suspect cases; (2) individuals with relevant history of travel and exposure (or contact) whether symptomatic or asymptomatic; and (3) health care workers with possible exposure, whether symptomatic or asymptomatic.
30. The DOH does not recommend indiscriminate testing beyond close contacts of a confirmed COVID-19 case. Under DOH Department Memorandum No. 2020-0180, the following subgroups of at-risk individuals are arranged from greatest to lowest need for testing:



- a. Subgroup A: Patients or healthcare workers with severe/critical symptoms, with relevant history of either travel or contact
  - b. Subgroup B: Patients or healthcare workers with mild symptoms, with either relevant history of travel/contact, and considered vulnerable
  - c. Subgroup C: Patients or healthcare workers with mild symptoms, with either relevant history of travel or contact
  - d. Subgroup D: Patients or healthcare workers with no symptoms but with either relevant history of travel or contact
31. Subgroups A and B are prioritized for testing. Subgroup C shall also be tested, with healthcare workers prioritized.
32. Based on current available evidence, real-time polymerase chain reaction (RT-PCR) testing is the confirmatory test. However, Rapid antibody-based test kits approved by the FDA may also be used under conditions indicated in the *Revised Interim Guidelines on Expanded Testing*.

### **C. Components**

#### **Early detection in schools and offices**

33. To reduce the duration of infection, early detection and isolation of possible infected individuals is essential. All learners, teachers, personnel, and other visitors shall be subjected to temperature checks using a thermal scanner prior to entering schools/CLCs or offices.
34. Those who will have a temperature reading of 37.5° Celsius and above or show symptoms of COVID-19 shall be provided with a surgical face mask and brought to a clinic for proper evaluation and management.

#### **Referral Process**

35. To assist in early detection and eventual referral of possible COVID-19 cases, all school heads shall ensure the continued operationalization of the Preventive Alert System in Schools (PASS) for COVID-19 per DM No. 15, s. 2020. The PASS involves a systematic reporting of one's state of health to the appropriate personnel and/or agencies in the locality.
36. Symptomatic learners, teachers, and personnel shall be evaluated by the school/office health personnel or referred to the nearest barangay/municipal/city health center for evaluation or referral to a hospital if needed.
37. The school/office, through its clinic, shall ensure the provision of referral services and follow up of learners, teachers, and personnel to the appropriate health facilities.



## **Testing and Quarantine**

38. Applying DOH Department Memorandum No. 2020-0180, other relevant DOH guidelines, and relevant WHO guidance to the context of the DepEd family, the Department shall assist in facilitating the testing of the following:
- a. learners, teachers and personnel who develop symptoms during the period when face-to-face classes is already being held, or when teachers and personnel are already reporting physically in school or workplace, and: (1) who have history of travel to a place (local or foreign) assessed as having community transmission of COVID-19 in the last 14 days prior to onset of symptoms; or (2) have history of contact with a confirmed or probable COVID-19 case in the last 14 days prior to onset of symptoms.
  - b. symptomatic assigned healthcare workers and first responders in DepEd with exposure to (a).
39. Learners, teachers and personnel covered by paragraph 38, while no face-to-face classes are being held, or while on pure work from home arrangement, shall be referred to a health facility for evaluation and medical intervention, including testing. Similarly, learners, teachers, and personnel with Influenza Like Illness (ILI) or Severe Acute Respiratory Illness (SARI) as defined by DOH shall be referred to a health facility for evaluation and medical intervention, including testing.
40. Upon detection, and prior to testing or referral to a facility, identified learners, teachers and personnel who fall under the above categories shall be isolated at home or in a DepEd facility. If no referral happens, the patients should still remain in isolation for 14 days or until asymptomatic, whichever is longer.
41. Asymptomatic learners and personnel with relevant history of travel and close exposure or contact with individuals known to be COVID-19 positive shall complete 14 days of quarantine from the date of last contact with the confirmed case, either at home, in a DepEd facility, or in a referral facility.
42. Testing beyond those indicated above, whether using RT-PCR or rapid antibody-based test kits approved by the FDA shall be on case-by-case basis, such as when there is an LGU initiative, or resources are made available by partners, provided: that this shall be done in consultation with a DOH or local government officer, or upon determination of a properly trained DepEd physician following appropriate administrative supervision of relevant DepEd officials. For tests using RT-PCR, results shall be reported to DOH in accordance with DOH AO No. 2020-0013 and DOH AO No. 2020-0014. For tests using rapid antibody tests, the results shall be submitted to [hrtucovid19results@gmail.com](mailto:hrtucovid19results@gmail.com) using the format available on <https://bit.ly/RDTReportingForm>.

## **Contact Tracing**

43. Pursuant to DOH *Updated Guidelines on Contact Tracing of Close Contacts of Confirmed Coronavirus Disease (COVID-19) Cases* (DOH Department Memorandum No. 2020-0189), contact tracing shall serve as one of the main



public health interventions for COVID-19 response aimed at interrupting ongoing transmission and reducing the spread of infection.

44. DepEd shall cooperate with the relevant local health authorities, local government units, or applicable inter-agency groups in the conduct of contact tracing. The process for contact tracing shall include the following actions:
  - a. Identify settings where the contacts have visited or social interactions where the contacts have been exposed;
  - b. Identify all social, familial, work, and health care worker contacts who have had contact with a confirmed case from 2 days before symptom onset of the case (use date of sample collection for asymptomatic cases as basis) until the time that the said case tests negative on laboratory confirmation;
  - c. Create a line list, including demographic information and geographic information at barangay and sitio levels, date of first and last exposure or date of contact with the confirmed or probable case, and, for symptomatic close contacts, date of onset of fever, respiratory symptoms, or other significant signs and symptoms; and
  - d. Thoroughly document the common exposures and type of contact with the confirmed or probable case for any contact who become infected with COVID-19.
45. The Department shall conduct its supplemental contact tracing within the DepEd family to ensure timely interventions as required.

### **Support Protocols**

46. DepEd shall coordinate with PhilHealth on the coverage of applicable package/s to learners, teachers and personnel, and work out a possible institutional arrangement with the agency.
47. DepEd shall set aside an amount to subsidize indicated testing for learners, teachers and personnel, subject to availability of funds and applicable budget and accounting regulations.
48. The health status of learners, teachers and personnel who tested positive for COVID-19, and those currently in isolation/quarantine, shall be regularly monitored by the school/office health personnel, in close coordination with the SDO/RO/CO health personnel. Learners, teachers, and personnel who tested positive or are under isolation/quarantine shall secure medical clearance/certificate from their attending physician before they may return to school or office.
49. Learners, teachers, and personnel who are confirmed to be COVID-19 positive, under isolation/quarantine, or categorized as suspect and probable cases shall be provided with Mental Health and Psychosocial Support (MHPSS) facilitated by the school's guidance office and/or personnel trained on MHPSS.



50. DepEd shall arrange with the learners and parents/guardians, teachers, and personnel, the necessary permissions for health-related use and processing of personal information, consistent with the Data Privacy Act.

## **VII. SUPPORT MECHANISMS FOR THE DEPED REQUIRED HEALTH STANDARDS**

51. To support the implementation of the identified strategies under each COVID-19 mitigation objective, the **DepEd Required Health Standards** shall also be supported by the following mechanisms:

### **A. Continuation of DepEd Task Force COVID-19**

52. The DepEd Task Force COVID-19, created through DM No. 11, s. 2020, shall continue to lead the overall efforts of the Department in addressing the challenges of COVID-19 through policy recommendations and strategy development, monitoring of compliance by all schools/CLCs and DepEd offices to the **DepEd Required Health Standards**, DOH guidelines, and other relevant policy directives in relation to COVID-19, and performance of other functions and activities as may be necessary to carry out their mandate, or as the Secretary may direct.

53. The DepEd Task Force COVID-19 may be contacted through the **Bureau of Learner Support Services-School Health Division (BLSS-SHD)**, 3rd Floor, Mabini Building, Department of Education Central Office, DepEd Complex, Meralco Avenue, Pasig City at telephone no. (02) 8632-9935 or email at [medical.nursing@deped.gov.ph](mailto:medical.nursing@deped.gov.ph).

### **B. Internal Situation Reports**

54. The DepEd Task Force COVID-19 prepares regular internal situation reports containing updated statistics of infected persons nationally and within the Department, the latest action/s taken by DepEd in support of COVID-19 mitigation, and latest relevant issuance/s to keep the concerned DepEd officers adequately informed during the pandemic.

### **C. Communications Plan**

55. The Department places great emphasis on the importance of maintaining clear communications, consultation, and coordination with learners, teachers, personnel, parents, and other education stakeholders in this time of uncertainty.
56. As such, close coordination with national government media channels such as the Presidential Communications Operations Office (PCOO), DOH, and IATF will be done to ensure the dissemination of truthful and accurate information to all stakeholders.
57. New media channels across various online platforms, such as social media and streaming services, shall be strengthened for quick and wide dissemination of policies and announcements. Environment scanning for the collection of inputs from stakeholders will also be conducted to help in informing policy decisions.



58. The Public Affairs Service (PAS) will work closely with the DepEd Task Force COVID-19, Disaster Risk Reduction and Management Service (DRRMS), Quick Response and Recovery Team (QRRT), Bureau of Learner Support Services-School Health Division (BLSS-SHD), and other DepEd units in the dissemination of relevant preventive and safety information, support, and response in the midst of the COVID-19 pandemic.

## **VIII. BUDGET AND FINANCE**

59. Funding requirements to implement the provisions set forth in this policy guidelines shall be charged to available funds in the CO, ROs, SDOs, and schools/CLCs under the General Appropriations Act (GAA) and/or other sources of funds as a result of partnerships with the LGUs, the private sector, and other non-government organizations. All cost implications should be ranked according to the priority needs of the offices and schools. Utilization of funds for this purpose shall be subject to applicable procurement, accounting, and auditing rules and regulations.

## **IX. EFFECTIVITY/TRANSITORY PROVISIONS**

60. This Policy shall take effect immediately upon publication in the DepEd website.

## **X. REFERENCES**

Civil Service Commission (CSC) Memorandum Circular No. 10, s. 2020 “Revised Interim Guidelines for Alternative Work Arrangements”

Department of Education (DepEd) Basic Education Learning Continuity Plan (BE-LCP) "LEARNING OPPORTUNITIES SHALL BE AVAILABLE: The Basic Education Learning Continuity Plan in the Time of COVID-19"

DepEd Memorandum No. 11, s. 2020 “Creation of a Task Force for the Management of the Department of Education Response to Novel Coronavirus Acute Respiratory Disease”

DepEd Memorandum No. 15, s. 2020 “First Set of Policy Directives of the DepEd Task Force on NCOV”

DepEd Memorandum No. 111, s. 2019 “Prohibiting the Use of E-Cigarettes and other Electronic Nicotine and Non-Nicotine Delivery System and Reiterating the Absolute Tobacco Smoking Ban in Schools and DepEd Offices”

DepEd Order No. 011, s. 2020 “Revised Guidelines on Alternative Work Arrangements in the Department of Education during the Period of State of National Emergency due to COVID-19 Pandemic”

DepEd Order No. 10, s. 2016 “Policy and Guidelines for the Comprehensive Water, Sanitation, and Hygiene in Schools (WINS) Program”





DepEd Order No. 13, s. 2017 “Policy and Guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices”

DepEd Order No. 48, s. 2016 “Policy and Guidelines on Comprehensive Tobacco Control”

DepEd Task Force COVID-19 Memorandum No. 25, s. 2020 “Minimum Standards on Social Distancing/Baseline Protocols to be Observed in the Workplace, Travel and Home and Private Space and Time of Deployed Personnel during the Enhanced Community Quarantine”

DepEd Task Force COVID-19 Memorandum No. 39 “Strict Enforcement of Tobacco Control Policies, Including Smoke-Free and Vape-Free Policies, During the Enhanced and General Community Quarantine”

Department of Health (DOH) Administrative Order No. 2020-0015 "Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation"

DOH Department Memorandum No. 2020-0176 “ Interim Guidelines on the Rational Use of Personal Protective Equipment for Coronavirus Disease 2019”

DOH Department Memorandum No. 2020-0180 “Revised Interim Guidelines on Expanded Testing”

DOH Department Memorandum No. 2020-0189 “Updated Guidelines on Contact Tracing of Close Contacts of Confirmed Coronavirus Disease (COVID-19) Cases”

DOH Department Memorandum No. 2020-0220 “Interim Guidelines on the Return-to-Work”

Inter-Agency Task Force on Emerging Infectious Diseases “Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines “

Inter-Agency Task Force on Emerging Infectious Diseases Resolution No. 19

Inter-Agency Task Force on Emerging Infectious Diseases Resolution No. 29

Republic Act (RA) No. 10173 “Data Privacy Act of 2012”

Republic Act (RA) No. 11223 “Universal Health Care Act”

PhilHealth Circular No. 2020-0009 “Benefit packages for the inpatient care of probable and confirmed COVID-19 developing severe illness/outcomes”



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DEPED-OSEC-420540

## **SPECIFIC MEASURES FOR COVID-19 PREVENTION AND MITIGATION IN SCHOOLS**

### **I. Routines and Protocols for Health and Safety**

#### **A. General Health and Safety Protocols**

1. Practice respiratory etiquette and other protective measures.
  - a. Practice physical distancing (at least 1 meter apart) at all times.
  - b. Frequently clean hands by using alcohol-based hand rub/disinfectants or by proper handwashing with soap and water. Teachers shall allot a specific period among learners for regular and thorough handwashing with soap and water, subject to the strict observance of physical distancing.
  - c. When sneezing/coughing, use tissue or inner portion of elbow to cover nose and mouth, and be sure that proper distance is maintained. Do not cover the mouth with the hand.
  - d. Observe proper use of face masks at all times. Both nose and mouth must be covered.
    - i. Those with no symptoms may use cloth/washable face masks, earloop masks, indigenous, reusable, do-it-yourself masks, or face shields, handkerchiefs, or such other protective equipment or any combination thereof, which can effectively lessen the transmission of COVID-19.
    - ii. Surgical masks—to be stored in the school clinic and available at the school entrances, shall be reserved for symptomatic individuals and health care providers. Individuals who will manifest symptoms shall immediately be provided with a surgical mask and brought to the school clinic for checking/monitoring/advice; e.g., send home, refer to a hospital/appropriate health authority, etc.
  - e. Practice proper disposal of tissue and masks after use.
2. All learners, teachers and personnel, on the first day of their reporting to school, shall be provided with an initial orientation on the respiratory etiquette and other protective measures. It shall be reiterated that the same measures are expected to be



practiced in other public places, including when they travel to and from the school, and even at home should risk factors exist.

3. The school shall ensure that each learner, teacher, and personnel has access to the following upon return to school:
  - a. Cloth/washable face masks, earloop masks, indigenous, reusable, do-it-yourself masks, or face shields, handkerchiefs, or such other protective equipment or any combination thereof, which can effectively lessen the transmission of COVID-19
  - b. 1 toothbrush and 1 toothpaste (K-6 learners)
  - c. 1 bar of soap (K-6 learners)
4. The school shall ensure availability of hand soaps/hand-sanitizers/alcohol-based solutions/other disinfectants in restrooms, classrooms, entrances, etc. by doing routine monitoring and replacement/replenishment if needed.
5. The school shall ensure routine cleaning/disinfection of frequently touched surfaces and objects (tables, doorknobs, desks, and school items) using bleach solution at least twice a day, preferably before the start of scheduled physical classes (e.g., once in the morning, once in the afternoon), as well as the routine cleaning and the replacement of disinfectant solutions in foot baths. More intensive cleaning and disinfection shall be done on weekends.

## **B. Detection and Referral**

1. All learners, teachers, personnel, and when applicable, visitors, shall be subjected to temperature checks using a thermal scanner prior to entering the school. Those who will have a reading of 37.5° Celsius or above shall be provided with a surgical face mask and brought to a private screening area that shall be set up near the entrance of the school where the concerned teacher, personnel, learner, or visitor can be further examined, for appropriate management, intervention, or referral.
2. Entrance to the school of visitors and other external stakeholders shall be discouraged. Non-face-to-face communications and coordination through available platforms (e.g., telephone, cellular network, the internet) shall be prioritized.
3. Teachers shall conduct daily rapid health check in the classroom. Those who will show symptoms of COVID-19 shall be given a surgical face mask and further assessed in the school clinic.



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### **C. School Activities and Events**

1. The school shall implement adjustments of schedule of classes and activities to allow for physical distancing in the classroom.
2. The school shall restrict conduct of physical or face-to-face large gatherings and activities that will require close contact or where physical distancing may not be possible (e.g., school activities, field trips, sports festivals, and flag ceremony, etc.)
3. The school shall provide and maximize the use of online platforms which do not require physical interactions or congregations for the performance of tasks, including learning delivery, training, and conferences.
4. Travel of learners, teachers and personnel shall be limited only to the most critical or essential as determined by the Secretary or her designated officers.
5. Teachers shall devise and implement alternative means of recording and monitoring attendance.

### **D. School Clinic and Health Services**

1. The school, with the support of concerned DepEd offices, shall ensure the establishment/setting-up/refurbishment of a school clinic to provide basic health services to learners, teachers and personnel, and when applicable, for visitors, such as:
  - a. Health assessment and physical examination, as needed,
  - b. Appropriate intervention, first aid, or treatment,
  - c. Proper management of symptoms, including rest at home
  - d. Referral and follow-up of learners, teachers and personnel to appropriate health facilities
2. Aside from the school clinic, the school shall also designate:
  - a. a private screening area near the entrance of the school where teachers, personnel, learners, and visitors who show symptoms upon screening at the entrance can be further examined, for appropriate management, intervention, or referral, and
  - b. a separate space where sick learners, teachers and personnel who have been managed in the clinic can temporarily stay, awaiting referral to the appropriate health facility, without creating stigma.
3. In the absence of school health personnel, the school shall designate (a) clinic teacher(s) who shall manage the clinic every school day, to provide basic health services and facilitate referral as needed, in close coordination with the school health personnel at the SDO. Clinic teachers shall be provided prior



orientation by the school health personnel at the SDO for proper guidance on how to effectively run the school clinic.

4. The school shall ensure that learners, teachers, and personnel who manifest COVID-19 symptoms shall not physically report to school and shall seek medical advice—virtual, if possible—as needed.
5. The school shall cooperate with the local health authorities in the tracing and quarantine of close contacts of confirmed cases of COVID-19, consistent with DOH guidelines.
6. The school shall ensure that learners and personnel who have tested positive for COVID-19 shall not return to school, even if they are already asymptomatic, unless cleared by medical authorities.
7. The school clinic shall ensure the availability of Emergency Health Kits that include PPEs and other needed supplies and materials. The PPEs should be available for COVID-19 DRRM team members, health personnel, maintenance, and security guards. The use of PPEs should be guided by the DOH Interim Guidelines on the Rational Use of Personal Protective Equipment for COVID-19-04-02 as summarized in the tables below:

- a. PPE requirement depending on the nature of the activity:

<b>Activity</b>	<b>Required PPE</b>
Triage and screening of individuals in points of entry (for personnel in school entrances)	Medical mask
Caring for a suspected case of COVID-19 with no aerosol-generating procedure (for personnel in school clinics)	Medical mask, goggles or face shield, gloves, gown
Caring for suspected/confirmed cases of COVID-19 with aerosol-generating procedure (for personnel in school clinics)	Goggles or face shield, respirator (N95 or FFP2), gloves, gown
Assisting in transporting passengers to a healthcare facility	Full PPE

- b. Technical specifications of PPE

<b>Item</b>	<b>Technical Specifications</b>
Medical mask	Medical or surgical mask, disposable, earloop, 3-ply, conforms to EN 14683 rating type standards or equivalent
Goggles	Goggles or laboratory safety goggles, polycarbonate lens, soft, flexible, adjustable head strap, anti-fog, conforms to EN 166 standard or equivalent



Face shield	Full face shield, anti-fog, latex-free, one-size fits all, soft head foam, comfort stretch band, disposable, conforms to EN 166 standard or equivalent
Gown	Examination gown, disposable, non-sterile, SMS/PE coated polyethylene material, fluid-resistant, solid-front and rear opening, long sleeved with elastic cuffs, conforms to ASTM F1671 standards or equivalent

### E. DepEd Health and Safety Policies

1. The school shall ensure the operationalization of the Preventive Alert System in Schools (PASS) for COVID-19 per DepEd Memorandum No. 15, s. 2020.
2. The school shall strengthen the implementation of DepEd Task Force COVID-19 Memorandum No. 25, s. 2020, or the Minimum Standards on Social Distancing.
3. The school shall develop its School Contingency and Response Plan for COVID-19.
4. To ensure the effective adoption of the proper hand and respiratory hygiene and other safety precautions, the school shall strengthen the implementation of DepEd Order No. 10, s. 2016, or the Policy and Guidelines for the Comprehensive Water, Sanitation and Hygiene (WASH) in Schools (WinS) Program.
5. To ensure the availability of nutritious foods in schools and support the promotion of ensuring a strong immune system among learners and personnel to fight COVID-19, the school shall strictly enforce DepEd Order No. 13, s. 2017 or Policy and Guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices, as well as provide nutrition education and post nutrition education and information materials; e.g., *Pinggang Pinoy*, Food Pyramid and Cycle Menu.
6. In line with studies that link COVID-19 and smoking, the school shall strictly enforce the ban on smoking/vaping per DepEd Order No. 48, s. 2016, or the Policy and Guidelines on Comprehensive Tobacco Control and DepEd Memorandum No. 111, s. 2019 entitled Prohibiting the Use of E-Cigarettes and other Electronic Nicotine and Non-Nicotine Delivery System and Reiterating the Absolute Tobacco Smoking Ban in Schools and DepEd Offices. Brief Tobacco Intervention Providers at the SDO may be tapped to help learners and personnel who smoke to quit. The DOH Quitline can also be reached through <https://www.facebook.com/DOHQuitlineofficial/>. The schools are enjoined to communicate with local government units (LGUs) to pass an ordinance/implement the existing law that prohibits the sale of tobacco products to minors or within 100 meters from





any point of the perimeter of the school, or implement stricter measures, if possible, as reiterated in DepEd Task Force COVID-19 Memorandum No. 39, entitled Strict Enforcement of Tobacco Control Policies, Including Smoke-Free and Vape-Free Policies, During the Enhanced and General Community Quarantine. Schools are also warned against partnerships with tobacco companies and NGOs and foundations funded by tobacco companies.

## **II. Physical Arrangement in Schools**

- A. All classrooms must meet the following standards:
1. Proper ventilation (open windows are preferred over air-conditioning systems)
  2. Adherence to the attached classroom layout (Enclosure No. 4), specifying the physical designs of chairs and classroom arrangements that ensure proper physical distancing
- B. The school shall establish and maintain proper sanitation and hygiene facilities:
1. Foot baths in all entrances
  2. Toilets (with adequate water and soap)
  3. Handwashing stations
- C. The school shall create and operate a common area where physical distancing and appropriate prevention measures can be strictly enforced for accommodating visitors and/or clients.
- D. The school shall ensure that the following are sufficiently provided in its premises:
1. Tissue paper/towel
  2. Designated trash bins for tissue disposal
  3. Adequate water and soap for handwashing (especially for all toilet facilities)
  4. Hand-sanitizers/alcohol-based solutions/other disinfectants in all rooms, entrances, corridors, communal areas, and other amenities especially eating areas
- E. Information, education, and communication (IEC) materials containing the key messages on health and safety shall be displayed in key strategic areas of the school, such as the school entrances, corridors, toilets, and other communal areas, or if practicable, distributed to the learners or personnel for their ready reference. The same IEC materials



shall be shown or provided to visitors who need to enter the school premises.

- F. The school shall ensure that a Materials Recovery Facilities (MRF) is set up for proper waste segregation.

### **III. Support Mechanisms**

#### **A. Physical and Mental Resilience**

1. The first five school days that the learners are physically present in school shall be devoted to discussion/facilitation of modules related to mental health, facilitated by their respective classroom advisers or designated teachers. Before the opening of the school year, classroom advisers or designated teachers are expected to take the training on how to facilitate the modules, which cover the following mental health topics, in addition to modules on the nature of COVID-19 and preventive measures (WASH, physical distancing, etc.):
  - a. Validating and Normalizing Feelings
  - b. Calming Down and Controlling One's Emotions
  - c. Identifying and Addressing Needs
  - d. Sources of Strength
  - e. Other relevant topics as needed
2. The school shall maintain/set-up a guidance office that will remain operational for the entire school year.
  - a. The school shall ensure that the guidance office is staffed by a registered guidance counselor (RGC) or a designated guidance associate (not an RGC but is trained on MHPSS and is capable of effective referral) every school day, to provide basic mental health services to learners, teachers and personnel who may need such services.
  - b. The Schools Division Office (SDO) shall set up a hotline/online platform to provide counseling services to learners, teachers and personnel who require counseling services. In the absence of an RGC, learners, teachers and school-based personnel shall be referred to this platform for counseling services.
3. The school, through its guidance office, shall ensure the provision of specialized psychosocial support to learners, teachers and personnel who are confirmed to be positive, under isolation/quarantine, and categorized as suspect and probable. The most appropriate method, which duly considers the safety



of the MHPSS provider, shall be employed (e.g. provision through the internet or hotlines).

4. The school shall engage parents, guardians, or any care providers of learners on taking care of mental health and creating a positive environment.
5. The school shall ensure strict adherence to Republic Act No. 10173 or the Data Privacy Act of 2012 in the provision of mental health services and referral.
6. The school shall promote “school-life balance” through proper scheduling of schoolwork that will allow learners to enjoy quality time at home.
7. The DepEd Task Force COVID-19, in collaboration with the Bureau of Human Resource and Organizational Development (BHROD), the Bureau of Curriculum Development (BCD), the Bureau of Learning Delivery (BLD), National Educators' Academy of the Philippines (NEAP), and Youth Formation Division (YFD), shall issue guidelines on the mental health program and psychological support system for learners and personnel across all governance levels in DepEd.
8. The school shall continue to engage learners in at least 60 minutes of daily physical activities consisting of any one or a combination of activities based on the 2010 Physical Activity Prescription, Philippine National Guidelines in Physical Activity—namely, (a) active daily tasks; (b) exercise, dance, and sports; (c) high impact play (unstructured spontaneous play); and (d) muscle strengthening and flexibility activities—subject to the strict observance of physical distancing, proper hygiene and safety, and other precautionary measures.

## **B. Administrative Support**

1. The school, with the support of concerned DepEd offices, shall ensure that teaching and non-teaching personnel undergo annual physical examination, in accordance with the provisions of RA 11223 or the Universal Health Care Act and its Implementing Rules and Regulations. The conduct of the physical examination shall be in accordance with precautionary and protective measures in light of the COVID-19 health emergency.
2. The school, with the support of concerned DepEd offices, shall re-establish the regular and safe delivery of essential services, including, but not limited to:
  - a. protection referrals
  - b. specialized services for children with disabilities



- c. school health and nutrition services such as medical and dental services, school feeding, immunization program, counseling, and brief tobacco interventions
3. Guidelines for the delivery of such services shall be issued by the Bureau of Learner Support Services – School Health Division (BLSS-SHD).
4. The school shall prioritize to provide alternative arrangements to learners, teachers and personnel who are elderly, who have underlying health conditions, or who are pregnant in the duration of the COVID-19 event. If alternative arrangements are not possible, designated areas must be available to high-risk groups.
5. The school shall explore partnerships to assist learners, teachers and personnel especially those belonging in vulnerable groups through initiatives including but not limited to transportation, provision of PPEs and social amelioration. The school shall reiterate policies that will help reduce expenses of families (e.g., non-mandatory use of school uniforms; no collection policy).
6. The school shall ensure that personnel on work from home arrangement are provided with logistical support, and that reasonable expenses incurred are covered in accordance with CSC Memorandum Circular 10, s. 2020 and with the DepEd revised guidelines on implementing alternative work arrangements to minimize contact in offices and schools.
7. The school, with the support of concerned DepEd offices, shall ensure the provision of the following:
  - a. Temporary accommodations to learners, teachers and personnel, if necessary (e.g., for personnel requiring daily/long travel/commute; visiting health personnel who will need to provide services for an entire week, etc.)
  - b. Financial, transportation, internet/communication allowance, food, and other commodities (e.g. medical and dental supplies and supplements) for essential workforce, if necessary and practicable, may be considered as allowable expenses. The provision of transportation shall be subject to standards of physical distancing, disinfection, and observance of other health protocols measures.
  - c. Assistance to learners, teachers and personnel who contract the virus in coordination with PhilHealth to avail of the case-based payment of the benefits of patient with probable or confirmed COVID-19 under the PhilHealth Circular No. 2020-0009 and other relevant government health institutions.



#### IV. Screening of Returning Personnel and Learners and Testing Protocol

##### A. Screening of Returning Personnel and Learners

1. All returning personnel and learners physically reporting to the school shall be screened for symptoms of COVID-19, including fever, cough, colds, and other respiratory symptoms, and/or relevant history of travel or exposure within the last 14 days. The following should have happened two (2) days before or within 14 days from onset of symptoms of a confirmed or probable case:
  - a. Face-to-face contact with a confirmed or probable case within 1 meter and for more than 15 minutes
  - b. Direct physical contact with a confirmed case
  - c. Direct care for a patient with a probable or confirmed COVID-19 disease without using proper personal protective equipment
2. Returning personnel and learners who **are symptomatic with relevant history of travel/exposure on the date of reporting to the school** shall not be allowed to physically report to the school and must consult with their primary care provider. The use of telemedicine is encouraged for proper care and coordination.
3. Returning personnel and learners who **were symptomatic with relevant history of travel/exposure within the last fourteen (14) days prior to the date of reporting to the school** shall present the Certificate of Quarantine Completion duly issued by the step-down care facility or local health office, whichever is applicable based on the latest DOH guidelines.
4. If **asymptomatic** within the last fourteen (14) days prior to the date of physically reporting to school, personnel and learners **without relevant history of travel or exposure** can be **allowed** to physically return to the school.
5. If **asymptomatic** within the last fourteen (14) days prior to the date of physically reporting to school, personnel and learners **with relevant history of travel or exposure** can be **cleared to physically return to the school only upon presentation of a medical certificate** issued by local health authorities such as DepEd school health personnel or the provincial, city, or municipal health office.
6. If **symptomatic** within the last fourteen (14) days prior to the physically reporting to school, personnel and learners **without relevant history of travel or exposure** shall **seek medical advice** for proper treatment/intervention and the issuance of the necessary **medical certificate** prior to reporting back to the school.

- B. The testing protocol shall be as provided in Enclosure No. 1.



## **SPECIFIC MEASURES FOR COVID-19 PREVENTION AND MITIGATION IN OFFICES**

### **I. Routines and Protocols for Health and Safety**

#### **A. General Health and Safety Protocols**

1. Practice respiratory etiquette and other protective measures.
  - a. Practice physical distancing (at least 1 meter apart) at all times.
  - b. Frequently clean hands by using alcohol-based hand rub/disinfectants or by proper handwashing with soap and water.
  - c. When sneezing/coughing, use tissue or inner portion of elbow to cover nose and mouth, and be sure that proper distance is maintained. Do not cover the mouth with the hand.
  - d. Observe proper use of face masks at all times. Both nose and mouth must be covered.
    - i. Those with no symptoms may use cloth/washable face masks, earloop masks, indigenous, reusable, do-it-yourself masks, or face shields, handkerchiefs, or such other protective equipment or any combination thereof, which can effectively lessen the transmission of COVID-19.
    - ii. Surgical masks—to be stored in the office clinic and available at the office entrances, shall be reserved for symptomatic individuals and health care providers. Individuals who will manifest symptoms shall immediately be provided with a surgical mask and brought to the clinic for checking/monitoring/advice; e.g., send home, refer to a hospital/appropriate health authority, etc.
  - e. Practice proper disposal of tissue and masks after use.
2. Prior to returning to work, all personnel shall be provided, through available platforms (e.g., e-mail, text messaging, teleconferencing platform), relevant and adequate information on respiratory etiquette and other protective measures that shall be observed in the workplace. It shall be reiterated that the same measures are expected to be practiced in other public places, including when they travel to and from work, and if applicable, even at home.





3. The office shall ensure that all personnel have access to cloth/washable face masks, earloop masks, indigenous, reusable, do-it-yourself masks, or face shields, handkerchiefs, or such other protective equipment or any combination thereof, which can effectively lessen the transmission of COVID-19.
4. The office shall ensure availability of hand soaps/hand-sanitizers/alcohol-based solutions/other disinfectants in restrooms, entrances, etc. by doing routine monitoring and replacement/replenishment if needed.
5. The office shall ensure routine cleaning/disinfection of frequently touched surfaces and objects (tables, doorknobs, desks, workstations) using bleach solution at least twice a day, as well as the routine cleaning and the replacement of disinfectant solutions in foot baths. More intensive cleaning and disinfection shall be done on weekends.

### **C. Detection and Referral**

1. All personnel and, when applicable, visitors shall be subjected to temperature checks using a thermal scanner prior to entering the office. Those who will have a reading of 37.5° Celsius or above shall be provided with a surgical face mask and brought to a private screening area that shall be set up near the entrance of the office where the concerned personnel or visitor can be further examined, for appropriate management, intervention, or referral.
2. The office, through its clinic, shall:
  - a. Monitor all personnel for possible manifestation of COVID-19-symptoms. Those who will show symptoms of COVID-19 shall be given a surgical mask and assessed and managed in the clinic.
  - b. Ensure the provision of referral services to appropriate health facilities and monitoring of referred personnel
  - c. Ensure that personnel who manifest COVID-19 symptoms shall not physically report to work and shall seek medical advice—virtual, if possible—as needed.
  - d. Facilitate/cooperate in the tracing and quarantine of close contacts of confirmed cases of COVID-19 consistent with DOH guidelines.
  - e. Ensure that personnel who have tested positive for COVID-19 shall not return to work, even if they are already asymptomatic, unless cleared by medical authorities.
3. All personnel shall report to their immediate supervisors if they are experiencing flu-like symptoms.



#### **D. Office Activities and Events**

1. The office shall ensure that the scheduling of office-based work of personnel and their assignment to their respective workstations shall allow for physical distancing in the office premises.
2. The office shall limit face-to-face meetings and restrict conduct of physical or face-to-face large gatherings and activities that will require close contact or where physical distancing may not be possible.
3. The office shall provide and maximize the use of online platforms which do not require physical interaction or congregations for the performance of tasks and conduct of meetings, trainings, and conferences.
4. Travel of personnel shall be limited only to necessary and critical situations or essential official functions determined by the Secretary or her designated officers.
5. The office shall devise and implement alternative means of recording and monitoring attendance.
6. The office shall set a flexible dining policy in the workspace/cubicle during lunch breaks, to include limiting the number of individuals who eat in the pantry at a given time.

#### **E. DepEd Health and Safety Policies**

1. The office shall strengthen the implementation of DepEd Task Force COVID-19 Memorandum No. 25, s. 2020, or the Minimum Standards on Social Distancing.
2. The office shall develop its Contingency and Response Plan for COVID-19.
3. To ensure the availability of nutritious foods in the office and support the promotion of ensuring a strong immune system among personnel to fight COVID-19, the office shall strictly enforce DepEd Order No. 13, s. 2017 or Policy and Guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices, as well as provide nutrition education and post nutrition education and information materials; e.g., *Pinggang Pinoy*, Food Pyramid and Cycle Menu.
4. In line with studies that link COVID-19 and smoking, the office shall strictly enforce the ban on smoking/vaping per DepEd Order No. 48, s. 2016, or the Policy and Guidelines on Comprehensive Tobacco Control and DepEd Memorandum No. 111, s. 2019 entitled Prohibiting the Use of E-Cigarettes and other Electronic Nicotine and Non-Nicotine Delivery System and Reiterating the Absolute Tobacco Smoking Ban in Schools and DepEd Offices. Brief Tobacco Intervention Providers at the SDO may be tapped to help personnel who smoke to quit. The DOH Quitline can also be reached through



<https://www.facebook.com/DOHQuitlineofficial/>. Offices are also enjoined to communicate with local government units (LGUs) to pass an ordinance/implement the existing law that prohibits the sale of tobacco products to minors or within 100 meters from any point of the perimeter of schools, or implement stricter measures, if possible, as reiterated in DepEd Task Force COVID-19 Memorandum No. 39, entitled Strict Enforcement of Tobacco Control Policies, Including Smoke-Free and Vape-Free Policies, During the Enhanced and General Community Quarantine. Offices are also warned against partnerships with tobacco companies and NGOs and foundations funded by tobacco companies.

## **II. Physical Arrangement in Offices**

- A. The office shall ensure proper ventilation and install temporary barriers between cubicles/tables for proper physical distancing.
- B. The office shall establish and maintain proper sanitation and hygiene facilities:
  1. Foot baths in all entrances
  2. Toilets (with adequate water and soap)
  3. Handwashing stations
- C. The office shall create and operate a common area where physical distancing and appropriate prevention measures can be strictly enforced for accommodating visitors and/or clients.
- D. The office shall ensure that the following are sufficiently provided, monitored, and replenished when needed:
  1. Tissue paper/towel
  2. Designated trash bins for tissue disposal
  3. Adequate water and soap for handwashing (especially for all toilet facilities)
  4. Hand-sanitizers/alcohol-based solutions/other disinfectants in all rooms, entrances, corridors, communal areas, and other amenities especially eating areas
- E. The office shall ensure the establishment/setting-up/refurbishment of its own clinic for the health assessment and physical examination, as needed, and the provision of appropriate intervention, first aid, or treatment, or the proper management of symptoms, including the necessary rest at home, for personnel, and when applicable, for visitors. In certain days when an office may not have a reporting health personnel (such as the case of Regional Offices that have a limited number of health personnel), the office shall ensure that it has access to existing telemedicine platforms or local emergency hotlines.



- F. Aside from the clinic, the office shall also designate:
- a. a private screening area near the entrance of the office where personnel and visitors who show symptoms upon screening at the entrance can be further examined, for appropriate management, intervention, or referral, and
  - b. a separate space where sick personnel who have been managed in the clinic can temporarily stay, awaiting referral to the appropriate health facility, without creating stigma.
- G. Information, education, and communication (IEC) materials containing key messages on health and safety shall be displayed in key strategic areas of the office, such as the entrances, corridors, toilets, and other communal areas, or if practicable, distributed to the personnel for their ready reference. The same IEC materials shall be shown or provided to visitors who need to enter the office premises.
- H. The office shall ensure that a Materials Recovery Facilities (MRF) is set up for proper waste segregation.
- I. The office shall ensure the availability of ICT infrastructure and facilities to support online learning, conferences, and meetings.

### **III. Support Mechanisms**

#### **A. Physical and Mental Resilience**

1. Offices shall ensure the provision of mental health and psychosocial support (MHPSS) to all personnel, which includes the following:
  - a. Validating and Normalizing Feelings
  - b. Calming Down and Controlling One's Emotions
  - c. Linking: Identifying and Addressing Needs and Sources of Strength
  - d. Managing Physical Reactions, Thoughts, and Emotions
  - e. Seeking Solutions and Social Support
  - f. Focusing on Positive Activities
  - g. Other relevant topics as needed
2. Practical tips based on the listed MHPSS topics shall be communicated through available platforms (e.g., phone call, text messaging, email, orientation via online conferencing platform, etc.) to personnel who have worked from home or stayed on quarantine prior to their return to work to help them transition effectively to physically reporting in the office.



3. Psychological first aid to all personnel shall be provided to gauge their readiness to fulfill their work and provide support needed to ease their transition.
4. The Regional Office (RO) shall set up a hotline/online platform for COVID-19 related inquiries (e.g. basic information on COVID-19, details on DepEd response, grievance of personnel or learners, and other information that shall help DepEd learners and personnel cope with the pandemic) from RO personnel. The hotline/online platform shall be manned by a pool of trained PFA-providers under the supervision of the Regional DRRM Coordinator.
5. The RO shall provide technical assistance to their respective School Division Offices (SDOs), who shall in turn set-up similar hotlines/online platforms. These shall be manned by a pool of trained PFA-providers under the supervision of the Division DRRM Coordinator, and shall cater to SDO and school personnel.
6. A similar hotline shall be set up at the Central Office (CO) for CO personnel, and shall be manned by PFA-trained personnel supervised by the Disaster Risk Reduction and Management Service (DRRMS).
7. A referral system established by the concerned office (i.e. CO for CO personnel; RO for RO personnel; and SDO for SDO and school personnel) shall be followed in referring personnel needing specialized psychosocial support.
8. The office shall ensure the provision of specialized psychosocial support to personnel who are confirmed to be positive, under isolation/quarantine, and categorized as suspect and probable. The most appropriate method, which duly considers the safety of the MHPSS provider, shall be employed (e.g. provision through the internet or hotlines).
9. The office shall ensure strict adherence to Republic Act No. 10173 or the Data Privacy Act of 2012 in the provision of mental health services and referral.
10. The office shall promote “work-life balance” through proper scheduling of activities and rotation of workforce.
11. The DepEd Task Force COVID-19, in collaboration with the Bureau of Human Resource and Organizational Development (BHROD), the Bureau of Curriculum Development (BCD), the Bureau of Learning Delivery (BLD), National Educators' Academy of the Philippines (NEAP), and Youth Formation Division (YFD), shall issue guidelines on the mental health program and psychological support system for learners and personnel across all governance levels in DepEd.
12. The office shall encourage adults to engage in at least 30 minutes of daily physical activities consisting of any one or a combination of activities based on the 2010 Physical Activity Prescription, Philippine National Guidelines in Physical Activity—namely, (a)



activities for daily living; (b) exercise, dance, and recreational activities; (c) muscle strengthening and flexibility activities; (d) activities in the workplace such as, but not limited to walking, stair climbing, arranging office furniture—subject to the strict observance of physical distancing, proper hygiene and safety, and other precautionary measures.

13. The following are the strategies for the implementation of daily physical activities:
  - a. Provision of opportunities for physical activities (e.g., zumba, fitness workout, exercise, yoga, dance, etc.)
  - b. Provision of basic sports supplies and equipment for fitness activities such as medicine ball, free weights, balls, hoops, etc.
  - c. Encourage 2-minute physical activities for every two-hour sitting periods

## **B. Administrative Support**

1. The office shall ensure that all personnel undergo an annual physical examination, in accordance with the provisions of RA 11223 or the Universal Health Care Act and its Implementing Rules and Regulations. The conduct of the physical examination shall be in accordance with precautionary and protective measures in light of the COVID-19 health emergency.
2. The office, especially if in a locality under a community quarantine, shall ensure the provision of necessary assistance to personnel required to physically report to work or staff performing critical/essential official functions (e.g., COVID-19 DRRM Team members, engineers conducting regular monitoring and validation activities, etc.), such as travel passes for use in checkpoints and access to hotlines for inquiries, among others.
3. The office shall ensure the provision of financial, transportation, internet/communication allowance, food, and other commodities (e.g. medical and dental supplies and supplements) for essential workforce, if necessary and practicable, subject to usual accounting and auditing rules. In the provision of transportation, the office shall ensure compliance to standards of physical distancing, disinfection, and observance of other health protocols measures.
4. For offices in localities that are under a community quarantine, the set limited working hours shall be properly observed (e.g., not beyond 4pm) as part of community quarantine, except for those involved in COVID-19 monitoring and emergency/quick response that may require 24/7 duty.
5. The office shall prioritize to provide alternative arrangements to personnel who are elderly, who have underlying health conditions, or who are pregnant in the duration of the COVID-19 event. If alternative arrangements are not possible, designated areas must be available to high-risk groups.





6. The office shall explore partnerships to assist personnel especially those belonging in vulnerable groups through initiatives including but not limited to transportation, provision of PPEs and social amelioration.
7. The office shall ensure that personnel on work from home arrangement are provided with logistical support, and that reasonable expenses incurred are covered in accordance with CSC Memorandum Circular 10, s. 2020 and the DepEd revised guidelines on alternative work arrangements.
8. The office shall ensure that personnel involved in COVID-19 monitoring and response, if any, are provided with appropriate compensation and benefits (e.g. hazard pay, overtime pay, if applicable).
9. The office shall ensure the following:
  - a. Provision of temporary accommodations to personnel, if necessary (e.g., for personnel requiring daily/long travel/commute).
  - b. Assistance in the provision temporary shelter for probable, suspected, and confirmed cases among personnel, as practicable.
  - c. Availability of Emergency Health Kits that include PPEs and other needed supplies and materials. The PPEs should be available for COVID-19 DRRM team members, health personnel, maintenance, and security guards during emergency. The use of PPEs should be guided by the DOH Interim Guidelines on the Rational Use of Personal Protective Equipment for COVID-19 as summarized in the tables below:
    - i. PPE requirement depending on the nature of the activity:

<b>Activity</b>	<b>Required PPE</b>
Triage and screening of individuals in points of entry (for personnel in school entrances)	Medical mask
Caring for a suspected case of COVID-19 with no aerosol-generating procedure (for personnel in school clinics)	Medical mask, goggles or face shield, gloves, gown
Caring for suspected/confirmed cases of COVID-19 with aerosol-generating procedure (for personnel in school clinics)	Goggles or face shield, respirator (N95 or FFP2), gloves, gown
Assisting in transporting passenger to a healthcare facility	Full PPE



ii. Technical specifications of PPE

Item	Technical Specifications
Medical mask	Medical or surgical mask, disposable, earloop, 3-ply, conforms to EN 14683 rating type standards or equivalent
Goggles	Goggles or laboratory safety goggles, polycarbonate lens, soft, flexible, adjustable head strap, anti-fog, conforms to EN 166 standard or equivalent
Face shield	Full face shield, anti-fog, latex-free, one-size fits all, soft head foam, comfort stretch band, disposable, conforms to EN 166 standard or equivalent
Gown	Examination gown, disposable, non-sterile, SMS/PE coated polyethylene material, fluid-resistant, solid-front and rear opening, long sleeved with elastic cuffs, conforms to ASTM F1671 standards or equivalent

- d. Provision of assistance to personnel who contract the virus in coordination with PhilHealth to avail of the case-based payment of the benefits of patients with probable or confirmed COVID-19 under the PhilHealth Circular No. 2020-0009 and other relevant government health institutions.

#### IV. Screening of Returning Personnel and Testing Protocol

##### A. Screening of Returning Personnel

1. All returning personnel physically reporting to work shall be screened for symptoms of COVID-19, including fever, cough, colds, and other respiratory symptoms, and/or relevant history of travel or exposure within the last 14 days. The following should have happened two (2) days before or within 14 days from onset of symptoms of a confirmed or probable case:
  - a. Face-to-face contact with a confirmed or probable case within 1 meter and for more than 15 minutes
  - b. Direct physical contact with a confirmed case
  - c. Direct care for a patient with a probable or confirmed COVID-19 disease without using proper personal protective equipment
2. Returning personnel who **are symptomatic with relevant history of travel/exposure on the date of work resumption** shall not be



allowed to physically report to work and must consult with their primary care provider. The use of telemedicine is encouraged for proper care and coordination.

3. Returning personnel who **were symptomatic with relevant history of travel/exposure within the last fourteen (14) days prior to the date work resumption** shall present the Certificate of Quarantine Completion duly issued by the step-down care facility or local health office, whichever is applicable based on the latest DOH guidelines.
4. If **asymptomatic** within the last fourteen (14) days prior to the date of work resumption, personnel **without relevant history of travel or exposure** can be **allowed** to physically return to work.
5. If **asymptomatic** within the last fourteen (14) days prior to the date of work resumption, personnel **with relevant history of travel or exposure** can be **cleared to physically return to work only upon presentation of a medical certificate** issued by local health authorities such as DepEd school health personnel or the provincial, city, or municipal health office.
6. If **symptomatic** within the last fourteen (14) days prior to the date of work resumption, personnel **without relevant history of travel or exposure** shall **seek medical advice** for proper treatment/intervention and the issuance of the necessary **medical certificate** prior to reporting back to work.

B. The testing protocol shall be as provided in Enclosure No. 1.

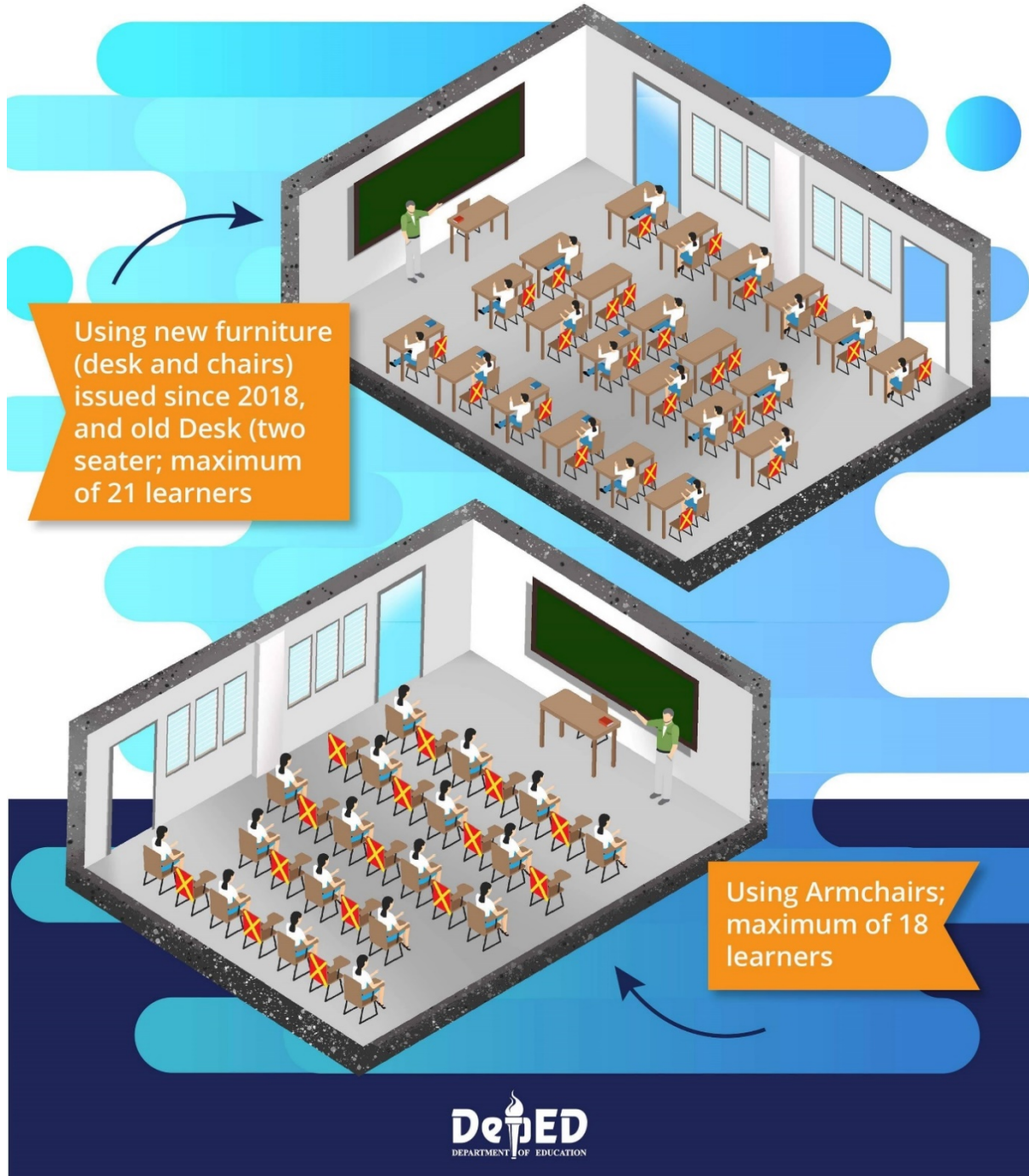


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DEPED-OSEC-420540

## PROPOSED CLASSROOM SEAT ARRANGEMENT with Social Distancing



This new arrangement uses existing school furniture as physical barriers between learners to better implement social distancing measures, and does not require moving the furniture.



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