

Republic of the Philippines  
**Department of Education**  
Cordillera Administrative Region  
**SCHOOLS DIVISION OF BAGUIO CITY**

**Division Memorandum** No. 246, s. 2021

**TO :** All Concerned

**SUBJECT :** COVID-19 Response, Management and Additional Measures to Reduce Transmission in the Workplace

**DATE :** 14 September 2021

### 1. Policy Statement

Considering the alarming rise in the number of COVID-19 in the community, in the Schools Division Office and in the school setting, the start of the school year the teaching and non-teaching employees are at risk of being exposed to the disease as they perform the tasks and frontline functions in the line of duty. This policy aims to safeguard the health and well-being of all including those who are working side by side with us, the parents, and learners to ensure that our frontline services in providing education for all are unhampered by inadvertent transmission of the virus. Flexible learning modality is deemed the most appropriate and safest pedagogical approach during this pandemic.

### 2. Scope

All officials and employees, directly hired contractual workers, and outsourced personnel who will be exposed to a confirmed COVID-19 case in the workplace shall be covered by this policy.-19 case.

### 3. Procedural guidelines

The Division reiterates the following Prevention, Detection, Isolation, Treatment Re-integration (PDITR) strategies of the Department of Health:

1. Minimum public health standards shall be strictly implemented across ALL settings. This shall include engineering controls, such as proper ventilation, visual cues and barriers, administrative controls, such as symptoms screening and temperature check at points of entry, physical distancing, hand hygiene, cough etiquette, and wearing of masks, among others.

a. Incident Command System shall be activated. All designated personnel are to implement PDITR strategies.



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2. All suspect, probable, and confirmed cases shall be isolated in the appropriate facility depending on the severity of symptoms. Asymptomatic confirmed and mild cases shall be admitted and isolated in Temporary Treatment and Monitoring Facilities (TTMFs). Moderate cases shall be isolated and managed in Level 1 or Level 2 hospitals. Severe and critical cases shall be isolated and managed in Level 2 or Level 3 hospitals. Step-down care and proper inter-health facility referral system shall be applied to all cases whenever applicable. Regardless of results, the appropriate 10- or 21-day isolation period shall be strictly completed.
3. Contact tracing shall be initiated after case investigation of every reported probable and confirmed COVID-19 case. Active contact tracing shall also be initiated after identification of suspect cases. All close contacts shall be placed under quarantine for monitoring. Regardless of test results, the 14-day quarantine period shall be strictly completed.
4. RT-PCR remains to be the gold standard for diagnostic testing for COVID-19 or determining the presence of SARS-CoV2.
5. To facilitate the swift confirmation of cases, rapid antigen testing may be used in accordance with local government units and the Department of Health's guidelines.
6. Repeat testing shall NOT be required for the discharge criteria of suspect, probable, and confirmed COVID-19 cases, provided that a licensed medical doctor certifies or clears the patient.
  - a. Patients with mild symptoms who have completed at least 10 days of isolation from the onset of illness and have been asymptomatic or clinically recovered for 3 consecutive days may already be discharged.
  - b. Patients with moderate, severe or critical symptoms who have completed at least 21 days of isolation in a hospital from the onset of illness and have been asymptomatic or clinically recovered for 3 consecutive days may already be discharged.
  - c. Asymptomatic confirmed cases who remained asymptomatic for at least 10 days from date of specimen collection may already be discharged.
  - d. Close contacts who remain asymptomatic for at least 14 days from date of exposure may already discontinue their quarantine irregardless of COVID-19 vaccination status.



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7. Case investigation is the profiling of suspect, probable, and confirmed COVID-19 cases, which include but is not limited to review of medical, surveillance and laboratory records, case interview, and review of other records and documentation. This is the responsibility of the SDO School Health and Nutrition Unit. COVID-19 Case Reporting form shall be filled by the patient personally or by the school head through this link <https://forms.gle/WWM9FDXsMOcCzr8w7> Data privacy policy is ensured in keeping and processing this information.
8. Clustering is an unusual aggregation, real or perceived, of health events that are grouped together as to time and space and that is reported to a public health department. For the purposes of this document, it is further defined as two or more confirmed cases from the same area over a period of 14 days. The following criteria shall be followed. In the Workplace or School when 2 confirmed cases regardless of the same or different office space. When this occurs the following are recommended:
- Immediate deep disinfection of the workplace. Granular lock down of affected area.
  - Reduction of workforce to 30%, implementation of Alternative Work Arrangement, Work from Home. (For example, in one year level, only 30%, 3/10 of teachers shall report during the day)
  - Suspension of ALL face to face activities
9. Teleconsultation is highly encouraged and recommended. No face to face consultation if with symptoms of fever, cough, colds, headache, loose bowel movement and other COVID-like symptoms. The link for DOC is IN for teleconsultation may be accessed through <https://forms.gle/o233NvKGDvhbBiu38> Dental teleconsultation link is through <https://forms.gle/hLAqppxbDRLYvUyb6> Face to face consultation is by appointment and is limited to signing of medical certifications/forms/documents.
10. While reporting for physical work, the employee should remain in his/her area at all times. Break time for eating and drinking should be done in his/own cubicle. No group dining is allowed. "APAT dapat" (A=air circulation/ventilation, Physical Distancing of more than 1 meter, Always wear mask and face shield, Thirty minute or less contact time) must be strictly adhered to. Frequent disinfection of the work area and hand washing every 2 hours is encouraged. Assembly in making the module/learning packets, if possible should be done individually.
11. During module giving, minimal contact with parents should be done if possible. Children are strictly NOT allowed to get their own modules. "APAT dapat" (A=air circulation/ventilation, Physical Distancing of more than 1 meter, Always wear mask and face shield, Thirty minute or less contact time) must be strictly adhered to. Crates may be used in delivering and dropping modules to lessen contact.



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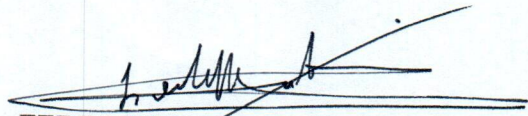
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12. All entities involved in the provision of public and private services shall develop and implement a COVID-19 prevention, response, and communication plan to operationalize the PDITR strategies in their respective settings including households, communities, workplaces, among others.

  
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