

WORKPLACE HANDBOOK



On COVID-19 Management and Prevention



Source: World Health Organization



PHILGUARANTEE

Philippine Guarantee Corporation

Jade Building Office

Jade Building, 335 Sen. J. Gil Puyat Ave.
Makati City, Philippines

Citi Tower Office

17th Floor BDO Towers Valero, 8741 Paseo
De Roxas St., Makati City, 1226 Philippines



Table of Contents

Introduction	03
I. COVID-19 Basics	04
A. Must Knows	5
B. COVID-19 Cases	7
C. Hierarchy of Controls	11
II. General Rules	12
A. Must Dos	13
B. General Directions: Case Finding and Management	15
C. Detection	17
D. Isolation and Referral	19
E. Contact Tracing	22
F. COVID-19 Testing	28
G. Notification and Reporting	31
H. Leave of Absences and Entitlements	33
I. Reintegration	35
III. Maintaining Health and Safety	36
A. Personal Safety Practices	37
B. Mental and Emotional Wellbeing	41
C. Diet and Nutrition	41
D. Physical Fitness	42
E. BIDA Solusyon sa COVID-19	42
F. Smoke-Free Workplaces	43
IV. Guidelines for Specific Workplace Scenarios	44
A. Working in the Office	45
B. Alternative Work Arrangements	53
C. Meetings and Document Transmittal	64
D. Meals and Lunch Breaks	65
E. Shuttle Services	66
V. Housekeeping and Disinfection	68
VI. References	70

Introduction

This Workplace Handbook on COVID-19 Management and Prevention (Workplace Handbook) is based from the Department of Health (DOH) issuance of the same title. The Human Resources and Organizational Development Department (HRODD) incorporated relevant Office Orders based on the Civil Service Commission (CSC) and other relevant issuances to serve as workplace guide in navigating under the new normal.

Please refer to this Workplace Handbook for basic information on COVID-19, the general rules to follow in the workplace, maintaining health and safety guidelines on specific work scenarios and housekeeping and disinfection.

I. COVID-19 Basics



A. Must Knows

Based on latest DOH issuances

TRANSMISSION

- The virus is primarily spread through respiratory **DROPLETS** when an infected person speaks, coughs, or sneezes.
- Transmission can also happen through contact with **FOMITES** that can enter the mouths, eyes, or noses of people as well as surfaces up to one (1) meter away and can survive for at least three (3) days depending on the material.
- The World Health Organization recently added **AIRBORNE** transmission via micro-droplet suspension as one of the modes of transmission of COVID-19. Studies reveal that airborne transmission may be possible in healthcare settings, during aerosol-generating procedures (i.e. nebulization, cardiopulmonary resuscitation, endotracheal intubation, suctioning of secretions, etc.), and in small, closed, and confined spaces with little or no ventilation.

SYMPTOMS AND INCUBATION

Symptoms can take UP TO 14 DAYS from infection to show.

The most COMMON SYMPTOMS are:

- Fever (not necessarily high fever)
- Dry cough
- Tiredness or fatigue
- Shortness of breath or difficulty breathing

Patients may, likewise, experience other non-specific symptoms such as sore throat, nasal congestion, headache, diarrhea, nausea and vomiting, and loss of smell (anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms.



A. Must Knows

Based on latest DOH issuances



SEVERE SYMPTOMS include:

- Difficulty breathing or breathlessness while speaking
- Constant pain or pressure in the chest
- Paleness or cold and clammy skin
- Confusion, changes in mental state or unresponsiveness

Some people are ASYMPTOMATIC—they do not show symptoms, but they are infected and can transmit the virus.

MOST-AT-RISK POPULATION (MARP)

People of all ages can catch COVID-19. People at risk of SEVERE ILLNESS if they catch the virus are the following:

- Elderly (60 years of age and older)
- Persons with pre-existing medical conditions (heart/lung disease, diabetes, asthma, etc.)
- Smokers
- Women with high-risk pregnancies (aged 17 or younger, 35 or older, those with pre-existing conditions)
- Immunocompromised patients as assessed by an attending physician (e.g. on chemotherapy for cancer, untreated HIV infection, combined immunodeficiency disorder, taking steroids for more than 14 days, etc.)



B. COVID- 19 Cases

Based on the WHO Public Health Surveillance for COVID-19: Interim Guidance

Per the latest WHO guidelines as of August 7, 2020, the case definitions of suspect and probable cases have been revised to account for updated evidence on the most common signs and symptoms as well as known transmission dynamics of COVID-19.

SUSPECT

A. A person who meets this clinical AND epidemiological criteria:

Clinical Criteria:

1. Acute onset of fever AND cough; OR
2. Acute onset of ANY THREE OR MORE of the following signs or symptoms: fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status.

Epidemiological Criteria:

1. Residing or working in an area with high risk of transmission of the virus: for example, closed residential settings and humanitarian settings, such as camp and camp-like settings for displaced persons, any time within the 14 days prior to symptom onset; OR
2. Residing in or travel to an area with community transmission anytime within the 14 days prior to symptom onset; OR
3. Working in health setting, including within health facilities and within households, anytime within the 14 days prior to symptom onset.

B. COVID- 19 Cases

Based on the *WHO Public Health Surveillance for COVID-19: Interim Guidance*

- B. A patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever of $> 38^{\circ}\text{C}$; and cough; with onset within the last 10 days; and who requires hospitalization).

PROBABLE

- A. A patient who meets clinical criteria of a suspect case AND is a contact of a probable or confirmed case, or epidemiologically linked to a cluster of cases which has had at least one confirmed case identified within that cluster.
- B. A suspect case with chest imaging showing findings suggestive of COVID-19 disease
- C. A person with recent onset of **anosmia** (loss of smell) or **ageusia** (loss of taste) in the absence of any other identified cause.
- D. Death, not otherwise explained, in an adult with respiratory distress preceding death AND who has a contact of a probable or confirmed case or epidemiologically linked to a cluster which has had at least one confirmed case



B. COVID- 19 Cases

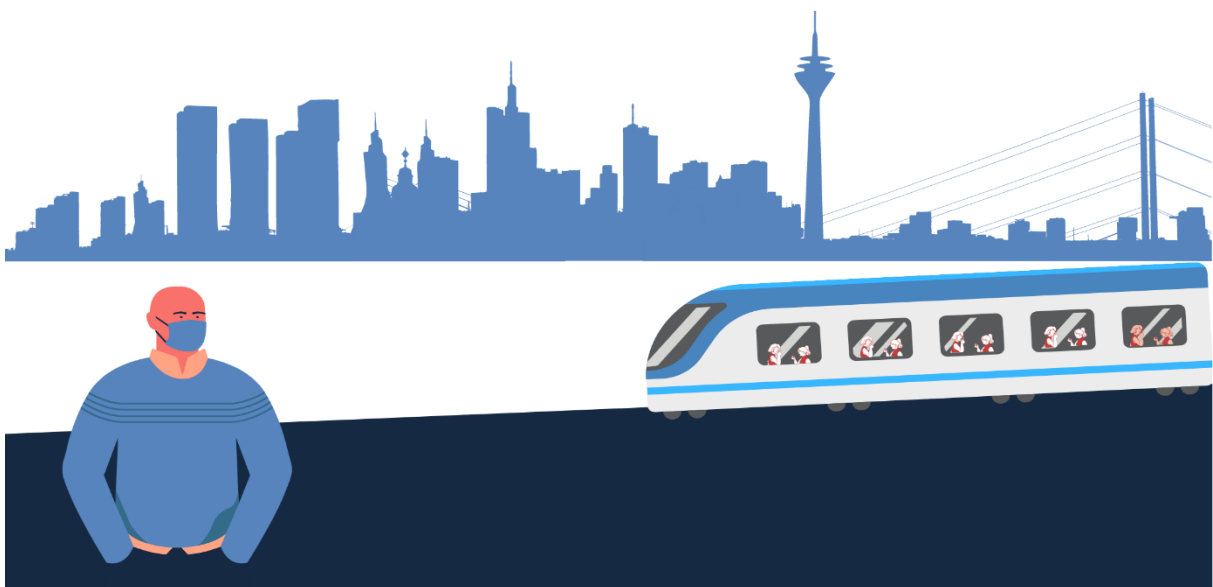
Based on the WHO Public Health Surveillance for COVID-19: Interim Guidance

CONFIRMED

Any individual who was laboratory-confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, and/or officially accredited laboratory testing facility.

CLOSE CONTACT

- Individual whose exposure should have happened two (2) days before or within 14 days from onset of symptoms of a confirmed or probable case:
 - Face-to-face contact with a probable or confirmed case within 1 meter and for at least 15 minutes
 - * *DTI-DOLE Joint Memorandum Circular No. 2020-04-A further expands this among workers with or without a mask.*
 - Direct physical contact with a probable or confirmed case
 - Direct care for a patient with probable or confirmed COVID-19 disease without using recommended personal protective equipment
 - Other situations as indicated by local risk assessments



B. COVID- 19 Cases

Based on the PSMID-PCP-PCCP Interim Guidance on the Clinical Management of Adult Patients with Suspected or Confirmed COVID-19 Infection

Disease Severity Classification of Patients with Probable or Confirmed COVID-19 Case



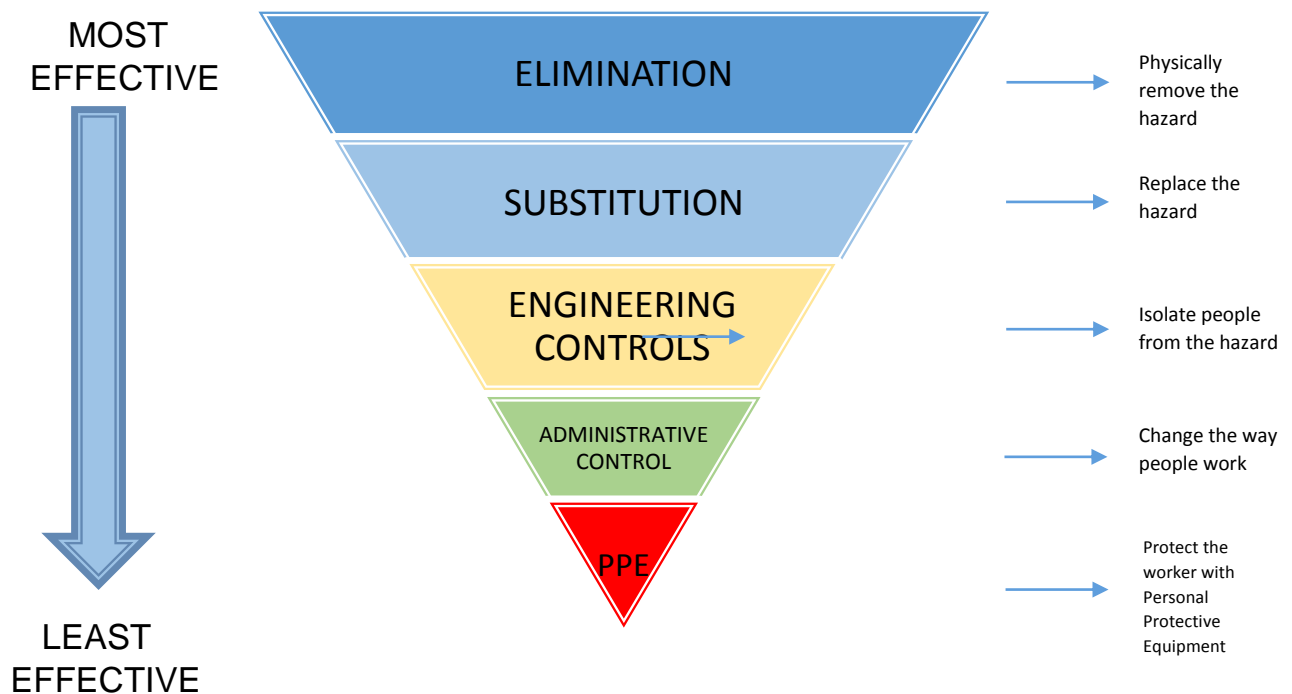
MILD	MODERATE	SEVERE	CRITICAL
<p>Symptomatic patients presenting with fever, cough, fatigue, anorexia, myalgias; other non-specific symptoms such as sore throat, nasal congestion, headache, diarrhea, nausea, and vomiting; loss of smell (anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms with NO signs of pneumonia or hypoxia</p>	<p>Adolescent or adult with clinical signs of non-severe pneumonia</p> <p>Child with clinical signs of non-severe pneumonia</p> <p>Elderly or with comorbid conditions presenting with mild symptoms only, with NO signs of Pneumonia</p>	<p>Adolescent or adult with clinical signs of severe pneumonia or severe acute respiratory infection</p> <p>Child with clinical signs of pneumonia (cough or difficulty in breathing) plus at least one of the following (central cyanosis or SpO2 <90%, severe respiratory distress, or fast breathing)</p>	<p>Patients manifesting with acute respiratory distress syndrome, sepsis and/or septic shock</p>

C. Hierarchy of Controls

Based on the Center for Disease Control and Prevention (CDC)

Controlling exposures to occupational hazards is the fundamental method of protecting workers from COVID-19. Traditionally, a hierarchy of controls has been used as a means of determining how to implement feasible and effective control solutions.

The following representation of this hierarchy is adapted from CDC:



The idea behind this hierarchy is that the control methods at the top of the graphic illustration are potentially more effective and protective than those at the bottom. Following this hierarchy normally leads to the implementation of inherently safer systems, where the risk of illness or injury has been substantially reduced.

To learn more about this hierarchy, you may visit the following link from CDC:

bit.ly/HierarchyOfControls.

II.

General Rules

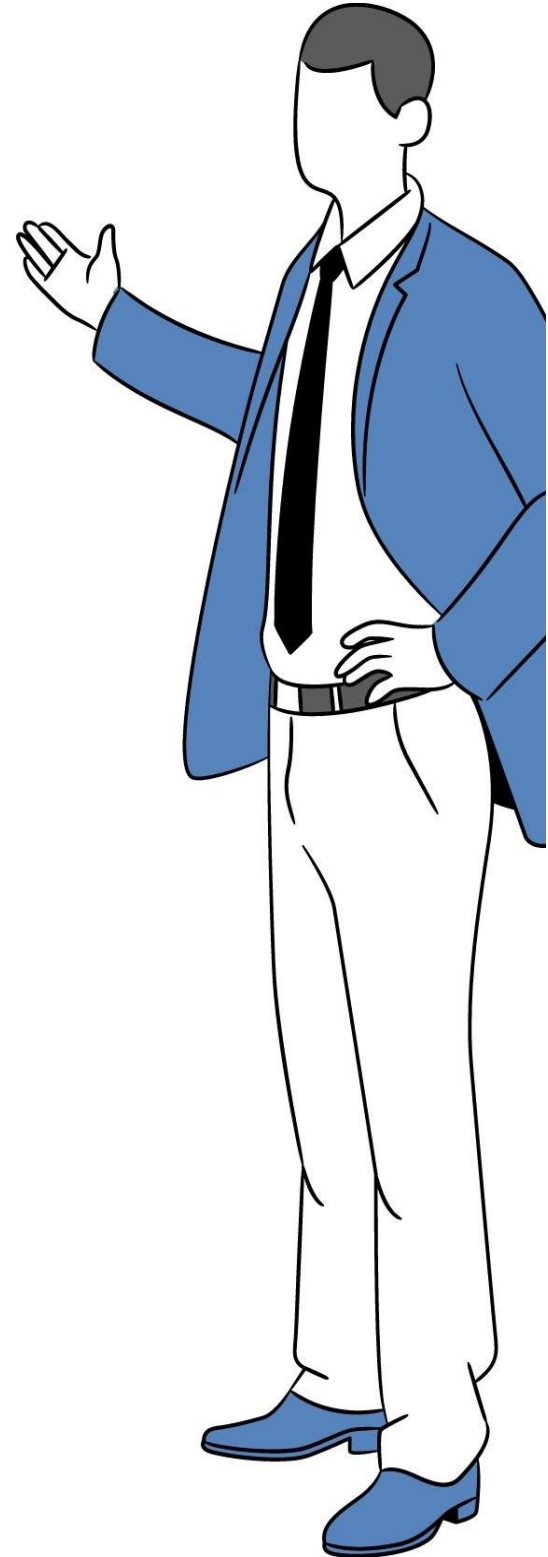


A. Must Do

Based on latest DOH issuances

All employees and workers shall:

1. **Always practice personal protective measures** such as regular hand washing, wearing of face masks and face shield, physical distancing of at least 1 meter, and avoiding crowded places.
2. **Self-isolate or just stay at home** and not report to work if with COVID-19 like symptoms (fever, cough, sore throat, myalgia, flu-like illness). Inform your supervisor immediately of your condition.
3. **Undergo risk exposure assessment** and be subjected to contact tracing procedure if with exposure to COVID-19 suspect, probable or confirmed case, according to prescribed national guidelines set by the Department of Health and local government and workplace policies.
4. **Adopt an appropriate alternative work arrangement** upon discussion with and approval by your work supervisors subject to governing rules and regulations and other office guidelines.



A. Must Do

Based on latest DOH issuances

4. **Keep personal track of daily activities** for easier history-taking when contact tracing is needed.
5. **Strictly follow and implement guidelines on infection control procedures**, waste management, and all other guidelines on managing visitors and clients.
6. **Strictly adhere to guidelines on the implementation of community quarantine** issued by the Inter Agency Task Force on Emerging and Infectious Diseases and all other authorized bodies regarding mass gatherings, observance of minimum health standards and physical distancing.
7. **Always fact check** and be on alert for any new information or advisory.
8. For COVID-19 related inquiries you may **contact the following**

- **Atty. Ronces Anne R. De Leon** : 02-88973292 / 02-88973287
rardeleon@philguarantee.gov.ph
- **Ms. Yolanda T. Viernesto** : 02-88854750 / 02-88854700
ytviernesto@philguarantee.gov.ph
- **Ms. Bernadette T. Ilagan** : 02-88973169
btilagan@philguarantee.gov.ph



B. General Directions: Case Finding and Management

Based on the DOH COVID-19 Response Must-Knows Handbook

- 1. Contact tracing shall begin for suspect cases even while specimen collection for SARS-CoV-2 confirmatory testing from the suspect case is yet to commence, or while waiting for PCR results.** This means that the Safety and Health Officer (SHO) shall generate the potential contact list and notify the potential contacts.
- 2. Quarantine if asymptomatic; isolate if symptomatic.** The close contacts will be on quarantine, while those suspect, probable and confirmed will be on isolation. Monitoring under quarantine will be done by the SHO. HRODD shall give notices to the Makati Health Department and the appropriate Barangay Health Emergency Response Team/s (BHERT/s).
- 3. a. All close contacts must finish the 14-day period regardless of results.**



B. General Directions: Case Finding and Management

Based on the DOH COVID-19 Response Must-Knows Handbook

- b. Other general contacts or individuals who may have been exposed, but do not fulfill the case definition of a close contact (close contacts of a close contact or suspect case, brief exposure for <15 mins, etc.) shall be advised to self-monitor and strictly adhere to minimum public health standards. If symptoms manifest, immediately self-isolate and contact the SHO and the BHERT.

3. All who get tested shall be under quarantine / isolation.

- a. Reverse Transcription-Polymerase Chain Reaction (RT-PCR) test remains to be the confirmatory test for COVID-19. A positive rapid antigen test shall be accepted as confirmation of suspect/probable cases and close contacts (*Par. G.1.d of IATF Res. No. 130-A*). Those who tested negative on rapid antigen test shall undergo RT-PCR test (*Par. G.1.e of IATF Res. No. 130-A*).
- b. Those who never developed symptoms but tested under disease surveillance may be allowed to work on-site upon receipt of negative PCR test following strict adherence to minimum health standards.

4. No test is necessary to determine recovery. Symptom-based strategy shall be used to determine recovery or return-to-work for symptomatic patients.

C. Detection

Based on the Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

All employees, upon entering the office premises, shall be required to accomplish the Health Declaration Form (Annex A-1), or any digital iteration thereof. The security staff shall immediately screen the accomplished form and perform a temperature check (Annex B).



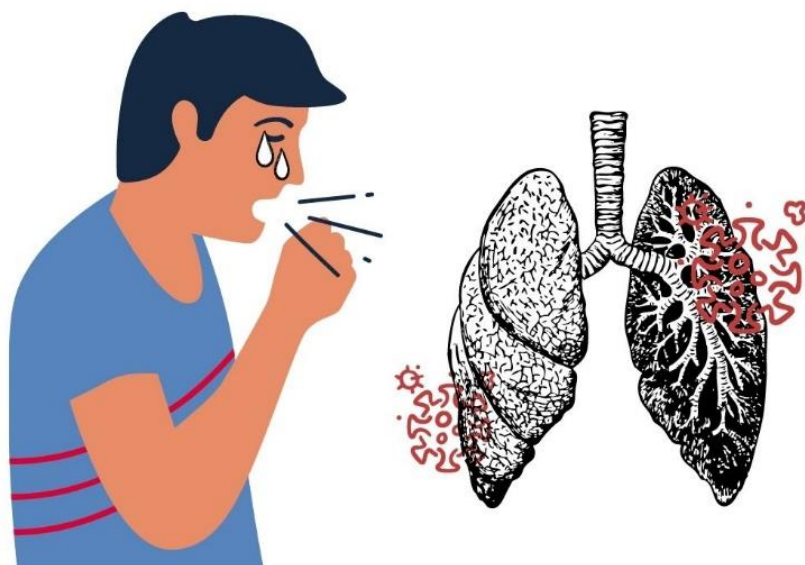
1. If “Yes” to any item is answered or if with a T > 37.5 degrees Celsius, the employee shall be denied entry and referred to the workplace isolation area for further evaluation by the SHO.
2. If “No” to all items are answered and temperature is equal to or less than 37.5 degrees Celsius, the employee shall be permitted entry.
3. The security staff on duty shall immediately give the accomplished health declaration form to the company SHO for appropriate action and storage.
4. Should an online health declaration form be used, the form should be electronically submitted to the SHO.

C. Detection

Based on the Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

5. The Health Declaration Form, or any digital iteration thereof, shall be handled and processed in accordance with the Data Privacy Act and related issuances to ensure that –
 - a. Data collected should only include such necessary data proportional to the purpose of contract tracing;
 - b. The processing of personal data shall be transparent and that the data subjects shall be apprised of the reasons for such collection;
 - c. Reasonable and appropriate security measures and safeguards shall be implemented to protect the personal data collected;
 - d. The personal data collected shall be considered highly confidential; and
 - e. The personal data shall be stored only for a limited period and shall be disposed of properly after thirty (30) days from date of accomplishment.

6. SHOs may contact the **DOH through its Hotline 1555** for guidance on the handling and referring symptomatic employees.



D. Isolation and Referral

Based on the Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

Isolation VS Quarantine

Types of Temporary Treatment and Monitoring Facilities (TTMF)

FACILITY TYPE	CASE TYPE	ACCOMMODATION ARRANGEMENT
LIGTAS COVID (Local Government Unit)	Close Contact (PUM), Suspect, Probable, Confirmed	For Close Contacts/Suspect/Probable: <ul style="list-style-type: none"> ● Individual rooms with individual toilets and showers (Especially for suspect and probable cases) ● In cases where this arrangement is not feasible: ● Beds (3) feet or one (1) meter apart on all sides ● Toilet/shower facilities disinfected after use For Confirmed: <ul style="list-style-type: none"> ● Cohorting
We Heal As One (COVID-19) Center (National Government)	Suspect, Probable, Confirmed	
COVID-19 Level 1 / Step-Down Hospital	Recovering Suspect, Probable, Confirmed	
Other Quarantine Facilities (e.g. Company Isolation Facilities, Hotels)	ROFs, LSIs, Health Workers, Other Frontliners	

D. Isolation and Referral

Based on the Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

When to Quarantine or Isolate?

Clinical Status	Test Results	Actions
Asymptomatic (symptoms never developed)	Negative	Subgroup D1: Close Contact – Mandatory completion of 14-day quarantine Other general contacts (B.2.b.): advised to self-monitor and strictly adhere to minimum health standards
Asymptomatic (symptoms never developed)	Positive	Complete the 14-day quarantine. Begin contact tracing.
Symptomatic (fever, colds, cough, and/ or sore throat develop)	Negative	Clear/Discharge after resolution of symptoms for at least 3 consecutive days and completion of 14-day isolation after onset of symptoms. If symptoms worsen, go to a hospital.
Symptomatic (fever, colds, cough, and/ or sore throat develop)	Positive	Clear/Discharge after resolution of symptoms for at least 3 consecutive days and completion of 14-day isolation after onset of symptoms. If symptoms worsen, go to a hospital. Begin contact tracing.

D. Isolation and Referral

Based on the Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

How long do I have to undergo quarantine/isolation?

1. For close contact



Day 0: last day of exposure to a suspect*, probable or confirmed COVID-19 case

Day 14: End of quarantine if meets criteria for discharge and recovery

***Note:** If index suspect case tests negative and asymptomatic, quarantine for close contacts can be discontinued

2. For previously asymptomatic close contacts who develop symptoms



Day 0: last day of exposure to suspect, probable or confirmed COVID-19 case

Day 5: development of symptoms

Day 14: End of quarantine if meets criteria for clearance/discharge and recovery

3. For confirmed asymptomatic cases



Day 0: last day of exposure to suspect, probable or confirmed COVID-19 case

Day 14: End of quarantine if meets criteria for clearance/discharge and recovery

E. Contact Tracing

Based on the Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

Contact tracing in the workplace shall be immediately initiated by the SHO after identification of an employee falling under the case definition of either suspect, probable, or confirmed COVID-19.

Employers shall ensure strict compliance with the protocols established by the DOH and LGUs for contact tracing of employees in close contact with a COVID-19 case. Speedy and close coordination between the OSH Committee/HRODD and the local health office is key to make contact tracing work.

CONTACT TRACING AMONG THE WORKFORCE

1. HRODD/SHO shall conduct contact tracing within their workplace to identify close contacts. Workplace CCTV may be used to determine close contacts.
2. HRODD/SHO shall ensure that close contacts of employees whose RT-PCR test confirmed positive undergo a 14-day quarantine period.
3. During the 14-day quarantine, close contacts shall be required to regularly report to the HRODD/SHO any development, including new symptoms. Symptomatic employees should update their HRODD/SHO regarding their COVID-19 test results from a nationally accredited testing facility.



E. Contact Tracing

Based on the Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19



4. Close contacts who remain asymptomatic for 14 days may return to work without need for a test.
5. Employers shall make available work-from-home (WFH) arrangements for the close contacts when feasible.

CONTACT TRACING OF CUSTOMERS AND VISITORS

1. Customers, including visitors, entering the premises shall be required to completely accomplish the Contact Tracing Form (Annex A-2)
2. Contact tracing forms shall be surrendered daily to the HRODD/SHO for future reference and safekeeping.
3. HRODD shall explore the use of technology, such as the use of contactless forms.
4. Contactless forms shall be handled with the highest degree of confidentiality and securely disposed of after thirty (30) days.

E. Contact Tracing

Based on the DOH COVID-19 Response Must-Knows Handbook

Minimum Data Fields

Part 1: Data to initiate contact tracing

1. Full name
 - a. Last Name
 - b. First Name
 - c. Middle Name
2. Birthday
3. Age
4. Sex
5. Current Address
6. Home Phone No.
7. Cellphone No.
8. Email Address
9. Disposition at Time of Report
10. Date of Specimen for PCR testing collected
11. Health Status
12. Date of Report
13. Onset of Illness
13. History of Exposure to known confirmed COVID-19 case 14 days before the onset of signs and systems
14. Exposure to place with known COVID-19 transmission 14 days before the onset of signs and systems

E. Contact Tracing

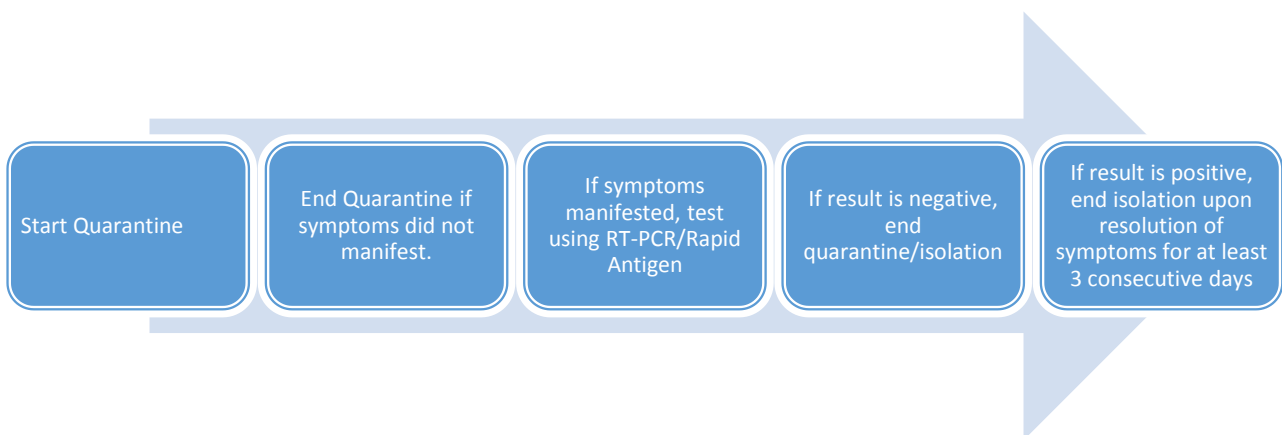
Based on the DOH COVID-19 Response Must-Knows Handbook

Pathway for Close Contacts

When a suspect, probable or confirmed case at work has been identified, the SHO shall determine and trace all close contacts of the case.

- Listed close contacts shall be quarantined and monitored whether or not symptoms will manifest during the 14-day quarantine.

Asymptomatic

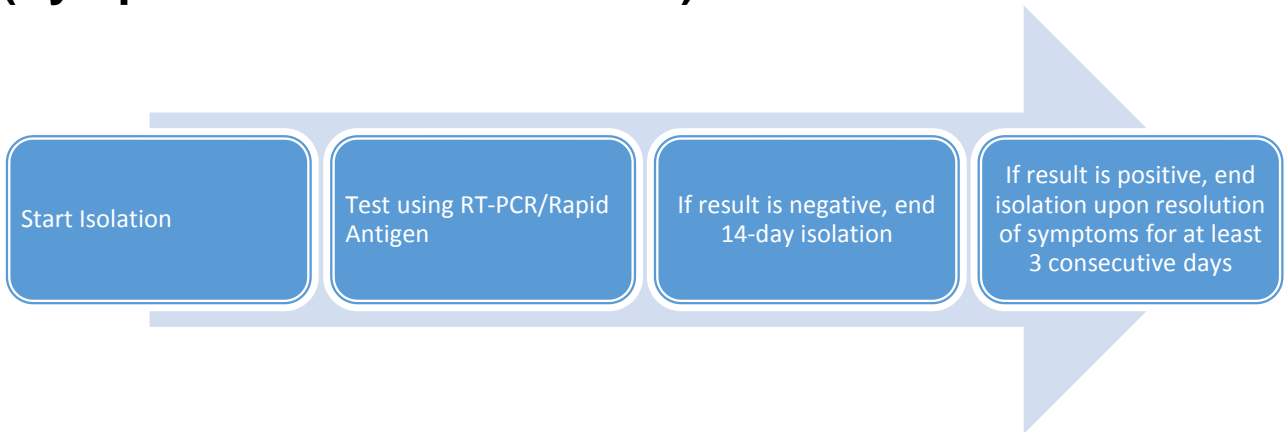


- Regardless of the test results of those that manifested symptoms, they shall be discharged after resolution of symptoms for at least 3 consecutive days and completion of 14-day isolation after day of exposure / onset of symptoms (if day of exposure is unknown).
- If results are positive, they shall be isolated depending on the severity of symptoms (mild - TTMF, moderate - L1 or L2 hospital, severe and critical - L2 or L3 hospital).

E. Contact Tracing

Based on the DOH COVID-19 Response Must-Knows Handbook

Pathway for Suspects (Symptomatic Close Contacts)



- Regardless of results, they shall be discharged after resolution of symptoms for at least 3 consecutive days and completion of 14-day isolation after day of exposure / onset of symptoms (if day of exposure is unknown).
- If results are positive, they shall be isolated depending on the severity of symptoms (mild - TTMF, moderate - L1 or L2 hospital, severe and critical - L2 or L3 hospital).

E. Contact Tracing

Based on the DOH COVID-19 Response Must-Knows Handbook

Pathway for Self Reporting

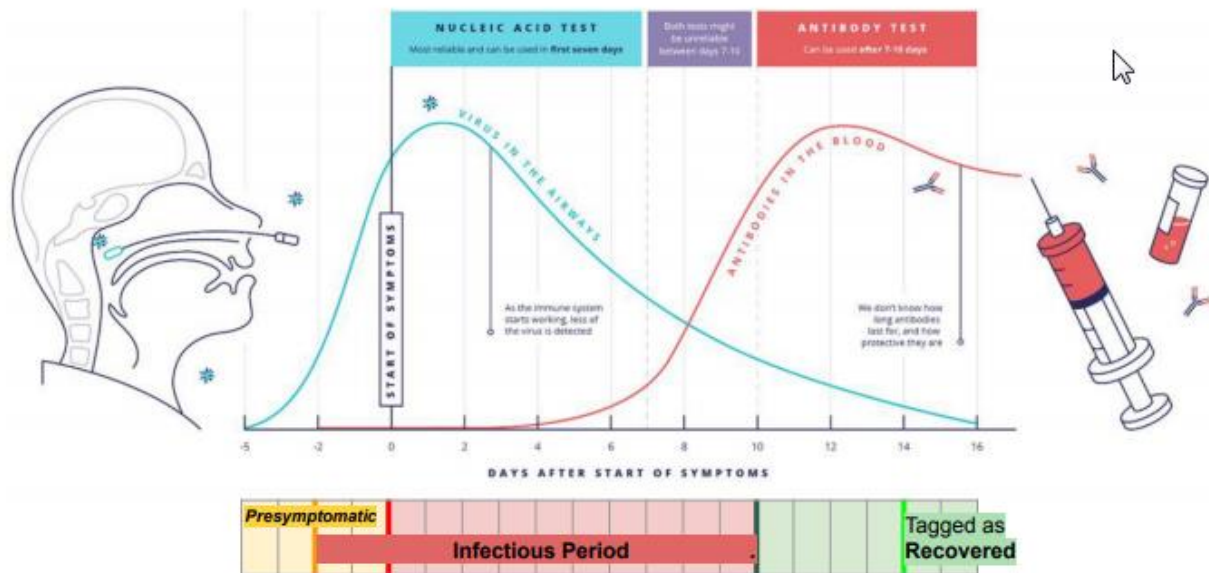
- An employee who knows s/he is a close contact or tested positive for COVID-19 must report immediately report the same to the HRODD and his/her BHERT.
- An employee who, while in the office premises becomes aware or is reported that he/she was in close contact with a COVID-19 positive or person who had close contact with a COVID-19 positive, shall immediately proceed to the isolation area, and inform of his/her immediate supervisor and the HRODD.

The Health and Safety Officer shall immediately arrange with Facilities and General Services Department (FGSD) for the medical evacuation to the nearest health facility or the employee's home, whichever is appropriate based on the Department of Health (DOH) protocols, taking into account the option of the concerned employee.

F. COVID-19 Testing

Based on the DOH COVID-19 Response Must-Knows Handbook

Right Test for the Right Reason



Looking at the **viral pathway**:

- Best time to test using PCR is 5-7 days after exposure, approximating the time of symptom onset.
- All those who are exposed to the confirmed case during the infectious period are potential close contacts. This means even 2 days before onset of symptoms of the confirmed case.
- Case is no longer infectious after 10 days from onset of symptoms. But to be sure, DOH errs on the side of caution and adds a 4 day buffer. This 4-day buffer takes into account that in some cases, incubation period is 12 days. The same concept holds true for time-based tagging of recoveries.
- **Immediate quarantine of close contact is necessary even when asymptomatic as infectious period begins 2 days prior to symptom onset.**
- For Frequently Asked Questions on Benefit Packages for COVID-19 patients, you may check out the following link: bit.ly/COVID19Packages.

F. COVID-19 Testing

Based on the Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

TESTING OF SYMPTOMATIC AND CLOSE CONTACTS

1. All employees experiencing symptoms of COVID-19, and those who are close contacts must undergo RT-PCR testing or rapid antigen testing for close contacts. PHILGUARANTEE shall inform the LGU/s having jurisdiction over the workplace and the respective residence/s of the symptomatic employees and close contacts before testing for monitoring purposes.
2. Symptomatic employees with travel/exposure to COVID-19 shall undergo fourteen (14) days quarantine. Upon its completion and prior to resumption of work, the employee shall present a Certificate of Quarantine Completion from the step-down care facility or local health office, per Philippine Society for Microbiology and Infectious Disease (PSMID) Guidelines on Return-to-Work (Annex E).



F. COVID-19 Testing

Based on the Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

TESTING OF ASYMPTOMATIC EMPLOYEES RETURNING TO WORK

1. RT-PCR or antibody-based tests is NOT recommended or required for asymptomatic employees returning to work.
2. Employees physically reporting to work shall be screened for COVID-19 symptoms, including fever, cough, colds and other respiratory symptoms, and/or determination of travel or exposure to COVID-19 cases within the last 14 days. Asymptomatic employees prior to physically returning to work may be cleared by the local health officer or OSH physician.

G. Notification and Reporting

Based on the Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

1. Reporting of COVID-19 test results to the DOH shall be done in accordance with DOH Administrative Order No. 2020-0013, entitled “Revised Guidelines for the Inclusion of COVID-19 in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health.”
2. Even before testing, the HRODD/SHO must report COVID-19 positive employees, symptomatic employees, and their close contacts, to the local health office having jurisdiction over the workplace and the Barangay Health Emergency Team (BHERT) of their place of residence, in accordance with DOH DM No. 2020- 0189.



G. Notification and Reporting

Based on the Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

3. The data privacy provisions under the Data Privacy Act and DM 2020-0189 shall be strictly complied with to ensure that the data privacy rights of patients/subjects are respected and protected.
4. The LGU, through their City Epidemiology Surveillance Unit (CESU), Municipal Epidemiology Surveillance Unit (MESU) or Provincial Epidemiology Surveillance Unit (PESU), shall submit reports to the Regional Epidemiology Surveillance Unit (RESU) using the Event-Based Surveillance System of the Epidemiology Bureau of DOH (refer to Annex D for the Directory of Regional Epidemiology Surveillance Units).



H. Leave of Absences and Entitlements

Based on the PHILGUARANTEE Manual on Covid-19 Prevention

1. Leave of absence of plantilla personnel on connection with COVID-19 shall be subject to CSC Memorandum Circular (MC) No.08, s. 2020 (***Revised Interim Guidelines on the Use of Leave Credits for Absences Due to Quarantine and/or Treatment Relative to COVID-19***) and relevant rules that may subsequently be issued by the CSC.
2. Any other leave availed of during the State of Public Health Emergency that is **NOT COVID -19 RELATED** shall be subject to the Omnibus Rules on Leave.
3. Leave of absences of COS, janitorial; and security personnel are subject to applicable leave policies of the concerned Service Providers.
4. In the interest of public service delivery, **those required to undergo home quarantine but are not symptomatic shall be on WFH arrangement.**
5. To avail of the leave privileges in connection with COVID-19, employees shall submit the documents required under CSC MC No. 08, 2020

HAZARD PAY

1. Payment of COVID-19 Hazard Pay shall comply with the requirements of Administrative Order (AO) No. 26, s. 2020 dated 23 March 2020 and Department of Budget and Management Budget Circular (DBM BC) No. 2020 – 1, s. 2020
2. AO No. 26 authorizes the grant of COVID- 19 Hazard Pay to government employees who physically report for work during the implementation of ECQ in their respective place of work, in an amount not exceeding P500/day, per person.

H. Leave of Absences and Entitlements

Based on the PHILGUARANTEE Manual on Covid-19 Prevention

3. To be eligible, the employee must have been authorized to physically report for work at their respective offices/ workstations on the prescribed official working hours by the head of agency/ office. The standard recording of attendees shall apply.
4. The grant of COVID-19 Hazard Pay shall be effective beginning March 17, 2020

A GOCC which does not have sufficient funds to fully cover the COVID-19 Hazard Pay at P500/day per person, may grant the same at a lower but uniform rate for all qualified personnel.

I. Reintegration

Based on the DOH COVID-19 Response Must-Knows Handbook

For reintegrating employees, please do not forget the following safety measures:



Always bring and wear a face mask and face shield when going out for essential trips/tasks

Regularly wash hands when soap and water are available.



Always bring alcohol or sanitizer when going out.

Avoid touching surfaces in public places

Regularly disinfect surfaces frequently used/touched inside the home



Avoid public places if possible

Follow physical distancing reminders if need to go out

Avoid gatherings in general

III. Maintaining Health and Safety



A. Personal Safety Practices

Based on latest DOH issuances

FACE MASKS

- Wear face masks at all times, especially when in the presence of others and in public areas.
- Make sure your mask covers your nose and mouth.
- Avoid touching the mask while using it. If you need to touch your mask or your face, make sure to sanitize your hands first.
- Replace the mask with a new one as soon as it is damp, soiled, or damaged and do not reuse single-use masks.
- Cloth face masks must be worn only for one day at a time and must be properly washed before using again.
- Remove the mask from behind using the string and properly dispose single-use masks immediately in a closed bin.
- Wash your hands before putting on and after taking off your mask.



A. Personal Safety Practices

Based on the Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

FACE SHIELDS

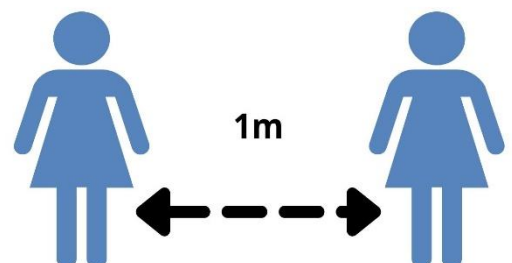
- Face shields shall cover the entire face (completely cover the sides and length of the face). If possible, face shields should extend to the ears and below the chin.
- Visor-type face shields shall not be allowed.
- Face shields and masks should always be worn together when interacting with colleagues, clients and/or visitors.
- Face shields may be removed according to the demands of the work or when the occupational safety and health of the employees so requires.



We require both face shield and face mask.

PHYSICAL DISTANCING

- Maintain at least one (1) meter distance with others.
- Avoid physical contact with other employees, like handshakes.



A. Personal Safety Practices

Based on the Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

HANDWASHING AND HAND HYGIENE

Wash your hands with soap and water for at least 20 seconds or use alcohol-based hand sanitizer. Keep your hands clean before, during, and after working.

Wash your hands with soap and water or use hand disinfectants with 60-70% alcohol specifically, but not limited to these moments:



- Before entering their workplace
- Before and after handling food or eating
- After using the toilet/bathroom
- Before putting on and after taking off their face mask
- After touching frequently touched surfaces and objects such as stair railings, elevator controls, doorknobs, electrical switches, etc.
- Before and after touching their face

A. Personal Safety Practices

Based on latest DOH issuances

DISINFECTING COMMONLY USED ITEMS

Employees are encouraged to conduct surface disinfection in their work stations before the start of the shift, intermittently during shift, and at the end of the shift.

A bleach solution could be used to disinfect the materials you usually use. It may also serve as an alternative for soap and water or alcohol for handwashing. You'll just need a few supplies to get started:

- Household bleach or chlorine powder/granules/tablet
- Gloves, apron, boots, goggles, etc.
- Cool tap water
- Plastic containers or spray bottle (do not use metal containers)

SOLUTION TYPE	PURPOSE	RATIO	Sample amount of bleach and water to mix	
			Bleach Amount	Water Amount
1:10 solution (0.5% Sodium Hypochlorite solution ¹)	Disinfection of surfaces including, but not limited to: <ul style="list-style-type: none"> ● Doorknob ● Desk ● Keyboard ● Toilet 	1 part household bleach is to 9 parts water	1 ml	9 ml
		100 ml	900 ml (approx. 1L)	
		1 tbsp chlorine granules/powder/tablet is to 2 litres water	1 tbsp	2 L
1:100 solution (0.05% Sodium Hypochlorite solution)	Hand-washing ²	1 part of the solution : 9 parts water	100 ml	1 L
		1 tbsp of the solution: 20 L water	1 tbsp	20 L

¹Food manufacturing companies shall use alternatives to sodium hypochlorite (i.e. chlorine solution) due to risk of affecting food safety and Good Manufacturing Practices

²**Warning!** Use with caution because frequent use may lead to dermatitis, which could increase risk of infection.

B. Mental and Emotional Well-being

Based on latest DOH issuances



- Regularly talk with your family and friends.
- Draw on skills you have used in the past that have helped you manage previous life adversities/stresses.
- If you are feeling stressed, limit the time you spend watching or listening to media coverage that you perceive upsetting.
- Have adequate rest and at least 8 hours of sleep.
- Don't use smoking, alcohol or other drugs to deal with your emotions.
- For mental health concerns, you may reach out to the National Center for Mental Health hotlines: 0917-899-USAP (8727), (02) 7 989-USAP (8727) or 1553.

C. Diet and Nutrition

Based on latest DOH issuances



- Eat nutritious and well-cooked food.
- Avoid drinking alcohol or keep it to a minimum.
- Eat a variety of food, including plenty of fruits and vegetables.
- Limit intake of sweets and sugary drinks.
- For health and nutrition advice, you may contact the National Nutrition Council (NNC) at (632) 8892-4271 or 8843-0142.

D. Physical Fitness

Based on latest DOH issuances



BE PHYSICALLY ACTIVE AT HOME

- Regularly check your sitting posture while working from home.
- Try online exercise classes/videos.
- Do some strengthening exercises.

E. BIDA Solusyon sa COVID-19

Based on latest DOH issuances

The **BIDA Solusyon sa COVID-19** campaign, the Philippine government's banner communication campaign in COVID-19 response, highlights the simple individual actions each and every Filipino could do to contribute to our fight against COVID-19 (the COntraVIDa).

All staff and employees are enjoined to, at all times, follow the BIDA actions that the campaign advances, which are as follows:



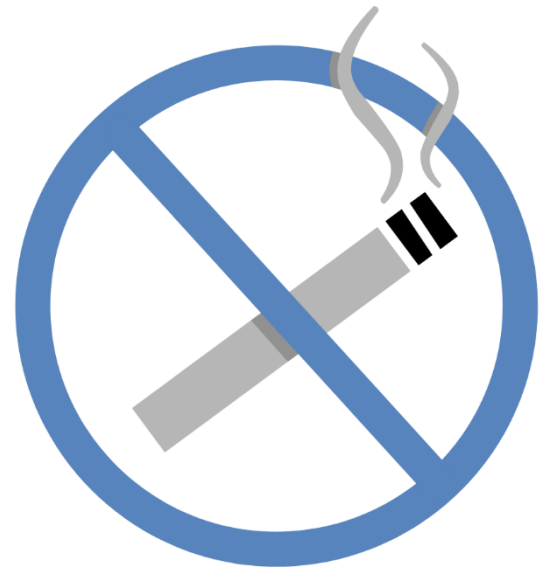
A repository of template IEC materials related to COVID-19 (posters, flyers, stickers, etc.) which workplaces can adopt or modify based on local context, needs and information gaps among employees are available at bit.ly/BIDAsaTrabahoRCP (Annex G).

F. Smoke-Free Workplaces

Based on WHO Question and Answer Hub on Smoking and COVID-19

WORKPLACES MUST BE SMOKE-FREE

According to the WHO, [smoking](#) is a known risk factor for severity of any lower respiratory tract infection, and that the same would be expected in COVID-19, a respiratory disease. Furthermore, in relation to COVID-19, the WHO has stated:



- It has been shown that the SARS-CoV-2 virus may be transmitted through an exposure to secondhand smoke
- Smokers are likely to be more vulnerable to COVID-19 as the act of smoking means that fingers (and possibly contaminated cigarettes) are in contact with lips which increases the possibility of transmission of virus from hand to mouth.
- Smoking products such as water pipes often involve the sharing of mouth pieces and hoses, which could facilitate the transmission of COVID-19 in communal and social settings
- Smokers may also already have lung disease or reduced lung capacity which would greatly increase risk of serious illness and higher risk of serious lung conditions such as pneumonia.

You may contact the [DOH Smoking Quitline](#) at 165-364 for support (free within Metro Manila).

IV. Guidelines for Specific Workplace Scenarios




A. Working in the Office

Based on the PHILGUARANTEE Manual on Covid-19 Prevention

I. Prior to entry in the workplace:

Employees, clients and guests shall:

- Wear face mask;
- Observe one (1) meter physical distancing;
- Step on the disinfecting mat;
- Undergo body temperature check via thermal scanner;
- Accomplish the Daily Health Symptoms Questionnaire (DHSQ) attached “Annex A”



PHILGUARANTEE
Philippine Guarantee Corporation

Annex A

DAILY HEALTH SYMPTOMS QUESTIONNAIRE

Body Temperature: _____ Date: _____
 Name: _____
 Residence: _____
 Nature of Visit: Official Personal (If Official, fill in company details)
 Company Name: _____
 Company Address: _____

	YES	NO																		
1. Are you experiencing: (Nakakaranas ka ba nangyayayong ng?) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a. Cough (ubo)</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Body pains (pananakit ng katawan)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Sore throat (pananakit ng lalamunan/masakit/lumunok)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Colds (pagulo ng sipon, baradong ilong)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. Fever (lagnat)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. Difficulty of breathing (hirap na paghinga)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	a. Cough (ubo)	<input type="checkbox"/>	<input type="checkbox"/>	b. Body pains (pananakit ng katawan)	<input type="checkbox"/>	<input type="checkbox"/>	c. Sore throat (pananakit ng lalamunan/masakit/lumunok)	<input type="checkbox"/>	<input type="checkbox"/>	d. Colds (pagulo ng sipon, baradong ilong)	<input type="checkbox"/>	<input type="checkbox"/>	e. Fever (lagnat)	<input type="checkbox"/>	<input type="checkbox"/>	f. Difficulty of breathing (hirap na paghinga)	<input type="checkbox"/>	<input type="checkbox"/>		
a. Cough (ubo)	<input type="checkbox"/>	<input type="checkbox"/>																		
b. Body pains (pananakit ng katawan)	<input type="checkbox"/>	<input type="checkbox"/>																		
c. Sore throat (pananakit ng lalamunan/masakit/lumunok)	<input type="checkbox"/>	<input type="checkbox"/>																		
d. Colds (pagulo ng sipon, baradong ilong)	<input type="checkbox"/>	<input type="checkbox"/>																		
e. Fever (lagnat)	<input type="checkbox"/>	<input type="checkbox"/>																		
f. Difficulty of breathing (hirap na paghinga)	<input type="checkbox"/>	<input type="checkbox"/>																		
2. Have you travelled outside of the Philippines within the last 14 days? (Ikaw ba ay nagbiyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?)	<input type="checkbox"/>	<input type="checkbox"/>																		
3. Have you travelled outside in the current city/municipality where you reside? (Ikaw ba ay nagbiyahe sa labas ng iyong lungsod/munisipalidad?) If yes, specify which city/municipality you went to (Sabihin kung sino): _____ Answer yes only if you travelled outside the NCR Plus (Metro Manila, Bulacan, Rizal, Laguna, Cavite) as identified and approved by the governing authorities	<input type="checkbox"/>	<input type="checkbox"/>																		
4. Have you within the last 14 days: a. experienced ANY of the above symptoms after history of travel abroad OR after close contact with a COVID-19 positive person who had close contact with a COVID-19 positive*; AND b. have NOT yet obtained the appropriate medical clearance for these symptoms? (Sa nakalipas na 14 na araw, ikaw ba ay: a. Nakaranas ng ALIN MAN sa mga naturang sintomas pagkatapos magbiyahe sa labas ng bansa O pagkatapos makasaluhaha ang isang COVID-19 positive*. AT b. Hindi pa nakakakuha ng kaukulang medical clearance para sa naturang sintomas?)	<input type="checkbox"/>	<input type="checkbox"/>																		
5. Have you within the last 14 days had close contact with a COVID-19 positive or person who had close contact with a COVID-19 positive? * (May nakasaluhaha ka ba sa nakalipas na 14 na araw na COVID-19 positive o taong may nakasaluhahang COVID-19 positive?)	<input type="checkbox"/>	<input type="checkbox"/>																		
6. Have you provided direct care for a patient with probable or confirmed COVID-19 case without using proper personal protective equipment for the past 14 days? (Nag-alaga ka ba ng probable o kumpirmadong pasyente na may COVID-19 ng nakasuot ng tamang personal protective equipment sa nakalipas na 14 araw?)	<input type="checkbox"/>	<input type="checkbox"/>																		

*Close contact (Nakasaluhaha): Within one (1) meter distance in for more than fifteen (15) minutes (May distansyang di bihigat sa 1 metro nang higit sa 15 minuto).

I hereby authorize PHILGUARANTEE to collect and process the data indicated herein for the purpose of effecting control of the COVID-19 infection. I understand that my personal information is protected by RA 10173, Data Privacy ACT of 2012, and that I am required by RA 11469, Bayanihan to Heal as One Act, to provide truthful information.

Signature: _____

PGC-HRODD-QP-14 Rev. 01 as 29 July 2021

A. Working in the Office

Based on PHILGUARANTEE Manual on Covid-19 Prevention

Employees are encouraged to bring their own pens and copies of the DHSQ and accomplish the form during travel, if feasible, to minimize contact with exposed objects and queuing time. Do not use a different form;

- f. Spray alcohol-based hand sanitizers to both hands;
 - g. Disinfect equipment or goods in bulk, if any;
 - h. Wait to be advised by the guard whether entry is allowed;
 - i. For guests and couriers whose purpose of visit is PERSONAL in nature, wait for the person to be visited
-
- **Food deliveries may be transacted at the reception areas at the floor lobbies.**
 - **Personal guests and couriers of personal orders are NOT ALLOWED inside the building/office;**

 - For employees and clients whose body temperature of 37.5°C or higher, rest for five minutes, then undergo temperature rechecking.

 - **Those with body temperature of 37.4° or lower and without a “Yes” answer in the DHSQ shall be ALLOWED entry.**

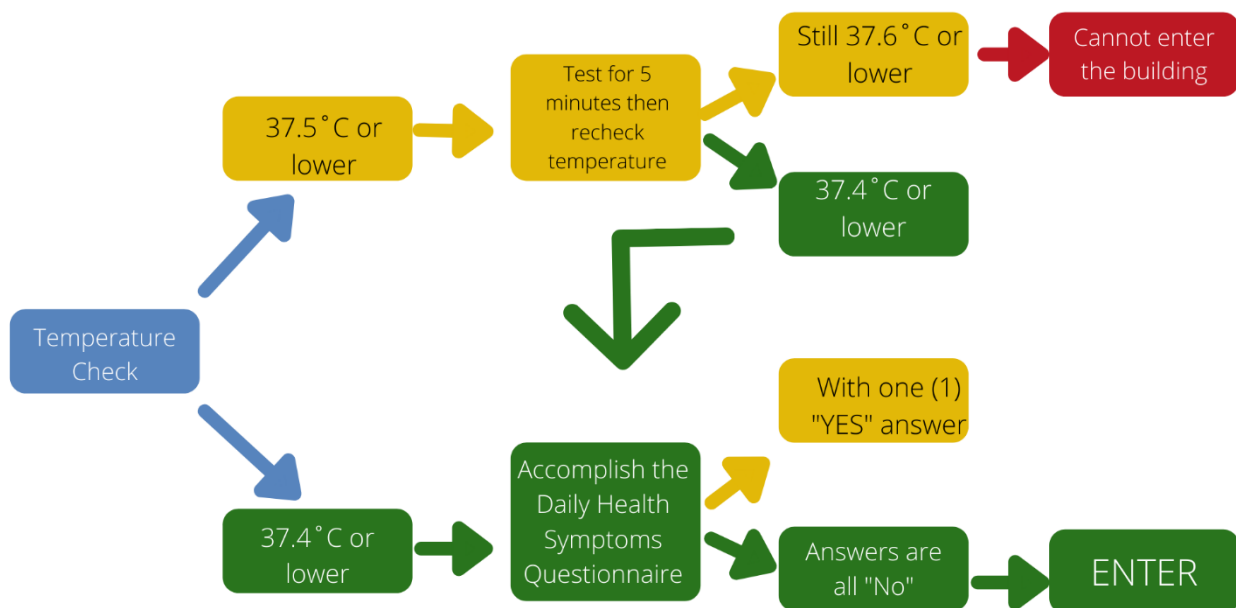
 - **Those with body temperature of 37.4° or higher and without a “Yes” answer in the DHSQ shall be ALLOWED entry.**

A. Working in the Office

Based on PHILGUARANTEE Manual on Covid-19 Prevention

PHILGUARANTEE employees and COS personnel who are scheduled to report to the office but are not allowed entry due to above policy are advised to take a leave of absence or coordinate for a Work From Home(WFH) arrangement as a prudent measure to limit the spread of communicable diseases and protect the health of everyone in the workplace.

The diagram below shall be implemented for employees and clients in the office main entrance:



II. Inside the workplace:

- Wearing of face masks at all times is required; the same shall only be removed when eating/drinking or when alone in an area;
- Wearing of the required office uniforms is temporarily suspended during community quarantine, and all employees are required to wear appropriate business attire;

A. Working in the Office

Based on PHILGUARANTEE Manual on COVID-19 Prevention

- c. The use of the stairways is encouraged;
- d. Everyone shall observe physical distancing of one (1) meter;
- e. Online system for client servicing is highly encouraged for all Groups;
- f. Telephone and video conferencing are encouraged especially for lengthy discussions;
- g. If face-to-face interaction with clients is necessary, it shall be done at the reception counters/areas or meeting rooms;
- h. Reception counters shall be provided protective barriers, such as clear glass or plastic sheets, or pending installation thereof, the employee shall be provided face shields for additional protection;
- i. Reception areas shall be set up to ensure physical distancing of queueing clients.
- j. Prolonged face-to-face interaction with coworkers or clients is discouraged;
- k. Employees to transact business outside the office premises with exposure to crowds and outdoor elements shall wear face shields for additional protection;
- l. Since personal guests/couriers of personal orders are not allowed inside the building/ office, employees are advised to make necessary arrangements to limit these transactions at the office entrance (deliveries and pick-up);
- m. No gatherings shall be allowed, except for official meetings requiring physical presence which shall be kept to a minimum order of participants for short duration.

A. Working in the Office

Based on PHILGUARANTEE Manual on COVID-19 Prevention

- n. Workstations currently not compliant with the physical distancing requirement shall be re-arranged / reconfigured to ensure one (1) meter distance or barriers may be placed between workstations;
- o. If feasible, foot traffic within the workplace should be designed to allow for unidirectional movement aisles, corridors or walkways;
- p. Eating meals in communal areas/ pantries is discouraged. It is best to eat in individual work stations and all wastes shall be disposed of properly;
- q. Employees are encouraged to bring home-cooked food;
- r. Employees are encouraged to bring their own drinking and eating utensils;
- s. Sharing of basic work station supplies that are regularly provided to all employees, such as pens, pencils, staplers, among others is discouraged;
- t. Work stations and commonly used areas shall be disinfected daily, either before employees' arrival in the morning or after office is vacated in the afternoon;
- u. Frequently touched surfaces such as door knob and handles, elevator buttons railings, faucets, light switches, biometrics machine, water dispenser buttons, copier buttons, other common appliance handles/buttons, among others, shall be cleaned and disinfected as often as possible within the day;
- v. Double action hinges to be installed in common restroom doors, if feasible, to avoid contact with doorknobs/handles;
- w. Commonly used objects, such as telephone, tables, chairs, among others shall be disinfected as often as possible within the day;
- x. Wash or sanitize hands frequently;
- y. Wash Areas shall have sufficient clean water and soap;
- z. Alcohol based sanitizers shall be made available in hallways, reception areas/counters, rest rooms and conference areas;

A. Working in the Office

Based on PHILGUARANTEE Manual on COVID-19 Prevention

- aa. Employees who, while inside the office premises, develop fever, sore throat, cough, colds or body pains, but did not have close contact with a COVID-19 positive or person who had close contact with a COVID-19 positive, are advised to take a leave of absence or coordinate for a WFH arrangement with their Group Heads as may be appropriate, as a prudent measure to limit the spread of communicable diseases and protects the health of everyone in the workplace.

Said employees shall submit a newly accomplished DHSQ to the guard before leaving the office premises; and

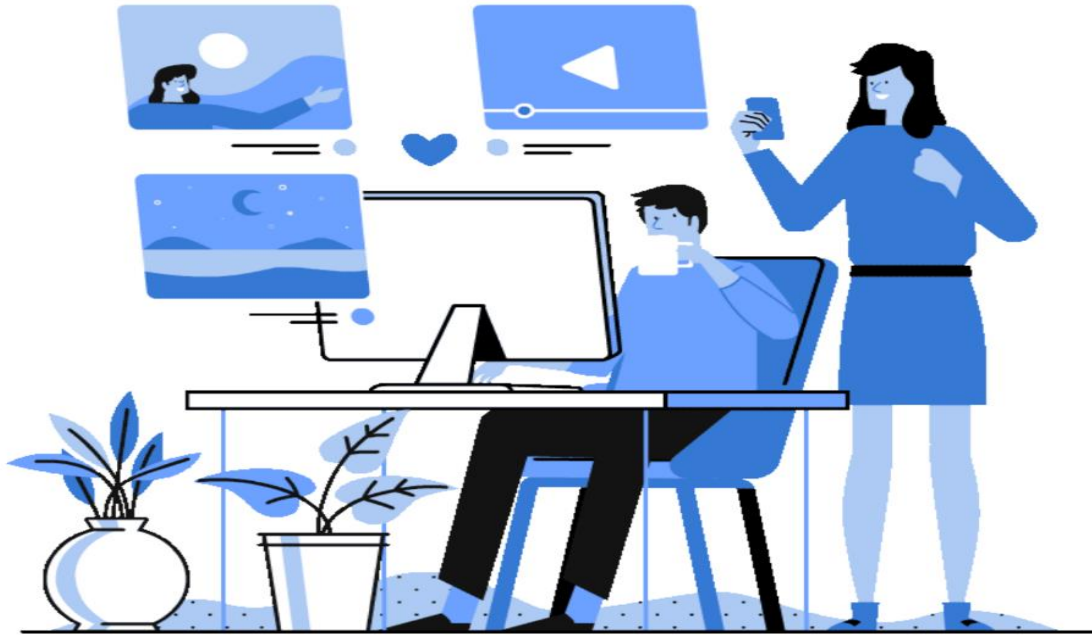
- bb. Employees servicing clients who develop any of the symptoms of COVID-19 while in the premises shall immediately complete the clients' transaction or undertake whatever practicable measure to reduce the client's transaction time within the premises and mitigate possible contagion.

III. **While inside the service vehicles**

- a. Drivers and passengers are required to wear face masks while inside the vehicles.
- b. Drivers and passengers are required to observe physical distancing at all times.
- c. Eating inside the vehicle is discouraged to avoid taking off of face masks.
- d. Vehicles shall be disinfected every after conveyance of passengers to their destination.

A. Working in the Office

Based on the Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19



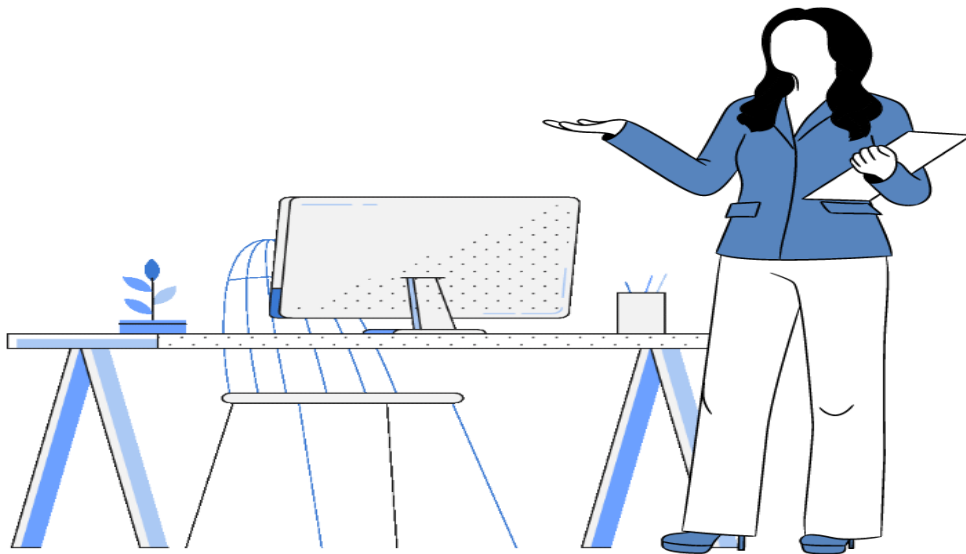
Ventilation

- Adequate ventilation should be strictly enforced inside the workplace. Natural air flow exchange (opening windows, opening doors, turning off air-conditioning units to reduce air recirculation) is highly encouraged.
- Individuals should not be situated directly in the flow of air coming from fans and air-conditioners.
- If possible, the installation of exhaust fans, installation of air filtration devices with High-Efficiency Particulate Air (HEPA) filters, or the standard maintenance and recalibration of building heating, ventilation and air-conditioning (HVAC) systems should be explored.

A. Working in the Office

Based on the Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

- To provide a suitable work environment for employees/clients/visitors, the air conditioning temperature in establishments shall be set/regulated according to the nature of their operations.



B. Alternative Work Arrangements

Based on PHILGUARANTEE's Revised Rules on Work Arrangements

I. OPERATIONAL CAPACITY AND WORK ARRANGEMENTS

1. Pursuant to the Civil Service Commission (CSC), Department of Health (DOH) and Inter-Agency Task Force Against Covid-19 (IATF) guidelines, the following shall be adopted for the duration of the emergency status or under state of calamity:

1.1. **Enhanced Community Quarantine (ECQ) and Modified ECQ (MECQ)** – Skeleton workforce shall report on-site when their services therein are indispensable for purposes of public service delivery, or when office work is permitted. Personnel other than the skeleton workforce shall be on a Work-From-Home (WFH) arrangement. Shuttle service shall be provided to the skeleton workforce.

Unless their services are indispensable on-site, individuals accorded special protection under Civil Service Commission (CSC) Memorandum Circular (MC) No.10, s. 2020, as amended by CSC MC No. 18, s. 2020 (Special Individuals) shall not be part of the skeleton workforce, as follows:

- a. Below 21 or 60 years old or above;
- b. With immunodeficiency, comorbidities, or other health risks defined under DOH Administrative Order No. 2020-15¹;
- c. Pregnant women;
- d. Nursing mothers; and
- e. Persons with living with the above in areas under ECQ, MECQ and GCQ.

Similarly, Persons with Disability (physical)² shall not be part of the skeleton workforce unless their services are indispensable on-site.

1.2. **General Community Quarantine (GCQ)** – a minimum of 30% on-site capacity unless the Head of the Agency announced a higher on-site capacity shall be observed.

¹ Immunodeficiency and comorbidity must refer to the presence of one or more additional conditions co-occurring with a primary condition that increases one's risk for mortality if afflicted by COVID-19, including immunocompromised individuals (such as but not limited to those with cancer, HIV/AIDS and other auto-immune disorders) and individuals with chronic conditions (such as but not limited to hypertension, diabetes mellitus and chronic kidney disease). Other health risks refer to any other condition that puts the individual at a higher risk of developing a severe illness due to and/or complications of COVID-19 as certified by a medical doctor.

² The disability must be a physical condition that puts the individual at a higher risk of getting infected by, developing a severe illness due to and/or complications of COVID-19.

B. Alternative Work Arrangements

Based on PHILGUARANTEE's Revised Rules on Work Arrangements

Special Individuals and Persons with Disability (physical) shall be on WFH unless their services are indispensable on-site.

- 1.3. **Modified GCQ** – a minimum of 50% on-site capacity unless the Head of the Agency announced a higher on-site capacity shall be observed.
2. Whenever Special Individuals and Persons with Disability (physical) are required to work on-site because their services are indispensable, their preferred schedule shall be given priority, especially for purposes of providing shuttle services.

It is understood that their reporting to work on-site was a result of a careful assessment by the Group/Department/Office Head that they must render indispensable service on-site.

To the extent possible, the Group/Department/Office Heads shall program and apply the 50% on-site -50% WFH for Special Individuals and Persons with Disability (physical) reporting on-site.

3. Office/Department/Group Heads shall require, copy furnished the Human Resource and Organizational Development Department (HRODD), sufficient or reasonable proof of the conditions that qualify personnel to the special protections under CSC MC No. 10, s. 2020. These include:
 - 3.1. For the existence of applicable immunodeficiency or comorbidity, valid medical certificates or records for the existence of applicable immunodeficiency or comorbidity.
 - 3.2. For the existence of other health risks, medical certificate stating that the specific condition of the personnel puts him/her at a high risk of developing severe illness due to and/or severe complications of COVID-19.
 - 3.3. For pregnancy, pregnancy test result, ultrasound result and/or medical certificate.
 - 3.4. For being a Nursing Mother, birth certificate and/or written certification by the mother as to such fact.
 - 3.5. For being a Persons with Disability (physical), written declaration as to the disability (physical), medical certifications or other proof that his/her physical condition puts him/her at a higher risk of getting infected by, developing a severe illness due to and/or complications of, COVID-19.

B. Alternative Work Arrangements

Based on PHILGUARANTEE's Revised Rules on Work Arrangements

- 3.6. For residing with Special Individuals in areas under ECQ, MECQ and GCQ, signed statement specifically describing his/her circumstances relevant to the special protection being accorded. Proof of age, comorbidity, immunodeficiency, other health risks, pregnancy, state of being a nursing mother of the persons with whom he/she is residing shall be provided.

Proof of age of personnel who are below 21 or 60 years old and above shall no longer be required.

4. Subject to the required operational capacity on-site, WFH arrangements may be allowed for the following tasks:
 - 4.1. research;
 - 4.2. policy formulation/review/amendment;
 - 4.3. project work, including but not limited to, drafting of proposals/project studies/training modules;
 - 4.4. data encoding/processing;
 - 4.5. adjudication of cases, review of cases, and legal services;
 - 4.6. budget planning and forecasting;
 - 4.7. recording, examination and interpretation of financial records and reports;
 - 4.8. evaluation and formulation of accounting, auditing and management control systems;
 - 4.9. computer programming;
 - 4.10. database maintenance;
 - 4.11. design work/drafting of drawing plans; xii. preparation of information materials;
 - 4.12. sending/receiving e-mail;

B. Alternative Work Arrangements

Based on PHILGUARANTEE's Revised Rules on Work Arrangements

- 4.13. HR tasks; and
- 4.14. other analogous tasks which require the use of a computer and the internet for reading, encoding, printing or submission of written outputs for review, evaluation or final presentation/assessment.
5. Employees under WFH arrangement shall be given tasks to be performed to the full extent possible in terms of man-days per work week, and weekly accomplishment reports shall be required of them to ensure that public service delivery is not prejudiced.

Subject to CSC, DBM and COA rules, reasonable logistics and communication equipment, such as desktop or laptop computers, USB flash drives, external hard drives, internet/email connection, as may be necessary shall be provided to employees under WFH arrangement.

6. Employees under WFH arrangement shall:
 - 6.1. Make themselves available via telephone, text messaging, email, social media, and other alternative modes of communication **during their existing official work hours, while they are at home**. The regular office breaks shall also be observed;
 - 6.2. Secure and protect confidential and proprietary information at all times;
 - 6.3. Abide by the PHILGUARANTEE Data Privacy Manual and their duly signed Non-Disclosure Agreement;
 - 6.4. Submit a weekly accomplishment report to their Office/Department/Group Heads; and
 - 6.5. Set up paraphernalia for the WFH arrangement in coordination with their respective Office/Department/Group Heads, IT Department and FGSD.
7. Those not possible for WFH arrangement, such as drivers, messengers/couriers, technicians, utility personnel, janitorial staff, among others, shall report on-site or perform other administrative functions to support employees working from home.

B. Alternative Work Arrangements

Based on PHILGUARANTEE's Revised Rules on Work Arrangements

8. Subject to the required operational capacity on-site, other work arrangements may, in the interest of the service and to reduce the probabilities of exposure to COVID-19, be allowed. A Memorandum requesting for Authority to Implement an Alternate Work Arrangement with the Proposed Work Schedule (Annex A) for adoption shall be submitted by the Office/Department/Group Head to the President and CEO thru the Human Resource and Organizational Development Department (HRODD).

The Alternate Work Arrangement shall:

- 8.1. Comply with the rules on Special Individuals and Persons with Disability (physical).
- 8.2. Ensure the completion of targets and deliverables and not result in the disruption of the service.
- 8.3. Enable continuous service from 8:00 in the morning to 5:00 in the afternoon on all working days.

The Alternate Work Arrangement shall not be implemented prior to the approval of the President and CEO.

II. FLEXIBLE WORKING HOURS ON-SITE

Due to the limitations in public transportation due to quarantine guidelines, flexible working hours (7:00 in the morning up to 7:00 in the evening) on-site shall be implemented, subject to the following:

1. At least eight (8) hours of work shall be rendered on-site.
2. There is continuous service from 8:00 in the morning to 5:00 in the afternoon on all working days.

B. Alternative Work Arrangements

Based on PHILGUARANTEE's Revised Rules on Work Arrangements

III. SUBMISSION OF WORK ARRANGEMENT AND SCHEDULE OF PERSONNEL

1. All Office/Department/Group Heads are directed to submit the Work Arrangement and Schedule of Personnel (Annex B) of their Office/Department/Group based on Item III, which shall indicate the following:
 - 1.1. Total Number of Work Complement, including Contract of Service personnel.
 - 1.2. Names of Personnel, indicating those belonging to the categories of Special Individuals and Persons with Disability (physical).
 - 1.3. Work Schedule of Personnel.

The submitted Work Arrangement and Schedule of Personnel shall apply to the personnel of the Office/Department/Group as long as no new ones are submitted and shall be compared to the personnel's actual attendance.

2. All Office/Department/Group Heads shall submit the work schedules regardless of their intention to submit a Memorandum requesting for Authority to Implement an Alternate Work Arrangement with the Proposed Work Schedule.

The alternate work schedules shall be applied only after approval.

B. Alternative Work Arrangements

Based on PHILGUARANTEE's Revised Rules on Work Arrangements

PROPOSED WORK SCHEDULE OF PERSONNEL				Annex A
Group/Department/Office		_____		
Total Manpower Complement		_____		
ALTERNATE WORK ARRANGEMENT				
#	NAME	CQ	AWA / SCHEDULED WORK DAY	REASON*
1		ECQ/MECQ		
		GCQ		
		MGCQ		
2		ECQ/MECQ		
		GCQ		
		MGCQ		
3		ECQ/MECQ		
		GCQ		
		MGCQ		
4		ECQ/MECQ		
		GCQ		
		MGCQ		
5		ECQ/MECQ		
		GCQ		
		MGCQ		
6		ECQ/MECQ		
		GCQ		
		MGCQ		
7		ECQ/MECQ		
		GCQ		
		MGCQ		
8		ECQ/MECQ		
		GCQ		
		MGCQ		
9		ECQ/MECQ		
		GCQ		
		MGCQ		
10		ECQ/MECQ		
		GCQ		
		MGCQ		
* This is just a sample. This may be modified as needed.				

B. Alternative Work Arrangements

Based on PHILGUARANTEE's Revised Rules on Work Arrangements

Annex B

WORK ARRANGEMENT AND SCHEDULE OF PERSONNEL

Group/Department/Office _____
 Total Manpower Complement _____

TABLE 1: WORK-FROM-HOME

#	NAME	CQ	SCHEDULED WORK DAY	REASON*
1		ECQ/MECQ		
		GCQ		
		MGCQ		
2		ECQ/MECQ		
		GCQ		
		MGCQ		
3		ECQ/MECQ		
		GCQ		
		MGCQ		
4		ECQ/MECQ		
		GCQ		
		MGCQ		
5		ECQ/MECQ		
		GCQ		
		MGCQ		
6		ECQ/MECQ		
		GCQ		
		MGCQ		
7		ECQ/MECQ		
		GCQ		
		MGCQ		
8		ECQ/MECQ		
		GCQ		
		MGCQ		
9		ECQ/MECQ		
		GCQ		
		MGCQ		
10		ECQ/MECQ		
		GCQ		
		MGCQ		

Cite any of the following reasons: a. Below 21 or 60 years old or above; b. With immunodeficiency, comorbidities, or other health risks defined under DOH Administrative Order No. 2020-15; c. Pregnant women; d. Nursing mothers; e. Persons living with the above in areas under ECQ, MECQ and GCQ; f. PWD (physical); g. To comply with the maximum limit for Skeleton Workforce if ECQ/MECQ; h. Task can be done offsite to comply with the required operational capacity on-site.

B. Alternative Work Arrangements

Based on PHILGUARANTEE Manual on Covid-19 Prevention

TABLE 2: REPORTING ON-SITE				
#	NAME	CQ	SCHEDULED WORK DAY	REASON**
1		ECQ/MECQ		
		GCQ		
		MGCQ		
2		ECQ/MECQ		
		GCQ		
		MGCQ		
3		ECQ/MECQ		
		GCQ		
		MGCQ		
4		ECQ/MECQ		
		GCQ		
		MGCQ		
5		ECQ/MECQ		
		GCQ		
		MGCQ		
6		ECQ/MECQ		
		GCQ		
		MGCQ		
7		ECQ/MECQ		
		GCQ		
		MGCQ		
8		ECQ/MECQ		
		GCQ		
		MGCQ		
9		ECQ/MECQ		
		GCQ		
		MGCQ		
10		ECQ/MECQ		
		GCQ		
		MGCQ		

Cite any of the following reasons: a. While task can be done offsite, to comply with the required operational capacity on-site; b. Work is indispensable on-site; c. To comply with the maximum limit for Skeleton Workforce if ECQ/MECQ; d. WFH based on reasons stated in Table

** 1

B. Alternative Work Arrangements

Based on PHILGUARANTEE Manual on Covid-19 Prevention

Working from Home

The Work from Home (WFH) arrangement or a remote working environment is one of the alternative work arrangements adopted to ensure sustained office operations.

A functional WFH arrangement shall have the following:

1. A “workplace group” using various platforms—group chats, emails and other social media platforms.
2. Reliable internet at home with corresponding computer/gadgets/tools.
3. Clearly specified measurable deliverables of each staff/team members discussed with supervisors.
4. Knowledge on ergonomics and the proper way of working from home.

Pursuant to Civil Service Commission (CSC) Memorandum Circular (MC) No. 10, s. 2020, the following combination of alternative work arrangements shall be adopted for the duration of the State of National Emergency or until lifted by the President:



B. Alternative Work Arrangements

Based on latest DOH issuances

When in a WFH setup, here are some guides and tips:

1. **PLAN FOR EACH DAY.** Prepare a “to-do list” at the start of each day as it is one way of checking progress throughout the day.
2. **FOLLOW ‘OFFICE HOURS’.** Follow the prescribed working hours as regular working time, with breaks as necessary and be online.
3. **DESIGNATE A WORKING SPACE/LOCATION.** Designate a work area that is ‘private’, out of the way, and used only for work. Ensure gadgets / tools and equipment needed are within your reach. Minimize distraction (music, television, etc.) that may cause you to lose focus; set certain time for visitors and also for house chores so you are not continually interrupted during the day.
4. **MAKE YOURSELF ACCESSIBLE FOR PHONE CALLS OR VIRTUAL CONFERENCE CALLS** certain times of the day for urgent and important task.
5. **ENSURE CONFIDENTIALITY AND SECURITY.** Be careful when doing work in public places (like garden in condo/common areas) due to confidentiality of some tasks or documents.
6. **DISENGAGE, DISCONNECT, AND BE OFFLINE FOR A WHILE.** Once burn out or fatigue sets in, take a break, call a friend, walk around or do simple exercises.
7. **OBSERVE HEALTH AND SAFETY MEASURES** at home at all times.

C. Meetings and Document Transmittal

Based on latest DOH issuances

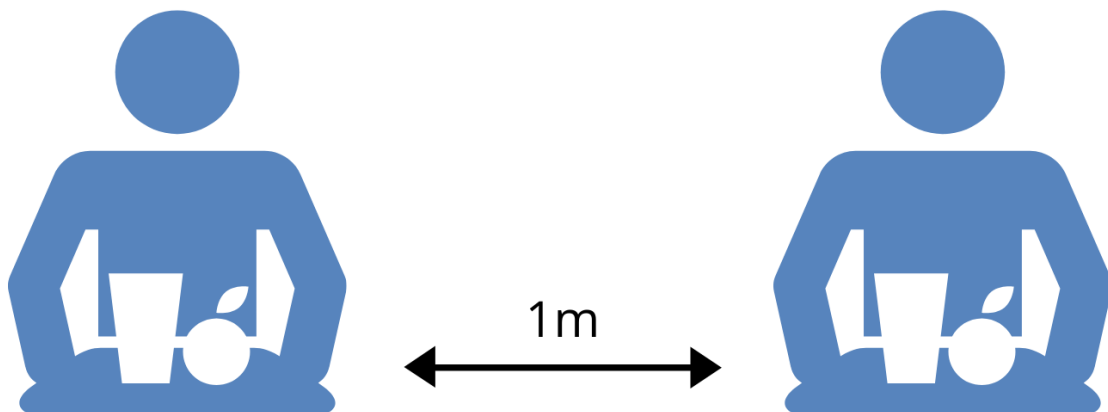
- Limit in-person meetings. If in-person meeting is needed, follow these protocols:
 - Keep meetings as short as possible.
 - Limit the number of attendees.
 - Maintain 1-meter physical distancing.
- You may also opt to use video conferencing platforms to conduct virtual meetings.
- Whenever possible, use paperless document transmittal through email or file sharing platforms.
- Use physical drop boxes.



D. Meals and Lunch Breaks

Based on latest DOH issuances

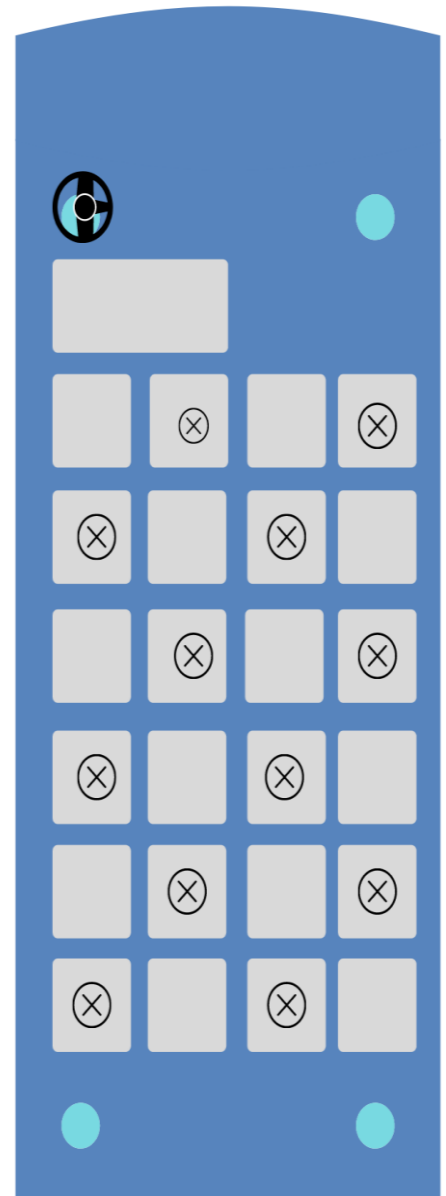
- Lunch breaks must be staggered when possible to limit the number of people in pantries.
- The face mask may be removed when eating or drinking during lunch breaks but physical distancing must be observed.
- Place face masks and face shields inside a paper bag or put them on top of a clean tissue paper in a designated area minimizing cross contamination with other items and persons.
- Do not sit near one another.
- Consider alternative areas for lunch breaks (e.g., workstations, meeting rooms, etc.).
- Everyone is encouraged to:
 - Bring their own lunch.
 - Use personal utensils, including drinking glass, and avoid using shared utensils.
 - Wash their hands thoroughly before and after eating.
- Eating in restaurants is discouraged.



E. Shuttle Services

Based on the Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

1. Minimum public health standards should be enforced in the shuttle services, i.e. use of face shields and face masks, observance of physical distancing, and frequent disinfection.
2. Employees inside the vehicles should be required to avoid talking with each other, taking phone calls, eating and removing their masks and shields.
3. Adequate ventilation should be strictly enforced inside the shuttle service. The opening of windows, with at least three (3) inches of opening, while in transit should be practiced whenever possible. Proper disinfection before and after each use of the vehicle is likewise mandatory.
4. All vehicle types, as long as not expressly prohibited by the Department of Transportation (DOTr) through an issuance, may be used for shuttle services.



V.

Housekeeping and Disinfection



Housekeeping and Disinfection

Based on the Joint Memorandum Circular No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19

- If one confirmed case of COVID-19 is detected in the workplace, the affected floor/s shall be disinfected with an appropriate disinfectant solution (0.5% bleach solution).
- The affected floor/s must be locked down for 24 hours prior to disinfection to lessen transmission to sanitation personnel. During the disinfection process, all doors and windows should be opened to maximize ventilation. The floor/s may only be opened 24 hours after the disinfection process.
- Lockdown of the whole building shall only be implemented upon prior approval of the Office of the President.
- Personnel of the affected floor/s shall be on WFH unless a temporary and safe on-site work area can be provided by the FGSD.



VI.

References



VI. References

1. DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19: bit.ly/MC20-04A
2. COVID-19 Response Must-Know Handbook: bit.ly/COVID19MustKnowPH
3. Guidelines on the Risk-based Public Health Standards for COVID-19 Mitigation: bit.ly/AO0015
4. Infection Prevention and Control Measures: bit.ly/IPC Measures
5. Use of PPEs: bit.ly/Use of PPEs
6. Ensure the Welfare of Workers: bit.ly/Workers Welfare
7. DTI-DOLE Clarification #1 on JMC No. 2020-04-A: bit.ly/DTI-DOLEAdvisory20-01
8. DTI-DOLE Clarification #2 on JMC No. 2020-04-A: bit.ly/DTI-DOLEAdvisory20-02
9. Interim Guidance on the Clinical Management of Adult Patients with Suspected or Confirmed COVID-19 Infection: bit.ly/PSMIDClinicalMgt
10. Public Health Surveillance for COVID-19: Interim Guidance
bit.ly/COVID19HealthSurveillance
11. PHILGUARANTEE Manual on COVID-19 Prevention: Office Order No. 2020-020
12. PHILGUARANTEE Revised Rules on Work Arrangements: Office Order No. 2021-037(A)