



PRACTICES FOR A SAFE WORKPLACE

International Container Terminal Services, Inc.



About this document

“Practices for a Safe Workplace” is ICTSI’s interim guidance on the Company’s response to prevent and reduce transmission of the Coronavirus disease-2019 (COVID-19) in our workplace, maintain healthy business operations, and reduce its impact on employees and stakeholders. This document will be continuously updated based on ICTSI’s current best practices and guidelines, and as additional government issuances/advice becomes available.

Guidelines, policies, and regulations discussed in this document were prepared in the context of ICTSI’s flagship operations at the MICT and as baseline for its eventual rollout across other terminals.



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MESSAGE FROM OUR EXECUTIVE VICE PRESIDENT



29 May 2020

ICTSI is proud to be a frontliner in the task of delivering essential goods, medicine and medical supplies to fight the pandemic. Extraordinary efforts were made by each and everyone one of us to achieve this feat amid what is probably the most daunting work environment we have ever had to work in. Through it all, we took great consideration to keep our employees and our stakeholders safe, sound and healthy.

We realize that as we gradually move into what will now be our future workplace, we will have to adopt and adapt to new social behavior and norms in the way we conduct business. At the same time, we will have to ensure that our workplace continues to be a safe, secure and hygienic zone.

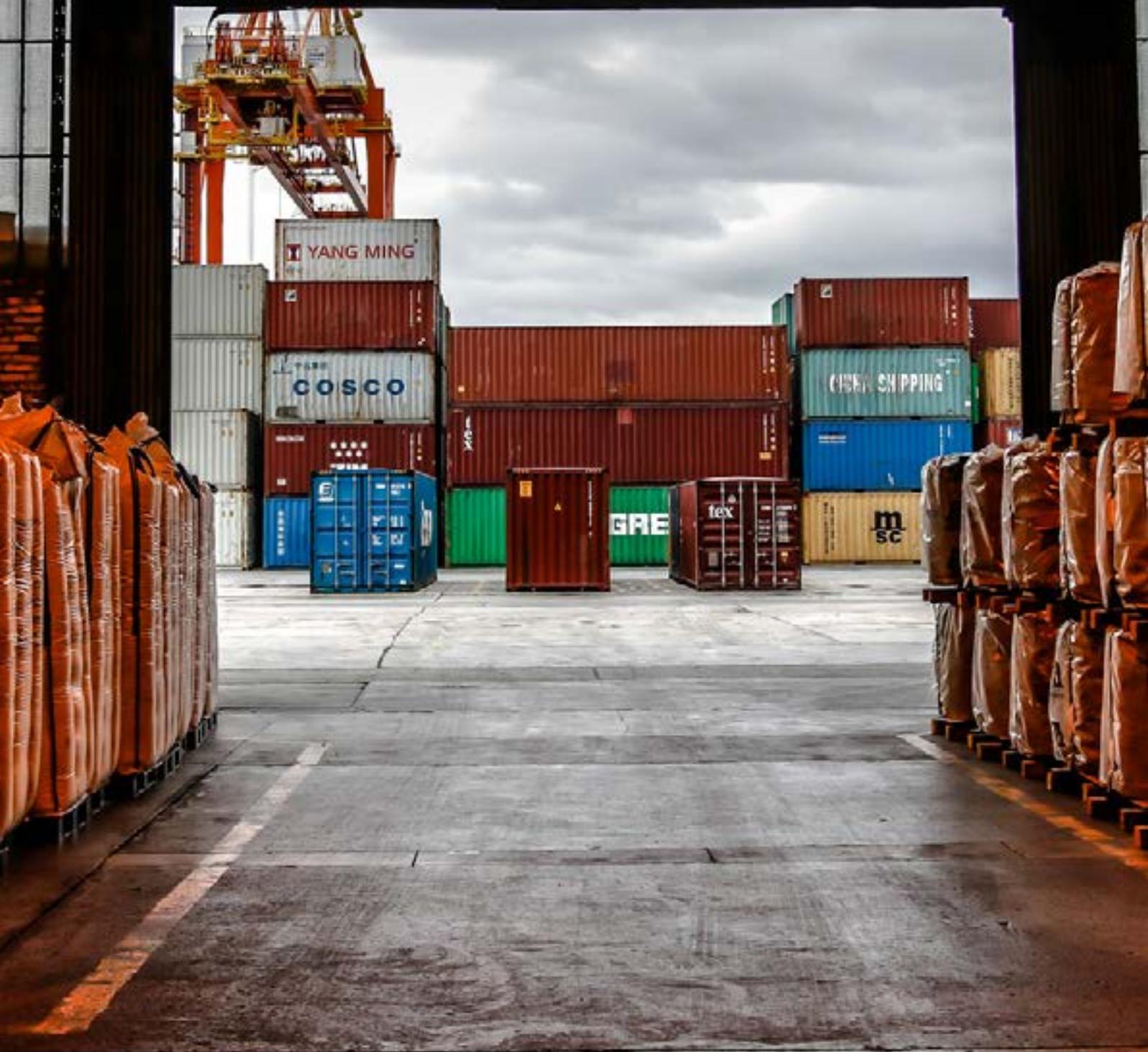
This guide – **Practices for a Safe Workplace** – will steer us into transitioning into what will now be our future workplace. I urge you to read it, to adopt it, as these will now form part of our daily work routine for the foreseeable future. It should help us to go about our tasks with renewed vigor and in a more responsible fashion with the comfort of knowing that we are doing so in a safe secure and hygienic atmosphere. It also manifests our solidarity with our governing agencies as it incorporates their directives for conducting business post-pandemic. This guide will be evolving, and changes may be made as new circumstances arise.

Let us all help each other to remain safe and healthy. We should be even prouder now that we are able to move into the future.



Christian R. Gonzalez
Executive Vice President

OUR RESPONSE TO COVID-19



Our response to COVID-19

Four Areas of Focus



Swift and significant action taken to protect our people and our business

The COVID-19 pandemic has changed the world as we know it. In this challenging time, ICTSI's mission to keep the global supply chain moving has never been more important. We are proactively doing our part to facilitate the movement of global trade by ensuring all our terminals around the world continue to operate safely and efficiently throughout this crisis.

Our collective response to this crisis focuses on protecting the lives and the livelihoods of our employees and port users, maintaining the high quality of service for our customers, supporting our partner communities and stakeholders, and ensuring the continuity of our business

Our top priority is the health and safety of every ICTSI employee. Across our business units, we implemented remote work arrangements where possible and continue to provide our employees with resources and updates on the latest health guidelines from local authorities. We also set up mandatory health and temperature screenings in all terminal entry points and conduct regular disinfection of our facilities to safeguard employees manning our critical operations.

To maintain the smooth flow of cargo in and out of our ports, we continue to support cargo owners and truckers to help minimize the logistical disruptions created by COVID-19. We adjusted some of our policies and continue to work closely with our clientele to ease cargo flow. Our operation is but a link in the larger logistics chain, and the only way to minimize disruptions in the chain is for all the links to work.

ICTSI also remains steadfast in its commitment to partner communities, which are some of the most vulnerable to the economic and social impacts of COVID-19. Across the Group, our terminals have mobilized localized efforts to assist their respective host communities and support partner government initiatives. Wherever we operate, our success has always been anchored on our deep-rooted culture of compassion for our people and stakeholders. We will continue to work alongside our host communities and navigate this difficult time together.

ICTSI is not a stranger to crisis. We have overcome many challenges. We thank our global management team and all our employees for their resilience during this unprecedented time. The lessons from this pandemic will help us emerge stronger and more connected to the communities we serve and our stakeholders in the supply chain. We will continue to mobilize our resources and implement necessary measures as we embrace the new normal while staying true to the values that have driven our success for the past three decades.

Responsibility of every ICTSI employee in our future workplace

With varying degrees of quarantine and lockdown scenarios across the globe, our current way of work life has been disrupted as we join global efforts to control the spread of COVID-19. As our ports and terminals will have to continue operating 24/7 to ensure the uninterrupted flow of trade in countries where we operate, it is a must for every ICTSI employee to adapt with resilience to ensure that we protect each other, our facilities, and our stakeholders.

In our workplace, every ICTSI employee should continue to:



Maintain good personal hygiene

Good personal and respiratory hygiene is still the very best weapon in any fight between humans and contagious diseases. This includes wearing of face masks, regular hand-washing and use of alcohol rub, avoid touching the face, and follow proper cough etiquette.



Observe physical distancing

Physical distancing is exactly what it sounds like: limiting face-to-face contact with other people. Given the public health risks of COVID-19, keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing its spread locally and across the globe.



Protect each other's safety by monitoring health signs

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Employees are advised to stay at home and report to their line managers if they experience any of or a combination the following symptoms: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, and loss of taste or smell.

Increasing physical and mental resilience

With the realities of our newly virtual lives, it is normal to feel sad, stressed, confused, scared or angry during a crisis. Taking steps to look after your wellbeing can help you deal with the anxiety and stress associated with the COVID-19 outbreak.



- **Make some lifestyle changes**
Finding an activity or goal that's completely different from the things causing you stress is a great way to deal from everyday pressures. If stress or anxiety is making you feel lonely or isolated, shared hobbies can also be a good way to meet new people.



- **Look after your physical health**
Being physically active, eating healthy, and getting adequate rest are important for both our physical and mental health. Even making small changes, such as going for a regular walk outside, or changing unhealthy eating habits may help you feel less stressed.



- **Building your support network**
Remember that whatever you're going through that's causing you stress, you don't have to cope with it alone. Maintaining social contact with loved ones, co-workers, family, and friends will help you feel less overwhelmed.

Strictly adhering to our reporting procedures for sickness

As per workplace guidelines issued by the World Health Organization (WHO), anyone with even a mild cough or low-grade fever (37.5 °C, or more) needs to stay at home and isolate. Employees should also stay home (or work from home) if they have had to take simple paracetamol/acetaminophen, ibuprofen or aspirin, which may mask symptoms of infection.

Employees should truthfully and honestly inform the Company, through the weekly Health Checklist and your Department/Section Managers, if:

- You experience any COVID-19 related symptoms;
- You have been exposed to a confirmed COVID-19 patient, or had any contact with any person who has COVID-19 symptoms;
- You had travel history outside of the Philippines; and
- You took any COVID tests outside of work.

Any non-disclosure or concealment of travel history and current health condition or exposure shall be administratively liable and will be dealt with accordingly.

Employees manifesting any of the symptoms for COVID-19 should inform their respective Department/Section Managers and are encouraged to contact the ICTSI Clinic through the following:

Email: medicalstaff@ictsi.com

Landline: +63 2 8247 8041

Mobile: +63 919 632 0853

EMPLOYEE GUIDELINES

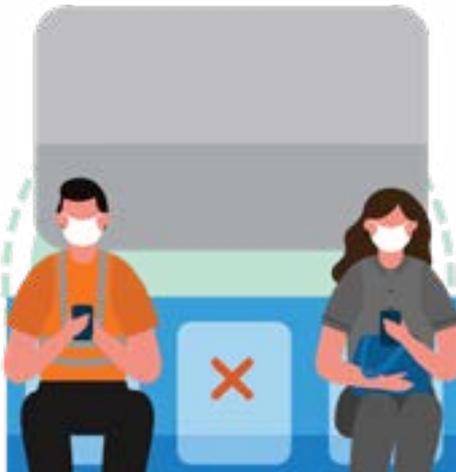


Employee Guidelines



Going to work

- All employees should accomplish the [Health Checklist](#) prior to entering the terminal/workplace, and should be submitted to your respective HR departments before reporting for work. For now, this checklist should be accomplished weekly and submitted weekly. Employees are also required to accomplish an [Oath of Undertaking](#) that attests to your physical fitness to work.
- Prepare your own Personal Protection Kit
 - Alcohol-based sanitizers
 - Face mask
 - Gloves (for frontline services)
- Employees are encouraged to prepare their own meals, whenever possible
- Wear your mask the moment you step out of your home.
- If commuting via public transportation:
 - Maintain physical distance inside the vehicle
 - Use cashless payment, if available
 - Avoid touching handrails or other high-touch areas as much as possible
 - Sanitize hands after touching money, handrails, doors
 - Try to travel outside rush hours



Riding ICTSI shuttles

- Observe at least 1-meter distance from other passengers while waiting
- Maintain physical distance inside the shuttle/vehicle
- Use the provided hand sanitizers after touching frequently-handled objects, including handrails and door knobs
- For roving vans inside the terminal, only a maximum of six passengers shall be allowed to board



Upon entering Administration Building and the terminal

- Follow the protocols upon entry (disinfect footwear in the shoe bath, queue for temperature check, keep your masks on, observe physical distancing) in all main entry points at the terminal: Administration Building, Customer Lounge, Pass Control/Reception, Turnstile to Terminal and UBP.
- Individuals with temperature at 37.5 °C or lower and responded “No” to all questions in the Health Checklist will be allowed to enter the terminal.
- Aside from wearing masks, use appropriate Personal Protective Equipment (PPE) when entering the terminal premises.
- For employees in the Admin Building: Use of stairs shall be subject to physical distancing requirements. Entry to the Admin Building shall be at the West Wing, while exit will be at the East Wing.



Inside the workplace

- All employees should wear face mask at all times, and remove the same only when eating and drinking. Duty supervisors up to managers shall ensure that all team members are wearing face masks at all times.
- Everybody must observe the wearing of additional PPE as needed by their function:
 - Security personnel must wear face mask, face shield and disposable gloves.

- Receptionists, tellers, info personnel, cleaners and employees must wear face mask and disposable gloves.
- Observe at least 1 meter physical distancing in the staff and training areas. The following areas shall comply with physical distancing rule:
 - All entry and exit points
 - Queuing
 - Walking between offices
 - All forms of meetings and discussions
 - Servicing clients
 - When boarding and inside shuttles and service vehicles
 - Vessel embarkation and disembarkation
- Routinely sanitize using alcohol-based rubs, made available in entry and exit points, corridors, conference areas, comfort rooms, and stairways.
- As much as permissible, conduct internal meetings and trainings virtually. Electronic and paperless work, as far as practicable, should be utilized.
- Follow ingress/egress routes inside your area. Directional signs will be posted.
- Always keep your area clean – as much as possible, disinfect your work stations before and after use. Avoid using the phones, desks, computers, and other work tools of your co-workers.



Going to lunch, in mess halls and break rooms

- Eating in communal areas is highly discouraged. Employees may eat in individual work stations.
- Wear your mask at all times except when you are eating and drinking.
- Whenever possible, try to bring your own meals and utensils.



Comfort rooms and lactation stations

- Employees should always wear masks and wash their hands when using comfort rooms and lactation stations (at Admin Bldg. 2nd Floor, for female employees).
- Always observe occupancy limits and maintain physical distancing.



Using port equipment and vehicle fleets

- Alongside required PPEs inside the terminal, employees should be wearing masks and wear gloves at all times when using port equipment and vehicle fleets.
- Before and after using, and as a matter of courtesy to the next user, disinfect high-touch areas of the port equipment / vehicle – including door knobs, steering wheels, buttons, tablets, among others by sanitizing it using a cloth or tissue dabbed with alcohol rub.



Contact with vessel crews

- All stevedores, particularly those involved in quayside operations, should refrain from making any contact with international vessel crews and other personnel involved in quarantine procedures. As permissible, limit interaction to a single crew member only.
- All stevedores assigned to board the vessels should wear face masks and gloves at all times, on top of other required PPEs.
- All stevedores should perform hand hygiene and disinfection procedures at designated sanitation stations immediately after disembarking the vessel.
- Any identified physical or health hazards should be immediately reported to the assigned vessel supervisor or any HSE personnel.



Contact with other port users (truckers, brokers, other terminal visitors)

- All employees, particularly those involved in critical front line services (those requiring face-to-face interactions) and landside operations, should always wear face masks and gloves, on top of other required PPEs.
- Hand hygiene and disinfection procedures should be routinely performed.



Public and high foot traffic areas in the terminal

- Employees are highly encouraged to practice physical distancing and observe occupancy limits in public and high foot traffic areas – including Pass Control, designated smoking areas, billing centers, banks, customer lounges, automated teller machines, among others. Always wear face masks, routinely perform hand hygiene measures, and use foot baths before and after entering these locations.
- Follow ingress/egress routes at your area. Directional signs will be posted.



Waste Disposal

- The disposal of mask, gloves, PPEs, hygiene materials and non-infectious medical wastes should only be disposed of the designated yellow trash bins, and not in regular trash bins within your immediate work stations or mess halls.
- Such wastes will be considered as hazardous wastes and must be segregated into separate enclosed receptacles, bins, or completely sealed plastic bags prior to collection.



Official business and field work

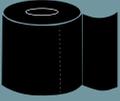
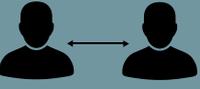
- As much as permissible, conduct meetings virtually.
- When visiting other offices, follow all ICTSI protocols and respective client protocols on health and safety.
- As much as possible, use a private or company vehicle when going to and from official business. If taking public transportation, please take necessary precautions on physical distancing and sanitation.
- Inform your Department/Section manager immediately for any concerns regarding client protocols or requests which you feel may jeopardize your health and safety.



Going home after work and arriving at home

- Try to leave the office individually instead of departing together in groups
- Follow the proper physical distancing guidelines and hand sanitation when using public transportation.
- Disinfect your shoes and if it is safe, leave them outside.
- Discard single-use masks in a closed bin. For reusable masks, wash them thoroughly and have them air-dried.
- Disinfect your gadgets and other personal belongings that may have been exposed in public areas.
- Wash your hands properly after entering your home. Take a bath and change into clean clothes before interacting closely with your loved ones.
- Get enough sleep to strengthen your immune system.

AVOID THE SPREAD OF COVID-19 IN OUR WORKPLACE

OUTSIDE HOME	<p>Avoid touching your eyes, nose & mouth</p> 	<p>Avoid handshakes & touching surfaces frequently touched by other people</p> 	<p>Avoid public places & stay at least 1 meter away from others</p> 	<p>Always wear face mask or cover your mouth & nose with cloth</p> 
	<p>Maintain physical distancing in public transportation</p> 	<p>Use tissue, cloth or sleeves to cover when coughing & sneezing</p> 	<p>Discard used tissues & PPEs in an enclosed trash bin</p> 	<p>Have a pocket hand sanitizer & use it after touching any surface</p> 
ENTRY POINTS	<p>Have your temperature checked before entering</p> 	<p>Disinfect your footwear by soaking on doormat with disinfectant</p> 	<p>Sanitize both hands at the nearest sanitizer area</p> 	<p>Wear face mask at all times & remove only when eating/drinking</p> 
	WORK PLACE	<p>Stay at least 1 meter away from others</p> 	<p>Videoconferencing shall be utilized for lengthy discussions</p> 	<p>Avoid sharing of tools & equipment</p> 
BREAKS	<p>Observe staggered lunch schedules</p> 	<p>Bring your own utensils & tumblers</p> 	<p>Conversation with masks off during meal time is discouraged</p> 	<p>Dispose waste properly</p> 
	HOME	<p>Remove & disinfect the shoes you used outside of home</p> 	<p>Wash hands after handling dirty clothes & shoes</p> 	<p>Shower before interacting with anyone at home</p> 

COMPANY GUIDELINES



Company Guidelines

Allowing entry or not to ICTSI premises

- All employees and visitors shall wear face masks at all times and remove the same only when eating/drinking, consistent with Philippine Ports Authority (PPA) guidelines on “No Face Mask, No Entry” policy. Those without face masks shall be denied entry.
- All employees are required to accomplish weekly the [Health Checklist](#) prior to entry as well as the [Oath of Undertaking](#), that attests to their physical fitness to work. These should be submitted to their respective HR Departments. For MICT and as the need arises, daily submission of Health Checklists may be implemented.
- Employees have full responsibility to inform the company of their health condition and travel history. Any non-disclosure or concealment of travel history and current health condition or exposure shall be administratively liable and will be dealt with accordingly.
- All visitors must accomplish the [Visitor Health Checklist](#) and [PPA Entry Forms](#) prior to entry.
- Body temperature must be checked and recorded by the security personnel in-charge. Individuals with temperature at 37.5°C or lower and responded “No” to all questions in the Health Checklist may enter the facility.
- Employees with temperature greater than 37.5°C, even after a 5-minute rest, or needs further evaluation by the Clinic staff based on the information provided in the Health Checklist, are not be allowed to enter the premises and shall be referred to the Clinic.
- Visitors with temperature greater than 37.5°C, even after a 5-minute rest, or needs further evaluation by the Clinic staff based on the information provided in the Health Checklist, shall not be allowed to enter the premises and shall be advised to consult a doctor.
- Foot baths are provided at the entrance while hand sanitizers are provided at the entrance, corridors and stairways.
- If there is a queue at the building entrance, physical distancing of one (1) meter shall be observed. Physical distancing shall be ensured and monitored by the security personnel in-charge.
- Vehicles entering the Administration Building shall likewise undergo disinfection in accordance with the facility management’s procedures.

Managing COVID-19 cases

- In the event that an employee who reports for work or visitor is suspected of having COVID-19, the Clinic shall evaluate his/her responses based on the Health Checklist. The suspected case should be immediately instructed to wear a medical mask, follow cough etiquette, and practice hand hygiene. Furthermore, the suspected case should be isolated in a predefined isolation ward, cabin, room or quarters, with the door closed.
- Employees suspected of having COVID-19 will immediately undergo screening and testing.

- Depending on the outcome of the initial screening, Clinic protocols for duty and transport to hospitals shall immediately apply, along with Reporting protocols to government agencies.
- Depending on the outcome of the initial screening, Contact tracing protocols shall apply, along with the disinfection and decontamination of work areas.
- Employees who exhibit symptoms of mild cough or fever, or those who have to take simple paracetamol/acetaminophen, ibuprofen or aspirin are encouraged to stay at home, and report their symptoms to the Clinic and their Department/Section managers.

Clinic protocols for duty and transport to hospitals

- ICTSI shall endeavor to sustain the operation of the Clinic even with the Clinic protocols for duty and transport to hospitals
- ICTSI shall endeavor to sustain the operation of the Clinic even with the increased risk by the COVID-19 pandemic. All protocols will be taken with serious consideration and thought to ensure the safety of all patients and medical personnel.
- In the context of a pandemic, the role of the ICTSI Clinic is to screen employees for work and not to treat medical conditions, particularly those which may be potentially related to COVID-19. ICTSI shall refer any suspected cases involving its personnel, visitors, or disembarking vessel crews to health authorities in such cases.
- No patient shall be allowed to enter the Clinic (only at the designated Screening Areas).
- A separate designated isolation area for suspected COVID-19 cases shall be identified.
- Medical PPEs should only be discarded at designated yellow trash bins for infectious materials.
- The screening area and Company Clinic shall be properly disinfected every shift.

For screening nurses

- Every shift, ICTSI will assign a screening nurse that will be on duty at the screening area.
- Screening nurse shall be responsible for assisting the patient in accomplishing the medical form, assess patient through interview and get vital signs as necessary.
- Screening Nurse should wear level 1 PPE while at the screening area
 - N95 mask
 - Face shield
 - Gloves
 - Disposable gown
- If no suspected case: During lunch break, or in any case the screening nurse needs to go inside the Clinic (bio breaks, among others), s/he shall do proper doffing of level 1 PPE. All PPE shall be placed at the screening area before entering Clinic, and can be used again by the same nurse when returning to duty at the screening area.

- If with suspected case: Screening nurse shall do proper doffing of level 1 PPE and all used PPE must be discarded at designated yellow trash bins for infectious materials.

For nurses inside the clinic

- Nurse inside the clinic shall handle the administrative work, such as updating of employee records, sending of clinic reports and giving prescribed medicines to patient thru the screening nurse using our clinic window.
- Nurse inside the clinic should wear the following PPE:
 - Surgical mask
 - Gloves

Doctor on duty

- Doctor will assess ALL patients in the screening area.
- Doctor should wear level 1 PPE while at the screening area.
 - N95 mask
 - Face shield
 - Gloves
 - Disposable gown
- If no suspected case: During lunch break, or if the doctor needs to go inside the clinic (bio breaks, among others), s/he shall do proper doffing of level 1 PPE. All PPE shall be placed at the screening area before entering clinic, and can be used again by the same doctor when returning to duty at the screening area.
- If with suspected case: Doctor on duty shall do proper doffing of level 1 PPE and all used PPE must be discarded at designated yellow trash bins for infectious materials.

On transfer to hospitals

- If the Clinic decides to handle a suspected COVID-19 case, transfer of the suspected case to designated health care facilities for further assessment and laboratory testing should be arranged as soon as possible by HSE, in cooperation with local health authorities.
- Transporting personnel should wear level 1 PPE while transferring the suspected COVID case:
 - N95 mask
 - Face shield
 - Gloves
 - Disposable gown
- Transporting personnel shall do proper doffing of level 1 PPE and all used PPE must be discarded at designated yellow trash bins for infectious materials. Ambulance used in transporting suspect COVID-19 cases should be decontaminated before allowing subsequent transport.

Contact Tracing

- WHO defines a contact as a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:
 - Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
 - Direct physical contact with a probable or confirmed case;
 - Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; or
 - Other situations as indicated by local risk assessments.
- To avoid delays in implementing health measures, contact tracing should begin immediately after a suspected case has been identified without waiting for laboratory results. Every effort should be made to minimize the exposure of other employees to environmental exposures of the suspected case, and contacts must be separated from other employees as soon as possible.
- In case an employee tests positive, all those present in the work area and with interaction with the patient will be asked to go on 14 days home quarantine, with instruction for monitoring of symptoms. If suspected employees test negative or do not report any symptoms after 14 days, they will be allowed to report back for work.
- If test/assessment was done by the ICTSI Clinic, the Clinic shall lead efforts on contact tracing amongst employees.

Reporting protocols to public health agencies

- Republic Act No 11332 or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act was enacted to protect the people from public health threats through the efficient and effective surveillance of notifiable diseases including emerging and re-emerging infectious diseases.
- Meanwhile, Administrative Order No. 2020-0012 issued by the DOH on March 17, 2020 included Coronavirus Disease 2019 (COVID-19) as among the notifiable diseases to be mandatorily reported to public health authorities through a defined surveillance system.
- In view of the pandemic brought about by COVID-19, it is incumbent to report cases of employees who, based on the COVID-19 Surveillance System guidelines, are considered as a suspect, probable, and confirmed COVID-19 Patient to the DOH Surveillance System. Those considered as suspected COVID patients shall likewise be directed to strictly observe the quarantine requirements as directed by the DOH. Initial reporting may be done to any government or private health facility.
- Employees are likewise reminded to coordinate with their respective HRs for any questionnaire that they need to accomplish or any health related information that they need to provide. Any information given shall be treated with utmost confidentiality.
- For questions and/or clarifications, kindly contact the Global Corporate Legal Affairs Team at legalgroup@ictsi.com.

Decontamination of work areas

- ICTSI shall endeavor to regularly disinfect the entire port – including work areas, port equipment and vehicles – to stop the spread of COVID-19.
- In accordance with WHO's guidance on infection prevention and control when COVID-19 is suspected -- cleaning and disinfection of work areas, port facilities, equipment, vehicles, and quarters occupied by suspected patients and close contacts of a confirmed COVID-19 case should be carried out.
- For the Administration Building, work can only resume twenty-four (24) hours after decontamination.

On public and high-traffic areas

- ICTSI shall endeavor to regularly disinfect all public and high-traffic areas – including Pass Control, designated smoking areas, billing centers, banks, customer lounges, automated teller machines, among others – to stop the spread of COVID-19.
- Physical distancing shall be the norm – at least one (1) meter distance from the next person shall be observed.
- Occupancy limits for all high foot-traffic areas shall be observed.
- Security personnel in-charge shall ensure and monitor compliance with physical distancing requirements.

On waste disposal

- ICTSI shall strictly abide with all safety, health, and environmental management procedures for the disposal and handling waste.
- The disposal of mask, gloves, PPEs, hygiene materials and non-infectious medical wastes should only be disposed at the designated yellow trash bins, and not in regular trash bins. Such wastes will be considered hazardous wastes and must be segregated into separate enclosed receptacles, bins, or completely sealed plastic bags prior to collection.

On contractors, concessionaires, and their staff

- Contractors, concessionaires and other staff entering ICTSI terminals shall comply with health and safety guidelines set by the Company and local authorities against COVID-19.
- In the case of contracts for construction projects and for security, janitorial and other services, the cost of COVID-19 prevention and control measures shall be borne by the principal or clients of the construction/service contractor. (DOLE Labor Advisory No. 18, 16 May 2020)
- Contractors and concessionaires should likewise implement their own safety guidelines to protect their staff from the disease.



Screening and Testing of Employees

- Employees physically reporting to the terminal shall be continuously 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.
- Employees returning for work, including those will continue to work from home, will have to submit themselves to COVID-19 tests and prove negative before access will be permitted. Subsequent testing shall be done as needed.

On return to work

- Returning employees who are symptomatic with relevant history of travel/ exposure on the date of work resumption shall not be allowed to physically return to work and must consult with their primary care provider. The use of telemedicine is encouraged for proper care and coordination.
- Returning employees who were symptomatic with relevant history of travel/ exposure within the last 14 days prior to the date of work resumption should present a 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 on reintegration of suspect, probable, and confirmed COVID-19 cases.
- Returning employees who are asymptomatic within the last 14 days prior to the date of work resumption can be cleared to physically return to work.

On testing

- ICTSI shall test select returning employees based on the guidelines issued by the DOH in its MC No. 2020-0220, or Interim Guidelines on the Return to Work.
- If an employee chooses to, or is directed by the local government unit/primary health care facility to take any COVID tests outside of work, you will need to inform the Company and will have to self-quarantine until the results are out. Employee will then have to follow the Company's return to work policy described in this section, and take the ICTSI COVID test before reporting for work.
- Global Corporate/Terminal HRs shall implement guidelines on the Company's COVID testing.

Employee and safety communication

- Continuous bulletins, through e-mail or text message, shall be regularly sent to all Employees to increase their awareness on the disease, including prevention measures and other protocol. TV monitors across ICTSI terminals shall continue to play materials on COVID-19 prevention. Printed materials shall also be made available.
- All safety communication materials should have the prior approval of the Terminal head/HR head before posting or implementation, and should be consistent with national or local guidelines on COVID-19 prevention.



COVID-19: SUPPORTING OUR STAKEHOLDERS

COVID-19: Supporting our Stakeholders

Across its portfolio, International Container Terminal Services, Inc. (ICTSI) continues to live by its values and social purpose by focusing on supporting our people and host communities. With our ports being key to social and economic improvement in our host countries, our resilience and agility is even more relevant nowadays we as try to navigate through the pandemic



Foremost for the Group was to ensure the safety and protection of its employees who keep the ports open and running so that food, medical supplies and equipment along with basic necessities are delivered unhampered. Following strict protocols and measures dictated by the World Health Organization, International Maritime Organization and local governments, terminals are sanitized and disinfected to make for a safe working environment. All employees are given PPEs and health and food aid. Rapid COVID-19 test kits have been deployed at a number of facilities.

ICTSI has continuously donated personal protective equipment, ventilators and test kits to private and government healthcare facilities, disinfectants to healthcare workers, and food and other critical supplies to truckers, other stakeholders, and vulnerable communities. Logistical support was also given to hospitals as well as psychological support for those in need of it.

- The Razon Group has contributed a significant amount to this fight against the spread of COVID19 in all the jurisdictions in which we operate. Donations are coursed through the ICTSI Foundation and Bloomberry Cultural Foundation, Inc.
- Php350 million to national and local government agencies, communities, employees and port stakeholders
- Php100 million to the Philippine Disaster Resilience Foundation (PDRF), as part of the business community-led Project Ugnayan
- ICTSI Foundation donated sacks of rice and thermal scanners to the immediate communities of the Manila International Container Terminal
- ICTSI Foundation has provided financial assistance to project partners including eco-patrols and day-care workers within the same communities
- ICTSI Foundation scholars continue to receive financial aid despite the closure of schools.
- Recognizing the role of social workers in helping communities cope with the ill effects of the pandemic, the ICTSI Foundation recently donated personal protective equipment and alcohol rubs to the Department of Social Welfare and Development – NCR and the Philippine Association of Social Workers, Inc. – Manila Chapter.
- ICTSI Foundation provided pallets for the isolation area of the Gat Andres Bonifacio Memorial Medical Center in Delpan, Tondo, which serves ICTSI's immediate communities in Manila.
- ICTSI Foundation reached out to two other needy sectors, the elderly and the indigenous people:
 - Php1 million donation to the Coalition of Services for the Elderly Inc. (COSE) to augment the meager supplies of more than 10,000 senior citizens in Metro Manila
 - ICTSI Foundation donated Php1 million to Project Liwanag to assist 2,000 Aeta families in the mountains of Capas, Tarlac
- ICTSI continues to provide salaries and benefits to employees who report onsite to run the terminal and those who work from home
- In Manila, Philippines, the Razon Group has retro-fitted the Rizal Memorial Sport Complex (RMSC) into a COVID-19 emergency facility and a section of the Philippine General Hospital. Both facilities are operational.
 - RMSC Phase 1: 116 beds for patients, 2 nurses' stations
 - Phase 2: 108 beds for patients at the Ninoy Aquino Stadium

- Donation of testing kits and medical supplies to local hospitals and government agencies (Inter-Agency Task Force “IATF”) are forthcoming.
- ICTSI implements rapid antibody testing of targeted employees primarily for their protection and in preparation for their eventual re-entry into the workplace.
- Additional safety and security measures have been adopted at our terminals aimed at protecting the welfare of our employees and stakeholders, and to minimize the risk of spreading the virus within our global network:
 - WFH protocols across all terminals where possible
 - Enforcing commercial policies to minimize face to face contact with personnel, both internal and external
 - Across our global portfolio, terminals are sanitized and disinfected, including regular disinfection for all work spaces and shuttle services, especially high foot traffic areas (disinfection of touch points like doorknobs, rails, kiosks, biometric areas, and turnstiles)
 - For those employees who are able to work from home, they are well-equipped and have the necessary tools and technology to continue to support our customers. Our investment in operational technologies ensures that we are able to provide highly efficient services.
 - We continue to heed government advice in each jurisdiction and employees are regularly briefed on current guidance.

“Aside from being a health crisis, the pandemic is causing a toll on the economic and social condition of most everyone. Through our individual and collaborative efforts, we hope to somehow reduce and limit the economic and health impact of the virus on our local communities and employees.”

- Enrique K. Razon Jr.
ICTSI Chairman and President

APPENDICES

ZPMC
上海振华重工

1 Kontener Pod Chwytnią	51MT
2 Kontenery Pod Chwytnią	51MT
DOR Pod Hakiem	60MT

GDYNEK

ZPMC
上海振华重工

Kontener Pod Chwytnią	51MT
2 Kontenery Pod Chwytnią	51MT
DOR Pod Hakiem	60MT

Company Forms and Flowcharts

Health Checklist – Employees

Online link for Corporate and Admin Bldg. Employees

<http://tiny.cc/ICTSIHealthChecklist-EE>

Downloadable Form

<https://www.dropbox.com/s/ae9dpoa1al4wxd2/1%20Employee%20Health%20Checklist.pdf>



Health Checklist – Employees

Temperature: _____

Name: _____ Sex: _____ Age: _____

Residential Address: _____

Mobile Number: _____

	Yes	NO	
1. Are you experiencing (Nakakaranas ka ba ng:)	a. Sore throat (<i>pananakit ng lalamunan/masakit lumunok</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	b. Body pains (<i>pananakit ng katawan</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	c. Headache (<i>pananakit ng ulo</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	d. Fever for the past few days (<i>lagnat sa nakalipas na mga araw</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	e. Cough (<i>Ubo</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	f. Colds (<i>Sipon</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	g. Diarrhea (<i>Pagtatae</i>)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you worked together or stayed in the same close environment of a confirmed COVID-19 case? (<i>May nakasama ka ba o nakatrabahong tao na kumpirmadong may COVID-19/ may impeksyon ng coronavirus</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you had any contact with anyone with fever, coughs, colds and sore throat in the past two (2) weeks? (<i>Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas na dalawang (2) linggo?</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you travelled outside of the Philippines in the last fourteen (14) days? (<i>Ikaw ba ay nagbyahe sa labas ng Pilipinas sa nakalipas na labing-apat (14) na araw?</i>) Specify (<i>Sabihin kung saan:</i>) _____	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you travelled to any area in NCR aside from your home? (<i>Ikaw ba ay nagpunta sa iba pang parte ng NCR o Metro Manila bukod sa iyong bahay?</i>) Specify (<i>Sabihin kung saan:</i>) _____	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby authorize **International Container Terminal Services, Inc.**, to collect and process 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.

Health Checklist – Visitors

Online link

<http://tiny.cc/ICTSIHealthChecklist-V>

Downloadable Form

<https://www.dropbox.com/s/twvxkxs7i4efxmn/2%20Visitor%20Health%20Checklist.pdf?dl=0>



Visitor's Health Check

Kindly set-up an appointment for your visit, as it is necessary for the approval of your entry to the terminal.
(Papayagan lamang ang pagpasok sa terminal kung may appointment bago ang araw ng pagbisita)

Please be reminded that this checklist should be accomplished on the actual date of your visit.
(Ang checklist na ito ay kailangang sagutan sa mismong araw ng pagpunta sa terminal)

Name: _____ Sex: _____ Age: _____

Residence: _____ Contact Number: _____

Nature of Visit: Official If official, fill-in company details below

Please check one Personal _____

Company Name: _____

Company Address: _____

	Yes	NO	
1. Are you experiencing (nakakaranas ka ba ng:)	a. Sore throat (pananakit ng lalamunan/masakit lumunok)	<input type="checkbox"/>	<input type="checkbox"/>
	b. Body pains (pananakit ng katawan)	<input type="checkbox"/>	<input type="checkbox"/>
	c. Headache (pananakit ng ulo)	<input type="checkbox"/>	<input type="checkbox"/>
	d. Fever for the past few days (Lagnat sa nakalipas na mga araw)	<input type="checkbox"/>	<input type="checkbox"/>
	e. Coughs, colds, and diarrhea (ubo, sipon at pananakit ng tiyan at madalas na pagdumi)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you worked together or stayed in the same close environment of a confirmed COVID-19 case? (May nakasama ka ba o nakatrabahong tao na kumpirmadong may COVID-19/ may impeksyon ng coronavirus)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you had any contact with anyone with fever, coughs, colds and sore throat in the past 2 weeks? (Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas na dalawang (2) linggo?)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you travelled outside of the Philippines in the last 14 days? (Ikaw ba ay nagbyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you travelled to any area in NCR aside from your home? (Ikaw ba ay nagpunta sa iba pang parte ng NCR o Metro Manila bukod sa iyong bahay?) Specify (Sabihin kung saan:)	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby authorize **International Container Terminal Services, Inc.**, to collect and process 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. (Aking pinapayagan ang International Container Terminal Services, Inc., na kolektahin at iproseso ang mga datos na nakasaad sa checklist na ito bilang bahagi sa pagkontrol ng COVID-19 infection. Aking nauunawaan na ang aking personal na impormasyon ay protektado ng RA 10173, Data Privacy Act of 2012, at kinakailangan kong magbigay ng makatotohanang impormasyon ayon sa RA 11469, Bayanihan to Heal as One Act)

IMPORTANT REMINDER: If you have fever or any of the COVID-19 symptoms or have answered YES in any of the questions, PLEASE DO NOT ENTER THE MICT PREMISES. Please proceed to your nearest hospital or Barangay Health Emergency Response Team (BHERT) or call DOH COVID-19 hotline at 02-894-COVID (02-894-26843) and 1555 (MAHALAGANG PAALALA: Kung mayroong lagnat, nakakaranas ng ano mang sintomas ng COVID-19 at kung ang iyong sagot sa alin man sa katanungan sa itaas ay "YES" ay HUWAG NG PUMASOK SA MICT. Pumunta sa pinakamalapit na ospital o Barangay Health Emergency Response Team (BHERT) o tumawag sa DOH COVID-19 hotline 02-894-COVID (02-894-26843) at sa numerong 1555)

PPA Entry Form (for Port Users and Visitors)

Downloadable Form

<https://www.dropbox.com/s/enrjo578ug972jh/3%20PPA%20Entry%20Form.pdf?dl=0>

PPA Entry Protocol

DATE: _____

NAME: _____

AGENCY: _____

RESIDENCE: _____

STATE YOUR BODY TEMPERATURE UPON ENTRY: _____

PUT A MARK IF YOU HAVE THE FOLLOWING CONDITIONS:

FEVER	COUGH	COLDS	SORE THROAT

STATE YOUR TRAVEL POINTS FOR THE PAST WEEK:

DATE	FROM	TO

HOW MANY COMPANIONS YOU HAVE IN YOUR RESIDENCE? _____

(Consent is hereby given by the undersigned subject to the provisions of RA10173 of the Data Privacy Act)

SIGNATURE

PPA Entry Protocol

DATE: _____

NAME: _____

AGENCY: _____

RESIDENCE: _____

STATE YOUR BODY TEMPERATURE UPON ENTRY: _____

PUT A MARK IF YOU HAVE THE FOLLOWING CONDITIONS:

FEVER	COUGH	COLDS	SORE THROAT

STATE YOUR TRAVEL POINTS FOR THE PAST WEEK:

DATE	FROM	TO

HOW MANY COMPANIONS YOU HAVE IN YOUR RESIDENCE? _____

(Consent is hereby given by the undersigned subject to the provisions of RA10173 of the Data Privacy Act)

SIGNATURE

Oath of Undertaking (for Employees)

Downloadable Form

<https://www.dropbox.com/s/4y5cejpdv72osgu/4%20Oath%20of%20Undertaking.pdf?dl=0>



Republic of the Philippines)
City of Manila) S.S.

OATH OF UNDERTAKING

I, _____, Filipino, of legal age, with residential address at _____ hereby depose and say that:

1. I am aware of the following legal and regulatory requirements:
 - a. Republic Act No. 11332 or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act which prohibits non-cooperation of any person identified as having the notifiable disease or affected by the health event of public concern and that Coronavirus Disease 2019 (COVID-19) is included as among the notifiable diseases to be mandatorily reported to public health authorities¹.
 - b. DTI and DOLE issued Interim Guidelines on Workplace Prevention and Control of COVID-19 and one of the requirements is for an employee to truthfully disclose any information required in the Health Symptoms Questionnaire.
2. I undertake to truthfully and honestly disclose in the said questionnaire:
 - a. **if** I experience any COVID-19 related symptoms,
 - b. **if** I have been exposed to a confirmed COVID-19 patient or had contact with any person who has COVID-19 symptoms,
 - c. **if** I have a travel history outside of the Philippines,
 - d. and other information that may be required by the questionnaire, which I have read and understood and is attached herewith as **Annex A**.
3. When I report to and enter the premises of Manila International Container Terminal or its Administration Building or any of ICTSI's offices and I have not filled-up the questionnaire, I am representing to my employer that I am **not** experiencing any COVID-19 related symptoms, I was **not** exposed to a confirmed COVID-19 patient, had **no** contact with any person who has COVID-19 symptoms and have nothing to disclose as may be required by the questionnaire.
4. I understand that when I fill-up the questionnaire, it will be assessed by my employer and that I will have to comply with the company's health and safety protocols.

¹ Through a defined surveillance system as provided for in DOH Administrative Order No. 2020-0012 and Administrative Order No. 2020-0013.



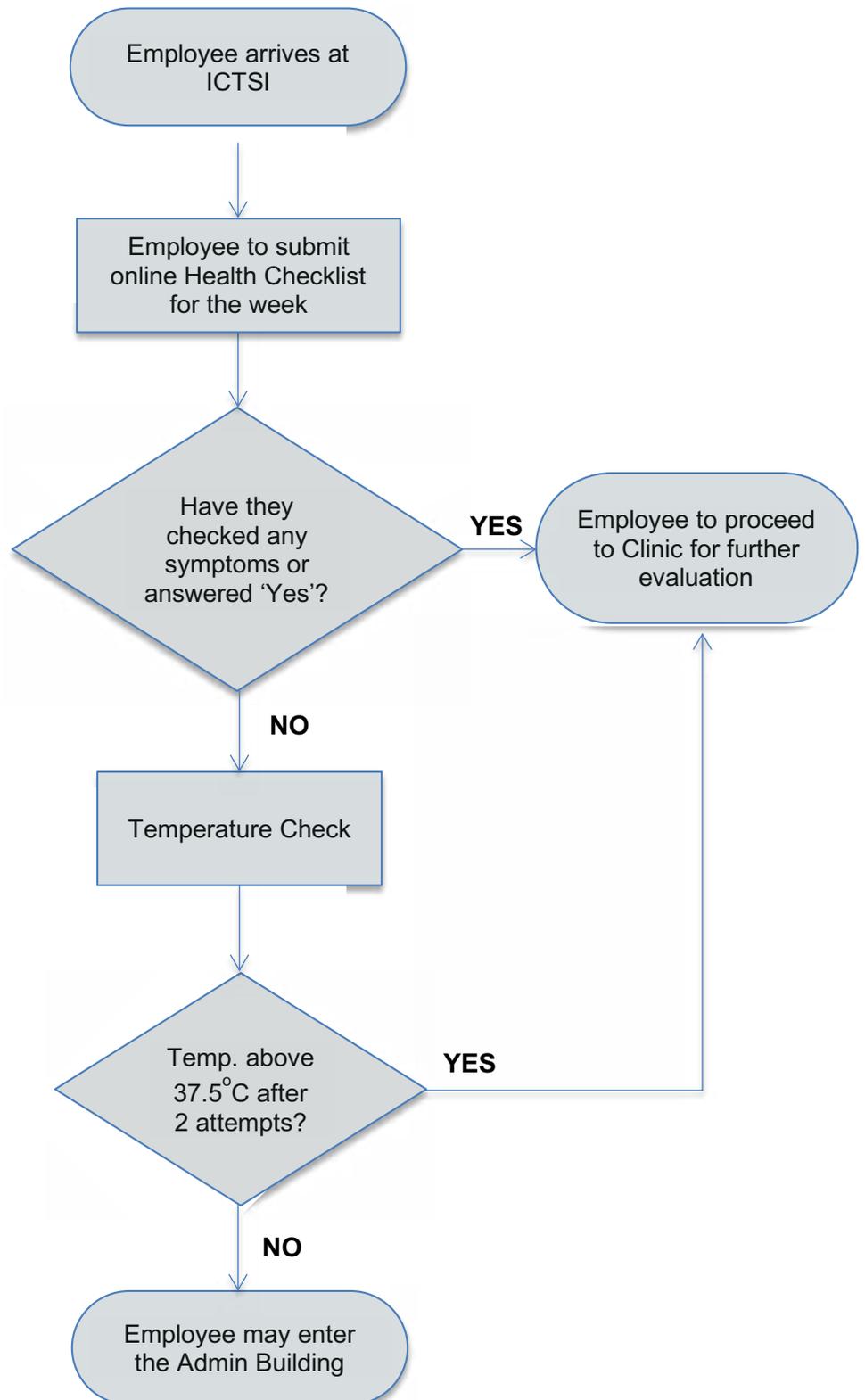
5. I likewise understand that any untruthful statement or non-disclosure of pertinent information may result to pertinent violation of laws and rules and regulations issued by the government and corresponding criminal liability.

6. I further recognize that non-disclosure of relevant health related information or providing untruthful statement may constitute a violation of ICTSI company policies, procedure and directive, which may subsequently result to imposition of appropriate employee disciplinary action.

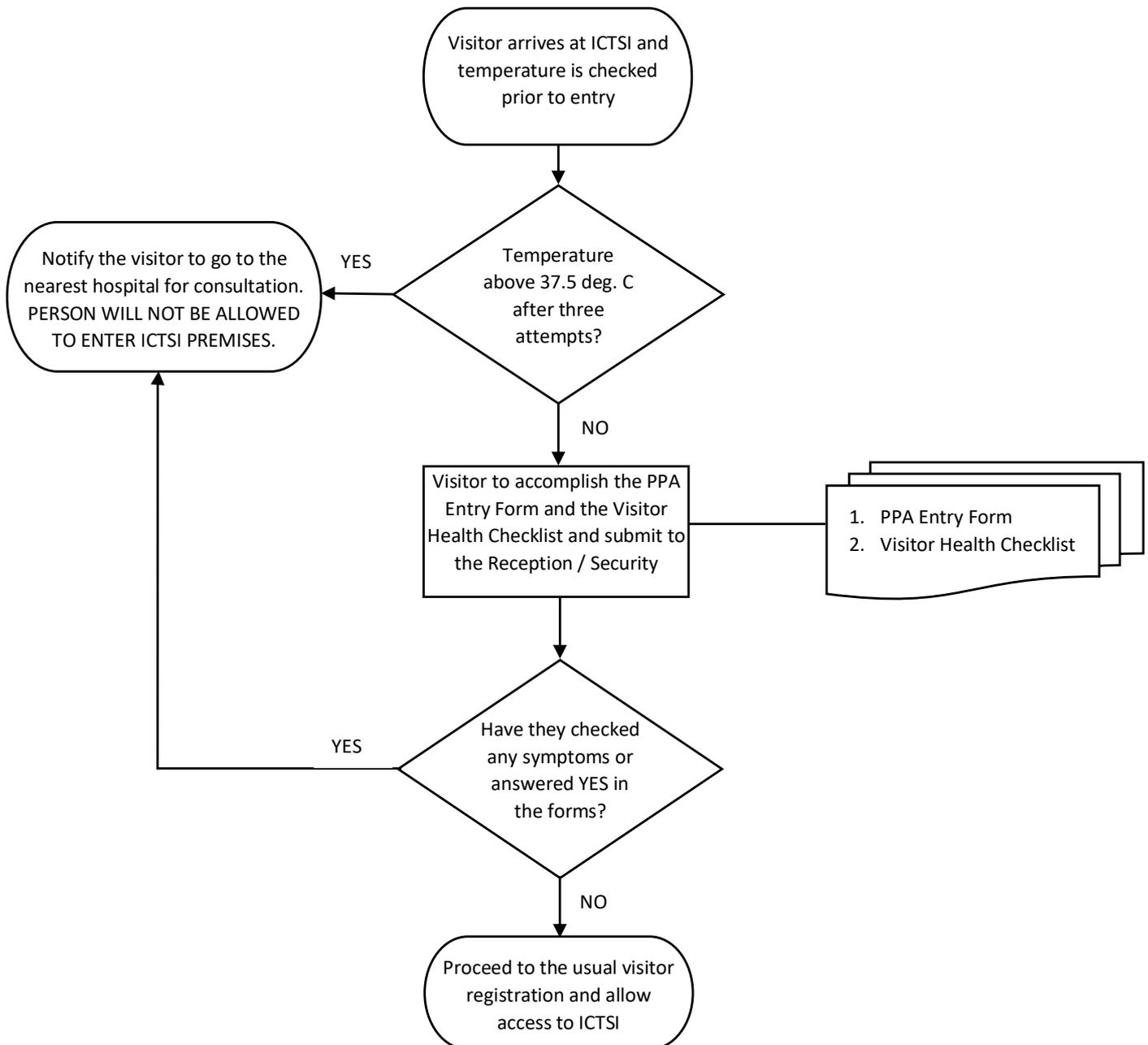
I have affixed my signature at Manila, Philippines on _____ 2020.

Signature Over Printed Name

Health Checklist Workflow - Employee



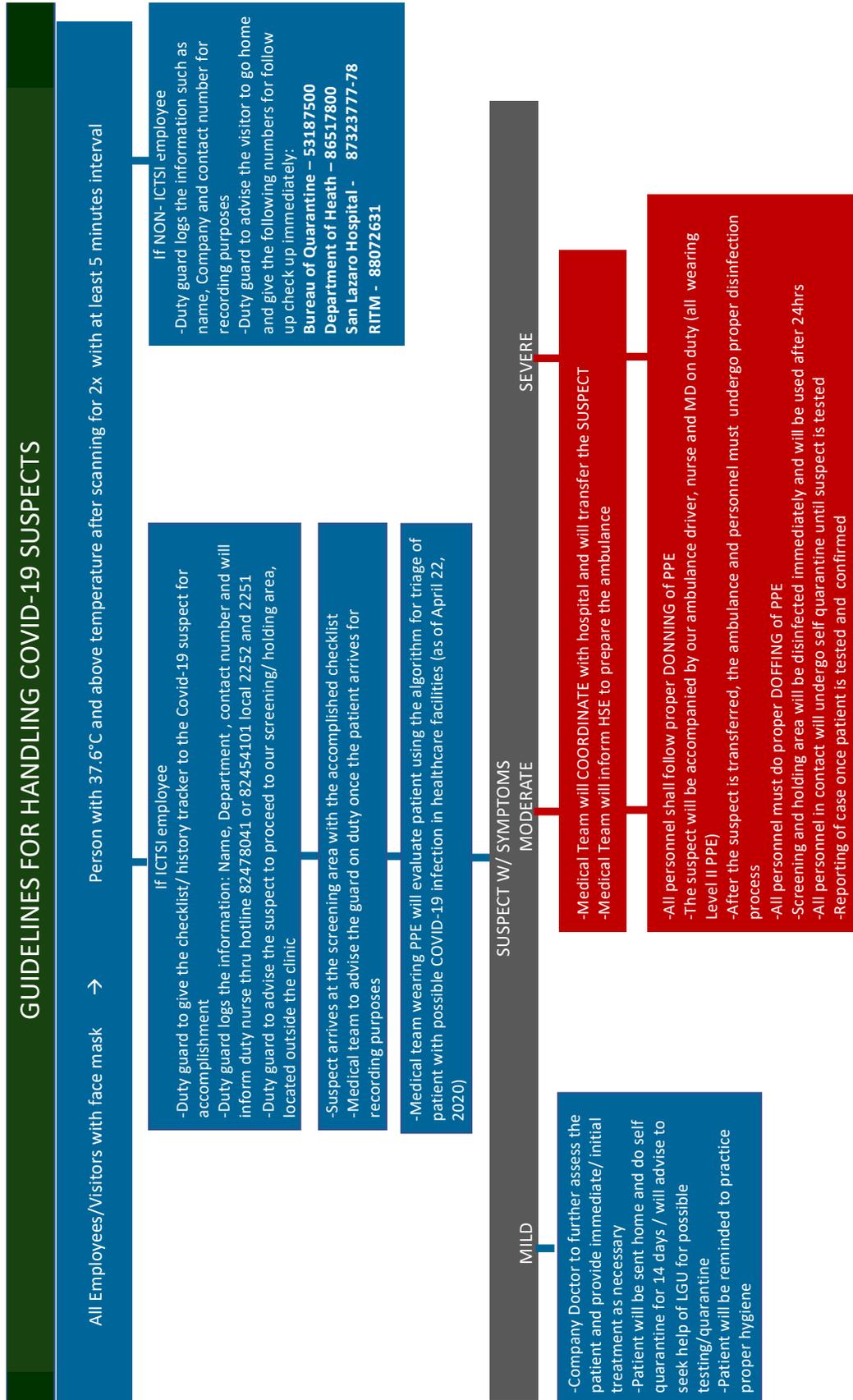
Health Checklist Workflow - Port users and visitors



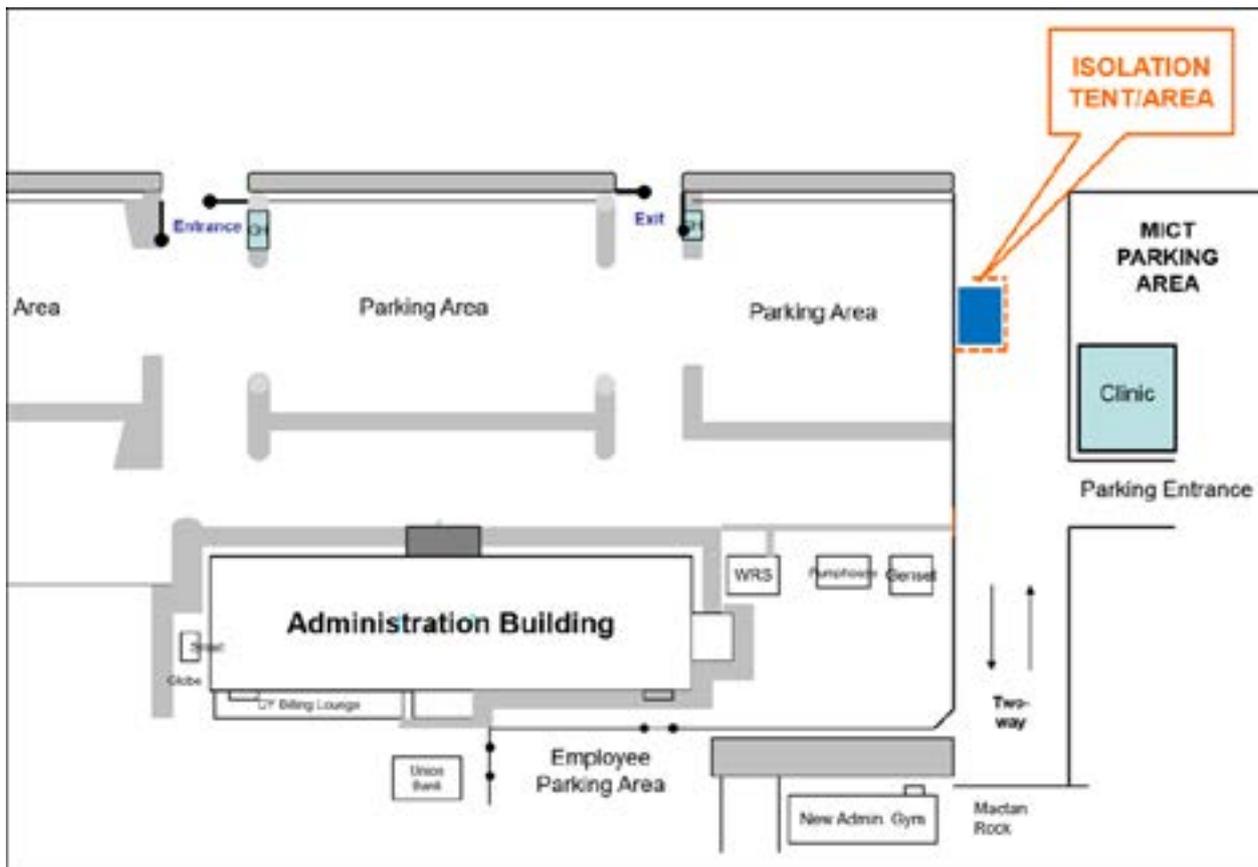
NOTE:

- No Mask, No Entry policy is strictly implemented.
- Bring your own PPE (high-visibility vest, safety shoes and hard hat) if entering the Terminal.
- Please sanitize your hands upon entry and exit.
- Observe physical distancing (1 meter apart) all the time while inside ICTSI premises.

Protocol for Handling COVID-19 Suspects



Isolation Area at the MICT



Corporate HR Guidelines on Workplace Prevention and Control of COVID-19



Guidelines on Workplace Prevention and Control of COVID-19

I. Purpose

The Guidelines on Workplace Prevention and Control of COVID-19 aims to implement health protocols and standards in light of the COVID-19 pandemic, aligned with the guidelines issued by the Department of Health (DOH), Department of Trade & Industry (DTI), Department of Labor & Employment (DOLE) and Philippine Ports Authority (PPA).

II. Scope and Applicability

This applies to all Global Corporate & MICT Employees holding office in Admin Bldg.

III. Guidelines

1. Prior Entry to Admin Building

- a. All Employees and visitors shall wear face masks at all times and remove the same only when eating/drinking. ICTSI shall provide washable type face masks for Employees where proper and proven filtration material may be added inside the mask.
- b. All Employees must accomplish weekly the online **Health Symptoms Questionnaire (Appendix 1)** prior to entry as well as the **Undertaking (Appendix 2)** in relation to the Health Symptoms Questionnaire (HSQ) requirement under the DTI and DOLE Interim Guidelines.
See Health Checklist Workflow - Employees (Appendix 5)

- c. All Visitors must accomplish the **Health Symptoms Questionnaire (Appendix 3)** prior to entry.

Online link: <http://tiny.cc/ICTSIHealthChecklist-V>

See Health Checklist Workflow - Visitors (Appendix 6)

- d. Body temperature must be checked and recorded by RVV Security.
- e. Individuals with temperature at 37.5 °C or lower and responded "No" to all questions in the Health Checklist may enter the building.
- f. For Employees with temperature greater than 37.5 °C, even after a 5-minute rest, or if s/he needs further evaluation by the Clinic staff based on the information provided in the Health Checklist, the person shall not be allowed to enter the premises and shall be referred to the Clinic.
- g. For visitors with temperature greater than 37.5 °C, even after a 5-minute rest, or if s/he needs further evaluation by the Clinic staff based on the information provided in the Health Checklist, the person shall not be allowed to enter the premises and shall be advised to consult a doctor.
- h. Foot baths are provided at the entrance while hand sanitizers are provided at the entrance, corridors and stairways.
- i. If there will be a queue at the building entrance, physical distancing of one (1) meter shall be observed. Physical distancing shall be ensured and monitored by designated RVV roving officers.
- j. Vehicles entering company premises shall likewise undergo disinfection in accordance with the facility management's procedures.

2. Inside the Workplace

- a. All work areas and frequently handled objects such as door knobs and handles shall be cleaned and disinfected regularly, every hour.
- b. All washrooms and toilets shall have sufficient clean water and soap. Employees are encouraged to wash their hands frequently and avoid touching their eyes, nose and mouth.
- c. Sanitizers shall be made available in corridors, conference areas, and stairways.
- d. Employees shall practice physical distancing of one (1) meter radius space in workstations.

- e. The use of phones, desks, computers, or other work tools of Co-Employees shall be avoided. Said items shall be cleaned and disinfected before and after use by the employee.
- f. Use of information and communications technology (ICT) and resources is encouraged to avoid and/or limit face-to-face interactions.
- g. Electronic and paperless transactions, as far as practicable, shall be utilized.
- h. Office table arrangement must conform and maintain proper physical distancing.
- i. Eating in communal areas is discouraged. Employees may eat in their individual work stations.
- j. Use of stairs shall be subject to physical distancing requirements. East Wing fire exit will be for exit only and West Wing fire exit will be for entrance only.
- k. Physical distancing and wearing of mask shall be observed on board the shuttle service.
- l. Training events shall be done online or through web conferencing, whenever practicable.

3. Reducing the Risk of Infection from COVID-19

- a. In the event that an Employee is suspected of having COVID-19, s/he shall immediately proceed to designated isolation area near the Clinic (**map Appendix 7**) and should not remove his/her face mask.
- b. Clinic protocol for isolation and transmission to hospitals will follow (**Appendix 4**)
DOH COVID-19 hotline at 02-894-COVID (02-894-26843) and 1555
MICT Clinic 09196320853 or 02-8-2478041
- c. The building shall be decontaminated with appropriate disinfectant. Work can only resume twenty-four (24) hours after decontamination. Employees present in the work area with the suspect COVID-19 Co-Employee shall go on fourteen (14) days home quarantine with instruction for monitoring of symptoms. If the suspect COVID-19 Employee has negative result, Co-Employees may be allowed to report back to work.

4. Work From Home

- a. Work from Home (WFH) arrangement will continue to be maximized for those who can.
- b. For health and safety reasons, the following Employees are allowed to work from home:
 1. Employees sixty (60) years old and above
 2. Employees with co-morbidities or pre-existing illness i.e. diabetes, hypertension, cancer
 3. Employees with immunocompromised health status
 4. Employees with high risk pregnancy
- c. Work Agreements shall be developed to detail deliverables from these Employees.

5. COVID-19 Testing

All Employees who will use the Admin Building, including those who will continue to work from home, will have to submit themselves to COVID-19 Tests and prove negative before access will be permitted to the Admin Building. Subsequent testing shall be done as needed. Contact Global Corporate/MICT HR

6. Information Dissemination

- a. Continuous bulletins, through e-mail or text message, shall be sent to all Employees about the generalities of the virus, prevention measures and procedures to avoid contagion, as well as clinics and laboratories for care if necessary.
- b. TV monitors shall continue to play materials on COVID-19 infection prevention.
- c. Printed materials shall also be made available.
- d. Preventive campaigns against COVID-19 following DOH and WHO recommendation will be pursued.

IV. Implementation

All Employees are tasked to comply with all the workplace measures in place for the prevention and control of COVID-19 such as observing proper coughing and sneezing



etiquette, frequent hand washing, physical distancing, proper disposal of used tissues and hand disinfection.

V. Effectivity

This Guideline shall take effect immediately and shall be made known to all Employees/Consultants/Officers.

Approved by:



Christian R. Gonzalez
Executive Vice President



Robin Cruickshanks
VP, Head of Global Corporate HR

MICT Rules of Engagement at the Terminal

General Policies

- All precautionary measures on COVID prevention must be observed strictly:
 - Wearing of Mask
 - Physical distancing
 - Frequent handwashing and use of alcohol or hand sanitizer
 - Avoid touching the face, eyes and nose
 - Observing proper cough etiquette
 - Prompt reporting of any COVID signs and symptoms

- Strict implementation of “No Face Mask, No Entry” and “Wear Your Face Mask at All Times” policies within the premises of ICTSI. Security guards are responsible in ensuring implementation of “No Face Mask, No Entry” at all entry points of the company premises. While inside the ICTSI premises, all duty supervisors up to managers shall ensure that all team members are always wearing face mask, except when eating or drinking.

HSE shall provide appropriate COVID prevention PPEs such as facemask and hand gloves for employees. For washable type, employee must put additional filter material such as tissue papers inside the masks.

- Everybody must observe the wearing of additional PPE as needed by their function:
 - Security Guards must wear face mask, face shield and disposable gloves.
 - Receptionists, Tellers, Info Personnel, Cleaners and Employees must wear face mask and disposable gloves.
- While inside the ICTSI premises, all duty supervisors up to managers shall ensure that physical distancing is observed. Physical or social distancing is the practice of maintaining adequate distance from one another of at least one (1) meter or 3 feet apart. The following areas shall comply with physical/social distancing rule:
 - All entry and exit points
 - Queuing
 - Walking between offices
 - All forms of meetings and discussions
 - Servicing clients
 - When boarding and inside shuttles and service vehicles
 - Vessel embarkation and disembarkation
- Any forms of mass gatherings are not allowed especially for unofficial events like employee celebrations, unnecessary group conversations, meal / break group discussions or any gathering that is not authorized by the management.

- Meetings should be observed with physical or social distancing and participants shall be limited depending on the space of the venue. Conference calls and video conferences should be utilized. In case of necessity of a face to face meeting, discussions during meetings shall be shortened and physical distancing should be maintained at least one seat apart. The presiding officer will ensure that all precautionary measures are observed.
- Designated security guard using thermal scanner shall check body temperature of all employees, visitors, and contractors at all main entry points in the following areas: Administration Building, Customer Lounge, Pass Control/Reception, Turnstile to Terminal and UBP. Anyone found with a body temperature of above 37.5 degrees Celsius will not be allowed to enter and will be referred to clinic screening area. Guidelines of clinic screening will be followed and conducted by medical team.
- Employees are required to accomplish an Oath of Undertaking that attests their physical fitness to work. They shall have full responsibility to inform the company of their health condition and travel history. Any non-disclosure or concealment of travel history and current health condition or exposure shall be administratively liable and will be dealt with accordingly.
- Employees who are sick or manifesting with any COVID-related symptoms are required to stay at home and inform his or her immediate superior and MICT Clinic for further instructions. Employees who has any COVID-related symptoms are **STRICTLY PROHIBITED** from entering the company premises. Non-compliance shall constitute **SERIOUS MISCONDUCT, GROSS NEGLIGENCE OF DUTY** and **WILLFUL DISOBEDIENCE** which tantamount to **TERMINATION**.
- Employees who are coming in to work regularly are deemed fit to work and does not have any symptoms related to COVID-19, exposure to COVID-related symptoms, or had any travel history in the past fourteen (14) days. Any non-disclosure or concealment of travel history and current health condition or exposure shall be administratively liable and will be dealt with accordingly.
- ICTSI strictly implements sanitation and hygiene. All are encouraged to use hand sanitizers strategically located at the entry and exit points of the company premises. HSE shall ensure provision of resources to keep workers health and workplace safe such as face masks, soap, sanitizer, disinfectant and all types of PPE. General Services Section shall ensure that all supplies such as soap, sanitizer and disinfectant are properly replenished on a regular basis. Everyone is encouraged to do frequent handwashing especially after using the restroom, when handling food and touching contaminated surfaces and objects.

- HSE will conduct random audit of these guidelines to ensure compliance for workplace safety, prevention, and control of COVID-19 infection. All employees should comply to these guidelines to keep the optimum health standards in the terminal.

Equipment, Shuttle and Service Vehicles

- **Cleaning of Equipment and Service Vehicles**
 - Basic disinfection with provided chemical disinfectant shall be practiced every end shift of operators, drivers, repairs and maintenance by using the distributed and approved cleaning materials.
 - Replenishment of cleaning materials will be done regularly.
 - Anyone performing disinfection shall wear appropriate personal protective equipment (PPE) and shall observe precautionary measures when dealing with chemicals. PPE includes disposable gloves, face mask and rubber boots.
- The security guards and HSE shall ensure that while waiting for the shuttle or service vehicle, everyone in queue must observe physical distancing.
- The shuttle service drivers shall implement one seat apart to its passengers. Only a maximum of six (6) passengers are allowed. No seating in front, beside the driver. The shuttle service driver will ensure that strict physical distancing is observed, otherwise the shuttle service will not go.

Offices (Administration Building / Pass Control / Customer Lounge / UBP / Finance Tellers) and Vessel Activities

- **Cleaning of Offices**
 - A designated housekeeping personnel will be deployed to do the following:
 - * Ensure that all toilets and washrooms have sufficient water and soap and that sanitizers are available in corridors, conference areas, stairways, and other areas where employee passes.
 - * Replenish sanitation supplies such as alcohol, hand sanitation gels in all public areas and toilet facilities.
 - * Disinfect areas with high volume of people from opening to closing.
 - * Disinfect common touch points every two hours such as doorknobs, stair handles, light switches, faucets and sinks.
 - * When disinfecting, acceptable solution such as diluted Lysol concentrate and Oxivir spray will be used.
 - Foot rags with disinfectant will be placed at the Administration Building entrances.
 - All employees are responsible in cleaning and disinfecting their own workstations and frequently touched surfaces such tables, chairs, telephone, desktop, laptop and other office equipment.
 - Borrowing of office items is highly discouraged.

- Queuing to Entry of Offices and Vessel Embarkation and Disembarkation
 - Security guards shall ensure that persons at the queuing system shall observe physical distancing at the following areas at one meter apart for outside queue:
 - * Customer Lounge with thirty (30) mono block chairs
 - * UBP Billing Center with forty (40) mono block chairs
 - * Finance Offices with ten (10) mono block chair
 - In the observance of physical distancing, number of clients will be limited in the following areas:
 - * Customer Lounge servicing one (1) person per kiosk and maintaining a maximum of ten (10) people inside servicing area queue
 - * UBP Billing Center with maximum of ten (10) customers inside the billing payment center
 - * Finance Offices catering a maximum of six (6) customers inside service area
 - * Pass Control with only one person at a time in the reception area
 - During vessel embarkation and disembarkation, the supervisor on duty will ensure that all employees and visitors shall observe physical distancing. HSE will also conduct random audit in strict implementation of physical distancing.
- Security guards on duty should ensure physical distancing if there should be long queues outside office premises.
- Plastic cover will be installed as a protective barrier at the information desks of Pass Control, Clinic, Customer Lounge and Reception Areas. In case of worn-out or dilapidation, the end-user should request to GSS for immediate replacement.
- The unidirectional movement of employees within offices shall be observed. Entrance to Admin Building will be limited at the West Side entrance only.

Canteen / Meal Breaks

- Ensure that canteen facility is disinfected every 12 hours using ozonated water spray or any approved chemicals.
- When ordering food at the canteen, employees, visitors, and contractors should always observe physical distancing.
- Employees are only allowed to order food and take out from the canteen but eating inside is strictly prohibited.
- Food hygiene and sanitation must be strictly observed. Food handlers are required to wear face mask, face shield and gloves.
- Eating in pantries will be discouraged. If employees are eating at the common area like conference room, the following should be strictly observed:
 - If having meals together, limit in small batches with 3 – 4 persons only per batch with strict physical distancing
 - Eat at the workstation instead of the pantry
 - Avoid or limit conversation during meal breaks
 - Avoid sharing of foods or utensils
 - Eating areas should be disinfected immediately after use

Clinic

- Employee screening shall be maintained outside the clinic and ensure that the inside portion of the clinic is considered as a safe zone area for medical team.
- Doctors and nurses who are screening the employees are required to wear Level 1 Personal Protective Equipment.
- Disinfection of the screening area and clinic must be done every shift to ensure external decontamination.
- All employees are enjoined to be vigilant of their own physical and health conditions. Any employee found deliberately hiding his/her sickness and compromising the welfare of other co-workers will be dealt with accordingly.
- Employees with identified signs and symptoms related to COVID-19 or had any exposure to any individual with COVID-related symptoms shall comply with the existing protocols on Home Quarantine.
- Employees are encouraged to call only and not to go to clinic if there are manifestations related to COVID-19.
- Sick employees are advised to stay at home and inform immediate superior and MICT clinic through call only for further instructions.

DOH Administrative Order No. 2020-13: Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in List of Notifiable Diseases for Mandatory Reporting to the Department of Health



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

ADMINISTRATIVE ORDER
No. 2020-13

APR 03 2020

SUBJECT: Revised Administrative Order No. 2020-0012 "Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health" dated March 17, 2020

I. RATIONALE

Due to the recent developments related to the Coronavirus Disease 2019 (COVID-19) health event, the case definitions and surveillance system for notification of COVID-19 cases shall be revisited and updated regularly. The availability of additional epidemiological information on COVID-19 further directs the Department of Health on how we detect, confirm, and report cases in the country.

Since January 28, 2020, the Philippines have used decision tools to classify individuals as either Patients Under Investigation or Persons Under Monitoring. However, the evidence of local and community transmission of COVID-19 necessitated a review on the assessment and classification of individuals with the aim of early detection and laboratory confirmation, especially among high-risk and vulnerable populations, to guide appropriate clinical management and referral. The country is also challenged on how to cope with the sudden surge of confirmed cases and immediately measures to ensure that the health system will equally respond to this emergency to reduce the number of serious and critically ill cases and fatalities while maintaining essential and other routine health services. It is incumbent also adapted certain provisions of the World Health Organization (WHO) interim guideline on global surveillance for COVID-19 released on March 29, 2020, which provides for the use of case definitions for surveillance (suspect, probable, and confirmed), recommendations for laboratory testing, and reporting of surveillance data.

Thus, the following provisions of Administrative Order No. 2020-0012 on the guidelines for the inclusion of the COVID-19 in the list of notifiable disease for mandatory reporting to the DOH is hereby amended, as follows:

1. SRR from classifying individuals as Patients Under Investigation (PI) and Persons Under Monitoring (PU) to use the case definitions to classify cases as Suspect, Probable, and Confirmed (COVID-19) cases.
2. Establish a standard bin and system of case detection, investigation, laboratory confirmation, and notification.

¹ WHO, https://www.who.int/docs/default-source/coronavirus/situation-reports/20200329-who-terminates-global-surveillance-for-covid-19-cases-confirmed-probable-and-suspect-cases.pdf?sfvrsn=1_62962e_6_0

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II. OBJECTIVES

This Order seeks to provide the guidelines on how COVID-19 cases shall be detected in health facilities through: (a) reporting health facilities that will serve as sentinel sites, such as the reporting sites for Severe Acute Respiratory Infection (SARI) and Influenza-like Illness (ILI) surveillance systems and city health offices of highly urbanized cities, (b) non-sentinel sites, such as hospitals and health centers, and (c) national and subnational reference laboratories and other laboratory facilities. Also, it describes the use of the Event-Based Surveillance and Response (ESR) system to capture clustering or sudden increase of cases of ILI and SARI and deaths of unknown etiology in the community.

Specifically, these guidelines on COVID-19 case detection, laboratory confirmation, and notification shall:

1. Establish a standardized mechanism of case detection, laboratory confirmation, and notification among existing surveillance systems and among the Epidemiology Bureau (EB), regional and local epidemiology and surveillance units, sentinel, non-sentinel, and laboratory facilities in terms of case definition, epidemiologic investigation, laboratory sample collection and confirmation, notification, and feedback;
2. Establish epidemiological, clinical, and virologic characteristics of COVID-19;
3. Characterize areas as to status of local and community transmission; and
4. Generate data as the basis for informed policy and intervention measures to contain and mitigate the spread of COVID-19.

III. SCOPE AND COVERAGE

This Order shall cover all individuals, health facilities and offices (public and private), national and sub-national laboratories, other laboratory facilities, civil society organizations, professional/medical/paramedical societies, and international organizations/donors/partners involved in disease surveillance; mandatory reporting of notifiable diseases; health events of public health concern; and the implementation of these guidelines.

IV. DEFINITION OF TERMS

As used in this Administrative Order, the following terms shall mean:

- A. **Case** – a person with a particular problem requiring or receiving medical or welfare attention. A case is often used to label individuals further as suspect, probable, or confirmed;
- B. **Case definition** – a set of standard criteria for classifying whether a person has a particular disease, syndrome, or other health condition;
- C. **Case investigation** – profiling of suspect, probable, and confirmed COVID-19 case, which include but is not limited to review of medical, surveillance, and laboratory records, case interview, and review of other records and documentation;
- D. **Close contact** – is a person without proper personal protective equipment (PPE) who is providing direct care for a confirmed COVID-19 case and a person who had direct physical contact, or lived, worked, transacted, or travelled in close proximity (less than 1 meter) for more than 15 minutes with a confirmed COVID-19 case.

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- E. **Cluster** – 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.
- F. **Influenza-like Illness (ILI)** – is a condition with sudden onset (*within 3 days of presentation and fever should be measured at the time of presentation*) of fever of $>38^{\circ}\text{C}$ and cough or sore throat in the absence of other diagnoses
- G. **Public Health Authority** – the Department of Health, specifically: the Epidemiology Bureau, Disease Prevention and Control Bureau, Bureau of Quarantine, Food and Drug Administration, Regional Offices of DOH, Regional Epidemiology and Surveillance Units (RESU); local health offices (provincial, city, or municipality); or any person directly authorized to act on behalf of the Department of Health or the local health office.
- H. **Severe Acute Respiratory Infection (SARI)** – is an acute respiratory illness with onset during the previous 7 days requiring overnight hospitalization. A SARI case should meet the ILI case definition AND any one of the following: (a) shortness of breath or difficulty of breathing, (b) severe pneumonia of unknown etiology, acute respiratory distress, or severe respiratory disease possibly due to novel respiratory pathogens (such as COVID-19).

V. GENERAL GUIDELINES

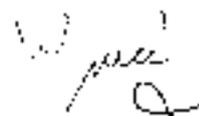
- A. Coronavirus Disease 2019 (COVID-19) is a notifiable disease as per Administrative Order No. 2020-0612 dated March 17, 2020 and its reporting shall be mandatory.
- B. The COVID-19 Surveillance shall utilize existing surveillance systems, such as the ILI and SARI surveillance systems and the Event-based Surveillance and Response System, for detection of COVID-19 cases.
- C. All DOH hospitals and level three (3) private hospitals and medical centers and health offices of highly urbanized cities shall serve as the sentinel reporting sites for COVID-19 surveillance. Cases seen at non-sentinel hospitals and health centers and results of COVID-19 tests done at laboratory facilities shall also be mandatorily reported.
- D. Case definitions for COVID-19 shall be used to ensure proper classification and appropriate management of cases.
- E. Laboratory confirmation for COVID-19 remains essential in determining the true burden of this disease.

VI. SPECIFIC GUIDELINES

A. COVID-19 Surveillance System

- 1. The Epidemiology Bureau (EB) of the Department of Health shall lead in establishing and implementing the COVID-19 Surveillance System and cases will be detected through the following:
 - 1.1. **Expanded SARI Sentinel Surveillance System**

The COVID-19 surveillance shall utilize existing SARI sentinel sites as well as the additional sentinel sites to be identified, including DOH and Level III hospitals and medical centers, as sites for sentinel-based notification of COVID-19 cases.



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1.2. Enhanced ILI Sentinel Surveillance System

The COVID-19 surveillance shall utilize existing ILI sentinel sites as well as the additional sentinels to be identified, prioritizing inclusion of highly urbanized cities, as sites for sentinel-based notification of COVID-19 cases as well as reporting of aggregate ILI data.

1.3. Notification from Health Facilities and Laboratory Facilities

Health facilities, such as hospitals and health centers, shall record and report consultations and/or admissions who fit any of the COVID-19 case definitions. Also, laboratory facilities conducting testing for COVID-19 shall notify DOH, through the set notification system, of individuals who underwent testing for COVID-19 and their results.

1.4. Event-based Surveillance and Response

Clustering or sudden increase of ILI and SARI cases and deaths of unknown etiology shall be reported through the ESR system.

2. Case definitions for notification shall be based on the current information available and shall be updated accordingly. This amendment shall define the transition from reporting individuals as Patients Under Investigation (PUI) and Persons Under Monitoring (PUM) (See Annex A) to Suspect, Probable, and Confirmed COVID-19 cases.

2.1. Suspect case - is a person who is presenting with any of the conditions below.

- a. All SARI cases where NO other etiology fully explains the clinical presentation.
- b. ILI cases with any one of the following:
 - ii. with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset OR
 - iii. with contact to a confirmed or probable case of COVID-19 in the two days prior to onset of illness of the probable/confirmed COVID-19 case until the time the probable/confirmed COVID-19 case became negative on repeat testing.
- c. Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions:
 - i. Aged 60 years and above
 - ii. With a comorbidity
 - iii. Assessed as having a high-risk pregnancy
 - iv. Health worker

2.2. Probable case - a suspect case who fulfills any one of the following listed below.

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- a. Suspect case whom testing for COVID-19 is inconclusive
- b. Suspect who tested positive for COVID-19 but whose test was not conducted in a national or subnational reference laboratory or officially accredited laboratory for COVID-19 confirmatory testing

2.3. Confirmed case any individual, irrespective of presence or absence of clinical signs and symptoms, who was laboratory confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, and/or DOH-certified laboratory testing facility.

3. Case Detection

3.1. SARI and ILI Sites and Other Health Facilities, Providers, and Institutions

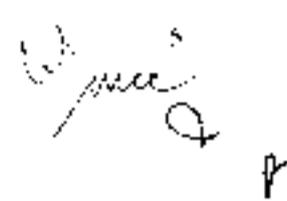
The identified SARI and ILI surveillance sites shall detect COVID-19 cases among its consultations and admission using the set case definitions. Other health facilities and providers and other institutions, including hospitals, health centers, and clinics, shall also detect COVID-19 cases among its consultations and admission using the set case definitions.

The ILI sites and identified health offices in highly urbanized cities shall submit weekly aggregate data on total consultations of ILI disaggregated as to age, sex, date of onset of illness, and place of residence.

Case investigation of detected and/or reported suspect, probable, and confirmed COVID-19 cases shall be undertaken by designated or trained disease surveillance officers (DSO) at these facilities using a standard case investigation form. (See Annex B). In the absence of a designated or trained DSO at the facility, personnel of the Infection Control Unit or a similar office, shall conduct the case investigation. In the absence of any personnel capable of conducting case investigations at these facilities, the higher level office shall supervise and provide technical guidance or take the lead. Provincial Epidemiology and Surveillance Units (PESU) shall supervise or take lead for health facilities, providers, and offices and institutions at the municipal and component city and the Regional Epidemiology and Surveillance Unit (RESU) for those in highly urbanized cities and PESU, if latter has limited capability to supervise or lead. The investigation shall include but is not limited to the following: review of medical records, case interview, and laboratory sample collection and its results.

Officials and staff of health facilities and providers and concerned institutions shall comply with the request for access to patient and laboratory records for the purpose of this case investigation.

The health facility where any of these suspect, probable, or confirmed COVID-19 cases are admitted shall conduct daily monitoring of cases as to their status



and consolidate hospital census related to COVID-19 using the set template (See Annex C). Identified deaths among these cases shall be profiled using the set format.

Confirmed COVID-19 cases assessed as asymptomatic or clinically recovered by their attending physician shall be tested and will be discharged after at least one negative result. Confirmed COVID-19 cases who have clinically recovered or are well with negative results on repeat testing shall be reported as RECOVERED. If said discharged cases develop new signs or symptoms or progression from mild to more serious signs and symptoms, he/she shall be re-admitted once more to isolation and re-testing done. This guideline shall be reviewed and revised accordingly.

3.2. Laboratory Facilities

All Laboratory facilities conducting testing for COVID-19 shall notify DOH daily of official results of individuals tested for COVID-19, regardless of the test result.

Laboratory confirmation for COVID-19 shall be performed by the Research Institute for Tropical Medicine (RITM), five (5) sub-national laboratories (SNL) following the Regional Zoning of Services of National Reference and Subnational Laboratories for SARI (See Annex D), and officially accredited laboratory facilities. Note that this zoning may be updated in subsequent issuances. The RITM and DOH will work to improve the capabilities of these laboratories.

Current available laboratory confirmation for COVID-19 is done through real time-conventional Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR). This may be updated as additional, officially recognized laboratory confirmatory testing becomes available.

Laboratory testing facilities should fulfill the following for it to be officially accredited by RITM as a COVID-19 laboratory confirmation testing facility:

- a. Submit a self-assessment to RITM
- b. Undergo and pass Proficiency Testing
- c. Have five positive samples pass RITM external quality assessment.

If the laboratory does not pass all three criteria, result of any test conducted at their facility shall not be recognized as a laboratory confirmation test but shall still be submitted to DOH.

3.3. Event-based Surveillance and Response System

Local health authorities through the local epidemiology and surveillance units (LESU) shall report all health events, to include rumors of clustering or sudden increase of cases of ILI and SARI and deaths of unknown etiology.

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4. Epidemiologic Investigation

Confirmed COVID-19 cases shall be investigated using the WHO Revised Case Report Form for COVID-19 (See Annex B). This epidemiologic investigation shall provide a more comprehensive profile of the confirmed COVID-19 case, including exposure and travel histories prior to onset of illness and until the case's isolation as well as clinical information. The concerned IESU, as determined by RESU, shall lead this epidemiologic investigation and corresponding response activities. However, in the absence of any personnel capable of conducting epidemiologic investigations and/or response activities at local health offices, the higher level office can take the lead. The PESU shall take lead for health offices at the municipal and component city and the RESU for health offices of highly urbanized cities and PESU, if latter has limited capability to lead.

Also, where clustering or sudden increase of SARI and H1 cases and deaths of unknown etiology or any reported confirmed COVID-19 case had been identified, the local health authorities through the IESU shall coordinate with their respective RESU for a joint or a supervised investigation of cases or health event. This investigation should be able to provide better understanding of the epidemiology of the event and to ensure proper case and health event management.

Officials and staff of health facilities and other institutions shall comply with the provision of R.A. 11332, otherwise known as Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act, regarding epidemiologic investigation of notifiable diseases, including COVID-19. Representatives of IESU and its regional and local counterparts shall be given full access to patient and laboratory records for the purpose of this epidemiologic investigation.

The investigating team shall be equipped with appropriate and complete personal protective equipment (PPE) during investigation.

B. Laboratory Confirmation

Current guidelines recommend the collection of nasopharyngeal and oropharyngeal swabs (NPS/OPS) for laboratory confirmatory testing. For a SARI case who is a suspect COVID-19 case, lower tract specimens like sputum, tracheal aspirate, and/or bronchi alveolar lavage, may also be collected aside from NPS/OPS. These guidelines on sample collection shall be reviewed and updated.

Current guidelines also list cases we shall prioritize for testing. However, once additional epidemiological information and projections are available, said guidelines shall be reviewed and revised, as needed. The following shall be prioritized for testing:

- a. Suspect cases who are assessed as serious or critical
- b. Suspect cases fitting any one of the conditions:
 - i. Aged 60 years and above
 - ii. With a comorbidity
 - iii. Assessed as a high-risk pregnancy
 - iv. Health workers

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- c. Health workers assessed as with high risk of exposure, even in the absence of any sign or symptom
- d. Clusters of ILI or SARI

The collection, storage, and transport of specimens from reporting health facility or office to the laboratory shall be facilitated by the designated disease surveillance officer. Laboratory collection shall be done by a trained health staff in the health facility where case was detected and submitted to designated and official laboratory testing facilities. Staff who conduct laboratory sample collection shall be equipped with appropriate and complete personal protective equipment (PPE) during collection of specimens. All cases with laboratory specimens collected shall be coordinated with the RESU.

All collected specimens shall be transported within 48 to 72 hours upon collection and stored at 2 °C to 8 °C. If specimens will not be transported within 72 hours, store the specimen in the freezer.

A laboratory quality assurance of DOH SNL shall be implemented by RITM through its Molecular Biology Laboratory (MBL). The MBL should ensure that a Biosafety, Biosecurity, and Laboratory Quality Assurance team shall be deployed to all DOH SNL.

Other hospitals with existing capacity for laboratory confirmatory testing for COVID-19 shall provide RITM with aliquots of their samples for re-testing as part of Laboratory Quality Assurance.

C. Recording and Notification System

Health authorities from the government and private sectors, including health facilities, laboratory testing facilities, offices, institutions, and individuals, are mandated to report suspect, probable, and confirmed cases of COVID-19 and results of COVID-19 testing done within 24 hours of identification or completion of testing.

1. Designation of a Dedicated COVID-19 Coordinator

All public and private health facilities and providers that admit and give consultations to suspect, probable, and confirmed COVID-19 cases and/or laboratory facilities that conduct testing for COVID-19 must identify and designate a COVID-19 coordinator and his/her alternate. The COVID-19 Coordinator shall ideally be the head of or point person for the concerned epidemiology and surveillance unit, ICC, or laboratory facility, whichever is applicable. The COVID-19 coordinator shall:

- a. Serve as the main liaison between the DOH and the health facility, health provider, or laboratory facility for all communication on COVID-19 concerns including but not limited to data requests, validation, and follow-up;
- b. Continuously coordinate with the EB COVID-19 surveillance team, to facilitate immediate and timely accommodation of all surveillance, laboratory data submission, and contact tracing activities such as but not

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Enabled to: reviewing patient records, interviewing patients, relatives, and other health care providers and other concerned personnel of the facility, and immediate submission of laboratory results;

- c. Promptly and correctly update the DOH COVID-19 Information System.

All public and private health facilities, health providers, and laboratory facilities shall provide the DOH with the following details of their assigned COVID-19 coordinator and alternate:

- a. Name
- b. Position
- c. Cell phone number
- d. E-mail Address

Details shall be submitted to the EB COVID-19 surveillance team COVID-19@doh.mn.gov with the subject header "COVID-19 Coordinator for [name of facility]".

2. Case Notification and Monitoring

2.1. Case Notification and Submission of COVID-19 Laboratory Test Results

Information on suspect, probable, and confirmed COVID-19 cases shall be recorded using the COVID-19 Case Investigation Form or CIF (*See Annex B*) and reported within 24 hours using a set notification system (*See Annex F*). The health facility or provider or concerned institution, shall submit within 24 hours of detection, the accomplished CIF to RESU, who shall in turn submit this to EB.

For reported clustering or sudden increase of ILI and SARI cases or deaths of unknown etiology, these shall be reported through the I SR system also within 24 hours. The health facility or provider or concerned institution shall inform the RESU of identified suspect cases and health events. The RESU shall in turn notify EB immediately. However, upon detection of a probable or confirmed COVID-19 case, the reporting unit shall immediately notify the EB and RESU, simultaneously.

Laboratory results from the national reference laboratory, subnational referral laboratory, and laboratory testing facilities shall be submitted to DOH within 24 hours of completion of test using the same notification system. However, if the result was equivocal or positive, this report should be submitted immediately. Laboratories should diligently accomplish the lab reporting form in Annex G.

A transmittal of laboratory results shall be released by RIFM following the protocol for releasing laboratory results. The transmittal shall be shared to designated officials after vetting of their Head of Office. This transmittal shall be considered official. Signed individual laboratory results shall be shared as soon as available. These transmittal and individual laboratory results shall be released by RIFM to the Office of the Secretary of Health and duly identified members of DOH Executive Committee, the Infection Control Committee (ICC) head or point person of requesting

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hospitals, EB, and the concerned RESU. The RESU will inform their regional director (RD) and assistant regional director (ARD), who in turn inform the concerned LGU.

For subnational reference laboratories and other testing facilities, laboratory results shall be immediately sent by their heads of offices to the DOH Executive Committee, EB, RTFM, RESU, and the Infection Control Committee (ICC) head or point person of requesting hospitals. An official transmittal shall be sent immediately but signed individual laboratory results should follow. The RESU in turn informs their respective RD and ARD, who in turn inform the concerned LGU.

2.2. Case Monitoring

A template shall be submitted daily by 6 PM which will include status of admitted suspect, probable, or confirmed COVID-19 cases (*See Annex B*). If any of these become a fatality, this should be immediately reported to RESU using the set format, who shall in turn immediately notify EB. The following information shall be updated:

- a. Medical Status (of condition, as of time of update), including current signs and symptoms
- b. Laboratory Status
- c. For fatalities:
 - i. Date and Time of Death
 - ii. Cause of Death
 - iii. Comorbidities
- d. Disposition
- e. Remarks: any other relevant notes from the patient chart; indicate especially if the patient is using a ventilator.

The COVID-19 coordinator shall provide detailed information on the death listed above, as well as other pertinent information from patient records.

For health facilities and providers and laboratory facilities with capability to set-up and use the COVID-19 Information System, the EB COVID-19 surveillance team shall assist the assigned COVID-19 coordinators in setting up their accounts to access the COVID-19 Information System website. This shall serve as the main data repository of COVID-19 data from all health facilities.

Confirmed COVID-19 cases who are currently isolated at home or in a non-health facility, the RESU shall be responsible in monitoring the clinical status of the patients and collect sample for repeat testing at the end of the 14-day isolation period.

2.3. Utilizing the COVID-19 Information System

The COVID-19 coordinator shall accurately and diligently input all required information on all suspect, probable, and confirmed COVID-19 cases that are

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admitted or have consulted at the facility using this system. In turn, laboratory facilities conducting COVID-19 testing shall input case information and upload the official transmittal and laboratory result.

The COVID-19 coordinator *must* update the COVID-19 Information System website sheets **daily** without need for prompting by 5:00 PM. The COVID-19 coordinator *must* pay special attention to *ensure that the following variables are updated:*

- a. Medical Status (of condition, as of time of update), including current signs and symptoms
- b. Laboratory Status
- c. For fatalities:
 - i. Date and Time of Death
 - ii. Cause of Death
 - iii. Comorbidities
- d. Disposition
- e. Remarks: any other relevant notes from the patient chart; indicate especially if the patient is using a ventilator.

The RESU will review the data after submission. They may call the COVID-19 coordinator to follow-up for updates or clarify certain data entries. Likewise, the COVID-19 coordinator may contact the RESU for any questions or clarification with regards to the reporting forms. The ER Data Managers shall coordinate with the RESU for data requiring further verification.

Designated disease surveillance staff in these sentinel sites and disease reporting units shall implement and exercise zero reporting and notify the RESU, who shall in turn notify EB.

VII. ROLES AND RESPONSIBILITIES

A. The Epidemiology Bureau shall:

1. Lead in the establishment and implementation of the COVID-19 Surveillance System.
2. Draft and issue required policies and guidance in relation to this surveillance system.
3. Conduct training, orientation, and/or technical assistance to ensure that disease reporting units and concerned stakeholders will know how to implement the system.
4. Shall be the process owner of the COVID-19 Information System and as such shall:
 - a. Act as the Database Managers for surveillance data
 - b. Liaise with the COVID-19 coordinators for the timely turnover of complete data and information
 - c. Review and approve updated attribute data which may be submitted by the users
5. Draft and disseminate COVID-19 surveillance report.
6. Assess and coordinate with respective RESUs all reported clustering, sudden increase, and local transmission of COVID-19 within 24 hours upon receipt of detection of clustering, sudden increase, or local transmission.

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7. When necessary, provide support through technical staff and logistic assistance during epidemiologic investigation and response.
8. Oversee the design of appropriate reporting software for the inclusion of COVID-19 into the SARTIU, existing hospital sentinel surveillance and/or information system, and community-based disease surveillance system.
9. Facilitate dissemination of related information, policies, and recommendations from DOH Central Office and the World Health Organization (WHO) to the concerned agencies and institutions.
10. Allocate funds for the operation of the COVID-19 surveillance system.
11. Monitor the implementation of the system.
12. Notify the WHO as part of International Health Regulations commitment.

B. The RESU shall assume the roles and responsibilities of EB at the regional level:

1. Lead in the establishment and implementation of the COVID-19 Surveillance System at the regional level.
2. Identify strategies and activities to operationalize the surveillance system at their level and at local health offices and disease reporting units.
3. Conduct data verification of submitted CIF and/or records and reports encoded in the COVID-19 Information System.
4. Conduct training, orientation, and/or technical assistance to ensure that disease reporting units and concerned stakeholders will know how to implement the system.
5. Prepare and disseminate COVID-19 surveillance report.
6. Disseminate related information, policies, and recommendations (com DOH Central Office and the World Health Organization (WHO)) to the health facilities, disease reporting units, and concerned agencies and institutions at their level.
7. Allocate funds for the COVID-19 surveillance system.
8. Monitor the implementation of the system.

C. The Bureau of Quarantine (BOQ) shall:

1. Conduct surveillance in ports and airports of entry and sub-ports as well as the airports and ports of origin of international flights and vessels.
2. Collect complete health declaration cards and enter into the database management system.
3. Perform entry screening and preliminary investigation of all suspected cases identified in all ports of entry and exit.
4. Provide the passenger manifest and other relevant information to EB and/or RESU for case investigation and contact tracing.
5. Allocate funds for the COVID-19 surveillance system.
6. Monitor public health threats in other countries.

D. The National Reference Laboratory (Research Institute for Tropical Medicine):

1. Allocate funds for laboratory testing for COVID-19 and other SARI pathogens.
2. Allocate funds to support quality assurance activities of sub-national and other laboratories.
3. Provide confirmatory services to COVID-19 cases.

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4. Provide funds and technical support for specimen collection, transport, and storage from the sites to the laboratory.
5. Provide technical support, training, and quality assurance to the subnational laboratories and officially accredited laboratory testing facilities.
6. Assess testing facilities for accreditation as an official laboratory confirmatory testing facility.
7. Provide laboratory results to designated DOH officials, EB, RESU, and health facilities and disease reporting units.

E. Subnational Reference Laboratories and DOH-Certified Laboratory Testing Facilities shall:

1. Provide confirmatory services to suspect COVID-19 cases.
2. Provide laboratory results to DOH and its identified officials and offices and requesting health facilities.
3. Allocate funds for the COVID-19 surveillance system.

F. Field Implementation and Coordination Team, Centers for Health Development, Health Facility and Services Regulatory Bureau, and PhilHealth

1. Assist EB and RESU in ensuring compliance of health facilities, health providers, and laboratory facilities, both government and private, to guidelines for recording, investigation, and notification of suspect, probable, and confirmed COVID-19 cases.
2. Assist the DOH Database Managers in following up and ensuring the timely submissions of government and private health facilities, health providers, and laboratory facilities.

G. Knowledge Management and Information Technology Service (KMITS) shall:

1. Provide assistance in using the data entry platform.
2. Resolve issues, concerns, and problems on the development, utilization, and implementation of the system.
3. Implement monitoring and evaluation mechanisms to improve data quality and use, including documenting and reporting of users' feedback and recommended improvements in the system.

H. Provincial and City/Municipal Health Offices of Highly Urbanized Areas shall:

1. Orient and/or re-orient hospital staff on mandatory disease reporting requirements.
2. Support the operation of the epidemiology and surveillance unit through the following:
 - a. Identify and designate health staff to be trained and assigned as the COVID-19 Coordinator.
 - b. Assign a staff for data encoding and a dedicated table top computer and other IT requirements such as internet connection for reporting are available.
 - c. Allocate budgetary support through the incorporated in the annual work and financial plan of the provincial/city/municipal health office the operation of the ESU for effective disease surveillance system.

I. Local (Provincial, City, and Municipal) Epidemiology and Surveillance Units shall:

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1. Lead in the investigation, validation, contact tracing, monitoring of reported cases of COVID-19, and other response activities. This includes investigation of reported clustering cases.
2. Conduct training, orientation, and/or technical assistance to public health associates (PHAs) and barangay health emergency response teams (BHERTs) on case identification, close contact monitoring, and reporting of persons under quarantine, underscoring the importance of mandatory disease reporting requirements for COVID-19 surveillance.
3. Operationalize the surveillance system at their level
4. Allocate funds for the operation of the COVID-19 surveillance and response

J. Role of Health Facilities and Disease Reporting Units shall:

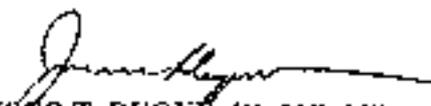
1. Orient or re-orient hospital health facility staff regarding mandatory disease reporting requirements for COVID-19 surveillance.
2. Designate disease surveillance coordinators who will be responsible for preliminary investigation of suspect cases seen at the hospital.
3. Designate an COVID-19 coordinators, ideally the Hospital Epidemiology and Surveillance Unit or Infection Prevention and Control Head or Point Persons, who shall be responsible in: (a) ensuring completion and submission of CIF and/or encoding using the COVID-19 Information System, (b) ensuring laboratory sample collection and transport, (c) receive laboratory results, and (d) disclose laboratory results to attending physicians and/or case.
4. Assign a dedicated encoder and provide IT requirements for recording and notification.
5. Coordinate with IBI and RESU, especially during case investigation and close contact tracing.
6. Provide access to medical records, facilitate case interviews, and other case investigation and contact tracing activities.
7. Provide daily updates to RESU as to case status of admitted suspect, probable, or confirmed cases using prescribed template.
8. Allocate funds for the COVID-19 surveillance system.

VIII. REPEALING CLAUSE

Administrative Order No. 2020-0012 dated March 17, 2020 entitled "Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health" and all other issuances inconsistent with this Order are hereby repealed, rescinded, amended or modified accordingly.

IX. EFFECTIVITY

This Order shall take effect immediately.


FRANCISCO T. DUQUE, III, MD, MSc
 Secretary of Health

PPA Memorandum Circular No. 18-2020: Guidelines for the Prevention, Control, and Mitigation of the Coronavirus Disease (COVID-19) in the offices and Facilities of the Philippine Ports Authority (PPA)

April 25, 2020

PPA MEMORANDUM CIRCULAR
No. _____ - 2020



TO : All Port Managers
Department Managers
Terminal Operators/Cargo Handling Operators
Service Providers/Port Users
All Concerned

SUBJECT : GUIDELINES FOR THE PREVENTION, CONTROL AND
MITIGATION OF THE CORONA VIRUS DISEASE (COVID-19)
IN THE OFFICES AND FACILITIES OF THE PHILIPPINE
PORTS AUTHORITY (PPA)

1. LEGAL BASES

- 1.1 Republic Act No. 11469, otherwise known as "The Bayanihan to Heal as One Act"
- 1.2 Inter-Agency Task Force for the Management of Emerging Infectious Diseases Resolution on COVID-19 related concerns
- 1.3 Memoranda from the Executive Secretary on COVID-19 related concerns
- 1.4 Section 6 (a)(i) and (ii) of Presidential Decree No. 857, as amended

2. OBJECTIVES

- 2.1 To prescribe the guidelines for the prevention, control, mitigation and suppression of the spread of COVID-19 in PPA offices and facilities
- 2.2 To increase physical and mental resilience, reduce transmission, reduce contact and reduce duration of infection
- 2.3 To promote health, safety and well-being of all PPA employees, service providers, and the general public
- 2.4 To ensure operational continuity, efficiency and reliability of port services

3. COVERAGE

This Order shall apply to all PPA employees, including outsourced personnel, service providers, port users, stakeholders and the general public.

4. MINIMUM HEALTH AND SAFETY PROTOCOLS IN PPA OFFICES:

4.1 FOR PPA EMPLOYEES

4.1.1 REDUCTION OF TRANSMISSION

- 4.1.1.1 The "no-mask, no entry" policy will be enforced. The wearing of masks or other appropriate and adequate Personal

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PPA-MC-04202020-02067

Protective Equipment (PPE) by all PPA personnel (regular employees, contract of service, and outsourced personnel) while inside PPA offices shall be mandatory.

- 4.1.1.2 Personal sanitation supplies such as alcohol, hand sanitizers, and soaps shall be provided in common areas and toilet facilities.
- 4.1.1.3 General disinfection at the end of every business day shall be regularly done in all PPA offices. However, high-touch surfaces such as door knobs, elevator car operating panel (COP) handrails and stairwell railings shall be disinfected at least once every two (2) hours. Toilet facilities shall be maintained in clean and sanitary condition consistently throughout the day.
- 4.1.1.4 Public advisories as to physical distancing, sanitation and personal hygiene, such as handwashing and coughing etiquettes shall be regularly displayed in video monitors in all PPA offices.

4.1.2 REDUCTION OF CONTACT

- 4.1.2.1 Physical distancing of at least one meter space requirement across all sides shall be observed at all times.
- 4.1.2.2 Movements within the work place, across work and common areas shall adhere to physical distancing requirements. Staggered lunch breaks shall be observed to comply with physical distancing requirements.
- 4.1.2.3 Use of information and communications technology (ICT) and resources is encouraged to avoid and/or limit face-to-face interactions or encounters.
- 4.1.2.4 Workplace layouts shall be redesigned to comply with physical distancing requirements.
- 4.1.2.5 Electronic and paperless transactions, as far as practicable, shall be institutionalized.
- 4.1.2.6 Additional shuttle service shall be provided, and physical distancing and wearing of mask shall be observed on board.
- 4.1.2.7 Internal meetings and conferences shall be undertaken electronically, through video conferencing or teleconferencing. If meeting is extremely necessary, it should be held in open and well-ventilated rooms.
- 4.1.2.8 Unless a viable cure and vaccine for COVID-19 is available and/or current situation allows, official travel of employees shall be strictly controlled/limited except in circumstances

when response to pandemic is necessary or continuity of PPA operations is at stake.

- 4.1.2.9 Training events shall be done online or through web conference whenever practicable subject to feasible schedule of both the training provider and PPA personnel.
- 4.1.2.10 Consistent with physical distancing standards, such as setting limit to workforce numbers, the number of physically reporting personnel shall be at most 50%, except for Port Police Department (PPD) and Administrative Services Department (ASD). The Information and Communication Technology Department (ICTD) shall provide onsite workforce which can sufficiently provide the needed technical support to other PPA offices.
- 4.1.2.11 Skeletal workforce teams on rotation shall be maintained in PMOs.
- 4.1.2.12 All employees 60 years old and above shall be subject to mandatory work from home (WFH) arrangement. Those with medically certified comorbidity such as hypertensive, asthmatic, diabetic, and autoimmune disorders can also opt for WFH arrangement. Flexible work arrangements will be adopted for employees, subject to approval by the Human Resource Management Department (HRMD) Manager.

4.1.3 REDUCTION OF DURATION OF INFECTION

- 4.1.3.1. Subject to the guidelines and policies of the Department of Health (DOH), COVID-19 testing shall be conducted on all employees once the Enhanced Community Quarantine (ECQ) is lifted. Subsequent testing shall be done as needed.
- 4.1.3.2. The filling up of Entry Protocol Forms is mandatory for all employees.
- 4.1.3.3. Thermal scanning/ temperature check will be done upon entry. Those with temperature of 38 degrees centigrade and above will be immediately referred to the Medical Clinic (for Head Office) and to a health facility (for PMOs) for further assessment.
- 4.1.3.4. Employees are encouraged to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure. Those who have symptoms are required to stay home and immediately communicate to their respective RC Heads.
- 4.1.3.5. The use of phones, desks, computers or other work tools of co-workers should be avoided. Said items should be cleaned and disinfected before and after use.

4.1.3.6. Hygienic measures such as handwashing and sanitizing shall be mandatory.

4.1.3.7 Use of noncontact methods of greeting is encouraged. Thus, handshaking and cheek kissing and like manner of greeting should be avoided.

4.1.4 INCREASE IN PHYSICAL AND MENTAL RESILIENCE

4.1.4.1 Fitness, nutrition and mental health programs shall be developed and made available for all regular and outsourced personnel.

4.1.4.2 The "no smoking" policy shall be strictly implemented.

4.2 FOR NON-PPA PERSONNEL

4.2.1 No person below 20 years old or above 60 years old shall be allowed entry. For this purpose, official identification cards shall be provided by all visitors to the lobby guard prior to entry. Visitors shall be provided with access pass indicating the specific floor and/or office access.

4.2.2 Sanitation protocols shall be observed prior to entry including accomplishment of Entry Protocol Form, thermal scanning, and handwashing or sanitizing. The "no mask, no entry" policy shall also apply.

4.2.3 Movements inside the offices will be limited and monitored.

5. MINIMUM HEALTH AND SAFETY PROTOCOLS IN PPA FACILITIES

5.1 PPA facilities, particularly areas for frontline services, such as Passenger Terminal Buildings (PTBs), Port Integrated Clearing Offices (PICOs) and such other areas being operated by port terminal operators, cargo handling operators or service providers and are accommodating third party visitors or port clients, shall be retrofitted or marked to comply with the physical distancing requirements.

5.1.1 Physical distancing requirements shall be observed at all times and wearing of masks and PPEs as appropriate shall be mandatory.

5.1.2 TV monitors in PTBs shall continue to play materials from DOH and World Health Organization (WHO) on the DOs and DON'Ts on how to reduce transmission. Printed materials shall also be made available. Preventive campaigns against COVID-19 following DOH and WHO recommendations will be pursued.

5.1.3 PTB and similar tickets will be issued electronically, as far as practicable.

- 5.1.4 Sanitation supplies such as alcohol, hand sanitation gels, etc. shall be made available in all public areas and toilet facilities by the port terminal operator/service providers.
- 5.1.5 The facilities shall be regularly disinfected at least once a day at the end of each business day. PTBs shall be disinfected at the end of every passenger embarkation cycle. Toilets and hand washing stations shall be maintained in clean and sanitary condition consistently throughout the day.
- 5.1.6 "Malasakit" Help Desks in PTBs shall continue to be activated.

6. SUPPORT SERVICES

The following RCs are tasked to perform the following activities to effectively carry out the provisions of this Order:

6.1 Human Resources Management Department (HRMD)

- 6.1.1 Review the existing work arrangements to allow other remote work strategies
- 6.1.2 Work with ICTD to facilitate smooth transition to a remote work scenario.
- 6.1.3 Develop and implement Wellness, Health and Mental Programs.

6.2 Information and Communication Technology Department (ICTD)

- 6.2.1 In coordination with concerned RC Head, review and evaluate existing work processes and develop on-line or electronic systems for said processes.
- 6.2.2 Develop guidelines in consultation with the Legal Services Department (LSD) on promoting E-commerce, Digital communications to include the use of electronic signature, and on-line transactions so as to limit human contact to a minimum.
- 6.2.3 Design computerized work processes based on the review and evaluation of existing work process to be done by the Port Management Systems and Organizational Development Department (PMSODD).

6.3 Administrative Services Department (ASD)

- 6.3.1 Review, evaluate and redesign the existing design and layout of the office spaces and work stations of the different RCs including the physical arrangement of furniture and equipment to conform with physical distancing requirements.
- 6.3.2 Ensure that sanitation supplies and requirements of the different RCs are provided and made available at all times.

6.4 Port Management Offices (PMOs)

As far as practicable and applicable, the measures contained herein shall be adopted and implemented in the respective areas of responsibility of the PMOs.

7. COVID-19 RESPONSE EMERGENCY (CORE) TEAM

7.1 A Committee is hereby created composed of the following

Head Office

Chairperson	:	The AGM for Finance and Administration
Vice-Chairperson	:	The Manager, HRMD
Members	:	The Manager, ASD
		The Manager, ICTD
		The Manager, CD
		The Manager, POSD

7.2 Functions of the Committee

- 7.2.1 Oversee and monitor the implementation of COVID-19 measures.
- 7.2.2 Review and recommend additional measures for adoption or revisions.
- 7.2.3 Provide updates and reports to the General Manager.

8. REPEALING CLAUSE

All PPA orders, rules and regulations, policies or circulars which are inconsistent herewith are hereby repealed and/or amended accordingly.

9. EFFECTIVITY

This Order takes effect immediately.


JAY DANIEL R. SANTIAGO
General Manager

DTI and DOLE Interim Guidelines on Workplace Prevention and Control of COVID-19



DTI and DOLE INTERIM GUIDELINES ON WORKPLACE PREVENTION AND CONTROL OF COVID-19



I. BACKGROUND

On March 8, 2020, President Rodrigo R. Duterte, recognizing that COVID-19 constitutes a threat to national security and prompting a whole-of-government approach in addressing the outbreak, declared a State of Public Health emergency throughout the entire Philippines through Proclamation No. 922.

On March 16, 2020, to prevent the sharp rise of COVID-19 cases in the country, the President placed the entire of Luzon under Enhanced Community Quarantine (ECQ) until April 14, 2020.

On April 7, 2020, upon the recommendation of the Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID), the President extended the implementation of the ECQ until April 30, 2020.

On April 23, 2020, the IATF recommended that guidelines be issued by the different government agencies to provide policy directions for the public and stakeholders in complying with Government regulations following the modification of ECQ.

II. OBJECTIVE

The guidelines are issued to assist private institutions that are allowed to operate during the Enhanced Community Quarantine (ECQ) and General Community Quarantine (GCQ) in developing the minimum health protocols and standards in light of the COVID-19 pandemic.

III. COVERAGE

The Guidelines shall apply to all workplaces, employers and workers in the private sector.

IV. WORKPLACE SAFETY AND HEALTH

The following safety and health standards shall be implemented in all workplaces aligned with the objectives of the minimum health standards of the Department of Health:

A. Increase physical and mental resilience

1. Emphasize to all workers the everyday actions to stay healthy such as:
 - a. Eat nutritious and well-cooked food;
 - b. Drink plenty of fluids and avoid alcoholic beverages;

- c. Increase the body's resistance by having adequate rest and at least eight (8) hours of sleep; and
 - d. Exercise regularly;
2. Enjoin companies to provide free medicines and vitamins; and
 3. Provide referral for workers needing counselling or presenting with mental health concerns

B. Reducing transmission of COVID-19

1. Prior to entrance in buildings or workplaces
 - a. All employers and workers shall:
 - i. Wear face masks at all times and remove the same only when eating/drinking. Employers shall provide the appropriate face masks for workers. Should cloth masks be used, the washable type shall be worn but additional filter material such as tissue papers inside the masks may be added;
 - ii. Accomplish daily the health symptoms questionnaire and submit to the guard or designated safety officer prior to entry;
 - iii. Have their temperature checked and recorded in the health symptoms questionnaire. (refer to annex)
For any personnel with temperature $> 37.5^{\circ}\text{C}$, even after a 5 minute rest, or if their response in the questionnaire needs further evaluation by the clinic staff, the person shall be isolated in an area identified by the company and not allowed to enter the premises. The isolation area should be well ventilated and must be disinfected frequently.
Clinic staff assigned to assess the workers held in the isolation area shall be provided the appropriate medical grade PPEs by the establishment which shall include but not limited to, face masks, goggles/face shields, and/or gloves; and
 - iv. Spray alcohol/sanitizers to both hands; and provide disinfectant foot baths at the entrance if practicable.
 - b. Equipment or vehicle entering the hub operational area must go through a disinfection process; and
 - c. If there will be a long queue outside the office or store premises, roving officers should instill physical distancing of one meter.
2. Inside the workplace
 - a. All work areas and frequently handled objects such as door knobs and handles, shall be cleaned and disinfected regularly, at least once every two (2) hours;
 - b. All washrooms and toilets shall have sufficient clean water and soap, workers are encouraged to wash their hands frequently and avoid touching their eyes, nose and mouth;
 - c. Sanitizers shall be made available in corridors, conference areas, elevators, stairways and areas where workers pass;

- d. Workers, whether in office workstations or in operations area, shall always practice physical distancing meaning at the minimum one (1) meter radius space (side, back and front) between workers;
- e. Eating in communal areas is discouraged. It is best to eat in individual work area and all wastes shall be disposed properly.
If eating in individual work areas is not possible, the employer shall ensure that physical distancing is maintained in dining areas with one worker per table and 1 meter distance per worker. It is discouraged that workers engage in conversation with masks off during meal times. Tables and chairs shall be cleaned or disinfected after every use of the area, and before as well as at the end of the work day; and
- f. Canteens and kitchens should be cleaned and disinfected regularly.

C. Minimize contact rate

1. Alternative work arrangements, such as working-hour shifts, work from home (WFH), where feasible and on rotation basis;
2. Prolonged face-to-face interaction between workers and with clients are discouraged and masks shall be worn at all times and not removed. Meetings needing physical presence shall be kept to a minimum number of participants and with short duration. Videoconferencing shall be utilized for lengthy discussions among workers;
3. Office tables should be arranged in order to maintain proper physical distancing. Barriers may be provided between tables;
4. Workstation layout should be designed to allow for unidirectional movement in aisles, corridors or walkways;
5. To maintain physical distancing, number of people inside an enclosed space such as a room, store or hall shall be limited. Elevator use should consider physical distancing and limit the number of persons in order to observe the 1-meter physical distancing;
6. Use of stairs should be encouraged subject to physical distancing requirements. If more than 2 stairways are accessible, one stairway may be used exclusively for going up and another for going down;
7. Online system shall be highly encouraged to be utilized for clients needing assistance from offices including the use of videoconferencing; and
8. Roving officers shall always ensure physical distancing and observance of minimum health protocols.

D. On Reducing the risk of infection from COVID-19

1. In the event that a worker is suspected as having COVID-19:
 - a. The worker shall immediately proceed to the isolation area designated in the workplace and never remove his/her mask;

b. Clinic personnel attending to the workers should wear appropriate PPEs and if needed should require the transport of the affected worker to the nearest hospital. Company protocols for transport for suspect COVID-19 cases and for PCR testing, should be in place including providing for ambulance conduction. Hospitals will report to the DOH for COVID-19 suspect; and _____

c. Decontamination of workplace

i. Workplace shall be decontaminated with appropriate disinfectant (e.g. chlorine bleaching solution and 1:100 phenol based disinfectant);

ii. After decontamination of the work area, work can resume after 24 hours; and

iii. Workers present in the work area with the suspect COVID-19 worker shall go on 14 days home quarantine with specific instructions from the clinic staff on monitoring of symptoms and possible next steps. If suspect COVID-19 worker has negative result, co-workers may be allowed to report back to work.

2. In the event that a worker is sick or has fever but is not suspected to have COVID-19 (ex., urinary infection, wound infection or any diseases not related to lungs or respiratory tract) the employer must advise the worker to take prudent measures to limit the spread of communicable diseases, as follows:

i. Stay at home and keep away from work or crowds;

ii. Take adequate rest and take plenty of fluids;

iii. Practice personal hygiene to prevent spread of disease; and

iv. Seek appropriate medical care if there is persistent fever, when difficulty of breathing has started, or when he/she becomes weak.

V . DUTIES OF EMPLOYERS AND WORKERS

Employers shall:

1. Provide the necessary company policies for the prevention and control of COVID-19 in consultation with workers. Advocacy and IEC programs should be taken from DOH, WHO and reliable sources of information on COVID-19;
2. Provide resources and materials needed to keep the workers healthy and the workplace safe, e.g., masks, soap, sanitizer, disinfectant, PPEs, including COVID-19 testing kits, etc;
3. Designate the safety officer to monitor COVID-19 prevention and control measures such as physical distancing, wearing of masks, regular disinfection, compliance to thermal scanning and accomplishing health symptoms questionnaire;
4. Enhance health insurance provision for workers;
5. Where feasible, provide shuttle services and/or decent accommodation on near-site location to lessen travel and people movement;
6. Enjoin the hiring from the local community; and
7. Put up a COVID-19 Hotline and Call Center for employees to report if symptomatic, and daily monitoring scheme of our "suspect" employee condition.

Workers shall:

1. Comply with all workplace measures in place for the prevention and control of COVID-19, such as, frequent hand washing, wearing of masks, observe physical distancing always, etc;
2. Observe proper respiratory etiquette;
3. Coughing and sneezing into tissue or into shirt sleeve if tissue is not available,
4. Disposing used tissues properly; and
5. Disinfecting hands immediately through proper washing with soap and water or alcohol-based sanitizer immediately after a cough or sneeze.

VI . WORKPLACE WITH IMMINENT DANGER SITUATIONS

In workplaces where workers are evidently at risk of infection as in health-care and other frontline services, the employer shall comply with the DOH Department Memorandum No. 2020-0178: Interim Guidelines on Health Care Provider Networks during the COVID-19 Pandemic, 11 April 2020.

Workers in said workplaces must take extra precautionary measures which include strict hygiene and the use of personal protective equipment (PPE). Employers shall ensure that PPE (e.g. respirators such as N95, gowns, gloves) is properly worn by the workers while at work and disposed of accordingly after use.

VII . COVID-19 TESTING

Employers may test workers for COVID-19. Testing kits used and procured shall be the responsibility of the employer. DOH Protocols shall be followed for the testing of workers and interpretation of results in accordance with DOH Department Memorandum No. 2020-0180: Revised Interim Guidelines on Expanded Testing for COVID-19, 16 April 2020 and DOH Administrative Order No. 2020-0014: Guidelines in Securing a License to Operate a COVID-19 Testing Laboratory in the Philippines, 07 April 2020. Company policy on COVID-19 testing shall be formulated and agreed upon by employers and workers in conformity with the DOH protocols.

Workers with a negative test shall continue to work. They should be given appropriate advise and instructions once they develop any health complaints or symptoms. The company OSH personnel shall continue to monitor all workers.

VIII. MOST AT RISK WORKERS¹ AND VULNERABLE GROUPS

¹ (> 60 Y.O, or, of any age with co-morbidities or pre-existing illness, i.e., hypertension, diabetes, cancer, or with immunocompromised health status; or with high risk pregnancy).

Employers are highly encouraged to allow these workers to do work from home arrangement. Work Agreements should be developed to detail the deliverables from these employees and there shall be no diminution in wages or benefits.

IX. ASSISTANCE BY THE DTI AND DOLE

DTI and DOLE shall extend assistance and technical support to all workplaces, employers and workers in complying with the Guidelines.

X . REPORTING OF ILLNESSES/ DISEASES/INJURIES

The employer shall provide the DOLE through its Regional Office copy furnished DOH, monthly reporting of illness, diseases and injuries utilizing the DOLE Work Accident/Illness Report Form (WAIR)

XI . EFFECT OF FUTURE GUIDELINES

This Interim Guidelines may be amended or superseded by later guidelines

XII . EFFECTIVITY

This Interim Guidelines shall take effect immediately.


RAMON M. LOPEZ
Secretary
Department of Trade and Industry


SILVESTRE H. BELLO III
Secretary
Department of Labor and Employment

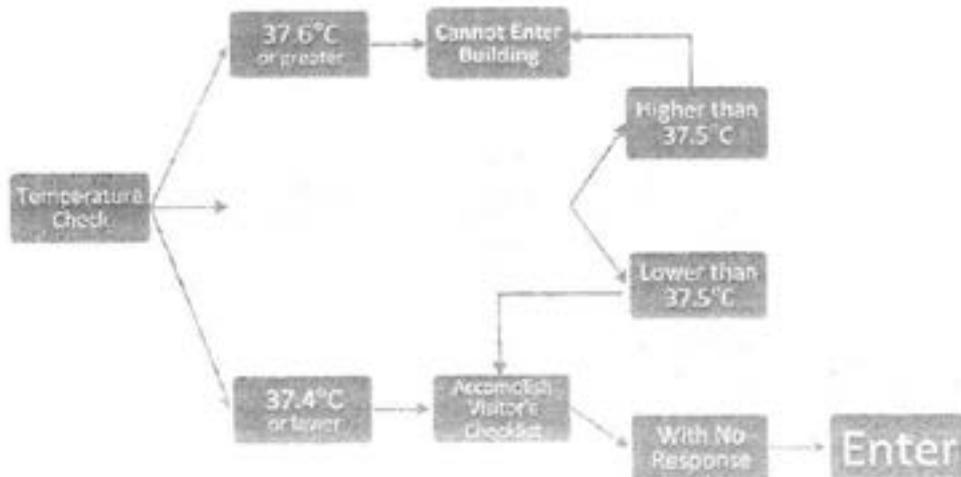
30 April 2020

ANNEX

Sample Protocol for Screening Employees and Visitors

Employers may adapt this sample protocol in toto or in portions, as applicable in their work environment. This sample protocol does not prevent employers from developing their own screening protocols compliant to the latest local or international occupational safety and health guidelines.

1. All workers, regardless of status, and visitors shall be subjected to a no-contact temperature scan.



2. All visitors shall accomplish the visitor's checklist
Health Checklist

Temperature:

Name: _____ Sex: _____ Age: _____

Residence: _____

Nature of Visit: Official: If official, fill-in company details below
 Please check one Personal:

Company Name: _____

Company Address: _____

	Yes	No	
1. Are you experiencing: (<i>nakakaranas ka ba ng:</i>)	a. Sore throat (<i>pananakit ng lalamunan / masakit lumunok</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	b. Body pains (<i>pananakit ng katawan</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	c. Headache (<i>pananakit ng ulo</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	d. Fever for the past few days (<i>Lagnat sa nakalipas na mga araw</i>)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you worked together or stayed in the same close environment of a confirmed COVID-19 case? (<i>May nakasama ka ba o nakatrabahong tao na kumpirmadong may COVID-19 / may impeksyon ng coronavirus?</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you had any contact with anyone with fever, cough, colds, and sore throat in the past 2 weeks? (<i>Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas ng dalawang (2) lingo?</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you travelled outside of the Philippines in the last 14 days? (<i>Ikaw ba ay naghyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you travelled to any area in NCR aside from your home? (<i>Ikaw ba ay nagpunta sa iba pang parte ng NCR o Metro Manila bukod sa iyong bahay?</i>) Specify(<i>Sabihin kung saan:</i>) _____	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby authorize [name of establishment], 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: _____ Date: _____

DOH Memorandum No. 2020-0220: Interim Guidelines on the Return-to-Work



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

May 11, 2020

DEPARTMENT MEMORANDUM

No. 2020 - 0220

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH - BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIRS COUNCIL AND TREATMENT AND REHABILITATION CENTERS AND ALL OTHERS CONCERNED

SUBJECT: Interim Guidelines on the Return-to-Work

I. INTRODUCTION

Coronavirus disease 2019 (COVID-19) was first reported in December 2019 as a cluster of pneumonia cases of unknown etiology. Pursuant to the Memorandum from the Office of the President dated March 16, 2020, with the subject "Community Quarantine over the Entire Luzon and Further Guidelines for the Management of the Coronavirus Disease 2019 (COVID-19) Situation," among the recommended guidelines included work suspension.

With the Enhanced Community Quarantine coming to an end, the Department of Health (DOH) shall implement these interim guidelines aimed to prevent, control, and diminish infection in the workplace.

II. GENERAL GUIDELINES

1. Employers in the workplace shall adopt business continuity plans to prevent the spread of COVID-19. Employers shall develop a work arrangement that will reduce the number of people in the workspace and also reduce the need to travel, including work from home arrangements to those whose tasks can be done at home, and among employees at high risk. This includes employees beyond 60 years of age, or of any age with co-morbidities, or pre-existing illness such as hypertension, diabetes, cancer or immunocompromised health status, or with high-risk pregnancy.

2. Social support that will facilitate compliance must be in place. This includes appropriate policies on sick leave and medical insurance coverage to accommodate the COVID-19 situation, and pay allowance from the employer.
3. Workplace facilities shall screen returning employees/workers for influenza-like symptoms. Temperature checks and proper disinfection of inbound and outbound persons shall be strictly implemented.
4. Non-pharmaceutical interventions should be implemented in the workplace such as infection prevention and control measures such as hygiene promotion, environmental cleaning, disinfection, physical distancing, health education, and other public health and safety measures indicated in the Joint Department of Trade and Industry and Department of Labor Employment Internm Guidelines on Workplace Prevention and Control of COVID-19.

III. SPECIFIC GUIDELINES

A. Engineering and Administrative Control Measures

1. The employer must ensure that the workspace is properly disinfected, ventilated, and maintained.
2. The employer shall also provide proper visual reminders for safety policies around the workplace to improve compliance.
3. The employer may also adopt and implement alternative working arrangements indicated in the Civil Service Commission Memorandum Circular 10, series of 2020, and Joint Department of Trade and Industry and Department of Labor Employment Internm Guidelines on Workplace Prevention and Control of COVID-19.

B. Implementation of Other Prevention and Control Measures

1. Conduct daily temperature and symptom monitoring and recording of all staff who report for work.
2. Establish referral network for employees who will develop symptoms.
3. Employers must enforce infection control procedures such as physical distancing, wearing of masks, meticulous hand hygiene, and cough etiquette as stipulated in AO 2020-0015 on the Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation. Appropriate PPE shall also be worn based on the setting of their work (e.g. face shields and masks for those who render service via face-to-face encounters, full PPE for frontline healthcare workers, etc.).
4. Employers shall implement activities to promote physical and mental resilience among their employees and workers, and ensure other measures to reduce transmission, contact rate and risk of infection of COVID-19, as indicated in the Joint DTI and DOLE guidelines.

C. Screening of Returning Employees and Workers

1. **Returning employees and workers physically reporting to their place of employment 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.**
 - a. **The following exposures should have happened two (2) days before or within 14 days from onset of symptoms of a confirmed or probable case:**
 - 1) **Face-to-face contact with a confirmed case within 1 meter and for more than 15 minutes**
 - 2) **Direct physical contact with a confirmed case**
 - 3) **Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment**
2. **Returning employees and workers who are symptomatic with relevant history of travel/exposure on the date of work resumption shall not be allowed to physically return to work and must consult with their primary care provider. The use of telemedicine is encouraged for proper care and coordination.**
3. **Returning employees and workers who were symptomatic with relevant history of travel/exposure within the last fourteen (14) days prior to the date of 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 on reintegration of suspect, probable, and confirmed COVID-19 cases.**
4. **If asymptomatic within the last fourteen (14) days prior to the date of work resumption, employees and workers can be cleared to physically return to work**

D. Testing of Asymptomatic Returning Employees

1. **While testing is an important component of response against COVID-19, limitations on their reliability and validity shall be recognized.**
2. **Employers who opt to conduct testing may do so in a representative sample of those who have returned to work physically and have a high risk of contracting COVID-19 due to the nature of the work (e.g. frontliners).**
3. **Testing using RT-PCR among representative samples for baseline can be conducted to look for any evidence of asymptomatic transmitters (Annex A).**
 - a. **If tested positive, the returning employee/worker is a COVID-19 case and will be isolated and referred accordingly for appropriate management. All close contacts shall be isolated and tested accordingly based on Department Memorandum 2020-0180**
 - b. **If found negative, returning employee and worker can continue working with usual precautions.**

- c. If initially tested negative but developed symptoms, the employee must be tested accordingly based on Department Memorandum 2020-0180.
 - i. If found positive, all close contacts of returning employees and workers shall be isolated and tested accordingly based on Department Memorandum 2020-0180.
 - d. Employers shall report the results to DOH in accordance with 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" and Administrative Order No. 2020-0014 entitled "Guidelines in Securing a License to Operate a COVID-19 Testing Laboratory in the Philippines."
4. Alternatively, testing using FDA-approved rapid antibody-based tests among representative samples for baseline can also be conducted up to every 14 days.
- a. Employees who test IgM negative and IgG negative, or IgG positive regardless of IgM results may continue to work.
 - b. Employees who test IgM positive but IgG negative on the 1st test shall be isolated for 14 days and repeat testing on the 14th day. If results are still IgM positive and IgG negative, extend quarantine by seven-day increments and repeat testing. If persistently IgM positive but IgG negative for two consecutive retestings after the 1st 14 day period, consider potential false positives and confer with infectious diseases specialists.
 - c. Employers shall submit to hrtscovid19results@gmail.com the results of the rapid antibody tests among the sample representatives using the format available on <https://bit.ly/RDTRreportingForm>.
5. Cost of the test not covered by PhilHealth shall be borne by the employer.

For strict compliance


 FRANCISCO T. DUQUE III, MD, MSc
 Secretary of Health

Annex A. Decision Matrix for Sample Representative of Asymptomatic Employees with Relevant History of Travel and/or Exposure

Using RT-PCR as Baseline

RT-PCR Result	Action
Positive	<ul style="list-style-type: none"> • Isolate, manage and refer accordingly. • All close contacts shall be isolated and tested with RT-PCR as well.
Negative	May continue working with usual precautions

If symptoms develop, test using RT-PCR. Cost of testing for symptomatic returning employees shall be subject to PhilHealth policies. All costs not covered by PhilHealth shall be borne by the employer.

Using Rapid Antibody Test every 14 days

IgM	IgG	Action
(-)	(+)	Not actively infected. May continue working with usual precautions.
(-)	(-)	
(+)	(+)	
(+)	(-)	Isolate for 14 days. Repeat testing on day 14 of quarantine. <ul style="list-style-type: none"> ▪ If results are still IgM positive and IgG negative, extend quarantine by seven-day increments and repeat testing. ▪ If persistently IgM positive but IgG negative for two consecutive retestings after the 1st 14 day period, consider potential false positives and confer with infectious diseases specialists.

DOH Memorandum No. 2020-0200: Omnibus Interim Guidelines for the Quarantine and Testing Procedures for All Arriving Overseas Filipinos (OFWs) and Foreign Nationals during the Coronavirus Disease 2019 (COVID-19) Pandemic



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

01 May 2020

DEPARTMENT MEMORANDUM
No. 2020 - 0200

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS AND OTHERS CONCERNED

SUBJECT: Omnibus Interim Guidelines for the Quarantine and Testing Procedures for All Arriving Overseas Filipinos (OFWs) and Foreign Nationals During the Coronavirus Disease 2019 (COVID-19) Pandemic

I. Background

The Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) issued Resolution No. 26 dated 20 April 2020, which mandated the conduct of rapid antibody testing for COVID-19 for all arriving Overseas Filipino Workers (OFWs), to wit:

"All arriving Overseas Filipino Workers (OFWs), whether land-based or sea-based, shall be required to undergo a mandatory fourteen-day facility-based quarantine, and shall be subject to rapid antibody testing for COVID-19 in accordance with Department Memorandum 2020-0180 issued by the Department of Health."

In addition, the IATF-EID issued Resolution No. 29 dated 27 April 2020, which enjoined the Sub-Task Group for the Repatriation of OFWs to explore the use of Reverse Transcription-Polymerase Chain Reaction (RT-PCR) on repatriating OFWs, to wit:

"The National Task Force COVID-19 and the Sub-Task Group for the Repatriation of Overseas Filipino Workers (OFWs) are directed to explore the utilization of Reverse Transcription-Polymerase Chain Reaction (RT-PCR) tests for OFWs returning from high-risk jurisdiction."

Lastly, IATF-EID Resolution No. 30 dated 29 April 2020 was issued to clarify how all Overseas Filipinos (OFs), which include OFWs and non-OFWs, shall be managed during the COVID-19 pandemic, to wit:



"A special batch of around two hundred (200) Overseas Filipinos (OFs) from Milan, Italy shall be subjected to RT-PCR test upon arrival. Those who test negative shall be exempted from the requirement of facility-based quarantine, and shall be allowed to proceed to their respective destinations and undergo a mandatory fourteen-day home quarantine;

The NTF COVID-19 Chief Implementer is hereby authorized to exercise discretion in utilizing RT-PCR or rapid antibody test kits to facilitate the speedy management or processing of more or less sixteen thousand (16,000) OFWs who are currently in quarantine facilities, and arriving foreign nationals;

All arriving non-OFWs shall be managed in accordance with the updated algorithm for the triage and management of repatriated OFWs from high-risk or other jurisdictions issued by the Department of Health and the Bureau of Quarantine;"

This Department Memorandum (DM) provides the guidelines pursuant to the foregoing mandates, to consolidate all interim quarantine and testing guidelines for all OFs, and to include in its coverage all foreign nationals arriving in the Philippines.

II. General Guidelines

- A. Repatriated OFs shall include OFWs, whether documented or undocumented; Non-OFWs such as returning students, scholars, exchange visitors, diplomats, and tourists, among others; and, their dependents.
- B. All OFs and foreign nationals arriving at an airport shall undergo quarantine and testing procedures illustrated in **Annex A**.
- C. All OFs arriving at a seaport via vessels used as conveyance or transport vehicle shall undergo quarantine and testing procedures illustrated in **Annex B**.
- D. All OFs arriving at a seaport via vessels used as quarantine facilities shall undergo quarantine and testing procedures illustrated in **Annex C**.
- E. The interpretation and decision flow of all COVID-19 test results, whether RT-PCR or Rapid Antibody Test, shall follow the algorithm illustrated in **Annex D**.
- F. Stringent Quarantine shall refer to quarantine protocols imposed upon the following:
 1. Sea-based OFs coming from a ship or vessel classified as high-risk by the DOH-Bureau of Quarantine (BOQ) Repatriation Core Group based on the presence of any or a combination of the following conditions:
 - a. Ship or vessel with reported confirmed COVID-19 case;
 - b. Ship or vessel with reported crew or passenger showing influenza-like signs and symptoms prior to departure and/or during voyage; and,
 - c. Incomplete submission of pre-arrival evaluation documentary requirements, such as latest Maritime Declaration of Health, accomplished Repatriation Information Sheets 1 and 2 (see Annex E), among others.



2. Land-based OFs and foreign nationals who are coming from a high-risk place of origin or lay-over identified as areas with high level of community transmission according to the latest issuance of the WHO COVID-19 Situation Report; and,
3. Any individual OF or foreign national who has been assessed to have influenza-like signs and symptoms by a QMO upon arrival at a port of entry.

All OFs and foreign nationals classified for Stringent Quarantine shall be under the supervision of the BOQ for the duration of the quarantine period.

- G. Mandatory Quarantine shall refer to quarantine protocols imposed upon all other OFs and foreign nationals who are not classified for Stringent Quarantine. All OFs and foreign nationals classified for Mandatory Quarantine shall be under the supervision of the Overseas Workers Welfare Administration (OWWA) and Philippine Coast Guard (PCG).

III. Specific Guidelines

- A. All OFs and foreign nationals arriving at an airport shall be subject to the following procedures:

1. All sea-based OFs arriving at an airport shall be subject to pre-arrival evaluation for risk-assessment of the vessel of origin by the DOH-BOQ Repatriation Core Group and, upon arrival, individual thermal scanning and medical assessment by a Quarantine Medical Officer (QMO), which shall be the basis for classifying OFs as either for Stringent Quarantine or for Mandatory Quarantine.
2. All land-based OFs (i.e. returning OFWs, returning students, exchange visitors, tourists, etc.) and foreign nationals arriving at an airport shall be subject to evaluation upon arrival for cohort risk-assessment based on the latest issuance of the World Health Organization COVID-19 Situation Report and individual thermal scanning and medical assessment by a QMO, which shall be the basis for classifying OFs and foreign nationals as either for Stringent Quarantine or for Mandatory Quarantine.
3. All OFs and foreign nationals classified for Stringent Quarantine shall undergo the following:
 - a. All OFs and foreign nationals for Stringent Quarantine shall undergo RT-PCR COVID-19 testing conducted by DOH-Licensed COVID-19 Testing Laboratory at the port of entry or designated quarantine facility;
 - b. All OFs and foreign nationals shall stay in a BOQ-approved Stringent Quarantine Facility until the RT-PCR COVID-19 test results are released; *Provided*, That foreign nationals who are holders of 9(e) visas and their dependents, may be allowed to stay in a BOQ-approved hotel quarantine facility of their own choice and expense.

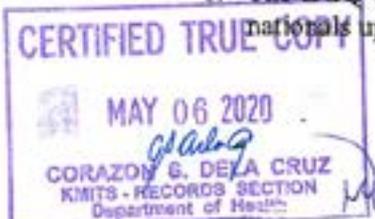


OFs and foreign nationals who shall yield negative RT-PCR COVID-19 test results shall be allowed to discontinue facility-based Stringent Quarantine;

Provided, That they undergo 14-day home quarantine at their respective domicile, residence or appropriate local monitoring facilities.

- d. OFs and foreign nationals who shall yield positive RT-PCR COVID-19 test results shall be extracted from the Stringent Quarantine Facility and transferred to a referral hospital or Temporary Treatment and Monitoring Facility (TTMF) coordinated by the DOH Health Emergency Management Bureau (HEMB) for further medical management in accordance with the COVID-19 protocol set by the DOH. Once cleared for discharge, the OFs or foreign nationals shall undergo 14-day home quarantine.
4. All OFs and foreign nationals classified for Mandatory Quarantine shall undergo Rapid Antibody COVID-19 testing upon arrival as baseline, and 14-day Mandatory Quarantine at an OWWA-designated Mandatory Quarantine Facility; *Provided*, That, if logistics and supplies permit or under the discretion of the NTF COVID-19 Chief Implementer, RT-PCR COVID-19 testing may be performed in accordance with Section III.A.3 of this DM.
5. All foreign nationals who are holders of 9(e) visas and their dependents and who are classified for Mandatory Quarantine, may undergo RT-PCR COVID-19 testing conducted by a DOH-Licensed COVID-19 facility at their own expense, at the port of entry, or at a BOQ-approved hotel quarantine facility of their own choice and expense; *Provided*, That if the RT-PCR COVID-19 test yields a negative result, he/she will be allowed to undergo 14-day home quarantine at his/her respective domicile, residence or lodging.
6. All OFs and foreign nationals classified for Mandatory Quarantine who have not been subjected to RT-PCR COVID-19 testing shall undergo Rapid Antibody Testing at the end of the 14-day Mandatory Quarantine and shall be managed in accordance with DOH DM No. 2020-0180 or the "Revised Interim Guidelines on Expanded Testing for COVID-19", dated 16 April 2020, which provides:

"The results at the end of 14-day quarantine are to be interpreted as follows:
 - a) *If both IgM/IgG remain negative, release from quarantine*
 - b) *If IgG-positive and asymptomatic, release from quarantine*
 - c) *IgM-positive but IgG-negative, extend quarantine by seven-day increments and repeat testing. If persistently IgM-positive but IgG-negative for two consecutive retestings after the 1st 14-day period, consider potential false positives and confer with infectious disease specialists.*
 - d) *If the patient becomes symptomatic anytime during quarantine, perform a nasal swab for RT-PCR."*
7. All OFs and foreign nationals who are financially capable to pay for their own food and accommodation may be allowed to stay in BOQ-approved or OWWA-designated hotel quarantine facility of their choice; *Provided*, That they have been properly endorsed by the BOQ or OWWA to the officer-in-charge of the quarantine facility, and that they shall strictly observe quarantine protocols.
8. The BOQ shall issue the Unified Quarantine Certificate to the OFs and foreign nationals upon discharge from Stringent or Mandatory Quarantine Facilities.

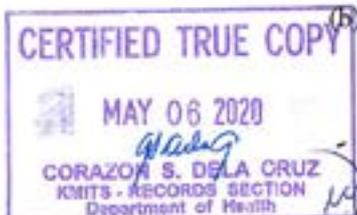


B. All OFs arriving at a seaport shall be subject to the following procedures:

1. All incoming sea vessels shall be subject to pre-arrival evaluation for risk-assessment of the vessel by the DOH-BOQ Repatriation Core Group, which shall be the basis for classifying the entire ship and its crew as either for Stringent Quarantine or for Mandatory Quarantine.
2. All OFs arriving via vessels used as conveyance or transport vehicle shall be subject to the following requirements and procedures:
 - a. Requirements for Vessels from Foreign Ports Upon Entry in Any Philippine Port
 - i. All arriving cruise ships shall be subjected to Republic Act (RA) no. 9271 or "The Quarantine Act of 2004."
 - ii. The ship captain shall report cases of influenza-like symptoms or COVID-19 cases prior to travel to the Philippines.
 - iii. The ship captain shall submit the Notice of Arrival (NOA) one week before the estimated time of arrival. The NOA shall indicate the purpose of call and vessel activity.
 - iv. The ship handling agency shall accomplish all facilitation requirements prior to the arrival of the vessel.
 - v. The ship captain shall enforce segregation of Filipino repatriate crew and servicing crew upon departure from last port:
 - (a) One Filipino repatriate crew per individual cabin;
 - (b) Male and female shall be segregated per floor;
 - (c) Filipino repatriate crew in the high-risk group (e.g. >60 years old, with co-morbidities, and pregnant) shall be billeted near the ship's hospital/medical clinic;
 - (d) Filipino repatriates with special needs (e.g. injured, PWD) shall be billeted near the ship's hospital/medical clinic;
 - (e) Only the service crew shall provide the basic needs of the OF repatriate crew, work their regular task, and function in ship keeping; and,
 - (f) All Filipino repatriate crew shall be exempted from non-emergency duties.
 - vi. The ship captain shall declare their health profile required by the BOQ as follows:
 - (a) The ship captain shall provide duly accomplished documents such as date of departure from port of origin, ship's particulars, quarantine protocols observed during the voyage, and COVID-19 testing done, if any; and,
 - (b) The ship physician shall submit medical log of passengers and crew, hospital facility capacity, medical treatment protocol for COVID-19 and other respiratory illnesses.
 - vii. The QMO shall conduct the Quarantine Inspection and Clearance at the quarantine anchorage; the ship handling agency shall provide water transport for the QMO.
 - b. Procedure and Requirements for Disembarkation from Vessels from Foreign Ports Upon Arrival in Any Philippine Port
 - i. Infection Prevention and Control Protocols shall be observed at all times en route to any Philippine Port:



- (a) Documentation of Infection Prevention and Control protocols observed from the port of origin to the Philippine port shall be submitted to BOQ, signed by ship captain and ship physician.
 - (b) Day Zero of the 14-day quarantine period shall commence upon departure from last port of call, regardless of port call (i.e. technical stop). The Filipino repatriate crew shall stay in individual cabins upon departure from last port of call. The ship physician shall accomplish daily logs of temperature and reporting of signs and symptoms of the Filipino repatriate crew.
 - (c) Servicing Filipino crew shall not be interspersed with the Filipino repatriate crew. If the servicing Filipino crew shall sign off in the Philippines, their 14-day quarantine period shall commence upon cessation of service or, if the quarantine period falls short of 14 days, they shall undergo COVID-19 testing in accordance to existing guidelines prior to disembarkation and shall stay in individual cabins/hotel rooms in a designated quarantine facility.
- ii. Routine Quarantine Inspection and Clearance
- (a) Vessel quarantine arrival protocol shall be observed: the vessel anchor shall be dropped at quarantine anchorage, yellow flag shall be hoisted at its foremast, and lee shall be provided to QMO upon boarding.
 - (b) All repatriated Filipino crew and servicing crew shall undergo routine thermal screening and shall submit a fully-accomplished Health Declaration Card (HDC).
 - (c) The ship captain or ship physician shall provide the QMO with duly accomplished documents necessary to comply with Philippine health regulations (i.e. medical log, Maritime Declaration of Health, crew list, voyage memo, temperature monitoring and other pertinent documents).
 - (d) All repatriated Filipino crew shall be profiled through the Health Profile submissions.
 - (e) The ship captain or ship physician shall report influenza-like symptoms and COVID-19 cases, if any, onboard.
- iii. Issuance of Free Pratique
- (a) Free Pratique shall be issued to a vessel upon compliance with the following:
 - (1) Non-existence of contagious disease onboard;
 - (2) Valid Ship Sanitation Certificate; and,
 - (3) Submission of Maritime Declaration of Health and other pertinent documents.
- iv. Disembarkation of Repatriated Crew
- (a) Only repatriated Filipino crew and signing-off Filipino service crew shall be allowed to disembark; *Provided*, That if the sea voyage from the last port of call is less than 14 days, the repatriates shall complete the 14-day Stringent Quarantine in a BOQ-approved quarantine facility, or in case of Mandatory Quarantine, in an OWWA-designated quarantine facility, counting from the day of departure from the last port of call; *Provided further*, That COVID-19 testing regulations and guidelines for all OFs arriving in the Philippines, as provided in this DM, shall apply.
 - (b) All other requirements of the Bureau of Immigration and the Bureau of Customs shall be observed.



- c. Procedure for Vessel Departure
 - i. All outgoing vessels shall secure issuance of Quarantine Outgoing Clearance; and,
 - ii. All Clearances from other Port Authorities shall be secured.
3. All OFs arriving via **vessels used as quarantine facilities** shall be subject to the following requirements and procedures:
- a. General Guidelines for Vessel Used as a Quarantine Facility
 - i. The use of cruise ships as quarantine facility shall be subject to the pertinent provisions of RA no. 9271 or the "Quarantine Act of 2004."
 - (a) The cruise ship to be used as quarantine facility shall hoist the Lima Flag at all times.
 - (b) Embarkation or disembarkation, vessel movement, and conduct of activities shall not be allowed without the clearance of the Director of the BOQ.
 - ii. Infection Prevention and Control shall be observed at all times. Proper PPEs shall be worn by all personnel in the quarantine facility.
 - iii. All Filipino repatriates shall undergo COVID-19 testing in accordance with the guidelines set forth by this DM prior to disembarkation.
 - iv. The QMO shall enforce segregation of the servicing crew from the Filipino repatriates for the duration of the quarantine.
 - v. The cruise ship and/or the LMA shall provide basic services to the Filipino repatriates.
 - vi. The cruise ship and/or the LMA shall provide the Filipino repatriates the basic necessities for the duration of the 14-day quarantine (i.e. toiletries, beddings, trash bags, etc.) and shall be prepositioned for the 14-day consumption to minimize the frequent encounters between working crew and Filipino repatriates.
 - vii. The cruise ship used as quarantine facility shall be safely moored at a designated berth for accessibility in case of emergencies and for routine monitoring.
 - viii. The ship captain shall state the number of cabins available for quarantine holding rooms. Cabins shall be well-lit and well-ventilated. Windowless cabins shall have continuous air-conditioning.
 - ix. The vessel air conditioning system's filtration system shall be routinely cleaned and shall be capable of screening of particulate matter up to 0.3 microns (i.e. High Efficiency Particulate Air (HEPA) Filters, Ultraviolet Light Air Filtration, and Electrostatic Air Purifiers capable of trapping or killing viruses).
 - x. The vessel's medical staff shall record daily temperature monitoring, conduct checking for signs and symptoms as well as triaging and report to the BOQ.
 - xi. The vessel security personnel shall coordinate with PCG and Philippine National Police-Maritime Group (PNP-MG), which shall provide seaside and landside security.
 - xii. Provisions for the Filipino repatriates shall be provided by the cruise ship and/or the LMA.



- xiii. All crew movement in and out of cruise ship area shall be cleared by the Bureau of Immigration. All cargo movement and provision resupply shall be cleared by the Bureau of Customs.
 - xiv. All repatriated Filipino crew, who have not completed the 14-day quarantine period and without official results of COVID-19 Testing, shall stay in individual rooms until release of the COVID-19 test result.
 - xv. Ambulance conduction and referral to the nearest referral hospital shall be provided by Bureau of Quarantine or DOH HEMB.
- b. Complete Compliance to the Quarantine Requirements for Repatriation
- i. All repatriating Filipino crew shall undergo Rapid Antibody COVID-19 Testing upon arrival as baseline, and 14-day Mandatory Quarantine; *Provided*, That, if logistics and supplies permit or under the discretion of the NTF COVID-19 Chief Implementer, RT-PCR testing may be performed and shall follow Section III.A.3. of this DM.
 - ii. All repatriating Filipino crew who have not been subjected to RT-PCR testing shall undergo Rapid Antibody Testing at the end of the 14-day Mandatory Quarantine and shall be managed in accordance with pertinent provisions of DOH DM no. 2020-0180 or the "Revised Interim Guidelines on Expanded Testing for COVID-19", dated 16 April 2020, as stated in Section III.A.5 of this DM.
 - iii. Daily temperature monitoring and checking for signs and symptoms shall be conducted and recorded by the medical personnel.
 - iv. Triaging of symptomatic patients shall be conducted in ship's hospital/medical clinic.
- c. Disembarkation of Foreign Servicing Crew
- i. Advance Notice of Disembarking Foreign Crew shall be submitted to concerned authorities prior to departure from last port.
 - ii. All joining foreign crew at the last port shall not be allowed to disembark in any Philippine port.
 - iii. Only foreign servicing crew without signs and symptoms with confirmed outbound flights shall be allowed to disembark; *Provided*, That the outbound flight is within 4 hours from disembarkation.
 - iv. Overnight stay in local hotels shall not be allowed.
 - v. Upon disembarkation, the foreign crew shall wear a face mask in transit from vessel to airport of destination.
 - vi. Disembarkation of foreign servicing crew shall only apply to cruise ships to be used as a Quarantine Facility.
 - vii. All other requirements of the Bureau of Immigration and the Bureau of Customs shall be observed.
- d. Servicing of Vessel
- i. Bunkering and resupplying of provisions shall be accomplished without disrupting normal function of the vessel as a quarantine facility.
 - ii. All other servicing of the vessel shall be coordinated with the Medical Supervisor of the quarantine facility.



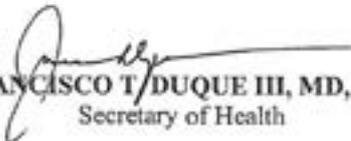
e. Waste Disposal

Accredited waste collectors shall be allowed to collect waste stored in vessel waste repository; *Provided*, That waste collectors shall wear proper PPEs during waste collection.

IV. Repealing Clause

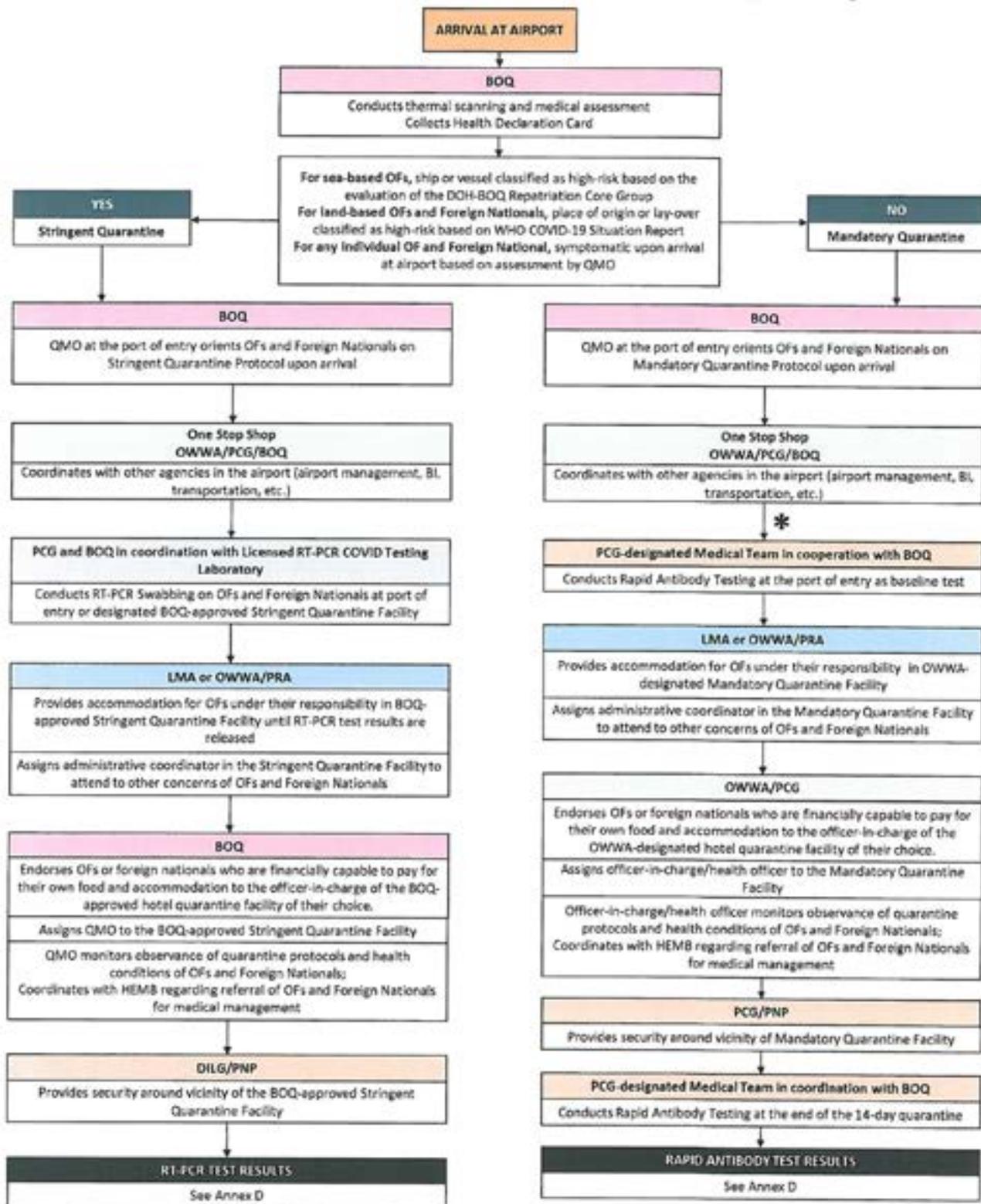
Provisions of DOH DM no. 2020-0181 or the "Revised Interim Guidelines on the Mass Repatriation and Mandatory Quarantine of Overseas Filipinos (OF) Working in Cruise Ships during the Coronavirus Disease 2019 (COVID-19) Pandemic" dated 16 April 2020; DOH DM no. 2020-0182 or the "Revised Interim Guidelines on the Mass Repatriation and Mandatory Quarantine of Land-based Overseas Filipinos (OFs) during the Coronavirus Disease 2019 (COVID-19) Pandemic" dated 16 April 2020; BOQ MC no. 2020-017 or the "Guidelines For Use Of Cruise Ship As Quarantine Facility" dated 16 April 2020; BOQ MC no. 2020-018 or the "Guidelines For Repatriation Via Cruise Ships And Other Maritime Vessels," dated 16 April 2020; BOQ MC no. 2020-019 or the "Guidelines for the Quarantine and Testing Procedures of Repatriated Land-based and Sea-based Overseas Filipino Worker" dated 21 April 2020; and other related issuances inconsistent with or contrary to this DM are hereby repealed, amended, or modified accordingly. All other provisions of existing issuances, which are not affected by this DM shall remain valid and in effect.

For strict compliance of all concerned.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

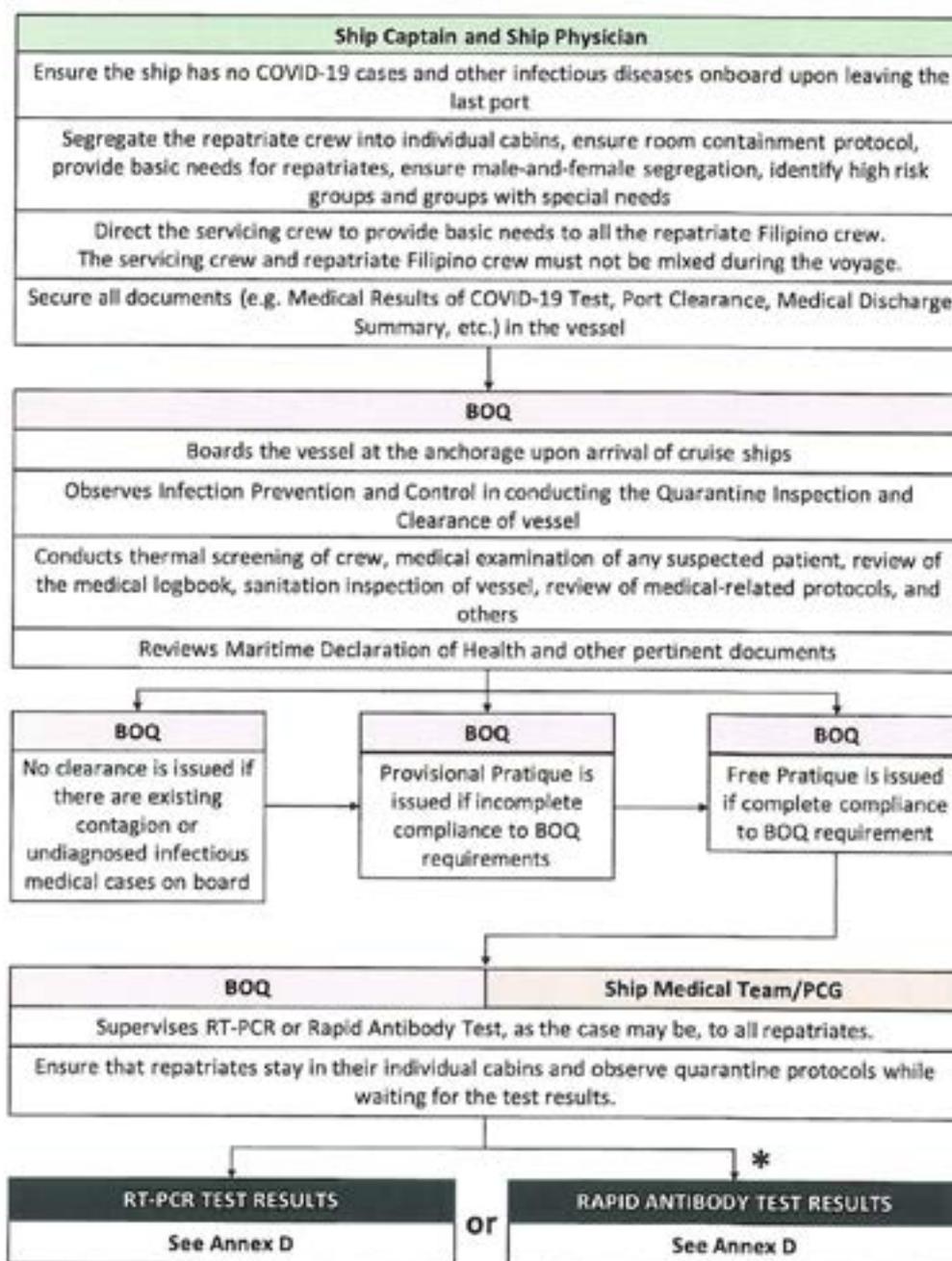


ANNEX A: Unified Algorithm for OFs and Foreign Nationals Arriving at an Airport



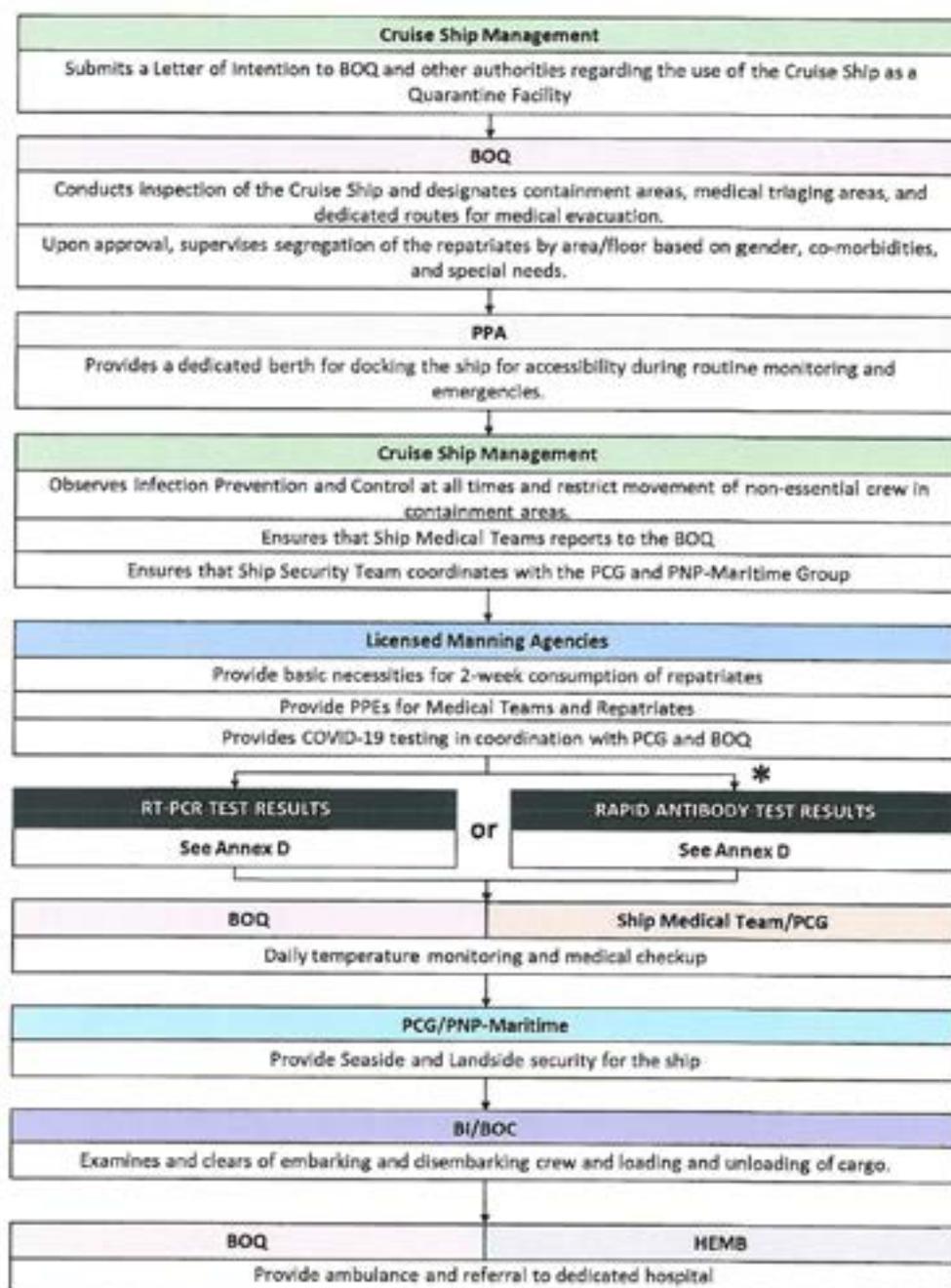
* If logistics and supplies permit, or under the discretion of the NTF COVID-19 Chief Implementer, RT-PCR testing may be performed for OFs and Foreign Nationals under Mandatory Quarantine. Interpretation of RT-PCR Test results shall follow the corresponding flowchart in Annex D.

ANNEX B: Algorithm for All OFs Arriving at a Seaport Via Vessels Used as Conveyance or Transport Vehicle



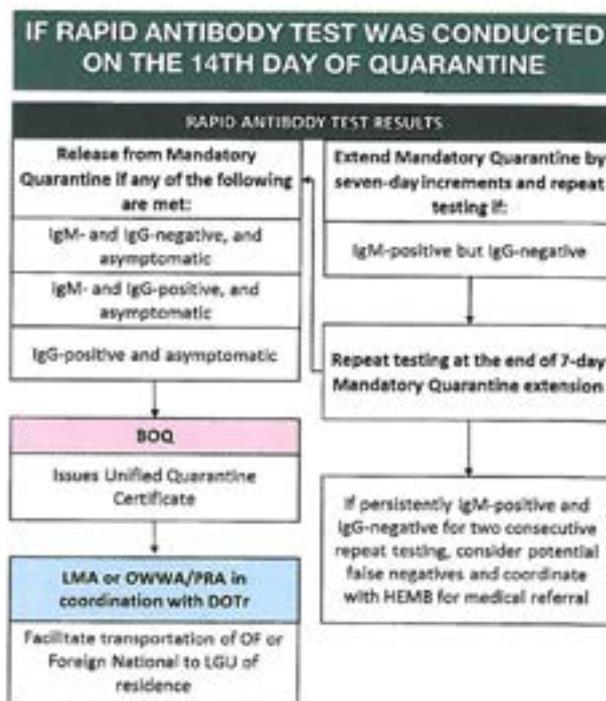
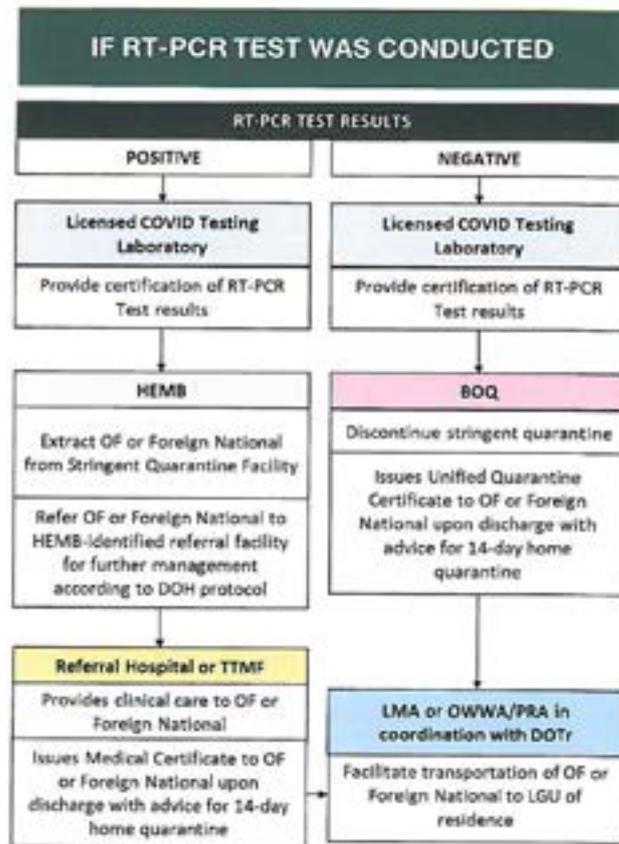
* If logistics and supplies permit, or under the discretion of the NTF COVID-19 Chief Implementer, RT-PCR testing may be performed for OFs and Foreign Nationals under Mandatory Quarantine. Interpretation of RT-PCR Test results shall follow the corresponding flowchart in Annex D.

ANNEX C: Algorithm for All OFs Arriving at a Seaport Via Vessels Used as Quarantine Facilities



* If logistics and supplies permit, or under the discretion of the NTF COVID-19 Chief Implementer, RT-PCR testing may be performed for OFs and Foreign Nationals under Mandatory Quarantine. Interpretation of RT-PCR Test results shall follow the corresponding flowchart in Annex D.

ANNEX D: Algorithm for the Interpretation and Decision Flow of COVID-19 Test Results



ANNEX E: Repatriation Information Sheet 1 and 2
Repatriation Information Sheet 1

To be accomplished by the Licensed Manning Agency.

I. VESSEL INFORMATION			
Name of Vessel:		Licensed Manning Agency (LMA):	
Originating Country:			
Name of LMA representative in the Philippines:		Contact Details: Cellphone: Email:	
II. NUMBER OF FILIPINO OVERSEAS AND FLIGHT INFORMATION			
No. of Repatriates:	Flight type: __ Commercial	Flight Details: Airline: Flight no. Airport of Origin: Airport of Destination:	Turn Around Flight:
	__ Chartered		Layover Flight:
Expected Date and Time of Departure: Date: Time:	Expected Date and Time of Arrival: Date: Time:		Hotel: Days of stay:
Name of LMA point person in the airport of destination at the time of arrival:		Contact Details: Cellphone:	
III. QUARANTINE FACILITY/HOTEL ACCOMMODATION:			
Name of Quarantine Facility/Hotel Accommodation:		Address and Contact Details:	
Name of contact person/manager in the Quarantine Facility/Hotel Accommodation:		Contact Details: Cellphone:	
Name of LMA point person in the Quarantine Facility/Hotel Accommodation:		Contact Details: Cellphone:	

I hereby certify that the above statements are true and correct to the best of my knowledge.

Signature over printed name

Position in the agency

Date

Repatriation Information Sheet 2

To be accomplished by the Licensed Manning Agency.

I. VESSEL INFORMATION	
Name of Vessel:	Licensed Manning Agency:
Originating Country:	No. of Repatriates ⁽¹⁾ :
Name of LMA representative in the Philippines:	Contact Details: Cellphone: Email:
II. HEALTH AND MEDICAL INFORMATION	
A. Did the vessel/facility of origin have a confirmed COVID-19 case?	___ Yes ___ No ⁽²⁾
B. Did any of the repatriates show signs and symptoms of COVID-19 (i.e. fever, sore throat, cough, colds, difficulty of breathing, etc.) at the time of departure?	___ Yes ___ No ⁽³⁾
C. Did the repatriates undergo COVID-19 testing? If yes, what type? ___ RT-PCR ___ Rapid Antibody ___ Others (Please specify: _____) Date tested: _____	___ Yes ⁽⁴⁾ ___ No
Did any of the repatriates test positive with COVID-19? If yes, how many? _____	___ Yes ___ No ⁽⁴⁾
D. Did the repatriates complete 14 days of quarantine at the point of origin? If yes, please provide these information: Date started: _____ Date completed: _____ Place of quarantine: _____	___ Yes ⁽⁵⁾ ___ No
E. Were any of the repatriates disembarked/segregated based on conditions in "B" and/or "C" above? If yes, how many repatriates were disembarked/segregated? _____ When was the last disembarkation/segregation conducted? _____	___ Yes ___ No

I hereby certify that the above statements are true and correct to the best of my knowledge.

Signature over printed name

Position in the agency

Date

Please attach the following documents, preferably in electronic format, upon completion of this form:

- (1) List of Repatriates with the following information, among others: Name; Age; Sex; and, Contact Details (i.e. Cellular number and address in the Philippines);
- (2) Certificate of No Occurrence of COVID-19 in Vessel issued by the authorized certifying officer/agency;
- (3) Medical Certificate or Certificate of Good Health that no repatriate being sent is showing any sign and symptom of COVID-19, signed by the local health authority at the place of origin;
- (4) If done at the place of origin, certification that COVID-19 test (RT-PCR or Rapid Antibody) has been done and results are negative, signed by the local health authority; and,
- (5) If done at the place of origin, certification that the cohort of repatriates has completed 14-day quarantine, signed by the local health authority.

Note: All certifying authority shall state his/her position, agency affiliation, address of agency, contact number, and e-mail address.

DOLE Labor Advisory No. 18, s. 2020: Guidelines on the Cost of COVID-19 Prevention Measures



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Intramuros, Manila



LABOR ADVISORY NO. 18
Series of 2020

DOLE-AS LIBRARY 20 455

GUIDELINES ON THE COST OF COVID-19 PREVENTION AND CONTROL MEASURES

Pursuant to Article 5 of the Labor Code of the Philippines, as amended, Department Order No. 198, Series of 2018 and Department Order No. 13, Series of 1998, this Guidelines is hereby issued.

Section 1. Coverage. – This Advisory shall apply to all employers, including contractors or subcontractors in the private sector.

Section 2. Cost. – The employer shall shoulder the cost of COVID-19 prevention and control measures such as but not limited to the following: testing, disinfection facilities, hand sanitizers, personal protective equipment (PPEs i.e, face mask), signages, proper orientation and training of workers including IEC materials on Covid-19 prevention and control.

In the case of contracts for construction projects and for security, janitorial and other services, the cost of COVID-19 prevention and control measures shall be borne by the principals or clients of the construction/service contractor. Provisions of existing contracts inconsistent herewith shall be deemed amended accordingly.

No cost related or incidental to COVID-19 prevention and control measures shall be charged directly or indirectly to the workers.

Section 3. Provision of Assistance. – The DOLE Regional Offices shall provide appropriate assistance to all employers and contractors or subcontractors to facilitate compliance to issued COVID-19 workplace prevention and control by the Department of Trade and Industry(DTI), Department of Health (DOH), Department of Labor and Employment (DOLE) and Department of Public Works and Highways (DPWH).

Be guided accordingly.


SILVESTRE H. BELLO III
Secretary

16 May 2020

DPWH Department Order No. 35, s. 2020: Construction Safety Guidelines for the Implementation of All DPWH Infrastructure Projects during the COVID-19 Public Health Crisis



Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
OFFICE OF THE SECRETARY
Manila

027.13 DPWH
05.04.2020

MAY 04 2020

DEPARTMENT ORDER)

NO. 35)
Series of 2020 *[Signature]*

SUBJECT: Construction Safety Guidelines
for the Implementation of All
DPWH Infrastructure Projects
During the COVID-19 Public
Health Crisis

Pursuant to Presidential Proclamation No. 929, Series of 2020, which declared a State of Calamity throughout the Philippines due to the Coronavirus Disease 2019 (COVID-19), the Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines ("OG") dated 29 April 2020, and in view of the current COVID-19 public health situation and the extended implementation of the Enhanced Community Quarantine (ECQ) and General Community Quarantine (GCQ) in specified areas, please be informed that the Construction Safety Guidelines supplemental to the existing safety standards, herein attached as **Annex "I"**, must be strictly observed at all times in the implementation of all public and private infrastructure projects for the duration of this public health crisis.

TYPE OF CONSTRUCTION PROJECTS THAT MAY BE IMPLEMENTED PURSUANT TO OMNIBUS GUIDELINES ON THE IMPLEMENTATION OF THE COMMUNITY QUARANTINE IN THE PHILIPPINES DATED 29 APRIL 2020

1. In the areas covered by Enhanced Community Quarantine (ECQ). The following construction projects are allowed:

- a. Quarantine facilities and isolation facilities (for Persons under Investigation, Persons under Monitoring and confirmed COVID-19 patients);
- b. Facilities for health sectors dealing with the said abovementioned persons;
- c. Facilities for construction personnel who perform emergency works, flood control and other disaster risk reduction and rehabilitation works

The Head of the Implementing Office shall issue accreditations to the contractors undertaking the aforementioned projects.

2. In the areas covered by General Community Quarantine (GCQ). The following essential public and private construction projects are allowed, such as but not limited to:

- a. sewerage projects
- b. water services facilities projects
- c. digital works
- d. health facilities
- e. priority projects

- f. other similar construction projects related to the basic human needs such as but not limited to food production, agriculture, shelter necessary to address housing backlog, energy, and communication.

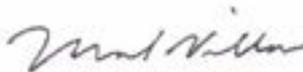
PENALTIES

Violation of any provision under the Construction Safety Guidelines (**Annex "1"**) shall be subject to the following penalties, without prejudice to the imposition of additional administrative sanctions as the internal rules of DPWH may provide and/or further criminal action that may be filed against such erring concessionaires, contractors, sub-contractors, and suppliers, as may be provided by applicable laws:

- *Termination of contract* for breach thereof resulting to default pursuant to Item III(A)(2)(c)(i), Annex I of the Implementing Rules and Regulations of Republic Act No. 9184 in relation to Section 37.2.3 of the same, which provides that bidding documents requiring bidders to know and be familiar with all existing laws, decrees, ordinances, acts, and regulations, including the Department Orders of DPWH, shall form part of the contract awarded, and refusal or failure to comply with the valid instruction of DPWH, as the procuring entity, shall justify the contract's termination;
- *Contract termination/rescission* under Section 12.21(b) of the Implementing Rules and Regulations of Republic Act No. 6957, as amended by Republic Act No. 7718 (BOT Law);
- *Referral to the Philippine Contractors Accreditation Board* of any such violation by the contractor/sub-contractor, which shall constitute as prima facie case of construction malperformance of grave consequence due to negligence, incompetence, or malpractice contemplated under DOLE D.O. No. 13, Series of 1998 and DPWH D.O. No. 56, Series of 2005 in relation to Republic Act No. 4566 (Contractors' License Law); and
- Institution of criminal action under Republic Act 11469 (Bayanihan to Heal as One Act).

These guidelines may be modified or revised as the circumstances may warrant or should the Inter-Agency Task Force for the Management of Emerging Infectious Diseases or the Office of the President issue new rules pertinent to these matters.

This Order shall take effect immediately.


MARK A. VILLAR
Secretary

1.1 MIV/ESR

Department of Public Works and Highways
Office of the Secretary





Construction Safety Guidelines for the Implementation of Infrastructure Projects During the COVID-19 Public Health Crisis

Pursuant to Presidential Proclamation Nos. 922 and 929, Series of 2020 declaring a State of Public Health Emergency and Calamity throughout the Philippines due to COVID-19 and in view of the extended implementation of the Enhanced Community Quarantine (ECQ) and General Community Quarantine (GCQ), the following construction safety guidelines, supplemental to the existing safety standards, are hereby established for the construction of all private and public infrastructure projects, as the case may be.

A. Prior to Deployment

1. Only persons from Twenty-One (21) to Fifty-Nine (59) years of age, without pre-existing health conditions, such as, but not limited to, immunodeficiency, comorbidities, or other health risks, including any person who resides with the aforementioned; and who did not come into contact with someone with COVID-19 shall be allowed to be included in the workforce. Employees or consultants who are Sixty (60) years of age or above may be part of the workforce for construction projects as may be allowed under GCQ and ECQ guidelines under Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines ("OG") dated 29 April 2020.
2. Construction personnel shall be required to undergo any available COVID-19 test, as may be prescribed by DOH, and retested as the need arises. In this regard, consultation with medical doctors (duly accredited by DOH, if possible) prior to the conduct of COVID-19 test shall be made.
3. The head of the concerned Implementing Office (IO) shall issue construction quarantine pass (QP) to the individual qualified personnel of the concessionaires, contractors, subcontractors, and suppliers, clearly stating the identification, designation, nature of work, validity and destination. (See **Annex "A"** – *Construction Quarantine Pass Format*) It is understood that the QP shall cover transit of personnel from (a) GCQ area to ECQ area, and vice versa and (b) an area not under community quarantine to a GCQ or ECQ area, and vice versa.
4. The concessionaires, contractors, subcontractors, and suppliers shall provide for their personnel/workers the necessary welfare facilities and amenities, such as employees' quarters for board and lodging, ensuring compliance to social distancing, proper hygiene,

etc. Contractors shall submit the design for the said welfare facilities and amenities, for monitoring, to the District Engineering Offices or Regional Offices concerned.

5. Contractors shall ensure that their projects are in compliance with DOLE D.O. NO. 13 series of 1998. Contractors shall provide their personnel and workers continuous supply of vitamins, particularly vitamin C, other over-the-counter medicines, quarantine facilities, and oxygen tanks for emergency purposes.
6. Contractors shall provide disinfection facilities in their respective project sites in compliance with pertinent DOH and IATF Guidelines, to be placed at strategic locations to ensure the safety and welfare of all personnel.
7. Proper information dissemination regarding COVID-19 construction protocols on top of existing construction safety practices shall be conducted by Safety Officers to all personnel.
8. For Government construction projects, personal records of all personnel necessary for contact tracing shall be submitted by the concessionaires, contractors, subcontractors, and suppliers to the DPWH IO and shall be resubmitted and updated monthly, or as the need arises. (See **Annex "B"** – *Worker's Records Log Format*)

B. During Deployment

1. Conduct an inventory of works for the construction sequencing to be followed and undertaken to uphold the required social distancing. Break times shall be conducted in a staggered manner.
2. Employees shall be housed in their respective quarters for the entire duration of the project covered by the ECQ and GCQ. Otherwise, "Prior to Deployment" procedures shall be conducted at every instance of re-entry.
3. Errands to be conducted outside the construction site premises shall be kept to a minimum. Number of personnel running errands shall be limited and shall be properly disinfected and closely monitored for symptoms within fourteen (14) days upon re-entry.
4. Field offices, employees' quarters, and other common areas shall be regularly maintained including the daily disinfection of such facilities.
5. Adequate food, safe/potable drinking water, disinfectants, and hand soaps shall be made available by the concessionaires, contractors, subcontractors, and suppliers to its in-house personnel.

6. Daily monitoring of the pre and post work health conditions of workers shall be undertaken by the concessionaires, contractors, subcontractors, and suppliers including, but not limited to, temperature, health, and exposure monitoring, as preventive measures. Personnel with manifestations or symptoms relative to COVID-19 shall be immediately isolated and quarantined for fourteen (14) days and if necessary, brought to the nearest DOH COVID-19 treatment facility under strict confidentiality and privacy. Proper protocols in accordance with the DTI and DOLE Interim Guidelines on Work Place Prevention and Control of COVID-19 shall likewise be strictly observed. For Government construction projects, a daily health monitoring report to be prepared by the Safety Officer shall be submitted to the DPWH IO. (See **Annex "C"** – *Daily COVID-19 Surveillance Fill-Up/Checklist Form*)
7. Work activities shall be under daily strict monitoring by the Safety Officer at site to ensure compliance with safety standards and quarantine protocols.
8. For Government construction projects, the DPWH Engineers assigned at the site shall ensure strict compliance to DOLE D.O. 13, series of 1998, and implementation of wearing additional Personal Protective Equipment (PPE) required such as, but not limited to, face masks, safety glasses/goggles, face shields, and long sleeve T-shirts, to contain the spread of COVID-19 in the workplace. On the other hand, contractors for essential private construction projects under GCQ shall assign a full time safety officer devoted to ensure compliance with D.O. 13, series of 1998 and implementation of social distancing measures provided herein.
9. For off-site employees' quarters, transport service, duly disinfected before and after use, shall be provided, with social distancing observed.
10. Sharing of construction and office equipment is discouraged. However, if necessary, the shared equipment must be disinfected in between transfers amongst personnel.
11. All material and equipment delivery and disposal shall be conducted by a specific team of personnel on an isolated loading/unloading zone while limiting contact with the delivery/disposal personnel. All material and/or equipment entering the construction site shall be duly disinfected, as possible.
12. Non-essential personnel, visitors, and the general public shall be restricted to enter the construction site, employees' quarters, and field offices. Otherwise, all personnel entering the construction site premises on a temporary basis (e.g. Delivery truck drivers, inspectors, etc.) shall be properly logged and checked for symptoms. Gatherings, Liquors, and/or merry – making are strictly prohibited within the construction site premises.
13. Clustered and staggered deployment of employees within the construction site shall be observed to minimize personnel contact and for easier contact tracing.

14. Proper waste disposal shall be provided for infectious waste such as PPEs and other waste products coming from outside the construction premises.

For strict compliance


MARK A. VILLAR
Secretary

6.1 ECG/EAA/AVM/MIV/ESR

Department of Public Works and Highways
Office of the Secretary



WINOW02152



PRACTICES FOR A SAFE WORKPLACE

International Container Terminal Services, Inc.