

Republic of the Philippines EULOGIO "AMANG" RODRIGUEZ INSTITUTE OF SCIENCE AND TECHNOLOGY

Nagtahan, Sampaloc, Manila

EARIST ADVISORY NO. 01, S. 2021 March 15, 2021

REVISED GUIDELINES ON PREVENTION AND CONTROL OF EARIST WORKPLACE AND EMPLOYEES FOR COVID 19 PANDEMIC

I. BACKGROUND

The President of the Philippines Rodrigo R. Duterte, declared a state of Public health emergency throughout the Philippines through Proclamation No. 922 last March 8, 2020, whereas to promote and protect the right of the health of the people due to outbreak of COVID-19.

II. OBJECTIVE

The guidelines are issued to assist EARIST workplace and employees to become a COVID-19 free Campus in developing the standard health protocols in light of SARS COV2 pandemic.

III. COVERAGE

Prevention and control Guidelines shall apply to the workplace, employers and all employees.

IV. WORKPLACE SAFETY AND HEALTH

The following safety and health standards set by the Department of Health shall be implemented throughout all workplaces. Hence ensuring the employees security amidst the pandemic.

1. Enhance physical and mental Capability

- proper diet by eating nutritious foods like meat, fish and vegetables and fruits
- B. increase oral fluid intake of water to 1.5-2 litters per day
- C. avoid drinking alcohol beverages
- D. have a good night sleep for a minimum of 8hours
- E. regular exercise for at least 30minutes per day
- F. daily intake of vitamins to enhance immune system
- G. provide referral to patients needing counsel and mental health concerns

2. Reducing transmission of COVID-19

A. Upon entering the EARIST School Campus (based on the EARIST Contingency plan)

All employees and workers shall:

- Step 1: Encourage to wear mask and face shield before entering the School premises.
- Step 2: A personnel in-charge will make use of a thermometer gun/ thermal scanner to a check the employees' temperature upon his/her arrival and entry to school premises.
- Step 3: The employee will disinfect footwear by soaking on footbath with

disinfectant

Step 4: Before finally entering the school vicinity, one has to use the hand

sanitizer or alcohol spray provided.

Step 5: The employees are ought to fill out the COVID-19 Monitoring Checklist, with the supervision of the authorized school personnel.

B. Inside the workplace:

- a. Work areas that are frequently handled objects such as doorknobs, railings, etc. should be disinfect regularly. Hand sanitizers and/or alcohol spray shall be available upon entering the rooms.
- b. Employees shall be responsible to disinfect their respective workstations.
- c. There must be sufficient and available soap provided and water in the wash area or comfort rooms. Employees are encouraged to wash their hands regularly.
- d. Physical and social distancing of one meter apart or more should be strictly observed all the time in the workstation or in operations.
- e. Employees are prohibited to engage in conversation without facemask.
- f. Eating in common areas like pantry and kitchen are inadmissible. Employees are required to eat at their working tables and waste must be disposed properly.
- g. Canteens/Restaurants will be allowed to operate for take-out and delivery only. If indoor dinning will occur, proper physical distancing shall be observed.

3. Minimize Contact Rate

400

- a. Prolong face to face contact to colleagues, students and/or clients are discouraged and/or shall be kept in minimum minutes.
- b. Flexible scheduled work arrangement such as work from home, rotational working hours are encouraged. Based on MC #18, s2020. "Revised Interim Guidelines for Alternative Work Arrangements & Support Mechanism for workers" in the Government during the period of State of Public Health due to Covid-19 Pandemic
- c. Minimize and limit the number of people inside the room or work place as much as possible to maintain physical distancing.
- d. Tables within the work area should be arranged in order to maintain proper physical distancing. The addition of barriers between tables may be provided.
- e. Usage of stairs should be encouraged in order to maintain the physical distancing requirements. If there are 2 stairways accessible, one stairway may be allotted to be used exclusively for going up and the other for going down.
- f. Online system is highly recommended to assist students from offices which may include the use of videoconferencing.
- g. Roving officers shall enforce physical distancing with accordance of minimum health protocols.

4. Controlling the risk of COVID-19 Infection:

- 1. In case a worker is suspected to have COVID-19
 - a) The worker shall immediately proceed to the isolation area designated within the workplace and never remove his/her mask and face shield
 - b) Attending clinic personnel should wear the proper PPE while attending to the workers. The clinical personnel may refer the workers to the Manila Health Office, BHERT or nearby hospital for further management.
 - (1) Decontamination of workplace
 - (a) The work area shall be decontaminated with appropriate disinfectants (e.g. chlorine, bleaching solution and 1:100 phenol based disinfectant)
 - (b) Workers present that made contact to suspected COVID-19 employee/s shall undergo 14 days quarantine. Specific guidelines from the clinical personnel shall give instructions regarding the monitoring of symptoms and possible next steps. If the suspected COVID-19 worker received a negative result, co-workers may be allowed to report back to work.

- 2. In the case, 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 the respiratory tract) he/she is advised to take necessary measures to avoid the spread of communicable diseases:
 - a) Stay at home and keep away from works or crowds
 - b) Take adequate rest and take plenty of fluids
 - c) Practice personal hygiene
 - d) Seek appropriate medical care if there is persistent fever, difficulty of breathing has started or when he/she becomes weak

V. DUTIES OF THE INSTITUTION AND EMPLOYEES

Institution shall;

- Provide the necessary regulations and guidelines for the prevention and control of COVID-19 in consultation with workers.
- 2. Designated roving officers should ensure the preventive and control measures of COVID-19 are being abided. (e.g. physical distancing, wearing of masks and face shield, regular disinfection, compliance to thermal scanning and accomplishing health symptoms questionnaire)
- Where feasible, provide shuttle transport services and/or decent accommodation on a near-site or inside school premises location to lessen travel and people movement.
- If possible, put up a COVID-19 Hotline and Call Center for employees to report if symptomatic, and a daily monitoring scheme of our "suspect" employee condition.
- Disinfection within the work areas shall be conducted every weekends preferably on Saturdays or Sundays.

Employees shall;

 Comply with all workplace measures in place for the prevention and control of COVID-19, such as, frequent hand washing, wearing of masks and face shield, etc.

VI. IMMINENT DANGER WORKPLACE SITUATION

In case that the institution is in impending high risk of infection, with their front liners or health-care workers, the institutions must comply with the DOH memorandum No. 2020-0178: Interim Guidelines on Health Care Provider Networks during the COVID-19 Pandemic.

In the said workplaces, Health care workers/ front liners must take extra precautionary measures that 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 while at work and disposed of accordingly after use.

VII. COVID-19 TESTING

COVID-19 testing shall be advised to employees and workers who shows any presenting signs and symptoms with a relative travel history and exposure to positive patient/s for consultation to Barangay Health Emergency Response team or to the Manila Health Department or his/her attending physician.

VIII. RETURN TO WORK

- a) Employees and workers who shows presenting signs and symptoms with travel history or exposure to any possible suspected people is not permitted to return to the premises of the institution. The suspected employee/worker are referred to consult with their primary health care physician. Furthermore, a medical certificate issued from the primary health physician shall be given to the school's medical officer.
- b) Returning symptomatic employees and workers with relative travel history or exposure within the last fourteen (14) days shall provide a Certificate of Quarantine Completion duly issued by the step-down care facility or local heath office.
- c) If the employee/workers resulted to be asymptomatic within the fourteen (14) days quarantine is allowed to physically return to work.

IX. VULNERABLE GROUP OF EMPLOYEES/ HIGH RISK WORKERS

Susceptible employees like high risked pregnant women, PWD, employees ages 60 years old and above as well as those with comorbidities, immunodeficiency or other health risk are encourage to have scheduled arrangement of work, preferably work from home if services are indispensable under the circumstances, based on the Revised Interim Guidelines for Alternative Work Arrangement (MC#18,s2020)

X. EFFECTIVITY

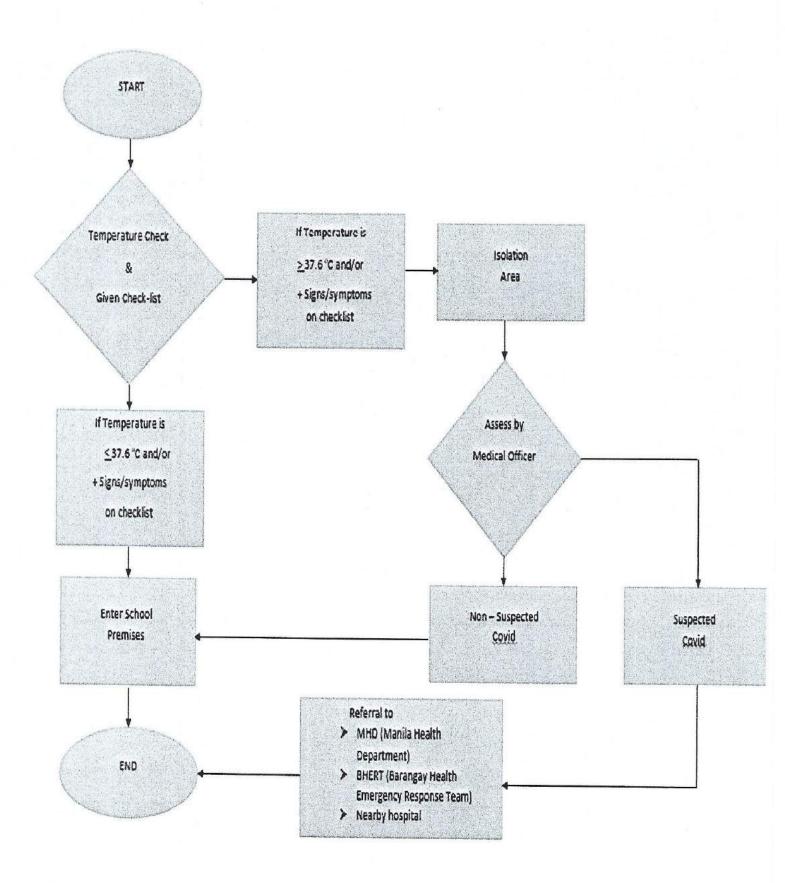
This amendment to the Revised Guidelines on Prevention and Control of EARIST Workplace & Employees for Covid-19 Pandemic shall take effect on the 15th day of March, 2021.

Editha V. Pillo, Ed.D.

President

XI. ANNEX

A. Flowchart





- 3 G

Republic of the Philippines EULOGIO "AMANG" RODRIGUEZ INSTITUTE OF SCIENCE AND TECHNOLOGY NORMAN SATURING MANUS

Address:	
Occupation/Dept	
Date:	Mobile no.:
Age:	Gender:
Time:	Body Temp:
REPIRATIONY INFECTIONS	<u>s:</u>
_ Cough	Colds
_ Shortness of Breath	Sore Throat
Difficulty of Breathing	Muscular Pain
_ Loss of sense of smell	Nasal Congestion
_ Loss of sense of taste	Diarrhea
_ Headache	Runny Nose
If identified with presence of the	
Since when?	ie above,
Janet Wileit:	
_NONE	
TRAVEL HISTORY:	
10.176,00 Octobrosco (10.176,000)	
_Yes, Local Travel in the Philip	ppines
In: On:	
_Yes, outside the Philippines	
In:On:	and the second of the second o
suprice and suprime contract of the contract o	
_NONE	
HISTORY OF EXPOSURE	
- LAI OJURE	
	*
Have you been in close contact	with confirmed case/s of
Have you been in close contact COVID19, who works in a heal	th care facility/hospital currently
Have you been in close contact COVID19, who works in a heal living with you, a hospital/heal	th care facility/hospital currently th care facility in our country
Have you been in close contact COVID19, who works in a heal living with you, a hospital/heal with confirmed cases or a relati	th care facility/hospital currently th care facility in our country ve/friend who had been to a
Have you been in close contact COVID19, who works in a heal living with you, a hospital/heal	th care facility/hospital currently th care facility in our country ve/friend who had been to a
Have you been in close contact COVID19, who works in a heal living with you, a hospital/heal with confirmed cases or a relati- country or place with confirmed	th care facility/hospital currently th care facility in our country ve/friend who had been to a
Have you been in close contact COVID19, who works in a heal living with you, a hospital/heal with confirmed cases or a relati	th care facility/hospital currently th care facility in our country ve/friend who had been to a
Have you been in close contact COVID19, who works in a heal living with you, a hospital/heal with confirmed cases or a relati- country or place with confirmed	th care facility/hospital currently th care facility in our country ve/friend who had been to a
Have you been in close contact COVID19, who works in a heal living with you, a hospital/heal with confirmed cases or a relati- country or place with confirmed	th care facility/hospital currently th care facility in our country ve/friend who had been to a
Have you been in close contact COVID19, who works in a heal living with you, a hospital/heal with confirmed cases or a relati- country or place with confirmed	th care facility/hospital currently th care facility in our country ve/friend who had been to a
Have you been in close contact COVID19, who works in a heal living with you, a hospital/heal with confirmed cases or a relaticountry or place with confirmed fixes, when, where and who?	th care facility/hospital currently th care facility in our country ve/friend who had been to a
Have you been in close contact COVID19, who works in a heal living with you, a hospital/heal with confirmed cases or a relati- country or place with confirmed	th care facility/hospital currently th care facility in our country ve/friend who had been to a
Have you been in close contact COVID19, who works in a heal living with you, a hospital/heal with confirmed cases or a relaticountry or place with confirmed files, when, where and who? NO	th care facility/hospital currently th care facility in our country ve/friend who had been to a i cases?
Have you been in close contact COVID19, who works in a heal living with you, a hospital/heal with confirmed cases or a relati country or place with confirmed If yes, when, where and who? NO I hereby authorize EARIS	th care facility/hospital currently th care facility in our country ve/friend who had been to a i cases? T, to collect and process the
Have you been in close contact COVID19, who works in a heal living with you, a hospital/heal with confirmed cases or a relati country or place with confirmed lif yes, when, where and who? NO I hereby authorize EARIS data indicated herein for the	th care facility/hospital currently th care facility in our country ve/friend who had been to a i cases? T, to collect and process the ne purpose of effecting control
Have you been in close contact COVID19, who works in a heal living with you, a hospital/heal with confirmed cases or a relati country or place with confirmed lif yes, when, where and who? NO I hereby authorize EARIS data indicated herein for the of the COVID-19 infection.	th care facility/hospital currently th care facility in our country ve/friend who had been to a it cases? T, to collect and process the ne purpose of effecting control I understand that my personal
Have you been in close contact COVID19, who works in a heal living with you, a hospital/heal with confirmed cases or a relati country or place with confirmed lif yes, when, where and who? NO I hereby authorize EARIS data indicated herein for the off the COVID-19 infection, information is protected by	th care facility/hospital currently th care facility in our country ve/friend who had been to a it cases? T, to collect and process the ne purpose of effecting control I understand that my personal RA 10173, Data Privacy Act of
Have you been in close contact COVID19, who works in a heal living with you, a hospital/heal with confirmed cases or a relatic country or place with confirmed country or place with confirmed if yes, when, where and who? NO I hereby authorize EARIS data indicated herein for the gf the COVID-19 infection, information is protected by 2012, and that I am required.	th care facility/hospital currently th care facility in our country ve/friend who had been to a it cases? T, to collect and process the ne purpose of effecting control I understand that my personal

SIGNATURE OVER PRINTED NAME / DATE SIGNED