



Republic of the Philippines
Department of Education
REGION II – CAGAYAN VALLEY
SCHOOLS DIVISION OF TUGUEGARAO CITY

July 6, 2020

DIVISION MEMORANDUM

No. 095, s. 2020

HEALTH AND SAFETY PROTOCOLS

**To: All Division Personnel
All School Heads**

1. Relative to the Division Memorandum No. 91, s. 2020 directing the resumption of physical work in full capacity, this Office adopts the following Health and Safety Standards to be observed in the entire **Schools Divisions Office** including **Schools**:

- wearing of mask or protective face shield** shall be observed at all times within the office premises;
- maintenance of **footbath at the entrance of the office**;
- mandatory checking of temperature of personnel/clients upon entry to the SDO building shall be administered by the guard on duty and with the close supervision of the Health and Nutrition Section personnel;
- functional **hand washing facility** must be installed at the façade of the SDO building the soonest possible time to be facilitated by the Project Development Office for DRRM;
- cleanliness and orderliness** in all areas of the Office shall be maintained;
- strict compliance to **SOCIAL/PHYSICAL DISTANCING** (S/P D) shall be observed in all transactions in the office;
- the **Supply Section** should ensure that all Offices within the SDO building shall have a provision of Hand Sanitizers
- sanitation and disinfection in all areas** of the office shall be observed and scheduled every Friday afternoon of the week and **every three (3) hours for areas frequently used** such as door knobs, information desk/table or area;
- all **visitors and or clients are required to secure Covid-19 Risk Assessment Form** at the guard, and to be submitted to the Health Nutrition Section for consolidation and analysis.



Address: Regional Government Center, Carig Sur, Tuguegarao City, 3500

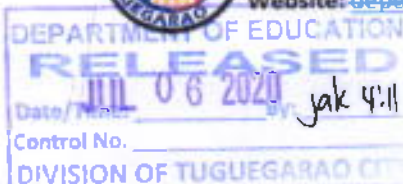
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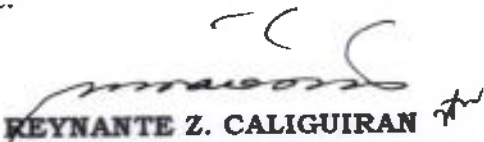
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2. With regard to policy on physical or mass gatherings, meetings, conferences and the like, **Section (5) paragraph (5) on Guidelines for Areas Placed under Modified General Community Quarantine (MGCQ)** permits the conduct of such activity provided that participants shall be **limited to fifty percent (50%) of the seating or venue capacity.**
3. For this purpose, please inform the Office of the Schools Division Superintendent thru the DRRM, Medical and Health Section to ensure our compliance to this guideline.
4. For your information and strict compliance.



KEYNANTE Z. CALIGUIRAN

Assistant Schools Division Superintendent
OIC- Schools Division Superintendent

Encl: (Covid-19 Risk Assessment Form)

Reference: IATF Guidelines

To be indicated in the Perpetual Index

Under the following subjects: SAFETY, HEALTH, PROGRAMS,
EDUCATION PROJECT, PLANS

SGOD/GMD/JPC/LMM



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**COVID-19 RISK ASSESSMENT
HEALTH SURVEY FORM**

Name of Personnel:	
Age/Sex:	
Contact No. :	
Address:	
Unit/Section:	

PRESENT MEDICAL CONDITION	YES	IF YES, please indicate present maintenance medications	NO
Hypertension			
Diabetes			
Kidney Disease			
Cardiovascular Disease			
Autoimmune diseases (e.g. Lupus)			
Others (please specify): _____			

*For female employees: Are you Pregnant?	
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	YES	NO
1. Are you residing in a barangay with known COVID-19 case? <i>(If Yes, please specify)</i>		
2. Do you have exposure to a Suspect, Probable or Confirmed COVID-19 patient?		
3. At present, do you experience any of the following: <ul style="list-style-type: none"> a. Fever b. Latest Temp. c. Sore throat d. Cough e. Difficulty of Breathing f. Diarrhea 		

4. History of Travel : (Have you been to places within 2-4 week If yes ,pls. specify 5. History of exposure to covid 19 case: Do you have a family member/housemate who is/are sick within 2-4wks from this date?if yes pls. specify 6. Had Covid Test: If yes pls. indicate date and results		
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NOTE: Please answer each question/statement as honestly as possible. All of your answers will be kept strictly confidential. This checklist has been prepared with the aim of identifying personnel who belong to the vulnerable sector or those people who are at high risk for transmission and severe illness once infected with COVID-19. This copy shall be endorsed to HNS and DRRM section.

Date and Time _____
Signature _____