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Kagawaran ng Edukasyon

Tanggapan ng Pangalawang Kalihim

DepEd Task Force COVID-19

MEMORANDUM No. 588

05 January 2022

For: **Leonor Magtolis Briones**
Secretary

Subject: **MANDATORY TESTING OF PERSONNEL REPORTING ON-SITE STARTING 05 JANUARY 2022, AND REITERATION OF THE REQUIRED HEALTH STANDARDS, INCLUDING CONDITIONS WHEN NOT TO REPORT ON-SITE**

COVID-19 cases in Metro Manila and neighboring provinces have been notably increasing and are expected to continue to increase. In this regard, the DepEd Task Force COVID-19 raises the following recommendation (Item 1) to the Secretary and reiterates the succeeding reminders (Items 2, 3, 5, and 6) for the guidance and observance of all personnel at the CO.

Regional Directors are cc'd in this memorandum to provide them a reference on similar measures that they can implement in their respective jurisdictions to ensure the safety of their personnel and prevent the further spread of the virus.

1. The DepEd Task Force COVID-19 issues this guidance on the **mandatory antigen testing of all personnel reporting on-site which has already started today, 05 January 2022.**¹
 - a. Upon the approval of the Secretary, the testing shall continue to be administered as an **extra precautionary measure internal to DepEd while cases continue to increase in Metro Manila.** The testing shall remain a requirement until otherwise stopped by a new DTFC issuance, expected to be issued mid-February or earlier, depending on the recommendation of the CO Medical Clinic upon its assessment of the situation and the number of cases detected at the CO.
 - b. It is reiterated that similar to the testing done among CO personnel reporting onsite in September 2021, this requirement for testing is an

¹ The Secretary previously approved a similar recommendation made through CO Task Force COVID-19 Memorandum No. 001, dated 01 September 2021, titled Mandatory Regular Testing and Strict Observation of Health Protocols of Central Office Skeleton Workforce and Frontline or Mobile Personnel, when a surge of cases was observed in Metro Manila. The said memorandum became the basis for the mandatory testing of personnel who were reporting as part of the CO's skeleton workforce.

Office of the Undersecretary for Administration (OUA)

[Administrative Service (AS), Information and Communications Technology Service (ICTS), Disaster Risk Reduction and Management Service (DRMMS), Bureau of Learner Support Services (BLSS), Baguio Teachers Camp (BTC), Central Security & Safety Office (CSSO)]

Department of Education, Central Office, Meralco Avenue, Pasig City
Rm 519, Mabini Bldg.; Mobile: +639260320762; Tel: (+632) 86337203, (+632) 86376207
Email: usec.admin@deped.gov.ph; Facebook/Twitter @depeditayo



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extra precautionary measure internal to DepEd amid the observed surge of cases in Metro Manila. It is clarified that existing IATF/DOH guidelines **do not necessarily require the antigen testing** of personnel prior to reporting onsite. In fact, according to the Workplace Handbook on COVID-19 Management and Prevention (Version 2, as of October 2021) produced by the DOH along with other agencies and organizations including DOLE and the DTI, **“RT-PCR or antibody-based tests is NOT recommended nor required for asymptomatic employees returning to work.”**² Even the requirement to present a negative RT-PCR or antigen result at their own expense, per existing IATF guidelines, is only for unvaccinated personnel, and per the latest coordination of the DTFC with the NVOC, this requirement is *technically* not yet implementable.³

- c. However, the DTFC recognizes the value of antigen testing as a proactive mechanism to detect cases especially among asymptomatic carriers. Based on the latest data from the CO Medical Clinic, **one out of ten (1 out of 10) personnel** who were supposed to report onsite from January 5 to 10 was screened to be **COVID-19-positive through the antigen test**, and therefore immediately isolated and prevented from making further interactions with other personnel in their respective offices. Their close contacts have been quarantined as well.

Number of Personnel Antigen-Tested (January 5-10, 2022)	Antigen-Negative	Antigen-Positive
1,066 (100.00%)	958 (89.86%)	107 (10.03%)

Only one (1) of the 107 who tested positive in antigen has so far tested negative in RT-PCR, while 76 others have been confirmed RT-PCR-positive. Thirty (30) have not been RT-PCR-tested.

Number of Personnel for RT-PCR (Antigen Positive)	107	RT-PCR-Tested	77	RT-PCR Positive	76
		Not (yet) RT-PCR-Tested	30	RT-PCR Negative	1

This only confirms the effectiveness of the antigen test in capturing potential carriers and spreaders of the virus.

- d. Once the mandatory testing of all personnel reporting onsite is lifted in mid-February or earlier through a subsequent DTFC issuance, the CO Medical Clinic shall revert back to existing recommendations on antigen-testing by that time (e.g., only for symptomatic individuals).
- e. **During this particular period (January 5 until mid-February), the results of the tests shall be considered valid for up to two (2) weeks from the date of testing**, except for CO Medical Clinic staff, drivers, security guards, and utility, skilled, and ground maintenance

² <https://doh.gov.ph/sites/default/files/publications/Workplace-Handbook-Version-2-Sept-13-2021.pdf>

³ DTFC Memo No. 586 re: Clarifications on DTFC Memo No. 575 Titled IATF Vaccination Requirements for Personnel Reporting On-Site Beginning December 01, 2021 (December 28, 2021)



staff who shall be tested every seven days. Said personnel shall be subject to another test once the validity of their result expires.

- f. The result shall be automatically considered invalid as basis for entry to CO premises when the personnel develop COVID-19 symptoms⁴ or are tagged as close contacts. When either of this happens, they shall stop reporting on-site, but report immediately to the CO Clinic Medical Doctor, and their respective Barangay Health Emergency Response Team (BHERT) and their attending physician, if applicable, for the necessary next steps of action.
- g. Testing shall be on a *first-come, first-served* basis before personnel are allowed entry to the DepEd CO premises. Those who will not be able to log-in on time via the biometric clock because of waiting in line for their turn to be tested may raise their request for time-in via the EHRIS, using their logged-in time of entry at the CO gate.
- h. Testing shall also be administered to personnel who will be on official travel, before they travel and upon their return.
- i. Those who will test positive shall follow the next steps that will be advised by the CO Medical Clinic to ensure proper management and monitoring. As a reference, the decisions of the CO Medical Clinic are guided by existing DOH guidelines, as shown in the matrices below from Facebook infographics prepared by the DOH⁵:

ANTIGEN (Ag) TESTS WORK BEST ON SYMPTOMATIC PATIENTS		
As of January 7, 2022		
	RESULT	READING & ACTION
Symptomatic	Ag Test positive	Highly likely positive - isolate immediately!
Symptomatic	Ag Test negative	Isolate immediately and test with RT-PCR
Exposed to COVID-19 positive but asymptomatic	Ag Test positive	Likely positive - isolate immediately!
Exposed to COVID-19 positive but asymptomatic	Ag Test negative	Quarantine first and test with RT-PCR on Day 5 after exposure
Not exposed, not symptomatic	Ag Test positive	Immediately isolate, consult health care professional!
Not exposed, not symptomatic	Ag Test Negative	Follow safety protocols: Mask-Hugs-1was-Airflow

No test is perfect. But when we use them for the right reason and right time, we increase their likelihood of informing us what action to take.

ISOLATION & QUARANTINE for GENERAL POPULATION		As of January 7, 2022	
		FULLY VACCINATED	INCOMPLETELY VACCINATED OR UNVACCINATED
ISOLATION	Positive Case - Asymptomatic, Mild, Moderate Symptoms	10 days or at the advice of your doctor	
	Positive Case with Severe & critical symptoms	21 days or at the advice of your doctor	
QUARANTINE	Close contacts	7 days or at the advice of your doctor	14 days or at the advice of your doctor

- j. The assistance of DRRM coordinators and school health personnel in NCR SDOs/cities where affected CO personnel (positive cases, close contacts) reside shall be sought in coordinating with the LGU the necessary next action steps for the said personnel, including testing, quarantine, and isolation. Separate correspondences and issuances shall be released for this purpose by the DRRMS, in coordination with the CO Medical Clinic and the rest of the CO Task Force COVID-19.

⁴ COVID-19 symptoms include fever (37.5°C or higher), cough, general weakness, fatigue/tiredness, headache, muscle/joint/body pains, sore throat, colds/runny nose, difficulty of breathing (requires immediate medical attention), loss of appetite, nausea, vomiting, diarrhea, loss of smell, loss of taste, rashes (DOH DM 2020-0512)

⁵ <https://www.facebook.com/OfficialDOHgov/posts/295674315932681>



- k. While personnel are not restricted from accessing antigen tests outside DepEd for personal use, these shall be subject to validation by the CO Medical Clinic before they are accepted as basis for being allowed entry to CO premises. Tests availed through authorized channels such as LGUs, hospitals, clinics, and laboratories may be considered upon validation by the CO Medical Clinic. Results of self-administered tests shall not be accepted and personnel shall still be subjected to the testing administered by the CO Medical Clinic.
1. Consequently, a negative COVID-19 test result shall be expected of visitors who will need to enter CO premises, regardless of their vaccination status, while the same is required of CO personnel reporting onsite.
2. **Even fully vaccinated persons can be infected by COVID-19, and a negative antigen test result is not a guarantee that a person is not really infected by COVID-19 or will not eventually be infected by COVID-19 after getting tested.** As such, all personnel, regardless of their antigen test result or vaccination status, are strongly urged to still **strictly observe the required health standards at all times.**
- a. This entails wearing of masks, practicing proper hand hygiene and cough etiquette, observing physical distance, ensuring airflow, and avoiding crowded and enclosed spaces.
- b. Personnel are strongly enjoined to use properly fitted surgical masks instead of cloth masks. For personnel who may not be able to use surgical masks, cloth mask that fits snugly on the face and made of at least two layers of cotton (e.g., t-shirt fabric) or non-woven nylon with aluminum nose bridge may be used.
- c. Practically speaking, this translates to the following examples of expected behaviors⁶:
- i. Natural ventilation shall be maximized through open windows or repositioning workspaces. Even in air-conditioned spaces, windows, doors and other openings shall be frequently opened (for a few minutes every hour) to bring in fresh air from the outside.
- ii. According to the WHO, using a fan in an enclosed space can increase the spread of the virus that causes COVID-19. This is why it is important to open windows and doors whenever using a fan to replace indoor air without outdoor air. If using a pedestal fan, minimize as much as possible how much air blows from one person (or group of people) to another person (or group of people). The fan can be placed in front of an open window to increase air flow and push indoor air outside.

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- iii. Masks shall be worn even during virtual activities especially if another person is physically present in the same room.
 - iv. Personnel shall eat their lunch alone in their desks, avoid chatting with officemates while eating, and immediately mask up as soon as they are done. Pantries or areas where people can meet up *maskless* may also be closed down.
 - v. Where physical distancing may be compromised, offices shall ensure installation of physical barriers such as sneeze guards (acrylic plastic sheets), glass panels, theater ropes and stanchions, hazard warning tape.
 - vi. Only one person shall use the bathroom sink at a time, especially when washing their face or brushing their teeth, because this will mean that they will be standing closely next to each other without their masks on.
 - vii. The maximum number of people who can use the elevator at a time is four (4) people only. Less is better. Conversations shall be avoided. Security guards shall strictly impose this restriction and signages shall be posted anew to remind elevator users.
 - viii. Meetings in closed spaces, crowded places, and close-contact settings shall be avoided. If inevitable, such as when in public transportation, all are reminded to mask up.
 - ix. Adequate ventilation should be strictly enforced in the shuttle services. The opening of windows, with at least three (3) inches of opening, while in transit should be practiced whenever possible. Vehicle must be properly disinfected before and after each use.
 - x. When face-to-face meetings are warranted, they shall be kept as short as possible. Organizers are encouraged to opt not to serve drinks or snacks during the meeting so that no one ~~shall~~ be compelled to take off their masks. Instead, drinks or snacks may be served after the meeting, which personnel can consume in their respective desks. *may*
 - xi. As much as possible, physical distancing shall still be observed, and masks still worn even during necessary photo-ops in face-to-face activities.
 - xii. Existing prohibition on smoking in CO premises shall be strictly enforced. Such activity does not only pose health risks, but also involves the removing of masks and usually entails unnecessary congregation of personnel.
- d. Similar applicable health standards are expected to be observed by personnel when in transit or on travel.



3. While offices shall adhere to the required/minimum onsite work capacity for government agencies, in line with IATF guidelines, and/or as ordered by the Office of the President, the following exemptions as to who shall be expected to report on-site are reiterated:
- a. Personnel who are not fully vaccinated shall be discouraged from reporting on-site, but be strongly encouraged to be vaccinated immediately, unless disqualified for valid medical reasons.
 - b. The following are reminded to **not report on-site** but instead explore work-from-home arrangements, if applicable, unless otherwise cleared to report to work by the CO Clinic Medical Doctor, upon presentation of necessary documents, as may be required (e.g., completion of quarantine):
 - i. Personnel who have tested positive on COVID-19 whether through antigen test or RT-PCR;
 - ii. Personnel who are probable or suspect cases, including those who have pending test results;
 - iii. Personnel who are experiencing COVID-19 symptoms, regardless of possible explanation (e.g., *"I usually get a cough after riding an airconditioned vehicle so this cough must be normal"*); and
 - iv. Personnel who are close contacts of confirmed, probable, and suspect cases (these include personnel who are exposed to persons who have symptoms of COVID-19 or to persons who are waiting for their COVID-19 test results).
 - c. Personnel who experience COVID-19 symptoms are advised to report to their attending physicians, if applicable, and their respective BHERTs, and the CO Clinic Medical Doctor, for appropriate evaluation and assessment of need of testing, and monitoring.
 - d. All personnel shall be subjected to a temperature check prior to being allowed entry into the workplace, or the designated vehicle for those availing of transportation service, both when CO-bound and when homeward bound. Only those with temperature below 37.5°C shall be allowed entry. Those whose temperature is 37.5°C and above, when CO-bound, shall be advised to return home, and when homeward bound, shall be advised to stay at the waiting area, and report to the CO Clinic Medical Doctor immediately.
 - e. As an extra precautionary measure, personnel who are exposed to close contacts of confirmed cases (second-generation close contacts), may be advised to work from home, if practicable, until the status of the first-generation close contacts is confirmed. Should the second-generation close contacts report onsite, they shall be expected

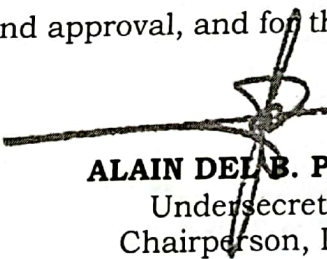


to strictly observe the required health standards.⁷

- f. The DTFC and/or the Bureau of Human Resource and Organization Development (BHROD) shall issue updated guidance on handling the attendance records of abovementioned personnel; e.g., WFH arrangements, applicable types of *leave* for confirmed cases and for close contacts.
4. The BHROD is also requested to accelerate efforts in ensuring that all eligible personnel get fully vaccinated or get their boosters as soon as possible. All heads of offices are enjoined to engage in conversations with their respective personnel who may have hesitations or reservations about getting vaccinated. If necessary, these personnel may be referred to the CO Medical Clinic so that their concerns may be addressed.
5. The DTFC has issued **DTFC Memorandum No. 590** titled *Reiteration of the Roles and Responsibilities of Designated PFA Providers and Case Management Support Staff in Handling and Managing Reported COVID-19 Cases and Close Contacts at the Central Office*, the CO Task Force COVID-19 which reiterates the designation, roles, and responsibilities of COVID-19 response focal persons and psychological first aid (PFA) providers per office, and provides details on how they can support in the monitoring and management of cases in their respective offices.
6. All personnel are enjoined to access the DOH Kira ChatBot for relevant, up-to-date, and accurate information on COVID-19 management and vaccination: <https://m.me/OfficialDOHgov> .
7. For medical and other health-related concerns discussed above, **Dr. Rainerio Reyes**, CO Clinic Medical Doctor, may be contacted through 0939-912-9668 or email at rainerio.reyes@deped.gov.ph .

For queries regarding this memorandum, please contact the **DTFC Secretariat, BLSS-SHD**, through (02) 8632-9935 or email at medical.nursing@deped.gov.ph .

For the Secretary's consideration and approval, and for the proper guidance of all concerned.


ALAIN DEL B. PASCUA
Undersecretary
Chairperson, DTFC



cc: **Wilfredo E. Cabral**
OIC Undersecretary for Human Resource and Organizational Development
Regional Directors



⁷ This provision effectively updates DTFC Memorandum No. 95 titled *Updated Protocols in Handling, Managing, and Testing of Reported COVID-19 Cases and Close Contacts at the Central Office*; the said memorandum required that those exposed to close contacts shall also be on WFH arrangement; however, the said memorandum was written when there were not as much test kits available as today, and when the government's vaccination program had not been rolled out



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As of January 7, 2022			As of January 7, 2022		
	RESULT	READING & ACTION		FULLY VACCINATED	INCOMPLETELY VACCINATED OR UNVACCINATED
Symptomatic	Ag Test positive	Highly likely positive - isolate immediately!	ISOLATION Isolation is for people who have been infected and tested positive for COVID-19, with symptoms or none, both fully vaccinated and unvaccinated.	Positive Case - Asymptomatic, Mild, Moderate Symptoms 10 days or at the advice of your doctor	
Symptomatic	Ag Test negative	Isolate immediately and test with RT-PCR		Positive Case with Severe & critical symptoms 21 days or at the advice of your doctor	
Exposed to COVID-19 positive but asymptomatic	Ag Test positive	Likely positive - isolate immediately!	QUARANTINE Quarantine is for those who have been exposed and can possibly develop infection. People who become close contacts with confirmed cases of COVID-19 should quarantine.	Close contacts 7 days or at the advice of your doctor	
Exposed to COVID-19 positive but asymptomatic	Ag Test negative	Quarantine first and test with RT-PCR on Day 5 after exposure		14 days or at the advice of your doctor	
Not exposed, not symptomatic	Ag Test positive	Immediately isolate, consult health care professional			
Not exposed, not symptomatic	Ag Test negative	Follow safety protocols: Mask-Hugas-Iwas-Airflow			

No test is perfect. But when we use them for the right reason and right time, we increase their likelihood of informing us what action to take.

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- l. Consequently, a negative COVID-19 test result shall be expected of visitors who will need to enter CO premises, regardless of their vaccination status, while the same is required of CO personnel reporting onsite.
2. **Even fully vaccinated persons can be infected by COVID-19, and a negative antigen test result is not a guarantee that a person is not really infected by COVID-19 or will not eventually be infected by COVID-19 after getting tested.** As such, all personnel, regardless of their antigen test result or vaccination status, are strongly urged to still **strictly observe the required health standards at all times.**
 - a. This entails wearing of masks, practicing proper hand hygiene and cough etiquette, observing physical distance, ensuring airflow, and avoiding crowded and enclosed spaces.
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- iii. Masks shall be worn even during virtual activities especially if another person is physically present in the same room.
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- d. Similar applicable health standards are expected to be observed by personnel when in transit or on travel.



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 - ii. Personnel who are probable or suspect cases, including those who have pending test results;
 - iii. Personnel who are experiencing COVID-19 symptoms, regardless of possible explanation (e.g., *"I usually get a cough after riding an airconditioned vehicle so this cough must be normal"*); and
 - iv. Personnel who are close contacts of confirmed, probable, and suspect cases (these include personnel who are exposed to persons who have symptoms of COVID-19 or to persons who are waiting for their COVID-19 test results).
 - c. Personnel who experience COVID-19 symptoms are advised to report to their attending physicians, if applicable, and their respective BHERTs, and the CO Clinic Medical Doctor, for appropriate evaluation and assessment of need of testing, and monitoring.
 - d. All personnel shall be subjected to a temperature check prior to being allowed entry into the workplace, or the designated vehicle for those availing of transportation service, both when CO-bound and when homeward bound. Only those with temperature below 37.5°C shall be allowed entry. Those whose temperature is 37.5°C and above, when CO-bound, shall be advised to return home, and when homeward bound, shall be advised to stay at the waiting area, and report to the CO Clinic Medical Doctor immediately.
 - e. As an extra precautionary measure, personnel who are exposed to close contacts of confirmed cases (second-generation close contacts), may be advised to work from home, if practicable, until the status of the first-generation close contacts is confirmed. Should the second-generation close contacts report onsite, they shall be expected



to strictly observe the required health standards.⁷

- f. The DTFC and/or the Bureau of Human Resource and Organization Development (BHROD) shall issue updated guidance on handling the attendance records of abovementioned personnel; e.g., WFH arrangements, applicable types of *leave* for confirmed cases and for close contacts.
4. The BHROD is also requested to accelerate efforts in ensuring that all eligible personnel get fully vaccinated or get their boosters as soon as possible. All heads of offices are enjoined to engage in conversations with their respective personnel who may have hesitations or reservations about getting vaccinated. If necessary, these personnel may be referred to the CO Medical Clinic so that their concerns may be addressed.
5. The DTFC has issued **DTFC Memorandum No. 590** titled *Reiteration of the Roles and Responsibilities of Designated PFA Providers and Case Management Support Staff in Handling and Managing Reported COVID-19 Cases and Close Contacts at the Central Office*, the CO Task Force COVID-19 which reiterates the designation, roles, and responsibilities of COVID-19 response focal persons and psychological first aid (PFA) providers per office, and provides details on how they can support in the monitoring and management of cases in their respective offices.
6. All personnel are enjoined to access the DOH Kira ChatBot for relevant, up-to-date, and accurate information on COVID-19 management and vaccination: <https://m.me/OfficialDOHgov> .
7. For medical and other health-related concerns discussed above, **Dr. Rainerio Reyes**, CO Clinic Medical Doctor, may be contacted through 0939-912-9668 or email at rainerio.reyes@deped.gov.ph .

For queries regarding this memorandum, please contact the **DTFC Secretariat, BLSS-SHD**, through (02) 8632-9935 or email at medical.nursing@deped.gov.ph .

For the Secretary's consideration and approval, and for the proper guidance of all concerned.


ALAIN DEL B. PASCUA
Undersecretary
Chairperson, DTFC

cc: **Wilfredo E. Cabral**
OIC Undersecretary for Human Resource and Organizational Development

Regional Directors



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⁷ This provision effectively updates DTFC Memorandum No. 95 titled *Updated Protocols in Handling, Managing, and Testing of Reported COVID-19 Cases and Close Contacts at the Central Office*; the said memorandum required that those exposed to close contacts shall also be on WFH arrangement; however, the said memorandum was written when there were not as much test kits available as today, and when the government's vaccination program had not been rolled out