PCOM
Interim Guide to COVID19
Version 1.0. as of March 19, 2020
Message from the PCOM National President

Dear Colleagues in Health Care,

We are in the midst of a crisis caused by the COVID-19. The health care workers are at the forefront of battling this pandemic spread and in managing risks of health care workers exposed to COVID-19.

The Philippine College of Occupational Medicine, through the collaboration of its officers and active members committed to the health and safety of the health care workers, offers this compilation of local and international references to its members, in any industry, business or company specific to the health care setting we belong.

With so many guidelines available and with so many matters to attend to in emergency preparedness and risk reduction to address the emerging biological hazard, this document is intended only to serve as an easy reference for the health care worker and the health care facility specific to COVID-19.

Let’s prepare well for our patients, all health care workers, and our loved ones.

We are praying for everyone’s continued health and safety.

PHIL M. PANGILINAN, MD, MHA, FPSMS, DPCOM, PAFP
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CoVID-19 and the Workplace

I. Background

Corona Virus 2019 popularly known as CoVID-19 is a potentially fatal respiratory disease caused by SARS-CoV-2. Common symptoms include fever, cough, dyspnea and recently diarrhea. The initially transmitted via animal reservoir, can now be transmitted from person to person via droplets and possibly airborne. (Figures 1 and 2). At present, this virus has reached pandemic levels. Vaccination and treatment are not yet clear.

In these trying times, the workplace is a prime risk contacting the disease. Several guidelines and epidemiologic data are already in circulation, but due to confusing facts especially in the working population, thus this interim collation of recommendations. This can help in the formulation of a more comprehensive and locally acceptable contingency plans.

Keeping in mind RULE 1001 of the OCCUPATIONAL SAFETY AND HEALTH STANDARDS “to protect every working man against the dangers of injury, sickness or death through safe and healthful working conditions, thereby assuring the conservation of valuable manpower resources and the prevention of loss or damage to lives and properties, consistent with national development goals and with the State’s commitment for the total development of every worker as a complete human being.”

Materials contained in this guidelines are as follows but not limited to:

- Department of Health (DOH)
- Department of Labor and Employment (DOLE)
- Philippine Society for Microbiology and Infectious Diseases
- OSHA Guidance on preparing workplaces for COVID1
- The COVID-19 Communication Package for Healthcare Facilities
- Hong Kong Occupational Safety and Health Center
- Center for Center for Diseases Control and Prevention
- Ministry of Health Singapore
II. Mission

We belong to the Philippine College of Occupational Medicine, Inc.

We work with management and workers as a team to safeguard, promote, maintain, and enhance worker’s health, wellness, and safety.

We pursue the highest ethical standards in the practice of our profession.

We strive to advance the cause of occupational medicine in collaboration and cooperation with stakeholders, both local and international, to include the provision of necessary resources in the pursuit of this program.

We promote our professional development through scientific, occupational safety and health research, training, and continuing medical education to contribute to the local and international pool of knowledge.

We foster fellowship and camaraderie among our members and uphold their total welfare.

We take the responsibility of caring for the welfare of the community and conserving the environment for future generations.

III. Purpose

This guidance provides a collation of recommendations and guidelines based on Standards provided by different government agencies, institutions, private organizations both local and abroad. It is arranged and intended for PCOM use to assist our members in providing a safe and healthy workplace. These notes also offer additional guidance to our respective workplace management teams, including procurement in the order of management of cleaning materials and purchase of protective equipment where required.

IV. Classification of Worker and Workplace Exposures (Figure 3)

(Figure 3) (https://www.osha.gov/Publications/OSHA3990.pdf)

![Figure 3: Occupational Risk Pyramid for COVID-19](https://www.osha.gov/Publications/OSHA3990.pdf)
A. Based on Risk of Exposure

1. **Low exposure risk (caution)** – are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public.

2. **Medium exposure risk** - include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission. In areas where there is ongoing community transmission, workers in this category may have contact be with the general public (e.g., in schools, high-population-density work environments, and some high-volume retail settings).

3. **High exposure risk** - are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:
   - Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients’ rooms)
   - Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
   - Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

4. **Very high exposure risk** - those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category include:
   - Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
   - Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
   - Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

V. Recommendations and Implementation on Control Measures

Using the hierarchy of control in selecting the best possible way to reduce if not eliminate workplace hazard.

*Engineering Controls*

- Install physical barriers, such as clear plastic sneeze guards, where feasible
- Increasing ventilation or installing air filters, negative pressure ventilation if possible

The aim of ventilation should be directed to move the source of potential contamination to air-exhaust points or areas where there can be sufficient dilution. For example, the ventilation should move infectious air away from patients and health workers, replacing infected air with fresh outside air.
Administrative Controls

- Changes in workplace policies and procedures
- Policies on alternative working arrangements, like limiting employee access, consider strategies to minimize face to face contact, phone based communication, teleconferencing, work from home, shifting
- Medical evaluation/care, (Fit to work, may go home)
- Provide up to date education and training on risk and protective behaviors etc.
- Information dissemination (e.g.: posting signs, automated messaging etc.)

Personal Protective Equipment (PPE)

- When selecting PPE, consider factors such as function, fit, decontamination ability, disposal, and cost. (label the figures and cite them in the paragraphs) Consider face masks to ill employees and customers to contain respiratory secretions until they are able to leave the workplace

The sequence to put on a general full set of protective equipment:


The sequence to take off protective equipment:


How to wear a surgical mask:

1. Put the mask over the face, with the metallic strip at the top.
2. Tie the strings behind the head and neck.
3. Gently press the metallic strip over the bridge of the nose.
4. The mask should cover from the nose to the chin and fits snugly over the face.

How to wear an N95 mask:

1. Choose a small or medium-sized face-piece that fits the face. Pull the head bands loose. The metallic strip should be uppermost. Pass the hand through the head bands.
2. Put on the mask. The head bands should be around the head and neck.
3. Press the metallic strip on both sides with the forefingers and middle fingers of both hands.
4. Seal Check: Positive pressure checking – cover the mask lightly with both hands. Breathe with deliberation. Air should not leak out from the side of the mask. Negative pressure checking – cover the mask lightly with both hands. Suck in air with deliberation. The mask should depress slightly inward.

Note: for the masks with valves, check them according to the instruction of the manufacturer.
**How to take off protective clothing:**
Loosen the collar string. Slip off the sleeves on both sides and the upper part of the gown. Turn the gown inside out. Roll it outward and dispose.

**How to put on protective clothing:**
Take up the gown with the back facing the wearer. Slip the arms through the sleeves first and tie the collar string behind the neck. Then tie the string around the waist;

- Shoe covers prevent pathogens from being carried outside the workplace;
- Shoe covers are usually disposable after use;
- Boot covers offer further protection. Cover the boots with the trousers of protective clothing to prevent contaminants from getting into the boots;
- Shoe covers should be water resistant and skid proof;
- The size should fit so as not to hamper movement.
**Novel Coronavirus COVID-19**

**FOR: HEALTHCARE FACILITY MANAGEMENT**

**Preparing for COVID-19 at your healthcare facility**

- Have a triage station at the healthcare facility entrance, prior to any waiting area, to screen patients for COVID-19. This limits potential infection throughout the health care center.

- Post information, like posters and flyers, that remind patients and visitors to practice good respiratory and hand hygiene.

- Have alcohol-based hand rub or soap and water handwashing stations readily available for the use of healthcare workers, patients and visitors.

- Be alert for anyone that may have symptoms such as cough, fever, shortness of breath, and difficulty breathing.

- Prepare a well-defined and separate waiting area for suspected cases.

**Staff should wear appropriate personal protective equipment when screening patients at the triage station. Provide medical masks to all patients presenting with flu-like symptoms or reporting possible COVID-19 infection. Remind all patients to use good respiratory and hand hygiene.**

**Managing Placement**

- Immediately isolate suspected and confirmed cases
- To reduce stress and anxiety, explain to patients what you do and why you do it
- If possible, place patients in single rooms
- Suspected and confirmed cases should be kept separate
- Maintain at least 1-metre distance between all patients
- Do not put more than one patient in a single hospital bed

**Managing the Environment**

- Limit the movement of patients within the health center to reduce potential infection throughout the healthcare facility
- If a patient needs to be moved, plan the move ahead; all staff and visitors who come into direct contact with the patient should wear personal protective equipment
- Perform regular environmental cleaning and disinfection
- Maintain good ventilation – if possible open doors and windows

**Managing Visitors**

- Limit the number of visitors per patient
- All visitors should wear the required personal protective equipment and their visits should be recorded
COVID-19

Social distancing

Maintain 1.8 metre (6 feet) of distance at all times if in public

Source: Johns Hopkins University | Last updated: March 17, 2020
VI. GOVERNMENT, INSTITUTIONS AND SOCIETIES: ADVISORIES AND GUIDELINES

A. DOH RELEASES

1. Algorithm

**ALGORITHM FOR TRIAGE OF PATIENTS WITH POSSIBLE COVID-19 INFECTION IN HEALTH CARE FACILITIES**

**MARCH 16, 2020 EDITION**

**PATIENT**

**ACUTE RESPIRATORY ILLNESS**
- Fever (>38.0°C)
- AND/OR
- Cough
- OR shortness of breath
- OR other respiratory symptoms

**PERSON UNDER MONITORING (PUM)**
- ASYMPTOMATIC patients with appropriate EXPOSURE history should be quarantined at home or barangay isolation units for 14 days to monitor for the development of symptoms.
- Inform RESU
- Fill out CIF.
- NO NEED for testing.

**YES**

- Travel to or residence in a country/area reporting local transmission of COVID-19
  (see WHO situation reports for an up-to-date list of countries) OR area under enhanced community quarantine

- CLOSE CONTACT with a confirmed COVID-19 case**
  (any of the following)
  - Providing direct care without proper PPE** to confirmed COVID-19 patient
  - Staying in the same close environment (incl. workplace, classroom, household, gatherings)
  - Traveling together in close proximity (1 meter or 3 feet) in any kind of conveyance

**YES**

- Did the symptoms occur within 14 days of exposure?

**PERSON UNDER INVESTIGATION (PUI)**

**MILD**
- No Comorbid
- Non-Elderly
- No need to test
- Provide instructions for quarantine at home or barangay isolation units

**MILD +/- Co-morbid +/- Elderly**
- SEVERE & CRITICAL
- ADMIT to designated COVID-19 isolation area
- Collect serum, NPS + OPS (in 1 VTM/UTM)
- and a lower respiratory tract specimen, if possible
- Refer to CPG
- Patients who refuse admission must be referred for disposition to RESU

**NOT PUI NOR PUM**

- A patient with severe acute respiratory infection or atypical pneumonia AND requiring hospitalization AND with no other etiology to fully explain the clinical presentation, regardless of exposure history
- Cluster of ILI cases in household or workplace

**NOT PUI NOR PUM**

- Refer to ER or other clinic for appropriate work-up and management

This algorithm is consistent with the WHO surveillance definition of COVID-19 as of 27 February 2020 and may change depending on evolving information on transmission patterns and pathogenicity of the virus.

**CONFIRMED** case – A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms

*** PROPER PERSONAL PROTECTIVE EQUIPMENT (PPE)***
1. Well-fitting N95 mask (fit-tested)
2. Eye protection (goggles or face shield)
3. Impermeable gown
4. Surgical gloves

The reader is referred to the Guidelines on Infection Control for COVID-19.

COVID-19 – Coronavirus Disease 2019; PPE – personal protective equipment; RESU – Regional Epidemiology and Surveillance Unit; CIF – Case Investigation Form; NPS – Nasopharyngeal swab; OPS – oropharyngeal swab; VTM – viral transport medium; UTM – universal transport medium
2. Interim Guidelines
   f. DC No. 2020-0131: Public Advisory No. 16- Guidelines for Instituting if a PUI or a Confirmed COVID-19 Case is Detected at the Workplace (https://dmas.doh.gov.ph:8083/Rest/GetFile?id=652484)

B. LABOR ADVISORY
   2. No. 03 Series 2020: Monitoring of All Cases linked to the viral Pneumonia infections in Wuhan, Hubei Province in mainland China (POLOs) (ANNEX B)
   6. Directory for The Online Submission of the COVID-19 Adjustment Measures Program (CAMP) Documentary Requirements (ANNEX M)

C. DOLE REPORTS
   2. List Of Affected Workers Due To COVID-19 (ANNEX F)
3. Guidelines on the Adjustment Measures Program from Affected Workers due to the Coronavirus Disease 2019 (ANNEX K)

D. CIVIL SERVICE COMMISSION

E. PCOM RELEASES
1. Infographics (ANNEX G)
2. Advisory (ANNEX H)

F. OTHERS
1. Philippines Society for Microbiology and Infectious Diseases 2019 Novel Coronavirus (nCoV) Taskforce Algorithm for Triage of Patients with Suspected 2019-NCoV Infection (ANNEX I)
2. Philippine Mental Health Association, Inc. (ANNEX J)


**SOP #2: Example of a workflow for managing an unwell employee at workplace**

- Employee is unwell at workplace and reports to supervisor/HR
- Does employee have travel history to Mainland China in the last 14 days and/or contact history with infected persons?
  - Yes: Flu Manager to isolate the employee by accompanying him to isolation bay via the isolation route
    - Flu Manager to arrange transport to designated flu clinic or hospital for medical assessment
    - Flu Manager to notify management
    - Flu Manager to take down the names and contact details (NRIC no., address, mobile number) of all people working in the same place as the unwell person, or who have come into close contact with the unwell person
  - No: Employee to visit a doctor on his own. Inform the supervisor/HR on the outcome
**SOP #3: Example of a workflow for managing employee unwell outside workplace**

1. Employee is unwell outside workplace
2. Employee to seek medical attention immediately
3. At the earliest opportunity, employee/family members inform Flu Manager if employee is diagnosed with or suspected of being infected
4. Flu Manager to notify management
5. If any staff is unwell, inform Flu Manager, seek medical treatment and do not report to work
   - Flu Manager to notify management of any cases of people with symptoms (e.g. temperature above 38°C and flu-like symptoms)
6. Employee to take medical / hospitalisation leave as prescribed and return to office only upon doctor’s certification
7. Diagnosed to have infection
   - No: Follow further instructions from MOH, if any
   - Yes: Conduct symptom screening (e.g. flu-like symptoms and fever of 38°C or above). Are symptoms present?
   - Yes: Inform all the people who have come into close contact with the affected employee to designated flu clinic/hospital for medical assessment (as advised by MOH)
   - No: Flu Manager to get in touch with all the people working on the same floor as the affected staff. Also try to find out from affected staff who he/she has come into close contact with in the last 14 days. Inform all the people who have come into close contact with the affected staff to monitor their health for a period of 14 days, as per the guidelines issued by MOH

**SOP #4: Example of a workflow for contact tracing**

1. Suspected case is admitted to designated flu clinic/hospital and Flu Manager is alerted
2. Flu Manager to get in touch with all the people working on the same floor as the affected staff. Also try to find out from affected staff who he/she has come into close contact with in the last 14 days. Inform all the people who have come into close contact with the affected staff to monitor their health for a period of 14 days, as per the guidelines issued by MOH
3. Flu Manager to alert all the people who have come into close contact with the affected employee and ask them to proceed to an empty room (not isolation room) with their personal belongings and thermometer
4. Flu Manager to bring along surgical mask for unwell person and N95 masks for persons who are well
5. Conduct symptom screening (e.g. flu-like symptoms and fever of 38°C or above). Are symptoms present?
   - Yes: To segregate those with fever and move to isolation bay
   - No: Flu Manager to arrange to transport the affected employee to designated flu clinic/hospital for medical assessment (as advised by MOH)

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*MOH- Ministry of Health or equivalence

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1 A suspect case is an individual with a temperature above 38°C and flu-like symptoms and has traveled to affected areas or has close contact with a confirmed case in the last 14 days
2 Close contact refers to having sustained unprotected exposure within 2 metres of a confirmed case over a period of 30 minutes or more
3 As a precaution, staff may be advised to work from home or remotely
VIII. Leaves, Absences and Entitlements

Leaves, Absences and Entitlement is largely a discretion of the employer, however, there are DOLE and OSHA Recommendations:

- Actively encourage sick employees to stay home.
- Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- Maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
- As per DOLE Labor Advisory 09 of 2020, the following are the flexible working arrangements:
  a. Reduction of work hours and/or Workdays refer to one where the normal workhours or workdays per week are reduced.
  b. Rotation of workers refers to one where the employees are rotated or alternately provided work within the week.
  c. Forced leave refers to one where the employees are required to go on leave for several days or weeks utilizing their leave credits, if there are any.

- Be aware of workers’ concerns about pay, leave, safety, health, and other issues that may arise during infectious disease outbreaks. Provide adequate, usable, and appropriate training, education, and informational material about business-essential job functions and worker health and safety, including proper hygiene practices and the use of any workplace controls (including PPE). Informed workers who feel safe at work are less likely to be unnecessarily absent.
- Work with insurance companies e.g., those providing employee health benefits and local health agencies to provide information to workers and customers about medical care for COVID-19 patients.

Assistance to be provided by DOLE
For workers in the country, the Bureau of Working Conditions (BWC), The Occupational Safety and Health Center (OSHC) and the DOLE Regional Offices (DOLE-Ros), in collaboration with the Department of Health, shall provide the following:
1. Information on CoVID and workplace concerns including issues related to OSH standards and General Labor Standards.
2. Technical assistance in the form of risk ventilation, use of PPE including respirator program, workplace improvements to reduce the likelihood of droplet of infection and contamination by materials possibly infected by the virus.
3. Capacity building of CoVID focal person in the workplace.

For Overseas Filipino Workers
The Philippine Overseas Employment Administration (POEA), the Overseas Workers Welfare Administration (OWWA), and the International Labor Affairs Bureau (ILAB) shall ensure that information on CoVID prevention and control are provided during the pre-departure orientation seminars.
Social Security Package

The Social Security System should entitle a worker who contracts CoVID in the performance of work due compensation under PD 626 (EC Law)

Philhealth Hospitalization Coverage for CoVID 19

**Isolation Package**

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IX. Ethics

An ethically sound framework for our health care and institutions we work with during this health emergency acknowledges the importance of moral authority. We are duty bound to safeguard and promote public safety, protect community health, non-abandonment, relief of suffering and respect for rights and preferences of our patients.

We, the health care providers are crucial to our society’s ability to overcome and recover from this pandemic called COVID-19. Recognizing and addressing extraordinary challenges in responding to COVID-19 is part of the health care leadership and civic duty.

ANNEX A

GUIDELINES ON 2019 NOVEL CORONAVIRUS (2019-nCoV) PREVENTION AND CONTROL AT THE WORKPLACE

Pursuant to RA 11058 and its Implementing Rules and Regulations, DOLE DO 198, these guidelines are issued to assist private sector workplaces in their preparedness and response to the 2019-nCoV.

I. COVERAGE

These guidelines shall apply to all employers and workers in the private sector.

II. WORKPLACE HEALTH

As a precautionary measure at the workplace, all employers are directed to:

1. Provide information about 2019-nCoV including its transmission, disease outcome, and treatment options to their workers;
2. Clean the work areas with disinfectant and make sure that water, soap and sanitizer are available in all washrooms and toilets;
3. Avoid or reduce direct exposure of workers to animals, environments and objects which may be possibly carrying the 2019-nCoV;
4. Ensure food in canteens or similar areas is properly prepared, handled and cooked;
5. Emphasize to all workers the everyday actions to stay healthy and keep a clean workplace, such as:
   • Cover the nose and mouth when coughing and sneezing;
   • Wash hands frequently with soap and water or cleansing of hands with alcohol-based hand sanitizers;
   • Spit at proper places;
   • Avoid close contact with sick people;
   • Increase the body’s resistance by having adequate rest and at least eight (8) hours of sleep;
   • Drink plenty of fluids; and
   • Eat nutritious food.

6. Monitor the health of workers particularly those with fever and other flu symptoms and those who have traveled to or worked in countries affected with the 2019-nCoV.

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 take immediate protective measures to avoid, correct or remove such imminent danger. A screening program on 2019-nCoV must be installed in accordance with the Guidelines issued by the Department of Health (DOH). Screening or triage shall follow a procedure using a checklist that may include questions related to:

1. Recent travel to China or a country or place on the WHO list with local transmission or outbreak of 2019-nCoV;
2. Recent contact with a confirmed or suspected 2019-nCoV; and
3. Affliction by such symptoms as fever greater than 38 degrees Celsius and flu-like symptoms such as cough, difficulty of breathing or shortness of breath.

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.

Concerns and/or reports on 2019-nCoV shall be coordinated with the Department of Health.

Guidance to Employers for Care of Workers Who Are Sick or with Fever:

A. In the event that a worker is suspected as having 2019-nCoV, the employer shall:

1. Provide the worker with a face mask to prevent risk of spreading the infection;
2. Isolate the worker immediately in a separate well-ventilated room in the workplace, away from other workers;
3. Refer the worker to the company healthcare provider or to the nearest local health center or hospital for laboratory confirmation if the history, signs and symptoms are consistent with a suspected case of 2019-nCoV;
4. Report the worker to the Department of Health by calling the DOH at numbers: 8-711-1001 and 8-711-1002
5. Ensure the implementation of recommendations provided by the DOH on the management and transport of suspected case of 2019-nCoV;
6. Observe respiratory precautions when taking care of patients with flu or flu-like illness; and
7. Decontaminate the work area with appropriate disinfectant (e.g., chlorine bleaching solution and 1:100 phenol based disinfectant).

B. In the event that a worker is sick or has fever but is not suspected to have 2019-nCoV, the employer must advise the worker to take prudent measures to limit the spread of communicable diseases, as follows:
   1. Stay at home and keep away from work or crowds;
   2. Take adequate rest and take plenty of fluids;
   3. Practice personal hygiene to prevent spread of disease; and
   4. Seek appropriate medical care if there is persistent fever, when difficulty of breathing has started, or when he/she becomes weak.

III. LEAVE OF ABSENCE/ENTITLEMENTS

Leave of Absence

For workers who are requested by their employers to stay at home or who are served quarantine order for reasons related to 2019-nCoV, the following arrangements may be considered during the period of absence:

1. Worker’s leave of absence may be charged to their annual sick/vacation leave credits under the company policy or practice or as stipulated in their collective bargaining agreement, if there is any. If the worker’s leave credits have been used up, employers could consider granting leave of absence without pay. However, employers are encouraged to exercise flexibility and compassion in granting additional leave with pay.

2. By mutual agreement, employers and workers could also agree on other arrangements for the worker’s leave of absence.

For workers who need to take a leave to take care of their children or parents afflicted or suspected of having 2019-nCoV, or choose to stay away from work on their own accord due to contact with a confirmed or suspected 2019-nCoV to avoid its transmission, employers are encouraged to adopt a flexible and enlightened approach in granting time-off which may include use of leave credits, if there is any. For workers who have used up their vacation or sick leave credits, employers could consider granting them leave of absence without pay.

Hospitalization Benefits

In addition to existing company health-care benefits PhilHealth members and their dependents infected with 2019-nCoV may avail of PhilHealth hospital benefits.

Social Security / Employee’s Compensation Benefits

A worker who contracts 2019-nCoV in the performance of his/her work is entitled to sickness benefits under the Social Security System and employees’ compensation benefits under PD 626 (EC Law).

In the event that the worker is not qualified to avail of the benefits under SSS or PhilHealth due to the fault of the employer, the employer shall shoulder all the medical expenses until full recovery.

IV. ASSISTANCE TO BE PROVIDED BY DOLE

For workers in the country, the Bureau of Working Conditions (BWC), the Occupational Safety and Health Center (OSHC) and the DOLE-Regional Offices (DOLE-ROs), in collaboration with the Department of Health, shall provide the following:

1. Information on 2019-nCoV and workplace concerns including issues related to OSH Standards and General Labor Standards;
2. Technical assistance in the form of risk assessment, use of protective equipment including a respirator program, workplace improvements to reduce the likelihood of droplet of infection and contamination by materials possibly infected by the virus; and

For overseas Filipino workers (OFW), the Philippine Overseas Employment Administration (POEA), the Overseas Workers Welfare Administration (OWWA) and the International Labor Affairs Bureau (ILAB) shall ensure that information on 2019-nCoV prevention and control are provided during the pre-departure orientation seminars.

The DOLE agencies concerned shall make a regular progress report on the prevention and control of 2019-nCoV spread in the workplaces. The BWC shall ensure the observance of these guidelines.

V. EFFECTIVITY

These guidelines shall take effect immediately.

31 January 2020

Sincerely,

BELLO
Secretary
Labor Advisory No. 03
Series of 2020

The Department of Labor and Employment assures all Filipino workers abroad that the Department, through the Philippine Overseas Labor Offices (POLOs), is closely monitoring all cases linked to the viral pneumonia infections in Wuhan, Hubei Province in mainland China.

To help prevent the spread of the disease, all OFWs are reminded of the following advice from the World Health Organization for tourists and the general public:

1. Avoid close contact with people suffering from acute respiratory infections;
2. Frequent hand-washing or use alcohol-based hand rub, especially after direct contact with ill people, their environment and before touching the eyes, nose and mouth;
3. Avoid close contact with live or dead farm or wild animals;
4. Travellers with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands);
5. Avoid visiting crowded places and hospitals; wear a mask if necessary; and
6. If developing symptoms such as fever or respiratory symptoms, put on a mask and consult a doctor immediately. Let the doctor know if you have travelled to affected areas before disease onset; suspend work and stay at home for rest if recommended by doctors.

We enjoin our OFW kababayans to immediately report suspected cases of OFWs with symptoms to hospitals and the Philippine Overseas Labor Offices (POLOs) for possible assistance.

OFWs are also encouraged to monitor all advisories issued by their host government for information and guidance.

29 JAN 2020

SILVESTRE H. BELLO III
Secretary
Dept. of Labor & Employment
Office of the Secretary

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

LAWOR ADVISORY NO. 09
Series of 2020

GUIDELINES ON THE IMPLEMENTATION
OF FLEXIBLE WORK ARRANGEMENTS AS REMEDIAL MEASURE DUE TO
THE ONGOING OUTBREAK OF CORONAVIRUS DISEASE 2019 (COVID-19)

I. PURPOSE

In view of the ongoing outbreak of COVID-19 worldwide and its impact on the country's business and economy, this Advisory is being issued to assist and guide employers and employees in the implementation of various flexible work arrangements as alternative coping mechanism and remedial measures. The adoption of flexible work arrangements is considered as better alternatives than outright termination of the services of the employees or the total closure of the establishments.

The Department recognizes the desirability and practicality of flexible work arrangements that may be considered by employers after consultation with the employees, taking into account the adverse consequences of the situation on the financial viability of the company.

II. CONCEPT

Flexible work arrangements refer to alternative arrangements or schedules other than the traditional or standard workhours, workdays and workweek.

The effectivity and implementation of any of the flexible work arrangements shall be temporary in nature, subject to the prevailing conditions of the company.

III. FLEXIBLE WORK ARRANGEMENTS

The following are the flexible work arrangements which may be considered, among others:

1. Reduction of Workhours and/or Workdays refers to one where the normal workhours or workdays per week are reduced.

2. Rotation of Workers refers to one where the employees are rotated or alternately provided work within the week.

3. Forced Leave refers to one where the employees are required to go on leave for several days or weeks utilizing their leave credits, if there are any.

The employers and the employees are encouraged to explore other alternative work arrangements in order to cushion and mitigate the effect of the loss of income of the employees.

IV. ADMINISTRATION

The employer and the employees who have adopted the flexible work arrangements shall be primarily responsible for its administration. In case of differences of interpretation, the following guidelines shall be observed:

1. The differences shall be treated as grievances under the applicable grievance mechanism of the company.

2. If there is no grievance mechanism or if this mechanism is inadequate, the grievance shall be referred to the Regional Office which has jurisdiction over the workplace for appropriate conciliation.

3. To facilitate the resolution of grievances, employers are required to keep and maintain, as part of their records, the documentary requirements proving that the flexible work arrangement was adopted.

V. POSTING AND NOTICE

Establishments implementing the flexible work Arrangements provided herein shall post a copy of this Advisory in a conspicuous location in the workplace.

The employer shall notify the Department through the Regional/Provincial/Field Office which has jurisdiction over the workplace of the adoption of any of the above flexible work arrangements. The notice shall be in the Report Form attached to this Advisory.

VI. MONITORING AND ENFORCEMENT

The Regional/Provincial/Field Office which has jurisdiction over the workplace shall monitor and verify the proper implementation of this issuance.


SUSASTIE R. BELLO III
Secretary

[Signature]

[Stamp]
SUPPLEMENTAL GUIDELINES RELATIVE TO REMEDIAL MEASURES IN VIEW OF THE ONGOING OUTBREAK OF CORONAVIRUS DISEASE 2019 (COVID-19)

In view of the COVID-19 pandemic as declared by the World Health Organization thereby raising the Code Alert System to Code Red Sub-level 2, and pursuant to the directive of President Rodrigo Roa Duterte, the following guidelines are hereby issued to help ensure containment of COVID-19 transmission through adoption of flexible work arrangements and observance of strict social distancing measures, i.e. at least one (1) meter radius between and among workers:

1. As better alternatives to outright termination of the services of the employees or the total closure of the establishments, flexible work arrangements referred to under Labor Advisory No. 09, Series of 2020, including, but not limited to, other work arrangements, such as telecommuting, work from home, reduction of workdays/hours, rotation of workers and forced leaves, are hereby reiterated and highly encouraged in establishments that continue to operate.

2. All manufacturing, retail and service establishments are advised to remain in operation during the community quarantine period, provided that social distancing and other safety and health measures are strictly observed.

3. The leaves of absence during the community quarantine period shall be charged against the workers’ existing leave credits, if any. Remaining unpaid leaves during said period may be covered and be subject to the conditions provided in the DOLE’s proposed COVID-19 Adjustment Measures Program.

4. Residents of nearby cities and/or municipalities outside the National Capital Region who work in Metro Manila shall be allowed to report for work provided that they present proof of employment and residency in checkpoints such as:
   a. Identification card (ID) containing the company address/place of work and employee’s place of residence; or
   b. Certification of employment issued by the company which shall state the place of work.

The same shall apply to residents in Metro Manila who work in nearby cities and/or municipalities outside the National Capital Region.

5. Self-employed workers shall be allowed to travel to and from the NCR. Provided, that proof of business or economic activity must be presented at border checkpoints.

6. Those delivering goods such as food, raw materials, etc. should have access in Metro Manila, provided that they present proof of delivery receipt stating the address of the establishment to receive the goods.

7. All healthcare facilities shall be fully operational and their employees shall be allowed to move from Metro Manila to other regions and vice versa.

8. The Department of Labor and Employment, through the Regional Offices, shall strictly enforce the implementation of this Labor Advisory.

Be guided accordingly.

SILVESTRE H. BELLO III
Secretary

Dept. of Labor & Employment
Office of the Secretary

14 March 2020
Establishment Report on COVID-19

(Region-PO/FO-Year-Month-Count)

Instructions:
1. Accomplish this form in two copies when filing a notice of: a) Flexible Work Arrangement or b) Temporary Closure. The report is considered as duly filed when the complete list of workers affected is made part of the submission.
2. This form should be submitted to the DOLE Regional/Provincial/Field Office at least thirty (30) calendar days prior to the effectiveness of temporary closure or at least one (1) week prior to the implementation of FWA.
3. Page 1 should contain general information about the establishment and the number of workers affected.
4. Page 2 should enumerate the names of workers affected, their addresses and contact numbers, position title and salary.
5. Total number of workers listed should equal the total number of workers affected as reported in this page.

A. Establishment Data

Name of Establishment: (Please indicate registered name as reflected in the business permit)

Floor/Bldg/No/Street/Subdivision:
Barangay/City/Municipality:
Kind of Business/Economic Activity/Principal Product:
Number of Workers:

Date of Filing: (mm/dd/yyyy)

B. Summary of Affected Workers due to

B.1 Flexible Work Arrangement

<table>
<thead>
<tr>
<th>No. of Workers Covered/Affected</th>
<th>Effectivity Date (mm/dd/yyyy)</th>
<th>Type of Flexible Work Arrangement to be Implemented (Use code below, select only one)</th>
</tr>
</thead>
</table>

Codes for Flexible Work Arrangement Scheme:
- FL - Forced Leave
- RE - Rotation of Employees
- OTH - Others (Specify)

B.2 Temporary Closure

<table>
<thead>
<tr>
<th>No. of Workers Covered/Affected</th>
<th>Effectivity Date (mm/dd/yyyy)</th>
<th>Main Reason of Temporary Closure (Use code below, select only one)</th>
</tr>
</thead>
</table>

Codes for Main Reason for Temporary Closure:
- I - Infection (COVID-19)
- LRM - Lack of Raw Materials
- OTH - Others (Specify)

Certification

This is to certify as to the accuracy of the data provided in this report.

Name and Signature of Owner/Company Representative:

Designation:
Fax No.:
Contact No.:
Email Address:

For DOLE (Regional/Provincial/Field Office): Use only:

Received/Verified by:

Name and Signature of DOLE Representative:
Date:

Updates/Remarks, if any:

a) Provision of assistance (please specify)

b) Estimated date of resumption of normal business operations:

c) Others (please specify):

Name and Signature of DOLE Representative:
Date:
# LIST OF AFFECTED WORKERS DUE TO COVID-19

**Instructions:** If necessary, use additional sheets following the same format.

**Profile of Affected Workers**

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of Worker (Last Name, First Name, M.I.)</th>
<th>Age</th>
<th>Sex</th>
<th>Home Address</th>
<th>Contact Number</th>
<th>Designation</th>
<th>Employment Status (regular, contractual, etc.)</th>
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*Indicates whether per hour, per day or per month*
PHILIPPINE COLLEGE OF OCCUPATIONAL MEDICINE, INC.

PCOM ADVISORY

What is Corona Virus?

According to the Centers for Disease Control and Prevention, the novel coronavirus (nCoV) is a new coronavirus that has not been previously identified. The 2019 novel coronavirus (2019-nCoV), is not that same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

PRACTICING PROPER HYGIENE IS STILL THE BEST OPTION FOR PREVENTION

Proper hand-washing
40-60 seconds

Handrub with 60-90% alcohol for 20-30 seconds

Practice personal hygiene to prevent infection

When coughing & sneezing use tissue or into your upper sleeve

AVOID ANIMAL contact

Cook food properly

STAY CALM AND REMAIN VIGILANT!

PLEASE CALL THE DOH HOTLINES
8711-1001
8711-1002

Wearing face mask is NOT RECOMMENDED for the general public, however for HEALTH WORKERS extra precautionary measures and the use of PPE properly worn and disposed accordingly should be maintained.

LABOR ADVISORY NO. 04-20

GUIDELINES ON 2019 NOVEL CORONAVIRUS (2019-nCoV) PREVENTION AND CONTROL AT THE WORKPLACE

WORKPLACE UPDATES:
https://www.dole.gov.ph

INTERNATIONAL UPDATES:
https://www.who.int

LOCAL UPDATES:
https://www.doh.gov.ph

GET A COPY OF THE FLOWCHART TO IDENTIFY AND ASSESS 2019 NOVEL CORONAVIRUS

https://www.cdc.gov

mnco2/2/2020
PHILIPPINE COLLEGE OF OCCUPATIONAL MEDICINE, INC.

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Immediate Past President

3 February 2020

TO: PCOM Members

FROM: Philippine College of Occupational Medicine, Inc.

RE: PCOM Advisory 02-2020
2019-nCOV

The Philippine College of Occupational Medicine assures all Filipino workers that our occupational health physicians and other occupational health personnel in workplaces are doing measures to prevent the spread of viral pneumonia infections specifically the novel coronavirus (2019-nCOV).

To help prevent the spread of disease, all occupational health physicians are reminded to collaborate with other occupational health nurses and practitioners, management, and other workers regardless of their position and work for the effective prevention of spread of the virus through the following control measures:

1. Information awareness on 2019-nCOV especially its transmission, disease outcome, and possible treatment options and referral systems.

2. Clean work areas and work stations in your workplaces with disinfectant with good housekeeping (SS).

3. Regular maintenance of ventilation systems in your workplaces.

4. Emphasize proper handwashing and ensure that clean water supply, soap, sanitizers, alcohol, and other disinfectants are available in comfort rooms and other strategic areas in your workplaces.

5. Ensure proper food preparation, handling, and cooking of food in your cafeteria or canteen.

6. Promote to all workers the importance of keeping themselves healthy and keeping workplaces clean, like:

   a. Respiratory Hygiene / Cough Etiquette
      i. Cover the nose and mouth with tissue when coughing or sneezing.
      ii. Use the nearest waste receptacle to dispose of the tissue after use.
      iii. Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.

   b. Having adequate rest and proper nutrition.

   c. Adequate physical activity and staying hydrated.

7. Other health information and workplace provisions may be accessed respectively through the Department of Health and through the Department of Labor and Employment Labor Advisory No. 04-20.

References:
https://www.cdc.gov/flu/professionals/infectioncontrol/resphiygiene.htm
ANNEX I

Philippine Society for Microbiology and Infectious Diseases
2019 Novel Coronavirus (nCoV) Taskforce

Algorithm for Triage of Patients with Suspected 2019-nCoV Infection

Version 3, 31 January 2020

Exposure

From China (including Macau, Taiwan, and Hong Kong)

OR

Close Contact (any of the following):
With a confirmed or probable case within 14 days of illness onset;
Visiting or working in live animal market in China 14 days prior to symptom onset;
Working in a hospital within 14 days of onset where patients with hospital-associated nCoV infection have been reported.

OR

Healthcare worker who is working in an environment where SAR infections of unknown etiology are attended.

Exposure

YES

Symptoms

Fever

OR

Cough or other respiratory symptoms

YES

PUI

NOTE

Inform RESU; Send home with Advice*

NO

PUM

Refer to ER or other clinic for appropriate work-up and management

Timing

Did the symptoms occur within 14 days of exposure?

YES

NO

Refer to ER or other clinic for appropriate work-up and management

Notes:
1. This algorithm is consistent with the DOH Decision Tool for Novel Coronavirus: Assessment for Bureau of Quarantine and Hospitals dated 30 January 2020.
2. Acronyms: PUI = Person Under Investigation; PUM = Person Under Monitoring; RESU = Rapid Epidemiology and Surveillance Unit; nCoV = Novel coronavirus; SAR = Severe Acute Respiratory (Infections); ER = Emergency Room; CIF = Case Investigation Form; NPS = nasopharyngeal swab; ODS = oropharyngeal swab

*Home Quarantine Instructions for PUM
- Stay home except to get medical care
- Separate yourself from other people in your home
- Call ahead before visiting your doctor
- Wear a mask
- Cover your cough and sneezes
- Wash your hands frequently
- Avoid sharing household items
- Monitor your symptoms

ANNEX J

Mental Hygiene Practices

FOCUS ON THE THINGS THAT WE HAVE CONTROL OF.

Let us do the things that we can do to prevent the spread of the disease i.e. our personal hygiene, cleaning of our surroundings, doing our daily activities while being conscious of maintaining social distance, etc.

THIS IS VERY IMPORTANT

REMAIN CALM AND COMPOSED.

DIGITAL DETOXIFICATION

Although we get our information from our social network accounts, a number of these information are unverified and at times fake, thus triggering more fear and panic in us. Digital detoxification may prove beneficial i.e. checking our gadgets only at specific times and ensuring that we avoid reading information from dubious accounts.

SHARE YOUR RESOURCES WITH THOSE WHO MAY NEED IT

Sharing is not only giving away something that we own, but being conscious of getting only what we really need so that the others may also get their fair share.

PRAY

No matter what our religion is, one of the sources of strength that we can draw from is the belief that a Higher Power is in control.

For other concerns, kindly contact us at 0917-565-2083 or 0921-4958-59 Mondays to Fridays from 7:00 AM - 4:00 PM. Our clinic is open up to Saturdays from 7:00 AM - 4:00 PM.
PHILIPPINE COLLEGE OF OCCUPATIONAL MEDICINE, INC.

DEPARTMENT ORDER NO. 209
Series of 2020
GUIDELINES ON THE ADJUSTMENT MEASURES PROGRAM FOR AFFECTED WORKERS DUE TO THE CORONAVIRUS DISEASE 2019

In the interest of service and pursuant to Presidential Proclamation No. 922, Series of 2020 declaring a State of Public Health Emergency throughout the Philippines due to the Coronavirus Disease 2019 (COVID-19) pandemic and its impact on the country’s economy, the Department of Labor and Employment (DOLE) hereby promulgates the following Guidelines on the implementation of the COVID-19 Adjustment Measures Program (CAMP).

Article I
GENERAL PROVISIONS

Section 1. Declaration of Policy. The State guarantees the protection of labor, promotion of full employment, and equality of employment opportunities for all. It is the policy of the State to uphold the people’s constitutional rights to life and property, and provide maximum care, assistance and services to individuals and families affected by disaster; implement emergency rehabilitation projects to lessen the impact of disaster, and facilitate resumption of normal social and economic activities.

The outbreak of COVID-19 constitutes an emergency that threatens public health and national security which requires a whole-of-government response including the implementation of urgent and critical measures to mitigate its effects and impact to the community, and prevent serious disruption of the functioning of government and the community.

Section 2. Policy Objective. This Guidelines seeks to ensure the effective and streamlined implementation of the CAMP. This Guidelines specifies the objectives and coverage, program assistance and corresponding requirements, and the procedures concerning the delivery of financial support as means of social protection and welfare for affected workers in the formal sector.

Section 3. Definition of Terms. The following terms, as used in this Guidelines, shall refer to:

a. Affected establishments – private establishments that have implemented Flexible Work Arrangements (FWAs) as defined under DOLE Labor Advisory No. 09, Series of 2020 (i.e. reduction of workhours/workdays, rotation of workers, forced leave) or temporary closure as mitigating measures due to the COVID-19 pandemic.

b. Affected workers – workers in private establishments whose employment face or suffer interruption due to the COVID-19 pandemic, such as:

i. Retained workers who do not receive regular wage – workers whose working hours and, therefore, regular wage is reduced due to the implementation of Flexible Work Arrangements, as defined under DOLE Labor Advisory No. 09, Series of 2020, (i.e. reduction of workhours/workdays, rotation of workers, forced leave) as mitigating measures enforced by the employer.

ii. Suspended workers – workers whose employment is temporarily suspended by reason of the suspension of operations of the employer’s business establishment.

c. Formal sector workers – workers in the formal economy, regardless of status, or those who are employed by any person acting directly or indirectly in the interest of an employer in relation to an employee.

Article II
PROGRAM DESCRIPTION

Section 1. Program Description. The CAMP is a safety net program that offers financial support to affected workers in private establishments that have adopted FWAs or temporary closure during the COVID-19 pandemic.

Section 2. Program Objectives. The CAMP aims to provide financial support to affected workers in private establishments to mitigate the adverse economic impacts and reduction of income brought about by the COVID-19 pandemic.

Section 3. Period and Coverage. The CAMP shall cover workers in private establishments affected by the COVID-19 pandemic from its onset in January 2020 until the lifting of the Stringent Social Distancing Measures in the National Capital Region on 14 April 2020, unless extended by the Inter-Agency Task Force for the Management of Emerging Infectious Diseases. Large establishments are highly encouraged to cover the full wages of employees within the one- (1) month community quarantine period.

Section 4. Exclusion. Government employees are excluded from the program.

Article III
PROGRAM ASSISTANCE

Section 1. Financial Support. This component shall provide affected workers with financial relief necessary to mitigate the immediate adverse economic impacts of the COVID-19 pandemic. Relative to DOLE Labor Advisory No. 11, Series of 2020, which states that workers’ leaves of absence during the quarantine period are to be charged against their leave credits, the financial assistance may be used to cover remaining unpaid leaves of affected workers. A one-time financial assistance equivalent to Php 5,000.00 shall be provided to affected workers in lump sum, non-conditional, regardless of employment status.

Section 2. Employment Facilitation. This component shall provide affected workers access to available job opportunities suitable to their qualifications through job matching, referral and placement services either for local or overseas employment, employment coaching, and labor market information.

1 Republic Act 10121 (Philippines Disaster Risk Reduction and Management Act of 2010)
2 Proclamation No. 922 (Declaring a State of Public Health Emergency Throughout the Philippines) and Inter-Agency Task Force for the Management of Emerging Infectious Diseases Joint Resolution Nos. 11 and 12, Series of 2020
3 Republic Act No. 8425 otherwise known as the Social Reform and Poverty Alleviation Act
4 Memorandum from the Executive Secretary on Stringent Social Distancing Measures and Further Guidelines for the Management of the Coronavirus Disease 2019 (COVID-19) Situation Issued 13 March 2020
b. Affected workers — workers in private establishments whose employment face or suffer interruption due to the COVID-19 pandemic, such as:
   i. Retained workers who do not receive regular wage — workers whose working hours and, therefore, regular wage is reduced due to the implementation of Flexible Work Arrangements, as defined under DOLE Labor Advisory No. 09, Series of 2020, (i.e. reduction of workhours/workdays, rotation of workers, forced leave) as mitigating measures enforced by the employer
   ii. Suspended workers — workers whose employment is temporarily suspended by reason of the suspension of operations of the employer’s business establishment
   c. Formal sector workers — workers in the formal economy, regardless of status, or those who are employed by any person acting directly or indirectly in the interest of an employer in relation to an employee.  

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Section 1. Program Description. The CAMP is a safety net program that offers financial support to affected workers in private establishments that have adopted FWAs or temporary closure during the COVID-19 pandemic.

Section 2. Program Objectives. The CAMP aims to provide financial support to affected workers in private establishments to mitigate the adverse economic impacts and reduction of income brought about by the COVID-19 pandemic.

Section 3. Period and Coverage. The CAMP shall cover workers in private establishments affected by the COVID-19 pandemic from its onset in January 2020 until the lifting of the Stringent Social Distancing Measures in the National Capital Region on 14 April 2020, unless extended by the Inter-Agency Task Force for the Management of Emerging Infectious Diseases. Large establishments are highly encouraged to cover the full wages of employees within the one (1) month community quarantine period.

Section 4. Exclusion. Government employees are excluded from the program.

Article III
PROGRAM ASSISTANCE

Section 1. Financial Support. This component shall provide affected workers with financial relief necessary to mitigate the immediate adverse economic impacts of the COVID-19 pandemic. Relative to DOLE Labor Advisory No. 11, Series of 2020, which states that workers’ leaves of absence during the quarantine period are to be charged against their leave credits, the financial assistance may be used to cover remaining unpaid leaves of affected workers. A one-time financial assistance equivalent to Php 5,000.00 shall be provided to affected workers in lump sum, nonconditional, regardless of employment status.

Section 2. Employment Facilitation. This component shall provide affected workers access to available job opportunities suitable to their qualifications through job matching, referral and placement services either for local or overseas employment, employment coaching, and labor market information.

Article V
PROGRAM MANAGEMENT

Section 1. DOLE Crisis Management Team. The DOLE Crisis Management Team shall ensure the soundness of the policies and effectiveness of interventions for workers whose employment was interrupted due to the COVID-19 pandemic. The DOLE Crisis Management Team shall be composed of the following:

Chairpersons:
- Undersecretary for Regional Operations, Labor Standards, and Special Concerns
- Undersecretary for Employment and General Administration

Vice-Chairs:
- Assistant Secretary for Regional Operations, Labor Standards, and Special Concerns
- Assistant Secretary for Labor Relations, Social Protection and Policy Support
- Assistant Secretary for Employment and General Administration

Members:
- Bureau of Local Employment (BLE)
- Bureau of Working Conditions (BWC)
- Financial and Management Service (FMS)
- Planning Service (PS)
- Legal Service (LS)
- Institute for Labor Studies (ILS)
- Information and Publication Service (IPS)

Section 2. DOLE Regional Office. The DOLE Regional Offices, through the Regional Directors, shall perform the following:

a. Receive applications with complete documentary requirements;

b. Monitor affected workers through Establishment Report or profiling of affected workers due to the COVID-19 pandemic;

c. Facilitate the provision of assistance to affected workers;

d. Conduct advocacy campaigns and information dissemination activities;

e. Ensure timely delivery of services to beneficiaries; and

f. Prepare and submit monitoring reports to the Chairperson of the DOLE Crisis Management Team, providing copies of said reports to the BLE.

Section 3. DOLE Field/Satellite Office. The DOLE Field/Satellite Offices shall:

a. Receive applications with complete documentary requirements;

b. Conduct preliminary evaluation of received applications;

c. Endorse pre-evaluated applications to the concerned DOLE Regional Office for further review or for final approval/denial, whichever is applicable.

Article VI
PROGRAM MONITORING AND EVALUATION

Section 1. Monitoring. To ensure that program objectives are met and beneficiaries are assisted, the concerned DOLE Regional Office shall prepare and submit monitoring reports composed of an updated list of affected workers, approved beneficiaries and program implementation issues encountered. All reports shall be consolidated and evaluated by the BLE, and shall be submitted to the Office of the Secretary through the Chairperson of the DOLE Crisis Management Team.
Section 2. Evaluation. An evaluation of the program implementation shall be conducted three (3) months after its commencement to determine the soundness of the policies and effectiveness of the program. Regular meetings of the DOLE Crisis Management Team shall be conducted to discuss and resolve issues and problems arising from the program implementation as the need arises.

Article VII
BUDGET

The DOLE shall allocate and utilize funds to be sourced from the budget under the Social Protection Programs of the 2020 General Appropriation Act, and if applicable or granted under the President’s Contingency Fund, for the following items subject to the usual accounting and auditing rules and regulations:

a. Financial Support;

b. Administrative funds to DOLE Regional Offices for the implementation and monitoring of the program; and

c. Administrative funds to the Central Office for the operationalization, implementation, and monitoring of the program.

Article VIII
MISCELLANEOUS PROVISIONS

Section 1. Separability Clause. If any portion or provision of this Order is declared void or unconstitutional, the remaining portions or provisions thereof shall not be affected by such declaration.

Section 2. Retroactive Clause. This Department Order shall be retroactive from January 2020.

Section 3. Effectivity. This Department Order shall take effect three (3) days after its publication in the Official Gazette or in at least one (1) newspaper of general circulation.

Approved this ___th day of ____________, 2020.

SILVESTRE H. BELLO III
Secretary
LABOR ADVISORY NO. 12
Series of 2020

In the interest of service and pursuant to the DOLE Department Order No. 209, Series of 2020 or Guidelines on the COVID-19 Adjustment Measures Program (CAMP), the following clarificatory guidelines are issued:

1. **Definition of Affected Worker [Article I, Section 3(b)].** Affected workers, regardless of status (i.e. permanent, probationary, or contractual), are those employed in private establishments whose operations are affected due to the COVID-19 pandemic.

2. **Coverage [Article II, Section 3].** Program coverage is nationwide.

3. **Documentary Requirements [Article IV, Section 1(b)].** Establishments must accomplish the revised Establishment Report Form (ERF) (Annex A) particularly the indicated mandatory fields. Company payroll for the month of February or earlier must be submitted along with the accomplished ERF.

4. **Submission of Applications [Article IV, Section 1(c)(i)].** Attached is the RO directory (Annex B) for the online submission of documentary requirements to the appropriate DOLE Regional Office (RO) or any of its Provincial/Field Offices (PO/FO).

5. **Disbursement of Financial Support [Article IV, Section 2(a)(i)].** The concerned DOLE RO/PO/FO shall issue the financial support (FS) directly to the employees' payroll account through bank transfer at the soonest possible time upon receipt of complete documentary requirements. For cash payroll, FS shall be received through money remittance.

6. **Effectivity [Article VIII, Section 3].** The CAMP shall be effective on 21 March 2020, three (3) days after its publication in the Philippine Daily Inquirer on 18 March 2020. It shall be applied retroactively from January 2020.

For information and guidance.

18 March 2020

SILVESTRE H. BELLON
Secretary
<table>
<thead>
<tr>
<th>DOLE Regional Office</th>
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<tr>
<td>DOLE-National Capital Region</td>
<td><a href="mailto:camp.dolenc@gmail.com">camp.dolenc@gmail.com</a></td>
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<tr>
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Guidelines for Institutional Ethics Services Responding to COVID-19

Clinical ethics consultation (CEC) services, clinical ethics consultants, and ethics committees should recognize duties to promote equality of persons and equity in distribution of risks and benefits in society and consider how best to support clinical practice during a public health emergency.

A hospital’s institutional ethics services should prepare for service during a public health emergency.

- Leaders of institutional ethics services, such as ethics committee chairs or clinical ethics consultants, should determine the availability of committee members and consultation providers for service during a public health emergency, mindful that clinicians may have patient care roles and that many members will be limited to remote access.

- Preparation to provide ethics services during a public health emergency should focus on the consequences of contingency levels of care for patient-centered care, the consequences of crisis standards of care for patient preferences, and how ethics services will support clinicians in managing foreseeable ethical challenges in the care of patients with COVID-19. Training in or working knowledge of key principles of public health ethics and disaster response is integral to preparation.

- Ethics leadership should support and contribute to discussion, review, and updating of relevant policies and processes with reference to the ethical duties outlined in this document.

- Ethics services should collaborate with interdisciplinary palliative care services concerning practice under contingency and crisis conditions, in view of their frequent collaboration under normal conditions and the likelihood that these services will be short-staffed.

- Ethics services should prepare to respond to staff moral distress under crisis conditions, with attention to different clinical areas, such as the emergency department, medical ward, and ICU, and to support across shifts. Training in or working knowledge of key principles of public health ethics and disaster response is integral to preparation.

- Clinical ethics consultants should review and update consultation processes and practices to accommodate resource limitations, infection control restrictions, and visitor restrictions.

XI. References

- [www.osha.gov](http://www.osha.gov)
- World Health Organization
- Center for Disease Control and Prevention
- Department of Labor and Employment
- Bureau of Working Conditions
- Department of Health
- Philhealth
- Philippine Society for Microbiology and Infectious Diseases
- Ministry of Health Singapore
- [http://thehastingscenter.org/ethicalframeworkcovid19](http://thehastingscenter.org/ethicalframeworkcovid19)
PCOM COVID-19 Interim Guidelines

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"An ounce of prevention is worth a pound of cure."

Benjamin Franklin