

### Republic of the Philippines

## Department of Education REGION V SCHOOLS DIVISION OF SORSOGON

October 12, 2020

Division Memorandum No <u>155</u>s. 2020

### REITERATION ON THE STRICT IMPLEMENTATION OF DEPED ORDER NO. 14 S. 2020 GUIDELINES ON THE REQUIRED HEALTH STANDARDS IN BASIC EDUCATION AND SCHOOLS

TO: Assistant Schools Division Superintendent
Chief CID and SGOD
Public Schools District Supervisor
School Heads, Public Elementary and Secondary
School Health and Nutrition Section
All others concerned

- This office reiterates the strict compliance of all schools to Deped Order No. 14 S. 2020 re: Guidelines on the Required Health Standards in Basic Education and Schools. All personnel are hereby instructed to adhere with the General Health & Safety Protocols as stipulated in the Specific Measures for COVID- 19 Prevention and Mitigation in Schools (I.A.1);
  - I. Routine and Protocols for health and safety
    - A. General health and Safety Protocols
      - 1. Practice respiratory and other protective measures.
        - a. Practice physical distancing (at least 1 meter-apart) at all times.
        - b. Frequently clean hands by using alcohol- based hand rub/disinfectants or by proper handwashing with soap and water. Teachers shall allot specific periods among learners for regular and thorough handwashing with soap and water, subject to the strict observance of physical distancing.
        - c. When sneezing/ coughing, use tissue or inner portion of elbow to cover nose and mouth, and be sure that proper distance is maintained. Do not cover mouth with the hand.
        - d. Observe proper use of face masks at all times. Both nose and mouth must be covered.
          - i. Those with no symptoms may use cloth/ washable face mask, earloop masks, or face shields, handkerchiefs, or such other protective equipment or any combination thereof, which can effectively lessen the transmission of COVID- 19.
          - ii. Surgical masks- to be stored in the school clinic and available at the school entrances, shall be reserved for asymptomatic individuals and health care providers. Individuals who will manifest symptoms shall be immediately provided with a surgical mask and brought to the school clinic for checking/ monitoring/ advice; e.g., send home, refer to a hospital/ appropriated health authority, etc.
        - e. Practice proper disposal of tissue and masks after use.



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- 2. Moreover, Provincial Executive Order No. 44- 2020 sections 2 to 5 suggests, mandatory social distancing, wearing of face Mask, sanitation and disinfection, and recording of contact details in all establishments, offices and gatherings.
- 3. Further, this Office recommends temporary suspension of activities which may require actual visit to learners in specific areas in the municipality with identified active COVID- 19 cases.
- 4. Resumption of activities shall be dependent on the lifting of restrictions on identified municipalities with active cases. Consultation from Regional/Provincial/Hospital/City/Municipal Epidemiology and Surveillance Unit (RESU/PESU/HESU/CESU/MESU) and/ or School Health & Nutrition Section is advised.
- 5. Use of the Health Declaration form in all schools and offices is required and shall be filled up prior to the visit to the said office and shall be placed on a drop box after temperature check. Copy of the health declaration form is hereto attached as Annex A.
- 6. For Information, guidance and strict compliance.

JOSE L. DONCILLO, CESO V Schools Division Superintendent



Republic of the Philippines
Department of Education
REGION V
SCHOOLS DIVISION OF SORSOGON

HEALTH DEC			
	DATE/ TIME	IN	OUT
NAME: AGE:			
ADDRESS:			
STATION/ OFFICE:			
MOBILE NUMBER: RECENT TRAVEL			
HISTORY outside of			
Sorsogon Province:			
BODY TEMPERATURE (to be filled up at the SDO triage)			
Experienced the Following days?	symptoms w	rithin the	last 2-14
SYMPTOMS		YES	NO
Fever (37.5 OC above)			
Cough Colds			
Body pains			
Other Symptoms			
Offices Visited:	Name	e/ Signat	ture
	SI	GNATURE	
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SIGNATURE



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Department of Education

REGION V

SCHOOLS DIVISION OF SORSOGON

#### HEALTH DECLARATION FORM

DATE/ TIME	IN	OUT

NAME:	
AGE:	
ADDRESS:	
STATION/ OFFICE:	
MOBILE NUMBER:	
RECENT TRAVEL	
HISTORY outside of	
Sorsogon Province:	
BODY TEMPERATURE (to	
be filled up at the SDO	
triage)	

Experienced the Following symptoms within the last 2-14 days?

SYMPTOMS	YES	NO
Fever (37.5 OC above)		
Cough		
Colds		
Body pains		
Other Symtoms		

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Offices Visited:	Name/ Signature
	SIGNATURE



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#### HEALTH DECLARATION FORM

DATE/ TIME

OUT

IN

NAME:	
AGE:	
ADDRESS:	
STATION/ OFFICE:	
MOBILE NUMBER:	
RECENT TRAVEL	
BODY TEMPERATURE (to	

Experienced the Following symptoms within the last 2-14

SYMPTOMS	YES	NO
Fever (37.5 OC above)		
Cough		
Colds		
Body pains		
Other Symtoms		

Offices Visited:	Name/ Signature
	SIGNATURE