



JOINT MEMORANDUM CIRCULAR NO. 20-04
Series of 2020

**DTI AND DOLE SUPPLEMENTAL GUIDELINES ON WORKPLACE
PREVENTION AND CONTROL OF COVID-19**

WHEREAS, by virtue of its powers vested in Article 162 of the Labor Code, the Department of Labor and Employment (DOLE) promulgated the Occupational Safety and Health Standards (OSH) to protect every worker against the dangers of injury, sickness, or death through safe and healthful working conditions;

WHEREAS, the Department of Trade and Industry (DTI) is mandated under Executive Order No. 292 dated 25 July 1987 as the primary coordinative, promotive, facilitative and regulatory arm of the Executive Branch of government in the area of trade, industry and investments, and shall act as catalyst for intensified private sector activity in order to accelerate and sustain economic growth;

WHEREAS, Section 2, Chapter II of Republic Act (RA) No. 11058 entitled “An Act Strengthening Compliance with Occupational Safety and Health Standards and Providing Penalties for Violations Thereof,” expressly provides that it shall apply to all establishments, projects, sites, including establishments located inside special economic zones and other investment promotion agencies, such as Philippine Economic Zone Authority (PEZA), and Clark Development Corporation (CDC), and all other places where work is being undertaken in all branches of economic activity, except in the public sector;

WHEREAS, on 03 February 2020, the Department of Health (DOH) issued Department Memorandum No. 2020-0056 which provides for the “Interim Guidelines for 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Response in the Workplace” which enumerated the necessary precautions to prevent, contain, and mitigate the possible transmission of the disease in workplaces in the country;

WHEREAS, on 27 April 2020, the DOH issued Administrative Order No. 2020-0015 on the Guidelines on the Risk-based Public Health Standards for COVID-19 Mitigation, prescribing the minimum public health standards to be adhered by all sectors and requiring, among others, employers to subject all employees and customers to temperature checks prior to entering the establishment, building or office spaces;

WHEREAS, on 29 April 2020, the Inter Agency Task Force for the Management of Emerging Infectious Disease (IATF) approved the Omnibus Guidelines for the Implementation of Community Quarantine in the Philippines (“Omnibus Guidelines”) for recommendation to the President, mandating *“all persons to wear face masks, earloop masks, indigenous, reusable, do-it-yourself masks, or face shields, handkerchief, or such other protective equipment, or any combination thereof, which can effectively lessen the transmission of COVID-19;”*

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JOEL R. CRUZ
Director, HRAS
Department of Trade & Industry

WHEREAS, under the said Omnibus Guidelines, minimum public health standards shall refer to the *“guidelines set by the DOH, as well as sector-relevant guidelines issued by government agencies, to aid all sectors in all settings to implement non-pharmaceutical interventions (NPI), which refer to public health measures that do not involve vaccines, medications or other pharmaceutical interventions, which individuals and communities can carry out in order to reduce transmission rates, contact rates, and the duration of infectiousness of individuals in the population to mitigate COVID-19;”*

WHEREAS, on 30 April 2020, Executive Order No. 112 s. 2020 approved the said Omnibus Guidelines and granted the IATF authority to approve any amendment or modification thereof without need of further approval by the President;

WHEREAS, on even date, the DTI and DOLE issued the Interim Guidelines on Workplace Prevention and Control of COVID-19 providing for the guidelines *“to assist private institutions that are allowed to operate during the Enhanced Community Quarantine (ECQ) and General Community Quarantine (GCQ) in developing the minimum health protocols and standards in light of the COVID-19 pandemic;”*

WHEREAS, on 11 May 2020, the DOH issued Memorandum Order No. 2020-0022 or the *“Interim Guidelines on the Return-to-Work”* enumerating the protocols on screening and testing of asymptomatic returning employees and workers, among others;

WHEREAS, on 29 May 2020, DOH Department Memorandum Nos. 2020-0258 was issued providing for the *“Updated Interim Guidelines on Expanded Testing for COVID-19,”* and identified the sub-groups of at-risk individuals arranged in order of greatest to lowest need for testing;

WHEREAS, on 29 June 2020, IATF Resolution No. 50 was issued supporting the recommendation to further open up the economy while revisiting strategies to boost the confidence of people to go back to work and to strengthen the mitigating measures on strictly enforcing minimum public health standards, among others;

WHEREAS, on 02 July 2020, IATF Resolution No. 51 was issued approving the Phase II of the National Action Plan to strategically balance health and economic objectives, and to concentrate efforts on expanded and targeted testing and contact tracing by gradually allowing travel tourism, and non-disruption of work, among others;

WHEREAS, on 06 July 2020, the DOH issued Department Memorandum No. 2020-0258-A, which amended Department Memorandum No. 2020-0258, and provided for additional sub-groups of at-risk individuals required to be tested, such as frontliners in tourist zones and economy employees, among others;

WHEREAS, on 16 July 2020, the IATF further amended the Omnibus Guidelines and provided, among others, that *“(1) the operation of industries and establishments are subject to the visitorial and enforcement powers of the DOLE and DTI, and other appropriate agencies to ensure compliance therewith, especially the compliance with the provisions on maximum allowable operational capacity in establishments, as well as minimum public health standards and protocols, and (2) the national government agencies and instrumentalities including GOCCs and LGUs shall adopt measures lawful and necessary to implement and enforce the minimum public health standards;”*

WHEREAS, on 06 August 2020, IATF Resolution No. 61, Series of 2020 was issued ratifying the Technical Working Group’s adoption of the DOH-DOLE-DTI Joint Supplemental Guidelines on Minimum Health Protocols in the Workplace;

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JOEL R. CRUZ
Director, HRAS
Department of Trade & Industry

WHEREFORE, upon consultation with and recommendation of the DOH, to further ensure the safety and health of employees in the private sector, the following supplemental guidelines are hereby issued for the guidance of all concerned.

I. Coverage

This Joint Memorandum Circular (JMC) shall apply to all private establishments regardless of economic activity, including those located inside special economic zones and other areas under the jurisdiction of Investment Promotion Agencies (e.g. Philippine Economic Zone Authority (PEZA), Clark Development Corporation (CDC), Authority of the Freeport Area of Bataan (AFAB), Aurora Pacific Economic Zone and Freeport (APECO, etc.)).

II. Workplace Safety and Health

Employers are required to implement all necessary workplace safety and health programs, including the following COVID-related programs, at no cost to the employees:

A. Increase Physical and Mental Resilience

1. Employers shall provide their employees with psychosocial support, especially those presenting mental health concerns. If this is not available, a referral system to mental health specialists must be in place, either through establishing a network with an accredited health facility, through telemedicine services, or through the National Center for Mental Health Crisis Hotline at 0917-899-8727 (0917-899-USAP) and (02) 7-989-8727 ((02)-7-989-USAP).
2. Employers shall likewise promote work-life balance, especially in these trying times through proper scheduling of activities and workforce rotation.
3. Company policies on prevention and control of COVID-19 should be aligned with the existing minimum public health standards and guidelines issued by the DOH and other regulatory agencies.

B. Reducing Transmission of COVID-19

1. The following are the minimum public health standards to be complied with in all workplaces:
 - a. Masks
 - i. Medical grade masks are highly encouraged and should be properly disposed of after use.
 - ii. Masks with vents should not be used.
 - iii. Cloth masks, with additional filter such as tissue paper or similar material, may be used as long as they are clean and washed daily. The filter should be changed daily or after every sneezing or coughing episode, and should be properly disposed of after use. Hands should be washed/disinfected before replacing the filters.
 - iv. Frequent mask handling and manipulation should be avoided.
 - b. Face shields
 - i. Face shields shall cover the entire face (completely cover the sides and length of the face). If possible, face shields should extend to the ears and below the chin.
 - ii. Visor-type face shields shall not be allowed.

- iii. Face shields and masks should always be worn together when interacting with colleagues, clients and/or visitors.
 - iv. Face shields may be removed according to the demands of the work or when the occupational safety and health of the employees so requires.
- c. Physical Distancing
- i. Physical distancing of at least one (1) meter, or two (2) meters when possible, shall be observed at all times. This must be practiced in combination with the wearing of masks and face shields.
- d. Frequent Disinfection
- i. Frequent handwashing with soap and water or the application of alcohol-based disinfectants shall be mandatory in all workplaces and is encouraged to be practiced at home.
2. The following disinfecting/washing resources, supplies/materials should be made available to employees and clients/visitors:
- a. hand washing stations,
 - b. soap and sanitizers, and
 - c. hand drying equipment or supplies (e.g. single use paper towel).

The foregoing supplies/materials should be placed in the following strategic locations in the workplace:

- i. Corridors or hallways
 - ii. Conference areas
 - iii. Elevators
 - iv. Stairways
 - v. Points of entry
 - vi. Locker rooms
 - vii. Common areas (e.g. lounge, pantry, etc.)
 - viii. Bathroom
 - ix. Canteen
 - x. Personal workspace
 - xi. Company vehicles and shuttle services
3. Display of signages/visual cues and reminders to practice proper handwashing and other hygiene behaviors among employees is mandatory. These include:
- a. Hand washing with soap and water, or use of hand disinfectants with alcohol-based sanitizers specifically, but not limited to, the following instances:
 - i. Before and after handling food or eating;
 - ii. After using the bathroom;
 - iii. Before and after taking off their face mask and/or face shield;
 - iv. After touching frequently-touched surfaces and objects (e.g. stair railings, elevator controls, door knobs); and
 - v. Before and after touching their face.
 - b. Advising employees to conduct surface disinfection in their work stations before the start of the shift, intermittently during shift and at the end of the shift.
 - c. Discouraging sharing of personal items between employees to prevent possible transmission.

4. Employers classified as large and medium sized private establishments (i.e. those with total assets¹ above PHP15M) are enjoined to provide shuttle services to their employees.

Minimum public health standards should be enforced in the shuttle services, i.e. use of face shields and face masks, observance of physical distancing, and frequent disinfection. Employees inside the vehicles should be required to avoid talking with each other, taking phone calls, eating and removing their masks and shields. Signages of “No Talking,” “No Eating,” and “No Taking Phone Calls” should likewise be displayed or posted on the conspicuous areas in the vehicle.

All vehicle types, as long as not expressly prohibited by the DOTr through an issuance, may be used for shuttle services.

5. Adequate ventilation should be strictly enforced in the following:
 - a. *Inside the workplace* - Natural air flow exchange (opening windows, opening doors, turning off air-conditioning units to reduce air recirculation) is highly encouraged. If possible, the installation of exhaust fans, installation of air filtration devices with High-Efficiency Particulate Air (HEPA) filters or the recalibration of building heating, ventilation and air-conditioning (HVAC) systems should be explored.
 - b. *Inside the shuttle service*– The opening of windows, with at least three (3) inches of opening, while in transit should be practiced whenever possible. The observance of physical distancing of at least one (1) meter and wearing of face masks and face shields shall be followed. Proper disinfection before and after each use of the vehicle is likewise mandatory.
6. Mandatory advocacy awareness raising programs
 - a. In order to enforce these guidelines, the Occupational Safety and Health (OSH) Committee shall facilitate webinars, virtual lectures and trainings on COVID-19, its prevention and control, including best practices to be attended by all employees and management.
 - b. Topics should include:
 - i. Recommended best practices on:
 - a) Wearing of masks and face shield and reducing frequent manipulation;
 - b) Physical distancing;
 - c) Frequent and proper handwashing;
 - d) Frequent Disinfection; and
 - e) Other preventive strategies in reducing the spread of COVID-19.
 - ii. Frequent updates on relevant information, as it becomes available, from the DOH, WHO and other reliable sources, including COVID-19 test protocols
7. Designated smoking areas in the workplaces shall be provided with individual “booths,” subject to the applicable requirements and standards under Republic Act No. 9211 and Executive Order No. 26, S. 2017. Employers shall require employees to strictly observe physical distancing measures and other applicable health protocols (i.e. no talking inside designated smoking areas).

¹Assets shall refer to total assets, inclusive of those arising from loans but exclusive of the land on which the particular business entity's office, plant and equipment are situated. (Section 3, Republic Act 9501 or the Magna Carta for MSMEs)

C. Reduce Contact

1. Most-at-risk population (MARP) for COVID-19 in the workplace (e.g. senior citizens, pregnant women, individuals with underlying health conditions) and those below 21 years old, shall continue to observe work-from-home arrangements. When needed to occasionally report to work, they may be allowed to, provided a certificate of fit to work is secured from the OSH personnel² and must stay in the workplace only for a specified number of hours. They shall limit physical contact inside the premises.
2. Restriction of mass gatherings:
 - a. Depending on the risk classification of the workplace locality, as defined by IATF's risk severity grading, Employers shall follow the restriction on mass gatherings, (i.e only 10% of seating capacity for meeting rooms in high/moderate-risk areas (e.g. confined spaces) and a maximum of 50% seating capacity for low-risk areas (e.g. open areas)).
 - b. Videoconferencing shall always be used for meetings needing large attendance of employees and/or for meetings lasting longer than 15 minutes.
 - c. The safety officer, which refers to any employee or officer of the company trained by the DOLE and tasked by the employer to implement an occupational safety and health program, and ensure that it is in accordance with the provisions of OSH standards, will determine the maximum number of employees allowed to stay at any given time in areas where they usually converge during breaks, or before/after work shifts (e.g. canteens, locker rooms, changing rooms, lounges, rest rooms or comfort rooms). The safety officer shall ensure that minimum public health standards are followed at all times.
3. Employers shall adopt staggered meal schedules to further restrict contact among its employees. Eating alone in the workstation is highly encouraged.

Dining in canteens may be allowed provided that employees shall strictly comply with the physical distancing of at least one (1) meter and shall be prohibited from talking with each other. Employers are required to provide signages, physical barriers, and such other means to ensure compliance with these protocols.

To ensure compliance with the physical distancing requirements, employers may set up makeshift dining areas to complement canteens in the workplace.

- a. Masks should be immediately worn after eating.
 - b. Use of communal items such as, but not limited to, dipping sauces and condiments, utensil dispensers, and straw dispensers shall be prohibited.
 - c. Serving of buffet meals and other similar set-ups shall be prohibited.
4. Employers shall, as much as practicable, minimize the duration of customer transactions to less than 15 minutes.

²Section 2 (i), Chapter II of RA 11058 defines Occupation health personnel as:

(i) Occupational health personnel refers to a qualified first aider, nurse, dentist or physician engaged by the employer to provide occupational health services in the establishment, project, site or workplace.

D. Reduce duration of infection

1. Detection

All employees, upon entering the building premises/workplaces, shall be required to accomplish the Health Declaration Form (**Annex A-1**), or any digital iteration thereof. The security staff or other responsible personnel shall immediately screen the accomplished form and perform a temperature check (**ANNEX B**).

- a. If “Yes” to any item is answered or if with a $T > 37.5$ degrees Celsius, the employee shall be denied entry and referred to the workplace isolation area for further evaluation by the Safety Officer.
- b. If “No” to all items are answered and temperature is < 37.5 degrees Celsius, the employee shall be permitted entry.
- c. The security staff or other responsible personnel on duty shall immediately give the accomplished health declaration form to the company Human Resources (HR) for appropriate action and storage.
- d. Should an online health declaration form be used, the form should be electronically submitted to HR.
- e. The Health Declaration Form shall be handled and processed in accordance with the Data Privacy Act and related issuances to ensure that –
 - i. Data collected should only include such necessary data proportional to the purpose of contract tracing;
 - ii. The processing of personal data shall be transparent and that the data subjects shall be apprised of the reasons for such collection;
 - iii. Reasonable and appropriate security measures and safeguards shall be implemented to protect the personal data collected;
 - iv. The personal data collected shall be considered highly confidential; and
 - v. The personal data shall be stored only for a limited period and shall be disposed of properly after thirty (30) days from date of accomplishment.

2. Employers shall direct symptomatic individuals through appropriate health system entry points such as the primary care facility (e.g. Barangay Health Center, Infirmaries, Private Clinics / hospitals) or telehealth consultation. Referral networks shall be established.

3. Employers may contact the DOH through its hotline 1555 for guidance on the handling and referring symptomatic employees.

III. Management of Asymptomatic and Symptomatic Employees in the Workplace

A. Remote Management of Cases and Close Contacts

1. Employers shall ensure that the Employees, regardless of work arrangements, have access to telemedicine services, either through health maintenance organization (HMO), employer-initiated telemedicine services, or Barangay Health Center.
2. Large and medium private establishments are strongly encouraged to provide their own telemedicine services, in the absence of an HMO.

B. Isolation and Referral

1. Large and medium private establishments (i.e. with total assets of above Ph15m) and establishments with multiple tenants are encouraged to designate an isolation area of one room for every 200 employees, which shall be other than the company clinic, and must be situated near the entrance/s or in a nearby facility, for employees needing further assessment due to elevated temperature, presence of flu-like symptoms, any yes answer to the Health Declaration, or exposure history to a COVID-19 case or probable case thereof.
2. The designated isolation area shall have adequate ventilation and make available PPEs for the health personnel and symptomatic patients (e.g. face shields and medical-grade face masks). The isolation area shall be provided with chairs and must have a dedicated restroom. It shall be disinfected once every two (2) hours and/or immediately after any infected or confirmed COVID-19 employee leaves the area.
3. Private establishments unable to establish an isolation area may make arrangements with a temporary treatment and monitoring facility nearby or with the Barangay Local Government Unit, for immediate referral of employees who fulfill the criteria for isolation in III.A.1.
4. All individuals shall keep their face masks and face shields during isolation at all times.
5. Isolation area personnel shall always wear the recommended PPEs prior to attending to the symptomatic employee, as prescribed in the DOH Department Memorandum No. 2020-0197, including:
 - a. Disposable gown
 - b. Face shield
 - c. Medical grade mask
 - d. Gloves

All used PPEs shall be properly disposed after every use.

6. Company protocols for transporting the symptomatic employee/s to the nearest health facility, such as ambulance conduction and if necessary, for PCR testing shall be put in place (refer to **ANNEX C** for guidance for conduction of individuals).
7. Malls and buildings shall have at least one (1) isolation area near the entrances.

C. Contact Tracing

1. Employers shall ensure strict compliance with the protocols established by the DOH and LGUs for contact tracing of employees in close contact with a COVID-19 case, as specified in DOH Memorandum No. 2020-0189 entitled, "Updated Guidelines on Contact Tracing of Close Contacts of Confirmed Coronavirus Disease (COVID-19) Cases"

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JOEL R. CRUZ
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Department of Trade & Industry

2. Close contacts shall be defined as employees with exposures two (2) days before or within 14 days from onset of symptoms of a suspect, confirmed or probable case.³ Exposure shall be any of the following:
 - a. Face-to-face contact with a confirmed case within one (1) meter and for more than 15 minutes, with or without a mask;
 - b. Direct physical contact with a confirmed case; or
 - c. Direct care for a patient with probable or confirmed COVID-19 disease without using PPEs.

3. Contact Tracing among the Workforce
 - a. Employers shall conduct contact tracing within their workplace to identify close contacts. Workplace CCTV may be used to determine close contacts.
 - b. Employers shall ensure that close contacts of employees whose RT-PCR test confirmed positive undergo a 14-day quarantine period.
 - c. During the 14-day quarantine, close contacts shall be required to regularly report to their employer any development, including new symptoms. Symptomatic employees should update their employer regarding their COVID-19 test results from a nationally accredited testing facility.
 - d. Close contacts who remain asymptomatic for 14 days may return to work without need for a test.
 - e. Employers shall make available work-from-home (WFH) arrangements for the close contacts when feasible.

4. Contact Tracing of Customers and Visitors
 - a. Customers, including visitors, entering private establishments/business premises shall be required to completely accomplish the Contact Tracing Form (**Annex A-2**)
 - b. Contact tracing forms shall be surrendered daily to the HR officer for future reference and safekeeping.
 - c. Employers shall explore the use of technology, such as by using contactless forms.
 - d. Contactless forms shall be handled with the highest degree of confidentiality and securely disposed of after thirty (30) days.

5. Referral of symptomatic individuals shall be coordinated to the nearest health care facility as provided under the latest DOH interim guidelines (e.g. DOH Department Memorandum 2020-00334).

³Case definitions based on DOH Administrative Order No. 2020-0013 dated 09 April 2020:

suspect case – is a person who is presenting with any of the conditions below

- All Severe Acute Respiratory Infection (SARI) cases where no etiology fully explains the clinical presentation.
- Influenza-like Illness (ILI) cases with any one of the following:
 - i. With no other etiology that fully explains the clinical presentation AND a history of travel to or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset; or
 - ii. With contact to a confirmed or probable case of COVID-19 in the two days prior to onset of illness of the probable/confirmed COVID-19 case until the time the probable/confirmed COVID-19 case became negative on repeat testing
- Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions:
 - i. Aged 60 years and above;
 - ii. With a comorbidity
 - iii. Assessed as having a high-risk pregnancy
 - iv. Health worker

probable case – a suspect case who fulfills any one of the following:

- Suspect case whom testing for COVID-19 is inconclusive
- Suspect case who has tested positive for COVID-19 but whose test was not conducted in a national or subnational coronavirus reference laboratory, or an officially accredited laboratory for confirmatory testing

confirmed case – any individual, irrespective of presence or absence of clinical signs and symptoms, who was laboratory confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, and/or DOH-certified laboratory testing facility

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D. COVID-19 Testing

1. Employers are encouraged to collaborate with the national and/or local government testing efforts like drive-thru or walk-thru testing facilities.
2. Following the expanded testing strategy in DOH DM 2020-0258 and DOH DM 2020-0258-A, the following priority workers shall undergo RT-PCR test --
 - a. All employees in the hospitality and tourism sectors in El Nido, Boracay, Coron, Panglao, Siargao and other tourist zones, as identified and declared by the Department of Tourism (DOT) once every four (4) weeks.
 - b. All employees of manufacturing companies and public service providers in economic zones located within Special Concern Areas once every quarter.
 - c. Frontline and Economic Priority Workers, defined as those who (1) work in high priority sectors, both public and private; (2) have high interaction with and exposure to the public; and (3) live or work in Special Concern Areas, once every quarter. These workers include --
 - i. Transport and Logistics
 - a) Drivers of Taxis, Ride Hailing Services (two and four wheels), Buses,
 - b) Public Transport Vehicles
 - c) Conductors
 - d) Pilots, Flight Attendants, Flight Engineers
 - e) Rail operators, mechanics, servicemen
 - f) Delivery staff
 - g) Water transport workers — ferries, inter island shipping, ports
 - ii. Food Retail
 - a) Waiters, Waitresses, Bar Attendants, Baristas
 - b) Chefs and Cooks
 - c) Restaurant Managers and Supervisors
 - iii. Education — once face to face classes resume
 - a) Teachers at all levels of education
 - b) Other school frontliners such as guidance counselors, librarians, cashiers
 - iv. Financial Services
 - a) Bank Tellers
 - xii. Non-Food Retail
 - a) Cashiers
 - b) Stock clerks
 - c) Retail salespersons
 - xiii. Services
 - a) Hairdressers, Barbers, Manicurist, Pedicurist, Massage Therapists
 - b) Embalmers, Morticians, Undertakers, Funeral Directors
 - c) Parking Lot Attendants
 - d) Security Guards
 - e) Messengers
 - f) Ushers, Lobby Attendants, Receptionist
 - g) Clergy
 - xiv. Market Vendors
 - xv. Construction
 - a) Carpenters

- b) Stonemasons
- c) Electricians
- d) Painters
- e) Construction workers, including Foremen, Supervisors
- f) Civil Engineers, Structural Engineers, Construction Managers
- g) Crane and Tower operators
- h) Elevator installers and repairers
- xvi. Water Supply, Sewerage, Waste Management,
 - a) Plumbers
 - b) Recycling and Reclamation workers/Garbage Collectors
 - c) Water/Wastewater engineers
 - d) Janitors and cleaners
- xvii. Public Sector
 - a) Judges,
 - b) Courtroom clerks, staff and security
 - c) All national and local government employees rendering frontline services in Special Concern Areas
- xviii. Mass Media
 - a) Field reporters, photographers, and camera crew

d. Employers are highly encouraged to regularly send their employees for testing once every quarter, at no cost to the employees.

3. Testing of Symptomatic & Close Contacts –

- a. All employees experiencing symptoms of COVID-19, and those who are close contacts must undergo RT-PCR testing.

Employers shall inform the LGU/s having jurisdiction over the workplace and the respective residence/s of the symptomatic employees and close contacts before testing for monitoring purposes. .

- b. Symptomatic employees with travel/exposure to COVID-19 shall undergo fourteen (14) days quarantine. Upon its completion and prior to resumption of work, the employee shall present a Certificate of Quarantine Completion from the step-down care facility or local health office, per Philippine Society for Microbiology and Infectious Disease (PSMID) Guidelines on Return-to-Work (**Annex E**).

A step-down care facility refers to a DOH or LGU identified facility, such as Temporary Treatment Mega Facility (TTMF), for recovering COVID-19 patients who have been hospitalized, but have not yet been certified as COVID-free and transferred to the TTMF.

4. Testing of Asymptomatic Employees Returning to Work

- a. RT-PCR or antibody-based tests is NOT recommended nor required for asymptomatic employees returning to work.
- b. Employees physically reporting to work shall be screened for COVID-19 symptoms, including fever, cough, colds and other respiratory symptoms, and/or determination of travel or exposure to COVID-19 cases within the last 14 days.

Asymptomatic employees prior to physically returning to work may be cleared by the local health officer or OSH physician.

IV. Occupational Safety and Health Committees (OSH Committees)

- A. Employers shall establish OSH Committees in accordance with Republic Act No. 11058, its IRR, and DOLE Department Order No. 198, Series of 2018 which took effect on 25 January 2019.
- B. The OSH Committee and/or safety officer of the workplace shall oversee enforcement and monitoring of the minimum public health standards for COVID-19 prevention in the workplace and this JMC.
- C. Monitoring by the OSH Committees shall include evaluation and analysis of the company's implementation of the minimum health standards and protocols to immediately address the spread of COVID-19 in the workplace, if any, and recommend and implement appropriate preventive measures. Health surveillance may be conducted to determine the cause/s of the spread/transmission of the virus in the workplace.
- D. For 2 or more private establishments housed under the same building, a joint OSH Committee shall also be established in accordance with DOLE Department Order No. 198, Series of 2018. They may share resources for a successful implementation of a comprehensive OSH Program, including a COVID-19 Prevention and Control Program.

V. Notification and Reporting

- A. Reporting of COVID-19 test results to the DOH shall be done in accordance with DOH Administrative Order No. 2020-0013, entitled "Revised Guidelines for the Inclusion of COVID-19 in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health."
- B. Even before testing, the OSH Officer/employer must report COVID-19 positive employees, symptomatic employees, and their close contacts, to the local health office having jurisdiction over the workplace and the Barangay Health Emergency Team (BHERT) of their place of residence, in accordance with DOH DM No. 2020-0189.
- C. The data privacy provisions under the Data Privacy Act and DM 2020-0189 shall be strictly complied with to ensure that the data privacy rights of patients/subjects are respected and protected.
- D. The LGU, through their City Epidemiology Surveillance Unit (CESU), Municipal Epidemiology Surveillance Unit (MESU) or Provincial Epidemiology Surveillance Unit (PESU), shall submit reports to the Regional Epidemiology Surveillance Unit (RESU) using the Event-Based Surveillance System of the Epidemiology Bureau of DOH. (Refer to **ANNEX D** for the Directory of Regional Epidemiology Surveillance Units)
- E. Reporting to the DOLE shall be made in accordance with Section X of the DTI-DOLE Interim Guidelines on Workplace Prevention and Control of COVID-19 using the Work Accident/Illness Report (WAIR) COVID-19 form (**ANNEX F**).

VI. Disinfection and Closure of Buildings/ Workplaces

- A. If one confirmed case of COVID-19 is detected in the workplace, the facility shall be disinfected with an appropriate disinfectant solution (0.5% bleach solution). The conduct of a comprehensive disinfection by specialists is recommended.

The building must be locked down for 24 hours prior to disinfection to lessen transmission to sanitation personnel. During the disinfection process, all doors and

windows should be opened to maximize ventilation. The building may only be opened 24 hours after the disinfection process.

- B. Case clustering shall be defined as two or more confirmed cases from the same area/ facility whether in the same/ different office spaces.
- C. Employers are encouraged to develop their own company policies on the temporary closure of the workplace, disinfection, and more extensive contact tracing, in the event of case clustering to ensure continuity of operations.
- D. Employers shall ensure that the temporary closure of their establishments for disinfection purposes be done in accordance with the National Task Force Against COVID-19 Memorandum Circular No. 2 dated 15 June 2020 on the Operational Guidelines on the Application of Zoning Containment Strategy in the Localization of the National Action Plan against COVID-19 Response.
- E. Individual businesses and offices, regardless of the community quarantine status in their respective areas, must abide by the directives/advice of their LGU/CESU/RESU on building closure due to case clustering.

VII. Leave of Absences and Entitlements

- A. Use of leaves of absence and entitlements shall be governed by the pertinent rules and regulations promulgated by the DOLE.
- B. Hospitalization benefits of PhilHealth members shall be based on PhilHealth rules and regulations.
- C. Social Security Benefits shall be according to the policies and regulations of the Social Security System.
- D. Employee's Compensation Benefits shall be according to Presidential Decree No. 626 entitled Employee's Compensation and State Insurance Fund and its implementing rules and regulations.
- E. Employers are highly encouraged to provide sick leave benefits, medical insurance coverage, including supplemental pay allowance, for COVID 19 RT-PCR test-confirmed employees or close contacts made to undergo a 14-day quarantine .

VIII. COMPLIANCE MONITORING AND ENFORCEMENT

The DOLE, DTI and concerned LGU's Health and Sanitation Office shall strictly monitor compliance with this JMC through inspection and post-audit mechanisms.

In case of findings of non-compliance with this JMC, the private establishment shall be temporarily closed until full compliance with the prescribed minimum health protocols.

IX. SEPARABILITY

If any provision of this JMC is declared unconstitutional or void by any court of competent jurisdiction, or the applicability thereof to any person or circumstances is held invalid, the constitutionality and validity of the remainder of this JMC shall not be affected thereby, and to this end the sections and provisions hereof are declared to be severable.

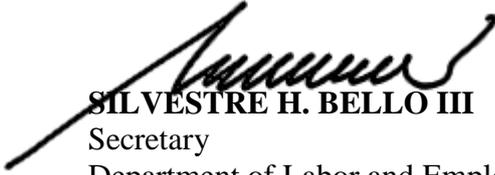
X. REPEALING CLAUSE

All other DTI and/or DOLE circulars, rules or regulations inconsistent with this JMC are hereby repealed or modified accordingly.

XI. EFFECTIVITY

This JMC shall take effect immediately upon its publication and filing with the University of the Philippines Law Center.

Issued this 14th day of August 2020.


SILVESTRE H. BELLO III
Secretary
Department of Labor and Employment


RAMON M. LOPEZ
Secretary
Department of Trade and Industry

CERTIFIED TRUE PHOTOCOPY


JOEL R. CRUZ
Director, HRAS
Department of Trade & Industry

ANNEX A-1: Employee Health Declaration Form



Employee Health Declaration Form

Full Name (Last, Given, Middle):	Date of Shift (MM/DD/YY):
	Time of Shift:

Please place a check mark under your response. (*Lagyan ng tsek sa angkop na sagot.*)

		Yes	No
1. Are you experiencing: (<i>Nakakaranas ka ba ng:</i>)	a. fever (<i>lagnat</i>)		
	b. cough and/or colds (<i>ubo at/o sipon</i>)		
	c. body pains (<i>pananakit ng katawan</i>)		
	d. sore throat (<i>pananakit ng lalamunan/masakit lumunok</i>)		
2. Have you had face-to-face contact with a probable or confirmed COVID-19 case within 1 meter and for more than 15 minutes for the past 14 days? (<i>May nakasalamuha ka ba na probable o kumpirmadong pasyente na may COVID-19 mula sa isang metrong distansya or mas malapit pa at tumagal ng mahigit 15 minuto sa nakalipas na 14 araw?</i>)			
3. Have you provided direct care for a patient with probable or confirmed COVID-19 case without using proper personal protective equipment for the past 14 days? (<i>Nag-alaga ka ba ng probable o kumpirmadong pasyente na may COVID-19 ng hindi nakasuot ng tamang personal protective equipment sa nakalipas na 14 araw?</i>)			
4. Have you travelled outside the Philippines in the last 14 days? (<i>Ikaw ba ay nagbyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?</i>)			
5. Have you travelled outside in the current city/municipality where you reside? (<i>Ikaw ba ay nagbyahe sa labas ng iyong lungsod/munisipyo?</i>) If yes, specify which city/municipality you went to (<i>Sabihin kung saan</i>) : _____			

I hereby authorize (Name of Establishment) _____, to collect and process the data indicated herein for the purpose of contact tracing effecting control of the COVID-19 transmission. I understand that my personal information is protected by RA 10173 or the Data Privacy Act of 2012 and that this form will be destroyed after 30 days from the date of accomplishment, following the National Archives of the Philippines protocol.

Signature: _____

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 JOEL R. CRUZ
 Director, HRAS
 Department of Trade & Industry

ANNEX A-2: Client / Visitor Contact Tracing Form



Client/Visitor Contact Tracing Form

Full Name (Last, Given, Middle):	Date of Visit (MM/DD/YY):
Complete Current Address (House No., St., Brgy., Municipality/City, Province) :	Time of Visit:
Mobile/Phone Number:	Seating/Table No/Location:
E-mail Address:	

I hereby authorize (Name of Establishment) _____, to collect and process the data indicated herein for the purpose of contact tracing effecting control of the COVID-19 transmission. I understand that my personal information is protected by RA 10173 or the Data Privacy Act of 2012 and that this form will be destroyed after 30 days from the date of accomplishment, following the National Archives of the Philippines protocol.

Signature: _____

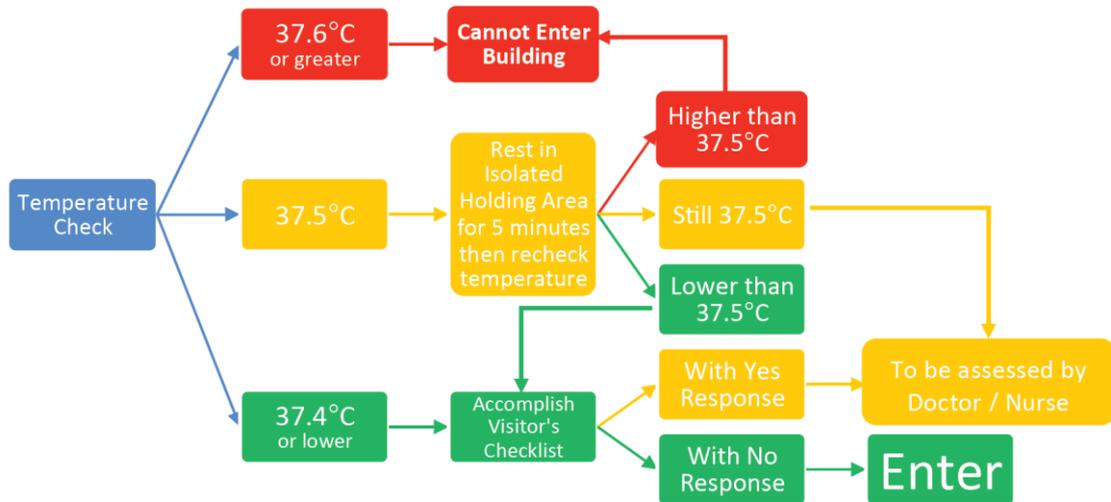
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JOEL R. CRUZ
 Director, HRAS
 Department of Trade & Industry

ANNEX B: Sample Protocol for Screening Employees and Visitors

Employers may adapt this sample protocol in toto or in portions, as applicable in their work environment. This sample protocol does not prevent employers from developing their own screening protocols compliant to the latest local or international occupational safety and health guidelines.

1. All workers, regardless of status, and visitors shall be subjected to a no-contact temperature scan.



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Department of Trade & Industry

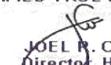
ANNEX C. Guide to the Appropriate Facility for Each Type of Worker

Type of Worker	Recommended Facility
All workers	Primary care facility for triaging, via telemedicine, if available
Asymptomatic with close contact	Temporary Treatment and Monitoring Facility for quarantine for 14 days OR Home quarantine provided that they have a dedicated bathroom and isolation room that only they may use for 14 days
Symptomatic, mild classified as Suspect, Probable or Confirmed for COVID-19 case	Temporary Treatment and Monitoring for isolation of 14 days (preferred) Level 1 Hospital or Infirmary OR Home isolation provided with clearance from the patient's attending physician and that they have a dedicated bathroom and isolation room they may use for 14 days
Symptomatic, severe, or critical classified as Suspect, Probable, or Confirmed COVID-19 case Symptomatic, mild , classified as Suspect, Probable or Confirmed COVID-19 case plus any of the two: (1) > 60 years old (2) comorbidities	COVID-19 Referral Hospital OR COVID-19 -Accepting Level 2 or 3 Hospital
Clinically recovered Suspect, Probable and Confirmed COVID-19 cases awaiting completion of quarantine period	Level 1 hospital, Infirmary or Temporary Treatment and Monitoring Facilities selected for Step-down Care

ANNEX D. Regional Epidemiologic and Surveillance Unit Directory

Region	RESU Head	Email	RESU Hotline	RESU Email
I	Rosario P. Pamintuan, MD	rdppamintuan@gmail.com	(072) 242-4774; (072) 607-6413 loc. 133;	chd.ilocos@gmail.com
II	Romulo Turingan, MD	raturinganmd@yahoo.com	(078) 304-0911	
III	Jessie Fantone, MD	jessie_floresca@yahoo.com	0921-368-8541	cl.chd3@gmail.com
IVA	John Bobbie Roca, RN	bobbie.roca@gmail.com	0927-580-5551	resu4a@gmail.com
IVB	Noel T. Orosco, RN	n.orosco@gmail.com	912-0195 loc 436-437	resu.4b@gmail.com
V	Aurora Teresa M. Daluro, MD	audaluro@yahoo.com	(052) 204-0050, 204-0040, 204-0090, 742-1731, 742-1728 local (548)	resu_bicol@yahoo.com
VI	Jessie Glen L. Alonsabe, MD	glen_alonsabe@yahoo.com	(033) 332-2326 loc 137	
VII	Shelbay G. Blanco, MD	armorblash19@gmail.com	0942-292-3026	resucvchd@gmail.com
VIII	Boyd Roderick S. Cerro, RN	boydroderickcerro23@gmail.com	0926-456-8087	pidsr8@gmail.com
IX	Dennis Antonio A. Dacayanan, MD	ddacayanan.hems.resu.ro9@gmail.com	(062) 983-0933	resunueve@gmail.com
X	David Mendoza, MD,	divadazodnem@gmail.com	0995-359-3201	
XI	Cleo Fe S. Tabada, MD	cleofe0916@yahoo.com.ph	(082) 305-1906 loc 1107	resu_doh11@yahoo.com.ph
XII	Imelda K. Quiñones, MD	qkimiko@yahoo.com.ph	(064) 421-4583	chd12resu@yahoo.com
BARMM	Amirel Usman, MD	amirel.usman@gmail.com	(064) 421-6842	

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 JOEL R. CRUZ
 Director, HRAS
 Department of Trade & Industry

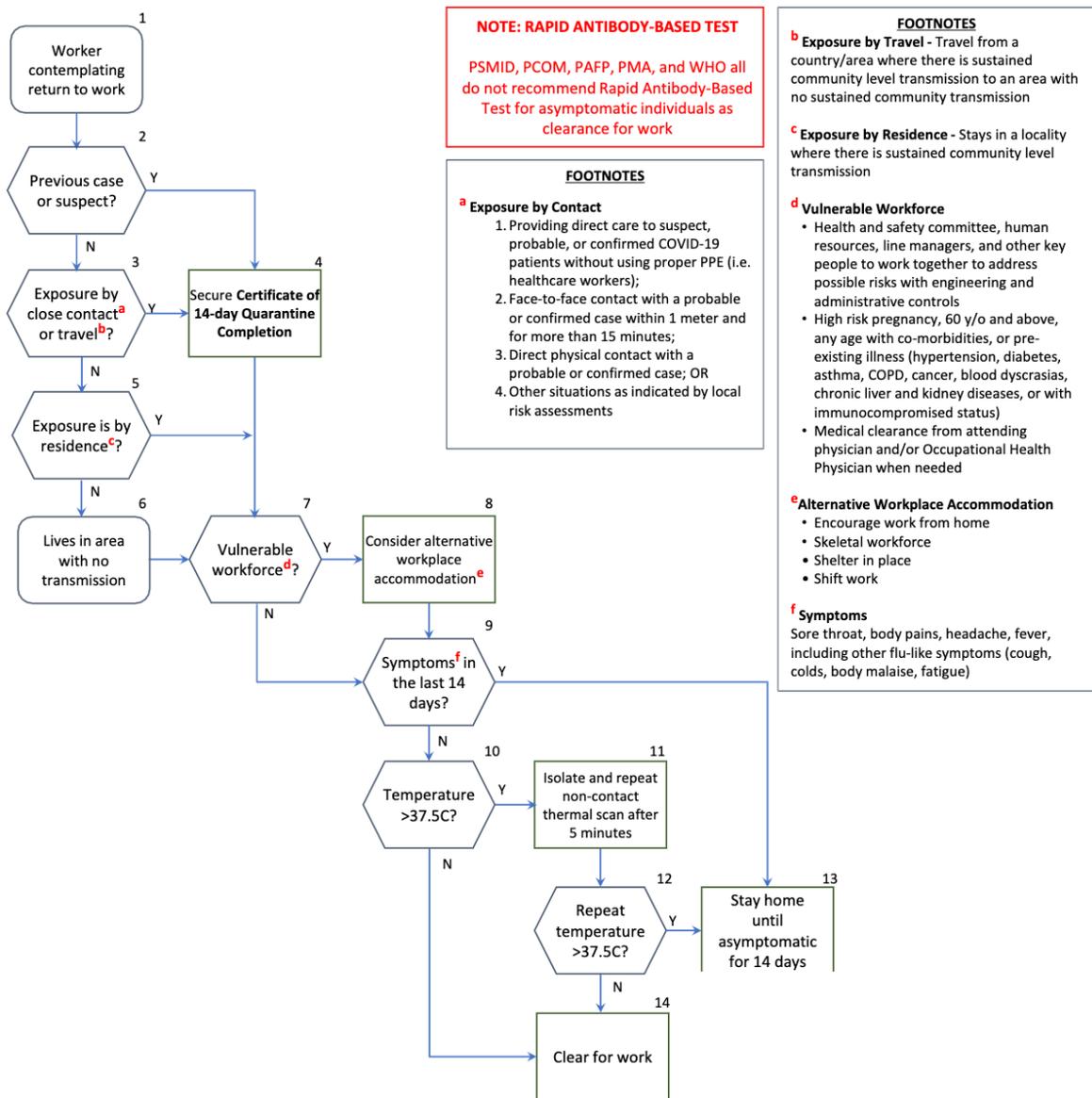
CAR	Jennifer Joyce R. Pira	jenniferjoyce_reyes@yahoo.com, jenjoycepira@gmail.com	(074) 444-5255	resubaguio@yahoo.com
CARAGA	Dioharra L. Aparri, MD	dioharralopez47@gmail.com	(085) 342-5724	resucaraga@yahoo.com / caragaesr@gmail.com / fhsischdcaraga@gmail.com / dohhemschdcaraga@gmail.com / vpdcaraga@gmail.com
NCR	Manuel C. Mapue III, MD	mcmapuemd@aol.com	1550, (02) 531-0037 local 117	pidsrncr2019@gmail.com vdpdmmchd@gmail.com

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 Department of Trade & Industry

ANNEX E: Philippine Society for Microbiology and Infectious Disease (PSMID) Guidelines on Return-to-Work

FIGURE 4. CLEARING FOR RETURN TO WORK



NOTE: RAPID ANTIBODY-BASED TEST
 PSMID, PCOM, PAFP, PMA, and WHO all do not recommend Rapid Antibody-Based Test for asymptomatic individuals as clearance for work

FOOTNOTES
a Exposure by Contact
 1. Providing direct care to suspect, probable, or confirmed COVID-19 patients without using proper PPE (i.e. healthcare workers);
 2. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
 3. Direct physical contact with a probable or confirmed case; OR
 4. Other situations as indicated by local risk assessments

FOOTNOTES
b Exposure by Travel - Travel from a country/area where there is sustained community level transmission to an area with no sustained community transmission
c Exposure by Residence - Stays in a locality where there is sustained community level transmission
d Vulnerable Workforce
 • Health and safety committee, human resources, line managers, and other key people to work together to address possible risks with engineering and administrative controls
 • High risk pregnancy, 60 y/o and above, any age with co-morbidities, or pre-existing illness (hypertension, diabetes, asthma, COPD, cancer, blood dyscrasias, chronic liver and kidney diseases, or with immunocompromised status)
 • Medical clearance from attending physician and/or Occupational Health Physician when needed
e Alternative Workplace Accommodation
 • Encourage work from home
 • Skeletal workforce
 • Shelter in place
 • Shift work
f Symptoms
 Sore throat, body pains, headache, fever, including other flu-like symptoms (cough, colds, body malaise, fatigue)

Annex F: Workplace Accident/Illness Report (WAIR) COVID-19 Form

DOLE-SGF-WAIR 1.02



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. _____



Workplace COVID-19 Prevention and Control Compliance Report To be submitted at the end of the month

(Mark with an X the appropriate box)

WAIR COVID-19

Period Covered by Report (Month / Year) _____

Does the company have a policy on workplace COVID-19 prevention and control? Yes No

Is the policy communicated to all workers and clients? Yes No

Section I. Company Profile to be filled in by Employer or Representative (as indicated in the DOLE Registration)

Establishment Name: _____

Address of Establishment: _____

Name of Employer: _____

Nature of Business: _____

Number of Workers:	Male	Female	Total
Principal	_____	_____	0
Subcontractor	_____	_____	0

Section II. Details of COVID-19 Prevention and Control

Report on Use of the Health Checklist

Worker Details: Screened: _____ Denied Entry: _____ Referred: _____ Death if any: _____

Guest / Client Details: Screened: _____ Denied Entry: _____ Referred: _____

Where were workers referred? BHERT Health Facility (specify) _____
 Others (specify) _____

Report on Testing (optional) performed

Did the establishment perform an optional diagnostic test prior to return to work of workers?

Yes No. Please proceed to signature

If yes, mark type of test done.	Type of Test	Number of Test/s Done	No. of Workers Confirmed to have COVID-19
<input type="checkbox"/>	RT-PCR		
<input type="checkbox"/>	Gene Xpert		
<input type="checkbox"/>	Rapid Testing		
<input type="checkbox"/>	Other (Specify)		

Total cost for the reference month: P _____

We hereby certify that the information above is accurate to the best of our knowledge. We understand that data contained herein is compliant with RA 11469 Bayanihan to Heal as One Act, RA 11332 Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act, and protected by RA 10173 Data Privacy Act of 2012.

OH Personnel / Safety Officer
Signature beside printed name
Date: _____

Employer / Representative
Signature beside printed name
Date: _____

Note: WAIR COVID-19 to be submitted every month with or without any COVID-19 to DOLE office with jurisdiction over the establishment, copy furnishing the DOH at the following email addresses: health.covid.nalrmc@gmail.com AND hembdlroffice@gmail.com

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