



COVID-19 RESPONSE MANUAL

Office of the Solicitor General
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Chapter 1: Introduction

The COVID-19 pandemic is now considered one of humankind's greatest challenges since World War II. As of July 10, 2020, there are about 12,400,000 cases and 560,000 deaths worldwide. Exposure to Covid-19 virus is inevitable. No matter how stringent the measures are in containing the spread of the virus in the workplace, one may still contract the virus for one reason or another.

Sometime in March, the office experienced several weeks of lockdown due to the ECQ. During that time, COVID-19 cases in the country were less than 20. But as of August 18, 2020, there are more than 55,000 active cases in the country.¹

Several OSG employees contracted the virus during the series of community quarantines. Fortunately, the cases were relatively mild and no reports of fatalities. However, this will not always be the case. This virus and pandemic should not be taken lightly.

Hence, the Office aims to provide a unified and systematic approach that is necessary to combat this great challenge by simply keeping our workplace safe and healthy.

The Covid-19 manual will provide useful protocols on how the office should respond to COVID-19 related issues. It is a work-in-progress, and it will be continuously updated as the COVID-19 virus evolves and mutates. The Office's response should be flexible and adaptable.

The Office can implement strict pandemic protocols in the workplace, but it is still the responsibility of the employee to keep himself safe and Covid-free.

¹ Department of Health Issue No. 114 dated August 19, 2020.

Chapter 2: The Basics

This chapter is about the basics of COVID-19

- ✓ What is COVID-19?
 - ✓ How does COVID-19 spread?
 - ✓ How to detect COVID-19?
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What is COVID-19?

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

How does COVID-19 spread?

Direct – The virus primarily spreads directly through close contact with other persons. It can spread through respiratory droplets produced when an infected person coughs, sneezes, or talks. In general, **the more closely a person interacts with others and the longer that interaction, the higher the risk of COVID-19 spread.**

Indirect - A person can get COVID-19 by **touching a surface or object that has the virus on it** and then touching their own mouth, nose, or possibly their eyes.

How to detect COVID-19?

The symptoms of COVID-19 - According to WHO, the most common symptoms of COVID-19 are fever, tiredness, and dry cough. Few patients experience aches and pains, nasal congestion, runny nose, sore throat, or diarrhea. Patients usually have mild symptoms that start gradually. Most patients recover without needing any special treatment. Only around 1 of 6 patients manifest with difficulty breathing and become seriously ill.

RT-PCR Testing for COVID-19 – The **real-time reverse transcription polymerase chain reaction (RT-PCR)** is still the gold standard for COVID-19 testing in the Philippines. The RT-PCR test kits use actual swabs from patients taken from the nose or throat. This test determines the actual presence of the coronavirus and if a person is currently infected. Results can be processed in 24 hours or longer.

Rapid Testing for COVID-19 - A rapid antibody test requires the patient's blood sample and can only detect antibodies. The body produces antibodies in

response to an infectious agent such as a virus. These antibodies, however, generally arise after 4 days to more than a week after infection, so they are not used to diagnose current disease.

The test results aren't **reliable enough for individuals** to act on. Doctors have warned that when these are used on people showing no symptoms of COVID-19, there is a **high incidence of false positive results**.

Chapter 3: General Guidelines and Policies

This chapter is all about the General Guidelines and Policies regarding COVID-19

- ✓ Employee resistance and safety
 - ✓ General Office Policy against COVID-19
 - ✓ Classification of Persons
 - ✓ General Office Measures against COVID-19
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Employee Resistance and Safety

There is no vaccine yet for COVID-19 and all persons are encouraged to strengthen their immune system and resistance against the virus through:

1. Wearing of face mask and face shield.
2. Social Distancing. Maintain at least 1-meter (3 feet) distance between yourself and others. Avoid going to crowded places.
3. Avoid touching eyes, nose, and mouth.
4. Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands.
5. Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water.
6. Stay home and self-isolate even with minor symptoms such as cough, headache, and mild fever until you recover.
7. Have regular exercise.
8. Eat healthy food and get enough rest.

General Office Policy against COVID-19

The office maintains the policy of balance between safety and productivity. This is the response of most organizations worldwide. With this, COVID-19 response of

the office on employee cases remains on a **case-to-case basis**. While this manual will provide guidelines on how employees should act, directives which are immediately enforceable may be given by the office. All employees should keep themselves updated regarding changes in office policies regarding COVID-19.

Classification of Persons

The office has classified persons accordingly based on relevant DOH and WHO guidelines. Under the Department of Health (DOH) Administrative Order No. 2020-0013,² the new classifications are **Confirmed, Probable, Suspect case, and Contact case**.

1. Confirmed Case

A person who tested positive for COVID-19 through laboratory confirmation at the national or subnational reference laboratory, or at a DOH-certified laboratory testing facility. This is regardless of whether the person shows clinical signs and symptoms of COVID-19.³

2. Probable Case

Probable case refers to the following:⁴

- i. A suspect case who has been tested for COVID-19 but the results are inconclusive.
- ii. A 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.⁵

3. Suspect Case

Suspect case refers to the following:⁶

- i. A person with severe acute respiratory illness – fever, cough, or sore throat, shortness of breath, and may even include severe pneumonia – whose cause is undetermined prior to testing for the coronavirus.
- ii. A person with influenza-like illness – fever, cough, or sore throat – and who lives in or has traveled to an area that reported local transmission of the COVID-19 during the 14 days prior to the onset of symptoms.

² DOH Administrative Order No. 2020 – 0013 dated April 9, 2020.

³ *Id.*; Department Memorandum No. 2020-0189 dated April 17, 2020.

⁴ *Id.*

⁵ *Id.*

⁶ *Id.*

- iii. A person with influenza-like illness – fever, cough, or sore throat – and has had contact with a confirmed or probable case (see definition of “probable case”) of COVID-19 in the two days prior to the onset of that confirmed/probable case’s illness or before that confirmed/probable case showed negative on repeat testing.
- iv. A person with fever or cough or shortness of breath or other respiratory symptoms and is one of the following: 60 years old or older; with a comorbidity or pre-existing illness; in high-risk pregnancy; a health worker.

*Note: A perusal of the new classification shows that only persons **with symptoms** are considered COVID-19 cases. In a footnote, the DOH rationalized this new treatment by stating, “Because of evidence of local or community transmission in the country, its residents are assumed to have been exposed to the infection⁷”.*

4. **Contact Cases**

A contact⁸ is defined as anyone with the following exposures to a COVID-19 case (Confirmed, Probable, and Suspect) from 2 days before to 14 days after the case’s onset of illness:

- a) Being within 1-meter of a COVID-19 case for more than 15 minutes;
- b) Direct physical contact with a COVID-19 case;
- c) Providing direct care for patients with COVID-19 disease without using proper personal protective equipment (PPE);
- d) Other definitions, as indicated by local risk assessments.

If confirmed cases are asymptomatic, contacts should be managed in the same way as for a symptomatic case with an exposure period from 2 days before the case was sampled, to 14 days after.⁹

Indicators	Classification
Persons who had contact with COVID-19 cases (Suspect, Probable, Confirmed)	Contact

⁷ Id., Annex A.

⁸ World Health Organization, Interim Guidance for Contact Tracing in the context of COVID-19 dated May 10, 2020.

⁹ Id.

Person with mild, severe, or critical symptoms who was not tested or awaiting results	Suspect
Person with mild, severe, or critical symptoms with inconclusive test results	Probable
COVID Positive	Confirmed

General Safety Measures against COVID-19

The office has promulgated several safety measures against COVID-19. These measures include:

1. **Work from Home Policy (WFH)** - Mandatory work from home policy for high risk employees namely: employees beyond 60 years of age, or of any age with co-morbidities, or pre-existing illness such as hypertension, diabetes, cancer or immunocompromised health status, or with high-risk pregnancy
2. **Quarantine** – Some employees are required to undergo self-quarantine. In this case, the employee is required to stay at home and monitor his symptoms. These are typically employees who are probable carriers or those who were highly exposed.
3. **Lockdown** – The office has resorted to lockdown or physical closure of the office premises in cases where there is a high risk of the virus spreading. In this case, most employees are WFH and very few employees remain. Typically, employees from the Administrative Division remain for sanitation and disinfection. Some Financial Management Service employees also remain for purposes of payroll.

Chapter 4: COVID-19 Response for the “Subject Employee”

This chapter provides a step-by-step individual response to COVID-19 exposure

- ✓ Emphasis on the Basics
- ✓ Step-by-step Response for Employee
- ✓ Step-by-step Response for ASG or Service Unit Director
- ✓ Remedies for the “Subject Employee”
- ✓ Recommended Remedies for the “Subject Employee”

Emphasis on the Basics

Once again, the office emphasizes that individuals focus on the basics which are the following:

1. Wear face mask and face shield
2. Maintain social distancing
3. Eat nutritious food
4. Have adequate rest
5. Maintain proper hygiene and regular washing of hands

Step-by-Step Response for Employees

Employees must familiarize themselves with the following steps:

1. Master the Classification of Persons provided in this manual – **CONFIRMED, PROBABLE, SUSPECT, and CONTACT.**
2. If an employee falls under any of these categories, the employee must immediately report to his/her proper supervisor.
3. The employee must accomplish the COVID-19 Health declaration Form (HDF) and submit it to the proper ASG or Unit Service Director. The HDF should be submitted in soft copies. The point person for each division/service will compile all HDF's and submit it at hdf.osg.gov.ph@gmail.com.
4. The employee must coordinate with the ASG or Unit Service Director for proper action and treatment. The employee and supervisor will coordinate on the work arrangement of the subject employee.
5. The employee must prepare and submit copies of all relevant information and documents to the ASG or Unit Service Director.

Step-by-Step Response by ASG/Unit Service Director

ASGs or Unit Service Directors must familiarize themselves with the following steps:

1. Master the Classification of Persons provided in this manual – **CONFIRMED, PROBABLE, SUSPECT, and CONTACT.**
2. The ASG or Service Unit Director must require the subject person to accomplish the HDF and submit copies of all relevant medical documents.

3. The ASG or Service Unit Director, with the help of their designated Point Person, must conduct contact tracing and accomplish the contact tracing tally sheet. The tally sheet provides for classification of persons. It can be obtained from the COVID-19 Committee.
4. The ASG or Service Unit Director must submit and report the results to the COVID-19 Response Committee. The COVID-19 Response Committee will assess the results and forward the results to the proper medical expert.
5. Pending further instructions from the COVID-19 Response Committee, the supervisor may avail of the division remedies provided in this manual.
6. The COVID-19 Committee will advise the ASG/Service Unit Director after proper consultation with the medical expert.

Remedies for the “Subject Employee”

The remedies available to the ASG or Service Unit Director are self-quarantine or Work from Home (WFH) arrangement.

1. Quarantine - An employee on quarantine is NOT supposed to work. Quarantine is advisable when an employee is SYMPTOMATIC. In this case, the employee is encouraged to rest and recover whether the employee was exposed to COVID or not. The purpose of the quarantine is to increase the employee’s resistance against COVID.
2. An employee on Work from Home (WFH) arrangement SHOULD work. When an employee is on WFH, the employee is expected to accomplish all duties from home.
3. WFH is advisable when an employee is ASYMPTOMATIC. This remedy is typically proper when an employee is exposed to the virus but shows no symptoms.

The distinction is important in determining the employee’s duties during the WFH arrangement or quarantine.

Recommended Remedies for the “Subject Employee”

The Committee recommends that the ASG or Service Unit Director place symptomatic cases on quarantine. That means that **suspect, probable, and confirmed** cases be placed on quarantine.

On the other hand, for asymptomatic case, the Committee recommends that the ASG or Service Unit Director place **asymptomatic** or contact cases on WFH arrangement. The duration of the WFH arrangement is dependent on the date of

contact. An employee should not report to the office for 14 days from the date of contact. The 14-day period starts a day after the date of contact. Weekends are covered by the 14-day period.

Ex. On Monday Juan visited Maria. Juan was SF on Thursday. On Friday, Maria, told Juan that she was COVID-19 Confirmed. The 14-day WFH arrangement should have started on Tuesday. However, since Juan had already reported for work on Thursday and he is still asymptomatic, he should only be placed on WFH arrangement for 10 days beginning on Friday.

Chapter 5: COVID-19 Response for “employees exposed to the subject employee”

This chapter provides GUIDELINES to Division Level action in response to COVID-19 exposure.

- ✓ General Policy
 - ✓ Remedies
 - ✓ The Division/Administrative Service and COVID-19 CONFIRMED CASES
 - ✓ The Division/Administrative Service and COVID-19 PROBABLE, SUSPECT, AND CONTACT CASES
 - ✓ Step-by-Step procedure for Partial Quarantine
 - ✓ Step-by-Step procedure for Entire Quarantine
 - ✓ Recommended Remedies
-

General Policy

This chapter provides GUIDELINES to Division Level action in response to COVID-19 exposure. Divisions and Administrative services are given DISCRETION in handling their respective offices unless otherwise directed by office. This is due to the different natures of each divisions or administrative services job.

The guidelines herein provided take into consideration all relevant DOH, DTI, DOLE, and WHO guidelines. The office internal rules have been reviewed and advice from the CSC were acquired since some COVID-19 measures have implications on employee’s absences and leaves.

Remedies

The remedies available are Partial Quarantine or WFH and Entire Quarantine or WFH.

1. **Partial Quarantine or WFH** – In this case, some employees are WFH or quarantined, and some are assigned as SF.

Ex. Juan went to the office on Thursday. He worked with Pedro, Mary, and Ariel on Thursday. On Saturday he reported to his ASG or Service Unit Director that he has symptoms of COVID-19. Juan was directed to go on quarantine because he was symptomatic.

The ASG or Service Unit Director chose Partial Quarantine or WFH as a remedy. Thus, the ASG or Service Unit Director ordered Pedro, Mary, and Ariel, all those who were present on Thursday, to be on WFH arrangement.

On Saturday, Pedro had a fever. The ASG or Service Unit Director moved Pedro from WFH to quarantine because he had a fever.

The other employees are still required to follow their Skeleton Force schedule.

2. **Entire Quarantine or WFH** – In this case, all employees in the respective division/service are WFH or quarantined. No one is assigned as SF.

The Division/Administrative Service with COVID CONFIRMED CASES

The only time when a division or administrative service is **NOT GIVEN DISCRETION** is when an employee is COVID-CONFIRMED. This means that the employee went through a RT-PCR test and was found positive.

In this case, the respective superior of such division/administrative service must do the following:

1. Immediately conduct contact tracing and determine the contacts of the COVID-Confirmed employee.
2. Place all contacts on WFH arrangement until further investigation.
3. Coordinate with the Committee to determine the proper remedy to the situation.

The Committee will relay the appropriate remedy to the ASG/Service Unit Director after all relevant information has been taken into consideration. The remedy may be partial quarantine, entire quarantine, or in some cases, revert to normal

schedule if the risk of the virus spreading is low. The Committee will then report to the medical expert and advise the ASG or Service Unit Director when the subject employee can safely return to work.

The Division/Service with COVID-19 PROBABLE, SUSPECT, AND CONTACT CASES.

In this case, the division/administrative service is GIVEN DISCRETION on how to handle the situation. This is due to the differences in the nature of the case in each division/administrative service. The division/administrative service must determine the proper balance between safety and productivity of their respective division.

Division/administrative services must take into consideration the level of risk/exposure of the subject employee. For instance, the division may resort to more severe measures if the superior deems that the subject employee has a high risk of spreading the virus. The following circumstances should be taken into consideration:

- i. The employee takes public transportation in going to work
- ii. The nature of the employee's job
- iii. The number and severity of risks the employee was exposed to
- iv. The exposure of the employee in the office

Measures and guidelines that can be taken by each division or administrative service:

Step-by Step Procedure for Partial Quarantine

The ASG/Service Unit Director must follow these steps when choosing Partial Quarantine as a Remedy:

1. The ASG or Service Unit Director may order several employees in the division/administrative service to undergo a 14-day quarantine or WFH arrangement. Other employees are required to report at the office as part of the SF.

In this case, there is one or more COVID-19 CASES and the superior deems it prudent to have such employees and other employees in the division/administrative service be on quarantine or WFH. This usually happens when there is evidence that the other employees were exposed to the COVID-19 CASES.

This may also happen when the superior deems it prudent not to take any risks. The superior must continuously balance safety and productivity within the division. It is acceptable to have some employees on WFH and some on quarantine.

Ex. Juan went to the office on Thursday. He worked with Pedro, Mary, and Ariel on Thursday. On Saturday he reported to his ASG or Service Unit Director that he has symptoms of COVID-19. Juan was directed to go on quarantine because he was symptomatic.

The ASG or Service Unit Director chose Partial Quarantine or WFH as a remedy. Thus, the ASG or Service Unit Director ordered Pedro, Mary, and Ariel, all those who were present on Thursday, to be on WFH arrangement.

On Saturday, Pedro had a fever. The ASG or Service Unit Director moved Pedro from WFH to quarantine because he had a fever.

The other employees are still required to follow their Skeleton Force schedule.

2. The ASG or Service Unit Director must receive the HDF and all other relevant documents from the subject employees.
3. If his/her colleagues in the Division/Service refuse to become part of the SF because of fear of COVID-19, they will be considered absent unless they file for a leave of absence.
4. The ASG or Service Unit Director must inform the COVID-19 Committee of the subject employee's status. The ASG or Service Unit Director must give copies of the HDF and relevant documents to the committee.
5. After the quarantine or WFH period, the ASG or Service Unit Director must assess whether the subject employees are ready to return to work.
6. The ASG or Service Unit Director must coordinate with the committee regarding the assessment and return to work of the subject employees

Step-by Step Procedure for Entire Quarantine

The ASG/Service Unit Director must follow these steps when choosing Entire Quarantine as a Remedy:

1. The ASG or Service Unit Director may order the entire division/administrative service to undergo quarantine or WFH.

2. The ASG or Service Unit Director must receive the HDF and all other relevant documents from the subject employees.
3. The ASG or Service Unit Director must inform the COVID-19 Committee of the subject employee's status. The ASG or Service Unit Director must give copies of the HDF and relevant documents of the subject employee to the committee.
4. After the quarantine or WFH period, the ASG or Service Unit Director must assess whether the subject employees are ready to return to work.
5. The ASG or Service Unit Director must coordinate with the committee regarding the assessment and return to work of the subject employees

Recommended Remedies

While ASG/Service Unit Director are given discretion in handling their divisions COVID-19 PROBABLE, SUSPECT, AND CONTACT CASES, the committee recommends that divisions opt for **Partial Quarantine or WFH** in these cases. If the subject employee is symptomatic, the ASG/Service Unit Director should place the subject person on Quarantine. The employees in contact with the subject employee should be placed on WFH arrangement for observation and monitoring.

Entire Quarantine or WFH is advisable when an employee is COVID-CONFIRMED, or several employees show symptoms of COVID-19. Entire Quarantine is a drastic measure for the most serious cases only.

Chapter 6: Absences and Leaves

This chapter provides the office policy regarding absences and leaves.

- ✓ General Policy
 - ✓ Skeleton Force (SF)
 - ✓ Work from Home (WFH)
 - ✓ Quarantine
 - ✓ Special Circumstances
 - ✓ Exposure in violation of IATF guidelines
 - ✓ When an employee misled the ASG/Service Unit Director
-

General Policy

The ASG/Service Unit Director of each Division/Service generally decides the work arrangement of their respective employees. It is only under special circumstances that the office overrides the ASG/Service Unit Director's prerogative.

The following are the rules that apply to each working arrangement:

Skeleton Force (SF)

If the ASG/Service Unit Director decides that the employee must report to the office as part of the SF, the following rules apply:

1. The employee is considered absent if he/she refuses to obey the directive of the ASG/Service Unit Director.
2. The days that the employee is not part of the SF, the employee is considered WFH.
3. To avoid absences, the employee must file for a leave of absence if the employee does not want to go to the office during the employee's skeletal force schedule.

Work from Home (WFH)

If the ASG or Service Unit Director decides that the employee should be on a WFH arrangement for safety purposes, the employee is not considered absent. The employee is not required to file for a leave of absence.

Quarantine

If the employee is placed under quarantine, the employee is NOT considered as WFH. Employees must not confuse quarantine and WFH. During quarantine, the employee must rest and recover. The employee is advised NOT to work.

The following rules apply during quarantine:

1. The quarantine period starts on the day after the symptoms arise or a day after exposure. However, a new quarantine period starts for each subsequent exposure or showing of symptoms.

Ex. Juan had a cough on Monday. The quarantine period starts on Tuesday.

Ex. Juan was exposed to a COVID-19 Infected person on Monday. The quarantine period starts on Tuesday.

Ex. Juan was exposed to a COVID-19 Infected person on Monday. The quarantine period starts on Tuesday. On Thursday Juan started showing symptoms of COVID-19. Thus, a new quarantine period will start on Friday.

Ex. Juan had a fever on Monday. The quarantine period starts on Tuesday. On Wednesday, Juan felt better and the no longer has a fever. On Thursday, because he was feeling better, he went and out and met his girlfriend. On Saturday, Juan's girlfriend told him that she was COVID-19 infected. A new quarantine period will start on Sunday.

2. The quarantine period typically lasts for a period of 14 days. The 14-day period will not be considered as absences.
3. During the 14-day period, the employee must continuously report his/her health status to his/her ASG or Service Unit Director.
4. The ASG or Service Unit Director shall report the employee's status to the COVID-19 Committee. The Committee will forward the case to the medical expert.
5. The employee will be given a directive when to return to work. The quarantine period may be lengthened or shortened depending on the circumstances.
6. If the employee refuses to return to work after the quarantine period, the employee is considered absent.

Special Circumstances

There are situations when the standard rules mentioned above does not apply. These situations are (1) When exposure to the virus was obtained in violation of the guidelines issued by the Inter-Agency Task Force (IATF) for the Management of Emerging Infectious Diseases on community quarantine and; (2) When, after due investigation, it was found that the employee misled their respective ASG or Service Unit Director.

Exposure in Violation of IATF Guidelines

Exposure to the virus was obtained in violation of the guidelines issued by the Inter-Agency Task Force (IATF) for the Management of Emerging Infectious Diseases on community quarantine.

The IATF has published guidelines during the quarantine (ECQ, MECQ, GCQ, and MGCQ).

An example is violation of the prohibition on mass gatherings such as but not limited to, movie screenings, concerts, sporting events, and other entertainment activities. *For more information, please see the IATF guidelines.*

In case the employee was EXPOSED to the virus in violation of the IATF guidelines and the ASG or Service Unit Director was compelled to place the employee on quarantine or WFH pending investigation, the following rules shall apply:

1. The days where the employee was placed on quarantine or WFH pending investigation shall be chargeable against leave credits if any.
2. The days where the employee is being treated, if required, shall be chargeable against leave credits if any.
3. The **ASG or Service Unit Director**, with the proper recommendation from the COVID-19 Committee, will advise when the employee may return to work.
4. The day when the employee is given permission to return to work is not considered an absence.

Ex. On Sunday, Juan reported to his ASG or Service Unit Director that he was exposed to COVID-19 because he attended a party. For safety measures, the ASG or Service Unit Director placed Juan on quarantine until proper assessment from the medical expert. Juan was not able to report for work from Monday to Thursday. On Friday, at about 3:45 in the afternoon, the COVID-19 Committee recommended to Juan's ASG or Service Unit Director that Juan may now return to work since his test was found negative. Since permission was given in the afternoon, Juan was not able to report to work on Friday. In this case, Juan is considered absent from Monday to Thursday. Juan is present on Friday; he is considered WFH.

5. If work suspension is declared during the quarantine or treatment period, the quarantine period or treatment period is considered excused absence.

Ex. On Sunday, Juan reported to his ASG or Service Unit Director that he was exposed to COVID-19 because he attended a party. For safety measures, the ASG or Service Unit Director placed Juan on quarantine until proper assessment from the medical expert. Juan was not able to report for work from Monday to Thursday. On Monday, the office announced

that there will be an office lockdown due to a COVID outbreak. Juan's absences during the lockdown is considered excused absence. If work resumes and yet no permission is given to Juan to return to work, the days where he is quarantined or being treated is considered absent.

When an employee misled the ASG/Service Unit Director

The following rules were devised to prevent employees from abusing the use of the new work arrangements like in a situation where an employee, after due investigation, was found to mislead the ASG or Service Unit Director into placing him/her on quarantine or WFH.

1. Each situation will be assessed on a case-to-case basis.
2. The employee will be given a chance to explain himself.
3. A proper investigation shall be conducted to determine if the employee misled the ASG or Service Unit Director.
4. The days where the employee was placed on quarantine or WFH arrangement, pending investigation, shall not be considered absent.
5. If the employee was found guilty of misleading the ASG or Service Unit Director, all days where the employee was directed to be on quarantine or WFH arrangement shall be considered as absences. The effect retroacts to the date when the employee was placed on WFH or quarantine.
6. The ASG or Service Unit Director, in coordination with the COVID-19 Committee and the medical expert, will advise when the employee may return to work.
7. The rules are without prejudice to other disciplinary sanctions that may apply.

Ex. On Sunday, Juan reported that he was exposed to COVID-19 because he had colds and his brother Pedro was tested COVID-19 positive. The ASG or Service Unit Director placed Juan on quarantine and directed him to provide medical evidence to support his claim. Juan was scheduled to have a teleconference and a COVID-19 test with the doctor. Juan was quarantined for 8 working days.

On the 9th working day, the doctor assessed that Juan was fit to return to work because his test resulted negative. Juan failed to

provide any evidence (brother's positive result, medical examination, etc.) to support his claim. The ASG or Service Unit Director reported the incident to the COVID-19 Committee on the 10th working day. The supervisor ASG or Service Unit Director and the COVID-19 Committee deliberated and concluded that Juan misled the supervisor ASG or Service Unit Director.

On the 11th working day, the ASG or Service Unit Director gave permission to Juan to return to work. Juan was also informed of the findings of the Committee. Since Juan was found guilty, Juan is considered absent for 10 working days, the days when he was placed on quarantine or WFH arrangement pending investigation. The absences are without prejudice to other disciplinary sanctions that may be imposed on Juan.

8. If work suspension is declared during the quarantine or WFH period pending investigation, the quarantine or WFH period is considered excused absence. The excused absence is without prejudice to other disciplinary sanctions that apply if the employee is found guilty.

Chapter 7: Return to Work Guidelines

This chapter provides guidelines for employees returning to work after COVID exposure.

- ✓ General Policy
 - ✓ DOH Memorandum No. 2020-0258
 - ✓ WHO Guidelines for Discharge
 - ✓ Recommendation for COVID-Contact cases
-

General Policy

The policy of the office is to continuously adapt to the policies established by the DOH and WHO. That said, in most cases, employees may return to work after the following conditions are met:

1. Consent given by the respective ASG or Service Unit Director.

2. Consent given by the Committee after it receives recommendations from a medical expert. The recommendation from the medical expert may come from the OSG service provider or any licensed medical doctor.
3. Compliance with the proper DOH and WHO guidelines

DOH Memorandum No. 2020-0258

DOH Memorandum No. 2020-0258 dated May 29, 2020 provides:

Discharge and recovery criteria for suspect, probable, and confirmed COVID-19 cases shall no longer entail repeat testing. Symptomatic patients who have clinically recovered and are no longer symptomatic for at least three (3) days and have completed at least 14 days of isolation either at home, temporary treatment and monitoring facility, or hospital, can be tagged as a recovered confirmed case and reintegrated to the community without the need for further testing, provided that a licensed medical doctor clears the patient. Patients who test RT-PCR positive and remain asymptomatic for at least 14 days can discontinue quarantine and tagged as a recovered confirmed case without need for further testing, provided a licensed medical doctor clears the patient.

WHO Guidelines

The WHO updated the criteria for discharge from isolation as part of the clinical care pathway of a COVID-19 patient. These criteria apply to all COVID-19 cases regardless of isolation location or disease severity.¹⁰

Criteria for discharging patients from isolation (i.e., discontinuing transmission-based precautions) without requiring retesting:

- For symptomatic patients: 10 days after symptom onset, plus at least three (3) additional days without symptoms (including without fever and without respiratory symptoms)
- For asymptomatic cases: 10 days after positive test for SARS-CoV-2

Ex. If a patient had symptoms for two days, then the patient could be released from isolation after 10 days + 3 = 13 days from date of symptom onset; for a patient with symptoms for 14 days, the patient can be discharged (14 days + 3 days =) 17 days after date of symptom onset; for a patient with symptoms for 30 days, the patient can be discharged (30+3=) 33 days after symptom onset).

¹⁰ <https://www.who.int/news-room/commentaries/detail/criteria-for-releasing-covid-19-patients-from-isolation>

**Countries may choose to continue to use testing as part of the release criteria. If so, the initial recommendation of two negative PCR tests at least 24 hours apart can be used.*

Recommendation for COVID-contact cases

WHO recommends that contacts of patients with laboratory-confirmed COVID-19 be quarantined for 14 days from the last time they were exposed to the patient.¹¹ In this case, the Committee recommends that the COVID-19 Contact person be allowed to return to work after the following conditions are met:

1. Consent given by the respective ASG or Service Unit Director.
2. The completion of a proper WFH arrangement. An employee should not report to the office for 14 days from the date of contact.

Chapter 8: THE POINT PERSON

This chapter discusses the responsibilities of the designated Point Person

- ✓ Designation of the Point Person
 - ✓ Duties of the Point Person
-

Designation of the Point Person

The ASG/Service Unit Director shall designate a single person to act as their point person. The name and contact number of the point person must be submitted to the COVID-19 Response Committee.

Duties of the Point Person

The duties of the Point Person are as follows:

1. Report to the COVID-19 Response Committee all relevant matters related to COVID-19.
2. Disseminate COVID-19 related information to their respective Division/Service Unit.
3. Disseminate COVID-19-related information to the maintenance personnel in their respective division/service unit.
4. Assist in the conduct of contact tracing.

¹¹ World Health Organization, Interim Guidance for Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19) dated March 19, 2020.

5. Assist the Committee in collating HDF and at the same time, segregating those with symptoms and those without.
6. Ensure that all employees who are part of SF submitted their HDF.
7. Ensure that they can respond within a reasonable amount of time.

Chapter 9: THE HEALTH DECLARATION FORM (HDF)

This chapter discusses all relevant matters about the Health Declaration Form (HDF).

- ✓ The Health Declaration Form (HDF)
 - ✓ Persons required to submit the HDF
 - ✓ HDF Rules and Procedures
-

The Health Declaration Form (HDF)

The HDF is an initial screening tool to evaluate the health condition and COVID-19 risk of the employee. It is also a guide to determine if the employee will be allowed to physically report to the office for work.

Persons required to submit the HDF

All employees are required to submit HDF. Non-employees such as security guards, maintenance staff and visitors when physically present within OSG premises are likewise required.

HDF Rules and Procedures

Only soft copies of the HDF are allowed to keep the workplace safe and free from possible spread of virus.

The consequences of failing to submit the HDF within the proper period are as follows:

1. The employee will not be allowed to enter the office premises.
2. If the employee is part of the SF, the employee will be considered absent. However, the employee may file a file a leave of absence.

Ex. Juan was assigned to be part of the SF on Monday. Juan failed to submit the HDF on Sunday. Juan will not be allowed to enter the office and will be directed to go home. He is also considered absent unless he files a leave of absence.

The following procedures apply to the HDF.

1. The employee should submit the HDF on or before 1:30 p.m. of the day before physically reporting to the office.
2. The employee should submit the HDF to the designated point person.
3. The point person should compile the HDF and email them at hdf.osg.gov.ph@gmail.com on or before 3:30 p.m.
4. The point person shall include in the e-mail a separate list for employees who have COVID symptoms or exposure.
5. All employees must accomplish one (1) HDF every time they are required to report to the office.

*Ex. (1) The employee is assigned as part of the skeleton force on **Monday** and **Tuesday**. In such case, the employee shall submit the HDF to the point person on **Sunday** as a requirement before the employee will be allowed to enter the office on **Monday**. The employee will submit another HDF on **Monday** as a requirement before the employee will be allowed to enter the office on **Tuesday**.*

*(2) The employee is assigned as part of the skeleton force on **Tuesday** and **Friday**. In such case, the employee shall submit the HDF on **Monday** and another HDF on **Thursday**.*

6. Under certain circumstances, the ASG or Service Unit Director may expressly require the employee to submit another HDF.

Ex. An employee went to the office on Monday and Tuesday. The employee submitted his HDFs on Sunday and Monday. On Tuesday night, after returning from work, the employee had a fever. The employee must inform ASG or Service Unit Director about his condition. The ASG or Service Unit Director should require the employee to submit an updated HDF.

Chapter 10: Employee Management

This chapter discusses all relevant matters about Employee Management related matters.

- ✓ Skeleton Force Procedures
- ✓ OSG Bus Service
- ✓ Persons Allowed to Enter OSG Premises
- ✓ Visitor Policy
- ✓ Inter division/service visits

Skeleton Force Procedures

Skeleton Force refers to a work arrangement where a minimum number of employees is required to man the office to render service when full staffing is not possible.¹²

ASGs and Service Unit Directors are reminded to submit a list indicating the names of the skeleton force every Friday preceding their skeleton force schedule.

The list should be e-mailed at secretariat.osg@gmail.com, skeletalforce.osg@gmail.com and hdf.osg.gov.ph@gmail.com. If an employee would like to avail the OSG bus transport service, the list indicating the name and his/her respective address must be submitted at osgbus.list@gmail.com.

OSG Bus Service

Only employees whose names are listed and submitted as part of the skeleton force are allowed to avail the OSG bus transport service.

Persons Allowed to Enter OSG Premises

Only the following authorized persons are allowed to enter OSG premises:

1. Members of the Skeleton Force who submitted their HDF.
2. Employees who are working from home but are expressly required or authorized by the Solicitor General, ASG or Service Unit Director to enter the office for valid reasons.
3. All other persons authorized by Solicitor General, ASG, Service Unit Director or Committee.

¹² CSC Memorandum Circular 10, s. 2020.

Visitor Policy

Meeting through video conference is highly encouraged.

If for some reason, meeting through video conference is not a viable option, the person may be allowed to enter the office subject to the following conditions:

1. The employee must inform his/her ASG or Service Unit Director.
2. The employee must prepare the names and contact details of the visitors.
3. The employee must require the visitor to accomplish the HDF a day before the scheduled visit.
4. The names, contact details, schedule of the visit (date and time) and HDF must be submitted to the Committee a day before the scheduled visit to give the Committee sufficient time to determine if it is safe to allow the visitor to enter the office premises.

All divisions and services are reminded to observe strict social distancing policies during the visit.

Inter division/service visits

Employees from other division/service unit are allowed to visit another division/service unit subject to the following requirements:

1. The employee is required to fill-out the visitor sheet/logbook which must be provided by every legal division/service unit.
2. Visitors should remember to indicate the purpose of visit, time in and time out.
3. It shall be duty of the respective division/service unit to keep the visitor sheet/logbook for possible contact tracing purposes.

Chapter 11: Miscellaneous Matters

This chapter discusses all miscellaneous matters related to COVID-19 office policy

- ✓ RT-PCR Testing
 - ✓ Contact Tracing Procedure
 - ✓ Lockdown Rules
 - ✓ Out of Town Hearings
-

RT-PCR TESTING

An employee will only go through RT-PCR testing if it is recommended by the medical expert. Thus, every COVID-19 incident is analyzed on a case-to-case basis.

This procedure highlights the importance of:

1. HONESTLY, PROMPTLY, and ACCURATELY accomplishing the HDF.
2. Properly reporting the incident to the ASG or Service Unit Director which includes relevant details that might not be reflected in the HDF.

Educating oneself in all COVID-19 related matters by reading the COVID-19 Manual, COVID-19 FAQ, conducting personal research, and checking further updates.

The factors to be considered before an employee may undergo RT-PCR Testing are as follows:

1. HDF
2. Nature of Job (Frontliners)
3. Severity of Exposure to COVID-19 (distance of contact, duration of contact, etc.)
4. Severity of Symptoms

CONTACT TRACING PROCEDURES

Contact tracing is the process of identifying, assessing, and managing people who have been exposed to a disease to prevent onward transmission.¹³

It is the responsibility of the point person of the concerned division/service unit to conduct the contact tracing and to immediately report to the Committee.

Contact tracing is accomplished through the following steps:

1. Committee Members will disseminate the contact tracing form to the respective point person of their assigned division/service. The contact tracing form may also be downloaded from the intranet.
2. The point person will then fill-up the contact tracing form by properly investigating the exposure of the respective members of their division/service.
3. The point person must properly categorize the members of the division/service as confirmed, probable or suspect case.

¹³ As defined in the World Health Organization Interim Guidelines dated May 10, 2020.

4. The point person will then fill-up the contact tracing sheet and submit it to the respective Committee member assigned to their division/service.

LOCKDOWN RULES

As a general rule, an employee is not allowed to go to the office except when authorized by the Committee.

The said employee must inform the ASG or Service Unit Director of the intended visit to the office. It shall be the duty of the ASG or Service Unit Director to assess if the employee's reason for going to the office is justified. If justified, the ASG or Service Unit Director will inform the Committee. The Committee will approve the employee's request to visit the office during lockdown.

If there is a lockdown and a pleading must be filed during the lockdown, the employee may resort to e-filing as allowed by the Rules of Court and Supreme Court issuances.

Out of Town Hearings

If a lawyer has an out of town hearing, the lawyer may file a motion to reset the hearing, motion to conduct hearing through videoconference or deputize the case. The ASG and the lawyer are in the best position to assess the circumstances of the case taking into consideration the health and safety of the lawyer.

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