

III. GUIDELINES

The following “COVID-19” SAFETY and HEALTH standards shall be implemented in all workplaces of **XXX COMPANY** consistent with City Ordinances and National Directives on CoVid-19.

A. Reducing transmission of CoVid-19

Prior to entrance in the workplace/ inside the workplace

1. All employers, workers and visitors shall:
 - a. Wear face masks at all times and remove the same only when eating/drinking.
 - b. Accomplish daily the health symptoms questionnaire and submit to the guard or designated Safety Officer prior to entry.
 - c. Submit to temperature checking and record in the health symptoms questionnaire. (see attached sample protocol and questionnaire template)
 - d. Spray alcohol/ sanitizers on both hands; provide disinfectant foot baths at the entrance, if practicable.
 - e. All work areas and frequently handled objects such as door knobs and handles, shall be cleaned and disinfected regularly, at least once every two (2) hours;
 - f. All washrooms and toilets shall have sufficient clean water and soap, workers are encouraged to wash their hands frequently and avoid touching their eyes, nose and mouth;
 - g. Sanitizers shall be made available in corridors, meeting rooms, conference areas, near office entrance doors, elevator lobby, stairways and areas where workers pass;
 - h. Workers, whether in office workstations or in operations/ production area, shall always practice social/ physical distancing. (at least one (1) meter radius space –side, back, front – between workers)
 - i. Caterings and Buffet as well as eating in communal areas is discouraged. Best to eat alone. Tables and chairs shall be cleaned or disinfected after every use of the area, and before as well as at the end of the work day; and
 - j. Canteens and kitchens should be cleaned and disinfected regularly.
2. All Equipment or vehicle entering the workplace vicinity must go through a disinfection process; and
3. Should there be a long queue outside the workplace or at the entrance gate or offices, the designated SAFETY OFFICER or its deputized roving

officer/s should instil social/ physical distancing of at least one (1) meter apart.

B. Minimising exposure and contact rate to CoVid-19

Any Administrative approach formulated shall be agreed upon by the employer and workers.

1. Installation of posters, signage and other informative materials on key areas to serve as a reminder on the “NEW NORMAL” being implemented to minimise the exposure and transmission of CoVid-19 within the workplace.
2. Possible Flexible and/or Alternative Work Arrangements, such as working-hour shifts, work from home (WFH), where feasible and on rotation basis shall be implemented;
3. Reduce if not eliminate face-to-face interaction between workers, co-workers and clients, face masks must be worn at all times. Meetings needing physical presence shall be kept at a minimum number of participants (limit to less than 10) and with short duration (limit to 15 minutes);
4. Online system shall be encouraged to be utilized not only for holding client conferences but also interoffice meetings. Emails instead of printed office memos, Video and teleconferencing can be maximized for lengthy discussions.
5. Office tables should be arranged in order to maintain proper physical distancing (one (1) table apart). Clear Barriers/ Dividers of non-porous material may be provided. Office furniture/ workstation layout should be designed to allow unidirectional movement in aisles, corridors and walkways.
6. Observe maximum room capacity at a given time inside an office or enclosed space to maintain physical distancing. Elevator use should also consider physical distancing and limit the number of passengers from its maximum number of passengers and weight limit.
7. The designated SAFETY OFFICER or its deputized roving officer/s shall always ensure social and physical distancing and observance of health protocols.

Enumerate/describe other “COVID-19” safety and health procedures to be implemented unique to your company

IV. DUTIES OF EMPLOYERS AND WORKERS

Employers shall:

1. Provide all employees a copy of this "COVID-19" Management Plan for the prevention and control of CoVid-19 as guide and monitor its implementation;
2. Provide resources and materials needed to keep the workers healthy and safe as well as maintain a humane working environment , e.g., information posters and reminders, face masks, face shields, soap, sanitizers, disinfectants, PPE's including CoVid-19 testing kits, etc.;
3. Safety and Health Committee thru its designated SAFETY OFFICER shall be tasked to monitor everything enumerated in Item III. GUIDELINES of this document;
4. Employer shall provide enhanced health insurance for its workers;
5. Where feasible, provide shuttle services and/or decent accommodation on near-site location to lessen travel and people movement;
6. Enjoins to consider hiring from the local community;
7. Put up a CoVid-19 Hotline for employees to report if symptomatic, and daily monitoring scheme of our "suspect" employee condition;
8. Employer or the designated SAFETY OFFICER by the Safety and Health Committee shall be primary responsible for instituting vigorous contact tracing should an employee be tested positive for CoVid-19 in close coordination with Valenzuela City Epidemiology and Surveillance Unit (CESU); and
9. _____

Workers shall:

1. Comply with all "COVID-19" workspace measures in place for the prevention and control of CoVid-19, such as, wearing of face masks, frequent hand washing, observe physical distancing always, etc.;
2. Submit to temperature check prior to entering the workplace
3. Observe proper respiratory etiquette;
4. Coughing and Sneezing into tissue or into shirt sleeve if tissue is not available;
5. Disposing used tissues and other PPE's properly;
6. Disinfecting hands immediately through proper washing with soap and water or alcohol-based sanitizer immediately after a cough or sneeze;
7. Report to the Management or the designated SAFETY OFFICER should any of the employees, including himself, manifests any symptoms of CoVid-19 immediately; and
8. _____

V. EMPLOYEE CASE MANAGEMENT PROTOCOL

Employers are highly encouraged to allow Most At-Risk and Vulnerable Workers to a Flexible Work Agreements and there shall be no diminution in wages or benefits. Employers may test workers for CoVid-19 and shall establish an Employee Case

Management Protocol. Workers with a negative test shall continue to work once given a clearance from the Company Physician. The designated Safety Officer shall continue to monitor all workers.

(Kindly insert: Company Policy on CoVid-19 testing as well as Flexible Work Agreements formulated and agreed upon by employers and workers in conformity with the DOH protocols)

VI. PENALTIES/SANCTIONS

For every offenses and violation of any “COVID-19” Safety and Health Standards, regulations and general practices defined and enumerated in Item III. GUIDELINES of this document, **XXX Company** shall be imposing the following penalties and sanctions for every violation: *(Please attach company policy on penalties, if there are any).*

“NEW NORMAL” Violation	1 st offense	2 nd offense	3 rd offense
1. No/ not wearing face mask, no/ not wearing face shield	warning	3 day suspension	5 day suspension
2. Refuse to submit to Temperature Check prior to entry	warning	3 day suspension	5 day suspension
3. Failure to observe Social/ Physical distancing	warning	3 day suspension	5 day suspension

(Provide additional based on the agreed penalties and sanctions)

VII. EFFECTIVITY

This **WORKFORCE AND WORKPLACE MANAGEMENT PLAN IN THE PREVENTION AND CONTROL OF COVID-19** shall take effect immediately upon resumption of work and shall be made known to every employee by posting in the company’s bulletin board.

(Such Management Plan may be considered invalid or no longer for implementation should the National Government or any of its instrumentality including the Local Government issues any directives that conclusively shows that a viable vaccine has contained or eradicated CoVid-19)

VIII. DEED OF UNDERTAKING/ WAIVER

I/We, _____ hereby certify that this “COVID 19 Management Plan” is prepared under my direct supervision in consultation with the representatives of the employees and that the above information is true and correct to the best of my knowledge and belief, the provision set forth shall be complied with by both the Company Owner/s and all of the employees regardless of their employment status.

I/We further undertake to allow duly authorized inspectors of the City Government to conduct ocular inspection of my establishment to ensure faithful compliance to any

regulatory measures and post inspection requirements and in case of violation or non-compliance thereof it will result in the closure of the business establishment without need of notice, Executive Order and revocation of my business permit.

I/We DECLARE UNDER PENALTY OF PERJURY that the foregoing information are true based on my personal knowledge and authentic records. If there is an error and/or misrepresentation, it will render my application and the issued business permit and other issued clearances void ab initio from the beginning.

I/We hereby agree that all Personal Data (as defined under the Data Privacy Law of 2012 and its implementing rules and regulations), customer data and account or transaction information or records (collectively, the "information") which may be with City Government from time to time relating to us may be processed, profiled or shared to requesting parties of for the purpose of any court, legal process, examination, inquiry, audit or investigation of any Authority. The aforesaid terms shall apply notwithstanding any applicable non-disclosure agreement. We acknowledge that such Information may be processed or profiled by or shared with jurisdictions which do not have strict data protection or data privacy laws.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____ at Valenzuela City, Philippines.

Signature over printed name

Company Owner/ Management

Signature over printed name

Employees' Representative

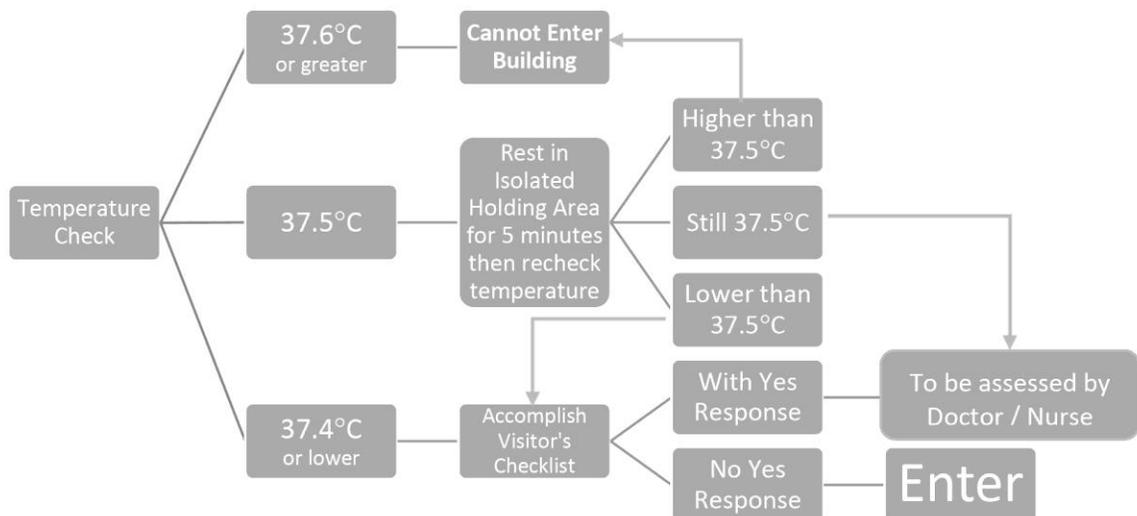
Date: _____

ANNEX

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.



2. All visitors shall accomplish the visitor's checklist

Health Checklist

Temperature:

Name: _____ Sex: _____ Age: _____

Residence: _____

Nature of Visit: Official: **If official, fill-in company details below**
 Please check one Personal:

Company Name: _____

Company Address: _____

	Yes	No	
1. Are you experiencing: (<i>nakakaranas ka ba ng:</i>)	a. Sore throat (<i>pananakit ng lalamunan / masakit lumunok</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	b. Body pains (<i>pananakit ng katawan</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	c. Headache (<i>pananakit ng ulo</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	d. Fever for the past few days (<i>Lagnat sa nakalipas na mga araw</i>)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you worked together or stayed in the same close environment of a confirmed COVID-19 case? (<i>May nakasama ka ba o nakatrabahong tao na kumpirmadong may COVID-19 / may impeksyon ng coronavirus?</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you had any contact with anyone with fever, cough, colds, and sore throat in the past 2 weeks? (<i>Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas ng dalawang (2) lingo?</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you travelled outside of the Philippines in the last 14 days? (<i>Ikaw ba ay nagbyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you travelled to any area in NCR aside from your home? (<i>Ikaw ba ay nagpunta sa iba pang parte ng NCR o Metro Manila bukod sa iyong bahay?</i>) Specify(<i>Sabihin kung saan</i>): _____	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby authorize [name of establishment], to collect and process the data indicated herein for the purpose of effecting control of the COVID-19 infection. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required by RA 11469, Bayanihan to Heal as One Act, to provide truthful information.

Signature: _____ Date: _____