



**DEPARTMENT OF EDUCATION  
DEPARTMENT OF HEALTH**  
Joint Memorandum Circular No. 01, s. 2021  
September 27, 2021



**SUBJECT : OPERATIONAL GUIDELINES ON THE IMPLEMENTATION OF LIMITED FACE-TO FACE LEARNING MODALITY**

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**1. Background**

The Coronavirus Disease 2019 (COVID-19) pandemic has greatly affected all sectors of society. This public health crisis has compelled countries around the world to revisit their education systems and adopt the most appropriate delivery modalities for their learners. In response to this, one of the key responses in the Philippines was the nationwide closure of all learning institutions in the hopes of preventing schools from becoming centers for COVID-19 case clustering. Furthermore, this pandemic brought about the massive implementation of alternative learning methods through distance learning modalities. While this facilitated learning continuity and maximized the implementation of distance learning modalities, there are major challenges in the teaching and learning process affecting adjustment and development of learners.

In the Framework for reopening schools (UNESCO, UNICEF, WB, WFP, UNHCR, June 2020) it states, "Disruptions to instructional time in the classroom can have a severe impact on a child's ability to learn. The longer marginalized children are out of school, the less likely they are to return. Children from the poorest households are already almost five times more likely to be out of primary school than those from the richest. Being out of school also increases the risk of child trafficking, online and offline sexual abuse and exploitation of children (e.g., rape, OSAEC, etc.), teenage pregnancies, child marriages, violence and other threats. Further, prolonged closures disrupt essential school-based services such as immunization, school feeding, mental health and psychosocial support, which can cause and further aggravate stress and anxiety due to the loss of peer interaction and disrupted routines."

Similarly, UNESCO reiterates that remote learning has been particularly challenging for elementary school students as they need a level of guidance, social interaction, and tactile learning opportunities that are difficult to replicate in an online classroom. This in turn, has been particularly devastating for working parents and guardians, particularly mothers. UNESCO warns that societal consequences could be profound, forcing women to reduce their hours or leave their jobs and possibly delay the economic recovery. Other parents simply cannot afford to quit their jobs and may feel forced to leave their young children in unsafe situations.

Furthermore, UNESCO cited that there is no one-size-fits-all strategy for determining the optimal model for learning in the COVID-19 crisis. From the analysis and data tracked by UNESCO and NWEA (Northwest Evaluation Association), certain groups of students have suffered greater setbacks and will continue to face more obstacles in remote-learning environments. Many of these students struggle to thrive in a remote environment where they

12/20/2021

Reproduction No. 501, s. 2021  
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**ZENIA G. MOSTOLES, Ed.D., CESO V**  
Schools Division Superintendent  
Schools Division of Bulacan

lack hand-on guidance, emotional support, and access to technology. Hence, they suggested that in areas where disease transmission is under control and administrators can resume physical classes, these students need to take priority. It was emphasized that opening school need not be an all-or-nothing proposition. Since remote learning is especially tough on students who also have to deal with challenges such as learning disabilities, economic hardship, or unstable home environments, resources should primarily focus on them.

With the approval of the President, these challenges will be addressed through the reintroduction of face-to-face classes where such can be made consistent with the public health standards of the government in light of COVID-19. In preparation for eventual school reopening and/or blended learning, caution must be observed, and extensive planning should be undertaken to prevent schools from becoming epicenters of resurging cases in the country. In instances where face-to-face learning may be permitted in full or limited capacity by the national government agencies (NGAs) and local government units (LGUs), there is an urgent need to put in place measures for schools to safely resume their on-campus operations within a protective home and community environment as well.

Once the government expands implementation beyond pilot schools, all the aforementioned imperatives shall be considered in the development of models for the safe resumption of face-to-face learning including the implementation of blended learning.

## 2. Scope

This policy shall provide guidance on the mechanisms and standards on the resumption of face-to-face classes. The guidelines shall also cover the roles and responsibilities of stakeholders across governance levels to ensure effective, efficient, and safe implementation.

The resumption of face-to-face classes will be implemented initially in selected participating schools in minimal-risk areas based on the Department of Health (DOH) risk classification in the following phases: (a) pilot implementation (b) expanded implementation (c) full implementation under the new normal. Specifically, for the pilot implementation, only learners from the Key Stage K-to-3 and selected secondary learners from Senior High School (SHS) in minimal-risk areas shall participate.

## 3. Definition of Terms

- 3.1. **Air change per hour (ACH)** - refers to the air flow to a space expressed as volume per unit time divided by the volume of the space
- 3.2. **Blended Learning Approach** - refers to a learning delivery that combines face-to-face with any or a mix of online distance learning, modular distance learning, and TV/ Radio-based Instruction. Blended learning will enable the schools to limit face-to-face learning, ensure social distancing, and decrease the volume of people outside the home at any given time (as per the Basic Education Learning Continuity Plan)
- 3.3. **Medical Isolation** - refers to separating someone with laboratory confirmed COVID-19 or symptoms of COVID-19 infection to prevent their contact with others and to reduce the

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mechanisms are in place. Central to this is the **Shared Responsibility** principle. The

framework will effectively engage the entire society in making sure that learners are safe and healthy while attending the face-to-face classes. Specifically, the framework puts the learner's health and safety at the heart of the implementation, allowing them to learn better.

The framework is centered on the following common elements: (a) Health and safety of learners, (b) Learning opportunities, (c) School operations, and (d) Engagement of the entire society.

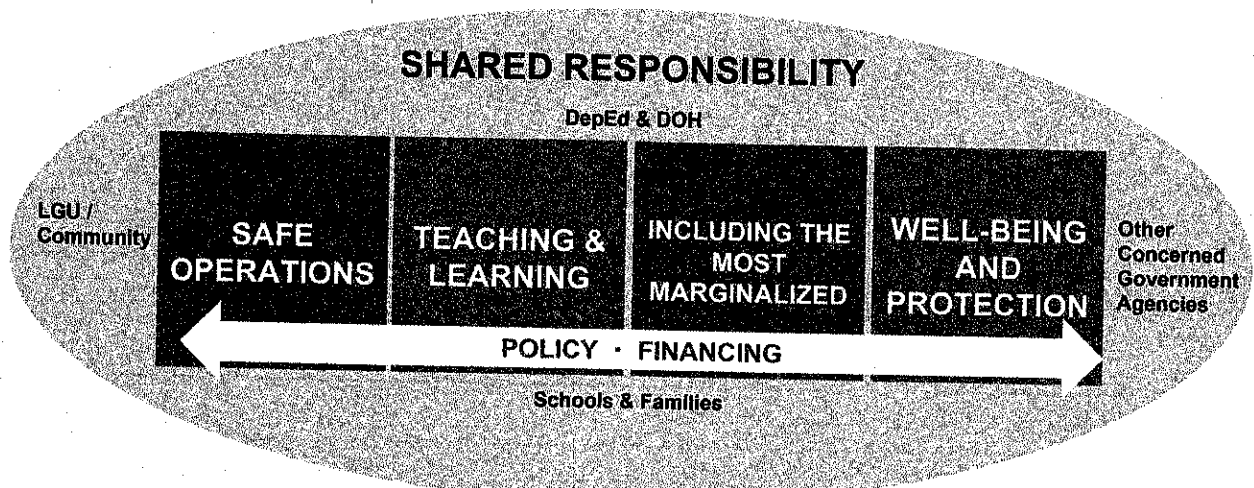


Figure 1: Based on UNESCO-UNICEF – World Bank Framework for Reopening Schools and DepEd Shared Responsibility Principle.

## 6. Eligibility of Participation to the Implementation of Face-to-Face Classes

### 6.1. Schools

- 6.1.1. The school shall be located in minimal-risk areas based on criteria set by DOH before they can participate in the limited face to face classes.
- 6.1.2. Participating public and private schools shall pass the school safety assessment using the School Safety Assessment Tool (see Annex B).
- 6.1.3. Results shall be validated by a composite team from Schools Division Office (SDO) based on the standards specified in the School Safety Assessment Tool (SSAT). The team shall be composed of:
  - 6.1.3.1. Disaster Risk Reduction and Management (DRRM) Coordinator
  - 6.1.3.2. SDO Health Personnel
  - 6.1.3.3. Planning Officer
  - 6.1.3.4. SDO Engineer
  - 6.1.3.5. Representative from Curriculum Implementation Division (CID)
- 6.1.4. The school shall have expressed support from LGUs (Barangay, Municipality, City, Province) in the form of a resolution or letter of support allowing them to participate in face-to-face classes.
- 6.1.5. The school shall secure expressed support and consent of parents of students who shall participate in the reopening of face-to-face classes, in the form of a written

Consent Form (see Annex C). There must be a minimum of five (5) students per class to be eligible to participate in face-to-face classes.

In the event that the number of students fall below the required minimum by DepEd during the actual conduct of face-to-face classes, the school head may decide to continue face-to-face learning modality or revert back to distance learning modality.

**6.1.6.** For private schools that signify to participate in the pilot implementation of face-to-face classes, the following requirements shall be complied prior to the authorization from the Regional Director:

**6.1.6.1.** Submission of a formal letter addressed to the Regional Director expressing the following:

**6.1.6.1.1.** interest to implement limited face-to-face classes;

**6.1.6.1.2.** willingness to submit a report on lessons and recommendations on a monthly basis during the pilot implementation and quarterly for the expanded implementation of face-to-face classes

**6.1.6.2.** The following attachments shall be submitted along with the formal letter:

**6.1.6.2.1.** implementation plan for the face-to-face classes including class program, class schedule, and health and safety protocols (including testing capacity and arrangements for all students and personnel attending schools).

**6.1.6.2.2.** clear protocols for medical isolation, school re-closures and reopening in the event of detected cases among students or school personnel.

## **6.2. Teachers and Employees**

**6.2.1.** All teachers and employees who are 65 years old and below and with no diagnosed co-morbidities shall be eligible to provide service during the conduct of the face-to-face classes. Likewise, teachers and employees who are considered PWDs, are pregnant and lactating, whose services are indispensable under the present circumstance may be considered eligible, (as provided for in CSC Memorandum Circular No. 18, s. 2020). Regardless of the vaccination status, teachers and other employees are eligible to participate, while those with stable comorbidities may join voluntarily. School administrators may decide on teachers and other employees then schedule based on careful analysis of risks and benefits.

**6.2.2.** COVID-19 vaccination shall remain an essential strategy to complement the existing implementation of the Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR) strategies, which is the cornerstone of the country's response to prevent further transmission. DepEd shall encourage teachers and personnel, regardless of employment status, to be vaccinated for COVID-19. Vaccination shall follow the country's allocation framework for priority eligible population.

## **6.3. Learners**

**6.3.1.** Selection of learners who will participate in the pilot implementation shall be guided by the following criteria:

- 6.3.1.1. Participation is voluntary with signed written consent from parent/guardian (see Annex C for sample written consent form)
- 6.3.1.2. Only learners from within the city/municipality where the school/learning center is located shall be considered
- 6.3.1.3. Can walk going to school, or, with regulated public transportation, or with available private transport
- 6.3.1.4. Without existing comorbidities
- 6.3.2. Participating schools may further do prioritization of learners according but not limited to the following conditions:
  - 6.3.2.1. Children who require childcare, such as those whose parents must work outside the home, or who have no directly available and immediately responsible adults/ guardians at home;
  - 6.3.2.2. Learners heavily dependent on face-to-face learning interventions, such as Key Stage 1 learners (Kindergarten to Grade 3);
  - 6.3.2.3. Learners who struggle to meet the required learning competencies;
  - 6.3.2.4. Senior high school learners enrolled in Technical-Vocational-Livelihood (TVL) track requiring workshop equipment in school; and
  - 6.3.2.5. Learners that are documented to be affected by mental health concerns that may be eased by face-to-face interactions. The school shall provide a referral process to address mental health concerns.
- 6.3.3. To ensure protection across all diseases and implement healthy habits, parents/guardians shall be encouraged to be up-to-date with the routine immunizations of their young children, especially for non-COVID19 diseases that are vaccine preventable such as, but not limited to, poliomyelitis, measles, mumps, rubella, diphtheria, pertussis, tetanus. Relative to this, schools shall facilitate completion of routine immunizations through regular immunization mechanisms available through the National Immunization Program (NIP).

## **7. Guidelines On Safe Reopening**

### **7.1. Safe Operations**

- 7.1.1. **Managing School Operations.** This shall guide schools on safely managing school reopening and operations.
  - 7.1.1.1. **Preparation for School Reopening**
    - 7.1.1.1.1. In preparation for school reopening, the school shall set up the physical structures, WASH facilities and supplies, personal protective equipment (PPEs), health and safety protocols, learning materials, class programs, and human resource requirements in accordance with these guidelines and the DOH Administrative Order No. 2021-0043.
    - 7.1.1.1.2. The school shall involve the community in the school reopening process to shape the perceptions of risks and effectively respond to the health crises through localized efforts.

**7.1.1.1.3.** The school shall adjust class programs according to their Alternative Work Arrangements (AWA) and conduct an orientation of teaching personnel on possible changes in their AWA. The school shall develop a plan to ensure that there are available teachers for the conduct of face to face classes. In the same way, the plan should also consider teacher assignment for learners who will remain in distance learning modality.

**7.1.1.1.4.** The school shall orient learners, parents, guardians, teaching and non-teaching personnel, external stakeholders and LGU of the eligibility for participation, existing protocols, mechanisms, and procedures needed in conducting face-to-face classes. Orientation shall take place at least one week prior to the conduct of face-to-face classes to allow parents/guardians help children to mentally and emotionally adapt and cope with the transition. During the orientation, the school may distribute face masks and face shields to ensure that children will be able to adhere to existing protocols. Orientation materials shall be made available for school administrators, teachers and staff; parents, caregivers and community members; students and children.

**7.1.1.1.5.** The school shall also screen the vaccination records of children (routine immunizations) to ensure that those enrolled are protected from vaccine preventable diseases (VPDs) and other infectious diseases to prevent additional COVID-19 burden. However, these routine immunizations are not a requirement to participate in the face-to-face classes.

**7.1.1.1.6.** Prior to the opening, the school shall conduct simulation activities among school personnel regarding protocols and routines to replicate and discuss possible scenarios during the actual conduct of face-to-face classes.

**7.1.1.1.7.** All persons shall wear well-fitted face masks and face shields especially in public areas and enclosed spaces

**7.1.1.2. Classroom Layout and Structure**

**7.1.1.2.1.** Classrooms shall be arranged to ensure safety of learners from COVID-19 transmission following the prescribed classroom layout (Annex D). Physical arrangement of chairs and other furniture inside the classroom shall ensure proper physical distancing. Those seats that will be occupied shall be 1 to 2 meters apart while those which will not be occupied shall be marked with an "X".

**7.1.1.2.2.** After ensuring that the required physical distance of seats in each classroom is observed, the school shall also take into consideration the required maximum number of learners per class. The allowable number of learners in every classroom, including those in Special Education (SPED), special curricular programs, multigrade classes, TVL workshops, and other laboratory activities, shall be in accordance with the following standards:

**7.1.1.2.2.1.** Kindergarten: maximum of 12 learners in a class

- 7.1.1.2.2.2. Grades 1 – 3: maximum of 16 learners in a class
- 7.1.1.2.2.3. Grades 4 – 6: maximum of 20 learners in a class
- 7.1.1.2.2.4. Grades 7 – 10: maximum of 20 learners in a class
- 7.1.1.2.2.5. Grades 11 – 12 maximum of 20 learners in a class
- 7.1.1.2.2.6. TVL workshop and science laboratory – maximum of 12 learners in a workshop/laboratory

7.1.1.2.3. If the classroom does not have adequate space to enforce the 1- to 2-meter distance between seats, the school may adopt the following:

7.1.1.2.3.1. larger spaces in the school such as the gymnasium, school grounds, and the like may be repurposed as learning spaces

7.1.1.2.3.2. available learning spaces in the community near the school or residential area of the learners and teachers

7.1.1.2.4. Schools may consider providing microphones or any other appropriate sound system for teachers to facilitate teaching in a physically-distanced setup.

7.1.1.2.5. All (heating, ventilation and air conditioning) HVAC systems should be in working order with increased ventilation whenever possible thru the following recommended strategies as cited in DOLE Department Order No. 224-21 Guidelines on Ventilation for Workplaces and Public Transport to Prevent and Control the Spread of COVID-19.

7.1.1.2.5.1. All classrooms must have working electric fans, and windows and doors shall be open at all times to maximize natural airflow. In air-conditioned spaces where ventilation is greatly recirculated or access to outside air is not feasible, filters such as high-efficiency particulate air (HEPA) filtration air purifiers can be used to clean recirculated air, provided that the unit is adequate for the size of the room in which it is installed. Proper maintenance should be ensured by following manufacturer recommendations of these devices.

7.1.1.2.5.2. Outdoor (Open): maximize natural airflow

7.1.1.2.5.3. Indoor (enclosed): Install appropriate ventilation equipment such as general and exhaust ventilation and CO2 monitoring devices, to achieve an air change rate of 6 to 12 Air Change per Hour (ACH).

### 7.1.1.3. School Traffic Management

7.1.1.3.1. The school shall establish safe entrance, exit, and contact tracing procedures for all those entering school premises (learners, teachers, parents/guardians, school personnel, etc.) Likewise, drop-off and pick up points shall be clearly identified and marked. The area for drop-off and pick up points shall be different to deter overcrowding in the area. Only private vehicles or regulated public vehicles shall be allowed to fetch the learner. There shall be Separate Entry and Exit points in high traffic areas

by installation of signages and markers for cueing and unidirectional movement.

**7.1.1.3.2.** Schools shall put signages, preferably in local languages and Braille in the following:

**7.1.1.3.2.1.** School map at the front gate indicating the location of the classrooms (this may also be used as a guide for points of exit/evacuation during emergencies)

**7.1.1.3.2.2.** Designated entrance and exit (for the school gate and classrooms)

**7.1.1.3.2.3.** Designated waiting area for parents/ guardians/ chaperones with strict observation of physical distancing at all times. Limit to one (1) person allowed to fetch per learner.

**7.1.1.3.2.4.** Hallway ground markings for walking direction guide

**7.1.1.3.2.5.** Areas where physical capacity may be limited (e.g. restroom, library, school administrative office, among others.)

**7.1.1.3.3.** Authorized visitors shall schedule an appointment with the school head to limit the number of people in the school premises. All visitors shall be required to follow health protocols and screening, provide a copy of identification to school administrators and fill out a form (physical or online) indicating their name, contact details, address, date and time of visit and purpose.

**7.1.1.4. Protective measures, hygiene and sanitation practices and respiratory etiquette.** To ensure the protection of personnel and learners, the following shall be implemented:

**7.1.1.4.1.** The school shall set up and ensure the availability of proper sanitation and hygiene facilities following the basic requirements and standard in accordance with DO 10 s. 2016 [Comprehensive Water, Sanitation and Hygiene (WASH)] such as:

**7.1.1.4.1.1.** Adequate and Safe Water Supply

**7.1.1.4.1.2.** Hand washing station or sink

**7.1.1.4.1.3.** Antibacterial soap or 70% Isopropyl/Ethyl Alcohol

**7.1.1.4.2.** The school shall ensure that handwashing facilities are set up in a strategic location (e.g. school entrance).

**7.1.1.4.3.** The school shall ensure that each learner, teacher, and personnel have access to the following upon return to school:

**7.1.1.4.3.1.** Cloth/washable face masks

**7.1.1.4.3.2.** 1 toothbrush and 1 toothpaste (K-6 learners)

**7.1.1.4.3.3.** 1 bar of soap (K-6 learners)

**7.1.1.4.4.** The school clinic shall ensure the availability of Emergency Health Kits that include PPEs and other needed supplies and materials. The PPEs shall be available for COVID-19 DRRM team members, health personnel, maintenance, and security guards. The use of PPEs shall be guided by the



DOH Department Memorandum 2020-0176A *Amendment to DOH Department Memorandum 2020-0176 Interim Guidelines on the Rational Use of Personal Protective Equipment for COVID-19* as summarized in the tables below:

**Table 1. PPE requirement depending on the type of activity**

Triage and screening of individuals in points of entry (for personnel in school entrances)	Medical mask with face shields
Caring for a suspected case of COVID-19 with no aerosol-generating procedure (for personnel in school clinics)	Medical mask, goggles or face shield, gloves, gown
Caring for suspected/ confirmed cases of COVID- 19 with aerosol-generating procedure (for personnel in school clinics)	Respirator (N95 or FFP2), goggles or face shield, gloves, gown
Assisting in transporting passengers to a healthcare	Full PPE

For PPE maintenance, secure the storage area so it is not frequented by unauthorized personnel.

**7.1.1.4.5.** Technical specifications and Standards of PPE for Healthcare Workers and those handling possible COVID-19 cases should meet the DOH DM 2020-0176A:

**Table 2. PPE Specifications and Standards**

Medical surgical Mask or Face	<ul style="list-style-type: none"> <li>• 3-ply, ear loop, good breathability, internal and external sides should be clearly identified, disposable;</li> <li>• conforms to EU MDD (directive) 93/42/EEC Class I, EU PPE Regulation 2016/425 Category III, CE Notifying Body must be declared, FDA Class 2, EN 14683 Type II, IIR, ASTM F2100 minimum Level 1, or equivalent</li> </ul>
Face Shield	<ul style="list-style-type: none"> <li>• clear plastic, good visibility to both the wearer and the patient, full face shield (completely cover the sides and length of the face), fog resistant, adjustable band to attach firmly around the head, fit snugly against the forehead, disposable or reusable (made of robust material easily cleaned and disinfected);</li> </ul>

	<ul style="list-style-type: none"> <li>conforms to EN 166 standard, EU PPE Regulation 2016/425, CE Notifying Body must be declared, ANSI/ISEA Z87.1 or demonstrate equivalent set of standards</li> </ul>
Goggles, glasses protective	<ul style="list-style-type: none"> <li>clear plastic lens with fog and scratch resistant treatments, flexible PVC frame (easily fit all face contours with even pressure), adjustable, good seal with the skin of the face, enclose eyes and the surrounding areas, accommodate wearers with prescription glasses, adjustable head strap or band to secure firmly, indirect venting to avoid fogging, disposable or reusable (provided appropriate arrangements for decontamination are in place)</li> <li>conforms to EN 166 standard, EU PPE Regulation 2016/425 Category III, CE Notifying Body must be declared, ANSI/ISEA Z87.1 or equivalent</li> </ul>
Gown	<ul style="list-style-type: none"> <li>disposable, non-sterile, length: mid-calf, fluid-resistant solid-front and rear opening, tie-back, long sleeved with elastic cuffs,</li> <li>conforms to EU PPE Regulation 2016/425 Category III, CE Notifying Body must be declared, EU MDD (directive) 93/42/EEC Class I, EN 13795 any performance level, AAMI PB70 all levels acceptable, FDA class 1, ASTM F3352 or equivalent</li> </ul>
Gloves, examination	<ul style="list-style-type: none"> <li>Nitrile, powder-free, non-sterile, sizes: S, M, L, thickness 0.05mm (minimum), cuff length preferably reaching above the wrist, ambidextrous</li> <li>conforms to EU MDD (directive) 93/42/EEC Class I, EU PPE Regulation 2016/425 Category III, CE Notifying Body must be declared, FDA Class 1, EN 455, EN 374, ASTM D6319, or equivalent set of standards</li> </ul>

**7.1.1.4.6.** Surgical masks shall be stored in the school clinic and shall be available at the school entrances. These shall be reserved for symptomatic individuals, health care providers, and learners who come to school without face masks.

**7.1.1.4.7.** Individuals who will manifest symptoms recorded through the daily health checks conducted by the teachers in the classroom shall immediately be provided with a medical or surgical mask and brought to the school

clinic or dedicated isolation area for medical assessment testing and referral to appropriate authorities.

**7.1.1.4.8.** The school shall ensure that child-friendly Information and Education Campaign (IEC) materials on hygiene practices and respiratory etiquette are posted in common areas and are available in local languages and braille. Contents of the infographic materials on maintaining MPHS (#BIDASolusyonPlus) include, but are not limited to, hand hygiene (*hand disinfection thru handwashing and/or use of 70% isopropyl alcohol*), respiratory hygiene and cough etiquette (coughing or sneezing into tissues or one's elbow), protective measures (proper use of face shield and face mask, physical distancing), among others. Communication content should be clear and credible and be disseminated in a manner aligned with local norms.

**7.1.1.4.9.** The school shall provide a daily health monitoring tool for learners and school staff. (See Annex E for template)

**7.1.1.4.10.** The school shall mobilize the School COVID-19 Disaster Risk Reduction and Management (DRRM) Team to ensure that health and safety protocols are in place and are observed during the preparation and implementation of the face-to-face classes. The School DRRM Team shall also designate a Safety Officer who shall serve as the focal person for the health and safety protocols of the school.

**7.1.1.5. School disinfection, sanitation and waste management.** To mitigate the spread of COVID-19 through sanitation and disinfection, schools shall follow DOH Department Memorandum No. 2020-0157 entitled "*Guidelines on Cleaning and Disinfection in Various Settings as an Infection Prevention and Control Measure Against COVID-19*" and *Cleaning and disinfection of environmental surfaces in the context of COVID-19* by the WHO.

**7.1.1.5.1.** The school shall ensure proper disposal of infectious wastes, such as used tissue and masks, in non-contact receptacles.

**7.1.1.5.1.1.** Dispose all used PPE in a separate leak-proof yellow trash bag/container with a cover properly labeled as "USED PPE"

**7.1.1.5.1.2.** Collect the leak-proof yellow trash bag/container regularly or twice a day (after end of class and after working day) from designated/specific area to the general collection area for treatment and disposal.

**7.1.1.5.1.3.** Require the school personnel to wear a medical-grade face mask and puncture-proof gloves when collecting/handling the leak-proof yellow trash bag/container

**7.1.1.5.1.4.** Treatment through disinfection or spraying of the collected wastes with a chlorine solution (1:10) in accordance with DOH Department Memorandum No. 2020-0157 "*Guidelines on Cleaning*

*and Disinfection in Various Settings as an Infection Prevention and Control Measure Against COVID-19”*

- 7.1.1.5.1.5.** The Philippine COVID-19 Living Clinical Practice Guidelines (CPG) does not recommend the use of misting tent or disinfection chambers for preventing and controlling COVID-19 transmission.
- 7.1.1.5.1.6.** Disposal of the disinfected PPE with general waste to the final disposal facility.
- 7.1.1.5.2.** The school shall ensure the routine sanitation of frequently touched surfaces (e.g. tables, doorknobs, light switches, etc.) every after end of a school shift. Other disinfection activities such as using aerosol sprays shall be encouraged to be done every after the end of a school day.
- 7.1.1.5.3.** The school shall place trash bins in strategic locations. Visual signages on proper waste management practices are encouraged to be placed near trash bins.
- 7.1.1.5.4.** Students shall be responsible for disposing of their own used items (i.e. food, mask).
- 7.1.1.5.5.** Students shall be assigned to their own desks/armchairs during classes. They shall disinfect their own tables before and after use. Disinfection team shall be on standby within the school premises.
- 7.1.1.5.6.** Students, teachers and other employees shall be disallowed from sharing school items such as but not limited to textbooks and toys. Outputs (e.g. quiz papers) to be submitted by the learners shall be placed in a sterilization box for disinfection. Likewise, outputs shall also be disinfected before the return to students.
- 7.1.1.5.7.** School administration shall be responsible for stockpiling of disinfectants and soap, ensuring adequate water supply, and hand sanitizers in classrooms and hallways.
- 7.1.1.5.8.** The school shall ensure availability of hand soaps/hand-sanitizers/alcohol-based solutions/other disinfectants in restrooms, classrooms, entrances, etc. by doing routine monitoring and replacement/replenishment if needed.
- 7.1.1.5.9.** The School DRRM Team shall also ensure that necessary disinfection activities are conducted especially in the areas of the school frequented by personnel or learners that tested positive.
- 7.1.1.5.10.** Disinfectants that are approved by the Philippine Food and Drug Administration (FDA) shall be used such as:
- 7.1.1.5.10.1.** Sodium hypochlorite recommended ratio of 0.1% (1000 ppm) by dissolving ½ tsp of chlorine or 2 g to 2L of clean water for regular disinfection, and recommended ratio of 0.5% (5000 ppm) for body fluids by dissolving 1 tbsp of chlorine or 10 g to 2L of clean water

- 7.1.1.5.10.2. Ethanol in all surfaces at a recommended ratio of 70-90%,  
or
- 7.1.1.5.10.3. Hydrogen peroxide in all surfaces at a recommended ratio of  
>0.5%

**7.1.1.6. Communication strategy**

- 7.1.1.6.1. The school shall have a proactive COVID-19 local hotline/help desk or any similar local mechanism that connects and coordinates to the hospitals, testing facilities, and LGUs.
- 7.1.1.6.2. Advisers shall keep a database of contact details including contact number and address of parents/ guardians of the students in their class advisory, subject to compliance with RA 10173 or the Data Privacy Act. This is to ensure that parents/guardians will be informed in case their child/ren show flu-like symptoms while in school premises or if their child/ren become a close contact of a confirmed COVID-19 case.
- 7.1.1.6.3. For further information on the referral system, kindly refer to Section 7.4 of these guidelines.

**7.1.1.7. Contingency plan**

- 7.1.1.7.1. The school shall follow a decision model and prepare a contingency plan for closing and reopening the school in case of COVID-19 resurgence. Separate guidelines will be issued as support for the preparation of Schools Contingency Plan.
- 7.1.1.7.2. The contingency plan shall include the following:
  - 7.1.1.7.2.1. Decision points for school lockdown;
  - 7.1.1.7.2.2. Distance learning modalities during lockdown; and
  - 7.1.1.7.2.3. Strategies for the reopening of schools after the lockdown.
- 7.1.1.7.3. The contingency plan shall also include strategies for the continuity of learning while the school is closed until the local authorities have determined the safe resumption of face-to-face classes.

**7.1.1.8. School Lockdown and Reopening**

- 7.1.1.8.1. The declaration of a school lockdown shall be dependent on the assessment and decision of the Local Task Force against COVID-19 (LTF), with the following considerations:
  - 7.1.1.8.1.1. When there is a suspect, probable, or confirmed COVID-19 case to facilitate disinfection and contact tracing;
  - 7.1.1.8.1.2. Dependent on community transmission and quarantine risk identified by IATF;
  - 7.1.1.8.1.3. Violations/instances of not complying with minimum public health standards or PDITR for review of protocols.
- 7.1.1.8.2. In the event of school lockdown, all learners shall revert to distance learning.

**7.1.1.8.3.** During the lockdown, school management shall ensure contact tracing and disinfection activities. Schools shall implement a 24-hour granular lockdown period for disinfection following identification / detection of suspect, probable, or confirmed COVID-19 confirmed case/s, only after which can it be opened for use to occupants.

**7.1.1.8.4.** The following shall be considered for reopening after a school lockdown:

**7.1.1.8.4.1.** Completed contact tracing;

**7.1.1.8.4.2.** Completed disinfection activities;

**7.1.1.8.4.3.** 14 days without confirmed cases in the school;

**7.1.1.8.4.4.** School is in a barangay with low to no community transmission; and

**7.1.1.8.4.5.** Area where the school is located is classified as minimal-risk

**7.1.1.8.5.** Upon reopening, the school shall conduct re-orientation on current measures adapted to evolving situations in the event of resurgences

**7.1.2. Home-School Coordination.** To effectively manage the coordination between home and school, and other stakeholders, the following shall be taken into account:

**7.1.2.1.** The school shall coordinate with the Barangay Health Emergency Response Team (BHERT) of the Local Government Unit (LGU) in ensuring health protocols are observed properly.

**7.1.2.2.** The school shall ensure that Preventive Alert System in Schools (PASS) for COVID-19, per DepEd Memorandum No. 15, s. 2020, is operationalized. This means that the teacher shall ensure that health inspection is routinely conducted during the conduct of the face-to-face classes.

**7.1.2.3.** The school shall ensure that health personnel or designated clinic teacher(s) are physically present at the school clinic every day that the school will open to learners for face-to-face classes.

**7.1.2.4.** The school shall conduct orientation to the parents/guardians and school personnel regarding:

**7.1.2.4.1.** Safe drop-off and pick-up procedures;

**7.1.2.4.2.** Safety precautions and preventive measures while commuting (e.g. wearing of proper face masks and face shields, refrain from talking and eating while in public transportation, ensure adequate ventilation, frequent and proper disinfection, appropriate physical distancing), and other health benefits of active transport. IEC materials to be used include, #BIDAcommutertips, #BIDABikerTips, and Umiwas sa Skeri Activities;

**7.1.2.4.3.** Safety precautions and preventive measures upon entering the school premises;

**7.1.2.4.4.** Learner's practice of proper sanitation and hygiene upon arriving at home from school and vice versa (e.g. washing of hands, disinfecting, proper wearing of masks and face-shields);

**7.1.2.4.5.** Reporting and coordination with school personnel and local health authorities regarding the health status of their children.

**7.2. Ensuring Teaching And Learning.** Limited face-to-face classes will be implemented in a blended learning approach. As such, participating schools shall determine the most appropriate learning delivery modality to be adopted in combination with the face-to-face modality and the schedule of classes.

**7.2.1. Guidance for class scheduling.** To guide the schools in implementing blended learning approach, the following protocols shall be observed:

**7.2.1.1.** Face-to-face classes shall have a maximum number of learners as required in Section VII. b. ii. of these guidelines. The number of classes in each school shall be organized in such a way that each class will be able to attend face-to-face classes every other week, following the prescribed class schedule in these guidelines.

**7.2.1.2.** Class schedules shall be arranged equitably so that all qualified learners will have the opportunity to attend face-to-face classes. The school shall ensure that arrival, breaks, and dismissal time are staggered to avoid crowding of learners in the schools canteen and gates. Regardless of the learners' schedule, they shall only be allowed to have lunch in their respective homes.

**7.2.1.3.** Table below illustrates the required class for Class A and B:

Class	One straight week limited face-to-face classes
Class A	<ul style="list-style-type: none"> <li>• Half-day face-to-face classes in one straight week</li> <li>• The other half-day shall be allotted for distance learning</li> </ul>
Class B	<ul style="list-style-type: none"> <li>• One straight week of pure distance learning</li> </ul>
Other notes	<ul style="list-style-type: none"> <li>• The classes shall alternately attend face-to-face classes every week for the whole duration of the pilot implementation</li> </ul>

**7.2.1.4.** All face-to-face classes shall be conducted half-day, preferably in the morning where learners are said to learn best.

**7.2.1.5.** Learners shall stay in school for a maximum of 4.5 hours, with the exception of kindergarten learners, who shall stay in school for a maximum of 3 hours.

**7.2.1.6.** The learning areas organized for the face-to-face classes may be prioritized according to:

**7.2.1.6.1.** core learning areas;

**7.2.1.6.2.** learning areas that would need the use of laboratory and / or workshops; and

**7.2.1.6.3.** any combination in which the school finds the learner would need the most instructional support.

**7.2.1.7.** Illustrative examples of class schedules by grade level and proposed teaching tasks are provided in Annex F.

**7.2.2. Ensuring Teaching and Learning Delivery.** To safely implement the opening of face-to-face classes, the school personnel and teachers shall observe the following:

**7.2.2.1.** The school authorities shall ensure that the learning resources needed for the blended learning are sufficient. While on face-to-face set-up, teachers shall maximize the use of all available resource materials and optimize the time for learners' engagement, collaboration, and socialization while observing the health and safety protocols.

**7.2.2.2.** The primary learning resource that shall be used for face-to-face learning are textbooks. These may be supplemented with readily available self-learning modules (SLMs) and learning activity sheets. Teacher-made learning materials may also be used to help deepen learners' understanding of the lesson.

**7.2.2.3.** It shall be ensured that all teachers have the Teacher's Guide on specific grade level/s and learning area/s that they are handling. Likewise, teachers shall develop activity-based materials for mastery of learning delivered during face-to-face classes. Also, the use of assessment rubrics shall be encouraged as a form of ongoing assessment to monitor learning progress and evaluate effectiveness of instruction.

**7.2.2.4.** The school shall ensure that the school requirement for each learner follows the DepEd issuance on academic ease (Memorandum OUCI-2020-307).

**7.2.2.5.** The teacher load/s shall be arranged equitably and fairly so that each teacher follows the maximum 6-hour instructional delivery per day.

**7.2.2.6.** The class advisers shall ensure that the attendance is closely monitored so that the teacher can determine which participating learners are exhibiting difficulties in coming to school. In case learners cannot participate in face-to-face classes, they will be reverted to full distance learning.

**7.2.2.7.** Since physical distancing shall be observed during the face-to-face sessions, teachers may allot the instructional time to:

**7.2.2.7.1.** Explicitly teach the "least learned/mastered" content and performance standards

**7.2.2.7.2.** Conduct authentic classroom assessment of learning

**7.2.2.7.3.** Review the previous lessons

**7.2.2.7.4.** Provide remediation/intervention

**7.2.2.8.** Group work that requires physical interaction shall not be allowed during face-to-face classes to avoid close contact with one another.



- 7.2.2.9.** After face-to-face lessons, teachers shall have consultations with parents, provide feedback and instructional support for learners, check/prepare formative assessments, collaborate with fellow teachers in preparing the Weekly Home Learning Plan (WHLP) and Individual Monitoring Plan, and do other relevant tasks.
- 7.2.2.10.** Appropriate learning and development assistance (i.e. coaching, mentoring, training) for teachers shall be provided to ensure their ability to deliver relevant teaching and learning strategies. School-based learning action cells (SLAC) must be regularly conducted based on the assessed needs of the teachers in providing instructional support to learners.
- 7.2.2.11.** Schools shall be prohibited to conduct physical or face-to-face large gatherings and activities that will require close contact or where physical distancing may not be possible (e.g., school activities, field trips, sports festivals, flag ceremony).
- 7.2.3. Curriculum.** The Department of Education (DepEd) prescribes the K-to-12 Curriculum as a minimum requirement for all public and private schools that will participate in the implementation of face-to-face classes. However, for the pilot face-to-face classes, the focus of instruction shall be on the Most Essential Learning Competencies (MELCs). Teachers shall unpack these competencies to ensure that learners are equipped with prerequisite knowledge and skills before being taught with targeted competencies. The MELCs were formulated in support of the implementation of the Basic Education Learning Continuity Plan (BE-LCP) under DepEd Order No. 12, s. 2020, entitled Adoption of the Basic Education Learning Continuity Plan for School Year 2020-2021 in Light of the COVID-19 Public Health Emergency.
- 7.3. Including The Most Marginalized.** For marginalized children, the framework recognizes that school reopening shall mean going beyond opening the school gates for teachers and learners. For this group of learners, these factors shall be considered:
- 7.3.1.** Identification of learners who are most vulnerable and disadvantaged in terms of access to learning as indicated in the eligibility of learners
- 7.3.1.1.** indigent children
  - 7.3.1.2.** out-of-school youth
  - 7.3.1.3.** physically and mentally handicapped
  - 7.3.1.4.** distressed individuals and families, including internally displaced persons (IDPs)
  - 7.3.1.5.** low resourced students
  - 7.3.1.6.** abandoned and neglected children
  - 7.3.1.7.** street children
  - 7.3.1.8.** children of former rebels
  - 7.3.1.9.** children living in conflict-affected areas and vulnerable communities (CVAS)
  - 7.3.1.10.** children with disabilities, SPED students
  - 7.3.1.11.** children from Geographically Isolated and Disadvantaged Areas
- 7.3.2.** In accordance with the health and safety protocols, marginalized learners who need assistive devices that require them to remove their face mask shall be discouraged

from participating in face-to-face classes. For those marginalized learners who will not be able to participate in the pilot face-to-face classes, the school shall ensure continuous support by maximizing the current distance learning modality.

- 7.3.3. In the event that a parent/guardian pursues the participation of his/her child in face-to-face classes, the school shall ensure that the minimum health and safety protocols shall be strictly followed. The parent/guardian shall ensure that his/her child has their own assistive device during face-to-face classes. The school may also coordinate with partner agencies in the provision of assistive devices such as wheelchairs, cane, walkers, and others.
- 7.3.4. Development of learning strategies to cater to the needs of the marginalized learners such as:
  - 7.3.4.1. modules in braille, Filipino and other languages
  - 7.3.4.2. use of Filipino Sign Language (FSL)
  - 7.3.4.3. Ensuring their safety and well-being through essential school-based services:
    - 7.3.4.3.1. feeding and nutrition programs
    - 7.3.4.3.2. immunization
    - 7.3.4.3.3. mental health and psychosocial support (MHPSS)
    - 7.3.4.3.4. prevention of Violence against Children (VAC) (i.e. bullying from social stigma)
    - 7.3.4.3.5. other health services i.e.
- 7.3.5. The School-Based Supplementary Feeding Program (SBFP) and other health and nutrition interventions are based on RA 11037 or the Masustansyang Pagkain ng Batang Pilipino Act. The same Act also mandates the DOH to provide micronutrients, deworming and health assessment through the collaboration of LGU health workers and the school health and nutrition personnel.
- 7.3.6. Close coordination with the Department of Social Welfare and Development (DSWD) Case Managers of those learners who are marginalized; Other partner agencies and organizations such as National Council on Disability Affairs (NCDA).

#### **7.4. Well-Being and Protection**

- 7.4.1. **Strategy to Prevent COVID-19.** To prevent the possible transmission of COVID-19 among the learners, personnel, and other stakeholders, the following shall be observed:
  - 7.4.1.1. All learners, teachers, personnel, and when applicable, visitors, shall be subjected to hand hygiene and temperature checks using a thermal scanner prior to entering the school. Those who will have a reading of 37.5° Celsius or above shall be provided with a surgical face mask and brought to a private screening area that shall be set up near the entrance of the school where the concerned teacher, personnel, learner, or visitor can be monitored by the Safety Officer and further assessed by the Barangay Health-Emergency Response Team (BHERT) for appropriate management, intervention, or referral.
  - 7.4.1.2. Entrance to the school of visitors and other external stakeholders shall be discouraged. Non-face-to-face communications and coordination through available platforms (e.g., telephone, cellular network, the internet) shall be prioritized.

- 7.4.1.3. Teachers shall conduct daily rapid health checks in the classroom. Those who will show symptoms of COVID-19 shall be given a surgical face mask and further assessed in the school clinic.
- 7.4.1.4. The school, with the support of concerned DepEd offices, shall ensure the establishment/setting-up/refurbishment of a school clinic to provide basic health services to learners, teachers and personnel, and when applicable, for visitors, such as:
- 7.4.1.4.1. Health assessment and physical examination, as needed;
  - 7.4.1.4.2. Appropriate intervention, first aid, or treatment;
  - 7.4.1.4.3. Proper management of symptoms, including rest at home; Referral and follow-up of learners, teachers and personnel to appropriate health facilities
- 7.4.1.5. Aside from the school clinic, the school shall also designate:
- 7.4.1.5.1. private screening area near the entrance of the school where teachers, personnel, learners, and visitors who show symptoms upon screening at the entrance can be further examined, for appropriate management, intervention, or referral, and
  - 7.4.1.5.2. separate space where sick learners, teachers and personnel who have been managed in the clinic can temporarily stay, awaiting referral to the appropriate health facility, without creating stigma.
- 7.4.1.6. In the absence of school health personnel, the school shall designate (a) clinic teacher(s) who shall manage the clinic every school day, to provide basic health services and facilitate referral as needed, in close coordination with the school health personnel at the SDO. Clinic teachers shall be provided prior orientation by the school health personnel at the SDO for proper guidance on how to effectively run the school clinic.
- 7.4.1.7. The school shall ensure that learners, teachers, and personnel who manifest COVID-19 symptoms shall not physically report to school and shall seek medical advice—virtual, if possible—as needed.
- 7.4.2. Strategy to Detect COVID-19.** To detect the possible transmission of the virus during the face to face classes, the following contact tracing system shall be enforced:
- 7.4.2.1. At the onset of symptoms/upon being informed of possible exposure to COVID-19, the school shall cooperate with the local health authorities in the tracing and quarantine of close contacts of confirmed cases of COVID-19, consistent with DOH guidelines.
  - 7.4.2.2. The School DRRM Team shall ensure that contact tracing activities, as required by the local health authorities, shall be initiated and completed among the possible close contacts among DepEd personnel and learners.
  - 7.4.2.3. Close coordination with Epidemiology Surveillance Unit (ESU) officers per setting:
    - 7.4.2.3.1. DOH Regional ESU of reporting school
    - 7.4.2.3.2. LGU City ESU/ Provincial ESU/ Municipal ESU of reporting school
    - 7.4.2.3.3. DOH Regional ESU of identified case (place of residence)

- 7.4.2.3.4. LGU City ESU/ Provincial ESU/ Municipal ESU of identified case (place of residence)
- 7.4.2.4. Parents shall report to the school if their children are experiencing flu-like symptoms. Testing immediately shall be recommended. Support and guidance on testing shall be provided by the LGUs.
- 7.4.2.5. Parents shall sign a health form at the beginning of each school term confirming their child and/or family members do not have COVID-19 before being permitted into school. Health forms shall be submitted to the school 24 to 72 hours prior to the start of school opening. Assessment can be done through a symptom-based approach. (Please see Annex G for Sample Health Form)
- 7.4.3. Strategy to Isolate and Treat COVID-19.**
- 7.4.3.1. There shall be designated rooms to isolate students and staff with fever and flu-like symptoms near the entrances.
- 7.4.3.2. Transport vehicles from school to Temporary Treatment and Monitoring Facility (TTMF) shall be on standby.
- 7.4.3.3. School representatives shall immediately notify the family member/guardian of the learner or school personnel. Furthermore, learners are to be accompanied by school representatives at all times until a legal guardian arrives.
- 7.4.3.4. Personnel or learners who show COVID-19 symptoms shall immediately be isolated and referred based on the severity of their symptom for proper management and appropriate testing.
- 7.4.3.5. The health personnel, or the designated clinic teacher receiving guidance from health personnel, shall ensure the provision of necessary emergency care to the personnel or learner, following precautionary measures.
- 7.4.3.6. The situation shall be referred/fully disclosed to the identified health authority (e.g., barangay health station, rural health unit) for further evaluation or referral to a hospital if needed. The same process shall be observed for teachers or other personnel who will exhibit symptoms of the virus.
- 7.4.3.7. Concerned learners and personnel shall strictly observe the advice of health authorities, including the possibility of home quarantine or isolation in a quarantine facility or confinement. If not sick, learners on home quarantine shall be given alternative delivery mode of education, while personnel shall be shifted to a work-from-home arrangement.
- 7.4.3.8. The condition of the learner or the personnel shall be closely followed up by the attending/assigned school health personnel or the designated clinic teacher, and necessary information shall be reported to the SDO School Health and Nutrition Unit/Section, as required by existing reporting mechanisms (e.g., submission of data for the DepEd COVID- 19 Situational Report).
- 7.4.3.9. The school shall ensure that learners and personnel who have tested positive for COVID-19 shall not return to school, even if they are already asymptomatic, unless cleared by medical authorities.
- 7.4.3.10. The School Head shall be responsible for the monitoring of all cases (close contacts, suspect, probable, confirmed) among all learners and personnel under his/her jurisdiction, as well as the necessary coordination with DepEd school

health personnel and local health authorities, and the provision of necessary support to the concerned personnel and learners, as the school may be able to provide.

7.4.3.11. The School Head, in coordination with the SDO, shall continue teaching and learning in line with their contingency plan.

7.4.3.12. The school health personnel or the designated clinic teacher shall ensure that the provisions of Section VII.H (Screening of Returning Personnel and Learners and Testing Protocol) of the Specific Measures for Covid-19 Prevention and Mitigation in Schools (Enclosure No. 2 to DepEd Order No. 014, s. 2020) are strictly observed before the personnel or learners are allowed to participate again in face-to-face activities.

7.4.4. **Psychosocial Support.** To provide psychological support to the learners, teachers, and personnel, the following measures shall be observed:

7.4.4.1. For the first five school days, the first hour shall be devoted to discussion/facilitation of modules related to mental health, facilitated by their respective classroom advisers or designated teachers. Designated teachers shall be trained on how to facilitate the modules, which cover the following mental health topics, in addition to modules on the nature of COVID-19 and preventive measures (WASH, physical distancing, etc.):

7.4.4.1.1. Validating and Normalizing Feelings

7.4.4.1.2. Calming Down and Controlling One's Emotions

7.4.4.1.3. Identifying and Addressing Needs

7.4.4.1.4. Sources of Strength

7.4.4.1.5. Other relevant topics as needed (i.e. social stigma, prevention of Violence Against Children, etc.)

7.4.4.2. The school shall maintain/set-up a guidance office that will remain operational for the entire school year.

7.4.4.3. The school shall ensure that the guidance office is staffed by a registered guidance counselor (RGC) or a designated guidance associate (not an RGC but is trained on MHPSS and is capable of effective referral) every school day, to provide basic mental health services to learners, teachers and personnel who may need such services.

7.4.4.4. The Schools Division Office (SDO) shall set up a hotline/online platform to provide counseling services to learners, teachers and personnel who require counseling services. In the absence of an RGC, learners, teachers and school-based personnel shall be referred to this platform for counseling services.

7.4.4.5. The school, through its guidance office, shall ensure the provision of specialized psychosocial support to learners, teachers and personnel who are confirmed to be positive, under isolation/ quarantine, and categorized as suspect and probable. The most appropriate method, which duly considers the safety of the MHPSS provider, shall be employed (e.g., provision through the internet or hotlines). The DRRMS MHPSS reference materials are provided in DFTC Memorandum No. 98, s. 2020, or the "New Schedule and Additional Guidelines on the Conduct of Mental Health and Psychosocial Support Services for the Opening of Classes, School Year 2020-2021".

- 7.4.4.6. The school shall establish and contextualize inter-sectoral referral pathways to ensure that psychosocial needs of both the personnel and the learners are provided. Psychosocial concerns involving children shall be coordinated with the DOH, DSWD and other key agencies and organizations as necessary to better address the concern.
- 7.4.4.7. The school shall engage parents, guardians, or any care providers of learners on taking care of mental health and creating a positive environment.
- 7.4.4.8. Coordinate mechanisms to ensure that the mental health and the basic needs of learners and personnel with pre-existing mental health conditions and special needs including neurologic and substance abuse disorders such as medications and other key services are provided.
- 7.4.4.9. The school shall ensure strict adherence to Republic Act No.10173 or the Data Privacy Act of 2012 in the provision of mental health services and referral.
- 7.4.4.10. The school shall promote "school-life balance" through proper scheduling of schoolwork that will allow learners to enjoy quality time at home.
- 7.4.4.11. Trained Psychological First Aid (PFA) providers of the school shall be mobilized to provide necessary mental health and psychosocial support to concerned personnel or learners.
- 7.4.4.12. Coordinate and facilitate opportunities for the bereaved families of learners and personnel to mourn in a way that does not compromise public health strategies to reduce the spread of COVID-19 but reflects the traditions and rituals of the community and their faith. Innovative platforms such as, e-buro, telepsychotherapy, linking to psychosocial hotlines, in coordination with the appropriate authorities shall be encouraged.
- 7.4.5. Immunization and Other School-Health Services.** Schools shall coordinate with their respective local government units with the implementation of routine school-based immunization (SBI) and other school health-related services such as but not limited to deworming and weekly iron-folate acid supplementation (WIFA).
- 7.4.5.1. The SBI together with other school health services shall be routinely implemented among target learners as per existing DOH-DepEd implementing guidelines (i.e. DOH Department Memorandum 2015-0146).
- 7.4.5.2. To prevent further transmission of vaccine-preventable diseases, schools through their school nurse or the designated clinic teachers shall also include the routine immunization card check to ensure that children entering Elementary and Secondary schools have completed their routine immunization (i.e. 3 doses of Polio and DPT-HepB-Hib vaccines, and two doses Measles-containing vaccines) in the community.
- 7.4.5.3. In cases where learners have not completed their routine infant vaccines, they shall be referred to the nearest local government unit/private pediatrician for catch-up vaccination in order to complete the primary series. Schools shall ensure that these defaulted children should complete the missed vaccines during the academic year.
- 7.4.5.4. Intensive health promotion campaign activities/supportive-policies shall likewise be instituted by schools in collaboration with their local health offices

to maintain optimal health-seeking behaviors of learners and other community members.

#### **7.4.6. Strategy to Reintegrate.**

- 7.4.6.1.** Continued access to outpatient health services for physical and mental health resilience including mental health, immunization and other school-based health services shall be provided.
- 7.4.6.2.** School nurses, nutritionists, social workers, dentists, physicians and other allied health workers shall assist in the provision of these services.
- 7.4.6.3.** Return to School / Work Policies implemented shall be consistent with latest national guidelines
  - 7.4.6.3.1.** Close contacts:
    - 7.4.6.3.1.1.** Fourteen (14)-day quarantine has been completed regardless of negative test result and vaccination status.
    - 7.4.6.3.2.** Suspect, probable or confirmed cases, whether fully vaccinated, unvaccinated, or with incomplete vaccination:
      - 7.4.6.3.2.1.** For **asymptomatic**: Ten (10)-day isolation have passed from the first viral diagnostic test and remained asymptomatic throughout their infection;
      - 7.4.6.3.2.2.** For **mild to moderate COVID-19 confirmed cases**: Ten (10)-day isolation have passed from onset of the first symptom, respiratory symptoms have improved (cough, shortness of breath), AND have been afebrile for at least 24 hours without use of antipyretic medications;
      - 7.4.6.3.2.3.** For **severe and critical COVID-19 confirmed cases**: Twenty-one (21)-day isolation has passed from onset of the first symptom, respiratory symptoms have improved (cough, shortness of breath) AND have been afebrile for at least 24 hours without the use of antipyretic medications;
      - 7.4.6.3.2.4.** For **immunocompromised**: Twenty-one (21)-day isolation has passed from onset of the first symptom, respiratory symptoms have improved (cough, shortness of breath) AND have been afebrile for at least 24 hours without the use of antipyretic medications. Do repeat RT-PCR testing. If results turn out positive, refer to an Infectious Disease Specialist. If results turn out negative, discharge from isolation.
  - 7.4.6.3.1.2.** For **asymptomatic**: Ten (10)-day isolation have passed from the first viral diagnostic test and remained asymptomatic throughout their infection;
  - 7.4.6.3.1.3.** For **mild to moderate COVID-19 confirmed cases**: Ten (10)-day isolation have passed from onset of the first symptom, respiratory symptoms have improved (cough, shortness of breath), AND have been afebrile for at least 24 hours without use of antipyretic medications;
  - 7.4.6.3.1.4.** For **severe and critical COVID-19 confirmed cases**: Twenty-one (21)-day isolation has passed from onset of the first symptom, respiratory symptoms have improved (cough, shortness of breath) AND have been afebrile for at least 24 hours without the use of antipyretic medications;
  - 7.4.6.3.1.5.** For **immunocompromised**: Twenty-one (21)-day isolation has passed from onset of the first symptom, respiratory symptoms have improved (cough, shortness of breath) AND have been afebrile for at least 24 hours without the use of antipyretic medications. Do repeat RT-PCR testing. If results turn out positive, refer to an Infectious Disease Specialist. If results turn out negative, discharge from isolation.
- 7.4.6.4.** To reiterate DOH Department Circular No. 2021-0122 entitled "Reiteration of Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR) Strategies for COVID-19 in Light of the Implementation of Enhance Community Quarantine in NCR Plus Bubble", repeat testing is not necessary for the safe return to work of immunocompetent individuals, provided that a licensed medical doctor certifies or clears the patient.

## **8. Roles and Responsibilities**

### **8.1. Department of Health (DOH)**

**DOH** shall provide technical assistance to other NGAs, and other stakeholders, and to LGUs, institutions, and other stakeholders through its Centers for Health Development (CHDs) for the updating of localized guidelines consistent with this issuance. The DOH shall continuously update the set minimum public health standards based on the most recent evidence available.

**8.2. Department of Education (DepEd)**

For the DepEd, all levels of governance shall prepare an implementation plan or strategy that is well coordinated, synchronized and with clarity in terms of coordination lines. The following table shows the minimum requirements or major steps that each governance level shall follow. However, each level of governance may have the option to provide specific details to the identified process.

Level	Roles and Responsibilities
Central (National)	<ul style="list-style-type: none"> <li>a. Provide overall policy directions in the implementation of the limited face-to-face classes</li> <li>b. Formulate national guidelines and standards on the conduct of pilot implementation of face to face</li> <li>c. Monitor and assess the implementation of limited face-to-face classes;</li> <li>d. Coordinate with Inter- Agency Task Force on Emerging Infectious Diseases, Department of Interior and Local Government, and National Task Force against Covid-19</li> <li>e. Develop a COVID-19 Response and Mitigation Strategies based on the exposure risk severity of the community, as guided by the Interagency Task Force for Emerging and Infectious Diseases (IATF-EID) risk classification levels, and the exposure risk rating of the nature of work or activities involved. Mobilize resources to meet the standards of the health and safety protocols</li> </ul>
Region	<ul style="list-style-type: none"> <li>a. Prepare a regional implementation plan for the conduct of limited face-to-face classes</li> <li>b. Monitor and evaluate the implementation of the limited face-to-face</li> <li>c. Provide technical assistance to SDOs regarding the conduct of limited face-to-face classes, as necessary</li> <li>d. Mobilize resources to meet the standards of the health and safety protocols</li> <li>e. Orient SDO key officials on the standards and process of pilot implementation of face-to-face classes</li> </ul>
School Division	<ul style="list-style-type: none"> <li>a. Prepare a division implementation plan for the conduct of limited face-to-face classes</li> <li>b. Monitor and evaluate the implementation of the limited face-to-face classes</li> <li>c. Provide technical assistance to schools regarding the conduct of limited face-to-face classes, as necessary</li> </ul>



	<ul style="list-style-type: none"> <li>d. Mobilize resources and support from community stakeholders to meet the standards of the health and safety protocols</li> <li>e. Orient SDO key officials on the standards and process of pilot implementation of face-to-face classes</li> <li>f. Orient school heads, LGUs on the standards of pilot implementation</li> <li>g. Validate the results of the School Safety Assessment Tool for public and private schools</li> <li>h. Submit to Regional office the validated list of participating schools</li> </ul>
Participating School	<ul style="list-style-type: none"> <li>a. Ensure the strict implementation of health and safety protocols during face-to-face classes</li> <li>b. Submit the result of the school safety assessment to the SDO</li> <li>c. Orient parents, community, barangay officials, civil society organizations and other partners about the pilot face-to-face classes process, standards, roles and responsibilities</li> <li>d. Secure written support from Local Government Units</li> <li>e. Secure consent from parent/legal guardian</li> <li>f. Develop contingency plan in case of school lockdown</li> <li>g. Mobilize resources and support from community stakeholders (i.e. LGU, parents, health workers, NGO, among others) to meet the standards of the health and safety protocols</li> <li>h. Establish coordination mechanisms with BHERT and LGUs for referral system, contact tracing, school traffic management, disinfection, school lockdown, among others</li> <li>i. Establish psychosocial support mechanisms to learners and school personnel</li> </ul>

### 8.2.1. LGU and Community

- 8.2.1.1. LGU shall formulate local policies/ordinances of managing traffic during school days. LGU shall enforce rerouting when necessary.
- 8.2.1.2. LGU shall ensure availability of medical personnel and standby vehicle for use when need or emergency arises.
- 8.2.1.3. LGU shall ensure that school premises are secured and shall be free from bystanders, transient vendors of foods, tricycle drivers and other non-essential presence of individuals.
- 8.2.1.4. LGU and the community shall observe measures to ensure safety of learners and other school personnel. This shall include access to COVID-19 testing kits and medical facilities.
- 8.2.1.5. LGU and the community shall establish an information dissemination system that updates students, parents, and school staff about the evolving situation and measures taken in the event of COVID-19.

## **9. Financial Requirements**

Funds to be used in the pilot implementation of face-to-face classes shall be sourced from the respective agencies' budget subject to existing guidelines and accounting and auditing rules and regulations.

## **10. Monitoring and Evaluation**

**10.1.** A detailed Monitoring and Evaluation Plan will be developed to ensure that the objectives of the policy are achieved as well as establish role delineation among the levels of governance and concerned offices.

**10.2.** The DepEd-Planning Service shall ensure the collaboration of concerned offices in preparing the M&E Plan and implementing M&E activities at the national level. After the pilot implementation, the concerned offices shall conduct an evaluation and assessment to decide on the expansion of face-to-classes.

**10.3.** Taking-off from the national M&E Plan, the Quality Assurance Division, in collaboration with the concerned functional divisions shall prepare and implement the Regional M&E Plan. The School Governance and Operations Division at the Schools Division Office shall prepare M&E Plan aligned to national and regional M&E Plan.

**10.4.** Participating schools shall ensure that all data requirements are collected and consolidated relative to the M&E of this policy. Participating schools, learners, teachers, school personnel, and stakeholders are encouraged to participate in the assessment of the pilot implementation through different mechanisms such as surveys, interviews, and focus group discussions.

## **11. Effectivity and Repealing Clause**

This JMC shall take effect immediately upon publication in the **Official Gazette** or in any national newspaper of general circulation, and upon filing with the **Office of the National Administrative Register (ONAR)** of the UP Law Center and govern the implementation of limited face-to-face classes. All administrative issuance inconsistent with this JMC are hereby repealed.

## **12. Annexes**

The copies of annexes mentioned in this guidelines including all the references can be accessed through this link: <https://bit.ly/JMCPilotF2FAnnexes>

**(SGD)LEONOR MAGTOLIS BRIONES**

Secretary  
Department of Education

**(SGD)FRANCISCO T. DUQUE III, MD, MSc**

Secretary  
Department of Health