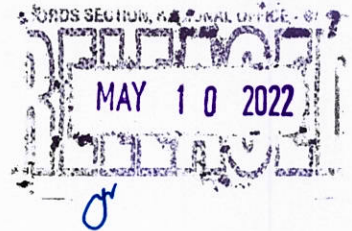




Republic of the Philippines  
**Department of Education**  
CARAGA REGION



May 6, 2022

REGIONAL MEMORANDUM  
No. 0379, s. 2022

To: SCHOOLS DIVISION SUPERINTENDENTS  
This Region

REVISED OPERATIONAL GUIDELINES ON THE PROGRESSIVE  
EXPANSION OF FACE TO FACE LEARNING CONTINUITY

1. Please find the attached copy of the Department of Education (DepEd)-Department of Health (DOH) Joint Memorandum Circular (JMC) No. 001, s.2022 re: Revised Operational Guidelines on the Progressive Expansion of Face to Face Learning Modality.
2. For your information and strict compliance.

  
**MA. GEMMA MERCADO LEDESMA**  
Regional Director

Encl/s.: As stated  
Reference/s: NONE  
To be indicated in the Perpetual Index  
under the following subjects:

JMC REVISED OPERATIONAL GUIDELINES FACE TO FACE CLASSES

PPR/vcn  
05/06/2022



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**DEPARTMENT OF EDUCATION  
DEPARTMENT OF HEALTH**  
Joint Memorandum Circular No. 001, s. 2022  
April 06, 2022



**SUBJECT : REVISED OPERATIONAL GUIDELINES ON THE PROGRESSIVE  
EXPANSION OF FACE TO FACE LEARNING MODALITY**

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**1. Background**

The pilot implementation of the face to face classes in basic education was implemented from November 15 to December 17, 2021, with the participation of 284 public and private schools nationwide. These schools underwent rigorous preparations and assessments to meet school readiness standards, as well as health and safety requirements, as stipulated in the Department of Education (DepEd)-Department of Health (DOH) Joint Memorandum Circular (JMC) No. 1, s. 2021, titled *Operational Guidelines on the Implementation of Face-to-Face Learning Modality*.

Based on the monitoring and evaluation results, the pilot implementation was highly successful. The survey of learners, parents, teachers and school leaders, as well as community stakeholders yielded the following major findings:

- There was a high level of attendance among participants of the pilot face to face classes.
- Learners, parents and teachers felt safe against COVID-19 during the implementation of F2F classes.
- Learners, parents and stakeholders were highly satisfied with the implementation of health and safety protocols.
- Learners and parents were highly satisfied in the improvements brought about by face to face classes in teaching and learning.
- Positive impact of reintroduction of F2F classes on learning behavior of learners.
- Teachers and school heads expressed confidence in the continued implementation of F2F classes.

The evaluation also generated positive feedback on other parameters such as engagement of stakeholders and partners during the pilot implementation, as well as on overall satisfactions of learners, teachers, parents and stakeholders in the pilot implementation. It also generated important feedback on challenges that will help DepEd further improve the implementation during the expansion phase.

After submission of the pilot implementation report and its presentation on January 17, 2022, the President approved the progressive expansion of face to face classes, and delegated to DepEd and DOH the authority to decide on the scale and mechanics of the expansion of face to face classes and other school-based activities.

Pursuant to the approval by the President, DepEd and DOH hereby issue the revised operational guidelines of face to face classes. This updated guidelines reflect assessment results, feedback from stakeholders and relevant health and safety protocols to better implement the face to face classes.

## 2. Scope

This policy shall provide guidance on the mechanisms and standards, particularly on health and safety protocols, on the progressive expansion of face to face classes in basic education institutions in response to the result of the assessment of the pilot implementation. The guidelines also cover the roles and responsibilities of stakeholders across governance levels to ensure effective, efficient, and safe implementation. This covers all grade levels in participating basic education institutions.

Basic education institutions that are deemed eligible per the applicable criteria and guidelines issued by the appropriate agencies will participate in the progressive expansion of face to face classes. Progressive expansion includes geographic expansion, inclusion of all grade levels, and increasing time in school subject to applicable guidelines, as part of the transition towards the new normal.

## 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. Alert Level System** - refers to the community quarantine classifications for dealing with COVID-19 of cities, municipalities, and regions, and aims to manage and minimize the risk of the disease through System Indicators, Triggers and Thresholds determined by the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) to specify the public health and social measures to be taken in relation to the COVID-19 response, as may be updated based on new scientific knowledge, information about the effectiveness of control measures in the country and overseas, and its application (as per the Guidelines on the Nationwide Implementation of Alert Level System for COVID-19 Response, as of December 14, 2021).
- 3.3. Blended Learning Approach** - refers to a learning delivery that combines face to face learning with any or a mix of online distance learning, modular distance learning, and TV/Radio-based Instruction.
- 3.4. 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 risk of transmission. Medical isolation ends when the individual meets pre-established clinical, time-based, and/or testing criteria for release from isolation, in consultation with clinical providers and public health officials. This does NOT refer to punitive isolation for behavioral infractions within the custodial setting.
- 3.5. Minimum Public Health Standards (MPHS)** - refer to the latest guidance provided by the DOH for the development of sector-specific and localized guidelines on mitigation measures for its COVID-19 response across all settings; the latest guidance may be found in the DOH Administrative Order No. 2021-0043, titled "*Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions*," with updates in the IATF Guidelines on the Nationwide Implementation of Alert Level System for COVID-19 Response (as of February 27, 2022).
- 3.6. Protective Personal Equipment (PPE)** - refers to protective garments or equipment such as but not limited to face mask, face shield, and gloves, that must be worn by individuals to increase personal safety from infectious agents or to minimize exposure to hazards that may cause infection
- 3.7. Quarantine** - refers to the restriction of movement, or separation from the rest of the population, of healthy persons who may have been exposed to the virus, with the objective of monitoring their symptoms and ensuring early detection of cases.

**3.8 School** - for the purpose of these guidelines, 'school' refers to public and private schools recognized by DepEd unless otherwise explicitly specified.

#### 4. Policy Statement

This Joint Memorandum Circular is hereby established to guide the safe implementation of face to face classes, focusing on health and safety protocols during the COVID-19 Pandemic. Specifically, the implementation seeks to:

- 4.1.** Deliver quality basic education in a safe learning environment to learners in areas under Alert Level 1 or 2 (or equivalent classification based on the latest national guidelines);
- 4.2.** Address the teaching and learning gaps encountered in the distance learning modalities; and
- 4.3.** Strengthen the school-community health and safety support system for all learners.

Specifically, this JMC shall focus on the protocols in establishing a safe school environment to better support the teaching and learning process. This includes ensuring safe operations of schools, and well-being and protection of learners and school personnel.

#### 5. Operational Framework

In consideration of the results of the pilot implementation of face to face classes, this JMC maintains the adoption of the existing operational framework on shared responsibility reflected in the DepEd-DOH JMC No. 1, s. 2021.

The framework has four major pillars, namely: **(a) Safe Operations, (b) Teaching and Learning, (c) Including the Most Marginalized, and (d) Well-being and Protection.** Cutting across all the pillars are the policy and finance support to ensure operational 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 learners' 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.**

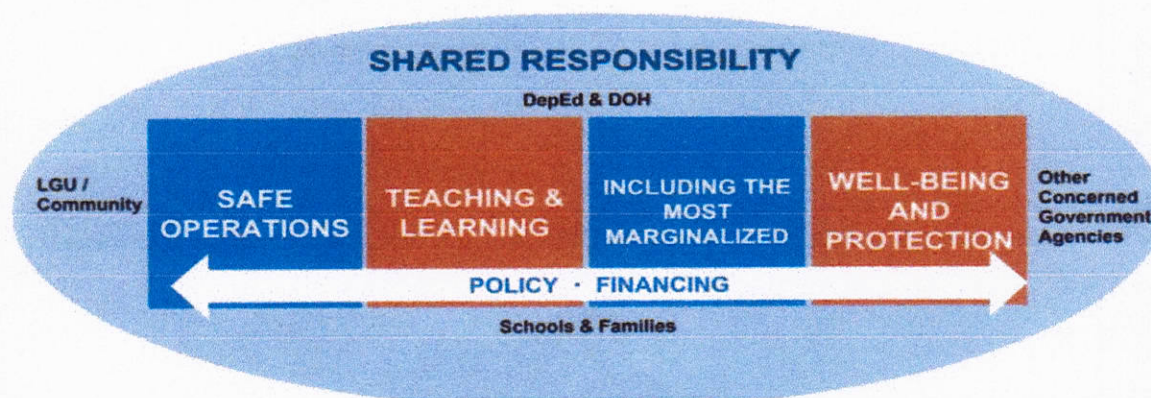


Figure 1: Based on the UNESCO, UNICEF, World Bank, World Food Programme, and UNHCR Framework for Reopening Schools and DepEd Shared Responsibility Principle

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

**6.1. Schools.** All participating schools shall meet the following requirements before reopening:

- 6.1.1.** The school shall be located in areas under Alert Level 1 or 2 (or equivalent classification based on the latest national guidelines) before they can participate in the face to face classes.
- 6.1.2.** Participating schools shall pass the school safety assessment using the School Safety Assessment Tool (SSAT).
- 6.1.3.** The school shall have expressed support from local government units (LGUs) (Municipality/City) in the form of a resolution or letter of support allowing them to participate in face to face classes.
- 6.1.4.** For schools in Indigenous Peoples (IP) communities or with a predominant number of IP learners, consultation processes guided by the principle of free, prior and informed consent (FPIC) shall be undertaken with the IP community/ies according to their customary practice and in a language clearly understood by the community/ies. The cultural expression of consent and sealing of agreements shall be documented, with the permission of the community, and in a form acceptable to them (e.g., pictures, videos). Coordination with the National Commission on Indigenous Peoples (NCIP) shall be conducted prior to the consultations, and NCIP may be tapped for technical support and invited to be a witness to the consultations, as necessary and as agreed with NCIP.
- 6.1.5.** The school shall secure expressed support and consent of parents of learners who shall participate in the reopening of face to face classes, in the form of a written Consent Form.
- 6.1.6.** For private schools that intend to participate in the implementation of face to face classes, the following requirements shall be submitted to the DepEd Regional Director:
  - 6.1.6.1.** Formal letter addressed to the DepEd Regional Director, copy furnished to the Schools Division Superintendent of the area where the school is located, stating the following:
    - 6.1.6.1.1.** Intent to implement face to face classes;
    - 6.1.6.1.2.** Objectives, expected outcomes, and commitment to observe the minimum health and safety protocols as stipulated in DepEd-DOH JMC No.1, s. 2021 and other applicable issuances; and
    - 6.1.6.1.3.** Willingness to submit a report on lessons and recommendations on a quarterly basis for the 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, including the timelines following the four components of the operational framework, namely: (i) Safe Operations, (ii) Teaching and Learning, (iii) Including the Most Marginalized, and (iv) Well-being and Protection;
    - 6.1.6.2.2.** Contingency Plan showing action points to address contingencies that might occur during implementation;
    - 6.1.6.2.3.** Accomplished SSAT showing compliance with all indicators of the SSAT; and
    - 6.1.6.2.4.** Notarized Affidavit of Undertaking to comply with all rules and regulations relative to the conduct

of face to face classes and assume responsibility for its implementation

## **6.2. Teachers and Other School Personnel**

**6.2.1.** All teachers and school personnel who are 65 years old and below and with no diagnosed comorbidities shall be eligible to provide service during the conduct of the face to face classes. Likewise, teachers and other school personnel who are considered PWDs, are pregnant and lactating, or with comorbidities, whose services are indispensable under the present circumstance may be considered eligible, (as provided for in Civil Service Commission (CSC) Memorandum Circular No. 18, s. 2020).

**6.2.2.** COVID-19 vaccination requirement for DepEd teachers and personnel shall follow the latest national guidelines. However, only vaccinated teachers and school personnel shall be allowed to interact with learners. Unvaccinated teachers and school personnel may report on-site provided that they will not interact with the learners.

**6.3. Learners.** Selection of learners who will participate in the face to face classes shall be guided by the following criteria:

All grade levels from Kindergarten to Senior High School;

**6.3.1.** Signed written consent from parent/guardian; and

**6.3.2.** While vaccination of learners is encouraged, all learners may participate in face to face classes regardless of COVID-19 vaccination status.

## **7. Standards and Procedures**

**7.1. Safe Operations.** This shall guide schools on safely managing school reopening and operations.

### **7.1.1. Preparations for School Reopening**

**7.1.1.1.** 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, titled Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions.

**7.1.1.2.** The school shall orient learners, parents, guardians, teaching and nonteaching 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 to help their children to mentally and emotionally adapt and cope with the transition. During the orientation, the school may distribute face masks to ensure that learners will be able to adhere to existing protocols. Orientation materials shall be made available for school administrators, teachers and other school personnel, parents and caregivers, community members, and learners.

**7.1.1.2.1.** Schools shall conduct advocacy campaigns to encourage teachers, school personnel, and learners to be vaccinated against COVID-19.

- 7.1.1.3.** The school shall screen the vaccination records of learners for routine non-COVID-19 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.

**7.1.2. Classroom Layout and Structure**

- 7.1.2.1.** Classrooms shall be arranged to ensure safety of learners from COVID-19 transmission following the prescribed classroom layout. Physical arrangement of chairs and other furniture inside the classroom shall ensure proper physical distancing. Seats that will be occupied shall be at least 1 meter apart. Those which will not be occupied shall be marked with an "X" or may be removed.

- 7.1.2.2.** If the school does not have adequate classrooms to accommodate all learners, the school may adopt the use of the following, provided that there shall only be one section per additional learning space:

- 7.1.2.2.1.** Larger spaces in the school such as the gymnasium, school grounds, and the like may be repurposed as learning spaces; and

- 7.1.2.2.2.** Available learning spaces in the community near the school or residential area of the learners and teachers

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

- 7.1.2.3.1.** In non-air-conditioned spaces, windows and doors shall be open at all times to maximize natural airflow. For air-conditioned spaces, it is recommended to frequently open windows, doors, and other openings to supplement the HVAC systems to achieve dilution.

- 7.1.2.3.2.** Regardless of the HVAC system, all classrooms shall have working electric fans except for schools with no electricity.

- 7.1.2.3.3.** In non-air-conditioned spaces, natural airflow shall be maximized.

- 7.1.2.3.4.** In air-conditioned spaces, schools may 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) and maintain CO2 levels below or 1000 parts per million (ppm) at all times.

- 7.1.2.3.5.** In spaces designed to optimize the use of air-conditioning units, wherein ventilation is greatly recirculated or access to outside air is not feasible, filters such as high-efficiency particulate air (HEPA) filtration air purifiers shall 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 shall be ensured by following manufacturer recommendations of these devices.

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

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

- 7.1.3.1.** The school shall set up and ensure the availability of proper sanitation and hygiene facilities following the basic requirements and standard in accordance with DepEd Department Order No. 10, s. 2016, titled *Comprehensive Water, Sanitation and Hygiene in Schools (WinS) Program* such as:

**7.1.3.1.1.** Adequate and Safe Water Supply; and

**7.1.3.1.2.** Hand washing station with antibacterial soap

- 7.1.3.2.** The school shall ensure that handwashing facilities are set up in a strategic location.

- 7.1.3.3.** Teachers, school personnel and learners shall wear well-fitted masks and appropriate PPE in the school premises.

- 7.1.3.4.** The school shall ensure that each learner, teacher, and personnel have access to surgical face masks;

**7.1.3.4.1.** All individuals are recommended to use well-fitted surgical or medical-grade face masks. If a cloth mask shall be used as an alternative, it should be made of breathable materials with at least two layers of cotton or non-woven nylon with aluminum nose bridge. It could also be partnered with a surgical or medical-grade mask underneath.

- 7.1.3.5.** 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 Disaster Risk Reduction and Management (DRRM) Team members, health personnel, maintenance, and security guards. The use of PPEs shall be guided by the existing guidelines set by DOH.

- 7.1.3.6.** 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.

- 7.1.3.7.** 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.

- 7.1.3.8.** 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 (if applicable).

Contents of the infographic materials on maintaining MPHS (#BIDASolusyonPlus) shall 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 mask, and practice of physical distancing), among others. Communication content shall be clear and credible and be disseminated in a manner aligned with local norms.

**7.1.3.8.1.** A compilation of management support tools and IEC materials on COVID-19 infection prevention and control for school-level implementers can be accessed at: <https://bit.ly/winsipcmaterials>.

**7.1.3.9.** The school shall provide a daily health monitoring tool for learners, parents, and school personnel.

**7.1.3.10.** The school shall mobilize the School COVID-19 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.

**7.1.4. 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, titled *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 World Health Organization (WHO).

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

**7.1.4.1.1.** Dispose all used PPE in a separate leak-proof yellow trash bag/container with a cover properly labeled as "USED PPE". In case a yellow trash bag/container is not available, the school shall dispose of all used PPE in a separate bag/container marked for infectious medical waste identifiable by the waste collector (e.g., yellow ribbon, yellow colored tag) and coordinate with their LGU on collection and management for all infectious wastes across healthcare provider networks.

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

**7.1.4.1.3.** 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 or its alternative.
- 7.1.4.1.4.** Disinfect or spray the collected wastes with a chlorine solution (1:10) in accordance with DOH Department Memorandum No. 2020-0157, titled *Guidelines on Cleaning and Disinfection in Various Settings as an Infection Prevention and Control Measure Against COVID-19*.
  - 7.1.4.1.5.** The Philippine COVID-19 Living Clinical Practice Guidelines (CPG) does not recommend the use of footbaths, disinfection tents, misting chambers, and sanitation booths for preventing and controlling COVID-19 transmission.
  - 7.1.4.1.6.** Dispose the disinfected PPE with general waste to the final disposal facility.
  - 7.1.4.2.** 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.
  - 7.1.4.3.** The school shall place trash bins in strategic locations. Visual signages on proper waste management practices shall be encouraged to be placed near trash bins.
  - 7.1.4.4.** Learners shall be responsible for disposing of their own used items (e.g., food, mask).
  - 7.1.4.5.** Learners 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.
  - 7.1.4.6.** Learners, teachers and other school personnel shall be disallowed from sharing school items such as but not limited to textbooks and toys.
  - 7.1.4.7.** School administration shall be responsible for stockpiling of disinfectants and soap, and ensuring adequate water supply and hand sanitizers in classrooms and hallways.
  - 7.1.4.8.** 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.
  - 7.1.4.9.** The School DRRM Team shall ensure that necessary disinfection activities are conducted especially in areas of the school frequented by personnel or learners who tested positive.
  - 7.1.4.10.** Disinfectants that are approved by the Philippine Food and Drug Administration (FDA) shall be used such as:
    - 7.1.4.10.1.** 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
- 7.1.4.10.2.** Ethanol in all surfaces at a recommended ratio of 70-90%, or
- 7.1.4.10.3.** Hydrogen peroxide in all surfaces at a recommended ratio of >0.5%

#### **7.1.5. Class Suspension and Resumption**

- 7.1.5.1.** The declaration of class suspension shall be dependent on the assessment and decision of the Local Task Force against COVID-19 (LTF), with the following considerations:
  - 7.1.5.1.1.** When there is a suspect, probable, or confirmed COVID-19 case to facilitate disinfection and contact tracing;
  - 7.1.5.1.2.** Dependent on community transmission and alert level classification (or equivalent classification based on the latest national guidelines);
  - 7.1.5.1.3.** Violations or instances of not complying with minimum public health standards or Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR) for review of protocols.
- 7.1.5.2.** In the event of class suspension, all learners shall revert to distance learning. The School Head, in coordination with the SDO, shall ensure the continuity of teaching and learning in line with their contingency plan.
- 7.1.5.3.** During the class suspension, 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 case/s, only after which can be opened for use to occupants.
- 7.1.5.4.** Classes may resume after at least 24 hours since suspension upon ensuring the following:
  - 7.1.5.4.1.** Completed contact tracing;
  - 7.1.5.4.2.** Completed disinfection activities; and
  - 7.1.5.4.3.** Area where the school is located is classified as Alert Level 1 or 2 (or equivalent classification based on the latest national guidelines)
- 7.1.5.5.** Upon resumption, the school shall conduct re-orientation on current measures adapted to evolving situations, and Psychological First Aid to learners and personnel, as necessary, in the event of resurgence.

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

- 7.2.1. 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:

- 7.2.1.1.** 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 screening area that shall be set up near the entrance of the school where they can be physically separated from other teachers, personnel, learners, and visitors. The concerned teacher, personnel, learner, or visitor shall be monitored by

the Safety Officer and further assessed by the Barangay Health-Emergency Response Team (BHERT) for appropriate management, intervention, or referral. The school shall ensure that the privacy of the concerned teacher, personnel, learner, or visitor shall be maintained while being provided with the necessary medical intervention at the private screening area.

- 7.2.1.1.1.** For schools located in areas under Alert Level 1, temperature checking prior to entering the school may be optional. However, a thermal scanner shall remain available to all learners, teachers, personnel, and when applicable, visitors who prefer to have their temperature checked. The health and safety protocols stated in 7.2.1.1 shall be applicable to those who will have a reading of 37.5° Celsius or above.
- 7.2.1.2.** 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.
- 7.2.1.3.** Physical distancing shall be observed at all times.
- 7.2.1.4.** 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.
- 7.2.1.5.** 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:
  - 7.2.1.5.1.** Health assessment and physical examination, as needed;
  - 7.2.1.5.2.** Appropriate intervention, first aid, or treatment; and
  - 7.2.1.5.3.** Proper management of symptoms, including rest at home; Referral and follow-up of learners, teachers and personnel to appropriate health facilities
- 7.2.1.6.** Aside from the school clinic, the school shall also designate:
  - 7.2.1.6.1.** a 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
  - 7.2.1.6.2.** 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.
- 7.2.1.7.** 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.

- 7.2.1.8.** 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 as needed.

**7.2.2. 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:

- 7.2.2.1.** At the onset of symptoms or 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.
- 7.2.2.2.** 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.
- 7.2.2.3.** Close coordination with Epidemiology Surveillance Unit (ESU) officers per setting:
- 7.2.2.3.1.** DOH Regional ESU of reporting school
- 7.2.2.3.2.** LGU City ESU/ Provincial ESU/ Municipal ESU of reporting school
- 7.2.2.3.3.** DOH Regional ESU of identified case (place of residence)
- 7.2.2.3.4.** LGU City ESU/ Provincial ESU/ Municipal ESU of identified case (place of residence)
- 7.2.2.4.** 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.
- 7.2.2.5.** 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.

**7.2.3. Strategy to Isolate and Treat COVID-19.**

- 7.2.3.1.** There shall be designated rooms to isolate students and school personnel with fever and flu-like symptoms near the entrances.
- 7.2.3.2.** Transport vehicles from school to Temporary Treatment and Monitoring Facility (TTMF) shall be on standby.
- 7.2.3.3.** 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.
- 7.2.3.4.** 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.
- 7.2.3.5.** 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.
- 7.2.3.6.** 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.

**7.2.3.7.** 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.

**7.2.3.8.** 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.

**7.2.3.9.** 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.

**7.2.3.10.** The school health personnel or the designated clinic teacher shall ensure that teachers, personnel, or learners shall only be allowed to return to school upon completion of the required quarantine or isolation period, as stipulated in DOH Memorandum No. 2022-0013, titled *Updated Guidelines on Quarantine, Isolation, and Testing for COVID-19 Response and Case Management for the Omicron Variant*, or the latest national guidelines on quarantine and isolation. Upon return to school, the concerned teacher, personnel, or learner shall present a barangay clearance or a certificate issued by a healthcare professional indicating the completion of the required quarantine or isolation period.

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

**7.2.4.1.** The school shall ensure availability of and maintain the provision of basic mental health and psychosocial support (MHPSS) as well as guidance and counseling services to learners, teachers, and personnel for the entire school year. In line with this, the school shall:

**7.2.4.1.1.** Have guidance advocates every school day, to assist learners and personnel in accessing basic mental health services;

**7.2.4.1.2.** Mobilize trained Psychological First Aid (PFA) providers to provide necessary mental health and psychosocial support to concerned personnel or learners during crisis situations (e.g., being COVID-19 positive, isolation, class suspension). The most appropriate method, which duly considers the safety of the MHPSS provider, shall be employed (e.g., provision through online platforms or hotlines);

**7.2.4.1.3.** Devote the first hour of the first five school days to discuss and facilitate modules related to mental health, facilitated by their respective classroom advisers or designated teachers. It is also recommended that psychosocial support activities be integrated within class activities as needed for at least two weeks or until learners are more adjusted. Designated teachers shall be trained on how to facilitate the psychosocial support activity modules. This is in addition to modules on the nature of COVID-19 and preventive measures (WASH, physical distancing, etc.), and other relevant psychosocial topics such as social stigma, prevention of Violence Against Children, etc.; and

**7.2.4.1.4.** 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 DOH, DSWD and other key agencies and organizations as necessary to better address the concern.

**7.2.4.2.** The school shall ensure the use of appropriate materials and references in its MHPSS activities and provisions. The DRRMS MHPSS reference materials are provided in this link: <https://bit.ly/MHPSSPublicResources>. Supplemental guidelines and materials shall be provided throughout the expansion of the face to face learning modality.

**7.2.4.3.** The school shall engage parents, guardians, or any care providers of learners on taking care of mental health and creating a positive environment.

**7.2.4.4.** The school shall 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.

**7.2.4.5.** The school shall promote “school-life balance” through proper scheduling of schoolwork that will allow learners to enjoy quality time at home.

**7.2.4.6.** The school shall ensure strict adherence to Republic Act No. 11036 or the Philippine Mental Health Act, and Republic Act No. 10173 or the Data Privacy Act of 2012 in the provision of mental health services and referral.

**7.2.5. Immunization and Other School-Health Services.** Schools shall coordinate with their respective LGU 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).

**7.2.5.1.** 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 No. 2015-0146 *Guidelines on the Implementation of School-Based Immunization*).

**7.2.5.2.** To prevent further transmission of vaccine-preventable diseases, schools, through their school nurse or the

designated clinic teachers, shall include the routine immunization card check to ensure that children entering Elementary and Secondary schools have completed their routine immunization (e.g., one dose of BCG, three doses of Polio and DPT-HepB-Hib vaccines, and two doses Measles-containing vaccines).

- 7.2.5.3.** In cases where learners have not completed their routine infant vaccines, they shall be referred to the nearest LGU/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.
- 7.2.5.4.** The school shall ensure that the consent of the learners' parents shall be secured in services where they are required (e.g., deworming, immunization).
- 7.2.5.5.** 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.

#### **7.2.6. Strategy to Reintegrate**

- 7.2.6.1.** 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.
- 7.2.6.2.** School nurses, nutritionists, social workers, dentists, physicians and other allied health workers shall assist in the provision of these services.
- 7.2.6.3.** Return to School/Work Policies implemented shall be consistent with the latest national guidelines on quarantine and isolation for close contacts, and suspect, probable or confirmed COVID-19 cases.

### **8. Roles and Responsibilities**

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

DOH shall provide technical assistance to other National Government Agencies (NGAs), LGUs, institutions, and other stakeholders through its Centers for Health Development (CHDs) for the updating of localized guidelines consistent with this issuance. 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. Specific guidance will be issued through a separate Department Order.

#### **8.3. LGU and Community**

- 8.3.1.** LGU shall formulate local policies/ordinances of managing traffic during school days. LGU shall enforce rerouting when necessary.
- 8.3.2.** LGU shall ensure availability of medical personnel and standby vehicle/s for use when need or emergency arises.

- 8.3.3.** 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.
- 8.3.4.** 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.
- 8.3.5.** LGU and the community shall establish an information dissemination system that updates learners, parents, and school personnel about the evolving situation and measures taken in the event of COVID-19.

**9. Easing or Restricting of Protocols**

Subject to the analysis of the public health situation, DepEd and DOH may ease/relax or restrict the health and safety protocols articulated in these guidelines as necessary.

**10. Monitoring and Evaluation**

The respective agencies shall develop and implement their respective M&E plans to assess the progress and outcomes of the face to face classes.

**11. Transitory Provision**

The issued guidelines shall be used for the ongoing preparation and validation of schools which signified to participate. These will not affect currently implementing schools. However, they may opt to adjust based on the updated standards and protocols.

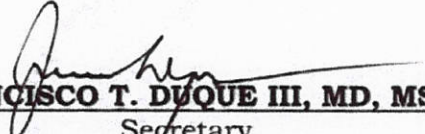
**12. Effectivity**

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 face to face classes.

**13. Repealing Clause**

All administrative issuances inconsistent with this JMC are hereby repealed.

  
**LEONOR MAGTOLIS BRIONES**  
Secretary  
Department of Education

  
**FRANCISCO T. DUQUE III, MD, MSc**  
Secretary  
Department of Health



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DEPED-OSEC-455379



Enclosure to DepEd-DOH Joint Memorandum Circular on the Revised Operational Guidelines on the Implementation of Face-to-face Learning Modality

**ANNEX A: References**

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