



PUBLIC SERVICE CONTINUITY PLAN

DEPARTMENT OF ENERGY

Purpose

This document provides operational actions and protocols that will be undertaken by the DOE at the Energy Center and its Field Offices in response to the COVID-19 pandemic and any related incident, and to ensure continuity of operations through the restoration of mission essential functions.



TASK FORCE ON ENERGY RESILIENCY

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DEPARTMENT OF ENERGY
(Kagawaran ng Enerhiya)

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1.0 Introduction

The Department of Energy (DOE) is mandated by Republic Act (RA) No. 7638, also known as the "Department of Energy Act of 1992", to prepare, integrate, coordinate, supervise and control all plans, programs, projects and activities of the Government relative to energy exploration, development, utilization, distribution and conservation.

The DOE currently has six (6) operating Bureaus, namely: 1) Energy Resource Development Bureau (ERDB), 2) Renewable Energy Management Bureau (REMB), 3) Energy Utilization Management Bureau (EUMB), 4) Oil Industry Management Bureau (OIMB), 5) Energy Policy and Planning Bureau (EPPB) and 6) Electric Power Industry Management Bureau (EPIMB). The Bureaus are supported by five (5) Services, namely: 1) Information Technology and Management Services (ITMS), 2) Legal Services (LS), 3) Financial Services (FS), 4) Administrative Services (AS), and 5) Energy Research Testing and Laboratory Services (ERTLS). Moreover, the DOE has three (3) Field Offices located in Luzon, Visayas, and Mindanao. All of these unit offices are supervised by the Office of the Secretary (OSEC). There are also four (4) unit offices with distinct functions that are attached to OSEC, namely: 1) Investment Promotion Office (IPO), 2) Consumer Welfare and Promotion Office (CWPO), 3) Public Affairs Office (PAO), and 4) Internal Audit Division (IAD). (**Appendix K – DOE Organizational Structure**)

The development of Public Service Continuity Plan (PSCP) is in response to the call for Philippine Government agencies to continue the internal capacities, recovery requirements and strategies of an agency or institution to continuously function during emergency or disaster incidents.

This PSCP will be adopted across its processes and procedures to ensure the continuity of services and functions of the Department in case of a disruption. Moreover, the PSCP defines and clarifies the procedures adopted to implement and continually improve the Department's delivery of services.

2.0 Purpose


This PSCP provides operational actions and protocols that will be undertaken by the DOE at the Energy Center and its Field Offices in response to the COVID-19 pandemic and any related incident, and to ensure continuity of operations through the restoration of mission essential functions.

3.0 Policy Statements

In line with Republic Act No. 11469 also known as the "*Bayanihan to Heal As One Act*", the DOE acknowledges the need to establish, implement and maintain appropriate procedures for managing the immediate consequences of the COVID-19 pandemic with due regard to the welfare of employees and clients, operational options for responding to incidents, prevention of further loss of lives and disruption to the economy, and recovery and resumption of mission essential functions.

The DOE commits to the attainment of the following public service continuity objectives:

- To safeguard human lives;

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- To establish effective and sound decision-making and communication actions during incidents;
- To reduce dependency on a specific critical function-holder;
- To carry on organizational dependability by ensuring quick recovery from disruption and immediate resumption of critical services to the public and other stakeholders; and
- To ensure continual improvement of the organization through public service continuity management.

4.0 Scope

This PSCP shall apply to the whole of the DOE at the Energy Center, to include its project personnel and external service providers. The same PSCP shall apply to the DOE Field Offices.

5.0 Roles and Responsibilities

5.1 Executive Committee

- Ensures that the PSCP is established, maintained, and reviewed periodically;
- Approves allocation of resources to ensure successful implementation of the plan; and
- Ensures the continual improvement of the PSCP.

5.2 Undersecretary for Administration

- Ensures implementation and compliance to the PSCP;
- Supervises the implementation of the PSCP by the DOE units within the Energy Center and the DOE Field Offices; and
- Ensures the continual improvement of the PSCP.

5.3 Administrative Services Director


- Establishes the guidelines and standards in compliance with the DOE PSCP;
- Informs all bureaus, services, field offices, offices and clients on the PSCP;
- Consolidates and evaluates personnel needs required to ensure the continuity of DOE critical unit functions and operations;
- Monitors personnel compliance to the PSCP; and
- Ensures the continual improvement of the PSCP.

5.4 Directors of Bureaus/Services/Field Offices and Office Heads

- Develop an Implementation Plan based on the PSCP;
- Identify specific personnel needs according to their functions and operations;
- Communicate the PSCP to concerned staff;
- Ensure compliance to the PSCP guidelines for the continuity of the operations and services to meet the client/stakeholder needs of the DOE; and
- Ensure the continual improvement of the PSCP.

5.5 DOE Employees


- Comply with the PSCP;
- Police own ranks on the compliance to the PSCP; and

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- Ensure the continual improvement of the PSCP.

6.0 Definition of Terms

- a. **Alert** – formal notification that an incident has occurred which might develop into a Business Continuity Management or Crisis Management invocation; (Business Continuity Institute (BCI) Glossary 2011)
- b. **Call Tree** – a structured cascade process that enables a list of persons, roles and/or organizations to be contacted as a part of information exchange or plan invocation procedure; (BCI Glossary 2011)
- c. **Comorbidity at risk of COVID-19 exacerbation** – presence of one or more additional condition that increases an individual's risk for mortality if afflicted by COVID-19. This includes immunocompromised individuals (such as but not limited to those with cancer, HIV/AIDS and other autoimmune disorders) and individuals with chronic conditions (such as but not limited to hypertension, diabetes mellitus, and chronic kidney disease); (DOH AO No. 2020-0015)
- d. **Continual Improvement** – recurring activity to enhance performance; (ISO 22300)
- e. **Continuity of Operations** – the capability to continue essential program functions and to preserve essential facilities, equipment, and records across a broad range of potential emergencies; (Emergency Management Standard 2007)
- f. **Crisis** – an abnormal situation which threatens the operations, staff, customers or reputation of an enterprise; (BCI Glossary 2011)
- g. **Disruption** – an event that interrupts normal business, functions, operations, or processes, whether anticipated; (e.g., hurricane, political unrest) or unanticipated (e.g., a blackout, terror attack, technology failure, or earthquake) (BCI Glossary 2011)
- h. **Hot Site** – a continuity facility that already has in place the computer, telecommunications, other information technology, environmental infrastructure, and personnel required to recover critical business functions of information systems; (US Department of Homeland Security-Federal Emergency Management Agency (FEMA))
- i. **Incident** – an event that has the capacity to lead to loss of or a disruption to an organization's operations, services, or functions – which, if not managed, can escalate into an emergency, crisis, or disaster; (BCI Glossary 2011)
- j. **Incident Management Team** – a group of individuals responsible for developing and implementing a comprehensive plan for responding to a disruptive incident; (BCI Glossary 2011)
- k. **Mission Essential Functions** – the limited set or organization-level government functions that must be continued throughout, or resumed rapidly after, a disruption of normal activities; (FEMA)
- l. **Most-at-risk Populations (MARPS) for COVID-19** – refers to population groups who have a higher risk of developing severe COVID-19 infection such as individuals aged 60 and above, pregnant, and those with underlying conditions or comorbidity at risk of COVID-19 exacerbation; (DOH AO No. 2020-0015)
- m. **Public Service Continuity** – refers to business continuity for the public sector; refers to the capability of the organization to continue delivery of products or services at acceptable predefined levels following disruptive incident; (ISO 22300)
- n. **Public Service Continuity Plan (PSCP)** – refers to the business continuity plan for the public sector; refers to the documented procedures that guide organizations to respond, recover, resume, and restore to a pre-defined level of operation following disruption; (ISO 22301)

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- o. **Recovery** – the implementation of prioritized actions required to return an organization's processes and support functions to operational stability following an interruption or disaster; (FEMA)
- p. **Recovery Time Objectives (RTO)** – the period of time following an incident within which: a) product or service must be resumed; or b) activity must be resumed; or c) resources must be recovered;
- q. **Skeleton (Skeletal) Workforce** – refers to a work arrangement where a minimum number of employees is required to man the office to render service when full staffing is not possible; (CSC MC 10, s. 2020)
- r. **Testing** – refers to the procedure for evaluation; a means of determining the presence, quality, or veracity of something; (ISO 22300)
- s. **Work-from-Home** – refers to an output-oriented work arrangement that authorizes the worker to produce outputs/results and accomplishments outside of the office; (CSC MC 10, s. 2020)

7.0 Scenario Assumptions

The following scenario assumptions are based on the **Bad, Worse and Worst Scenarios** that may affect and disrupt the regular operations and functions of the DOE. The particulars identified are mainly focused on the probable cases of disruptions on the personnel and facilities within the Agency's local setting. These scenarios determine the vulnerabilities and risks of the Department which are the main consideration in the formulation of the Continuity Strategies.

PARTICULARS	BAD	WORSE	WORST
Department of Energy	<ul style="list-style-type: none"> Active infections in the region are present. Case/s of infected patient/s identified during work hours and/or outside the premises after working/visiting in the premises; Adequate space/designated isolation facility/room for infected, probable, and suspected; Clinic adequately equipped. Adequate supply for disinfection available. Entry into the complex are restricted and strictly monitored with body temperature scanning. 	<ul style="list-style-type: none"> Active infections in the region are present. Case/s of infected patient/s identified during work hours and/or outside the premises after working/visiting in the premises; Inadequate space/designated isolation facility/room for infected, probable, and suspected; Medical supplies for the clinic are rapidly decreasing. Supplies for disinfection rapidly deplete with uncertain restocking schedule. Irregular monitoring/checking in entry into the complex are restricted and strictly 	<ul style="list-style-type: none"> Active infections in the region are present. Case/s of infected patient/s identified during work hours and/or outside the premises after working/visiting in the premises; The isolation facility/room is taxed with too many infected, probable, and suspected; Medical supplies for clinic are depleted. Supplies for disinfection unavailable with uncertain restocking schedule. Failed to restrict entry into the complex without body temperature scanning.



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PARTICULARS	BAD	WORSE	WORST
	<ul style="list-style-type: none"> Physical distancing in the workplace is practiced and enforced. The nearest local hospital can accommodate COVID-19 cases; There are available facilities based on LGU and DOH standards for infected, probable, and suspected. Test kits are limited but available. 	<p>monitored with body temperature scanning.</p> <ul style="list-style-type: none"> Physical distancing in the workplace is NOT strictly observed. The nearest local hospital cannot accommodate any more COVID-19 cases. There are limited facilities based on LGU and DOH standards for infected, probable, and suspected. Test kits are limited and low on stock but will be replenished on schedule. 	<ul style="list-style-type: none"> Mass gathering without observance of physical distancing in the workplace. (Ex. Gathering of more than 10 people) The nearest local hospital can no longer accommodate both COVID-19 cases and collateral cases. There are NO available facilities based on LGU and DOH standards for infected, probable, and suspected. Test kits are out of stock and will not be replenished in the near future.
No. of Cases with COVID-19* in the energy facility	1 person	2 - 3 persons	4 - 8 persons
No. of Individuals categorized as probable	2 - 3 persons	4 - 7 persons	8 - 20 persons
No. of Individuals categorized as suspected (to include employees, client visitors, external service providers)	5-10 persons	11-20 persons	more than 20 persons
No. of Days on Forced Shutdown	2 days to include complete disinfection	2 days to include complete disinfection	2 days to include complete disinfection
Government Regulation on COVID-19	General Community Quarantine (GCQ)	Modified Enhanced Community Quarantine (MECQ)	Enhanced Community Quarantine (ECQ) / Total Lockdown
POSSIBLE EFFECTS			
Communication and Contact Tracing	Communication between groups within and outside the premises on infected, probable, and suspected; is immediate and seamless. Protocol on contact tracing is in place.	Communication between groups within and outside the premises on infected, probable, and suspected; is slow. Protocol on contact tracing is in place and still manageable.	No formal communication between groups within and outside the premises infected, probable, and suspected. Any information passed around is informal and unverified. Protocol on contact tracing is in place but overwhelmed.
Manpower	<ul style="list-style-type: none"> Redundancy available; Skeleton staff is in effect for essential operations. Work-from-Home is applied (if applicable). 	<ul style="list-style-type: none"> Redundancy also infected; Skeleton staff is in effect for essential operations. 	<ul style="list-style-type: none"> Redundancy unavailable; Skeleton force is for the security of the premises only. Work-from-Home is applied (if applicable).

PARTICULARS	BAD	WORSE	WORST
		Work-from-Home is applied (if applicable).	
Facility Operations	100% Operational	Partial shutdown of non-essential operations.	Management recommends total shutdown of operations
Transportation	Dedicated vehicles for transportation are available	Some dedicated vehicles for transportation are available	Dedicated vehicles for transportation are all utilized
Response Capabilities (Incident Management Team)	<ul style="list-style-type: none"> All responders can address the situation. Full capacity 	<ul style="list-style-type: none"> While the responders are mobilized, there is a need for augmentation. Requires reinforcement 	<ul style="list-style-type: none"> Even the local responders are unable to address the situation; Lines of defenses utilized.
Medical resources	Supply of protective gear and items (disposable masks, gloves, hazmat suits, disinfectant, etc.) are ample and restocking available	Supply of protective gear (disposable masks, gloves, hazmat suits, disinfectant, etc.) is rapidly depleting. restocking supplies available	Supply of protective gear (disposable masks, gloves, hazmat suits, disinfectant, etc.) is depleted. restocking is restricted.
Emergency Response Team (Medical Personnel)	Medical personnel are mobilized and a stable rotation is implemented.	Medical personnel are mobilized but there is a need for more support, resources, etc. Some medical personnel are probable/suspected cases of COVID-19.	Medical personnel are overwhelmed and overworked. A few are in danger of succumbing to illness.

- **Bad Scenario** - sees the application of General Community Quarantine (GCQ) as stated in the guidelines issued by the Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID). This scenario professes a situation that is manageable so long as disinfection, social distancing, and preparedness protocols are in place. The number of infected, probable, and suspected remains low which allows the system to process them smoothly. With no strong disruptions to the complex, facility operations remain at 100%, redundancies in manpower remain, and response capabilities are ready and able.
- **Worse & Worst Scenario** - sees the application of Enhanced Community Quarantine and/or Total Lockdown in some areas as stated in the memorandum "Stringent Social Distancing Measures and further Guidelines for the Management of the Coronavirus Disease 2019 (COVID-19) Situation" and guidelines issued by the Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID). The situation presents a scenario where increase in infected, probable, and suspected are no longer manageable without extreme measures. With Enhanced Quarantine measures, the care and operation of energy infrastructure would be left to the hands of fewer people than is optimal. Means of transportation and the availability of medical resources would be crucial to continue operations. Response capabilities are low in the worse scenario and compromised in the worst scenario. Communication becomes haphazard and may falter as more members of the response team succumb to exhaustion and/or infection.
- Department of Health (DOH) guidelines on case definitions for notification issued on April 17, 2020¹:
 - **Confirmed case**
 - A person may be considered a "confirmed case" of COVID-19 only if they were tested at a national or subnational reference laboratory, or at a DOH-certified laboratory testing facility.

¹ Source: DOH Department Memorandum No. 2020-0189 with subject: "Updated Guidelines on Contact Tracing of Close Contacts of Confirmed Coronavirus Disease (COVID-19) Cases dated 17 April 2020

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- This is regardless of whether the person shows clinical signs and symptoms of COVID-19.
- **Probable case**
 - A suspect case who has been tested for COVID-19 but the results are inconclusive.
 - A suspect case who has tested positive for COVID-19 but the test was not conducted in a national or subnational coronavirus reference laboratory, or an officially accredited laboratory for confirmatory testing.
- **Suspect case**
 - A person with severe acute respiratory illness – fever of 38°C or higher, cough or sore throat, shortness of breath, and may even include severe pneumonia – whose cause is undetermined prior to testing for the coronavirus.
 - A person with influenza-like illness – fever of 38°C or higher, and cough or sore throat – and who lives in or has traveled to an area that reported local transmission of the coronavirus during the 14 days prior to the onset of symptoms.
 - A person with influenza-like illness and has had contact with a confirmed or probable case (see definition of “probable case”) of COVID-19 in the two days prior to the onset of that confirmed/probable case’s illness or before that confirmed/probable case showed negative on repeat testing.
 - A person with fever or cough or shortness of breath or other respiratory symptoms and is one of the following: 60 years old or older; with a comorbidity or pre-existing illness; in high-risk pregnancy; a health worker.

8.0 Mission Essential Functions and Recovery Time Objectives (RTO)

The occurrence of a disruption brought by any COVID-19 case has affected the regular operations and functions of the DOE. The following processes are the identified Mission Essential Functions of the Department that must be continued throughout or resumed rapidly after a disruption of normal activities.

8.1 Processes

- **Management Processes**
The management processes are those that are needed for oversight functions and governance of the DOE.
- **Operation Processes / Core Processes**
These are the processes needed to realize the planned activities in performing the processes and allowing the DOE to deliver its expected outputs.
- **Support Processes**
The Support Processes provide the necessary administrative and logistical support to the Management and Operations for the effective implementation and delivery of DOE outputs.

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These processes are further illustrated below (Figure 1) with its interconnectedness and interrelationship that are critical for the timely delivery of products and services of the DOE.

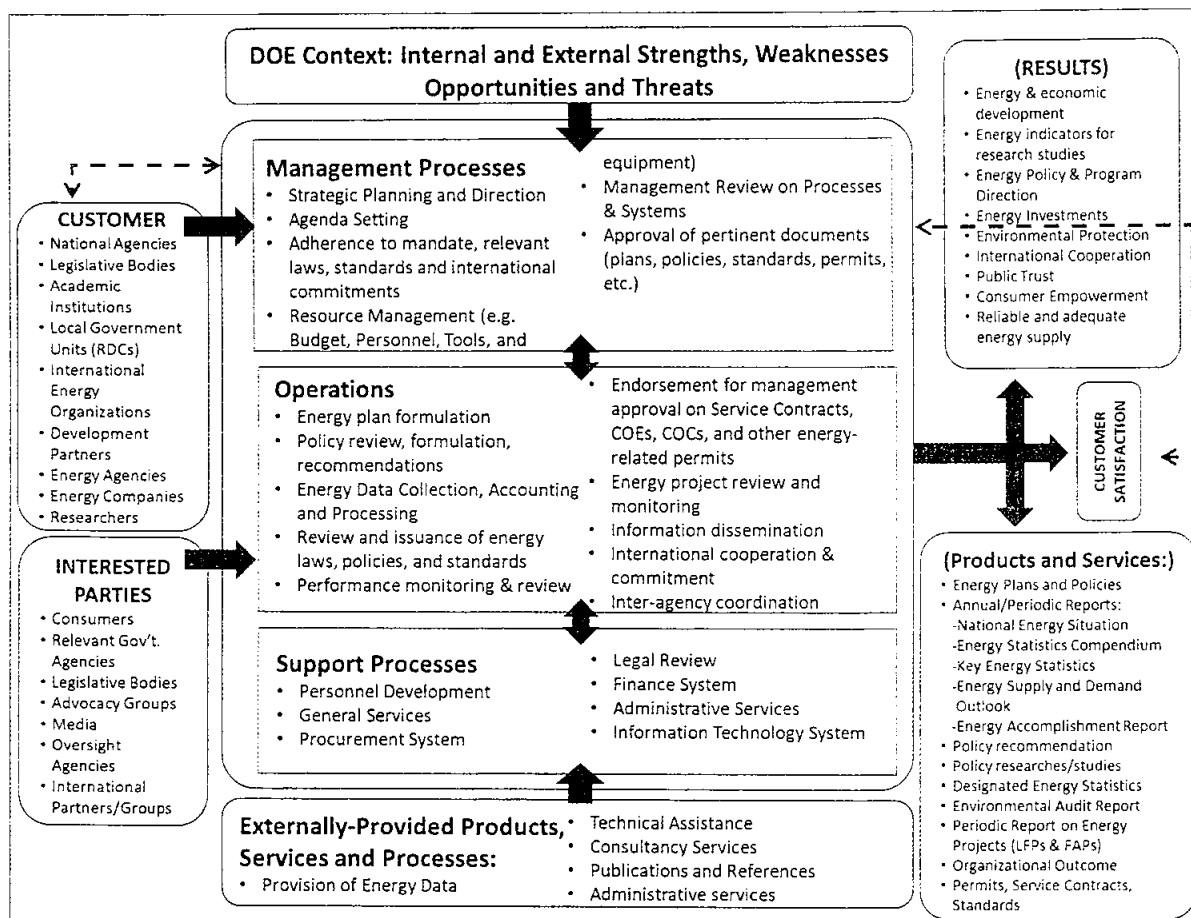


Figure 1. DOE Process Map

8.2 Mission Essential Functions

Bureaus / Services / Field Offices / Offices shall ensure that mission essential functions are undertaken and key operations / core processes and support processes are identified and performed.

8.2.1 Processing and issuance of permits and service contracts

Permits and service contracts such as Certificate of Compliance (CoC), Certificate of Endorsement (COE), Coal Operating Contracts, i.e., that are being issued to clients by the Department, and are critical for the overall energy security of the country.

8.2.2 Policy Issuance and Implementation

Pertinent plans, policies, laws, regulations and standards that are being issued by the Department to set industry standards and regulations.

8.2.3 Program/Project Implementation

Programs or projects implemented by the Department in relation to energy security, sustainability and resiliency.

8.2.4 Financial System

Processing of financial accounts and documents both internal and external to the Department, other government agencies and from client stakeholders.

8.2.5 Information, Communication and Technology (ICT) System

Vital ICT system and infrastructure in order to support the day-to-day operations of the mission essential functions.

8.2.6 Procurement System

Regular and emergency procurements of the Department in support to the mission essential functions and crisis response activities.

8.2.7 Energy Services

Products and services provided to clients of the Department.


8.2.8 General Services

Administrative and logistical requirements to support the personnel and operations of the Department.

Below is a table that indicates the mission essential functions being conducted and implemented by the respective DOE Units.

Table 1. Mission Essential Functions per DOE Unit

DOE Units	Permits and Service Contracts	Policy Issuance & Implementation	Program/Project Implementation	Financial System	ICT System	Procurement System	Energy Services	General Services
OSEC	✓	✓						
EPIMB	✓	✓	✓					
ERDB	✓	✓	✓					
REMB	✓	✓	✓					
EUMB	✓	✓	✓					
OIMB	✓	✓	✓					
EPPB	✓	✓						
AS		✓	✓	✓		✓		✓
ITMS	✓	✓	✓		✓		✓	
LS	✓	✓						
FS	✓	✓		✓				
ERTLS		✓	✓				✓	
FO	✓	✓	✓				✓	
CWPO		✓	✓				✓	
IPO		✓	✓					
PAO	✓	✓					✓	
IA	✓	✓		✓	✓	✓		

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8.3 Recovery Time Objectives (RTO)

Shown in the table below is the Recovery Time Objectives (RTO) of each mission essential functions of the Department. The RTO also defines the order of priority of the functions.

Table 2. Recovery Time Objectives per Mission Essential Functions

Functions	Less than one (1) hour	Under one (1) day	Under three (3) days	Under seven (7) days	Under 20 days
1. Permits and Service Contracts		✓			
2. Policy Issuance & Implementation					✓
3. Program/ Project Implementation				✓	
4. Financial System		✓			
5. ICT System	✓				
6. Procurement System				✓	
7. Energy Services			✓		
8. General Services	✓				

9.0 Activation Criteria, Procedures and Authority

9.1 Activation of Public Service Continuity Plan (PSCP)

The PSCP will be activated by the Responsible Official (RO) upon the recommendation of the Task Force on Energy Resiliency (TFER).

9.2 Activation of Incident Management Team (IMT)

The IMT will be activated upon the recommendation of the Incident Response Team (IRT) to the Incident Management Team (IMT), or by the Responsible Official (RO).
*(Note: IRT and IMT structure identified in **Section 9.5**)*


9.3 Declaration

The Director, Administrative Services shall provide an advisory on the status of incident upon the recommendation of Incident Response Team and confirmation of the Incident Management Team.

9.4 Succession Planning

- a. The Energy Secretary, as the head of the Agency, is the Responsible Official (RO), with the authority in making decisions and providing directions to the DOE, in particular, and to the whole Energy Sector in general during emergencies and disasters. The Succession of Command with respect to the PSCP is as follows:

1. Energy Secretary;

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2. Designated Chairperson;
3. Alternate Chairperson;

- b. The authority can be delegated by the Responsible Official through an issuance or instruction.


In the absence of the Responsible Official, the highest DOE official present on site shall assume the authority to manage the emergency or disaster response operations and shall turnover the authority as soon as the designated Responsible Official is available.

9.5 Establishment of Incident Management Team and Incident Response Team

- a. The Incident Management Team (IMT) shall be activated together with the Incident Response Team (IRT) based on the recorded incident.
- b. The IRT shall lead the Operations Section Chief of the IMT.
- c. The IMT shall conduct regular Simulation Exercises (SIMEX):
 - Table Top Exercises (TTX) – Twice a month
 - Drills – Quarterly
 - Full Scale Exercise – Once a year

9.5.1 Incident Management Team:

Role	Responsibilities	Focal
Incident Commander (IC)	<ul style="list-style-type: none"> • Receives authority from the Responsible Official (RO); • Sets incident objectives; • Leads the tactical incident response; • Assesses the situation; • Receives briefing from RO and outgoing IC; • Establishes the appropriate Incident Command System (ICS) organization based on the situation; • Establishes the response priorities; • Ensures planning meetings are scheduled as required; • Approves and authorizes the implementation of the Incident Action Plan or Response Plan; • Ensure that adequate safety measures are in place; • Approves requests for additional resources and for their release; • Coordinates with key people and officials; • Reports process and updates on the operations to the RO; and • Authorizes release of information to the media; 	Undersecretary for Safety and Security
Public Information Officer	<ul style="list-style-type: none"> • Focal person for information dissemination; and • Works closely with public information officers and the media. 	Chief, Public Affairs Office (PAO)
Safety Officer	<ul style="list-style-type: none"> • Works closely with Operations, Planning, and Logistics Section Chiefs and Incident Response Team; • Anticipates, detects and corrects unsafe situations; and 	Health & Safety Leaders

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	<ul style="list-style-type: none"> Has emergency authority to stop unsafe operations. 	*Must have training on Health and Safety
Liaison Officer	<ul style="list-style-type: none"> Contact point for agency representatives 	Chief, Consumer Welfare and Promotions Office (CWPO)
Operations Section Chief	<ul style="list-style-type: none"> Directs execution of all tactical operations; and Usually the first organization assigned to the incident. 	Division Chiefs (devolved to the operating unit concerned)
Planning Section Chief	<ul style="list-style-type: none"> Collects, evaluates and processes information; Develops incident action plan; and Maintains situation and resource status. 	Head Secretariat, Task Force on Energy Resiliency (TFER)
Logistics Section Chief	<ul style="list-style-type: none"> Provides resources and all other services to support the responders including facilities, transportation, communications, supplies, equipment maintenance, fuel, food services and other medical services 	Division Chief, General Services Division (GSD) – Administrative Services (AS)
Finance Section Chief	<ul style="list-style-type: none"> Monitors incident costs; Maintains financial records; and Coordinates procurement contracts. 	Division Chief, Budget Division (BD) – Financial Services (FS)

9.5.2 Incident Response Team / Isolation Coordinators

In the case of a pandemic, the Incident Response Team (IRT) shall also serve as the Isolation Coordinators (IS) and take the lead in managing the cases. The IRT/IS shall be composed of the following:

- Doctors / Nurses
 - Health and Safety Leader(s)
 - Human Resources Manager
 - Supervisor(s) of the unit (s) where the incident happened
 - Emergency Team / First Aid Team Leaders
- a. Responds quickly and contact appropriate medical and emergency services;
 - b. Assesses and evaluates the extent of the incident and its potential impact on the DOE's operations and infrastructure supports;
 - c. Provides status of incident and recommend succeeding actions to be taken;
 - d. Establishes and manages a support team to preserve and protect vital business operations and facilitates the return to normal operation;
 - e. Ensures employees and external organizations are notified; and
 - f. Assigns required responsibilities and activities.

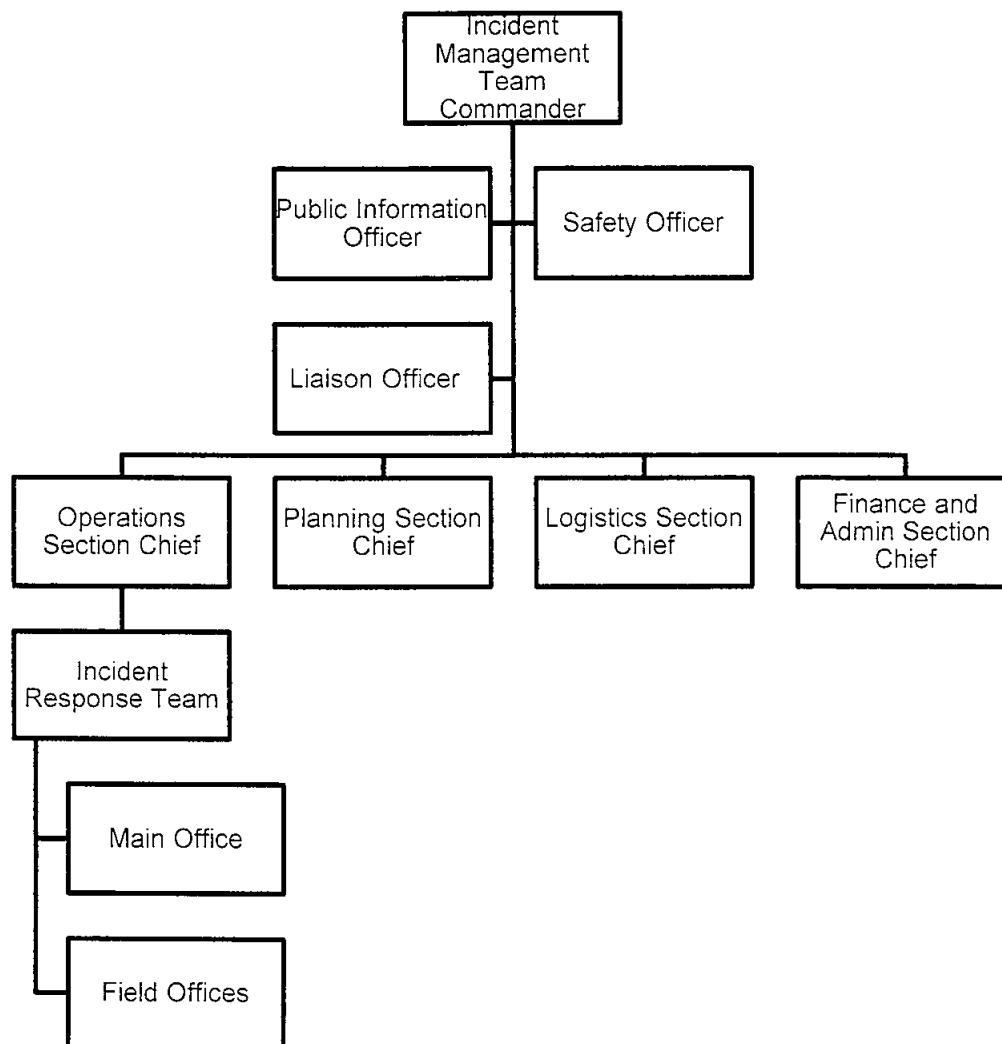



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9.6 Organizational Structure



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10.0 Continuity Strategies

To prevent or at the least minimize, the likelihood of a disruption in the processes and delivery of expected outputs, the DOE has identified the following key Continuity Strategies: 1) preventive (mitigation) strategies, 2) crisis response strategies, and 3) recovery strategies.

10.1 Preventive (Mitigation) Strategies

The preventive strategies are mainly focused on the safety and protection of personnel and necessary measures to minimize the disruption on the Department's mission essential functions.

10.1.1 Observing the DOH Minimum Health Standards

Following the Minimum Public Health Standards pursuant to DOE DO No. 2020-04-0007 entitled "Providing for Minimum Health Standards for COVID-19 Mitigation to DOE Personnel & Its Workplace" dated 29 April 2020, prevention shall be safeguarded, as follows:

Focus Area	Proposed Measures/Standards
Reduce vulnerability	<ol style="list-style-type: none"> 1. All persons are advised to eat healthy food; drink sufficient water; take vitamins. Avoid smoking and unhealthy drinking of liquor; 2. All persons are advised to exercise. DOE employees may walk/run around the DOE compound subject to social distancing and wearing the appropriate PPEs (ex. face shield for running); 3. Everybody must practice respiratory etiquette and hygiene like using a tissue or the inner portion of the elbow to cover the nose and mouth when sneezing and coughing; practice proper disposal of tissue. Everybody is likewise reminded to wear masks all the time. Used facemasks and other PPEs should be removed and disposed properly in designated trash bins; 4. Due to emergencies arising from extreme stress, individuals may reach out to families and friends or a mental health professional through telemedicine hotlines. Hotline numbers shall be made available by the Human Resource Management Division (HRMD); 5. Most-at-risk Populations (MARPS)² are advised to stay at home and should not be included in skeletal forces created, unless so requested by them; Provided, however, that Work-from-Home (WFH) and other alternative working schemes shall be arranged for MARPS;

² **Most-at-risk Populations (MARPS) for COVID-19** – refers to population groups who have a higher risk of developing severe COVID-19 infection such as individuals aged 60 and above, pregnant, and those with underlying conditions or comorbidity at risk of COVID-19 exacerbation; (DOH AO No. 2020-0015)



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	<p>6. Employees who are required to be in the office, but are hesitant to be there out of fear, may file for leave or arrange WFH with their Office Heads/Superiors.</p> <p>7. DOE shall provide its personnel/workers the necessary welfare facilities and amenities such as board and lodging and transportation, as necessary;</p> <p>8. Employees shall continue to use existing shuttle services.</p>
Reduce transmission	<p>1. Sanitation stations are provided in all building and office entrances, together with alcohol and/or alcohols, sanitizer, foot bath, etc. as appropriate;</p> <p>2. Comfort rooms are ensured of water and are provided with antibacterial soap, alcohol/alcohol, sanitizers at all times. Otherwise, the facility shall be closed temporarily until disinfectant supplies are replenished;</p> <p>3. Everybody is advised to frequently wash their hands with soap and water and are discouraged from touching their nose, eyes and mouth. Target washing your hands for 20 seconds;</p> <p>4. Regular disinfection of all offices and buildings shall follow the protocols under Appendix E – “General Disinfection Measures”;</p> <p>5. Everybody must wear appropriate PPEs/masks at all times;</p> <p>6. Encourage symptomatic individuals (those with colds, fever, and cough) who are required to report to work to stay at home and advise them to seek medical assistance. Employee should secure a written medical certificate from a Certified Medical Doctor before returning to the DOE office premises; otherwise, shall be marked absent on the days unable to report for work. In the case of a known exposure to a confirmed case of COVID-19, employee should go to a designated health facility as recommended by the local health office and with the full assistance of the DOE.</p> <p>7. A disinfectant station shall be established at the main entrance gate for those using the pedestrian lane, which will include a handwashing area, foot bath and/or misting tent as appropriate.</p> <p>8. All employees shall be required to subject themselves to temperature checks at office entry points and declare their health status using the DOE Health Monitoring Form. (See Appendix L – DOE Health Monitoring Form)</p>
Reduce contact	<p>1. Everybody must practice physical/social distancing at all times, maintain a distance of at least one (1) meter but preferably two (2) meters from other people to be more effective; (Appendix O – “Physical/Social Distancing Guidelines in the Workplace”)</p>



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	<p>2. Eliminate physical contact with others such as handshakes, embracing co-workers, etc.;</p> <p>3. All reporting employees are advised to maintain proper distancing at work, if applicable in separate cubicles, when necessary;</p> <p>4. As much practicable, employees are advised to use the stairs and observe distancing. Elevator use must be limited to four (4) persons at time and should stand facing the wall;</p> <p>5. Avoid grouping together;</p> <p>6. Entry and exit points are regulated ensuring physical distancing; and</p> <p>7. Teleconferences and meetings are practiced to reduce/avoid face-to-face interactions.</p>
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10.1.2 Establishing manual work around and internal arrangements

10.1.2.1 Alternative Work Scheme

- Alternative Work Scheme shall be implemented from the period of approval of the Energy Secretary until lifted by a competent authority. Employees shall alternatively serve as Skeleton Workforce and Work-from-Home (WFH).
- All employees shall render eight (8) hours a day totaling to 40 hours per work week based on the Civil Service Commission (CSC) guidelines. However, Skeleton Workforce may render physical work in the office for 6 hours while the remaining 2 hours may be served through virtual work until the full resumption, availability and safety of public transportation is ensured and local curfew is lifted.
- In relation to this, WFH shall also follow the normal office hours which is 8:00 AM to 5:00 PM. This is to ensure employee's productivity, health, and work-life balance.
- With due consideration to the Alternative Work Scheme, Heads of Bureaus/Services/Field Offices/Offices shall ensure that there are designated personnel for mission essential functions and that succession planning is practiced within the unit.
- Those considered as Most-at-risk Populations (MARPS) shall be arranged with WFH and other alternative work schemes.
- The Alternative Works Scheme will not apply to maintenance personnel and drivers who are required to regularly report to work in order to perform their duties and responsibilities.
- a. Skeleton Workforce** – Pursuant to the existing rules of the Civil Service, the DOE will adopt a shifting option for the skeleton workforce.



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- 1) The Head of Bureaus/Services/Offices shall ensure thirty percent (30%) or more, as deemed necessary, of workforce to physically report to work every week. To ensure continued processing of the mission essentials functions, all units shall adhere with the minimum 30% of skeleton workforce provided that an employee reports for work **continuously for at least one (1) whole week** in a month. A list of skeleton workforce shall be submitted to the HRMD. Succeeding changes in the said list, if any, shall immediately be submitted to the HRMD.
 - 2) All Division Chiefs and members of the Management Committee and Executive Committee shall report to work daily unless exemption is allowed by the Responsible Official. In which case, a Work-from-Home scheme shall be arranged.
 - 3) Personnel who are not scheduled as skeleton workforce shall be under the Work-from-Home scheme.
 - 4) Skeleton workforce employees who fail to report for work without justifiable reason shall be marked as absent or will be treated according to the usual leave policy based on the relevant CSC guidelines.
 - 5) Employees who are required to be in the office but are hesitant to report out of fear may file a Leave of Absence.
- b. Work-from-Home (WFH) – Personnel who will be allowed to Work-from-Home shall:**
- 1) Submit weekly targets and daily accomplishment reports based on the assigned tasks of his/her Division Chief; **(See Appendix N – Weekly Work Target and Accomplishment Report)**
 - 2) Be accessible during the working hours from 8:00 AM to 5:00 PM through staying connected online (via email, phone, SMS, social media platforms, etc.).
 - 3) Schedule the workday and shall remain effective by setting priorities for the day, week, etc. and maintain a schedule of key meetings and set blocks of time for getting work done just as he/she would in the office;
 - 4) Take breaks and set time for lunch. Employees on WFH shall be entitled to one (1) hour lunch break from 12:00 Noon to 1:00 PM. During such time, he/she is not required to answer phone calls, emails, and text messages, except for very important and critical matters.
 - 5) Division Chief to wrap up on the accomplishments for the day;



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- 6) Encourage to socialize with coworkers virtually: stay connected with own team members, schedule video calls vs. phone calls;
- 7) All WFH employees are on an on-call basis when exigency of service so requires. WFH who failed to report when called or who failed to submit their daily accomplishment report without justifiable reason shall be marked as absent or will be treated according to the usual leave policy or will be treated based on the relevant CSC guidelines; and
- 8) All WFH Employees to submit a Daily Health Monitoring Sheet to the DOE Clinic; (**See Appendix M: DOE CLINIC - Daily Health Monitoring Sheet (DHMS) for Employees on WFH Arrangement or on Quarantine**)

10.1.2.2 Outsourced Services and Job Order Personnel

Outsourced Services and Job Order Personnel are required to report to work in order to perform their duties and responsibilities. Appropriate and existing Department of Labor and Employment (DOLE) guidelines and DOE and other relevant government guidelines (i.e. CSC, DBM and COA Joint Circulars) shall apply.

10.1.2.3 Personnel Support Mechanism and Protection

The DOE's primary concern is to ensure the safety and protection of all personnel including clients and external service providers that are within the Energy Center and its Field Offices. This is so to avert disruptions in the essential functions of the DOE. In order to achieve this, the following appropriate support mechanisms and protection shall be provided primarily by the Administrative Services and supplemented by the concerned Bureaus, Services, Field Offices and Offices:

- a. **Personal Protective Equipment (PPEs)** – The DOH Minimum Public Health Standards requires the wearing of masks, taking of body temperature and practicing of proper hygiene at all times. Hence, the following personnel shall be provided with PPEs:
 - 1) **Skeleton workforce** – face masks;
 - 2) **Receptionist, Document Receivers, and other frontline service providers** – face mask, face shield, and nitrile gloves;
 - 3) **Incident Response Team / Isolation Coordinators** – full body PPEs (head cap, surgical mask (150 GSM), safety goggles, face shield, nitrile gloves, full body cover (95 GSM), full size shoe cover, sanitizer pouch bag, and waste bag).
 - 4) **Maintenance personnel and outsourced services** – face mask, face shield, and nitrile gloves.



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b. Health/psychosocial interventions – The HRMD (through certified psychometricians, or those with psychology background/expertise or the DOE Nurse/Doctor), based on their evaluation, may provide assistance through counselling, stress debriefing, etc. to employees experiencing mild anxiety or emotional strain/concerns. The HRMD to avail of professionals/medical experts (psychologists, therapists, coaches, etc.) services to ensure the mental health and productivity of all employees as the need arises.

c. Transportation

- 1) For those required to report to work, private transportation to and from work is strongly preferred and public transportation is to be avoided. This will significantly reduce the chance of exposure to COVID-19 cases within the community and travel route taken. Hence, employees using their own private vehicles (cars, vans, motorcycles, etc.) to and from DOE before March 11, 2020³, are to retain such arrangement for their own mode of transportation charged to personal expenses. Carpooling is also allowed with co-workers provided that travel hygiene and physical/social distancing are observed.
- 2) For extreme cases, gas allowance⁴ shall be provided to employees who are required to report to the DOE subject to the approval of the Supervising Undersecretary for Administration.
- 3) Employees who have been commuting to work prior to March 11, 2020 shall be given a space in the shuttle and/or service vehicle as arranged by the DOE. The DOE shall arrange and provide transportation to designated skeleton workforce on a case-to-case basis.
- 4) General Services Division (GSD) to rent additional shuttle services/service vehicles as necessary to transport employees to and from various employee shuttle service pick-up points going to DOE, or to other areas not covered by the current shuttle services.
- 5) For skeleton workforce residing outside of Metro Manila, shuttle/service vehicles shall be arranged to fetch and bring them home on the start and at the end of the work week, respectively, or other practical arrangements as applicable.
- 6) Guidelines for the use of transportation services:
 - i. Only 50% of the capacity of the shuttle bus/service vehicle shall be used;

³ World Health Organization (WHO) declared COVID-19 as a pandemic on March 11, 2020.

⁴ Gas allowance shall not apply to those receiving Representation and Transportation Allowances (RATA).



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- ii. All employees availing of the shuttle service/service vehicle shall observe social distancing by being seated one seat apart; (**See Appendix I – “DOTr Omnibus Public Transport Protocols/Guidelines”**)
- iii. Employees without masks will be strictly prohibited entry;
- iv. Body temperature shall be taken before boarding the shuttle service;
- v. Designated drivers shall be equipped with proper PPE;
- vi. Disinfection of vehicles shall be done for at the very least twice a day or shall be undertaken before boarding of passengers; and
- vii. Foot bath and alcohol to be provided in the shuttle services.

d. Personnel Lodging/Quarters – Skeleton workforce residing outside of Metro Manila who don't have any rented place within Metro Manila before March 11, 2020 may avail the lodging/quarters to be arranged by their respective units in coordination with the Administrative Services (AS). Appropriate guidelines, rules and regulations will be issued by the AS on the use of personnel quarters/dormitories.

e. Full administrative and logistical support to probable, suspected, and confirmed cases – In the case a DOE employee, client or external service providers (such as members of the janitorial and security services) becomes tagged as a probable, suspected or confirmed case of COVID-19, the DOE shall provide the following assistance as necessary and practicable:

- 1) PPEs;
- 2) Transportation;
- 3) Isolation facility;
- 4) Medical attention;
- 5) Rapid Testing;
- 6) Food provision while on quarantine/isolation; and
- 7) Vitamins and medicines.

f. Defrayal of costs incurred during WFH – DOE employees may defray reasonable expenses incurred during the WFH scheme subject to accounting and auditing rules and regulations:

- 1) ICT equipment (such as, but not limited to: computer, Wi-Fi, CP load, etc.)
- 2) Others, as may be required and approved by the Administrative Services.

g. Monetary and In-kind Forms of Incentives – Other monetary and forms of incentives as may be allowed by the Office of the President and/or other authorized agencies and/or upon approval of the heads of agencies subject to accounting and auditing rules and regulations, such as:

- 1) Overtime Pay;



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- 2) Hazard Pay;
- 3) Meal provisions; and
- 4) Other allowances, as applicable.

h. Program for health and fitness – The AS, in coordination with the Bureaus/Services/Units, shall ensure the physical and mental health and fitness of all employees. The AS shall develop a program for health and fitness for both the skeleton workforce and WFH employees with consideration of the Inter-agency Task Force on Emerging Infectious Diseases (IATF-EID) guidelines.

i. Continuous training and education on health and safety protocols – The AS will provide the training and education needs of employees to keep abreast on the most relevant information and knowledge on health and safety.

10.1.3 General Health and Safety Protocols in the Workplace

10.1.3.1 Physical/Social Distancing Guidelines in the Workplace

As required in the DOH Minimum Health Standards, all employees must always practice physical/social distancing of at least one (1) meter but preferably two (2) meters from other people to be more effective. Visual cues/signages shall be installed in appropriate locations by the AS. These are the guidelines to be followed in specific areas/locations/facilities inside the energy compound: **(See Appendix O - Physical/Social Distancing Guidelines in the Workplace)**

a. Entrances (Main Gate, Office buildings)

- Queue in line at least one (1) meter apart as personnel waits for his/her turn for temperature check and disinfection procedure.

b. Elevators

- Elevator use must be limited to four (4) persons at a time and must stand in the four corners of the elevator facing the wall.

c. Stairways/Hallways/Corridors

- The general rule is always to keep right when walking. In case two persons walking encounter each other in a narrow hallway/corridor, one should stop, face the wall and let the other person pass. In the case of a narrow stairway, one person should stop and face the wall as he/she gives way to the other person.

d. Office Workstations/Cubicles

- DOE's existing modular workstations comply with the one (1) meter space between each other. Nevertheless, employees are discouraged from engaging in conversations with their masks off.



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e. Conference Rooms

- Meetings to be conducted is limited to 10 persons and must be at least one (1) seat apart.

f. Pantry

- Employees are to avoid crowding their respective office pantries. Eating in their respective workstations/cubicles is preferred.

g. Office Canteen

- Clients allowed inside the canteen will be limited to five (5) pax only to ensure social distancing. Clients shall queue in line with at least one (1) meter distance. Only take-out orders shall be allowed.

h. Comfort Rooms (CRs)

- The maximum allowable person/s at a time should only equal to the number of cubicle/s inside the CR. For example, maximum of three (3) personnel inside the CR with three (3) available cubicles.

i. Sports facility

- Only sports/physical activities without physical contact or those prescribed by the IATF-EID (such as walking, jogging, biking, badminton, tennis, etc.) are allowed ensuring the players/personnel are wearing masks and observing physical distancing.


j. Vehicles

Social distancing protocols for road transport shall be based on the guidelines issued by the Department of Transportation and the IATF-EID. Drivers as well as passengers are required to wear masks at all times while inside the vehicle.

- 1) **Private Cars** – Private cars will only be allowed one (1) passenger to occupy the front passenger seat, while backseat or front-facing seats shall not exceed two (2) passengers per row; and
- 2) **Shuttle service** – Passengers shall observe physical/social distancing by being seated one (1) seat apart.

10.1.3.2 Visitor Restrictions

- a. Public access to facilities is **EXTREMELY DISCOURAGED**, until further notice. Moving forward, meetings should take place virtually to ensure the protection of both employees and visitors. The Microsoft Teams app is preferred;
- b. Where business/service critical in-person visits do occur, such as to allow services, equipment or facilities to remain operational, host should be guided by **Appendix H - Host Directions for Visitors and**

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Contractors. Visitors should be in accord with the following safety measures:

- 1) Ensure visitors/contractors take a direct route to meeting or work areas and do not unnecessarily interact with DOE employees;
 - 2) Conduct the DOE Health and Safety Briefing to visitors;
 - 3) Practice physical/social distancing at all times;
 - 4) Practice expected hygiene regarding washing hands and covering coughs/sneezes, pointing out or providing DOE guidance on this topic; and
 - 5) Dedicated meeting rooms for visitors should be disinfected in between meetings.
- c. Visitors and Contractors must accomplish a **“Screening Checklist”** prior to scheduled visit in the office and submit to concerned Safety and Security Personnel (**See Appendix G – “Visitors and Contractors COVID-19 Self-Screening Checklist”**).

Note: AS may recommend adding other screening checklist or measures as applicable.

- d. Authorized visitors are to be subjected to temperature check and/or other disinfection procedures at the office entry points (such as footbath, hand sanitizer, etc.).

10.1.3.3 Management of Inbound Parts and Packages (to include Documents)

Protocol on movement of packages/documents:

- a. If packaged materials have been in transit and/or stored at the facility for more than 48 hours from last human contact, no further action need to be taken.
- b. While not necessary, where employee apprehension remains high, the following additional precautions may be implemented:
 - 1) Personal protective equipment (PPE) usage, such as disposable nitrile gloves and/or the use of disposable surgical masks or N95 respirators; and
 - 2) Disinfect packages using hand-spray or wiping with alcohol or disinfectant solution. Disinfection of surfaces with a 10% bleach (sodium hypochlorite) solution made fresh daily, or a hospital-grade disinfectant - as appropriate to the surface(s) being treated (with the notation that these chemical agents should only be used by trained and authorized personnel).
- c. Document Receivers are to disinfect their hands every after transaction.
- d. To minimize the movement of external clients, the releasing of outgoing documents shall be done in the receiving area.



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- e. Those assigned in the receiving areas such as the Records Section, customer desks in the lobby, and/or security guards are to be provided with the necessary PPEs and disinfectants. Couriers are to be provided with disinfectants in the receiving areas as well as abide with the "No Contact Policy".
- f. Packages should be placed in a designated box/rack or area, preferably an open space. Proper signages shall be placed for deliverymen.
- g. Schedules of accepting deliveries is from Monday to Friday, 7:00 AM to 3:00 PM, except for bulk deliveries which should be in the DOE unloading area by 1:00 PM.
- h. All transactions shall be done in the designated area only.

10.1.3.4 Food Handling

- a. Food Delivery/take-out is preferred.
- b. Employees are advised to bring their own utensils at all times.
- c. In instances where canteens are allowed to serve food, physical/social distancing and wearing of masks and gloves must be strictly enforced.
- d. Food delivery is considered a package and must follow the protocol on "Management of Inbound Parts and Packages". Food delivery personnel are considered visitors and must abide by the office entry protocols.
- e. These are the guidelines for the canteen that operates inside the DOE premises.
 - 1) The canteen will operate in the following hours:
 - o 7:00 am - 8:30 am
 - o 10:00 am - 12:30 pm
 - o 1:30 pm - 3:00 pm
 - 2) No dine-in shall be allowed in the canteen premises until further notice. With this, AS to provide trash bins with cover dedicated for food wastes in designated areas per bureau/service/unit to avoid pest infestation.
 - 3) Take out ONLY and NO delivery shall be practiced.
 - 4) In ordering for take-out, ONLY 5 clients may be entertained at the same time to ensure social distancing. No Mask - No Entry shall be strictly enforced. Hence, online food ordering is preferred.
 - 5) One-day notice is required for bulk orders for meetings.
 - 6) Canteen personnel to observe minimum health standards such as wearing of masks, face shields and nitrile gloves, and washing of hands frequently.

10.1.4 Information, Communication and Technology (ICT) System

The Department shall undertake the following ICT strategies and digital solutions to continue delivering its products and services while allowing both the employees and clients to work safely as they do their part in mitigating the crisis at the same time.



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10.1.4.1 Develop an ICT Service Continuity Plan and ICT Disaster Recovery Plan

The Information Technology Management Services (ITMS) shall develop an ICT Service Continuity Plan which aims to support mission essential functions and minimize adverse effects of possible emergencies or disasters.

10.1.4.2 Establish a Resilient Hot Site Facility

ITMS to determine a Hot Site to ensure quick recovery of critical service functions of the Department in case of a disruption.

10.1.4.3 Ensure Reliable Internet Connectivity and Videoconferencing Platform

ITMS to ensure a reliable ICT system by providing appropriate digital solutions, equipment and infrastructure to support mission essential functions of the Department, specifically on telecommunications to include the use of videoconferencing platforms such as Microsoft Teams, Cisco Webex, i.e. ITMS to re-design and upscale the current capacity and capability of the IT systems in place to cope with stronger IT infrastructure requirement to support the Alternative Work Scheme.

10.1.4.4 Ensure Information Security

- a. ITMS to set the standards, protocols and guidelines on information security and data privacy for web-based processes and transactions of the Department, to include but are not limited to permits processing, online payment, Freedom of Information (FOI) requirements, data provisions, etc.
- b. ITMS to provide a secure teleconferencing platform.
- c. ITMS to facilitate the digitization, storage and protection of pertinent documents of the Department.

10.1.5 Records Management

10.1.5.1 Secure critical records and data

Records Management Division (RMD), in coordination with ITMS, shall identify critical records and data needed for the mission essential functions of the Department. ITMS to develop ICT or web-based solutions to secure the critical records.

10.1.5.2 Ensure data privacy and information security

Personnel must always follow company policies and processes for confidential information, privacy, data security and information management. Confidential and sensitive information shall be identified and classified by the RMD in coordination with the Security Office.



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10.2 Crisis Response Strategies

10.2.1 Self-Reporting of COVID-19 Symptoms and Non-Work-Related Exposures

- All employees are directed to advise immediately their immediate Supervisors of any confirmed exposure to COVID-19 or direct exposure to symptomatic family members, or others to which they have frequent and close contact with; as well as to review the COVID-19 Self-Screening Protocol (See **Appendix F**);
- All employees shall be required to subject themselves to temperature checks in office entry points (See **Appendix L – DOE Health Monitoring Form**). Those running a fever, i.e. 37.5°C (99.5 °F) or above shall immediately be isolated and undergo medical assessment, which includes the mandatory Rapid Diagnostics Test (RDT), and re-tested as the need arises.
- Symptomatic individuals must inform their superiors of the corresponding precautionary measures and medical attention; (See **Appendix C – “COVID-19 Preparation and Arrangements For Employees Who Become Ill at Work”**)
- All employees must report to their immediate Supervisors travels/trips outside the home-office travel routine.

10.2.2 Case Detection, Isolation, and Treatment

10.2.2.1 Case Detection

- Suspected and Probable Cases (as defined in DOH AO No. 2020-0013) shall be reported to DOH and the concerned Local Government Unit (LGU). Isolation Coordinator of the DOE shall coordinate the case investigation which shall be undertaken by a designated or trained disease surveillance officers (DSO), or any personnel capable of conducting case investigation in the facility.
- DOE through the AS-HRMD is directed to report the COVID-19 confirmed positive case(s), the “Suspects” (Persons Under Monitoring (PUMs), and the “Probables” (Persons Under Investigation (PUIs) to DOH on a daily basis;
- AS to provide rapid-testing to employees to the extent possible subject to the assistance of appropriate medical attendants as required by the DOH.
- DOE through the AS-HRMD shall be responsible in contact tracing procedures as per DOH guidelines.

10.2.2.2 Use of an Isolation Facility

- An isolation/quarantine facility/room shall be established within the vicinity of the Department.
 - The isolation room/quarantine facility shall be used by the suspected infected person(s) exhibiting symptoms of COVID-19.



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- 2) The person shall stay in the isolation room until further confirmatory tests are done by the DOH and/or other cognizant Health Authorities/Practitioners.
 - 3) Condition of person under isolation/quarantine to be monitored by Isolation Coordinators. **(See Appendix M: DOE CLINIC - Daily Health Monitoring Sheet (DHMS) for Employees on WFH Arrangement or on Quarantine)**
 - 4) Provisions of food, medicine and vitamins shall be arranged for person in the isolation room. **(See Appendix A for COVID-19 Isolation Protocol and Appendix C for COVID-19 Preparation and Arrangements)**
- b. As per DOH Department Memorandum No. 2020-0062-A, suspect and probable COVID-19 cases shall be placed separately in a single-patient room with the door closed at all times, if his home is not suitable or feasible. The suspected or probable COVID-19 cases shall be isolated until DOH Confirmatory Test Results are out. In case of a confirmed COVID-19 patient, the said personnel shall be immediately escorted to the appropriate health facility. Disinfection of Isolation Room shall be done right after facility has been vacated **(See Appendix E – “General Disinfection Measures”)**.


10.2.2.3 Treatment

- a. The treatment of confirmed cases of COVID-19 shall be referred to appropriate health facilities as maybe advised by DOH or LGU concerned. The HRMD shall monitor the development of the patient.
- b. Suspected and probable cases shall undergo quarantine in their homes if suitable and feasible or appropriate quarantine facility provided for by the government or Agency. **(See Appendix D – “Guidance For Self-Quarantining: COVID-19”)**

10.2.3 Contact Tracing

The protocols for Contact Tracing shall be based on the DOH Department Memorandum No. 2020-0189 with subject: “Updated Guidelines on Contact Tracing of Close Contacts of Confirmed Coronavirus Disease (COVID-19) Cases dated 17 April 2020.

- a. The Incident Response Team (IRT) / Isolation Coordinators (IC) shall conduct initial contact tracing as a strategy to prevent an outbreak. The IRT/IS shall be furnished a copy of all the contact details of the DOE employees to facilitate immediate monitoring and tracing.
- b. The IRT shall inform promptly the Incident Management Team (IMT) Commander and Regional Epidemiology and Surveillance Unit (RESU) of the Centers for Health Development (CHD) on the details of the incident.
- c. IMT Commander to regularly update and provide status report to the Responsible Officer on the case investigation and contact tracing.

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10.2.4 Facility Closure

In any event that a person who has reported to work is a confirmed case of COVID-19, the following safety and disinfection procedures shall be undertaken:

- a. Affected DOE facility to comply with governmental directions to close down, alter or cease operations.
- b. Affected DOE facility shall undergo appropriate disinfection measures as soon as possible; and to be repeated as necessary.
- c. Resumption or opening of affected DOE facilities shall commence only after completion of disinfection in accordance to DOH guidelines.

10.2.5 Alternate Sites for Continued Operations

An alternate site, if necessary, shall be identified by Administrative Services for continued operations of affected bureau/services/office.

10.2.6 Communication Procedure

10.2.6.1 Establishment of a Health Emergency Hotline for Employees

- a. There shall be an established **DOE HEALTH EMERGENCY HOTLINE** accessible to all employees for their respective health concerns and for reporting of suspected cases of COVID-19. (See Appendix J – “Contact Information of the Incident Management Team”)
- b. For any health concern, an employee may contact the hotline number for consultations.
- c. General health and mental health concerns shall be referred to the DOE Clinic while suspected cases of COVID-19 shall be referred to the IRT/IS immediately.
- d. Upon confirmation of the case, IRT/IS shall coordinate with the IMT Commander and concerned DOH/LGU. The concerned Bureau/Services/Field Office Directors or Office Unit Heads shall be kept informed on the latest developments on the case.
- e. The IMT Commander shall inform the Executive Committee through the Head Executive Assistant on the status of the suspected case.

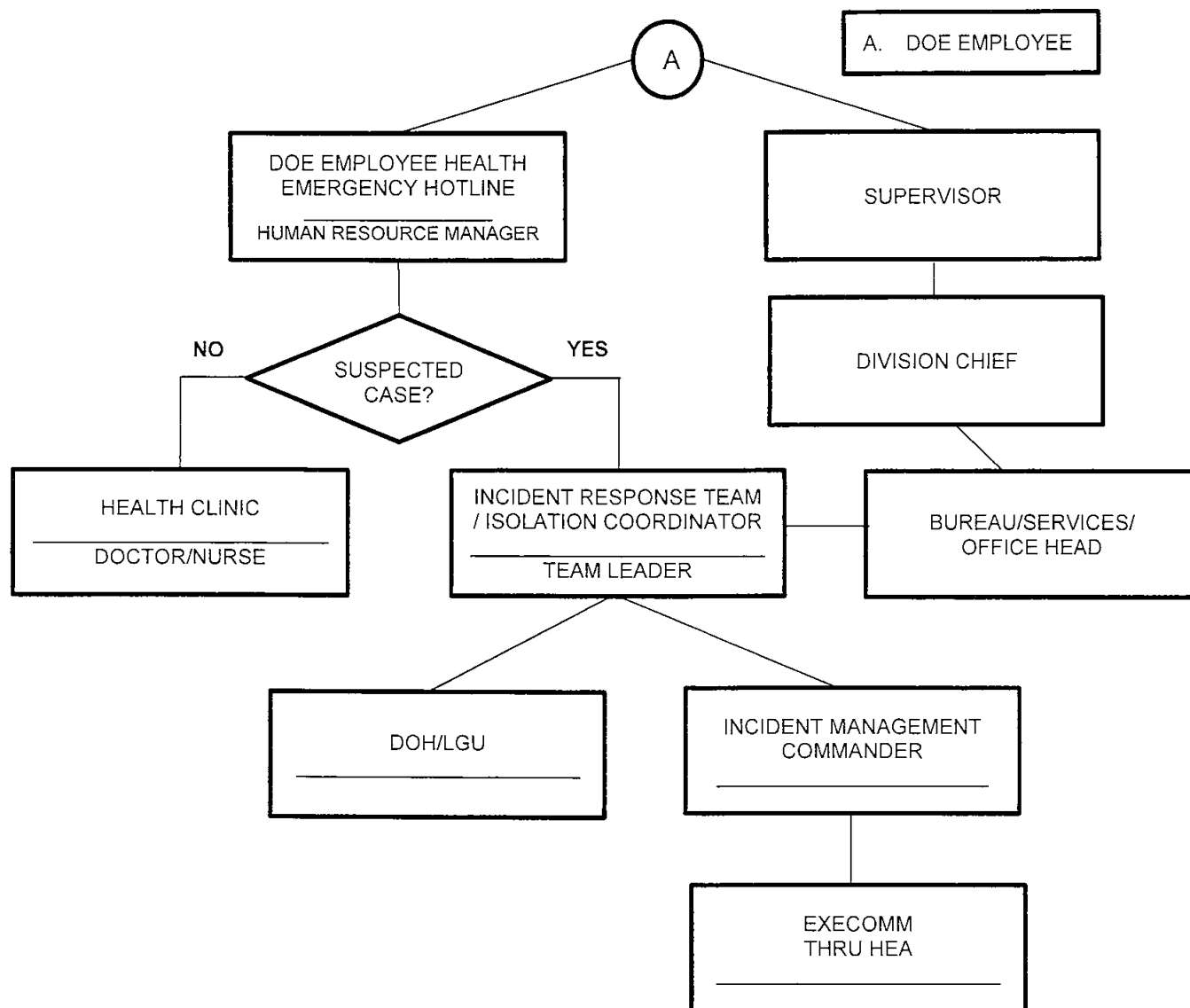


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10.2.6.2 Call Tree Structure



10.3 Recovery Strategies

Recovery strategies are anchored toward the goal of returning at the soonest possible time with the least disruption on Public Service to the normal state of operations of the facility and maintaining the critical services and products of the Department before the disruption. In the case of a disruption caused by COVID-19, the recovery strategies include:

10.3.1 Recovery/Restoration of Affected Facility

- a. Administrative Services (AS) to ensure that the affected facility is disinfected immediately according to the General Disinfection Measures.
- b. Incident Management Team to recommend on whether to return or relocate to an alternate site or build a new facility.
- c. Executive Committee (Excomm) to decide on the recommendations of the IMT.
- d. Environment, Health and Safety (EHS) Officer to review, recalibrate or re-adjust health and safety protocols as necessary.
- e. AS to acquire the necessary resources and support for restoring agency operations especially for mission essential functions.
- f. ITMS to implement its ICT Recovery Plan.
- g. AS to set the guidelines in re-establishing normal operations.
- h. Excomm to decide on the resumption of operations at pre-disruption level.

10.3.2 Reintegration in the Workforce

Only persons who have clean bills of health shall be allowed to return to work. In this case, a medical certificate is required. Furthermore, the following shall be adhered to:

- a. Pre-established working arrangements, preferably work-from-home;
- b. Ensure that the workplace and all practices are safe to avoid any "relapse";
- c. Debriefing shall be conducted by a trained specialist for employee/s who tested positive with COVID-19 and for the colleagues who belong to the same unit as the employee;
- d. Provide vitamins and other health amenities for personnel; and
- e. Provide a platform for such employee to share his/her experiences.

10.3.3 Conditions to Return to Normal Operations

Below are the conditions required before going back to the normal state of operations before the pre-COVID-19 disruption level:

- a. Lifting of the COVID-19 pandemic issuance by the World Health Organization (WHO);
- b. Declaration from a pertinent Authority or body that business/service environment is safe to return and resume 100% of its business/service operations;
- c. Real Time Polymerase Chain Reaction (RT-PCR) Test has been conducted to all employees; and
- d. Vaccination for COVID-19 has been administered to all employees.



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11.0 Resource Requirements

11.1.1 End-user requirements	<ul style="list-style-type: none">• All employees to be provided with the appropriate PPEs. (See Section 10.1.2.2)• It's recommended for DOE personnel to use office-issued equipment/devices while working offsite.• Work-from-Home personnel shall be provided with the data connection devices and/or communication allowance, in the absence office-issued device.• For extreme cases, gas allowance shall be provided to employees who are required to report to the DOE subject to the approval of the Supervising Undersecretary for Administration.• Personnel must immediately report lost or stolen devices to IT and/or Security.• Other health and safety requirements.
11.1.2 Vital Records	<ul style="list-style-type: none">• Paper business records and files must always be secured and managed according to DOE's retention policies and applicable legal holds.
11.1.3 Voice and data communications	<ul style="list-style-type: none">• Conversations and phone calls involving sensitive information must be held in private locations.• The ITMS shall provide data connection to the personnel who will be assigned in work for home mechanisms.• Communications equipment for the DOE Health Emergency Hotline.
11.1.4 Equipment requirements	<ul style="list-style-type: none">• Infection Control Supplies The following infection control supplies shall be regularly available in strategic places:<ul style="list-style-type: none">○ Antibacterial Soap/Liquid within bathrooms;○ Antibacterial Soap/Liquid within kitchen areas;○ Hand sanitizers/alcohol in common areas;○ Paper towels and/or bathroom tissues;○ Foot bath; and○ Others, as deemed necessary.• Personal Protective Equipment (PPE) The following PPE shall be regularly available: (See Section 10.1.2.2)<ul style="list-style-type: none">○ Face mask/surgical facemask;○ Nitrile gloves;○ N95; and○ Full body PPEs (head cap, surgical mask (150 GSM), safety goggles, face shield, nitrile gloves, full body cover (95 GSM), full size shoe cover, sanitizer pouch bag, and waste bag).




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	<ul style="list-style-type: none">• Medical Supplies and Equipment Regular medical supplies and equipment shall be made available in the clinic:<ul style="list-style-type: none">○ Rapid Testing Kits;○ Medicines;○ Vaccines; and○ Others, as required by the Office Doctor.• ICT Equipment The ITMS to propose the list of ICT requirements in order to support the delivery of services.
11.1.5 Provision of Support Mechanism to Personnel	<ul style="list-style-type: none">• PPEs;• Health/psychosocial interventions;• Transportation;• Personnel lodging/quarters;• Defrayal of costs incurred during WFH;• Full administrative and logistical support to probable, suspected and confirmed cases;• Monetary and in-kind forms of incentives;• Program for health and fitness;• Continuous training and education on health and safety protocols.
11.1.6 Provision of procurement process	<ul style="list-style-type: none">• Procurement of the resources related to this Public Service Continuity Plan (PSCP) shall follow the GPPB Resolution 03-2020 and subject to the usual accounting and auditing.

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12.0 Appendices

- Appendix A: COVID-19 Isolation Protocol
- Appendix B: COVID Case Form
- Appendix C: COVID-19 Preparation and Arrangements
- Appendix D: Guidance for Self-Quarantining: COVID-19
- Appendix E: General Disinfection Measures
- Appendix F: Self-Screening Information
- Appendix G: Visitors and Contractors COVID-19 Self-Screening Checklist
- Appendix H: Host Directions for Visitors and Contractors
- Appendix I: Omnibus Public Transport Protocols / Guidelines
- Appendix J: Contact Information of the Incident Management Team
- Appendix K: Organizational Structure of DOE

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Appendix A: COVID-19 Isolation Protocol For Employees Who Become Ill at Work

1. Employees are advised that, if they feel ill or if someone observes that another person is being ill, or is exhibiting symptoms of COVID-19 at work, they are to contact an Isolation Coordinator*. The Isolation Coordinator is expected to be ready and available at all times to provide assistance to ill employee/s.
2. Isolation Coordinators determined by each facility, should be selected from the following employees, as appropriate:
 1. Doctors / Nurses
 2. Health and Safety Leader(s)
 3. Human Resources Manager
 4. Supervisor(s)
 5. Emergency Team / First Aid Team Leaders
3. The Isolation Coordinator must escort him/her/them directly to the designated isolation room by the most direct route.
4. If another employee reports a suspected infected person, the Isolation Coordinator must contact them, preferably, by phone or facility paging system, and escort them directly to the designated isolation room by the most direct route.
5. Suspected infected employee must immediately be given appropriate PPEs such as mask and nitrile gloves. Explain to them that it is to help protect other employees and prevent spread any potential virus.

Procedures:

1. The Isolation Coordinator must complete a Suspect COVID-19 Case Form (**Appendix B**), and call the local health authority or medical office to seek advice regarding transportation and location.
2. Isolation Coordinator and any others attending the suspected infected person should wear a complete body PPE to include protective mask and nitrile (surgical) gloves while working with the suspected infected person.
3. The Isolation Coordinator shall coordinate with DOH and other cognizant Health Authorities/Practitioners for the confirmatory test; and to assess who among such persons should be placed on quarantine, and advise which area to vacate and cordon-off.⁵ The Isolation Coordinator shall assess and declare who among the suspected employee/s should be under home quarantine or sent to the isolation room.
4. Isolation coordinator, in coordination with HR & "EHS"* must:
 - Identify persons that may have been in contact with the suspected infected employee;


⁵ DOH Department Circular No. 2020 – 0131 entitled Public Advisory No. 16 - Guidance for Institutions if a PUI or a Confirmed COVID-19 Case is Detected at the Workplace

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- Advise employees that they may have been in contact with a person suspected of having COVID-19 to carry out a self-screening check every morning and based on the results contact the HRMD.
 - Advise the Employees to contact a Doctor and get medical clearance to return to work.
- * Environmental, Health, and Safety (EHS) Officer
5. Ensure that both the isolation area and suspected employee's work station or office is thoroughly cleaned and disinfected, in addition to all other common surfaces recently touched by the ill employee. All persons carrying out this cleaning must wear disposable nitrile (surgical type) gloves, and all support personnel PPE should be appropriately discarded prior to resuming normal work functions.

Source: <https://www.DOH.gov/COVID-19/2019-ncov/downloads/stop-the-spread-of-germs.pdf>
<https://www.DOH.gov/COVID-19/2019-ncov/communication/videos.html>

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Appendix B: COVID Case Form

Report for Employees / Visitors Presenting Symptoms at Work

DETAILS OF AFFECTED EMPLOYEES

Name: _____ **Date:** _____ **Visitor / Employee / Contractor**

Job Title: _____

Worksite: _____

Location of Isolation: _____

Address: _____

Symptoms noticed:

- ☐ Temperature >37.5°C (99.5 °F)
- ☐ Shortness of breath, difficulty breathing
- ☐ Cough
- ☐ Running nose
- ☐ Sneezing
- ☐ Muscle Pain
- ☐ Tiredness

Time of fever on-set: _____

Time of isolation: _____

(Symptoms and isolation periods will be updated periodically as information becomes available following the emergence of a pandemic virus strain.)

Where referred to: _____

Notes:

DETAILS OF REPORTER

Name: _____


Job title: _____

Telephone no. _____

Appendix C: COVID-19 Preparation and Arrangements For Employees Who Become Ill at Work

1. Ensure that all employees are informed on who is the Isolation Coordinator and his/her contact details to call / report to if they become ill with COVID-19 symptoms while at work.
2. All Isolation Coordinators must be trained in the proper use of full body PPEs (to include masks, gloves, etc.), understand this protocol, and have training in proper Hygiene, and COVID-19 symptoms and prevention practices.
3. Ensure that a place at the location (office / first aid room) has been designated as an Isolation Room in the event of employees reporting with COVID-19 type symptoms (this area should not be in a highly populated area).
4. Ensure that the site and the Isolation Coordinators knows the local health protocol; and telephone contacts for reporting and transporting employees that present symptoms of the virus.
5. Ensure that site has a plan to transport any person home or to the nominated health or isolation center.
6. Ensure availability of ample sets of Personal Protective Equipment (PPEs) or a supply of masks (N95 or surgical), Nitrile (surgical gloves), cleaning equipment cloths and disinfectant is available in this area.
7. Provide Rapid Testing Kits and/or DOH approved COVID-19 testing kits when and if available.
8. Environmental Health and Safety (EHS) Officer will be responsible to train the Isolation Coordinators, cleaning crews in basic Hygiene practices, and this protocol.
9. Cleaners have been nominated and briefed on the PPE and cleaning operations required.
10. A protocol for the proper disposal of cleaning materials, masks and gloves that have been used as per this protocol must be in place.
11. Facility/Location manager are responsible to communicate this Protocol to all employees in the operation.

Site Check Sheet		
Name of nominated persons	(HR)	(EHS)
Designated isolation area	(Office 1)	(First aid room/Clinic)
Means of transport	(Option 1)	(Option 2)
Mask and gloves	(Quantity)	(Location)
Cleaning equipment	(Quantity)	(Location)
Contact telephones		

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Appendix D: Guidance for Self-Quarantining: COVID-19


Clarification of “Self-Quarantine” requirement:

1. For suspected and probable cases, employees shall either be directed to an Isolation Facility or undergo self-quarantine for 14 days as prescribed by a medical professional if COVID-19 symptoms are present (**see COVID-19 Self- Screening Information**), directly exposed to COVID-19, or, if a test from DOH recognized testing facilities shows positive results.
2. Employees should avoid leaving the home if possible, but, if, deemed necessary and essential, should practice strict good hygiene and social distancing. Work, while at home, is expected to continue where possible.

Additional Guidance:

The following are additional guidance to observe in case you are showing symptoms; have been directly exposed to; or, if you have already tested positive for COVID-19:

- a. If practicable, stay away from other people in your home. Stay in a separate room and using a separate toilet, if available. Wear a face mask always.
- b. Limit contact with your pets, as there is a small chance that humans can pass the disease to dogs or other pets, though only one such case of such a transmission has been reported.
- c. No visitors unless the person needs to be in your home.
- d. If you need medical attention, call ahead to ensure you're going to the right place and taking the necessary precautions.
- e. Wear a face mask if you must be around other people, such as during a drive to the doctor's office.
- f. When you cough/sneeze: cover your mouth and nose with a tissue; immediately throw tissues in garbage; wash your hands with soap and water for at least 20 seconds; if that's not available, use alcohol-based hand sanitizer liberally that has at least 60% alcohol.
- g. Avoid sharing household items, including drinking cups, eating utensils, towels or even beddings. Wash these items thoroughly after using.
- h. Clean and disinfect high-touch surfaces daily using a household cleaner or wipe. These include: counters, tabletops, doorknobs, toilet fixtures, toilets, phones, keyboards, tablets and bedside tables.
- i. Clean surfaces that may be contaminated with blood, stool or bodily fluids.
- j. Shared spaces in the home should have good airflow. Use an air conditioner, electric fans, and/or open windows.
- k. Continue monitoring for any symptoms. If they worsen, such as you if you begin to have difficulty breathing, call your health care provider, designated LGU or local health facility/office for assistance and guidance, or report immediately to the hospital. Knowing the nearest capable hospital is a must.
- l. If practicable, arrange to have groceries, toiletries, and even medicines delivered by a reputable local supermarket or pharmaceutical firms. Also, make sure to inform health care providers of any medications you'll need, so they can arrange drop-offs of prescriptions as well. In terms of getting laundry done for those without machines at home, you could ask health care providers about that as well.

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Appendix E: General Disinfection Measures

- 1) This checklist should be implemented in places of work to reduce the risk of spread of infection.
- 2) The cleaning steps outlined should be taken routinely, based on frequency mentioned to disinfect work place surfaces, chairs, tables, etc. and protect employees.
- 3) Along with these work place disinfection activities, good personal hygiene and sanitary practices, including washing hands after toilet use, are also necessary.

Disinfection Frequency in Workshops and Offices

No.	Area / Place	Disinfection Content	Disinfectant	Disinfection Method	Frequency
1	Work cell common surfaces	Including control buttons, tools and other common surfaces	*Hospital grade disinfectant or fresh 10% chlorine bleach solution (sodium hypochlorite solution), as appropriate	Spray with hand held sprayer or wipe	Minimum at the end of each shift
2	Offices, Desk and Conference rooms	Table and chair surfaces			After each meeting and end of day
3	Moveable Trays or Containers	Handles and other commonly touched areas			Based on use; Once per shift if contacted by 1 person only; Otherwise, between users
4	General objects often used or touched	Office IT equipment (Printers, Telephones, Computers, etc.), doors and windows, handles, faucets, sinks, and toilets		Spray with hand-held sprayer or wipe	At least four times per day
5	Cafeteria/Canteen	Table and chair surfaces, dispensers, vending machines (Interface surfaces, i.e. "pay, selection" and "vending surfaces"), etc.		Spray with sprayer	Generally, 3 or more times per shift to include after all breaks and meals
6		Tableware		Place in a disinfection cabinet, with temperature higher than 60°C, and time longer than half an hour	After cleaning

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No.	Area / Place	Disinfection Content	Disinfectant	Disinfection Method	Frequency
7	Forklifts / Food Carts	Common areas of human interaction	**Hospital grade disinfectant or fresh 10% chlorine bleach solution (sodium hypochlorite solution), as appropriate	Spray with hand-held sprayer or wipe	After each use
8	Multi-User Safety Vest and other PPE	All surfaces			Between use
9	Transport Vehicles	Common surfaces (e.g. Seat surfaces, rails, belts, door and window controls)			Before and after each use
10	All Floors and Walls	General Floors and Walls at site		Mop / Wipe	Periodic, where frequently touched; mop hard surfaces daily
11	Work Place	Reception areas, lobby, hallways, toilets, air conditioning systems		General Disinfection / Wipe	At least once every two weeks
12	Isolation Room	Whole room		Spray with hand-held sprayer or wipe. Appropriate personnel protective equipment required.	After use of suspected/probable/confirmed cases
13	Employee Quarters	Whole room		General Disinfection / Wipe	Daily
14	Recreation/Exercise Areas	General Floors and Walls at site, Exercise Equipment, etc.		General Disinfection / Wipe	After each use
15	Prayer Room	Whole room		General Disinfection / Wipe	After each use
16	Storage Room/Facility	Common surfaces (doors, tables, cabinet doors, ladders, etc.)		General Disinfection / Wipe	As needed

* Note: Maintenance personnel to keep records for each disinfection.

- **General guidelines on the cleaning, disinfection and preparation of disinfection solutions are specified in the 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".
- Guidelines on the management of infectious waste materials in temporary treatment and monitoring facilities are outlined in the DOH Department Memorandum No. 2020-0170 entitled "Interim Guidelines on the Management of Health Care Waste in Health Facilities, Community Quarantine Units, and Temporary Treatment and Monitoring Facilities with Cases of Coronavirus Disease 2019 (COVID-19)".

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Appendix F: Self-Screening Information

The following self-screening protocol must be distributed to ALL EMPLOYEES for voluntary, home self-screening

The Department of Energy (DOE) is concerned for your safety and the safety of your co-workers. We are monitoring the development of COVID-19. In the interest of ensuring a safe and healthy work environment, it is a **"MUST"** that you voluntarily monitor your health status by carefully completing this self-assessment each day before reporting for work.

Survey to be completed daily by active employees before coming to work:

1. Have you had physical exposure to a person suffering from COVID-19 symptoms as noted below?

If you answered **YES**, please contact your immediate Supervisor, or the Human Resources Management Division (HRMD) prior to reporting for work to determine whether you should remain offsite from the DOE Office for 14 days, following the last potential exposure to the COVID-19. Should you be required to remain offsite, you should keep in contact with your immediate Supervisor, or the HRMD and receive clearance from HRMD before returning to the DOE premises. You will be required to have a written clearance from a Certified Medical Doctor.

2. If you have been asked to perform daily checks due to COVID-19 becoming more prevalent in your area, or believe you have been exposed to COVID-19: Does one or more of the following common COVID-19 symptoms currently apply to you?

- Temperature >37.5°C (99.5 °F) – Yes/No
- Frequent unexplained cough – Yes/No
- Unexplained shortness of breath or difficulty breathing – Yes/No
- Unexplained tiredness – Yes/No

If the answer to question 2 is **YES, you may have symptoms of COVID-19**. You are directed to contact the HRMD, seek medical attention and remain off the DOE Office for 14 days following cessation of symptoms and written clearance by a Doctor. Please keep in continuous contact with the HRMD.

If the answer to all the above questions is **NO**:

Please adhere to the DOE guidance regarding your work schedule and any special precautions to be taken.



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Appendix G: Visitors and Contractors COVID-19 Self-Screening Checklist

The safety of our employees, customers and visitors, remains our primary concern. As the Coronavirus (COVID-19) outbreak continues to evolve and spread locally and globally, the DOE is monitoring the situation closely and will periodically update agency guidance on current recommendations from the Department of Health and the World Health Organization.

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone else inside the DOE building. Thank you for your time and cooperation.

Visitor's Name (Surname, First Name, Middle Name):		Mobile Phone Number:
Visitor's Company / Organization:		Name of (Agency) Host:
Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Address in the PH:
Facility Name to be Visited:		

If the answer is yes to one or more of the following questions, access to the facility will be denied.

Self-Declaration by Visitor	
1	Have you worked/visited/transitted or travelled in foreign countries in the past 14 days? If yes, please specify. <input type="checkbox"/> Yes _____ <input type="checkbox"/> No
2	Have you been in close contact with farm animals or exposed to wild animals in the past 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you had close contact with or cared for anyone diagnosed with COVID-19 within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you been sick in the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Are you showing any signs of one or more of the following symptoms? Temperature > 37.5°C (99.5 °F), cough, shortness of breath, difficulty breathing, tiredness? <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby declare that the information I have given is true, correct, and complete. I understand that failure to answer any question or any falsified response may have serious consequences. (Article 171 and 172 of the Revised Penal Code of the Philippines)

Signed: _____
(Visitor's Signature over Printed Name)

Date: _____



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Appendix H: Host Directions for Visitors and Contractors

Please adhere to the COVID-19 Response Protocol with respect to Visitors and Contractors.

This means:

- 1) Visitation or contractor work is forbidden if there has been any "YES" response to the COVID-19 Self-Screening Checklist.
- 2) If "YES" is checked for any response, the Security Guard "On Duty" shall be authorized to advise the visitor to leave premises in a cordial and friendly manner; notifying the appropriate site personnel to disinfect any common surfaces touched by the visitor and advising EHS or Security Officer (SO) of the incident. The SO, shall subsequently inform, thereafter, the HRMD, and the Agency Host of the incident.
- 3) Visits or Contractor work that do occur should limit exposure to employees to the extent feasible, by:
 - a) Ensuring visitors/contractors take a direct route to the meeting or work areas; and do not unnecessarily interact with other employees.
 - b) Ample reminders to visitors/contractors of COVID-19 Protocols of practicing strict Hygiene and Social Distancing themselves at all times (i.e. no handshakes or embraces, keeping 1 to 2-meter distance when interacting, etc.). To this effect, ensure the availability of soap in common wash areas, as well as disinfectants (alcohol or alcohol-based hand sanitizers).
 - c) Disinfect dedicated meeting rooms and common surfaces used after the meeting.

Name: _____

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Appendix I: Omnibus Public Transport Protocols / Guidelines

This Omnibus was issued on 03 May 2020 by the Department of Transportation (DOTr) and the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) covering Road Transport, Aviation, Maritime and Railways sectors:

I. AVIATION

The following flights are allowed to operate for areas under **General Community Quarantine (GCQ)**:

- 1) Government and military flights;
- 2) International flights subject to existing IATF-EID/BOQ protocols;
- 3) Air ambulance and medical supplies;
- 4) Flight check and weather mitigation flights;
- 5) Maintenance and utility flights;
- 6) Emergency flights; domestic flights coming to and from provinces and cities under GCQ, subject to required airport clearances and flight plan approvals, as maybe applicable; and
- 7) Other flights (as approved by IATF-EID).

These are the general guidelines for the aviation sector:

- 1) Wearing of face mask, face shield or other Personal Protective Equipment (PPE), is compulsory for ALL individuals.
- 2) Passengers with VALID travel documents shall be allowed to enter airport premises. Checking of body temperature is mandatory upon entry.
- 3) SOCIAL DISTANCING measures shall be strictly observed inside airport premises.
- 4) Security procedures shall be done through "no contact means" but not limited to the use of walk through x-ray machines, portable scanners, handheld metal detectors, among others, effectively limiting close contact security screening by means of pat down/manual frisking to exceptional instances/situations.
- 5) The regulation covering the maximum allowable hand carried bags/items shall be strictly implemented.
- 6) COVID-19 Rapid Testing facilities installed at all airports are managed by qualified healthcare providers.
- 7) Disinfecting facilities established in terminals shall be equipped with alcohol and/or soap. Foot baths shall also be installed in all entry and exit points of passengers and airport personnel, including boarding bridges and/or similar areas for passenger embarkation/disembarkation to and from the aircraft. All airport facilities and equipment, including lavatories, frequently touched surfaces, wheelchairs, trolleys, countertops, etc., shall be regularly disinfected and sanitized.
- 8) Safety precaution posters and other health guidelines shall be displayed at strategic places. Alert bulletins shall be shown through airport flight information display systems, and via public announcements.
- 9) Digital enablers (websites/Mob Apps/On-ground Kiosk) and communication, as well as education programs through social media, shall be utilized to inform and engage with passengers.
- 10) All arriving and departing passengers are required to electronically fill-out Health Declaration and Passenger Locator Forms.

II. MARITIME

- 1) In accordance with the IATF and DOH protocols, passenger capacity in ships and other passenger vessels SHALL BE REDUCED TO 50%.



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- 2) Upon entering the port premises and terminals, all individuals must fill-out and accomplish health protocol forms. Mandatory checking of body temperature will also be conducted upon entering the terminal and embarkation on ships.
- 3) SOCIAL DISTANCING measures shall be strictly observed inside ports, ships, and other passenger vessels, at all times.
- 4) In port facilities, particularly areas for frontline services, such as passenger terminal buildings (PTBs), port integrated clearing offices and other areas, physical distancing shall be observed.
- 5) In order to maintain cleanliness and sanitation, all disinfecting facilities, such as foot baths, handwashing stations with alcohol and/or soap, and sanitation tents will be established at all entrances of terminals, ports, in ships, and other passenger vessels.
- 6) Wearing of Personal Protective Equipment (PPEs) is MANDATORY. Upon entry of ports, terminals, and passenger vessels, all individuals shall undergo disinfection procedures, such as footbath, among others.
- 7) To ensure that all premises are regularly cleaned and sanitized, thorough disinfection of ships, passenger vessels, ports, terminals and facilities, as well as various equipment, will be conducted regularly.
- 8) Information dissemination on hygiene and sanitary practices will be shown to passengers through different media platforms in PTBs, and other strategic locations of the ports and terminals.

III. ROAD

- 1) All permitted PUVs, transport terminals and operators must follow three essential components dictated in the protocol/guidelines - SAFETY, CAPACITY and COVERAGE/SCOPE.
- 2) SAFETY refers to guidelines that REDUCE contact, transmission, and spread of the virus through the MANDATORY USE of face masks and gloves for drivers. Thorough DISINFECTING practices of vehicles, terminals, and even among passengers are also required.
- 3) CAPACITY and passenger load factors will be required for each mode of transportation to ensure that physical distancing is followed.
- 4) Passenger load for public utility buses (PUBs) and public utility jeepneys (PUJs) SHOULD NOT EXCEED 50 percent or half of the vehicle's capacity, excluding driver and conductor.
- 5) For UV Express and taxis, passenger load SHOULD NOT EXCEED TWO PASSENGERS PER ROW, except for the driver's row where only one passenger is allowed..
- 6) Tricycles must NOT EXCEED ONE PASSENGER in the side-car, while backriding is not be allowed.
- 7) Private cars and motorcycles will be allowed to operate for the purpose of essential travels as defined by the Inter-Agency Task Force (IATF).
- 8) Private cars will only be allowed ONE PASSENGER to occupy the front passenger seat, while FRONT-FACING seats shall not exceed TWO PASSENGERS per row.
- 9) Motorcycles are PROHIBITED from having BACKRIDE passengers. Meanwhile, the use of BICYCLES and similar devices are also highly encouraged, and LGUs are also encouraged to identify bike-lanes, or bike-only roads.
- 10) The mode of PUV that will operate in each route in the GCQ areas will be guided by the number of passengers that will be transported.
- 11) PUVs with higher passenger capacity such as buses will be prioritized consistent with the Department Order No. 2017-011. In areas where buses are not enough to serve the actual passenger demand, or the road characteristics will not permit their operations, PUVMP compliant PUVs are the next priority. In areas with unavailable buses and modern PUVs, PUJ's and UV Express may operate. In areas where no other mode of public transportation is available, tricycles may be permitted to operate as determined by the LTFRB in coordination with the corresponding LGU.

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- 12) The LTFRB has already finalized the mechanism for issuing of special permits to allow PUVs to operate. Drivers and operators may apply for the permit, free of charge, through LTFRB offices or by email through LTFRB's online channels.
- 13) Private vehicle owners, PUV drivers and operators, and private or public transport terminal operators who VIOLATE the guidelines will be SANCTIONED and PENALIZED.

IV. RAIL

- 1) Operations of LRT-1, LRT-2, MRT-3 and PNR will resume with LIMITED CAPACITY after the lifting of the Enhanced Community Quarantine (ECQ) imposed in Metro Manila, or on May 16, 2020.
- 2) Upon the resumption of operations, all rail lines will observe the March 14, 2020 DOTr Guidelines on Community Quarantine, as well as additional health and safety measures pursuant to IATF and DOH Guidelines.
- 3) 1-meter SOCIAL DISTANCING should be strictly observed inside the trains and stations. Presence of markings, signages, tarpaulins and other logistics will be utilized to ensure its firm implementation.
- 4) Pursuant to DOH Guidelines, the following passengers will not be allowed to enter the station:
 - a) Passengers who are not wearing proper face mask;
 - b) Passengers showing COVID-19 symptoms or with a registered body temperature of 37.8°C or higher; and
 - c) Senior citizens, passengers aged 0-20, and pregnant women due to their susceptibility to COVID-19.
- 5) Regular disinfection and sanitation of train interiors, station premises and facilities will be conducted. In addition, handwashing or disinfectant stations will be installed to adhere to sanitary measures set by DOH.

ANY MODE of public transportation in areas under the extended enhanced community quarantine (ECQ), including Metro Manila, are prohibited.

Source: <http://dotr.gov.ph/55-dotrnews/1339-read-omnibus-public-transport-protocols-guidelines-set-by-the-department-of-transportation-dotr.html>

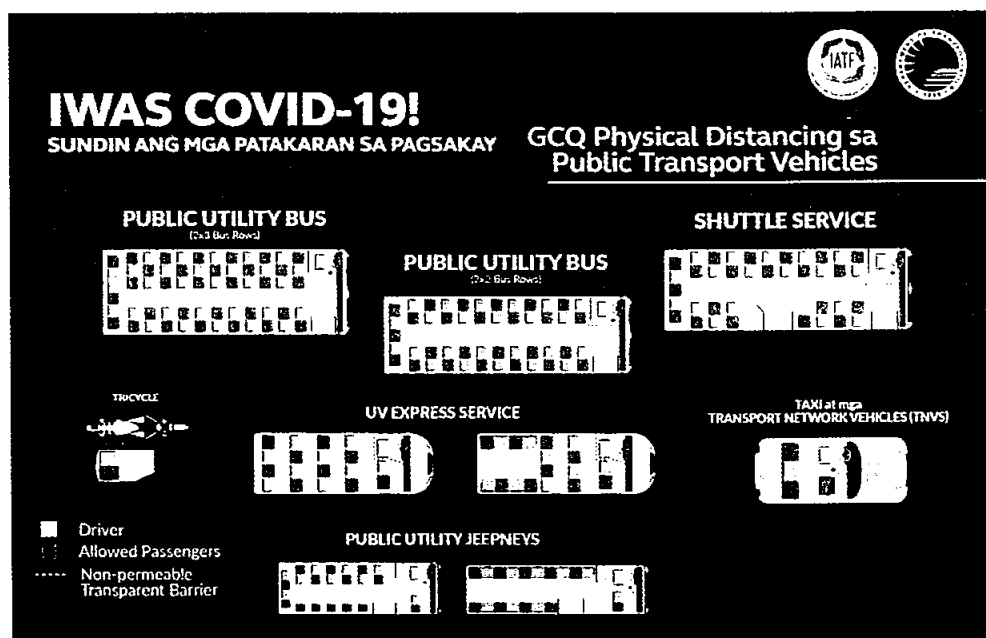



Figure 2. DOTr and IATF-IED Illustration of Social Distancing on Transport Vehicles

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Appendix J: Contact Information of the Incident Management Team

Name	Position	Designation	Cellphone Number	E-Mail Address	Other Contact Information
		Incident Commander			
		Public Information Officer			
		Safety Officer			
		Liaison Officer			
		Operations Section Chief – Incident Response Team Leader			
		Planning Section Chief			
		Logistics Section Chief			
		Finance and Admin Section Chief			
		Incident Response Team Member			
		Incident Response Team Member			
		Incident Response Team Member			
		Incident Response Team Member			

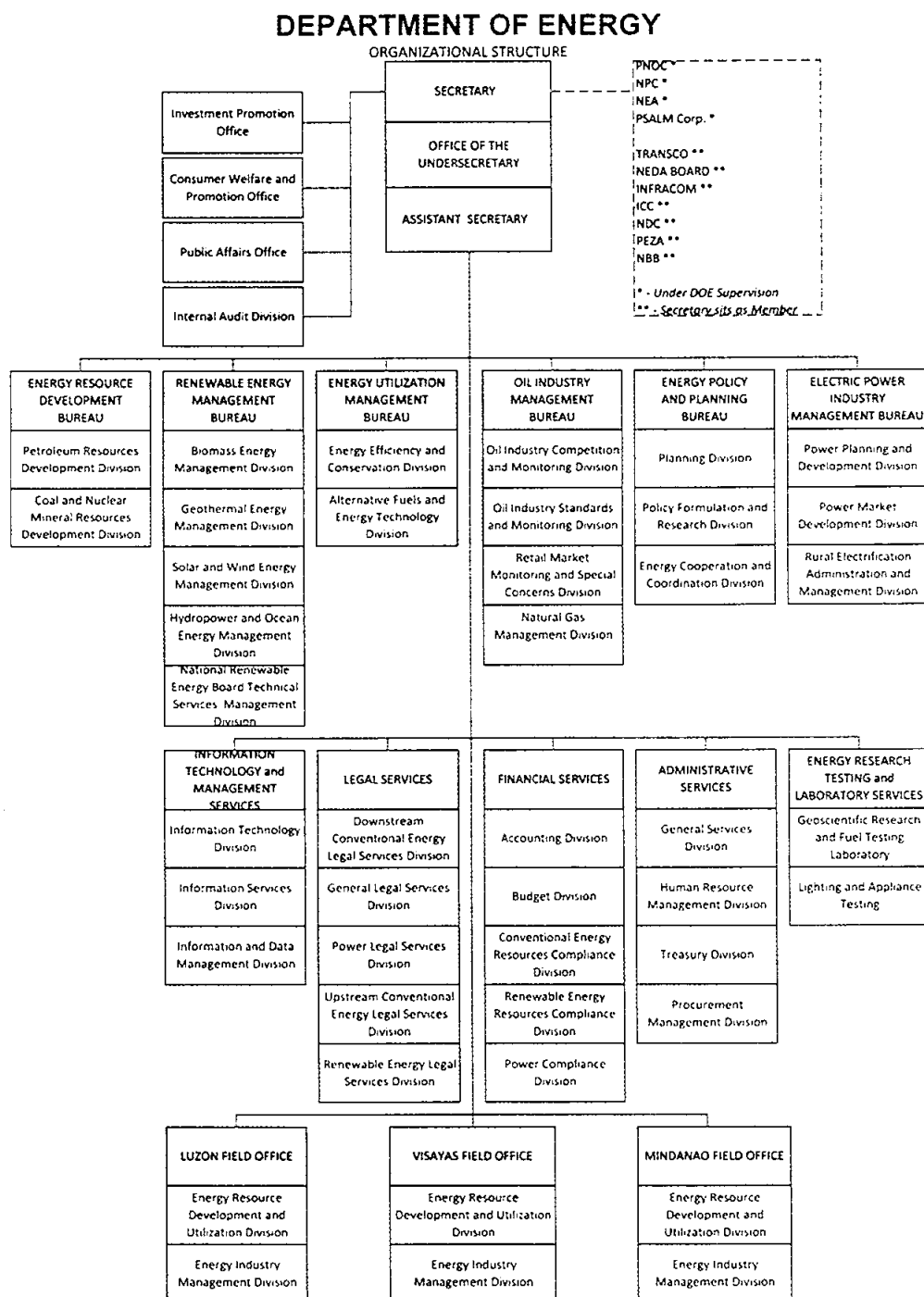


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Appendix K: Organizational Structure of DOE





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Appendix L: DOE Health Monitoring Form

ENTRANCE LOCATION (eg Main Gate, Annex Lobby) _____

DATE: _____

	NAME	TEMPERATURE	NO COUGH	NO COLDS	NO SORE THROAT	NO DIFFICULTY IN BREATHING	SIGNATURE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Certified Correct by: _____ **CONFORME:** _____
(SG-on-duty): _____ **(SG Det.Com.):** _____



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Appendix M: DOE CLINIC - Daily Health Monitoring Sheet (DHMS)
(for Employees on WFH Arrangement OR on Quarantine)

NAME		POSITION/DIVISION/OFFICE	
AGE		CONTACT Nos.	
SEX			


We would like to enjoin you to help us monitor your health status by providing a check mark (✓) in the appropriate boxes. Should you have any one of these symptoms, anytime of the day, please report immediately to the DOE Clinic, thru Ms. Saida Dulay at 8479 29 00 local 218; OR if you are on a Work-from-Home (WFH) scheme, you must call the DOE Clinic thru said local number or report thru Ms. Dulay's email address: rmcd56@yahoo.com. However, if you do not experience any one of these symptoms, you can simply state "N/A" under the Remarks column. This will greatly aid our Clinic staff to obtain the necessary information about your health status, as well as monitor your health/medical condition, as may be necessary.

Please accomplish this form via internet and submit it on a daily basis. For your kind compliance please. Thank you.

Date	Body Temperature (°C)	Cough	Colds	Sore Throat	Muscle Pains	Difficulty in Breathing	Remarks

I hereby certify that all information given above are true and correct to the best of my knowledge and belief, without prejudice to whatever legal action this may take. Truthful information about Health Condition and Possible Exposure is required under Republic Act No. 11332 or the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act." Any violation is punishable under this Act.

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Appendix N: Weekly Work Target and Accomplishment Report

Employee Name: _____

Workweek: _____

Week	Date	Approximate Hours/ Days	Targets	Output/Task Accomplished	Status/Remarks
Monday	04-Apr-20	8	1. 2. 3.		
Tuesday	05-Apr-20	8	1. 2. 3.		
Wednesday	06-Apr-20	4	1. 2. 3.		
Total hours worked:		20			

Prepared by: _____


Concurred by: _____

Approved by: _____

Employee

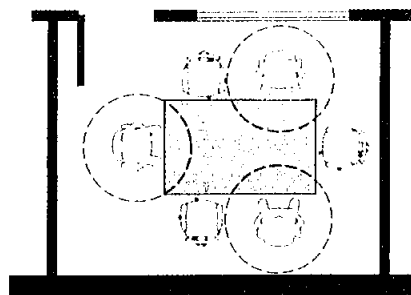
Supervisor

Division
Chief/Director/Asec/Usec

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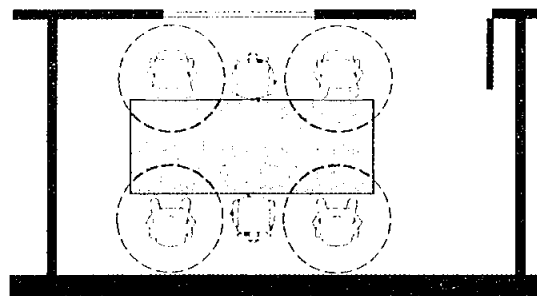
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Appendix O: Physical/Social Distancing Guidelines in the Workplace



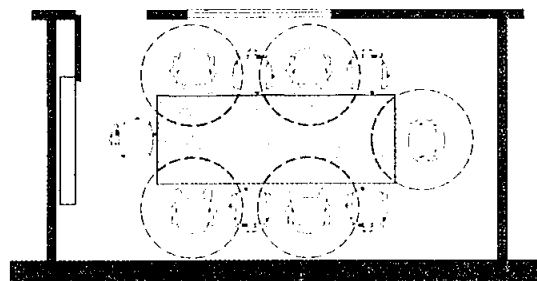
Small Meeting Room (Wide Table)

- Normal Capacity – 6
- Physical Distancing - 3



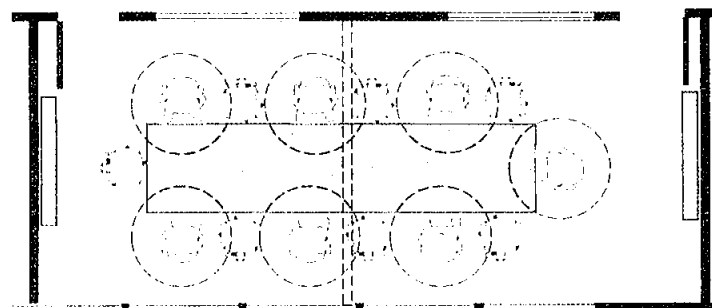
Small Meeting Room (Narrow Table)

- Normal Capacity – 6
- Physical Distancing - 4



Meeting Room

- Normal Capacity – 10
- Physical Distancing - 5



Conference Room

- Normal Capacity -- 14
- Physical Distancing - 7