

**OFFICE OF THE CHANCELLOR**

31 December 2021

MEMORANDUM NO. FRN-21-174

FOR : All Deans, Directors, and Heads of Units  
Administrative Officers, Post-ECQ Teams (PETs) and  
Health Liaison Officers (HeLOs)

SUBJECT : Guidelines for Returning-to-Work Employees

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In recent weeks, we have seen an increase in vaccination rates and a corresponding improvement in the number of COVID-19 cases in NCR. In UP Diliman, this was reflected in the increasing number of vaccinated personnel and in terms of zero positive cases for two straight weeks in December 2021.

However, there is once again a surge in COVID-19 cases due to the presence of the highly transmissible Omicron variant in the country. This is a concerning development that urges all of us to adhere to the same protocols we have been following for the past so many months. It also reminds us that we cannot afford yet to let our guards down.


To ensure that we all return to a safe workplace, all units are encouraged to prepare for work from home or other alternative work arrangements for all staff for the period 3 – 5 January 2022. All staff should submit their 'Return-to-Work Form' (Appendix A) on 3 January or earlier. HeLOs and PETs will assess these and prepare their recommendations on 4 – 5 January to be submitted to the UP Health Service-Public Health Unit at [uphspublichealth.upd@up.edu.ph](mailto:uphspublichealth.upd@up.edu.ph). These recommendations will be the basis for the corresponding work arrangements and/or testing for the staff in the succeeding days.

Staff of essential offices who did not go out of town between 19 December 2021 and 2 January 2022 may be asked to physically report for work as early as 4 January 2022.

The UP Diliman COVID-19 Task Force has updated the University's Guidelines to reflect our new protocols to address an emerging COVID-19 situation. Please comply with the attached guidelines.

Thank you very much for your continued support and cooperation.

Wishing everyone a safe and happy new year!

  
FIDEL R. NEMENZO, D.Sc.  
Chancellor

## UP DILIMAN COVID-19 TASK FORCE

### Guidelines for Returning-to-Work Employees (31 December 2021)

In recent weeks, UP Diliman has seen a general decline in the number of COVID-19 positive cases and an increasing number of vaccinated personnel in our community. However, the number of cases is fast rising again due to the presence of the Omicron variant in the country. The UP Diliman COVID-19 Task Force updates the University's Guidelines to reflect this concerning development and the restrictions of Alert Level 2, as reclassified under the COVID-19 Alert Level System created on 4 November 2021.

1. *Submission of Return-To-Work Form.* All University personnel returning to work after the holiday break shall report to their respective heads of unit, administrative officers, Post-ECQ Teams, and/or health liaison officers (HeLOs). They shall accomplish the Return-to-Work Form detailing their travel activities and social interactions and submit this to the Health Liaison Officer, Post-ECQ Team, administrative officer or to the unit head. (Please see Appendix A for the form.)

The unit shall submit the accomplished forms to the UP Health Service-Public Health Unit in one email or in batches at email address: [uphspublichealth.upd@up.edu.ph](mailto:uphspublichealth.upd@up.edu.ph). Please use the following subject line: RTW FORMS FOR ASSESSMENT (Name of Unit).

Assessment of the information provided by personnel will determine which action/s will be deemed advisable: quarantine, an RT-PCR or return to work. If the scoring is seen to be moderate or high risk, the employee shall seek medical clearance from the UP Health Service before reporting for work. In this case, quarantine shall constitute a work-from-home arrangement.

2. *Assessment of Risk for Vaccinated and Unvaccinated Personnel Returning from Travel.*

As a preventive measure, personnel who travelled during the holiday break shall work from home while waiting for the result of their risk assessment before reporting physically for work.

The decision to place an employee in quarantine following a travel is based on an employee's risk of exposure to COVID-19 and their potential to spread the virus.

Employees who are fully vaccinated (completed two doses of COVID-19 vaccines and booster) are at lower risk of becoming ill with COVID-19 following travel but still are at some risk for becoming infected and then potentially spreading the virus to others even if they have no symptoms.

Employees who are not fully vaccinated are still at risk of becoming seriously ill with COVID-19 and spreading the virus to others.

If the employee went out of town between 19 December 2021 and 2 January 2022, assessment of the risk of exposure to COVID-19 is based on the activity done and the adherence to standard health protocol.

The number of quarantine days will depend on the risk scoring assessment that will be filled-out prior to reporting for work. (Please see Appendix B for the Risk Scoring Assessment Form.)

3. *Testing of Very High- and High-Risk Personnel.* Personnel who have been categorized as Very High or High Risk because of the nature of their work (especially in the case of those in essential offices) (after the risk assessment in late 2020 and early 2021) shall be advised to take an RT-PCR test before physically reporting for work.

Concerned personnel shall submit their Case Investigation Form (CIF) to the UPHS-Public Health Unit (PHU) for assessment and scheduling. Health Liaison Officers may coordinate with the UPHS-PHU to facilitate the scheduling of swab tests.

RT-PCR tests for units shall be organized by UPHS-PHU starting in the first week of January 2022 and shall be covered by UP Diliman.

4. *Testing of Low- or Moderate-Risk Personnel.* Personnel who have been categorized as Low or Moderate Risk because of the nature of their work (after the risk assessment in late 2020 and early 2021) but who were assessed as high risk because of their travel activities may opt to either undergo the required quarantine or get tested for COVID-19. If they have symptoms, the test can be done through the UPHS-PHU. However, if they are asymptomatic, the test has to be taken elsewhere and the cost will not be covered by UP Diliman.
5. *Vaccination and Booster Shots.* To make the workplace safe for everyone, personnel are highly encouraged to get vaccinated or get their booster shots immediately. A limited number of booster shots will be administered on 4 January 2022 at the UP Health Service. Other vaccination schedules will be announced at a later time.

For any questions, please contact the UPHS-Public Health Unit at UP trunkline loc. 2719 or at 0947-4279281.

Appendix A: Return-to-Work Form  
Appendix B: Risk Scoring Matrix\*  
Appendix C: Recommendations\*\*

\*Adapted from OSH-OVCSA

\*\*Modified scoring from OSH-OVCSA



Return to Work Form

Part 1: Self-Certification

| PERSONAL DETAILS[1]  |   |
|--|---|
| Name:  | Job Title:  |
| College/Department/Office/Unit:  | Category:<br>Faculty: <input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent<br>REPS: <input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent<br>Staff: <input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent<br><br><i>*Non-Permanent includes Lecturers, UP Contractual, Non-UP Contractual, JOs, CoS, Project-based</i> |
| Email address:   |   |
| Contact number:  |   |
| Vaccination details  | <b>1<sup>st</sup> dose:</b><br><b>2<sup>nd</sup> dose</b><br><b>Booster</b>   |
| TRAVEL DETAILS   |   |
| Date/s of applied leave/travel:  | Date Returned to Work:  |
| Mode/s of transportation used: <i>(Please check all that apply)</i><br><div><input type="checkbox"/> Personal vehicle (Car, motorcycle, etc.) <input type="checkbox"/> Airplane <input type="checkbox"/> Boat/Ship <input type="checkbox"/> Jeepney<br/><input type="checkbox"/> Rented/Carpool <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Others,<br/>please specify: _____</div> |   |
| Place/s visited/frequented: <i>(Please list down all places that you have visited/frequented during your leave/travel. You may use the back of this form or another sheet of paper if needed.)</i>   |   |

Lodging:

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Own house/residence | <input type="checkbox"/> Hotel                  | <input type="checkbox"/> Bed and Breakfast             |
| <input type="checkbox"/> Motel/Hostel        | <input type="checkbox"/> Transient Houses/Dorms | <input type="checkbox"/> Others, please specify: _____ |

Food: *(How and where did you take your meals?)*

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Shared meals at home | <input type="checkbox"/> Restaurant/Fast Food: Dine-In  | <input type="checkbox"/> Drive-Through                 |
| <input type="checkbox"/> Delivery             | <input type="checkbox"/> Restaurant/Fast Food: Take-out | <input type="checkbox"/> Others, please specify: _____ |

**ACTIVITIES AND SOCIAL INTERACTIONS**

Please list down all the activities you held and/or participated in during your leave/travel. Do not forget to indicate the number of participants for the said activity, including immediate household/family members. You may use the back of this form or another sheet of paper if needed.

| <i>Activity</i> | <i>Number of participants</i> |
|-----------------|-------------------------------|
|                 |                               |
|                 |                               |
|                 |                               |
|                 |                               |
|                 |                               |
|                 |                               |

*I hereby certify that information presented in this form is true and accurate to the best of my knowledge.*

Full name and signature: ..... Date: .....

**Part 2: Return To Work Assessment *(To be completed by Post-ECQ Team or Health Liaison Officer)***

|  |                         |
|--|-------------------------|
| Name of Post-ECQ Team Lead/Health Liaison Officer: | Date of RTW Assessment: |
|--|-------------------------|

**QUARANTINE AND CLEARANCE**

1. Did the personnel undergo a quarantine? ☐ YES ☐ NO  
How many days?

2. Did he/she submit a Medical Clearance from the UP-Health Service?

Name of Attending Physician: \_\_\_\_\_

Date of consult: \_\_\_\_\_

#### RETURN-TO-WORK ORDER

Did the personnel fully accomplish his/her Return-to-Work Form? ☐ YES ☐ NO

Is the personnel fit to work (based on the submitted Medical Clearance and RTW Form)? ☐ YES ☐ NO

Recommended date for personnel to return to work: \_\_\_\_\_

\_\_\_\_\_  
Post-ECQ Team Lead/Health Liaison Officer

\_\_\_\_\_  
Date

APPROVED BY:

\_\_\_\_\_  
Head of Unit

Travel risk assessment:

#### References:

1. [https://www.nj.gov/health/cd/documents/topics/NCOV/INFCONT\\_exp\\_risk\\_assess\\_template\\_patients\\_postacute.p  
df](https://www.nj.gov/health/cd/documents/topics/NCOV/INFCONT_exp_risk_assess_template_patients_postacute.pdf)
2. [https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment\\_communityvisit.pdf](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf)
3. [https://coronavirus.idaho.gov/wp-content/uploads/2021/05/Managing-Resident-Quarantine-After-Non-medical-  
Outings\\_FINAL\\_2021\\_4\\_30.pdf](https://coronavirus.idaho.gov/wp-content/uploads/2021/05/Managing-Resident-Quarantine-After-Non-medical-Outings_FINAL_2021_4_30.pdf)
4. <https://www.covid19.act.gov.au/stay-safe-and-healthy/advice-for-high-risk-settings>
5. [https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/vaccination-considerations-for-  
workplaces.html](https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/vaccination-considerations-for-workplaces.html)

## Appendix B (as of 31 Dec 2021)

### Risk Assessment Form

This Risk Assessment Form serves as a guide in assessing the pre and post travel risks of the staff. All description in the form were adapted from the Center for Disease Prevention and Control (CDC) and were just arranged in table format and assigned points.

#### Instructions.

1. For each category, choose the phrase that best describes the Staff's travel plans.
2. Add all the points corresponding to the choices you made.
3. Use the Scoring System (Appendix C) as a guide to assess the risk.

| Category       | Low Risk  | Pts | Medium Risk  | Pts | High Risk  | Pts | Very High Risk   | Pts |
|----------------|---|-----|--|-----|--|-----|--|-----|
| Transportation | Staying home is the best way to protect yourself and others from COVID-19     | 0   | Longer trips by car or rented vehicle with one or more stops along the way | 2   | Trips by car or rented vehicle with people who are not in your household | 3   | Flights with layovers  | 4   |
|                | Short trips by car with members of your household with no stops along the way | 1   |  |     | Long-distance train or bus trips   | 3   | Traveling on a cruise ship or river boat   | 4   |
|                |   |     |  |     | Direct flights   | 3   |  |     |
| Contact        | Interacting with household members only (indoors and outdoors)                | 1   | <i>Interacting with a few people who are not from your household, if:</i>  |     | <i>Interacting with a few people, if:</i>                                |     | <i>Interacting with crowds, especially if:</i>   |     |
|                |   |     | All are from the local area  | 2   | People are from neighboring or other communities                         | 3   | People travel from distant communities or the crowd is made up of people from different places | 4   |
|                |   |     |  |     |  |     | Spread of COVID-19 is high in the community  | 4   |

|                |  |   |   |   |  |   |   |   |
|----------------|--|---|---|---|--|---|---|---|
|                |  |   | You meet outdoors   | 2 | You meet in an open, well-ventilated indoor space                                    | 3 | You meet in a confined, poorly ventilated indoor space  | 4 |
|                |  |   | All wear a mask   | 2 | Most, or not all, wear masks   | 3 | Few people wear masks   | 4 |
|                |  |   | All stay at least 6 feet away from people they do not live with               | 2 | Most stay at least 6 feet away from people they do not live with                     | 3 | No one stays at least 6 feet/2meters away from people they do not live with                   | 4 |
|                |  |   | No one shares food, drinks or personal items with people they don't live with | 2 | Most limit sharing of food and personal items with others                            | 3 | People freely share food and personal items with others                                       | 4 |
| <b>Lodging</b> | Staying home is the best way to protect yourself and others from COVID-19. | 0 | A house or cabin with people from your household (e.g., vacation rentals)     | 2 | Hotels or multi-unit guest lodgings (e.g., bed and breakfasts)                       | 3 | Shared spaces with many people and shared bathroom facilities (e.g., dormitory-style hostels) | 4 |
|                |  |   |   |   | Staying at a family member's or friend's home  | 3 |   |   |
|                |  |   |   |   | A house or cabin with people that are not in your household (e.g., vacation rentals) | 3 |   |   |
| <b>Food</b>    | Bringing your own food and drinks  | 1 | Picking up take-out food or drink inside of a restaurant                      | 2 |  |   |   |   |
|                | Using drive-thru, delivery, and curbside pick-up options                   | 1 | <i>Eating outside at a restaurant where:</i>                                  |   | <i>Eating inside at a restaurant where:</i>  | 3 | <i>Eating inside at a restaurant where:</i>   |   |
|                | Wear a mask when interacting with restaurant employees                     | 1 | Distancing at least 6 feet/2meters is possible                                | 2 | Dining area is well ventilated   | 3 | Dining area is poorly ventilated  | 4 |

|              |  |          |   |           |  |           |   |           |
|--------------|--|----------|---|-----------|--|-----------|---|-----------|
|              |  |          | Servers and other restaurant staff wear masks   | 2         | Distancing at least 6 feet/2meters is possible   | 3         | Distancing at least 6 feet/2 meters is not possible                               | 4         |
|              |  |          | Diners wear masks when not eating or drinking   | 2         | Servers and other restaurant staff wear masks  | 3         | Where servers and restaurant staff do not wear masks                              | 4         |
|              |  |          | Self-service options that minimize touching of surfaces, such as touchless drink dispensers | 2         | Diners wear masks when not eating or drinking  | 3         | Diners do not wear masks  | 4         |
|              |  |          |   |           | Self-service options that require limited touching of surfaces, such as touch-screen drink dispensers or use of touchpads for ordering | 3         | Self-service options that require extensive touching of surfaces, such as buffets | 4         |
| <b>TOTAL</b> |  | <b>5</b> |   | <b>24</b> |  | <b>51</b> |   | <b>56</b> |

### Computation of Points

| Category       | Points |
|----------------|--------|
| Transportation |        |
| Contact        |        |
| Lodging        |        |
| Food           |        |
| Total          |        |

## Appendix C (as of 31 Dec 2021)

### Scoring System and Recommendations

| Category       | Points | Suggested Arrangement for Unvaccinated  | Suggested Arrangement for Vaccinated   |
|----------------|--------|---|--|
| Low Risk       | 1-5    |   | Back to work if with no symptoms   |
| Medium Risk    | 6-24   | Work-from-Home arrangement:<br>1. with accomplished tasks must be submitted to the Unit Head.<br>2. if tasks are not possible, Unit Head and staff may agree on additional work days upon return to work. | WFH for 5 days RT-PCR on the 5 <sup>th</sup> day. If negative and no symptoms, may go back to work on the 7 <sup>th</sup> day.   |
| High Risk      | 25-51  |   | WFH and RT-PCR on the 5 <sup>th</sup> day. If negative and with no symptoms, may go back to work on the 10 <sup>th</sup> day.  |
| Very High Risk | 52-56  |   | WFH and RT-PCR on the 5 <sup>th</sup> day. If negative and no symptoms, may go back to work on the 10 <sup>th</sup> day but placed in more isolated area until the 14 <sup>th</sup> day. |