



**#TatagUP**  
Tugon ng UP Diliman sa Hamon ng COVID-19



# Updated Guidelines for Physically Reporting and Returning-to-Work Employees

28 January 2022

Considering the rapid increase in the number of COVID-19 cases in UP Diliman due to the Omicron variant and the raising of Alert Level 3 in NCR, the UP Diliman COVID-19 Task Force further amends and updates the University's guidelines released on 31 December 2021 (Memo No. FRN 21-174) and 5 January 2022 (Memo No. FRN 22-001) to reflect the raised alert level, the changes in the DOH guidelines on quarantine and isolation, and the use of RT-PCR tests.

## Principles

These guidelines adhere to the following principles adapted from the UP System Guidelines for the Gradual Reopening of Campuses.

- *Public safety is paramount, trumping individual preferences. The rights of an individual end where the rights of another begin. Where individual preferences undermine public safety, the greater good shall always prevail.*
- *Health, safety, and progress (are a) shared responsibility. Each constituent is answerable to oneself, to one's family, and his or her wider community. Meticulous adherence to protocols and consistent self-regulation among UP's constituents will enable the University to open its workplace, even to a limited extent.*

## 1. Daily Submission of Health Screening Form (for personnel physically reporting for work)

All units and offices shall strictly implement a daily health screening using thermal scanners and health screening forms.

Before reporting for work, personnel shall accomplish and submit a health screening form to their health liaison officer (HeLO), Post-ECQ Team (PET), administrative officer, or unit head. This shall be done each time the staff is expected to be physically present at the office. The QR code below may be used to access the health screening form.



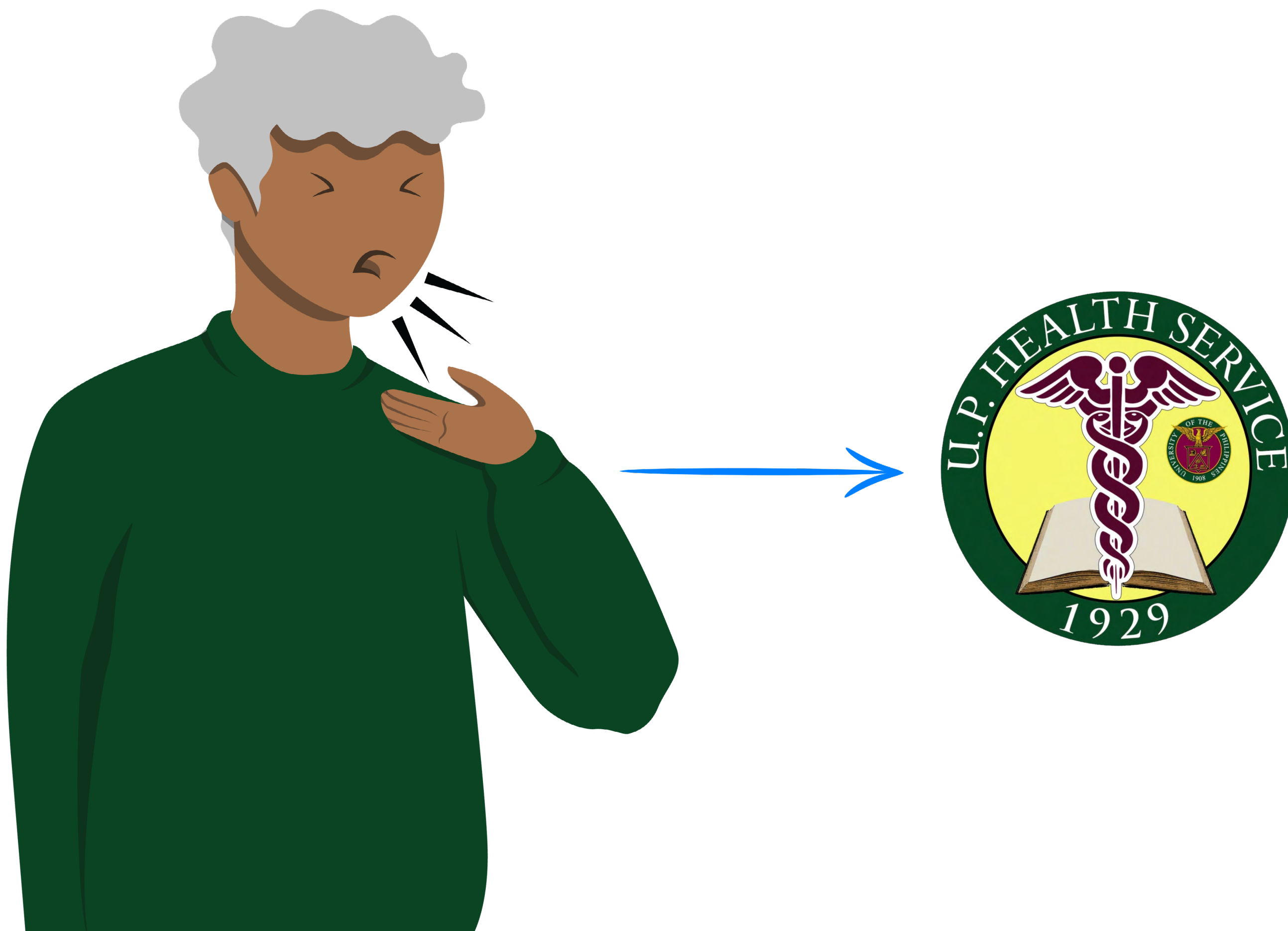
HeLOs, administrative officers, or PETs shall find ways to verify the personnel's health status for the day. All symptomatic personnel shall be referred immediately to the UP Health Service-Public Health Unit (UPHS-PHU) through this referral form: <https://tinyurl.com/reportedcase>.

Employees who have symptoms (regardless of perceived mildness) shall be advised to consult with UPHS--either via telemedicine or face-to-face consultation—for proper assessment, management, and clearance.

Telemedicine appointments can be booked through this site: [uphs.appointlet.com](https://uphs.appointlet.com). For face-to-face appointments, employees may go directly to the UPHS Emergency Room (ER).

Final assessment will be done by UPHS-PHU. The result of the medical consultation will determine which action/s will be deemed advisable: to go on *quarantine or isolation*, to *undergo an RT-PCR test*, to *take a rapid antigen test*, or to *return to work*. In case of a *quarantine* recommendation, quarantine shall constitute a work-from-home arrangement.

Personnel are no longer required to submit a return-to-work form, except for staff returning from a research-related travel. (See Item #11)



## 2. When to Report or Return to Work

As a preventive measure, symptomatic personnel shall work from home (WFH) while waiting for advice from UPHS-PHU/UPHS physician or test result before reporting physically for work.

Only the following personnel may physically report for work:

- a) those who have no symptoms
- b) those whose symptoms have disappeared after the required period of quarantine or isolation
- c) those who tested negative for COVID-19 and have no symptoms

Personnel who have symptoms must be seen by UPHS and their health condition validated in order to continue working from home. They must also submit a medical assessment from UPHS to their unit.

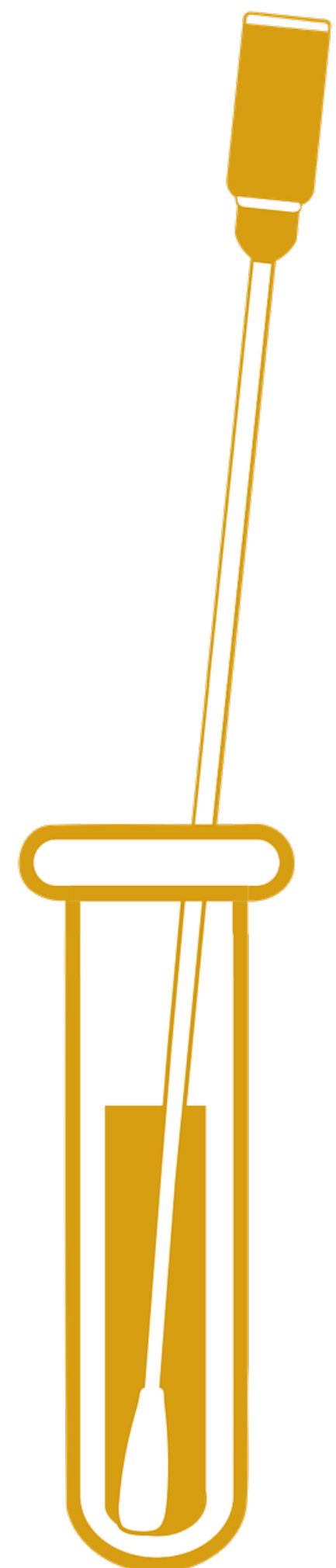
## 3. When to Take an RT-PCR Test

Under the new DOH guidelines, RT-PCR testing is only necessary for health workers, senior citizens, and those with comorbidities.

In the case of those who belong to the general public, the recommendation is to undergo the appropriate quarantine or isolation period for those who have symptoms and/or are close contacts of confirmed positive cases. From these guidelines, the following personnel shall be advised to take an RT-PCR test periodically:

- a) health workers and staff of UPHS and PGC (A1)
- b) personnel who are senior citizens and have symptoms (A2)
- c) personnel who have comorbidities and have symptoms (A3)
- d) personnel who have been categorized as “Very High Risk” or “High Risk” (after the risk assessment in late 2020 and early 2021) because of the nature of their work (especially in the case of those in essential offices)

If warranted, concerned personnel shall submit their case investigation form (CIF) to UPHS-PHU for assessment and scheduling. HeLOs may coordinate with UPHS-PHU to facilitate the scheduling of RT-PCR tests, which shall be covered by UP Diliman.



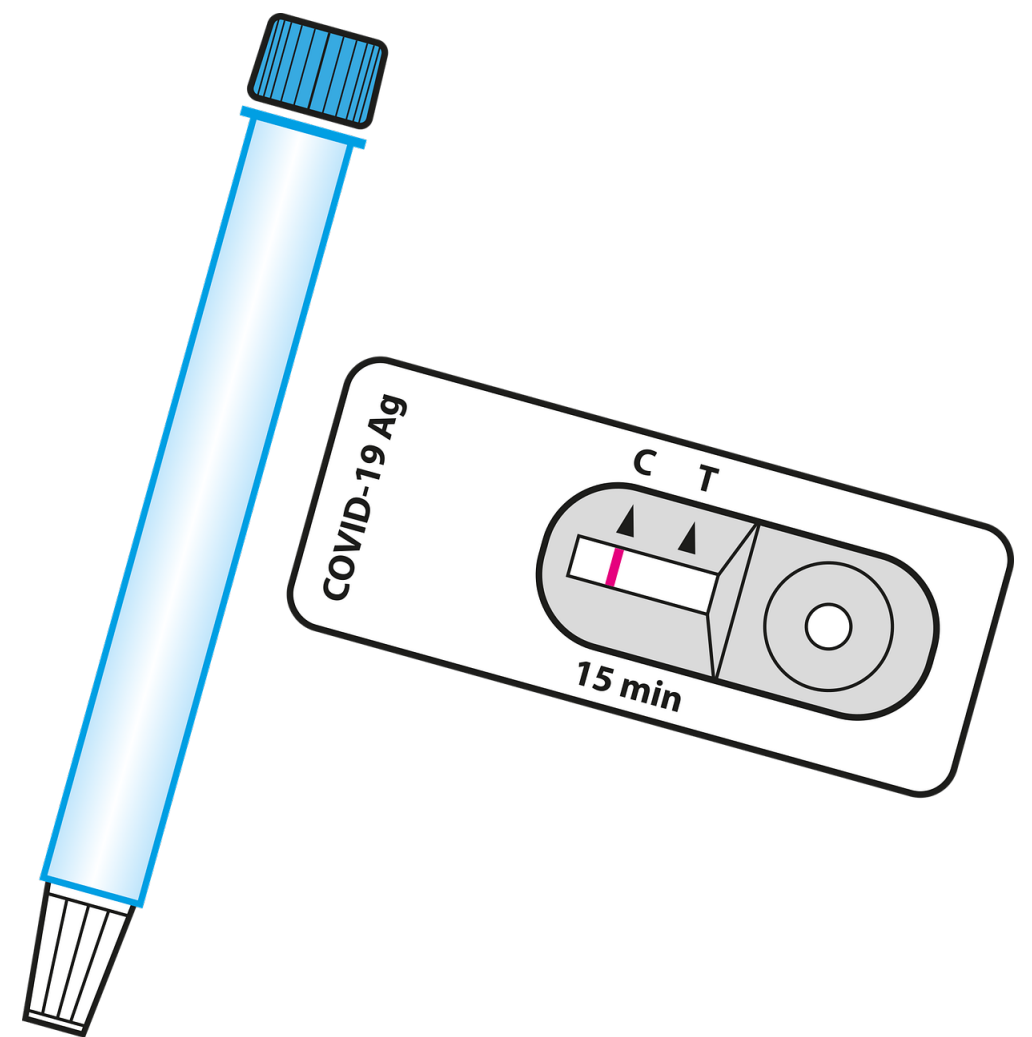
## 4. When to Take a Rapid Antigen Test

Personnel who do not fall under the categories A1, A2, or A3 but *exhibit symptoms and/or have been exposed to a confirmed positive case* shall be advised to either take a rapid antigen test or simply undergo the required quarantine period without taking any test.

High risk UPD personnel, however, may opt to take a rapid antigen test in place of an RT-PCR test.

If warranted, concerned personnel shall submit their case investigation form (CIF) to UPHS-PHU for assessment and scheduling. HeLOs may coordinate with UPHS-PHU to facilitate the scheduling of rapid antigen tests, which shall be covered by UP Diliman.

A confirmatory RT-PCR test may be scheduled for personnel who have symptoms but whose rapid antigen test resulted negative. In this case, the cost of RT-PCR shall be covered by PhilHealth. However, quarantine or isolation shall be the main mode of responding to symptomatic individuals.



## 5. Who Should Undergo Quarantine or Isolation

Under the new DOH guidelines, strict symptom screening and monitoring are the main modes of managing cases. Thus, emphasis is placed on quarantine and isolation to prevent disease transmission.

Quarantine or isolation shall be advised for the following personnel:

- a) those who tested positive in their RT-PCR or rapid antigen test
- b) those who have symptoms however mild
- c) those who have been exposed to a confirmed positive case

Quarantine refers to the separation and restriction of movement of those who have been exposed to a contagious disease but are otherwise well to see if they become sick.

Isolation refers to the separation and restriction of movement of those who are sick with a contagious disease from those who are well.

## 6. Length of Quarantine or Isolation Period for Vaccinated and Unvaccinated Personnel

The length of period for quarantine or isolation that will be recommended by UPHS-PHU will depend on the following:

- a) risk exposure to COVID-19 [whether one is a confirmed positive or has symptoms (probable) or is a close contact (suspect)]
- b) vaccination status of personnel [i.e., fully vaccinated, or partially vaccinated or unvaccinated]

Employees who are fully vaccinated [completed two doses of a COVID-19 vaccine (or one dose in case of Janssen) or two doses and a booster] are at a lower risk of becoming ill with COVID-19 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 or unvaccinated (received one dose of a COVID-19 vaccine or none) are at a greater risk of becoming seriously ill with COVID-19 and spreading the virus to others.

**Table 1: Updated Isolation Period for Asymptomatic & Mild Cases**

		Probable Case (with symptoms) or Positive Mild Case	Positive Asymptomatic Case
GENERAL PUBLIC	Fully Vaccinated	7 days from onset of symptoms	7 days from date of test
	Partially Vaccinated or Unvaccinated	10 days from onset of symptoms	10 days from date of test
		*Must strictly continue wearing mask during isolation. Isolation may be extended as long as symptoms remain.	

**Table 2: Updated Quarantine Period for Asymptomatic Close Contacts**

		How long and from when?	When can they reintegrate?	Is testing needed to reintegrate?
GENERAL PUBLIC	Fully Vaccinated	5 days from exposure	Remained without symptoms for 5 days	NO
	Partially Vaccinated or Unvaccinated	14 days from exposure	Remained without symptoms for 14 days	NO
		*Must strictly continue wearing mask during quarantine. Quarantine may be extended as long as symptoms remain.		

Source for Tables 1 and 2: DM No. 2022-0013 DOH Guidelines on Quarantine, Isolation, Testing for COVID-19 Response and Case Management for the Omicron Variant, updated as of January 14, 2022.

## 7. Testing of Security Guards, Utility Workers, and Other Agency-Hired Personnel

As a rule, COVID-related and other health tests of security guards, utility workers, and other agency-hired personnel are done through the agencies. UP Diliman, however, shall assist in providing free rapid antigen tests to these workers.

HeLOs, administrative officers, and PETS shall also submit the list of agency-hired workers that need to be tested to Dr. Oliva Basuel at [osbasuel@up.edu.ph](mailto:osbasuel@up.edu.ph) for assessment and scheduling.

A confirmatory RT-PCR test may be scheduled for personnel who have symptoms but whose rapid antigen test turned negative. In this case, the cost of RT-PCR shall be covered by PhilHealth. However, quarantine or isolation shall be the main mode of responding to symptomatic individuals.

## 8. Vaccination and Booster Shots

To make the workplace safe for everyone, personnel are highly encouraged to get vaccinated or get their booster shots immediately. Vaccination schedules will be announced by UPHS at a later time.

Employees are encouraged to go to their local government unit vaccination sites to get their primary series and/or booster shots.

## 9. On Unvaccinated or Partially Vaccinated Personnel

Because of the ordinances and regulations issued by local governments and national government agencies restricting the movement of unvaccinated or partially vaccinated individuals, it is advised that UPD personnel who fall under this group shall continue to WFH during this period.

For those who perform essential functions and cannot do WFH, a certificate shall be issued by the home unit attesting to the essential nature of their work. On-site arrangements shall also be made to ensure a safer workplace for all personnel. This may include allocating a separate space for the concerned personnel to ensure physical distancing, and other alternatives.

Measures to mitigate the potential effect of mixing individuals with different vaccination statuses shall be formulated in consultation with personnel.



## 10. WFH Arrangements and Skeleton Workforce

Offices and units shall operate on a mixed arrangement of WFH and skeleton workforce (SW). Physically reporting staff shall be reduced to 30-50 percent at any given time.

For offices and units performing essential functions, they shall determine the appropriate size and schedule of their SW based on their respective workload while adjusting for additional safety restrictions in the workplace.

Office capacity shall consider physical space, ventilation, and other pandemic-related safety restrictions.

## 11. Research-related Travel

Research and fieldwork may be conducted by university staff subject to unit guidelines and supervision.

Any faculty, REPS, or staff travelling outside of NCR for research must secure a travel order from their unit. A travel order is issued by the unit head or project leader and approved by the Chancellor, subject to health and safety requirements.

Research staff must undergo strict quarantine for seven (7) days and must have no symptoms prior to the scheduled travel. The requirement of an RT-PCR or rapid antigen test will be subject to the guidelines of the destination LGU. Cost of COVID-related tests for research staff may be covered by project funds.

Upon return from travel, they must submit a return-to-work form (please see Appendix A), undergo a mandatory quarantine, and seek medical clearance from UPHS before reporting for work. Quarantine, in this case, shall constitute a WFH arrangement.





## 12. Strict Adherence to Health and Safety Protocols in the Workplace

The same health and safety protocols apply in the current COVID-19 situation, even with the presence of the highly transmissible Omicron variant. What is critical is the compliance with these protocols.

Unit heads must ensure that these protocols and conditions for compliance are in place and monitored. All staff must observe the following:

- a) Submit health screening form and take their temperature before entering office premises.
- b) Wear face mask (preferably, surgical mask) and face shield properly at all times.
- c) Practice physical distancing of at least two meters.
- d) Practice hand hygiene.
- e) Ensure the office has proper ventilation. Open windows and use electric fans to generate air circulation.
- f) Do not report for work if you feel any symptom (cough, fever, headache, diarrhea, body malaise, etc.).
- g) Do not eat meals together.
- h) Inform the office if you are living with or caring for a COVID-19-positive, acutely or chronically ill, individual at home.
- i) While waiting for your COVID-19 test result, you must immediately self-isolate. Once the result is received, follow the doctor's instructions regarding quarantine or isolation.
- j) Secure a medical clearance from UPHS before reporting for work, after quarantine or isolation, or after taking a sick leave.

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

