



Republic of the Philippines  
**Department of Education**  
 REGION IV-A

**SCHOOLS DIVISION OFFICE OF CAVITE PROVINCE**

June 24, 2020

DIVISION MEMORANDUM  
 NO. 181, s. 2020

To: Assistant Schools Division Superintendent  
 Chief, Curriculum Implementation Division  
 Chief, School Governance and Operation Division  
 Division Personnel  
 Public School District Supervisors  
 Public Elementary and Secondary School Heads  
 Public Elementary and Secondary Teaching and Non Teaching Personnel  
 All Concerned

**HEALTH PROTOCOLS AT DEPED OFFICES AND SCHOOLS IN CAVITE PROVINCE DURING COVID-19 PANDEMIC**

1. Pursuant to DM 034 s.2020 entitled "Fifth Set of Policy Directives of DepEd Task Force COVID – 19" which reiterates the previously issued measures to ensure heightened precaution during this pandemic, this office hereby established an algorithm for COVID 19 protocols for the guidance of all DepEd offices and schools of SDO Cavite Province.
2. The standard and protocols underlying on the formulated algorithm were also based on the Department of Health interim guidelines for COVID 19 response in the workplace ( DM 2020 – 0220 ), schools and higher education institution ( DM 2020 – 0055 ). These precautionary standards aim to prevent, contain and mitigate the possible transmission of COVID 19 on the said various settings.
3. Hence, on the basis of the above DepEd and DOH guidelines, this memorandum hereby mandates all teaching and non-teaching personnel to strictly comply on the following protocols :
  - a. Practice infection control measures such as physical distancing, wearing of mask, meticulous hand hygiene and cough etiquette.
  - b. Report any COVID 19 related symptoms being experienced including fever, cough, colds and other respiratory symptoms to the school health personnel.
  - c. Report relevant history of travel or exposure within the last 14 days
  - d. For those who are asymptomatic with relevant history of travel, history of COVID 19 exposure and other related cases with COVID 19 should present a Certificate of Quarantine Completion issued by the authorized local health office prior to returning of work.
4. See attachments for the detailed procedural flow of COVID 19 protocols of SDO Cavite Province, Contact Tracing Log sheet, Health Declaration Form and Referral Form.



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5. Relevant inquiries and clarifications regarding the above-mentioned protocol may be communicated to the School Health and Nutrition and/or School Nurse/s assigned to your respective districts or visit DepEd Cavite Province Virtual Medical and Nursing Services Facebook page.
6. Immediate and widest dissemination of this Memorandum is hereby directed.

  
**ROMMEL C. BAUTISTA, CESO V**  
Schools Division Superintendent

JBH/DM \_\_\_\_, S.2020  
ODC/DTS No. \_\_\_\_/06/24/2020



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**"Serbisyon Pang-Edukasyon Tapat at Sapat para sa Batang KABITENYO"**



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**PAUNAWA:** Mahigpit na ipinapatupad ng Kagawaran ng Edukasyon-Probinsya ng Cavite ang **"NO FACE MASK, NO ENTRY"** bilang polisiya. Laging isuot ang inyong face mask habang kayo ay nasa loob ng opisina o paaralan. Gamitin ang sariling panulat.

**PAHAYAG TUNGKOL SA KALUSUGAN**

Petsa: \_\_\_\_\_

Buong Pangalan:			
	Apelyido	Unang Pangalan	Gitnang Pangalan
Nasyonalidad:	Kasarian:	Edad:	Telepono:
E-mail Address:			
Kasalukuyang Tirahan:			
Sa nakaraang 14 na araw, mga bansa kung saan ka nagtrabaho, nagpunta o dumaan			
Sa nakaraang 14 na araw, mga siyudad sa Pilipinas kung saan ka nagtrabaho, nagpunta o dumaan			
Nitong nakaraang 30 na araw, ikaw ba ay nagasakit? Bumisita sa Ospital?		<input type="checkbox"/> Oo. Tukuyin: _____ <input type="checkbox"/> Hindi.	
Sa huling 14 na araw, nakaranas ka ba ng lagnat, sipon, ubo, namamagang lalamunan, pagkawala ng amoy at panlasa, sakit sa kalamnan, sakit sa ulo o hirap paghinga?		<input type="checkbox"/> Oo. Tukuyin: _____ <input type="checkbox"/> Hindi.	
Sa huling 14 na araw, nagkaroon ka ba ng malapit na pakikipag-ugnayan o pakikisalamuha sa taong pinaghihinalaan o kumpirmadong may COVID-19?		<input type="checkbox"/> Oo. Tukuyin: _____ <input type="checkbox"/> Hindi.	
Kasalukuyang temperatura:		Umaga: _____ Hapon: _____	

**Pahayag at Pahintulot sa Paakalihim ng Datos:**

Ang impormasyong aking ibinigay ay totoo, tama, at kumpleto. Nauunawaan ko na ang hindi ko pagsagot sa anumang katanungan o pagbibigay ng hindi totoong kasagutan ay may karamptang parusa sa ilalim ng batas.

Ako ay kusa at malayang nagbibigay pahintulot sa paglikom at pagbahagi ng mga personal na impormasyong aking ibinigay alinsunod sa alituntunin ng kagawaran.

\_\_\_\_\_  
 Pangalan at Pirma

Department of Education

**SCHOOLS DIVISION OFFICE OF CAVITE PROVINCE**

**NOTE: PLEASE USE YOUR OWN BALLPEN.**

[illegible]



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**SCHOOLS DIVISION OFFICE OF CAVITE PROVINCE**

SCHOOL NAME/OFFICE: \_\_\_\_\_

**REFERRAL SLIP**

TO: \_\_\_\_\_  
 (Agency)

DATE: \_\_\_\_\_

Address: \_\_\_\_\_

This is to refer to you:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Grade/Year: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

\_\_\_\_\_

Impression: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
 Name and Signature of  
 Clinic Teacher / Nurse on Duty

Note: To be detached from upper portion and sent back to school.

\_\_\_\_\_  
 Name of institution

**Medical Treatment Return Slip**

Returned to: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Date Referred: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Finding/s: \_\_\_\_\_

Actions/Recommendation: \_\_\_\_\_

Attested by:

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name and Signature

\_\_\_\_\_  
 Designation

# ALGORITHM FOR COVID-19 PROTOCOLS AT DEPED OFFICES AND SCHOOLS IN CAVITE PROVINCE

