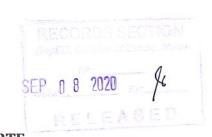


Republic of the Philippines Department of Education Region IX, Zamboanga Peninsula SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE



Division Memorandum No. 243, s. 2020

To:

Public Schools District Supervisors

Elementary and Secondary School Heads

School Clinic Teachers School Health Personnel All Others Concerned

From:

MA. LIZAR TABILON Ed.D., CESO V

Schools Division Superintendent

Subject:

REITERATION OF DepEd Order NO. 14, s.2020 RE: GUIDELINES ON

THE REQUIRED HEALTH STANDARDS IN BASIC EDUCATION

OFFICES AND SCHOOLS

Date:

September 2, 2020

This is to reiterate D.O. 14, s 2020, Guidelines on the Required Health Standards in Basic Education Offices and Schools and Division Memorandum 145, s.2020, Minimum Health Standards for the New Normal which mandates all public elementary and secondary schools to adopt the guidelines on the required health standards.

To internalize said guidelines, there will be a webinar for COVID-19 mitigation on September 15, 2020 8:15 AM streamed via Facebook live at **Hns ZamboNorte** facebook group. Public Schools District Supervisors, School Heads, Clinic Teachers and School Health Personnel are required to be a member of the FB group by accessing this link prior to the webinar:

https://www.facebook.com/groups/DepedZNSchoolHealth

Participants are required to register during the webinar through a link to be pinned on the FB comment box for attendance.

Attached is a copy of the matrix for the activity and the Health Declaration Form (see Enclosure).

Immediate dissemination of and strict compliance with this Memorandum is desired.

CVO/RequiredHealthStandards/SGODSHNS/DM22-2020/09022020



Capitol Drive, Estaka, Dipolog City, 7100 Tel No.: (065) 212-5843 e-mail address: zn.division@deped.gov.ph



"Be and Do Much Better Each Day with a Sense of Urgency"



Republic of the Philippines Department of Education

Region IX, Zamboanga Peninsula SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE

Enclosure No. 1 to Division Memorandum No. 243, s. 2020

Schedule Time	Topic	Speaker
8:15am-8:30am	Preliminaries/Webinar Protocol	Nicolette Ria E. Tangon EPS II SGOD-HRTD
8:30am-8:45am	Opening Program	
8:45am-9:15am	I.A. Routines & Protocols for Health & Safety Division COVID-19 Situation Report	Jessica L. Caburatan Medical/Nursing Coordinator
	General Health and Safety Protocols Detection and Referral School Activities and Events	Head Nurse Cluster II Cheryl V. Ocupe, M.D. Medical Officer III
9:15am-10:00am	I.B. School Clinic and Health Services School Dental Services	Joy Marie O. Labog, DDM Dentist-In-Charge
	First Aid School Disinfection	Eunice Janolino DRRM Coordinator PDO II
	Common Illness Top 10 Herbal Medicines	Horlita D. Balais Nurse-In-Charge
10:00am-10:30am	II. Physical Arrangement in Schools	Engr. Dave Patigayon Engineer III
10:30am-11:00am	III. Support Mechanisms	
	Physical and Mental Resilience	Josephine U. Dano Mental Health Coordinator Head Nurse Cluster IV
11:00am-11:30am	IV. Screening of Returning Personnel and Learners Administrative Support Testing Protocols	Sonia Y. Uy, M.D. Head, School Health Section
11:30am-11:45am	Open Forum (Q and A)	
11:45 am-12:00nn	Closing Program	









Republic of the Philippines Department of Education Region IX, Zamboanga Peninsula SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE

SCHOOLS DIVISION OF EAMBOANDA DEE NORTE

Enclosure No. 2 to Division Memorandum No. 243, s. 2020

HEALTH DECLARATION FORM

emperature:		Contact #:	
	RESPON	DENT INFO	RMATION
Last Name:			
First Name:			
Middle Name:			
Age:	Sex:	Male Female	Nationality:
School/Distric	t:		,
Address: Bara	ngav.		
City/Municipa			
Province:	,		egion:
Purpose of Visit	:		
1. In the past 1	4 days, whi	ch of the follow	wing symptom(s) have you
experienced	. Please che	ck (✓) the rele	evant box(es).
	☐ Fever		
	☐ Sore th	roat	
	☐ Diarrhe	a	
	☐ Body ac	ches	
	☐ Headac	he	
	Dry Cou	ıøh	
	☐ Tiredne		
	_	ess of breath	
	_		
	Runny	vose	
	☐ Others		
		OF THE ABOVE	
		ct with a confi	rmed COVID-19 patient in
the past 14			
	Yes	□ N	
3. Have you be 14 days?	en identifie	d to high risk a	reas of COVID-19 in the past
	Yes	□ N	0
	If yes, p	olease indicate	the area(s):
Declaration and	Data Priva	cy Consent For	m:
	r any questio		and complete. I understand tha Ise answer can be penalized in
	tion only in re	lation to the Dep	ction and sharing of the above Ed Dipolog Ciy, Zambaoanga de
Sigr	nature		Date
Diagra ha advisa	that the ch	ava information	shall only he used in relation to



Capitol Drive, Estaka, Dipolog Citv. 7100

DepEd COVID-19 internal protocols in accordance with the Data Privacy Act.



"Be and Do Much Better Each Day with a Sense of Urgency"



Republic of the Philippines Department of Education Region IX, Zamboanga Peninsula SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE

Enclosure No. 2 to Division Memorandum No. 243, s. 2020

HEALTH DECLARATION FORM

RESPONDENT INFORMATION Last Name: First Name: Middle Name: Age: Sex: Male Female School/District: Address: Barangay: City/Municipality: Province: Region: Purpose of Visit: 4. In the past 14 days, which of the following symptom(s) have experienced. Please check (✓) the relevant box(es). Fever Sore throat Diarrhea Body aches Headache Dry Cough Tiredness Shortness of breath Runny Nose Others NONE OF THE ABOVE 5. Have you been in contact with a confirmed COVID-19 paties past 14 days? Yes No If yes, please indicate the area(s): Declaration and Data Privacy Consent Form: The information I have given is true, correct and complete. I under failure to answer any question or giving false answer can be performed to the past confirmed confirmed complete. I under failure to answer any question or giving false answer can be performed to the past confirmed complete. I under failure to answer can be performed to the past confirmed complete. I under failure to answer can be performed to the past confirmed complete. I under failure to answer can be performed to the past confirmed complete. I under failure to answer can be performed to the past confirmed complete. I under failure to answer any question or giving false answer can be performed.	Time:		ate of Visit:
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accordance with law.			lure to answer any question or
I voluntarily and freely consent to the collection and sharing of the above information only in relation to the DepEd Dipolog Ciy, Zambaoanga COVID-19 internal protocols.			formation only in relation to the D



Signature

Capitol Drive, Estaka, Dipolog Citv. 7100

Please be advised that the above information shall only be used in relation to DepEd COVID-19 internal protocols in accordance with the Data Privacy Act.



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Date