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PURPOSE:


1. To adhere with the DTI and DOLE's Joint Memorandum Circular No. 20-04-A Series of 2020 entitled Supplemental Guidelines on Workplace Prevention and Control of COVID-19.
2. To ensure workplace safety and health during the COVID-19 pandemic.
3. For employees to effectively function despite the restrictions of the ongoing pandemic.

LEVEL:

All Hospital Employees

DEFINITION OF TERMS:

1. Face Shield- provides barrier protection to the facial area and related mucous membranes (eyes, nose, lips) and are considered an alternative to goggles. Face shields are not meant to function as primary respiratory protection and should be used concurrently with a medical mask (for droplet precautions) or a respirator (for airborne precautions) if aerosol-generating procedure is performed. They should cover the forehead, extend below the chin, and wrap around the side of the face. Face shields are available in both disposable and reusable options.
2. Medical masks (also known as surgical masks or medical face masks)- Medical masks reduce the transfer of saliva and respiratory droplets to others and help block blood and other potentially infectious materials from the skin, mouth, or nose of the wearer. Medical masks may or may not have some level of fluid-resistance and do not seal tightly to the wearer's face. They have multiple layers of different non-woven fabric materials, which are fused together. They are available in different thicknesses and with different ability to protect from contact with

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splashes and droplets. They are designed for single-use and will deteriorate with prolonged use, exposure to moisture and exposure to standard levels of disinfection such as chemicals, heat, and radiation. EU MDD Directive 93/42/EEC Category III or equivalent, EN 14683 Type II, IIR, ASTM F2100 minimum Level 1 or equivalent are indicated for use for direct clinical care of patients with COVID-19.

POLICY:

A) All employees are required to follow the minimum public health standards within all workplaces.

A.1. Wearing of Masks


- A.1.1. Face masks shall be worn at all times. Face masks shall be placed on a brown or white paper bag with the employees name written on the paper bag while eating or doing an oral hygiene. Hand hygiene shall be observed before and after removal or putting on of face mask.
- A.1.2. Medical grade masks (such as surgical face mask) are highly encouraged and shall be properly disposed in infectious waste bins (yellow bin) after use.
- A.1.3. The company shall be providing weekly surgical face mask for all employees assigned at Low and Moderate Risk areas where the surgical face mask is part of the required PPE.
- A.1.4. Masks with vents shall not be used. Masks with one-way valves or vents allow air to be exhaled through a hole in the material, which can result in expelled respiratory droplets that can reach others. This type of mask does not prevent the person wearing the mask from transmitting COVID-19 to others. Therefore, CDC does not recommend using masks for source control if they have an exhalation valve or vent.¹

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- A.1.5. Frequent touching of mask and manipulation must be avoided.
- A.1.6. Should there be a need to touch the face masks, hands shall be washed/ disinfected using an alcohol-based hand sanitizer or at least 60% ethyl or isopropyl alcohol right after.

A.2. Wearing of Face Shields


- A.2.1. Face shields shall cover the entire face (completely cover the sides and length of the face) If possible, face shields should extend to the ears and below the chin
- A.2.2. As per HR Memorandum dated *August 20, 2020 (HRD-20-08-04)* The company shall be giving a one-time supply of three pieces face shield per employee. The immediate heads shall coordinate with the Materials Management Department for the supply of surgical face shields to their respective area.
- A.2.3. Half visor-type face shields shall not be allowed.
- A.2.4. Face shields and masks shall always be worn together when interacting with colleagues, clients and/or visitors. Face shields are not an alternative to wearing of face masks. While plastic face shields do provide a barrier of protection, droplets in the environment can still be inhaled through the open areas around the plastic visor.²
- A.2.5. Face shields may be removed according to the demands of the work or when the occupational safety and health of the employees so requires.
- A.2.6. Face shield wearers shall wash their hands before and after removing the face shield and avoid touching their eyes, nose and mouth when removing it.
- A.2.7. Face shields shall be immediately reprocessed when they are visibly soiled, whenever they are removed such as when leaving the

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isolation area, and at least daily (after every shift) prior to putting them back on.

A.2.8. Reprocessing Guidance of Face Shields


TYPE	DISPOSABLE FACE SHIELD	REUSABLE FACE SHIELD
<i>Reprocessing steps</i>	<ol style="list-style-type: none"> Carefully wipe the inside and then the outside of the visor using a clean cloth saturated with neutral detergent solution, rinse if needed. Carefully wipe the outside of the visor using a clean cloth or wipe saturated with hospital disinfectant solution; be sure it remains wet for the required contact time. Wipe the outside of visor with clean water to remove residue. Fully dry (air dry or use clean absorbent towels). 	<ol style="list-style-type: none"> Immerse in or wipe with neutral detergent and warm water solution, use mechanical action to remove any visible soiling, then quickly rinse with clean water; rinse if needed. Immerse in or wipe with hospital disinfectant solution for the required contact time. Rinse with clean water (sink if available or by immersing in a bucket of clean water) to remove any residue. Fully dry (air dry or use clean absorbent towels).
<i>Disinfectant Product Options</i>	Chlorine-based disinfectant (0.1% chlorine solution) recommended over alcohol, as alcohol may damage and discolor plastic and deteriorate	Manufacturers should be consulted for their guidance and experience in disinfecting their respective products.

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	glues over time; note that it may also remove anti-glare and anti-fogging properties of the face shield.	
<i>Considerations / Additional Guidance</i>	<ol style="list-style-type: none"> 1. The emphasis of reprocessing should be on the outside of the visor. 2. Carefully avoid the foam cushion and elastic strap as they may not be tolerant to disinfectants. <p>Note: If reprocessing disposable face shields on a time-limited basis, they should be dedicated to one HCW.</p>	<p>Chlorine-based disinfectant (0.1% chlorine solution) recommended over alcohol as alcohol may damage and discolor plastic and deteriorate glues over time; note that it may also remove anti-glare and anti-fogging properties of the eye protection.</p> <p>Note: Solutions must be regularly replaced as they will quickly become contaminated.</p>

A.3. Wearing of Gown

- A.3.1. All employees working in moderate risk areas or areas performing procedures or direct patient care to patients NOT suspected for COVID-19 but are required by hospital guidelines to wear gown shall ensure that their used gowns be disposed of in designated hampers lined with yellow plastic bag,
- A.3.2. While those employees working in high risk and highest risk areas or areas performing procedures or direct patient care to suspected or confirmed COVID-19 patients shall strictly follow the prescribed donning and doffing procedures.


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- A.3.3. No wearing of gowns outside hospital premises.
- A.3.4. No wearing of gowns outside his/ her working area especially when taking a break, except those who are allowed due to the nature of their work (e.g. Staffs working in Special Areas, Medical Technologists, Radiologic Technologists, RTS, those handling and transporting biohazard specimens). Loitering around the hospital from one area to another wearing gowns shall not be allowed to prevent the transmission of infection.
- A.3.5. No employee shall be allowed to ride the free shuttle going to the FHM Building and vice versa wearing gown.

A.4. Physical Distancing of at least one (1) meter, or two (2) meters when possible, shall be observed at all times.

A.5. Frequent Disinfection

- A.5.1. Frequent hand washing with soap and water or the application of alcohol-based disinfectants shall be mandatory in all workplaces and is encouraged to be practiced at home.
- A.5.2. The "Let's Clean Up" campaign by the Official COVID-19 Team which started on March 30, 2020 shall be strictly implemented. The objective of this is to help prevent the spread of the coronavirus and protect our healthcare workers. As stated in the memorandum, below are the mechanics for this campaign:
 - A.5.2.1. All employees shall make it a habit to sanitize heavily touched surfaces in their respective areas and offices. (example are table tops, keyboards, door knobs, light switches, and all areas in the workplace that is frequently touched)
 - A.5.2.2. All departments/areas in the hospital shall be provided with sanitation kits which includes: Sanitizing spray, Paper towels / wipes

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A.5.2.3. A clean up audio shall be provided. This will be played thru our PA system. This shall signal all of us to do our "clean up". This will be played every 2 hours from 8:00 am to 8:00 pm. This habit should be continued even without the music after 8:00 pm onwards.

A.5.2.4. Clean up steps: a. Get sanitizing spray (Sanosil / Diluted bleach) b. Spray it on the surfaces to be cleaned. c. Wipe surface in one direction using firm strokes. d. Return sanitary kit to designated storage area.


A.5.2.5. A monitoring team will be tasked to evaluate the implementation of the program.

A.6. The Housekeeping Department personnel shall lead in ensuring that our disinfecting/ washing resources, supplies/ materials shall be made available to all employees and clients/ visitors (e.g. soap and sanitizers, disinfectant sprays, alcohol based hand rub, hand drying equipment or supplies such as single use paper towel)

A.7. Display of signage's/ visual cues and reminders to practice proper hand washing and other hygiene behaviors among employees is mandatory.

B) All employees who need psycho-social support, especially those presenting mental health concerns shall proceed to the Wellness Center for assistance. (*see DPOTMH-HW-P026 Policy on the availment of psycho-spiritual services among employees of RMCI in times of pandemic, quarantine, death and dying, mental health problems, stressful or traumatic experience and depression*).


C) Transportation Services shall be provided to employees who have difficulty in commuting to work (may be due to curfews and government issued Community Quarantine Protocols)

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- C.1. The availability of the shuttles and the schedule of trips shall be coordinated with the Human Resources Department.
- C.2. Employees seeking to avail of the free transport services shall present their issued identification cards to the Bus Aide or Driver on duty. This is to ensure that only bona fide employees of DPOTMH/ RCI/ Una Konsulta/ RBCCC/ ISLS are availing of the service.
- C.3. Minimum health standards should be enforced in the shuttle services, i.e. use of face shields and face masks, observance of physical distancing and frequent disinfection.
- C.4. Employees inside the vehicles shall be required to avoid talking with each other, taking phone calls, eating and removing their masks and shields.
- C.5. Signages of "No Talking," "No Eating" and "No Taking Phone Calls" shall likewise be displayed or posted on the conspicuous areas in the vehicle.
- C.6. Adequate ventilation shall be strictly enforced inside the shuttle services. The opening of windows, with at least three (3) inches opening, while in transit shall be practiced whenever possible.
- C.7. Proper disinfection before and after each use of the vehicle is likewise mandatory.


D) Restriction of Mass Gatherings

- D.1. All employees shall follow restriction on mass gatherings (i.e. only 10% of seating capacity for meeting rooms in high/ moderate risk areas or confined spaces and a maximum of 50% seating capacity for low-risk areas or open areas, or as regulated by any Executive Order (LGU), regional and or national task force created by the Philippine government.
- D.2. Videoconferencing shall always be used for meetings needing large attendance of employees and/ or for meetings lasting longer than 15 minutes.
- D.3. The Safety Officer, which refers to any employee or officer of the company trained by the DOLE and tasked by the company to implement an occupational

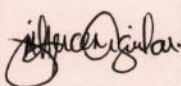
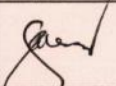
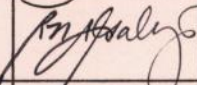

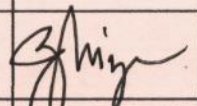

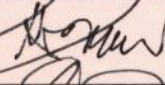

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safety and health program, and ensure that it is in accordance with the provisions of Occupational Safety and Health (OSH) standards, will determine the maximum number of employees allowed to stay at any given time in areas where they usually converge during breaks, or before/after work shifts (e.g. canteens, locker rooms, changing rooms, lounges, rest rooms or comfort rooms). The safety officer shall ensure that minimum public health standards are followed at all times.

- D.4. Department Head and Supervisors shall adopt staggered meal schedules to further restrict contact among employees. Eating alone in their workstation is highly encouraged.
- D.5. Use of communal items such as, but not limited to, dipping sauces and condiments, utensil dispensers shall be prohibited.
- D.6. Serving of buffet meals among employees and other similar set-ups shall be prohibited.
- E) Noncompliance to above mentioned policies shall be penalized according to *DPOTMH-HRD-ER/LR-P009 Safety and Discipline Protocols for RMCI Employees in Relation to COVID-19*.
- F) The CRO, IPCU, respective Department Heads, and Facilities Management shall oversee the compliance to the above mentioned policies. The Total Quality Division personnel and IPCU staff shall conduct routine and unannounced audits to evaluate the compliance among employees.

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WORK INSTRUCTION:

Infection Prevention and Control Staff

1. Oversees compliance to the Infection Prevention and Control policies of the hospital.

Total Quality Division Staff

1. Conducts audits to ensure compliance of all employees.

Department Heads

1. Ensures the compliance of their staffs to the policies.

Human Resources Division

1. Arranges the schedule of Shuttle Services and ensures that all employees are well informed.

Nursing Service Department


1. Ensures that all staff nurses and nursing personnel has adequate supply of PPE.

DOCUMENTATION:

1. Audit Reports
2. Incident Reports

DISSEMINATION:

1. Unit Meetings
2. Hospital Communicator

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REFERENCES:

¹<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>

²<https://www.healthline.com/health-news/why-plastic-face-shields-arent-a-safe-alternative-to-cloth-masks#Face-shields-can-help-reduce-the-spread-of-COVID-19>

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