COMMISION ON HIGHER EDUCATION
DEPARTMENT OF HEALTH

JOINT MEMORANDUM CIRCULAR
No. 2021 - 001

SUBJECT: GUIDELINES ON THE GRADUAL REOPENING OF CAMPUSES OF HIGHER EDUCATION INSTITUTIONS FOR LIMITED FACE-TO-FACE CLASSES DURING THE COVID-19 PANDEMIC

I. BACKGROUND

When the World Health Organization (WHO) announced the 2019 Coronavirus Disease (COVID-19) as a global health crisis and President Rodrigo Roa Duterte declared a state of public health emergency in the Philippines in March 2020, measures were immediately implemented to mitigate transmission of the disease. Work was stopped, classes were suspended, and Filipinos were ordered to stay home.

The Philippine higher education sector had a few weeks/months left before the end of the last term of Academic Year (AY) 2019-2020 when classes were suspended in March. To ensure there would be continuity of learning, the Commission on Higher Education (CHED) enjoined higher education institutions (HEIs) to shift to flexible learning. CHED organized massive capacity-building trainings for faculty members, launched the PHL CHED CONNECT website for free access to instructional/learning materials, and provided grants to HEIs for their projects related to flexible learning, among others. CHED also issued the "Guidelines on the Implementation of Flexible Learning" through CHED Memorandum Order (CMO) No. 04, series of 2020 to further prepare HEIs for AY 2020-2021.

Although flexible learning is deemed the most appropriate and safest pedagogical approach during the pandemic, there might be some instances that face-to-face delivery of certain courses is necessary. In preparation for such eventuality, there is a need for HEIs to put in place mitigating measures in their campuses to prevent their students, faculty, and staff from infection or becoming spreaders of the disease. Thus, a **cautious** and **gradual** approach to reopening campuses of HEIs shall be taken until safe and effective COVID-19 vaccines are distributed or made available to Filipino tertiary students.

Pursuant to the Inter-Agency Task Force on the Management of Emerging and Infectious Diseases (IATF) Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines with its amendments, the CHED and the Department of Health (DOH) are jointly issuing this Memorandum Circular. Additionally, this Joint Memorandum Circular (JMC) is cognizant of the mandates of Republic Act No. 11332 otherwise known as the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act," wherein public health authorities are given the statutory and regulatory authority to mandate response activities on the part of schools, which can include the regulation of physical classes, to control the further spread of infection, outbreaks, or epidemics and prevent re-occurrence.

II. OBJECTIVES

This issuance shall serve as a guide for HEIs intending to hold limited face-to-face classes during the COVID-19 pandemic and are willing to assume the responsibilities for the reopening of their campuses based on their capability to comply with health and safety protocols, to retrofit their facilities, and to get the support of their stakeholders.

III. SCOPE

All public (State and Local Universities and Colleges) and private HEIs, including all their campuses/branches, intending to conduct limited face-to-face classes during the pandemic shall comply with this JMC for the protection of their students, faculty, and staff from COVID-19.

For the gradual reopening of campuses of HEIs for limited face-to-face classes, selected health-related degree programs regarded as vital in providing additional manpower support in the health system during the pandemic shall be prioritized:

1. Medicine
2. Nursing
3. Medical Technology/Medical Laboratory Science
4. Physical Therapy
5. Midwifery
6. Public Health

Furthermore, the subjects or courses under these priority programs that shall be allowed for face-to-face delivery are delimited to **specialized laboratory courses or hospital-based clinical clerkship/internship/practicum, including clinical rotations for post-graduate medical interns.**

This list of degree programs and courses covered by the guidelines may be expanded upon the approval of the IATF. Supplemental memoranda/guidelines may be issued for this purpose.

IV. COVERAGE

A. HEIs in MGCQ Areas

For HEIs located in areas under **Modified General Community Quarantine (MGCQ)**, CHED may give them authority to conduct limited face-to-face classes during the COVID-19 pandemic subject to compliance with this JMC, other policies of the IATF, minimum public health standards and COVID-19-related protocols of the DOH, health and safety protocols of their local government units (LGUs), policies/guidelines/advisories of CHED, and policies of relevant government agencies, as well as the following considerations:

1. They submitted their applications to the concerned CHEDROs; and

2. They are offering any of the priority health-related degree programs and courses/subjects.

B. HEIs in GCQ Areas

For HEIs located in areas under **General Community Quarantine (GCQ)**, CHED may give them authority to conduct limited face-to-face classes during the COVID-19 pandemic subject to compliance with this JMC, the policies stated above, and based on the following considerations:

1. They submitted their applications to the concerned CHEDROs;

2. They are offering any of the priority health-related degree programs and courses/subjects; and

3. They have base hospital/s catering to COVID-19 patients. Following the UP PGH model, interns shall NOT be allowed to rotate in the emergency room, out-patient department, and COVID wards, but ONLY be allowed to rotate in non-COVID units (including non-COVID operating rooms and ICU), telemedicine hub, and the *Bayanihan Na* Operations Center (if applicable).

V. DEFINITION OF TERMS

Gradual Reopening – pertains to progressive reopening of campus/es of HEIs for limited face-to-face classes. The reopening shall be done by considering the following: (a) community quarantine status or health situation of localities of HEIs; (b) priority degree program/s; and (c) nature of subjects/courses under the specified priority programs.

Face-to-Face Classes – pertains to a teaching-learning environment wherein both faculty/instructor and students are physically present in one room/facility at the same time.

Limited Face-to-Face Classes – pertains to restricting the number of students to attend face-to-face classes in-campus in any given day based on the degree programs or courses they are enrolled in, cyclical student shifting/rotating schedule, and physical distancing and other health and safety protocols.

Retrofitting – pertains to making changes to the facilities of HEIs to ensure the health and safety of students, faculty, and staff while inside the campuses during the COVID-19 pandemic. Examples of these changes are putting up safety barriers, posting signages, rearranging rooms/communal areas, etc.

VI. GENERAL GUIDELINES

A. Limited Face-to-Face Classes Not Mandatory

1. It is within the discretion of the HEIs to decide when they intend to conduct limited face-to-face classes during the pandemic. HEIs may opt not to conduct limited face-to-face classes, but shall continue to implement flexible learning under CMO No. 04, series of 2020.

2. If the student prefers to do flexible learning during the pandemic, the HEIs shall permit and let the student take the face-to-face class, clinical clerkship/ internship/practicum/rotation whenever possible without prejudice to readmission and maximum residency.

3. HEIs shall inform students with or living with individual/s with significant co-morbidities of the risk of contracting COVID-19 and shall be advised to consider flexible learning or take face-to-face classes in succeeding semesters or whenever possible without prejudice to readmission and maximum residency.

B. Implementation of Flexible Learning

1. All HEIs not eligible or not intending to conduct limited face-to-face classes shall continue to implement flexible learning under CMO No. 04, series of 2020. They are not allowed to conduct off-campus face-to-face classes or activities.

2. All other degree programs and courses/subjects not identified as priority in this JMC shall be delivered through flexible learning. These courses/subjects include lectures; community immersion or field work; ROTC-Military Drills; and P.E. subjects. These programs, courses, or subjects may be offered through face-to-face classes **only** when permitted by the IATF and supplemental guidelines have been issued by CHED.

3. When the localities of authorized HEIs get reclassified from MGCQ/GCQ to Modified Enhanced Community Quarantine (MECQ)/Enhanced Community Quarantine (ECQ,) affected HEIs shall automatically suspend face-to-face classes including clinical clerkship/internship/practicum/rotation. They shall revert back to implementing flexible learning. They can resume their limited face-to-face classes only when their localities are reclassified back to their original community quarantine status, i.e. MGCQ to MECQ/ECQ to MGCQ or GCQ to MECQ/ECQ to GCQ.

4. However, when the localities of authorized HEIs get reclassified from MGCQ to GCQ, affected HEIs shall automatically suspend face-to-face classes, including clinical clerkship/internship/practicum/rotation. They shall revert back to implementing flexible learning. Only those affected HEIs satisfying Section IV.B.3 of this JMC may be allowed to continue with their face-to-face classes/activities. They shall immediately inform the concerned CHEDROs of the change in their community quarantine status.

C. DOH Minimum Public Health Standards

HEIs shall develop and strictly implement institutional policies and actions that revolve around and conform to the following minimum public health standards of the DOH, as provided in detail in DOH Administrative Order No. 2020-0015:

1. **Increasing physical and mental resilience**

   The health and well-being of students, faculty, and staff shall be protected. Measures for this include proper respiratory etiquette and hand hygiene, providing general welfare services and access to counselling, reducing exposure of most-at-risk individuals, etc.

2. **Reduce transmission**

   Transmission reduction controls shall be developed towards ensuring personal and environmental hygiene. The HEI shall ensure there is proper and regular wearing of the appropriate Personal Protective Equipment (PPE) (e.g. face masks, face shields, etc.) by the students, faculty, and staff while inside the campus. Continuous education campaigns and provision of adequate sanitation stations among other controls shall be employed.

3. **Reduce contact**

   Physical distancing shall be enforced through administrative and engineering controls that guide students, faculty, and staff to prevent overcrowding. The HEI shall utilize visual cues, floor markers and protective barriers for this purpose. Staggered scheduling and other opportunities for limiting face-to-face contact shall be explored reiterating avoidance of unnecessary mass gathering.

4. **Reduce duration of infection**

   Appropriate case detection, contact tracing, quarantine, and isolation measures shall be in place prior to reopening the HEI. Contingency plans and coordination with its LGU for alignment of surveillance and referral protocols (i.e. contact tracing, laboratory surveillance, or COVID-19 testing, quarantine, isolation, or treatment), and in suspending classes shall be developed.

D. Minimum Physical Distance in HEIs: 1.5 meters

Authorized HEIs shall strictly implement **physical distancing protocols** for their students, faculty, and staff while inside the school premises. The **physical distance for students undergoing limited face-to-face classes shall be 1.5 meters**, without prejudice to HEIs increasing the prescribed physical distance.

E. No Conduct of Face-to Face Extracurricular Activities

HEIs authorized to reopen their campuses shall ensure that there shall be no conduct of any in-person and group-based extracurricular activities such as sports events, musical events, and competitions, among others. In-person graduation ceremonies are also not allowed until permitted by the IATF, LGU, and CHED.

F. Application and Evaluation Procedures

The following are the procedures for HEIs in the MGCQ/GCQ areas that wish to hold limited face-to-face classes:

1. The HEI may submit its application anytime to the concerned CHEDRO. The following shall be submitted:

   a. Cover letter;
   b. Notarized Certificate of Compliance (refer to **Annex "A"**);
   c. Names and positions of the members of the Crisis Management Committee (CMC) and CMC recommendation to conduct limited face-to-face classes;
   d. Completed Self-Assessment Checklist (refer to **Annex "B"**) on Readiness to Reopen Campus for Limited Face-to-Face Classes;

e. Completed Evaluation Instrument for Retrofitted Facilities (refer to **Annex "C"**);
f. Proof of consultations with stakeholders (students, parents or guardians, faculty, staff, and LGU) as may be warranted by the situation;
g. Titles and brief description of laboratory courses/subjects to be conducted per degree program;
h. Maximum number of students to be accommodated for each program offered and the total number of students per shifting cycle;
i. Description of cyclical student shifting model to be implemented, as agreed upon by the faculty and students; and the occupancy capacity to be followed in all areas to be used;
j. Health and safety protocols for limited face-to-face classes, clinical clerkship/internship/practicum/rotation, if applicable; and
k. Contingency plan when there is/are COVID-19 case/s.

2. The CHEDRO shall verify the completeness of application documents and information provided.

3. The HEI with complete application documents and information shall be inspected by an evaluation team organized by the CHEDRO and may be composed of CHED, LGU, DOH and/or IATF. The evaluation instrument for retrofitted facilities (refer to **Annex "C"**) shall be used by the evaluation team during the on-site inspection.

4. To ensure the safety of the evaluation team, the HEI to be inspected shall arrange the transportation of the team members, from pick-up to drop-off.

5. During the inspection, the HEI shall demonstrate the foot traffic from entrance to exit and show the retrofitted facilities (classrooms, laboratories, communal areas, library, isolation room, etc.) that will be used by the students.

6. If the HEI still needs to improve the retrofitting of its facilities, it shall automatically implement flexible learning. When improvements are made, it may request for another on-site inspection during the following semester.

7. The CHEDRO shall issue authority to reopen campus for limited face-to-face classes to the HEI with complete application documents and information and with retrofitted facilities compliant with health and safety protocols/requirements.

G. Validity of Authority

The validity of authority shall be for two (2) semesters upon approval of the application of the HEI. Renewal of the authority to conduct limited face-to-face classes are subject to the following conditions:

1. HEI submits updated information on list of courses to be offered and maximum number of students to be accommodated per course;

2. HEI regularly submits its monitoring report to the CHEDRO; and

3. There are no violations of these guidelines.

H. Students Allowed to Take Limited Face-to-Face Classes/Activities

The following students shall be allowed to take limited face-to-face classes/activities:

1. Enrolled in degree programs and courses as provided in Section III of this JMC; and

2. Aged twenty (20) years old and above and/or as determined by CHED/IATF subject to the approval of the President.

I. Students Allowed to Enter the Campus

The following students of authorized HEIs to reopen their campuses shall be allowed to enter the school premises:

1. Students who shall be attending limited face-to-face classes; or

2. Students doing flexible learning and have approved appointment from their HEIs to pick-up learning materials, submit academic requirements, consult with their professors, access learning facilities for a limited time, defend their theses/dissertations, or take final examination/s. The HEIs shall ensure that health and safety protocols are also observed for these students especially during thesis/dissertation defense and administration of final examination/s. These students are also required to adhere to the minimum public health standards mentioned in this JMC (e.g. wearing of proper PPE, filling-up a health form, and being subjected to a temperature scan). Walk-in students shall not be allowed to enter the campus.

J. Medical Insurance

Students who prefer and are allowed to attend limited face-to-face classes under this JMC and subsequent guidelines to be issued by CHED shall be registered by the HEI/health facility with PhilHealth or equivalent medical insurance that covers medical expenses related to COVID-19. The HEI shall ensure compliance with this and in the absence of which and in case of infection to student brought about by the conduct of limited face-to-face classes, the HEI shall assume the expenses as may be warranted by the situation.

VII. SPECIFIC GUIDELINES

A. Protocols of Partner/Base Hospitals and Additional CHED Guidelines on Clerkship/Internship/Practicum

There shall be **NO on-site inspection of partner/base hospital/s** where students shall be assigned for clinical clerkship/internship/practicum/rotation. Authority shall be given based on the health and safety protocols to be implemented by the HEI and partner/base hospital/s for the students/interns.

HEIs shall also refer to pertinent CHED guidelines on the conduct of clinical clerkship/internship/practicum. Refer to **Annex "D"** for Medicine, **Annex "E"** – Nursing, **Annex "F"** – Medical Technology, **Annex "G"** – Physical Therapy, **Annex "H"** – Midwifery. Supplemental guidelines for Public Health shall be issued separately.

Furthermore, HEIs together with their partner/base hospital/s shall submit to the CHEDRO the health and safety protocols to be implemented for the students as part of their application documents. These protocols may be patterned after the "Guidelines on the Resumption of Clinical Internship in the Philippine General Hospital," which has been approved by the IATF (refer to **Annex "I"**).

B. Self-Assessment Checklist on Readiness of HEIs to Reopen Campuses for Limited Face-to-Face Classes

Prior to filing an application to the CHEDRO, the HEI must first conduct self-assessment of its readiness to reopen its campus for limited face-to-face classes. The checklist may be found in **Annex "B"**. This self-assessment checklist shall be part of the application documents.

C. Establishing a Crisis Management Committee

1. HEIs shall establish a Crisis Management Committee (CMC) or an equivalent committee whose major functions are to:

    a. Assess the readiness of HEI to reopen for limited face-to-face classes;
    b. Take charge of the application to reopen;
    c. Disseminate appropriate and relevant information to stakeholders;
    d. Oversee the implementation of health and safety protocols;
    e. Monitor and evaluate the compliance of HEI with this JMC; and
    f. Take the appropriate measures when risks and impacts of COVID-19 may exist in the campus or surrounding communities, e.g. presence of suspected and confirmed cases have been reported.

2. HEIs with more than one campus/branch shall establish a CMC for each campus/ branch.

3. The composition of the CMC is the School Head, Institutional Health Officer, Institutional Safety Officer, Institutional Planning Officer, Institutional Information Officer, representative from the faculty association and student association. The head of the medical clinic of the HEI shall automatically be a CMC member.

4. If the HEIs are not able to have a full CMC, they shall at least have health and safety officers in their CMC who shall be "responsible for ensuring adherence to safety regulations, rules and policies; and for assessing unsafe act and environment, and hazardous situations/circumstances in the campus," per CSC-DOH-DOLE JMC No. 1, s. 2020.

5. The School Head shall be the Chair of the CMC. The health officer shall be in charge of the implementation of health protocols, the safety officer shall regularly monitor the implementation of safety protocols such as physical distancing, the planning officer shall take care of the engineering controls to be installed, the information officer shall handle the communication plan. HEIs may determine other tasks to be given to the members depending on their situations.

6. The CMC shall set a regular forum/meeting to discuss ongoing gaps, issues, and concerns and provide appropriate solutions thereof. The CMC is encouraged to set up a mechanism or system to monitor and analyze data

and information in HEI to determine patterns or trends of COVID-19 infection as the basis for implementation of appropriate interventions.

7. The CMC shall determine areas where students, faculty, and staff tend to congregate or congest, and recommend measures such as crowd control, putting up protective barriers, etc. to be undertaken by the HEI to avoid or minimize such congregation or congestion.

8. The CMC shall recommend and implement closures of physical classes if there will be clustering of suspected cases in the classrooms, laboratories, libraries, cafeterias, dormitories, or other communal areas. **Case clustering** "is an unusual aggregation, real or perceived, of health events that are grouped together as to time and space and that is reported to a public health department."[1] For the purposes of this JMC, it shall further be defined as two or more confirmed cases from the same area, regardless of same or different classrooms or office space, over a period of fourteen (14) days.

9. The CMC shall develop an emergency response plan and a continuity of operations plan which shall include relevant policies, guidelines and procedures such as, but not limited to the following:

    a. There are policies, guidelines, and procedures to facilitate notifications, referrals, and coordination with LGUs, DOH, and other appropriate government agencies when there are COVID-19 suspect or confirmed cases found in the campus. Whenever deemed necessary, the HEI shall conduct testing and contact tracing in compliance with DOH protocols;
    b. There are policies, guidelines, and procedures mandating students, faculty, and staff to inform their HEI if they test positive for COVID-19;
    c. There are policies, guidelines, and procedures for reporting of cases in accordance with RA 11332 otherwise known as "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act" and coordinating with the appropriate public health authorities whenever necessary;
    d. There are policies, guidelines, and procedures for close monitoring of confirmed COVID-19 cases that are reported to the HEI;
    e. There are policies, guidelines, and procedures to require students, faculty, non-teaching personnel, administrators, and other employees to complete a contact tracing form in compliance with LGU/DOH contact tracing protocols. The HEI may use a paper-based contact tracing form and/or digital/electronic form. The HEI may also use an application of its own choosing or use an application sanctioned by the LGU. The HEI may also use the free StaySafe.ph application, which is the official contact tracing program of the national government; and
    f. For suspected, probable, and confirmed COVID-19 cases, there are policies, guidelines, and procedures on how to reintegrate them back to the campus after they recover or quarantined.

10. The CMC shall regularly coordinate with the appropriate government agencies or entities for regional level guidelines on resurgence protocols.

[1] DOH DM 2020-0512, "Revised Omnibus Interim Guidelines on Prevention, Detection, Isolation, Treatment, and Reintegration Strategies for COVID-19:"

D. Implementation of Cyclical Student Shifting Model

1. In order to further reduce COVID-19 reproduction number by limiting the number of students present in the campus at a given day, HEIs shall adopt a cyclical student shifting model such as but not limited to the 4-17[2] or 4-10[3] model. HEIs may select a cyclical student shifting model they deem appropriate for their particular situations, without prejudice to further adjustments, whenever necessary.

2. The cyclical student shifting model to be implemented shall be consulted with the faculty and students and the agreed upon model shall be part of the application documents to be submitted to the concerned CHEDRO.

3. In line with their chosen cyclical student shifting system, HEIs shall adopt measures to ensure their students shall only be in campus during their designated schedules.

4. HEIs shall also adhere to the relevant restrictions on mobility imposed by the IATF and/or the concerned LGUs, such as localized quarantines, curfews, and the like.

E. Occupancy Capacity

1. HEIs shall determine the maximum number of students present inside the campus at any given day or time in coordination with their LGUs. HEIs shall ensure that the daily number of physically present students is manageable inside, within, and outside the school premises.

2. Since there are varying configurations of classrooms, laboratories, and communal areas, HEIs shall determine the occupancy capacity based on the number of students who can fit in an area with at least 1.5m physical distancing between individuals and relevant recommendations/policies on mass gatherings.

3. HEIs shall re-engineer or re-design the layouts of their classrooms, laboratories, and communal areas (cafeteria, library, study halls/centers, etc.) to ensure physical distancing of at least **1.5m is strictly observed**.

F. Additional Health and Safety Measures

HEIs shall ensure that health and safety measures have been planned and installed prior to reopening of the campus and shall strictly be observed once authority has been given by the CHEDRO. Below are additional health and safety measures to be followed on top of the minimum public health standards issued by the DOH. HEIs, in the exercise of their administrative prerogative, may impose additional or stricter health and safety protocols.

1. **Personal Hygiene Kits**

   HEIs shall require their students, faculty, and staff to bring their own personal hygiene kits which contain at least the following: ethyl alcohol (70%) or hand

[2] 4-17 Cycle Model: Students in campus for four consecutive days to attend face-to-face classes and off campus for the next seventeen consecutive days for flexible learning.
[3] 4-10 Cycle Model: Students in campus for four consecutive days to attend face-to-face classes and off campus for the next ten consecutive days for flexible learning.

sanitizer, cleansing wipes/tissue paper/toilet paper/hand towel, extra face mask, and hand soap.

2. **Stay Home When Not Feeling Well**

   Students, faculty, and staff who have COVID-19 symptoms (refer to **Annex "J"**) shall stay home, and must report their conditions to their professors/supervisors. HEIs shall monitor their health status. For continuity of learning, HEIs shall implement the appropriate flexible learning mode for the affected students, if possible. Likewise, HEIs shall allow a work from home arrangement for affected faculty and staff, if possible.

3. **HEI Coordination Support for Students from other Localities**

   For students who will be coming from other provinces or localities, HEIs shall make the proper coordination with the "sending" and "receiving" LGUs and provide assistance to their students whenever necessary. This is subject to LGU policies on interzonal and intrazonal travel and IATF issuances.

4. **Screening at the Entry Point**

   a. All students, faculty, staff, and other employees shall:

      i. Wear face masks and face shields at all times, and other personal protective equipment (PPE) as may be required by the IATF;
      ii. Accomplish a health declaration form. HEIs may develop their own form or adapt the health declaration form developed by the DTI and DOLE per their JMC No. 20-04-A, Series of 2020 titled DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19;
      iii. Have their temperatures checked and recorded in the health declaration form.
      iv. Not be allowed to enter the premises if they have a temperature of 37.5 degrees and/or above, even after a five-minute rest. This individual may temporarily be placed in the isolation room (refer to **Annex "K"**) until he/she is transported to his/her home or health facility. HEIs shall develop a mechanism on how to ensure the student, faculty, and staff shall be attended to as provided under DOH guidelines on persons manifesting COVID-19 symptoms.

   b. HEIs shall ensure there are no choke points at all entrance gates of their campuses. There shall be an adequate number of screening stations to avoid long queues outside the school premises. HEIs must have separate entrances and exits.
   c. HEIs shall ensure physical distancing is strictly observed by everyone standing in line. Visual cues may be used for this.
   d. HEIs shall coordinate with their LGUs on crowd management outside the school premises.
   e. HEIs shall provide an adequate number of handwashing or hand sanitizing stations by the entrance gates. Students, faculty, and staff shall be required to wash or sanitize their hands before or immediately after entry.

5. **Classrooms/Laboratories**

a. HEIs shall identify the classrooms/laboratories to be occupied with due consideration of foot traffic and adequate ventilation (i.e. "proper ventilation with outside air can help reduce the concentration of airborne contaminants, including viruses, indoors"[4]).
b. HEIs shall assess classroom/laboratory ingress and egress with physical distancing to determine impact on the time needed for student movement between classrooms and buildings.
c. HEIs shall require students to go straight to their assigned rooms upon entering the campus. If students arrive early and their rooms are not yet available, they shall be directed to go to the study hall/cafeteria/communal areas where physical distancing shall still be strictly observed. They shall not be allowed to loiter.
d. HEIs shall require faculty and instructors to have seating plans indicating the assigned seats of students. Students shall not be allowed to sit anywhere and shall stay in the assigned seat throughout the semester.
e. There shall be a transparent/clear partition between the faculty and the students.
f. Students shall always wear their face mask and face shield inside the classrooms/laboratories, unless the government, through the IATF or LGU concerned relaxes this requirement.
g. HEIs shall implement a one-way human traffic system to limit human intersection, contact or interaction. There shall be markings on the floors indicating the directions and proper distancing to follow from the entrance gate to the room and within the room. HEIs may employ other traffic systems as long as these shall limit human intersection, contact, or interaction.
h. HEIs shall adopt other measures to limit the movement of students including measures prohibiting students from moving from one room/area to another without proper authority or reason.
i. Classrooms/laboratories/other school facilities as well as equipment used by the students shall be cleaned and disinfected at the end of each school day.

6. **Breaktime Period**

a. As much as possible, students shall not be allowed to leave the campus between classes to take a break or buy food. Each person shall only be permitted one entry and one exit per day.
b. Smoking and vaping are prohibited inside the school premises.
c. HEIs shall allow students to eat in their assigned seats inside their respective classrooms.
d. There shall be staggered breaktime to lessen the number of occupants in the communal areas.
e. Physical distancing shall be strictly observed in eating or communal areas.
f. In addition to physical distancing of at least 1.5 m, there shall also be transparent/clear partitions between eating cubicles. This extra precautionary measure is taken because face masks and face shields will be removed to enable the students to eat and drink.

[4] U.S. Environmental Protection Agency, Ventilation and Coronavirus (COVID-19)

g. HEIs shall determine the maximum time an individual can stay in the eating or communal area as well as the maximum number of occupants in a period of time.
h. Students shall be reminded to observe proper WASH protocols.
i. HEIs shall train their students, faculty, and staff on proper disposal of waste according to type.

7. **Library Services**

a. Students, faculty, and staff shall wash or sanitize their hands before entering the library facilities.
b. For purposes of facilitating contact tracing, the names, time-in, and time-out of students, faculty, and staff shall be recorded.
c. Tables and chairs shall be marked to inform the students, faculty, and staff where to sit and not to sit.
d. Physical distancing of at least 1.5 m shall strictly be observed inside the library.
e. Silence or "No Talking Policy" shall strictly be observed inside the library.
f. The HEI shall determine the maximum time limit a student, faculty, or staff can stay inside the library and the number of times he or she can enter the library per day.
g. If books/journals/library materials are borrowed and brought home or taken outside the library facilities, there shall be a dedicated drop box for their return. These books shall be properly cleaned/ sanitized/ disinfected before they are again be included for circulation.
h. Commonly shared computer units shall be cleaned and disinfected before and after use.
i. The HEI shall encourage their students, faculty, and staff to use online library services instead of physically going to the library. The HEI shall also promote the PHL CHED CONNECT for free access to instructional and learning resources or materials.

8. **Leaving the Campus**

a. Students, faculty, and staff shall leave the campus immediately after their classes or work.
b. HEIs shall have designated exit gate or point. Students, faculty, and staff can only pass through this gate to leave the campus.
c. HEIs shall regularly remind students, faculty, and staff on how to be safe on their way home.
d. HEIs shall coordinate with their LGUs on crowd management outside the school premises.

G. Conduct of Simulations and Drills

1. Prior to applying for authority to reopen the campus for limited face-to-face classes, HEIs shall conduct simulations and drills of their human traffic system, crowd management, and classroom management, and implementation of their health and safety protocols. HEIs shall already make the necessary adjustments before the evaluation team conducts on-site inspection of their retrofitted facilities.

2. HEIs shall also plan how to conduct fire, bomb threat, and earthquake and other pertinent drills adherent to health and safety protocols most especially physical distancing and use of PPE.

3. HEIs shall have safety officers roaming around the campus to monitor strict implementation and observance of the health and safety protocols at all times. Each occupied building/area shall have at least two (2) safety officers.

H. Contingency Plan for COVID-19 Cases

1. HEIs shall have a contingency plan ready to be implemented when students, faculty, and staff develop COVID-19 symptoms or are suspect/probable/confirmed COVID-19 cases (refer to **Annex "J"**) while inside the campus.

2. The contingency plan must be tested and continuously refined, with representatives from the LGU, such as but not limited to the local health officer, local epidemiology and surveillance unit, and/or local disaster risk reduction and management officer, involved in the development, scenario-based planning and simulation of the plan.

3. The contingency plan must include the following minimum measures:

    a. The individual shall be transferred immediately to an isolation room (refer to **Annex "K"**) inside the campus while waiting to be transported to a health facility or to his/her home.
    b. HEIs shall notify at once the individual's family member who shall be requested to transport him/her to a health facility or back to his/her home. HEIs shall provide the necessary assistance to ensure safe transport of the individual.
    c. If the student, faculty, or staff lives in a dormitory/boarding house and does not have a family member/guardian living nearby, he/she shall not be allowed to return to the dormitory/boarding house. The HEI shall transport him or her to a health facility, monitor his/her health condition, and regularly update his/her family if possible.
    d. The individual shall be evaluated by the appointed medical or health and safety officer who is knowledgeable on:

        i. How disease spreads;
        ii. How to identify disease symptoms;
        iii. How to protect themselves;
        iv. Environmental cleaning and disinfection procedures; and
        v. When to contact health officials or occupational health services.

    e. The Crisis Management Committee or equivalent committee of HEIs shall conduct risk assessment of the situation and implement the appropriate health and safety protocols such as, but not limited to, contact tracing, cleaning and disinfection of facilities, or suspension of classes and operations.

I. Monitoring and Evaluation

Authorized HEIs are required to submit their monitoring and evaluation reports to the concerned CHEDROs to ensure that compliance with health and safety protocols and with this JMC is sustained. The HEIs shall submit the following every week:

1. Weekly COVID-19 Monitoring Report – refer to **Annex "L"**
2. Daily Monitoring of Retrofitted Facilities – refer to **Annex "M"**

J. Collegiate Athlete's Training Bubble

If the authorized HEIs to reopen their campuses for limited face-to-face classes were also authorized to conduct their collegiate athletes' training in a bubble based on the requirements to be provided in a separate CHED-DOH guidelines on the resumption of collegiate athletes' training during the COVID-19 pandemic, these HEIs shall ensure that the training bubble remains intact and thus, student athletes, coaches, and staff inside the bubble shall not have physical interaction and not share spaces/facilities/areas with those outside the bubble. Flexible learning shall be implemented for the academic courses of the student athletes. Face-to-face classes are not allowed for the student athletes until permitted by CHED.

VIII. ROLES AND RESPONSIBILITIES

A. Higher Education Institutions shall:

1. Reopen their campuses for limited face-to-face classes subject to the approval of the concerned CHEDROs of their applications to reopen;
2. Conduct consultation/s with students, faculty, LGUs, and other relevant stakeholders regarding their action plans for reopening their campuses while mitigating risk of COVID-19 transmission, prior to submitting their applications to the concerned CHEDROs;
3. Retrofit their facilities prior to submission of applications to the concerned CHEDROs;
4. Facilitate the on-site inspection to be conducted by the evaluation team;
5. Monitor and evaluate the implementation of health and safety protocols and compliance with this CHED-DOH JMC;
6. Continuously make improvements in their institutional policies, guidelines, and procedures and their implementation; and
7. Submit to the concerned CHEDROs a weekly COVID-19 monitoring reports (refer to **Annexes "L" and "M"**).

B. Students, faculty and staff shall:

1. Strictly adhere to the health and safety protocols of their respective HEIs; and
2. Be transparent in declaring health conditions, including those of family members.

C. CHED Central Office shall:

1. Disseminate this CHED-DOH JMC to CHEDROs and HEIs;
2. Conduct orientation for CHEDROs and HEIs on the CHED-DOH JMC;
3. Closely monitor the conduct of limited face-to-face classes by authorized HEIs;

4. Join on-site inspection of retrofitted facilities whenever possible/needed; and
5. Provide data analytics at the national level from the submitted reports of the CHEDROs.

D. CHED Regional Offices shall:

1. Evaluates the applications of HEIs to reopen for limited face-to-face classes;
2. Convene and lead an evaluation team that shall conduct on-site inspection of the retrofitted facilities of the HEIs;
3. Issue a certificate of authority to HEIs that is compliant with the CHED-DOH JMC;
4. Coordinate with the LGUs for the creation of an Ad-Hoc team/body that shall handle complaints related to health and safety protocols. If complaints are found to violate CHED-DOH JMC that may lead to COVID-19 transmission in the school premises and upon the recommendation of the Ad-Hoc team/body, the CHEDRO shall withdraw certificate of authority without prejudice for the HEIs to re-apply again;
5. Closely monitor the conduct of limited face-to-face classes by authorized HEIs;
6. Immediately report any violation or complaint and results of investigation to the CHED Central Office; and
7. Submit a monitoring report to the CHED Office of the Executive Director (refer to **Annex "N"**).

E. Local Government Units shall:

1. Provide advice/recommendation to HEIs for the safe reopening of their campuses, pertaining to, but not limited to referral and coordination protocols for surveillance, detection, contact tracing, isolation, quarantine and treatment, and monitoring and evaluation of contingency plans and corresponding simulation exercises;
2. Join on-site inspection of the retrofitted facilities of HEIs applying to reopen their campuses;
3. Designate its health and safety officer to join the Ad-hoc Team/Body that shall be created by CHEDRO for the purpose of investigating violations of this JMC or complaints on the implementation of health and safety protocols; and
4. Provide assistance to HEIs in crowd and traffic control, whenever needed.

F. Department of Health Central Office/Centers for Health Development shall:

1. Provide technical assistance such as updates regarding public health standards to be followed in education settings or assistance in on-site inspection of retrofitted HEIs; and
2. Provide informational and advocacy materials on strategies or measures to ensure that minimum public health standards are met for dissemination to HEIs.

IX. VIOLATIONS

Any violation of these guidelines shall constitute discontinuance of the conduct of limited face-to-face classes. If public interest demands, CHED may, without notice, orders an HEI for an immediate suspension of the conduct of its limited face-to-face classes.

X. REPEALING CLAUSE

Other related issuances not consistent with the provisions of this Joint Memorandum Circular are hereby revised, modified, or rescinded accordingly. Nothing in this Joint Memorandum Circular shall be construed as a limitation or modification of existing laws, rules, and regulations.

XI. SEPARABILITY CLAUSE

Should any provision of this Joint Memorandum Circular or any part thereof be declared invalid, the other provisions, insofar as they are separable from the invalid ones, shall remain in full force and effect.

XII. EFFECTIVITY

This CHED-DOH Joint Memorandum Circular shall take effect immediately upon publication in a newspaper of general circulation.

For strict compliance.

Issued on 10th February 2021.

J. PROSPERO E. DE VERA III, DPA
Chairman
Commission on Higher Education

FRANCISCO T. DUQUE III, MD
Secretary
Department of Health

REFERENCES:

Alon, U., Milo, R, and Yashiv, E. (11 May 2020), 10-4: How to Reopen the Economy by Exploiting the Coronavirus's Weak Spot, The New York Times, https://www.nytimes.com/2020/05/11/opinion/coronavirus-reopen.html

Arthur J. Gallagher & Co. (10 April 2020), Guidance on K-12 School Isolation Rooms amid COVID-19 (https://www.ajg.com/us/news-and-insights/2020/may/guidance-on-k-12-school-isolation-rooms-after-covid-19/

DOH DM 2020-0512, "Revised Omnibus Interim Guidelines on Prevention, Detection, Isolation, Treatment, and Reintegration Strategies for COVID-19:"

Johns Hopkins Bloomberg School of Public Health Center for Health Security, "Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors," 17 April 2020

Tuscany Strategy Consulting, Center for Health Security Johns Hopkins Bloomberg School of Public Health, and Council for Higher Education Accreditation (12 June 2020), "OpenSmart EDU: COVID-19 Planning Guide and Self-Assessment for Higher Education."

UP-Manila College of Public Health and SEAMEO TROPMED Philippines (2020), "Guidelines for Re-opening of Workplaces during the COVID-19 Pandemic"

U.S. Centers for Disease Control and Prevention, Operating schools during COVID-19: CDC's Considerations, updated 29 October 2020, https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html

U.S. Centers for Disease Control and Prevention, Reopening America Cleaning and Disinfection Decision Tool, updated 07 May 2020, https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/ReOpening_America_Cleaning_Disinfection_Decision_Tool.pdf

U.S. Environmental Protection Agency, Ventilation and Coronavirus (COVID-19), https://www.epa.gov/coronavirus/ventilation-and-coronavirus-covid-19

World Health Organization , "Considerations for School-Related Public Health Measures in the Context of COVID-19," updated 14 September 2020, https://www.who.int/publications/i/item/considerations-for-school-related-public-health-measures-in-the-context-of-covid-19

ANNEX "A"

(HEI Letter Head)

CERTIFICATE OF COMPLIANCE

This is to certify that all safety and health protocols imposed by the IATF, DOH, and LGUs, and provided in the CHED-DOH Joint Memorandum Circular on "Guidelines on the Gradual Reopening of Campuses of Higher Education Institutions for Limited Face-to-Face Classes during the COVID-19 Pandemic" have been duly complied with.

Respectfully submitted this ___ day of (month and year).

Certified Correct:

_____

(Name and Signature of Health and Safety Officer)

Recommending Approval:

_____

(Name and Signature of Vice President for Academic Affairs)

_____

(Name and Signature of Vice President for Planning/Administration)

Approved by:

_____

(Name and Signature of President/Head)

SUBSCRIBED AND SWORN to before me, this _____, by _____ who exhibited to me (his/her) competent proof of identification _____ issued at _____, Philippines on _____.

Notary Public

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____;

ANNEX "B"

Self-Assessment Checklist on the Readiness of HEI to Reopen for Limited Face-to-Face Classes

Check Box	Areas of Assessment
	1. Management and Oversight
☐	a. There is a Crisis Management Committee or equivalent to oversee the implementation of and monitoring and evaluation of compliance with the CHED-DOH Joint Memorandum Circular on the conduct of limited face-to-face classes and the Crisis Management Committee favorably recommended the conduct of limited face-to-face classes.
☐	b. The LGU, faculty, students, and other relevant stakeholders have been consulted on how to safely reopen the campus for limited face-to-face classes.
☐	c. Stakeholders have already been oriented and given Information, Education and Communication (IEC) materials detailing institutional policies, guidelines and procedures on the safe conduct of limited face-to-face classes and health and safety protocols.
☐	d. Occupancy capacity have been consulted with the LGU.
	2. Institutional Policies and Protocols
☐	a. There are contact tracing protocols.
☐	b. There are screening and detection, containment, and lockdown protocols.
☐	c. There are emergency transfer protocols to be followed in case anyone exhibits COVID-19 symptoms while inside the campus.
☐	d. There are referral system protocols for COVID-19 suspects or confirmed cases.
☐	e. There are quarantine and isolation protocols.
☐	f. There are physical distancing protocols.
☐	g. There are maintenance, cleaning, sanitation, and disinfection protocols for built environments such as buildings, facilities, classrooms, offices, vehicles, and commonly used spaces, among others or when anyone develops COVID-19 symptoms while in school premises.
☐	h. There are protocols on the appropriate use of PPEs.
☐	i. There is a cyclical student and employee shifting implementation plan.
☐	j. There is a communication plan to provide timely and updated information to all students, faculty, staff, and other stakeholders.
	3. Controls
☐	a. Engineering controls have been put up to ensure physical distancing, adequate ventilation, physical hygiene, and environmental hygiene are observed.
☐	b. Visible, readable, and adequate number of signages, signals, etc. have been placed or posted in strategic and conspicuous places inside the campus.
☐	c. There are handwashing facilities and adequate supply of sanitation products installed or placed in strategic areas.

Check Box	Areas of Assessment
☐	d. There is a standby set-up of a single-person isolation room inside the campus. This school-based isolation room shall be used to temporarily hold an individual who will develop COVID-19 symptoms while inside the school premises.
	4. Continuity Plans
☐	a. A Learning Continuity Plan ensuring academic quality and equity has been submitted to CHED through the Office of Programs and Standards Development.
☐	b. A Student Affairs and Services (SAS) Continuity Plan ensuring continuous provision of student support has been submitted to CHED through the Office of Student Development and Services.

Certified Correct by:

Name and Signature of the Chair of the Crisis Management Committee

ANNEX "C"

APPLICATION FOR GRADUAL REOPENING OF CAMPUSES OF HEIs FOR LIMITED FACE-TO-FACE CLASSES
Evaluation Instrument for Inspection of Retrofitted Facilities

Name of HEI:	**Date of On-Site Inspection:**
Address:	**Semester and Academic Year:**

Degree Program/s and Corresponding Course/s:	
Total Number of Classrooms to be Used:	
Total Number of Laboratories to be Used:	
List of Laboratories to be Used (Please do not Abbreviate):	

AREAS OF EVALUATION	COMPLIANCE		REMARKS
	Complied	Not Complied	
A. Classrooms			
1. There is adequate ventilation.			
2. The table-chair layout adheres to the physical distancing of 1.5m.			
3. The faculty will be teaching behind a transparent/clear partition.			
4. There are visible and readable signages of health and safety reminders.			
5. There are markings on the floor to direct one-way foot traffic.			
6. There is a station by the door for hand sanitizer or alcohol.			
B. Laboratories			
1. There is adequate ventilation.			
2. The lab station layout adheres to the physical distancing of 1.5m.			
3. The faculty will be teaching behind a transparent/clear partition.			
4. There are visible and readable signages of health and safety reminders.			
5. There are markings on the floor to direct one-way foot traffic.			
6. There is a station by the door for hand sanitizer or alcohol.			
C. Eating/Dining Area/Communal Areas			
1. There is adequate ventilation.			
2. The table-chair layout adheres to the physical distancing of 1.5m.			
3. For dining areas, there is transparent/clear partition between diners.			
4. There are visible and readable signages of health and safety reminders.			
5. There are markings on the floor to direct one-way foot traffic.			
6. The foot markings on the floor adheres to the physical distancing of 1.5m			
7. There is handwashing or sanitizing station by the entry and exit points.			

D. Library			
1. There is adequate ventilation.			
2. The table-chair layout adheres to the physical distancing of 1.5m.			
3. There is a dedicated drop off box/station for returned books.			
4. There are visible and readable signages of health and safety reminders.			
5. There are markings on the floor to direct one-way foot traffic.			
6. The foot markings on the floor adheres to the physical distancing of 1.5m.			
7. There is a station for hand sanitizer or alcohol by the entry and exit points.			
E. Isolation Room for Symptomatic Individuals			
1. The room accommodates a maximum of one person per use.			
2. There is adequate ventilation.			
3. There is a self-closing door, if possible.			
4. There is a single bed.			
5. There is a dedicated comfort room.			
6. It is near the exit gate.			
7. There is a foot-operated "handwash" basin or hands-free sanitizer or alcohol dispenser.			
8. There are dedicated trash bins for various type of waste.			
9. There are dedicated cleaning and disinfection materials.			
F. Comfort Rooms			
1. There is adequate ventilation.			
2. There is adequate supply of water.			
3. There are visible and readable signages of health and safety reminders.			
4. There is a visible and readable signage posted by the door indicating maximum number of persons allowed to use the comfort room at any given time.			
5. There is a station for hand sanitizer or alcohol by the door.			

6. Each toilet cubicle has a dedicated trash bin.			
7. Each comfort room has dedicated cleaning and disinfection materials.			
G. Stairways/Corridors			
1. There are markings on the floor to direct one-way foot traffic.			
2. The foot markings on the floor follow the physical distancing of 1.5m.			
3. There are visible and readable signages of health and safety reminders.			
4. There are safety barriers/partitions in the middle (lengthwise) of the stairways/corridors to avoid human interaction/intersection. For narrow corridors/stairways, the safety barriers/partitions shall be solid.			
H. Entry/Exit Gates			
1. There is distinct signages for entry and exit gates/points.			
2. There are visible and readable signages of health and safety reminders.			
3. There is a station for hand sanitizer or alcohol by the door.			
4. There is screening station/s at the entry point.			
5. There is a queueing system for people to enter or exit the campus.			
6. There are markings on the floor to direct one-way foo traffic,			
7. The foot markings on the floor follow the physical distancing of 1.5m.			
8. There are safety barriers/partitions in the middle (lengthwise) of the stairways/corridors to avoid human interaction/intersection. For narrow entry/exit areas, the safety barriers/partitions shall be solid.			
I. Foot Traffic			
1. There is one-way foot traffic.			
2. There are visible markings on the floor or walls to properly direct people.			

3. The foot markings adhere to physical distancing of 1.5m.			
J. Elevators (if applicable)			
1. There is a queueing system for the use of the elevator.			
2. There are visible markings on the elevator floor to direct where user/s will stand.			
3. There are foot markings on the floor for people standing in line. These foot markings adhere to physical distancing of 1.5m.			
4. There is no elevator attendant.			
5. There are visible and readable signages of health and safety reminders.			
6. There are safety barriers/partitions for people standing in line.			
RESULT OF INSPECTION: ☐ **Compliant** ☐ **Not Compliant**			
COMMENTS:			

Inspected by:

Name and Signature of CHED Official	Name and Signature of DOH Official	Name and Signature of IATF Official	Name and Signature of LGU Official

Conforme:

Name and Signature of Head of HEI or Chair of the Crisis Management Committee

ANNEX "D"

GUIDELINES ON THE CONDUCT OF CLINICAL CLERKSHIP OF MEDICAL STUDENTS DURING PANDEMIC PERIOD

In accordance with the pertinent provisions of Republic Act (RA) No. 7722, otherwise known as the "Higher Education Act of 1994", and; Republic Act No. 11469, otherwise known as the "Bayanihan to Heal as One Act", in accordance with relevant IATF Resolutions and Joint Memorandum Circular CHED-DOH "Guidelines on the Reopening of Higher Education Institutions (HEIs) for Limited Face-to-Face Classes During COVID-19 Pandemic", and by virtue of the Commission en banc Resolution No. 847-2020 dated November 24, 2020, the Commission on Higher Education (CHED) hereby adopts and promulgates the following guidelines on the Conduct of Clinical Clerkship of Medical Students during Pandemic Period, to be implemented by public and private higher education institutions (HEIs) offering Doctor of Medicine program.

I. Rationale

The clinical clerkship of the Doctor of Medicine program is a complete 12-month rotation mainly conducted in the base hospital with Level III DOH classification with accredited residency training program in Medicine, Surgery, Pediatrics and OB-Gyn. The fourth year or clinical clerkship, shall be at least 2,080 hours.

However, the pandemic has greatly affected and disrupted the school calendar and schedule of clinical clerkship of HEIs offering medical program across the country. In response, the CHED COVID-19 Advisories issued by the Commission gave flexibility to HEIs to adjust, modify and reduce requirements while exercising maximum consideration and leniency to the students. Considering that the Doctor of Medicine program requires clinical rotation of medical clerks in hospital facilities/communities and in order to address the disruption in the clinical rotations, these guidelines on the conduct of clinical clerkship are hereby being proposed.

II. Definition of Terms

Clinical Clerkship - The clinical clerkship of the Doctor of Medicine program is a complete 12-month rotation mainly conducted in the base hospital with Level III DOH classification with accredited residency training program in Medicine, Surgery, Pediatrics and OB-Gyn. The fourth year or clinical clerkship, shall be at least 2,080 hours.

Postgraduate Internship - Refers to the last phase of the basic training of the physician as mandated in the Medical Act of 1959 and amended in 1969. It is undertaken after graduation from the medical school. Some medical schools include post graduate internship in their 5-year Doctor of Medicine program. Satisfactory completion of the 12-month internship is a requirement for taking the Physician Licensure Examination (PLE). The implementation of the Postgraduate Internship Program shall be supervised and monitored by the association of Philippine medical schools recognized and delegated by the Commission.

COVID-19 - Refers to the Coronavirus Disease 2019 which is caused by the virus known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

Non-COVID Area - refers to the area/ward/building in the hospital/clinic setting that caters to non-COVID patients

Community Quarantine - Refers to the restriction of movement within, into, or out of the area of quarantine of individuals, large group of people, or communities, designed to reduce the likelihood of transmission of an infectious disease among persons in and to persons outside the affected area

III. General Guidelines

The following are the general guidelines recommended in the conduct of the clinical clerkship program during the period of Coronavirus pandemic:

1. Higher education institutions (HEIs) offering medical program shall be given the flexibility to introduce curricular modifications to include assessment, and determine strategies on how to meet the minimum standards stated in CHED Memorandum Order No. 18, series of 2016 "Policies, Standards, and Guidelines for the Doctor of Medicine (M.D.) program".

   The Commission shall be informed on the curricular modifications, assessment and strategies to be made by the HEIs offering medical program. The HEIs are encouraged incorporating Telehealth/Telemedicine as part of the curricular modification. Likewise, it is reiterated that HEIs shall be guided by the principles of maximum flexibility, leniency, and self-directed learning.

2. The HEIs shall be encouraged to conduct webinars and other related activities pertaining to best practices in flexible learning that shall adequately prepare and further equip basic and clinical faculty members in the use of teaching-learning strategies on the implementation of flexible learning in the medical program to ensure that the required minimum learning outcomes are attained by the students.

3. The clinical rotation shall preferably have at least six (6) months of face-to-face engagement in addition to online, blended, and flexible learning in non-COVID areas. The remaining months dedicated to face-to-face encounters shall be distributed in the required disciplines as stipulated in the Policies, Standards and Guidelines. In such instances wherein, the required clinical cases to be completed are deficient, these can still be supplemented by a full 12-month rotation of postgraduate internship (PGI) where they shall further hone their clinical skills and competencies in the teaching-training health facilities/communities.

   Other health facilities may be utilized by the students during the pandemic period to comply with the intended learning outcomes, provided there is direct supervision of qualified consultants/faculty who shall certify that students fulfilled the required skills. It shall be emphasized that HEIs must ensure that the same expected competencies, program outcomes and satisfaction of the program educational objectives of the clinical clerkship shall be attained by the alternative means that they shall implement as indicated in the Policies, Standards and Guidelines for Medical Education.

   The start of actual face-to-face physical clinical rotation shall preferably be in February 2021. However, for hospital facilities which are ready to implement clinical clerkship based on readiness assessment, limited face to face may be allowed. There shall be monthly monitoring and health declaration reporting.

   The HEI/hospital facility shall be required to implement by the following:
   - Health declaration and medical check-up prior to duty
   - Protocols for Monitoring the sign and symptoms and its implementation
   - Provision of call rooms compliant to health protocols
   - Basic training on biohazard, risk and safety including donning and doffing for both the students and hospital staff
   - Certificate of Completion for the Orientation or basic training on Infection Prevention and Control (IPC)
   - Registration of students to PhilHealth Membership

   In addition, the rotation shall only be conducted in training health facilities/communities where safety and security protocols are strictly adhered to (PPEs, physical distancing, etc) located in areas under MGCQ or GCQ, following the processes enshrined under CHED-DOH JMC No. 2021-0001 Guidelines on the Gradual Reopening of Campuses of Higher Education Institutions for Limited Face-to-Face

Classes during the COVID-19 Pandemic, as determined by the national or local government unit. The health facility, the HEI and the medical student shall sign a Deed of Undertaking/Informed Consent.

4. For the limited face-to-face clinical rotation, as may be allowed, the HEIs shall ensure that all health and safety protocols are strictly enforced and that the clinical clerks are properly equipped with the prescribed protective gears at the start of face-to-face clinical rotations. There shall be a dialogue between the hospital in coordination with the HEI and the clinical clerks on the compliance with the IATF directives and health protocols such as use of personal protective equipment (PPEs) and other safety measures.

   It is the HEIs' responsibility to assess the readiness of the students and the health facility on the conduct of clinical clerkship based on the IATF recommendations and guidelines. The HEI shall submit its learning continuity plan to include the requirements for flexible learning strategies and deliveries.

5. The HEIs, in coordination with the health facilities where the clinical clerks shall be assigned, shall determine the definite minimum number or quota of patient/s per clinical clerk during the physical (face-to-face) rotation in the said discipline, under the supervision of a qualified faculty consultant. Once the quota per clinical clerk has been satisfactorily completed in the required disciplines, this shall signal the end of the actual physical rotation in the health facility. Blended/ flexible learning shall be resumed for the fulfillment of the required learning outcomes. It is recommended that the clinical clerks shall be deployed in the health facility identified by the HEI by batches in compliance with health protocol recommendations.

6. For repatriated foreign medical students, the dean, in close coordination with the institution/department, shall prepare learning contracts between the students and preceptors containing the intended learning objectives, activities and assessment. The dean shall ensure that there is a learning contract between the students, preceptors and authorized official of the health facility where the rotation shall be conducted. Further, the medical school shall ensure that the training programs of the health facility are accredited.

   The same policy shall apply to local medical students who are unable to return to their medical schools.

7. The medical school shall respect the decision of families not to send their children to school due to concerns about their safety. The medical student may file an official leave of absence (LOA). As stated in CHED Advisories, the medical school may revise their academic policies, such as the policy on maximum residence, to ensure that the students' academic standing or status in the program is not disadvantaged.

8. These guidelines shall be read in conjunction with CMO No. 18, series of 2016, otherwise known as "Policies, Standards and Guidelines for the Doctor of Medicine program" more specifically on the minimum competencies as enshrined in the various program outcomes covered along the four (4) major areas of clinical clerkship, as follows:

Areas	Competencies
Obstetrics and Gynecology	• Perform complete history and physical examination (PE), prenatal care, pelvic examination, interpreted labor curve and fetal monitor strip in at least 2 patients and must have performed at least two (2) supervised basic procedures in each of the following office procedures (PAP smear, Internal Examination, gram staining of vaginal discharge, among others). • Manage at least two (2) patients from labor until delivery via normal spontaneous vaginal deliveries (NSVD) • Assist in at least 2 OB or Gyne minor or major surgeries • Demonstrate mastery of etiology, pathophysiology, clinical

Areas	Competencies
	presentation, differential diagnosis, diagnostic work-up and management of assigned cases
Surgery	• Perform complete surgical history and physical examination (PE), in at least 2 patients. • Attend and scrub at least two (2) major and two (2) minor surgical procedures • Perform at least two (2) supervised basic surgical skills in each of the following: suturing, Foley catheter insertion, NGT insertion, incision and drainage (I & D) and wound dressing, among others. • Demonstrate mastery of etiology, pathophysiology, clinical presentation, differential diagnosis, diagnostic work-up and management of assigned cases
Internal Medicine	• Perform a complete history and physical examination (PE), in at least 2 adult patients. • Perform at least two (2) supervised basic skills in each of the following: venipuncture, arterial blood gas analysis, electrocardiogram interpretation, NGT insertion, urethral catheterization, digital rectal examination, PPD testing and interpretation, among others. • Demonstrate mastery of etiology, pathophysiology, clinical presentation, differential diagnosis, diagnostic work-up and management of assigned cases
Pediatrics	• Perform a complete history and physical examination (PE), in at least two (2) pediatric patients. • Attend one (1) neonatal delivery and care including Ballard Scoring. • Perform at least two (2) supervised basic skills in each of the following: venipuncture, arterial blood gas analysis, vaccination, NGT/OGT insertion, urethral catheterization, PPD testing and interpretation, CBG monitoring, among others. • Demonstrate mastery of etiology, pathophysiology, clinical presentation, differential diagnosis, diagnostic work-up and management of assigned cases

HEIs may require additional minimum competencies in the other disciplines. Likewise, clinical clerks must have satisfactorily attended all the required Clinical Departmental meetings and conferences for them to achieve the other learning outcomes.

IV. Separability Clause

If any part or provision of these Guidelines shall be held unconstitutional or invalid, other provisions hereof which are not affected thereby shall continue to be in full force and effect.

ANNEX "E"

GUIDELINES ON THE CONDUCT OF RELATED LEARNING EXPERIENCE OF NURSING STUDENTS DURING PANDEMIC PERIOD

In accordance with the pertinent provisions of Republic Act (RA) No. 7722, otherwise known as the "Higher Education Act of 1994", and; Republic Act No. 11469, otherwise known as the "Bayanihan to Heal as One Act", in accordance with relevant IATF Resolutions, and CMO No. 04 s. 2020 "Guidelines on the Implementation of Flexible Learning" and Joint Memorandum Circular CHED-DOH "Guidelines on the Gradual Reopening of Higher Education Institutions (HEIs) for Limited Face-to-Face Classes During COVID-19 Pandemic" and, by virtue of the Commission en banc Resolution No. 929-2020 dated 17 December 2020, the Commission on Higher Education (CHED) hereby adopts and promulgates the following guidelines on the Conduct of Related Learning Experience of Nursing Students during Pandemic Period, to be implemented by public and private higher education institutions (HEIs) offering Bachelor of Science in Nursing (BSN) program.

I. Rationale

The Related Learning Experience (RLE) of the Bachelor of Science in Nursing Education is composed of skills laboratory (17 units= 867 hours) and clinical experience (36 units equivalent to 1,836 hours) for specific professional nursing courses. The total RLE hours for the BSN program is 53 units equivalent to 2,703 hours based on CMO 15, s. 2017 Policies, Standards and Guidelines for Bachelor of Science in Nursing.

However, the pandemic has greatly affected the curriculum implementation with the restriction of face-to-face learning which is the requisite for RLE. Although the CHED COVID-19 Advisories encouraged flexibility for HEIs to adjust, modify and reduce requirements while exercising maximum consideration and leniency to the students, not all nursing skills can be achieved through flexible learning. Such competencies are critical in the provision of safe and quality nursing care to clients across the lifespan. Considering that the BSN program requires skills development in the nursing laboratories, hospitals, health care facilities and communities, these guidelines on the conduct of RLE are hereby presented.

II. Definition of Terms

Related Learning Experience - Skills development laboratory and clinical experience component of the BSN curriculum to develop and reinforce the attainment of nursing skills under the direct supervision of a qualified clinical instructor.

Skills Development Laboratory - Component of the RLE for the initial performance and reinforcement of nursing skills at the HEIs nursing skills laboratory rooms for NCM 101, NCM 103, NCM 104, NCM 105, NCM 107, NCM 109, NCM 112, NCM 116, NCM 117, NCM 118, NCM 120.

Clinical Experience - Component of the RLE for the clinical exposure of BSN students for NCM 104, NCM 107, NCM 109, NCM 112, NCM 113, NCM 114, NCM 115, NCM 116, NCM 117, NCM 119, NCM 121 in the existing base and affiliating hospitals recognized by the Department of Health, as well as, in the different health-related agencies and communities.

COVID-19 - Refers to the Coronavirus Disease 2019 which is caused by the virus known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

Non-COVID Areas - Refers to the area/ward/building in the hospital, health care facility or clinic setting designated to non-COVID patients

Community Quarantine - refers to the restriction of movement within, into, or out of the area of quarantine of individuals, large groups of people, or communities, designed to reduce the likelihood of transmission of an infectious disease among persons in and to persons outside the affected area.

III. General Guidelines

The following are the general guidelines recommended in the conduct of the Nursing Related Learning Experience (RLE) during the period of Coronavirus pandemic:

1. Higher education institutions (HEIs) offering the nursing program shall continue to implement flexibility to introduce curricular modifications in planning, implementing and evaluating all professional courses to meet the learning outcomes specified in CMO 15, s. 2017.

   The Commission shall be informed on the curricular modifications, specifically on alternative learning activities and assessments to be made by the HEIs offering the nursing programs. The HEIs are encouraged to include the use of virtual simulations and other online applications as part of the curricular modification. Likewise, it is reiterated that HEIs shall be guided by the principles of maximum flexibility, leniency, and is encouraged to promote self-directed learning as provided for by the CHED COVID-19 Advisory No. 16, s.2020.

2. The HEIs shall be encouraged to conduct faculty development webinars and other capability building activities pertaining to best practices in flexible learning to ensure that basic and clinical faculty members are adequately prepared and equipped in the implementation of flexible teaching-learning strategies towards the attainment of the required minimum learning outcomes by the students in the nursing program.

3. The RLE is recommended to consist of clinical face-to-face learning that is at least 50% of the total RLE hours as the pandemic situation permits. The skills laboratory can be done either through face to face, alternative learning activities or a combination of both to ensure the attainment of the course learning outcomes.

4. The HEI shall submit its learning continuity plan to include the requirements for flexible learning strategies and deliveries as well as, the limited face-to-face learning activities and assessments.

5. All students enrolled in professional nursing courses with a corresponding skills laboratory and/or clinical experience component are required to engage in limited face-to-face learning activities as planned by the respective HEI.

6. The health facility, the HEI and the nursing student shall sign a Deed of Undertaking/Informed Consent.

7. The nursing school shall respect the decision of families not to send their children to school due to concerns about their safety. The nursing student may file an official leave of absence (LOA). As stated in CHED COVID -19 Advisories, the nursing school may revise their academic policies, such as the policy on maximum residence, to ensure that the students' academic standing or status in the program is not compromised.

8. Repatriated foreign nursing students, in close coordination with the HEI, shall prepare a deed of undertaking/learning contracts to include a catch-up plan to complete all the course requirements.

   The same policy shall apply to local nursing students who are unable to return to their nursing schools for the face-to-face RLE activities.

9. A catch-up plan for the intended limited face-to-face learning activities for nursing students to develop the nursing skills for the First Semester 2020-2021 may be done by early 2021 by the HEIs following the guidelines provided for in this CMO. This is in support of CHED COVID-19 Advisory No. 6 dated April 13, 2020 and CMO 15, s. 2017.

10. The start of actual face-to-face physical clinical rotation shall preferably be in February 2021. However, for hospital facilities which are ready to implement nursing clinical experience based on readiness assessment, limited face to face may be allowed. There shall be monthly monitoring and health declaration reporting by the CHED Regional Offices.

11. Skills Laboratory:

11.1. The start of actual face-to-face skills laboratory shall preferably be in early 2021 as the pandemic situation permits and the readiness of the respective HEI.

11.2. The HEI shall be required to strictly enforce the following institutional policies on health and safety standards:

- Daily triaging and screening of health declaration forms
- Require a medical certificate of each nursing student
- Require the use of face masks, face shields, personal hygiene kits, and other appropriate protective gears by faculty and students
- Cleaning, sanitation and disinfection protocols in the designated rooms, equipment and other facilities after each use
- Restructure the set-up of the skills laboratory such that only a limited number of students/faculty are assigned per room at a given time with strict observance of the 1.5 meters physical distance
- Designate a Safety Officer or its equivalent to monitor the compliance of/ breach to safety protocols and health status monitoring of students and faculty, as well as, the enforcement of appropriate actions

11.3. The following are sample nursing competencies/course outcomes to be achieved in the skills laboratory for each professional nursing course as specified in CMO 15, s. 2017:

Areas	Competencies
NCM 101	Perform history taking, vital signs taking, head-to-toe assessment, use of assessment tools
NCM 103	Apply the nursing process, communication skills, documentation/charting skills, comfort measures, stress and pain management, bandaging and splinting, massage
NCM 104	Conduct use of bag technique, clinic visits, Leopold's maneuver, health education, sputum smearing, acetic acid test, benedicts tests, MMDST, wound care, alternative remedies and herbal medicines preparations
NCM 105	Perform nutritional assessment, meal planning, food exchanges, special considerations in feeding, nasogastric feeding
NCM 107	Perform prenatal, intrapartal and postpartum assessment, neonatal and pediatric assessment, actual delivery, assisting in delivery, perenial care, newborn care, baby bath, pharmacology (injections)
NCM 109	Assist in dilatation and curettage, Integrated Management of Childhood Illness (IMCI), cardio-pulmonary resuscitation, oxygen therapy
NCM 112	Perform focused assessment for covered systems, ECG taking and interpretation, ABG interpretation, intravenous insertion and regulation, fluid therapy, operating room skills (setting up a mayo table, scrub and circulating nurse activities) , chemotherapy: spill management, blood sugar testing
NCM 116	Perform focused assessment for covered systems, use of assistive devices
NCM 117	Perform psychiatric assessment, self-awareness/disclosure activities, therapeutic use of self, therapeutic communication, observational analysis
NCM 118	Perform focused assessment for covered systems, advanced life support, palliative care critical care

Areas	Competencies
NCM 120	Conduct triaging, emergency/disaster response, disaster risk assessment, one man and two-man carry, referral system

12. Clinical Experience

12.1. The face-to-face clinical rotation shall be planned for specific professional nursing course in non-COVID areas. This shall be in addition to flexible alternative learning activities such as teacher-prepared/recorded clinical simulations using standardized patients, low-high fidelity mannequins and use of virtual simulations, among others. The months dedicated to face-to-face encounters shall be distributed in the appropriate clinical areas.

12.2. Hospitals and other health facilities may be utilized by the students during the pandemic period to comply with the intended learning outcomes, provided that there is direct supervision of qualified clinical instructors who shall certify that students fulfilled the required skills. It shall be emphasized that HEIs must ensure that the same expected competencies, course learning outcomes, and satisfaction of the program outcomes shall be attained by the alternative means that they shall implement as indicated in CMO 15, s.2017.

12.3. The start of actual face-to-face physical clinical rotation shall preferably be in early part of 2021 as the pandemic situation permits and the readiness of the training hospital facility and health agencies to accommodate the students for their clinical experience. Please refer to Annex 1 for a sample model for implementing limited face-to-face learning activities.

12.4. The hospital facility shall be required to implement the following:

- Conduct basic training on biohazard, risk and safety including donning and doffing of Personal Protective Equipment (PPE) for both the students, clinical instructors and hospital staff
- Issue Certificate of Completion to nursing students and clinical instructors for the orientation or basic training on Infection Prevention and Control (IPC)
- Require health declaration and medical check-up prior to duty
- Implement protocols for monitoring the sign and symptoms
- Enforce the strict compliance to the minimum health and safety protocols
- Provision of conference rooms and lounges compliant to health protocols and CMO 15, s. 2017.

12.5. The clinical rotations shall only be conducted in training health facilities where safety and security protocols are strictly adhered to (PPEs, physical distancing, etc.) located in areas under MGCQ or GCQ, following the processes enshrined under CHED-DOH JMC No. 2021-0001 Guidelines on the Gradual Reopening of Campuses of Higher Education Institutions for Limited Face-to-Face Classes during the COVID-19, as determined by the national or local government unit. The health facility, the HEI and the nursing student with a parent or legal guardian shall sign a Deed of Undertaking/Informed Consent prior to the start of clinical rotations.

12.6. For the limited face-to-face clinical rotation, as may be allowed, the HEIs shall ensure that all health and safety protocols are strictly enforced and that the nursing students and clinical instructors are properly equipped with the prescribed protective gears for the duration of face-to-face clinical rotations.

There shall be a dialogue between the hospital/other health facilities in coordination with the HEI on the compliance with the IATF directives and health protocols such as the use of personal protective equipment (PPEs) and other safety measures.

12.7. It is the HEIs' responsibility to assess the readiness of the students and the hospital/health facility regarding the safe conduct of face-to-face clinical experience based on IATF recommendations and guidelines.

12.8. The HEIs, in coordination with the health facilities where the nursing students shall be assigned, shall determine the minimum number of patient/s per nursing student contact during the physical (face-to-face) rotation in the said clinical areas, under the supervision of a qualified clinical instructor. Blended/ flexible learning shall be resumed for the fulfillment of the required learning outcomes. It is recommended that the nursing students shall be deployed by batches in the health facility identified by the HEI as compliant with health protocol recommendations.

12.9. The following are sample nursing course competencies/outcomes to be achieved in the clinical experience for each professional nursing course as specified in CMO 15, s. 2017:

Areas	Competencies
NCM 104	• Apply the family nursing process in the care of individual clients and families in the community settings • Conduct home visits, health education activities based on learning needs, assist in clinic consultations
NCM 107	• Apply the nursing process in the care of mother (prenatal, intranatal and postpartum), newborn, child and adolescent • Perform complete assessment (fetal heart tone, monitoring labor, etc) • Perform actual deliveries, assist in deliveries, essential newborn care, documentation
NCM 109	• Apply the nursing process in the care of a sick mother, child and adolescent; women with gynecologic problems • Assist in dilatation and curettage, postpartum care of a mother who underwent surgical procedures
NCM 112	• Apply the nursing process with specific assessment and nursing interventions in the care of clients with problems in oxygenation, fluid and electrolytes, infection, inflammatory and immunologic, and cellular aberrations
NCM 113	• Apply the community nursing process and community organizing-participatory action research in the care of selected communities toward self-reliance to health
NCM 114	• Apply the nursing process with specific assessment and nursing interventions in the care of older persons, either sick or healthy to promote quality life and end-of-life care
NCM 116	• Apply the nursing process with specific assessment and nursing interventions in the care of clients with problems in nutrition, GI, metabolic and endocrine
NCM 117	• Apply the nursing process in with psychiatric assessment and appropriate mhGap interventions in the care of clients with problems in mental health and maladaptive patterns of behavior
NCM 118	• Apply the nursing process with specific assessment and nursing interventions in the care of clients with life threatening conditions, acutely ill, multi-organ problems, high acuity and emergency situations
NCM 119	• Apply the nursing process in the care of clients with varying health problems in the hospital and community setting

12.10. In instances wherein the completion of clinical cases (OR scrubs and circulations cases, actual delivery and newborn care) is deficient, these can still be completed in the succeeding professional nursing courses where they shall hone their clinical skills and competencies in the teaching-training health facilities. This is in keeping with the flexibility that is required by the present pandemic situation.

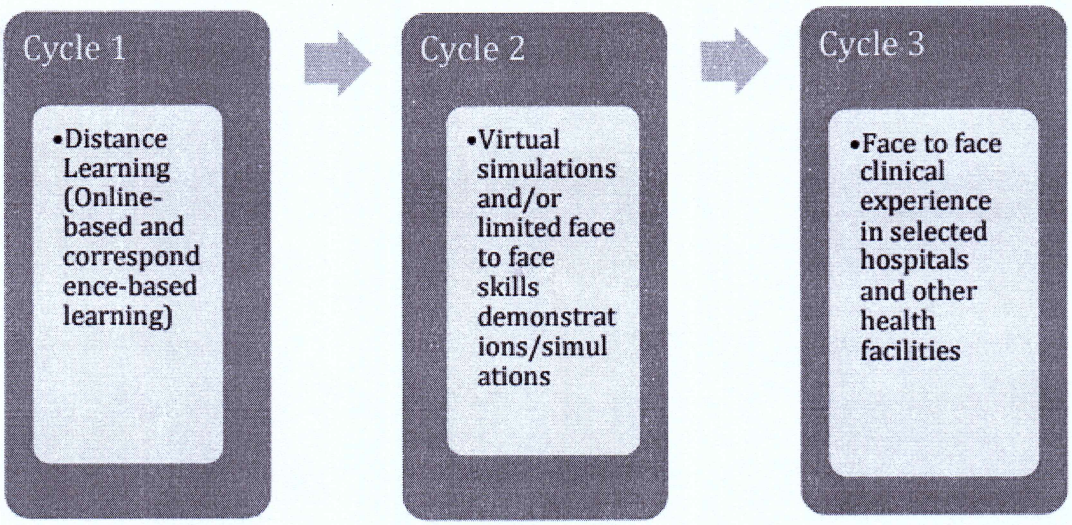
12.11. The expected clinical exposure in the community setting must be replaced by teacher-prepared simulations using standardized patients to be done at the HEIs Nursing laboratory looms and other alternative learning activities to achieve the learning outcomes for the community rotation.

IV. Separability Clause

If any part or provision of these Guidelines shall be held unconstitutional or invalid, other provisions hereof which are not affected thereby shall continue to be in full force and effect.

Annex A

Sample Scheduling Model



Note: A catch up plan for the summer term may be done as needed

ANNEX "F"

GUIDELINES ON THE CONDUCT OF CLINICAL LABORATORY INTERNSHIP TRAINING OF MEDICAL TECHNOLOGY/MEDICAL LABORATORY SCIENCE STUDENTS DURING PANDEMIC PERIOD

In accordance with the pertinent provisions of Republic Act (RA) No. 7722, otherwise known as the "Higher Education Act of 1994", and; Republic Act No. 11469, otherwise known as the "Bayanihan to Heal as One Act", in accordance with relevant IATF Resolutions, and CMO No. 04 s. 2020 "Guidelines on the Implementation of Flexible Learning" and Joint Memorandum Circular CHED-DOH "Guidelines on the Gradual Reopening of Higher Education Institutions (HEIs) for Limited Face-to-Face Classes During COVID-19 Pandemic" and, by virtue of the Commission en banc Resolution No. 929-2020 dated 17 December 2020, the Commission on Higher Education (CHED) hereby adopts and promulgates the following guidelines on the Conduct of Clinical Laboratory Internship of Medical Technology/Medical Laboratory Science Students during the Pandemic Period, to be implemented by public and private higher education institutions (HEIs) offering Bachelor of Science in Medical Technology/Medical Laboratory Science.

I. Rationale

The clinical laboratory internship training of the Bachelor of Science in Medical Technology/Medical Laboratory Science is a complete rotation of twelve months in CHED accredited tertiary category training clinical laboratories. The total internship training hours for the BSMT/BSMLS program based on the Policies, Standards, and Guidelines for Bachelor of Science in Medical Technology/Medical Laboratory Science Education based on CMO 13 s. 2017 is 1664 hours.

However, the pandemic has greatly affected and disrupted curriculum implementation with restriction of the face-to-face learning, which is a requisite of the clinical internship program across the country. In response, CHED COVID 19 Advisories issued by the Commission on Higher education gave flexibility to Higher Education Institutions to adjust, modify, and reduce requirements to a minimum that shall still achieve the intended learning outcomes. Although, the CHED COVID-19 Advisories encouraged flexible learning, Medical Technology/Medical Laboratory Science Internship Training would require honing of clinical laboratory skills and exposure to actual clinical laboratory practice. Internship would require interns to be exposed to different laboratory procedures (manual and automated) and to process various specimens (non-pathologic and pathologic). Therefore, there is a need to make sure that the Intended Learning Outcomes for Internship are achieved even if there is a need for us to modify deliveries/methods/strategies.

However, there are certain outcomes that may be difficult to achieve with flexible or alternative learning (e.g., clinical laboratory skills, community-related skills, research-related skills), and so these outcomes shall need to be prioritized for face-to-face sessions compliant with quarantine regulations. Hence, these Guidelines on Clinical Laboratory Internship Training are hereby presented.

Hence, these Guidelines on Clinical Laboratory Internship Training are hereby presented.

II. Definition of Terms

Accredited Training Laboratories - refers to a tertiary hospital–based or school-based training laboratories recognized by the Commission on Higher Education to provide training for MT/MLS interns. These laboratories can provide internship training in the following sections: Clinical Chemistry, Clinical Microscopy/Parasitology, Clinical Microbiology, Immunohematology (Blood Banking), Immunology and Serology, Histopathology and Cytology, Hematology, and Phlebotomy.

Clinical Internship - refers to the six-month internship training (CMO 14 series 2006) or the 12-month internship training (CMO 13 series 2017) during which interns are assigned to the accredited training laboratories for rotation and hands-on experience in the different clinical laboratory sections as specified in the CMO.

COVID-19 - refers to the Coronavirus Disease 2019 which is caused by the virus known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

Community Quarantine - refers to the restriction of movement within, into, or out of the area of quarantine of individuals, large groups of people, or communities, designed to reduce the likelihood of transmission of an infectious disease among persons in and to persons outside the affected area.

III. General Guidelines

The following are the general guidelines recommended in the conduct of the MT/MLS clinical laboratory internship training during the period of Coronavirus pandemic:

1. Higher education institutions (HEIs) offering the MT/MLS program shall continue to implement flexibility to introduce curricular modifications in planning, implementing, and evaluating all professional courses to meet the learning outcomes specified in CMO 13, s. 2017.

   The Commission shall be informed on the curricular modifications, specifically on alternative learning activities and assessment to be made by the HEIs offering the MT/MLS program. The HEIs are encouraged to include the use of virtual simulations and other online applications as part of the curricular modification. Likewise, it is reiterated that HEIs shall be guided by the principles of maximum flexibility, leniency, and are encouraged to promote self-directed learning as provided for by the CHED COVID-19 Advisory No. 06 and Advisory 07, s.2020.

2. The HEIs shall conduct and implement learning continuity plan, i.e. faculty development webinars and other capability building activities pertaining to best practices in flexible learning to ensure that faculty members, clinical instructors, and hospital training coordinators/ training staff are adequately prepared and equipped in the implementation of flexible teaching-learning strategies towards the attainment of the required minimum learning outcomes by the students in the MT/MLS internship program.

3. Incoming MT/MLS interns shall be given the following options:

   a. Limited face –to-face Internship training based on the four-day duty and ten-day quarantine schedule

      The internship training is recommended to consist of face-to-face learning following the four-day clinical laboratory duty (12 hour-duty; day shift between 6 AM to 8 PM) and ten-day quarantine schedule during which the interns shall engage on synchronous/asynchronous virtual internship activities. This is to ensure that the interns acquire the essential skills in the different laboratory procedures in the attainment of the intended internship learning outcomes. The Clinical Instructor shall also monitor the interns during the ten-day quarantine period, on a daily basis to see that the intern does not exhibit any sign or symptom of COVID-19. In case the intern will exhibit signs and symptoms of COVID-19, clearance for returning to school shall use a symptoms-based screening method and assessment of an attending/school physician.

      The Clinical Instructor shall submit the accomplished monitoring form to the accredited clinical laboratory training coordinator prior to the interns' return to duty.

   b. Leave of Absence

      The MT/MLS HEI shall respect the decision of families not to send their children to school due to concerns about their safety. In such case, the MT/MLS intern may file an official leave of absence (LOA). As stated in CHED COVID -19 Advisories, the school may revise their academic policies, such as the policy on maximum residence, to ensure that the students' academic standing or status in the program is not compromised.

4. The HEI shall submit its learning continuity plan to CHED Regional Office which includes the requirements for flexible learning strategies and deliveries as well as the limited face-to-face learning activities and assessments.

5. The HEI shall require all MT/MLS interns to submit the following three (3) days before the start of the face-to-face internship activities:
    - Notarized Parental consent
    - Health Declaration/Medical Check-up Results

6. The HEI shall be required to strictly enforce the following institutional policies on health and safety standards:
    - Daily triaging and screening of health declaration forms
    - Require a medical certificate for each MT/MLS intern
    - Require the use of face masks, face shields, personal hygiene kits, and other appropriate protective gears for clinical instructors/faculty and students
    - Cleaning, sanitation and disinfection protocols in the designated rooms, equipment, and other facilities after each use
    - Restructure the set-up of the different sections in the clinical laboratory such that only a limited number of students/faculty are assigned per room at a given time with strict observance of the 1.5 meters physical distance
    - Designate a Clinical Instructor or its equivalent to monitor the compliance of/ breach to safety protocols and health status monitoring of students and faculty, as well as, the enforcement of appropriate actions

7. The following are sample MT/MLS internship competencies/course outcomes to be achieved in the clinical laboratory internship training courses as specified in CMO 13, s. 2017:

Internship 1 and 2	Sample Competencies/Learning Outcomes
Clinical Chemistry	perform clinical chemistry procedures using manual and automated techniques: routine chemistry, lipid, protein, cardiac, liver, kidney profiles, blood gas analysis
Clinical Microscopy & Parasitology	• perform clinical microscopy and parasitology procedures, routine urinalysis, routine fecalysis, CSF cell count, semen analysis, pleural fluid cell count • correctly identify parasites of medical importance, parasitic ova, cysts, and trophozoites
Microbiology	• prepare culture media, perform culture & sensitivity tests, Gram staining and acid-fast staining • identify bacteria perform KOH test and correctly read KOH smears
Hematology	• perform manual and automated CBC • recognize abnormal blood cells • perform PT & PTT • operate Hematology Analyzer • recognize hematologic panic values
Blood Banking	perform ABO Typing, RH Typing, Cross matching, Direct and Indirect Coomb's Test
Histopathologic Techniques and Cytology	perform tissue processing, mounting, staining, labelling, tissue/smear preparation using histopathologic and cytologic specimens
Immunology and Serology	• perform antigen-antibody reactions using normal and pathologic blood samples • correctly report results of serologic and immunologic reactions
Laboratory	• demonstrate proper collection, handling, transport, and receiving of

Internship 1 and 2	Sample Competencies/Learning Outcomes
Management	laboratory specimens as well as proper waste management, safety, and disposal • perform quality assurance • communication skills, management skills in the laboratory • demonstrate skills in planning, organizing, directing, and controlling, quality improvement, and staffing activities
*Internship 1 and 2: Application of all competencies and skills in the clinical laboratory (Real-World Setting) under the supervision of a registered medical technologist	

8. Other Concerns

8.1. The intern shall not handle COVID-19 specimens

8.2. The start of actual face-to-face physical clinical rotation shall preferably be in February 2021 based on IATF recommendations and guidelines. However, for hospital facilities which are ready to implement internship training based on readiness assessment, limited face to face may be allowed. There shall be monthly monitoring and health declaration reporting by the CHED Regional Offices.

8.3. The accredited clinical laboratories shall be required to implement the following:

- Conduct training on their institutional biohazard, risk, and safety policies including donning and doffing of Personal Protective Equipment (PPE) for the interns and clinical instructors
- Conduct orientation on Infection Prevention and Control
- Require health declaration and medical check-up at least three (3) days prior to the start of the internship training
- Implement proper IATF COVID-19 protocols

8.4. In addition, the rotation shall only be conducted in CHED accredited clinical laboratories which can implement limited face-to-face internship training where safety and security protocols are strictly adhered to (PPEs, physical distancing, etc) and are located in areas under MGCQ or GCQ, following the processes enshrined under CHED-DOH JMC No. 2021-0001 Guidelines on the Gradual Reopening of Campuses of Higher Education Institutions for Limited Face-to-Face Classes during the COVID-19, as determined by the national or local government unit. The health facility, the HEI and the MT/MLS student with a parent or legal guardian shall sign a Deed of Undertaking/Informed Consent prior to the start of clinical rotations.

8.5. For the limited face-to-face internship rotation, as may be allowed, the HEIs shall ensure that all health and safety protocols are strictly enforced and that the MT/MLS interns and the clinical instructors are properly equipped with the prescribed personal protective equipment for the duration of the face-to-face clinical rotations. There shall be a dialogue between the hospital in coordination with the HEI and the MT/MLS interns on the compliance with the IATF directives and health protocols such as use of personal protective equipment (PPEs) and other safety measures.

8.6. It is the HEIs' responsibility to assess the readiness of the MT/MLS interns and the clinical laboratory/hospital regarding the safe conduct of the limited face-to-face internship training based on IATF recommendations and guidelines.

IV. Separability Clause

If any part or provision of these Guidelines shall be held unconstitutional or invalid, other provisions hereof which are not affected thereby shall continue to be in full force and effect.

ANNEX "G"

GUIDELINES ON THE CONDUCT OF INTERNSHIP FOR PHYSICAL THERAPY STUDENTS DURING PANDEMIC PERIOD

In accordance with the pertinent provisions of Republic Act (RA) No. 7722, otherwise known as the "Higher Education Act of 1994", and; Republic Act No. 11469, otherwise known as the "Bayanihan to Heal as One Act", in accordance with relevant IATF Resolutions, and CMO No. 04 s. 2020 "Guidelines on the Implementation of Flexible Learning" and Joint Memorandum Circular CHED-DOH "Guidelines on the Gradual Reopening of Higher Education Institutions (HEIs) for Limited Face-to-Face Classes During COVID-19 Pandemic" and, by virtue of the Commission en banc Resolution No. 003-2021 dated 12 January 2021, the Commission on Higher Education (CHED) hereby adopts and promulgates the following guidelines on the Conduct of Internship for Physical Therapy Students during Pandemic Period, to be implemented by public and private higher education institutions (HEIs) offering the Bachelor of Science in Physical Therapy (BSPT) program.

I. Rationale

The Internship Program for Physical Therapy is a venue for training interns to become humane and scientifically competent physical therapists who are responsive to the changing healthcare needs of society.

It involves assigning students to different training opportunities to achieve the desired program outcomes for a minimum of 1500 hours under the guidance of licensed physical therapists and other professionals who serve as trainers/educators/ supervisors in training programs accredited by CHED, covering both clinical and nonclinical rotations.

The intern/student, during the course of the training, must have exposure to a variety of training opportunities that shall prepare them for the different roles expected of them upon graduation. HEIs may provide a minimum of 1200 hours of clinical experiences that include patient/client evaluation and management from different populations, including but not limited to: neurological, musculoskeletal, cardiopulmonary, pediatric, geriatrics, well population and community-based rehabilitation. A minimum of 160 hours (approximately one (1) month) to a maximum of 300 hours may be used to provide training opportunities dedicated to non-clinical rotations, as a combination of other roles as previously identified (Article IV, Section 5.4). Institutions may provide purely clinical rotations, purely non-clinical rotations, or a combination thereof, provided that the hours dedicated to each are clearly specified.

The pandemic has greatly affected the implementation of the physical therapy curriculum and forced HEIs offering BSPT to modify the implementation of internship programs across the country. Although the CHED COVID-19 Advisories issued by the Commission gave flexibility to HEIs to adjust, modify, and reduce requirements while exercising maximum consideration and leniency to the students, not all physical therapy skills can be achieved through flexible learning, particularly those that were designed to be demonstrated during internship. Recognizing that the effective development of these skills is critical to the provision of quality physical therapy services, these guidelines on the conduct of internship in the pandemic period are hereby being proposed.

II. Definition of Terms

Affiliation/ Training Center - A facility or institution providing a training program; must have passed minimum requirements as determined by appropriate government agencies and/or HEIs or an accredited training facility for PTs that would provide appropriate exposure of students to acquire the necessary competencies identified by the HEI

Interns - Student assigned by the HEI in an affiliation/training center to acquire the necessary knowledge, skills, and attitudes under the supervision and guidance of licensed physical therapists and other professionals who serve as trainers/educators/ supervisors in training programs accredited by CHED

Training Program - A program designed by the staff of the affiliation/training center, facility/institution, or the HEI to facilitate the development of entry-level competencies of PT interns

Training Supervisor - Staff member in charge of the training program in the affiliation/training center.

Training Staff - Staff member assisting the training supervisor in implementing the training program of the affiliation/training center

Internship Coordinator - Representative from the HEI primarily tasked to liaise between HEIs and affiliation/training centers.

Face-to-face (FTF) internship - Training program in which the intern and the training staff are both physically present in a facility where the training is conducted; patents/clients may be physically present, virtually present (e.g., telerehabilitation), or simulated

COVID-19 - Refers to the Coronavirus Disease 2019 which is caused by the virus known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

Non-COVID Areas - Refers to the area/ward/building in the hospital, health care facility, or clinic setting designated to non-COVID patients

Community Quarantine - refers to the restriction of movement within, into, or out of the area of quarantine of individuals, large groups of people, or communities, designed to reduce the likelihood of transmission of an infectious disease among persons in and to persons outside the affected area.

III. General Guidelines

The following are the general guidelines recommended in the conduct of the internship program during the period of current pandemic:

1. Higher education institutions (HEIs) offering BSPT programs shall continue to implement flexibility, introduce curricular modifications, and determine strategies on how to meet the minimum standards in planning, implementing, and evaluating all professional courses to meet the minimum learning outcomes specified in CMO 55, s. 2017, "Policies, Standards and Guidelines for Bachelor of Science in Physical Therapy (BSPT) Education".

   The Commission shall be informed on the curricular modifications, specifically on alternative learning activities and assessments, to be made by the HEIs offering BSPT programs. The HEIs are encouraged to include virtual simulations, learning opportunities on telerehabilitation consistent with service delivery standards, and other online applications as part of the curricular modification. Likewise, it is reiterated that HEIs shall be guided by the principles of maximum flexibility, leniency, and is encouraged to promote self-directed learning as provided for by the CHED COVID-19 Advisory No. 6, s.2020.

2. The HEIs shall be encouraged to conduct faculty development webinars and other capability building activities pertaining to best practices in flexible learning to ensure that basic and clinical faculty members are adequately prepared and equipped in the implementation of flexible teaching-learning strategies and assessments towards the attainment of the required minimum learning outcomes for the BSPT program.

3. The HEI shall submit its learning continuity plan to CHED Regional Offices that includes the requirements for flexible learning strategies and deliverables as well as the limited face-to-face activities and assessments.

4. Physical therapy interns shall complete at least 1500 internship hours, combining clinical and non-clinical rotations provided for in CMO 55, s. 2017 (as shown in Figure 1). Interns shall complete at least three (3) months of face-to-face clinical rotation in at least two (2) different health facilities. This provides an opportunity for more varied learning opportunities considering that the clinical practice of the profession covers a very wide and deep spectrum of care. This also provides an opportunity to validate learning of psychomotor skills with the involvement of more training staff in assessment. Telerehabilitation may be considered a valid clinical rotation if delivered as part of the regular health services of the affiliation center, compliant with available standards of service delivery. Internship rotations delivered using flexible learning approaches shall be given equivalent hours by the training provider or institution.

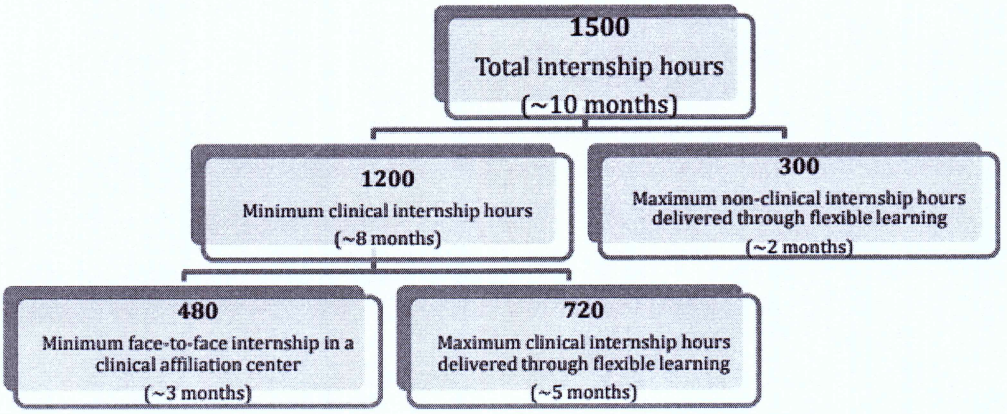


Figure 1. Allocation of internship hours in BSPT

5. The training programs shall be developed to prepare interns for the expected roles of a physical therapist and achieve the program intended learning outcomes and component competencies/performance indicators through clinical and non-clinical internships, as shown in the following samples. Given the limited time and resources for face-to-face internships, priority component competencies/ performance indicators are to be identified in order to create a focus for the training program. Samples of these component competencies/performance indicators are italicized for distinction and easy reference in the table below.

Table 1. Matrix of Internship Teaching Strategies to Develop Expected Roles and Intended Learning Outcomes

Role	Possible Type of Internship	Sample Program Outcomes	Sample Component Competencies/ Performance Indicators	Sample Strategies
Entry-level general clinical practitioner	Clinical internship	Demonstrate consistent competence in conducting a comprehensive examination, evaluation, and assessment of patients/clients across the lifespan within a broad continuum of care	• Select and effectively utilize relevant, valid, reliable, and sensitive measures of health outcomes to determine and screen health status of patients/clients • Accurately and completely document results of examination, evaluation, and assessment according	FTF in a clinical affiliation center Telerehabilitation as part of the services of a clinical affiliation center Flexible learning through printed modules, simulations, case studies

Role	Possible Type of Internship	Sample Program Outcomes	Sample Component Competencies/ Performance Indicators	Sample Strategies
			to accepted standards	
Educator, using basic teaching-learning principles	Non-clinical Internship	Apply teaching-learning principles in different learning environments	• Evaluate achievement of learning objectives for the target audience • Provide feedback to identified learners in order to improve learning	Flexible learning through printed modules, simulations, case studies
Manager of his own practice	Clinical internship Non-clinical internship	Practice beginning management and leadership skills in various practice settings	• Develop a plan for the attainment of identified goals appropriate to their practice settings: academe; clinical setting; community; research; homecare; industry; and wellness • Determine qualifications of staff necessary to implement the plan for the achievement of goals and objectives • Apply the concepts of customer and personal service, and public safety and security in the delivery physical therapy services	FTF in a clinical affiliation center Flexible learning through printed modules, simulations, case studies
Consumer of research	Clinical internship Non-clinical internship	Demonstrate research-related skills in the application of best practice evidence in the performance of various roles in different practice settings	• Conduct a systematic search of related research articles (best available evidence) in libraries and databases using identified keywords • Critically appraise research articles using accepted standards • Utilize valid research findings in evidence-based practice (to focus on extracting the practical and clinical implications of research findings)	FTF in a clinical affiliation center Flexible learning through printed modules, case studies
Advocates of physical therapy and functional movement for health	Clinical internship Non-clinical internship	Promote health and improved quality of life through the practice of the profession	• Implement a plan for wellness and health promotion for different client populations across the lifespan • Evaluate the effectiveness of	FTF in a clinical affiliation center (integrated in client care) Flexible learning through printed

Role	Possible Type of Internship	Sample Program Outcomes	Sample Component Competencies/ Performance Indicators	Sample Strategies
			wellness and health promotion programs in improving quality of life of different client populations	modules, simulations, case studies
Community-based therapist	Clinical internship Non-clinical internship	Demonstrate consistent competence in planning and implementing appropriate physical therapy interventions for patients/clients across the lifespan within a broad continuum of care	• Formulate specific, measurable, attainable, realistic, and time-bound goals for patients/clients • Select appropriate and cost-effective interventions for various patient/client populations and practice settings • Effectively implement interventions to address client population needs	FTF in a clinical affiliation center Flexible learning through printed modules, simulations, case studies

6. The face-to-face internship shall be planned for specific courses in non-COVID areas.

7. Interns' experiences shall be documented through an internship portfolio with a sample shown Annex A. Internship Portfolio. This shall help: (a) future employers validate the internship experience of students during the pandemic and determine the need for further skills training; (b) credentialing agencies determine the qualifications of graduates; (c) regulatory bodies (e.g., CHED, PRC) determine the adequacy of internship experience vis-à-vis established standards; and (d) quality assurance agencies, both local and international, validate internship experiences in terms of compliance with, and enhancements beyond, minimum policies set by CHED.

8. In the implementation of FTF internships, these guidelines recognize that HEIs face limitations in: (a) the number of months that they shall be able to assign interns for FTF clinical rotations; (b) number of affiliation centers who may be ready to accept interns; and (c) number of patients/clients within each center. Thus, in an effort to provide physical therapy interns with a meaningful clinical experience in spite of the limitations brought about by the pandemic, performance indicators that need to be prioritized in a clinical rotation are italicized in Annex A. These shall guide training supervisors and training staff to focus their training activities and assessments on achieving these performance indicators. The rest of the performance indicators may be achieved through flexible learning strategies and assessments. For in-campus affiliation centers, the HEI may provide training staff and interns access to its skills laboratories for the conduct of simulated FTF training that shall supplement FTF training with actual patients in the affiliation center.

9. The physical therapy school shall ensure that the accreditation of the training programs of the health facility are updated. In the case of affiliation centers who are waiting for the processing of their application for accreditation, renewal, or have yet to submit their application, the physical therapy school shall ensure that the facility has adequate documents that support compliance with accreditation standards.

10. The Dean shall ensure that there is a learning contract between the interns, training staff, and authorized officials of the health facility where the internship shall be conducted. These learning contracts shall contain the intended learning outcomes, learning activities, and assessments to be completed in specific rotations. The learning contracts shall include a catch-up plan to complete all the course requirements.

11. The physical therapy school shall respect the decision of families not to send their children to school due to concerns about their safety. The physical therapy student may file an official leave of absence (LOA). As stated in CHED COVID-19 Advisories, the physical therapy school may revise their academic policies, such as the policy on maximum residency, to ensure that the students' academic standing or status in the program is not compromised.

12. For repatriated foreign physical therapy interns, the physical therapy school shall allow interns to continue with internship rotations delivered through flexible learning approaches. They shall be allowed to extend their period of residency until such time that they are able to return for face-to-face internship activities. The same policy shall apply to local physical therapy students who are unable to return to their physical therapy schools for the face-to-face internship activities.

13. The HEI shall be required to strictly enforce the following institutional policies on health and safety standards:

    13.1. Daily triaging and screening of health declaration forms
    13.2. Require a medical certificate for each PT intern
    13.3. Require the use of face masks, face shields, personal hygiene kits, and other appropriate protective gears for training staff, internship coordinators, and interns
    13.4. Cleaning, sanitation and disinfection protocols in the designated rooms, equipment, and other facilities after each use
    13.5. Restructure the set-up of the different sections in the affiliation center and/or skills laboratory such that only a limited number of interns/training staff are assigned per room at a given time with strict observance of the 1.5 meters physical distance
    13.6. Designate a staff of the affiliation center or its equivalent to monitor the compliance of/ breach to safety protocols and health status monitoring of interns, training staff, and internship coordinator, as well as, the enforcement of appropriate actions

14. The start of actual face-to-face clinical internship shall preferably commence in the early part of 2021, as may be allowed by government regulations depending on the pandemic situation, and the readiness of the training hospital facility, health agencies, and/or communities to implement the clinical internship experience. There shall be monthly monitoring and health declaration reporting by the CHED Regional Offices.

15. Clinical internship shall only be conducted in training health facilities/communities where safety and security protocols are strictly implemented (PPEs, physical distancing, etc), located in areas under MGCQ or GCQ, following the processes enshrined under CHED-DOH JMC No. 2021-0001 Guidelines on the Gradual Reopening of Campuses of Higher Education Institutions for Limited Face-to-Face Classes during the COVID-19, as determined by the national or local government unit (LGU).

16. It is the HEIs' responsibility to assess the readiness of the interns, and the health facility regarding the safe conduct of face-to-face clinical internship based on IATF recommendations and guidelines. The HEI shall require all physical therapy interns to submit LGU IATF requisite clearances and parental/guardian consent before the start of face-to-face internship. The health facility, the HEI and the physical therapy intern with a parent or legal guardian shall sign a Deed of Undertaking/Informed Consent prior to the start of clinical rotation.

17. The clinical affiliation center shall be required to implement the following:

17.1. Provide the HEI with a copy of their revised training program and policies consistent with this CMO.
17.2. Conduct basic training on biohazard, risk and safety including donning and doffing of Personal Protective Equipment (PPE) for both the interns, training staff, and other facility staff, and issue a Certificate of Completion to all participants.
17.3. Comply with health protocols and standards promulgated by the DOH, IATF, and LGU.
17.4. Determine the number of interns they can accommodate at any one time, considering the patient load, number and capacity of training staff, space capacity while considering physical distancing guidelines, and minimizing mixing of cohorts, among others, aligned with the requirements in CMO 55, s2017.
17.5. Screen interns prior to start of duty, and ensure that they have the minimum requirements, including a personal health insurance and/or active PhilHealth membership (either as a voluntary member or as a dependent of their parents).
17.6. Implement protocols for health status monitoring, contact tracing, and quarantine regulations in the event of COVID-19 infection.
17.7. Inform the HEI in case of COVID-19 infection in the area of assignment of the interns, so the HEI may likewise implement their own monitoring and response protocols.

IV. Separability Clause

If any part or provision of these Guidelines shall be held unconstitutional or invalid, other provisions hereof which are not affected thereby shall continue to be in full force and effect.

ANNEX "H"

GUIDELINES ON THE CONDUCT OF CLINICAL PRACTICUM OF MIDWIFERY STUDENTS DURING PANDEMIC PERIOD

In accordance with the pertinent provisions of Republic Act (RA) No. 7722, otherwise known as the "Higher Education Act of 1994", and; Republic Act No. 11469, otherwise known as the "Bayanihan to Heal as One Act", in accordance with relevant IATF Resolutions, and CMO No. 04 s. 2020 "Guidelines on the Implementation of Flexible Learning" and Joint Memorandum Circular CHED-DOH "Guidelines on the Gradual Reopening of Higher Education Institutions (HEIs) for Limited Face-to-Face Classes During COVID-19 Pandemic" and, by virtue of the Commission en banc Resolution No. 929-2020 dated 17 December 2020, the Commission on Higher Education (CHED) hereby adopts and promulgates the following guidelines on the Conduct of Clinical Practicum of Midwifery Students during Pandemic Period, to be implemented by public and private higher education institutions (HEIs) offering Midwifery Program.

I. Rationale

The impact of COVID-19 Pandemic created an adaptive and transformative challenge for educators. Education leaders must design responses – and with specific contexts in mind – as the pandemic runs its course one of which is there is no preconfigured strategy that can guide appropriate responses to this situation. The Commission on Higher Education Advisories have facilitated the rapid design process and implementation of adaptive responses to the emerging education challenges, and to protect young people's educational opportunities during and following the pandemic. As the COVID-19 Pandemic runs its course, Higher Education Institutions (HEIs) have implemented measures that are based on the limitation of CHED and other government advisories which have disrupted the normal functioning of colleges and universities.

However, the measures implemented by the HEIs were inadequate to develop the required competencies of the CMO 33 and the Midwifery Law due to non-exposure of the students in the clinical area. The Clinical Practicum requirements of the Diploma in Midwifery is 1,275 hours and the Bachelor of Science in Midwifery is 1,071 hours. Clinical Practicum was most affected because of the RA 7392 requirement for graduation requires the students to complete actual caseload before graduation.

CHED COVID-19 Advisories gave the HEIs flexibility to adjust, modify the curriculum delivery and reduce requirements while exercising maximum consideration and leniency to the students. Considering that the Midwifery program requires clinical rotation in hospital facilities, birthing clinics, rural health units and communities in order to meet the required competencies of the program, these guidelines on the conduct of clinical practicum are hereby being proposed.

II. Definition of Terms

Clinical Practicum - Refers to the clinical experience intended to develop the required competencies of the program under the supervision of the Clinical instructors. This includes intensive clinical experience in different health settings including the skills laboratory.

Skills Laboratory - Refers to school laboratory that will provide students with the opportunity for hands-on practice with anatomical models before applying skills in real life situations, preparing them for better practice in the workforce.

Clinical Experience - Refers to the experience gained by the students from the exposure to different health facilities to develop their clinical competencies

COVID-19 - Refers to the Coronavirus Disease 2019 which is caused by the virus known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

Non-COVID Areas - Refers to the area/ward/building in the hospital, health care facility or clinic setting designated to non-COVID patients

Community Quarantine - refers to the restriction of movement within, into, or out of the area of quarantine of individuals, large groups of people, or communities, designed to reduce the likelihood of transmission of an infectious disease among persons in and to persons outside the affected area.

III. General Guidelines

Clinical Practicum of the Midwifery Program is guided by the CMO 33 s 2007 and the RA 7392 or the Midwifery Act of 1992 to meet the learning outcomes and desired competencies before graduation. R.A. 7392 requires all candidates for graduation and applicants for Midwifery Licensure examination shall comply with the requirements of the law. They shall handle: 20 internal examinations (new requirement based on IRR 2018); 20 internal examination during labor, 20 actual deliveries; 5 IV insertions for OB cases; 5 perineal suturing of first- and second-degree laceration.

Guided by these two policies, the following are recommended for the Clinical Practicum:

1. Higher Education Institutions (HEIs) offering the midwifery program shall continue to implement flexibility to introduce curricular modifications to include assessment and determine strategies on how to meet the minimum standards in planning, implementing and evaluating all professional courses to meet the learning outcomes specified in CMO 33, s. 2007.

2. Higher Education Institutions shall inform the commission on the curricular modifications, assessment and strategies specifically on alternative learning activities and assessment to be made for the midwifery program. The HEIs are encouraged to include the use of virtual simulations and other online applications as part of the curricular modification. Likewise, it is reiterated that HEIs shall be guided by the principles of maximum flexibility, leniency, and is encouraged to promote self-directed learning as provided for by the CHED COVID-19 Advisory No. 6, s.2020.

3. The HEIs shall be encouraged to conduct faculty development webinars and other capability building activities pertaining to best practices in flexible learning to ensure that basic and clinical faculty members are adequately prepared and equipped in the implementation of flexible teaching-learning strategies towards the attainment of the required minimum learning outcomes by the students in the midwifery program.

4. The HEI shall submit its learning continuity plan to include the requirements for flexible learning strategies and deliveries as well as, the limited face-to-face learning activities and assessments.

5. It is the HEIs' responsibility to assess the readiness of the students and the health facility regarding the safe conduct of face-to-face midwifery clinical experience.

6. The HEI shall require all midwifery students to submit LGU IATF requisite clearances and parental consent before the start of face to face activities.

7. The midwifery school shall respect the decision of families not to send their children to school due to concerns about their safety. The midwifery student may file an official leave of absence (LOA). As stated in CHED COVID -19 Advisories, the midwifery school may revise their academic policies, such as the policy on maximum residence, to ensure that the students' academic standing or status in the program is not compromised.

8. A catch-up plan for the intended limited face-to-face learning activities for midwifery students to develop the skills for the First Semester 2020-2021 may be done by early 2021 by the HEIs following the guidelines provided for in this CMO. This is in support of CHED COVID-19 Advisory No. 6 dated April 13, 2020 and CMO 33, s. 2007.

9. The HEIs shall prepare an implementing guideline for face-to-face clinical practicum to include: mode of clinical exposure; areas for clinical practicum, safety protocol, provisions for students/faculty who will break of safety protocol set by the HEIs and accountability of the students/ HEI in cases of outbreak of COVID 19.

10. The start of actual face-to-face physical clinical rotation shall preferably be in February 2021. However, for hospital facilities which are ready to implement practicum based on readiness assessment, limited face to face may be allowed. There shall be monthly monitoring and health declaration reporting by the CHED Regional Offices.

11. **Clinical Experience**

The clinical practicum with clinical face to face learning shall depend on the number of students and the pandemic situation.

11.1. Skills Laboratory

a. The skills laboratory can be done either through face to face or alternative learning or both to ensure the attainment of the course learning outcomes.
b. Restructure set-up of the skills laboratory such that only 1 clinical group is assigned per room at a time
c. The start of actual face-to-face skills laboratory shall preferably be in early 2021 depending on the pandemic situation and the readiness of the respective HEI.
d. For the limited face-to-face, as may be allowed, the HEI shall ensure that all health and safety protocols are strictly enforced and that the midwifery students and clinical instructors are properly equipped with the prescribed protective gears for the duration of face-to-face learning.
e. The HEI shall be required to enforce the following institutional policies on health and safety standards:
    - Daily triaging and screening of health declaration forms
    - Require a medical certificate of each midwifery student
    - Enforce protocols for monitoring the sign and symptoms and corresponding actions
    - Strict implementation of institutional policies on the minimum safety standards
    - Require the use of face masks, face shields, personal hygiene kits, and other appropriate protective gears by faculty and students
    - Cleaning, sanitation and disinfection protocols in the designated rooms, equipment and other facilities after each use
    - Restructure the set-up of the skills laboratory such that only a limited number of students/faculty are assigned per room at a given time with strict observance of the 1.5 meters physical distance
    - Designate a Safety Officer or its equivalent to monitor the compliance of/ breach to safety protocols and health status monitoring of students and faculty, as well as, the enforcement of appropriate actions.

11.2. Clinical Practicum

a. The limited face-to-face clinical rotation, as may be allowed, the HEIs shall ensure that all health and safety protocols are strictly enforced and that the midwifery students and clinical instructors are properly equipped with the prescribed protective gears at the start for the duration of face-to-face clinical rotations.

b. HEIs shall have a dialogue with the hospital, birthing clinics, Rural Health Unit for the compliance of the health facilities with the IATF directives and health protocols such as use of personal protective equipment (PPEs) and other safety measures.

c. The clinical rotation shall only be conducted in training health facilities/communities located in areas under MGCQ or GCQ, following the processes enshrined under CHED-DOH JMC No. 2021-0001 Guidelines on the Gradual Reopening of Campuses of Higher Education Institutions for Limited Face-to-Face Classes during the COVID-19, as determined by the IATF. Exposure of the students shall strictly follow the health protocol (PPE and Infection prevention and Control) and it shall be in non-COVID areas.

d. HEIs shall require written consent of the parents or legal guardian before the exposure of students to face to face clinical practicum.

e. The clinical rotation shall preferably six (6) months in n non-COVID areas in addition to online, blended, and flexible learning. The remaining months dedicated to face-to-face encounters shall be distributed in the required appropriate clinical areas as stipulated in the Policies, Standards and Guidelines.

f. Other health facilities like birthing clinics, rural health units, maternity hospitals may be utilized by the students during the pandemic period to comply with the intended learning outcomes, provided there is direct supervision of qualified clinical instructors who shall certify that students fulfilled the required skills. It shall be emphasized that HEIs must ensure that the same expected competencies, course learning outcomes, and satisfaction of the program outcomes shall be attained by the alternative means that they shall implement as indicated in the Policies, Standards and Guidelines for Midwifery Education. CMO 33, s.2007.

g. In instances wherein, the required clinical cases be completed (internal examination during labor, actual delivery and newborn care, perineal suturing, Insertion of IV Fluids) before the clinical rotation ends, clinical exposure can be shortened the clinical exposure. In cases that students failed to complete the requirements, these can still be supplemented by a bridging program where they shall have additional time to complete the required cases.

h. The start of actual face-to-face physical clinical rotation shall preferably be in early part of 2021 depending on the pandemic situation and IATF advisory and the readiness of the training hospital facility, birthing clinics, rural health units to implement the clinical experience based on IATF recommendations and guidelines.

i. The HEI shall require the health facilities (hospital, birthing clinic and rural health units) to implement by the following:
    - Conduct basic training on biohazard, risk and safety including donning and doffing of Personal Protective Equipment (PPE) for both the students, clinical instructors and hospital staff
    - Issue Certificate of Completion to midwifery students and clinical instructors for the orientation or basic training on Infection Prevention and Control (IPC)
    - Require health declaration and medical check-up prior to duty
    - Implement protocols for monitoring the sign and symptoms
    - Provision of conference rooms and lounges compliant to health protocols

j. The health facilities shall require the HEI to:
    - Submit health declaration and medical certificate of midwifery students prior to clinical practicum
    - Implement protocols for monitoring the signs and symptoms of COVID – 19 including other infections and its implementation

k. For BSM Students, all Clinical Practicum hours for professional courses are retained. Recommendations for compliance of the above requirements are as follows:

- Work hours can be credited as CP hours as long as it is related to clinical activity set by the course to comply with required skills and hours.
- Preceptorship or CP performance can be graded by the immediate superior or supervisor if the Clinical Instructor based on performance checklist provided by the school.
- Computation of clinical practicum hours with the work-related activities shall be based on 1:1. 1-hour work related to the activities of the clinical practicum is equivalent to 1-hour clinical practicum.

12. The HEIs, in coordination with the health facilities where the midwifery students shall be assigned, shall determine the definite minimum number or quota of patient/s per midwifery student during the physical (face-to-face) rotation in the said discipline clinical areas, under the supervision of a qualified clinical instructor. Once the quota per midwifery students has been satisfactorily completed in the required health facility this shall signal the end of the actual physical rotation in the health facility. Blended/ flexible learning shall be resumed for the fulfillment of the required learning outcomes. It is recommended that the midwifery students shall be deployed by batches in the health facility identified by the HEI as compliant with health protocol recommendations.

13. These guidelines shall be read in conjunction with CMO No. 33, series of 2007, otherwise known as "Policies, Standards and Guidelines for the Midwifery program" more specifically on the minimum competencies as indicated in the various professional course as follows:

Professional Courses	**Competencies**
CP M-100	• Provide basic comfort, preventive, therapeutic measures including drug administration to patient.
CP M-101A	• Assist in the care patients with normal pregnancy, labor and delivery, puerperium; • Assist in the care of the newborn; • Provide in family planning and responsible parenthood counseling • Assist in intravenous insertion, vaginal examination and suturing
CP M-101B	• Assessment of pregnant, in labor and postpartum mothers • Perform actual internal examination, delivery, perineal suturing, IV insertion with supervision of the clinical instructor • Perform essential newborn care • Provide postpartum assessment and postpartum care
CPM-102	• Assess patients with complications during pregnancy, labor and delivery • Provide care to patients with complications during pregnancy, labor and delivery and postpartum period • Assess growth and development of infants • Apply IMCI in assessing the sick child. • Provide effective Family planning counseling
CPM-102 B	• Provide holistic care to patients during pregnancy, labor and delivery and postpartum patients • Handle actual deliveries with minimal supervision
CP PHC1	• Provide basic health care in terms of health promotion, maintenance and disease prevention at the individual and family level guided by the health care process.
CP PHC 2	• Provide basic health services for health promotion and disease prevention at the community level including community organizing.

Professional Courses	Competencies
CP M-104	• Provide emergency care to patients with obstetrical emergencies and high-risk pregnancies, including the elements of Reproductive Health.
CP M-105	• Provide family planning services including management of family planning clinic.
CP M-106	• Develop competencies as administrators and supervisors
CP - CHSM	• Identify community health needs and manage community health services.
CP – ECC	Assess growth and development from infancy to preschooler. Provide care to healthy and sick child
CP MidMajor	Depends on the chosen major

IV. Separability Clause

If any part or provision of these Guidelines shall be held unconstitutional or invalid, other provisions hereof which are not affected thereby shall continue to be in full force and effect.

ANNEX "I"

GUIDELINES ON THE RESUMPTION OF CLINICAL INTERNSHIP IN THE PHILIPPINE GENERAL HOSPITAL (Version 4.1, 29 Nov 2020)

A. ENSURING SAFETY

Ensuring safety of the interns is of paramount importance for the resumption of F2F internship. Dr. Regina Berba, PGH HICU chief, has recommended the following pre-conditions before allowing F2F clinical internship in the PGH:

1. **Controlled community transmission in Metro Manila as determined by HICU.**

2. **Ensure that control measures to prevent COVID-19 transmission into the non-COVID areas are in place:**
    a. Ensure that all PGH employees are compliant with protocols, i.e. DO NOT REPORT FOR WORK IF SICK.
    b. All patients and watchers in the non-COVID wards are confirmed to have NEGATIVE results of RT-PCR swab tests and the movement of watchers outside the wards/rooms are kept to a minimum.
    c. All health workers, including interns, should wear the appropriate PPE during the non-COVID ward placement.

3. **Strict and thorough training of the interns by PGH HICU on infection control protocols and procedures,** including isolation precautions, hand hygiene, aseptic technique procedures, needle stick injury prevention and management, donning and doffing personal protective equipment (PPEs), will be done. This will be scheduled by batch before the start of the F2F rotations.

    The HICU activity will also include fit-testing for the KN95/N95 masks that the students will wear during their rotations. The supply of the PPEs for the students should already be available at this time.

    Influenza vaccine will be given during this activity as well.

B. GENERAL RECOMMENDATIONS

1. All interns should have completed a physical examination submitted to the PGH Health Service BEFORE the start of F2F clinical internship.
    a. An influenza vaccination is required.
    b. All interns should have been enrolled in Philhealth and should have updated Philhealth payments.
    c. Students with significant co-morbidities will be informed of the risk of contracting COVID-19, and will be advised to consider postponing clinical internship to a later date, without prejudice to readmission into the PGH internship program the following year.
    d. The revised Acknowledgment form of the Primer on the PGH Medical Internship Program has been signed and submitted to the Office of the Deputy Director for Hospital Operations. (**Appendix B**)

2. All interns will undergo an RT PCR test for COVID-19 two-three (2-3) days before the start of the F2F encounters.
    a. A 14-day quarantine will be strongly advised prior to the swab testing. However, all interns will only be required to report the RT PCR test results prior to starting F2F encounters. (See internship Requirements in **Appendix C**). This will be reviewed by the LU7 Committee Head prior to the resumption of F2F internship.

b. Two to three (2-3) days prior to the start of F2F encounters, all interns will be tested at the out-patient swab testing facility of PGH. This test can be availed of through the interns' Philhealth benefits. The process on scheduling the test will be as follows:

   i. Email at opswab.uppgh@up.edu.ph with the following details:
      1. NAME:
      2. REASON FOR SWAB: PGH INTERN

   ii. The outpatient swab team will take care of the other requirements. Further instructions will be given regarding specific time of appointment and case investigation form (CIF) encoding.
      1. Swab test results will be forwarded to Dr. Allan Dionisio, the UPCM Learning Unit 7 Chair, and to Dr. Stella Jose, the Deputy Director for Hospital Operations (DDHO).
      2. Those who test positive should defer going to PGH and schedule a consultation time with the UP Health Service. (See Section D below)

3. Interns will be allowed to rotate only in non-COVID units (including non-COVID operating rooms and ICU), telemedicine hub and the ***Bayanihan Na*** Operations Center. As per recommendation of APMC, interns will NOT be allowed to rotate in the emergency room (ER), out-patient department (OPD) and COVID wards.

4. The appropriate Personal Protective Equipment (PPE) should be worn at all times, (See **Appendix D**)
   a. At the start of the F2F encounters, a PPE kit will be provided. Each time will be allocated one pack of PPEs/month. This PPE kit will contain:
      1. 1 box (50 pieces) of surgical masks
      2. 4 pieces of face shields (1pc/week)
      3. 2 pieces of disposable gowns or coveralls
      4. 5 pieces of KN95 masks

   b. Succeeding monthly supplies will be issued during the third week of each month. All PPE issuances will be done through the liaison officer of each block and must be claimed from the Nurses Home (% Property and Supply Division). The Batch Liaison officers will also be given a supply of PPE if additional PPE is needed, on an urgent basis, which can be replenished anytime during the month. Beyond this, block liaison officers may write to the Property and Supply Division to make additional request.
   c. While in the hospital premises, everyone is required to wear, at least, a face mask and face shield.
   d. In the non-COVID units (low-risk areas), the prescribed PPE is level 2 – 2.5 (surgical mask or N/KN95 mask and face shield/goggles). In these areas, gowns and clean gloves will be provided when handling patients. PPE that is beyond what is required should be provided for by the interns themselves.
   e. The gowns and KN95 masks included in the PPE kit are for unexpected circumstances when the interns require additional level of protection (Level 2.5), following HICU guidelines. The interns should be able to request for linen gowns and cleans gloves from the nurses' stations of their respective wards every time they go on duty.
   f. During the orientation period, all interns will be required to fit test their masks and/or respirators.

5. A Department safety officer will be assigned to do mandatory symptom and temperature check of all interns reporting to the telemedicine hub or in the wards every start of each shift. A safety officer digital report will be filled out daily by each safety officer per Department by 8:30 AM and 3:30 PM. (See **Appendix E**) This will be checked to Dr. Dione Sacdalan, Coordinator for Training – Office of Deputy Director for Hospital Operations.

6. Social distancing requirements should be strictly followed.
    a. Interns should maintain at least a 1 meter distance from anyone in the hospital premises.
    b. Tables and beds in the call room should be at least 1 meter apart.
    c. The allowable number of people in a given ward based on floor area should not be exceeded (not more than 1 person per square meter).

7. Interns' call rooms should be modified according to safety standards.
    a. Beds should be at least 1 meter apart. Double deck beds are allowed.
    b. Proper ventilation should be ensured. Windows should be kept open.
    c. Eating will not be allowed in call rooms.

8. Foot traffic in the hospital premises should be corrected by using visual cues to guide entry and exit into and from the units.

9. Because eating entails the removal of the face mask and face shield, eating in groups is discouraged. Eating in PGH premises will be allowed only in designated places (i.e. dietary hall, lobby, corridors, atrium, garden). When eating, a distance of at least 2 meters between diners is advised.

C. RECOMMENDATIONS FOR THE CONDUCT OF F2F ENCOUNTERS

1. Intern block/s per clinical department should be fortune subdivided to alternately rotate in different allowable posts such as tele-medicine, ward duties and remote learning.

2. Ward duties and tele-medicine posts should be designed in consideration of the patient load and the number of tele-medicine stations of each clinical department.

3. Ward duties should be limited to 8-hour shifts (i.e. 7-3 PM and 3-11 PM). The possibility of a 4-hour duty schedule may be considered.

4. All personnel, including interns, should observe the limit of allowable number of persons per ward.

D. GUIDELINES FOR REPORTING OF INFECTION AND CONTACT TRACING

1. UP Manila personnel, including interns, should **NOT** go to the PGH if they feel that they are ill or have flu-like symptoms. Daily reporting using the UP Manila Bayanihan Na! Employee Symptoms Tracking System (UPM BESTS) should be done by 8 AM and 8 PM every day to log temperature and symptoms/exposure (as applicable).

   Register thru https://bests.upm.edu.ph/. See CCDP Memo on the Use of the UPM BESTS Application (See **Appendix F**).
   Consultation with the UP Health Service should also be scheduled.

2. Interns should follow the steps in the **CCDP Memo** on Instructions on what to do if they think that they might have COVID. (See **Appendix G**)

3. See **Appendix H** for definitions and guidance in case an intern becomes symptomatic or would have an exposure to a COVID19 positive patient or tests positive for COVID19.

4. If an intern becomes symptomatic with or without a test confirmation and warrants hospital admission, he/she will be admitted in the Department of Pay Patient Services for closer observation and appropriate management.

5. In instances that an intern will be admitted due to COVID19-related infection/pneumonia, the following amounts are expected to be covered based on the Philhealth case rates:

	Diagnosis	Hospital Bill (PhP)	PF (PhP)	Total case rates (PhP)
a.	Mild pneumonia	28,599.00	15,398.00	43,997.00
b.	Moderate pneumonia	93,124.00	50,143.00	143,267.00
c.	Severe pneumonia	216,788.00	117,731.00	333,519.00
d.	Critical pneumonia	511,150.00	275,234.00	786,384.00

Beyond these amounts, Philhealth will cover for the rest of the hospital expenses as stated in the Philhealth Circular 2020-011, entitled Full Financial Risk Protection for Filipino Health Workers and Patients Against Coronavirus Disease (COVID19) as interns are considered health workers. **(See Appendix I, IV. D – Definition of terms : "Health workers")**

6. A Buddy System will also be organized to ensure that interns will look after each other. The buddy will ensure that his/her co-intern has posted in the UPM BESTS. If an intern becomes symptomatic and/or had possible exposure, the buddy should ensure that this is reported to Dr. Allan Dionisio and consult with the UP Health Service was/will be made.

E. ADDITIONAL READINGS

The following materials will be uploaded to the UPM Virtual Learning Environment, the learning management system for UPCM-PGH interns and should be studied by each intern prior to the start of F2F rotations:

1. COVID19 training slides (HICU)

2. Updated hospital protocols (Information, Education and Communication (IEC) Committee)

3. Donning and doffing videos, hand hygiene protocols, aseptic technique, needlestick injury management, isolation precautions (HICU)

4. Hospital information management system orientation video
    a. RADISH – stands for (computerized) **R**egistry of **A**dmission and **Dish**arges which is a computerized registry for hospital emergency department consults and inpatient admissions.
    b. OCRA – stands for **O**nline **C**onsultation **R**equests and **A**ppointment. It is an appointment system created to control out-patient consults in PGH during the pandemic to account for system capacity and minimize the risk of viral transmission. It aims to reduce the likelihood of congestion in the OPD, reduce unnecessary travel and/or expense and minimize the risk of exposure of patients and healthcare workers to SARSCov2.

5. UP Manila – PGH Tele-Medicine guidelines

F. INFECTION CONTROL AND PREVENTION MEASURES OUTSIDE PGH

1. Interns should refrain from going to areas in the city where there are high rates of infection.

2. Interns should bathe right away and change to new clothes upon arrival in their lodging areas.

3. Respirators should be disinfected at the end of each day. Disposable face masks should NOT be recycled.

4. Exposures and infection among HCWs occur when they eat together since masks removed and they talk while eating. Eating in confined spaces without proper distance requirements should be avoided.

5. For interns who live in shared accommodations, the proper distancing of beds and working desks should be arranged. Strict infection prevention measures should also be instituted when using common areas such as kitchen, receiving area/living room and toilet/bathroom.

6. If they need to go home to their families, interns should strictly follow infection control measure of strict handwashing, physical distancing and proper wearing of masks and face shields.

All of the above will be done simultaneous with the hospital-wide measures involving all PGH personnel regarding physical distancing, early reporting of suspected cases, intensive contact tracing and quarantine, timely testing, routine disinfection of areas, appropriate levels of PPE, and isolation of COVID wards and traffic areas from non-COVID ones. The current measures have so far been successful in limiting the infections among PGH personnel.

ANNEX "J"

COVID-19 SYMPTOMS

(Source: World Health Organization)

Most common symptoms:

- fever
- dry cough
- tiredness

Less common symptoms:

- aches and pains
- sore throat
- diarrhea
- conjunctivitis
- headache
- loss of taste or smell
- a rash on skin, or discoloration of fingers or toes

Serious symptoms:

- difficulty breathing or shortness of breath
- chest pain or pressure
- loss of speech or movement

Clinical and Epidemiologic Criteria for Suspect, Probable, and Confirmed COVID-19 Cases:

(Source: DOH Department Memorandum No. 2020-0512, Revised Omnibus Interim Guidelines on Prevention, Detection, Isolation Treatment, and Reintegration Strategies for COVID-19, issued in December 2020)

Cases	Criteria
Suspect COVID-19 Case	I. A person who meets the clinical AND epidemiologic criteria: (a) Clinical criteria: (i) Acute onset of fever AND cough OR (ii) Acute onset of any three or more of the following signs or symptoms: fever, cough, general weakness, fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status (b) Epidemiologic criteria: (i) Residing or working in an area with high risk of transmission of the virus: for example, closed residential settings and humanitarian settings [...] any time within the 14 days prior to symptom onset OR (ii) Residing in or travel to an area with community transmission anytime within the 14 days prior to symptom onset (iii) Working in health settings, including within health facilities and within households, anytime within the 14 days prior to symptom onset

Cases	Criteria
	II. Patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever >/= 38C, and cough with onset within the last 10 days and who require hospitalization)
Probable COVID-10 Case	A. A patient who meets clinical criteria above AND is a contact of a probable or confirmed case, or epidemiologically linked to a cluster of cases which has had at least one confirmed case identified within that cluster; B. A suspected case with chest imaging showing findings suggestive of COVID-19 disease. "Typical chest imaging findings suggestive of COVID-19 include the following: • Chest radiography: hazy opacities, often rounded in morphology with peripheral and lower lung distribution • Chest CT: multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution • Lung ultrasound: thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchogram C. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause D. Death, not otherwise explained, in an adult with respiratory distress preceding death AND who was a contact of a probable or confirmed case or epidemiologically linked to a cluster which has had at least one confirmed case identified within that cluster.
Confirmed COVID-19 Case	A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms

ANNEX "K"

CREATING A SCHOOL-BASED ISOLATION ROOM FOR PERSONS WITH COVID-19 SYMPTOMS

When students, faculty, and staff develop COVID-19 symptoms while in school premises, they shall immediately be transferred to an isolation room while waiting to be transported to a health facility or home. This isolation room shall have the following features:

1. The isolation room is a single-person room with adequate ventilation and a self-closing door, if possible.

2. There is a single bed for the individual to rest while waiting to be transported. The HEI shall select a bed that is easy to clean and disinfect. The type of bed shall be selected in consultation with the LGU/DOH.

3. The isolation room is near a comfort room that is solely dedicated for the use of the symptomatic student, faculty, or staff.

4. The isolation room has easy access to the exit gate to efficiently facilitate the immediate transport of the symptomatic student, faculty or staff to limit his or her exposure to others and to avoid contaminating additional school areas.

5. There is also a foot-operated "handwash" basin or hands-free sanitizer or alcohol dispenser.

6. There are dedicated trash bin and cleaning and disinfection materials for the isolation room.

ANNEX "L"

(HEI Letter Head)

WEEKLY COVID-19 MONITORING REPORT

1. Dates/Period

   From:
   To:

2. Number of COVID-19 Cases

	Suspect	Probable	Confirmed
Students			
Faculty			
Staff			
Others			

Actions taken by the HEI when there were suspect, probable, or confirmed COVID-19 cases

3. Number of Persons who used the COVID-19 Isolation Room

	Number	Dates Used
Students		
Faculty		
Staff		
Others		

Actions taken by the HEI to assist the isolated persons:

Prepared by:

Name and Signature of Health and Safety Officer

Certified Correct by:

Name and Signature of Chair of the Crisis Management Committee of the HEI

ANNEX "M"

(HEI Letter Head)

DAILY MONITORING CHECKLIST OF RETROFITTED FACILITIES

	Dates							Remarks
A. Classrooms								
1. There is adequate ventilation.								
2. The table-chair layout adheres to the physical distancing of 1.5m.								
3. The faculty will be teaching behind a transparent/clear partition.								
4. There are visible and readable signages of health and safety reminders.								
5. There are markings on the floor to direct one-way foot traffic.								
6. There is a station by the door for hand sanitizer or alcohol.								
B. Laboratories								
1. There is adequate ventilation.								
2. The lab station layout adheres to the physical distancing of 1.5m.								
3. The faculty will be teaching behind a transparent/clear partition.								
4. There are visible and readable signages of health and safety reminders.								
5. There are markings on the floor to direct one-way foot traffic.								
6. There is a station by the door for hand sanitizer or alcohol.								
C. Eating/Dining Area/Communal Areas								
1. There is adequate ventilation.								
2. The table-chair layout adheres to the physical distancing of 1.5m.								
3. For dining areas, there is transparent/clear partition between diners.								
4. There are visible and readable signages of health and safety reminders.								
5. There are markings on the floor to direct one-way foot traffic.								
6. The foot markings on the floor adheres to the physical distancing of 1.5m								
7. There is handwashing or sanitizing station by the entry and exit points.								
D. Library								
1. There is adequate ventilation.								
2. The table-chair layout adheres to the physical distancing of 1.5m.								
3. There is a dedicated drop off box/station for returned books.								
4. There are visible and readable signages of health and safety reminders.								
5. There are markings on the floor to direct one-way foot traffic.								
6. The foot markings on the floor adheres to the physical distancing of 1.5m.								

	Dates							Remarks
7. There is a station for hand sanitizer or alcohol by the entry and exit points.								
E. Isolation Room for Symptomatic Individuals								
1. The room accommodates a maximum of one person per use.								
2. There is adequate ventilation.								
3. There is a self-closing door, if possible.								
4. There is a single bed.								
5. There is a dedicated comfort room.								
6. It is near the exit gate.								
7. There is a foot-operated "handwash" basin or hands-free sanitizer or alcohol dispenser.								
8. There are dedicated trash bins for various type of waste.								
9. There are dedicated cleaning and disinfection materials.								
F. Comfort Rooms								
1. There is adequate ventilation.								
2. There is adequate supply of water.								
3. There are visible and readable signages of health and safety reminders.								
4. There is a visible and readable signage posted by the door indicating maximum number of persons allowed to use the comfort room at any given time.								
5. There is a station for hand sanitizer or alcohol by the door.								
6. Each toilet cubicle has a dedicated trash bin.								
7. Each comfort room has dedicated cleaning and disinfection materials.								
G. Stairways/Corridors								
1. There are markings on the floor to direct one-way foot traffic.								
2. The foot markings on the floor follow the physical distancing of 1.5m.								
3. There are visible and readable signages of health and safety reminders.								
4. There are safety barriers/partitions in the middle (lengthwise) of the stairways/corridors to avoid human interaction/intersection. For narrow corridors/stairways, the safety barriers/partitions shall be solid.								
H. Entry/Exit Gates								
1. There is distinct signages for entry and exit gates/points.								
2. There are visible and readable signages of health and safety reminders.								
3. There is a station for hand sanitizer or alcohol by the door.								
4. There is screening station/s at the entry point.								
5. There is a queueing system for people to enter or exit the campus.								
6. There are markings on the floor to direct one-way foot traffic,								
7. The foot markings on the floor follow the physical distancing of 1.5m.								
8. There are safety barriers/partitions in the middle								

	Dates							Remarks
(lengthwise) of the stairways/corridors to avoid human interaction/intersection. For narrow entry/exit areas, the safety barriers/partitions shall be solid.								
I. Foot Traffic								
1. There is one-way foot traffic.								
2. There are visible markings on the floor or walls to properly direct people.								
3. The foot markings adhere to physical distancing of 1.5m.								
J. Elevators (if applicable)								
1. There is a queueing system for the use of the elevator.								
2. There are visible markings on the elevator floor to direct where user/s will stand.								
3. There are foot markings on the floor for people standing in line. These foot markings adhere to physical distancing of 1.5m.								
4. There is no elevator attendant.								
5. There are visible and readable signages of health and safety reminders.								
6. There are safety barriers/partitions for people standing in line.								
Initials of Checker:								

Prepared by:

Name and Signature of Health and Safety Officer

Certified Correct by:

Name and Signature of Chair of the Crisis Management Committee of the HEI

ANNEX "N"

COMMISION ON HIGHER EDUCATION REGIONAL OFFICE

COVID-19 MONTHLY MONITORING REPORT
ON HEIs AUTHORIZED TO REOPEN FOR LIMITED FACE-TO-FACE CLASSES

1. Dates/Period

   From:
   To:

2. Number of HEIs with COVID-19 Cases (Breakdown by Province)

	Suspect	Probable	Confirmed
SUC			
LUC			
Private			

Actions taken by the CHEDRO on HEIs with suspect, probable, or confirmed COVID-19 cases

3. HEIs with reported complaints or violations

Name of HEI	Nature of Complaint/Violation	Actions Taken by HEI and CHEDRO

Prepared by:	**Certified Correct by:**	**Approved by:**
Name and Signature of Education Supervisor II	Name and Signature of Chief Education Program Specialist	Name and Signature of Regional Director/OIC