

REVISED GUIDELINES FOR FULL ONSITE WORK
30 July 2022

1. OBJECTIVES:

In line with the full onsite work of employees, these guidelines are being revised to ensure that employees continue to observe the health and safety protocols as issued by the Office of the University Physician and Clinic (OUPC), and the Occupational Safety and Health Committee (OSHC), in line with the latest issuance of the Office of the President dated July 30, 2022 - Update No. 2: Guidelines for Health Protocol & Campus Access, and IATF Resolution No. 169, Series of 2022, issued on June 27, 2022.

All employees are expected to observe these guidelines while reporting for full onsite work to continue contributing to the prevention, mitigation, and control of the spread of COVID-19. The University will extend accommodations to employees who may not be able to comply with the directive on return to full onsite work.

2. SCOPE:

All employees who have returned or are returning to full onsite work.

3. GENERAL GUIDELINES:

All employees were enjoined to return to full onsite work starting on 6 June 2022 following the work schedules pre-pandemic:

- (1) full onsite for staff, professionals, and administrators;
- (2) following the schedule of classes for faculty and professionals whose work are closely related to classes of students, or as directed by their respective academic cluster Vice Presidents.

3.1. Exemptions from onsite work may be requested and approved upon evaluation of the recommending authority and decision of the approving authority in the following circumstances:

Requests for Exemptions	Authority	
	Recommending	Approving
1. Request for 1.5 days work from home per week for as long as work schedules within the office and among its workforce are arranged without prejudice to operations and delivery of services.	Supervisor Section Head	Office Head/ Department Head

Requests for Exemptions	Authority	
	Recommending	Approving
2. Request for work from home for offices undergoing renovation when no temporary workspace can be made available to them.	Office Head	Cluster Head
3. Request for work from home for offices whose neighboring offices are being renovated and where noise and dust cannot be reduced and filtered to a level that it does not affect the work outputs of the employees.	Office Head	Cluster Head
4. Request for continuing the rotational work schedule for offices whose space is not enough to accommodate all its workforce complement and/or offices that are enclosed and without windows that can be opened.	Office Head	VP for HR
5. Personal circumstances of the employee, such as:		
a. If the employee is the sole guardian/companion of child/ren under 12 years who is/are not yet attending onsite classes.	Supervisor/ Section Head	Office Head/ Department Head
b. If the employee is the sole guardian / companion of a household member/s with comorbidity/ies ¹ , corresponding certification from the personal physician of the household member/s will have to be submitted to the Office of the University Physician and Clinic for evaluation.	University Physician	Office Head

¹ List of comorbidities can be found in Annex A

c. If the employee is with comorbidity/ies, corresponding certification from his/her personal physician will have to be submitted to the Office of the University Physician and Clinic for evaluation.	University Physician	Office Head/ Department Head
6. Other analogous circumstances	University Physician (if reason is medical) Office Head/ Department Head (for reasons that are not medical)	VP for HR

3.1.1 Employees who have been granted an exception of 1.5 days work-from-home arrangement may be recalled to work onsite the entire workweek due to the exigency of the service. In such a case, the earlier approval of the exception request will be superseded.

3.2 An employee with comorbidity/ies or living with household member/s with comorbidity/ies who will return to full onsite work and not seek exemptions as enumerated in the table in Item 3.1. of these guidelines must fill in the Undertaking for Employees with Significant Comorbidity/ies found in this link:

<http://go.ateneo.edu/UndertakingEmployeeSigCo-Morbidities>

4. Our current Blue Pass system will continue to be in force for employees until 31 August 2022. Employees will be required to present their University ID with a validation sticker until 31 December 2022 to enter the campus beginning 1 September 2022. Entry to the different buildings and areas within the campus will also require the presentation of either the Blue Pass ID or University ID.

4.1 The daily Health Declaration Form found in the Blue Pass will no longer be required for campus access. In lieu of this form, all employees of the University are required to submit a one-time **Declaration and Undertaking Form** on or before **15 August 2022** which can be found on this link:

<https://go.ateneo.edu/health-undertaking-employees>

As indicated in the Declaration and Understanding, employees have the responsibility to report to the Office of the University Physician and Clinic any changes in their health condition at any time after having signed the Declaration and Undertaking.

- 4.2 The requirement for unvaccinated employees to present a negative RT-PCR test result every two weeks to the University Clinic is henceforth **waived** under Alert Level 1.
- 4.3 However, an employee who manifests flu-like symptoms must immediately report this condition to his/her immediate supervisor and the Office of the University Physician and Clinic. The employee may be instructed to go home if working onsite. The employee may also be instructed to undergo a RT-PCR test on the 5th day from the first occurrence of symptoms as advised by the University Physician.
 - 4.3.1. If the RT-PCR test result is positive for COVID-19, the employee will have to complete the 14-day isolation period. In the event that the test result is negative, the employee will only complete a 7-day to 10-day isolation period.
 - 4.3.2. If tolerated, an employee may be allowed to work from home during this period of isolation.
 - 4.3.3. An employee will not be required to undergo a repeat RT-PCR test prior to return to onsite work. However, a fit to work clearance from the University Physician is needed before an employee may be allowed to report onsite. Issuance of the fit to work clearance will depend on the course of the symptoms during the period of isolation.
 - 4.4.4. In the event that Alert Level 2 or higher is declared by the government, the RT-PCR testing requirement will automatically be reinstated.
- 4.4 Contact tracing, if necessary, shall be conducted by staff of the OUPC and other employees authorized by the University Physician.
5. Employees must always wear their masks, maintain a 1-meter radius between individuals at all times, and practice frequent washing of hands.
6. Onsite Meetings and Office Transactions
 - 6.1. Onsite meetings are allowed in venues where adequate ventilation is available, and number of attendees can be arranged with 1 meter distancing. Limit occasion of close face to face interactions during meetings. Prepacked meals and snacks may be served, and preferably consumed after the meeting.
 - 6.2. Face to face transactions can continue to be scheduled to regulate the influx and/or crowding in office spaces.
7. Children of employees will be allowed to stay on campus while waiting for their parents who are University employees. The Campus Access Request

protocols of the Campus Safety and Mobility Office (CSMO) will be strictly observed where prior notification is made and permission is sought before entry to the campus. Respective Cluster Heads shall designate a holding area for the children of employees.

8. All other applicable provisions in the Guidelines for Onsite Work, such as application of leaves and clearance upon return to work, suspension of onsite work, etc., approved by the President on 16 December 2021 will still be followed.
9. These guidelines are consistent with the guidelines released by the OSH Committee and the Office of the University Physician and Clinic.
10. Furthermore, these guidelines may be subject to change based on the advisories released by the IATF, DOLE, LGU and/or the appropriate government agency.

Approved by:

(Sgd) Roberto C Yap SJ
President
Date: 30 July 2022

Annex A

The following are examples of comorbid conditions under the A3 Priority Group, based on priority diseases that have a higher risk of severe COVID-19 if infected:

- Chronic respiratory disease and infection such as Asthma (if it is moderate to severe), Chronic Obstructive Pulmonary Disease, Interstitial Lung Diseases, Cystic Fibrosis, or Pulmonary Hypertension, Pulmonary Tuberculosis, Chronic bronchitis, Histoplasmosis, Bronchiectasis
- Cardiovascular disease such as hypertension coronary heart diseases, cardiomyopathies, peripheral artery disease, aortic diseases, rheumatic heart disease, congenital heart disease
- chronic kidney disease
- Cerebrovascular diseases such as stroke and transient ischemic attack
- Cancer of malignancy
- Diabetes Mellitus Type 1 and Type 2
- Obesity
- Neurologic diseases such as dementia, Alzheimer's Disease, Parkinson's Disease, Epilepsy and Seizures, Bell's palsy, Guillan-Barre Syndrome, or acute spinal cord injury
- Chronic liver disease such as hepatitis cirrhosis, non-alcoholic fatty liver disease
- Immunodeficiency state such as genetic immunodeficiencies, secondary or acquired immunodeficiencies (i.e., prolonged use of corticosteroids), HIV infection, solid organ or blood transplant patients
- Other diseases such as sickle cell disease, Thalassemia or Down Syndrome