1A G Memo No. 16-2020

1099 Manila

MEMORANDUM

FOR

ALL BOC OFFICIALS AND PERSONNEL

回**语回** BOC-03

FROM

MICHAEL C. FERMIN

Director/III

Administration Office

Internal Administration Group

SUBJECT

MONITORING AND REPORTING OF COVID-19-RELATED

CASES IN BOC

DATE

March 24, 2020

Consistent with the Memorandum dated March 20, 2020 re Guidelines on the Management of COVID-19-related Cases in BOC and other related issuances, supplemental guidelines on the monitoring and reporting of related cases are hereby issued:

1. In the event the either of the circumstances stated below occurs, the employee concerned must follow the corresponding procedures:

	Case		Procedure
a.	In case an employee has been tested positive for Corona Virus Disease (COVID-19), or has been identified as a Person under Investigation (PUI) or Person under Monitoring (PUM) by any government health facility responsible for managing such	i.	notify their his/her immediate supervisor/s, thru any mode of communication, on his/her condition within one (1) day upon obtaining the information from the said government health facility; and
	cases:	ii.	submit himself/herself to self- quarantine at home or at any appropriate health facility, as applicable, for fourteen (14) calendar days prescribed period, which shall not be deducted from his/her earned leave credits.
b.	In case an employee, on the other hand, feels sick with COVID-19-like symptoms such as fever, coughing, shortness of breath or difficulty breathing, chills, body aches, sore	i.	notify their respective immediate supervisors, thru any mode of communication, on their condition;
	throat, headache, diarrhea, nausea/vomiting, and runny nose:	' ii.	voluntarily seek immediate medical attention; and
		iii.	go on self-quarantine, as deemed necessary upon the advice and certification of a licensed government/private physician.

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- 2. Applicable to all cases mentioned, the designated Administrative Officer of Groups/Ports shall inform the Medical and Dental Division and the Human Resource Management Division of the condition of the employee concerned.
- 3. For accurate and up-to-date monitoring and recording of above cases, the attached monitoring matrix shall be accomplished and certified by the designated Administrative Officer of Groups/Ports, to be submitted to the MDD, copy furnished the HRMD, within one (1) day from the receipt of notice from the employee concerned.
- 4. Other circumstances surrounding said COVID-19-related cases may also be reported to the MDD and/or HRMD through the following emergency contact numbers:

a. Medical and Dental Division

09159812092

b. Human Resource Management Division

09356283731

- 5. It may also be reiterated that the MDD is responsible for coordinating with the Department of Health and/or other concerned government health facilities in terms of possible referral to hospital of severe cases (if any).
- Supplemental guidelines and/or precautionary measures on the management of COVID-19 in BOC shall be issued as deemed necessary.
- 7. For guidance and compliance.





BUREAU OF CUSTOMS COVID-19 CASE DAILY MONITORING MATRIX

(GROUP/PORT)

DATE: March 23, 2020

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Home Address/ p Facility Name and Address	COVID-19 Government Positive Health Facility/ Date of Result	COVID-19 Government Positive Health Facility/ Date of Result FEVER	COVID-19 Government Positive Health Facility/ Date of Result FEVER	COVID-19 Government Positive Health Facility/ Date of Result FEVER TIREDNESS DRY COUGH	COVID-19 Government Positive Health Facility/ Date of Result FEVER TIREDNESS DRY COUGH OF BREATH OF BREATH	COVID-19 Government Positive Health Facility/ Date of Regult FEVER TIREDMESS DRY COUGH OF BREATH PAIN Date of Regult FEVER TIREDMESS DRY COUGH OF BREATH PAIN	COVID-19 Government Positive Health Facility/ Date of Regult FEVER TIREDMESS DRY COUGH OF BREATH PAIN Date of Regult FEVER TIREDMESS DRY COUGH OF BREATH PAIN	COVID-19 Government Positive Health Facility/ Date of Regult FEVER TIREDNESS DRY COUGH SHORTNESS ACHES AND SORE OF BREATH PAIN TIREDNESS DRY COUGH OF BREATH PAIN TIREDNESS
	Authorized	Authorized		Authorized	Authorized COMMON SYMPTOMS*	Authorized COMMON SYMPTOMS*	Authorized	Authorized COMMON SYMPTOMS*

Prepared and centified by:

Number of COVID-19 Positive
Total No. of Cases