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Republic of the Philippines
Department of Education

REGION XI
SCHOOLS DIVISION OF PANABO CITY

Office of the Schools Division Superintendent

September 23, 2024

Division Memorandum
No. 0184 s. 2024

**PROJECT S.H.I.E.L.D IN SCHOOLS IN RESPONSE TO NOTIFIABLE DISEASES
AND HEALTH EVENTS**

To: **BASILIO P. MANA-AY JR., CESO VI**
Assistant Schools Division Superintendent
AILENE B. AÑONUEVO PhD
Chief of the Schools Governance and Operations Division (SGOD)
JANWARIO E. YAMOTA
Chief of the Curriculum Implementation Division (CID)
All Public Elementary and Secondary School Heads
All Concerned

1. Attached is Regional Memorandum No. ESSD-2024-390 dated September 19, 2024 entitled "PROJECT S.H.I.E.L.D IN SCHOOLS IN RESPONSE TO NOTIFIABLE DISEASES AND HEALTH EVENTS" which reiterates the vigorous implementation of the **Project S.H.I.E.L.D (Strategic Health Intervention to Emerging health threats thru IEC for Learners and educators in Davao Region) in schools.**
2. In line with this, all schools shall implement the following, to with;
 - Mobilization of Project SHIELD
 - Health Information Dissemination and Education
 - Collaboration with other stakeholders
 - Operationalizing the Preventive Alert System in Schools
 - Prevention Strategies and Disease Response Activities in Schools
3. Further, no acts of discrimination shall be inflicted upon persons identified as having the notifiable disease or health events of public health. For further details on the above strategies, you may refer to the attached Regional Memorandum.
4. For your information and guidance.

JINKY B. FIRMAN PhD, CESO VI
OIC Schools Division Superintendent

RELEASED

SGOD/ABA/jcc

SEP 24 2024

For the SDS
AILENE B. AÑONUEVO, Ph.D.
Chief Education Supervisor, SGOD
Incharge of the Division



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RECORDS SECTION, SDO PANABO CITY

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Record



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REGIONAL MEMORANDUM
ESSD-2024-390

To : Schools Division Superintendents

Subject: PROJECT S.H.I.E.L.D. IN SCHOOLS IN RESPONSE
TO NOTIFIABLE DISEASES AND HEALTH EVENTS

Date : September 19, 2024

Relative to Republic Act No.11332, otherwise known as the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concerns Act" and the rising cases of Mpox (formerly known as monkeypox) in the country, this Office shall vigorously reiterate the implementation of **Project SHIELD (Strategic Health Intervention to Emerging health threats thru IEC for Learners and educators in Davao Region)** in schools, as its countermeasures on the current public health concern and other emerging/re-emerging infectious diseases.

It is declared in the act that the state shall protect and promote the right to health of the people and instill health consciousness among them. It shall endeavor to protect them from public health threats through the efficient and effective disease surveillance of notifiable diseases.

Relative to this, Schools Division Superintendents are hereby instructed to implement immediately the following:

1. Mobilization of Project SHIELD

- a. Revitalize Project SHIELD Task Force (PSTF) at the division and district levels to oversee all school information, education, and communication campaigns and other activities related to the campaign and take the lead in coordinating with the local DOH;
- b. Mobilize PSTF in mapping out of contingency plans, in case a probable or a suspect case of notifiable disease/s are identified in their respective area;
- c. Mobilize all division, district, and school health personnel including Alternative Learning System (ALS) Coordinators to disseminate information on notifiable disease/s and health-related events to the learners, teachers, and non-teaching personnel, including parents in various means, provided that there will be no disruption of classes that will be incurred; and
- d. Mobilize all student government organizations, scouts, and youth leaders to create awareness on notifiable disease/s and assist in its prevention activities by any means, provided that they still attend their classes, and no classes will be disrupted.



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Doc. Ref. Code	RO-KMT-F001	Rev	06
Effectivity	07.01.24	Page	1 of 7





Republic of the Philippines
Department of Education
DAVAO REGION

Office of the Regional Director

2. Health Information Dissemination and Education

- a. Intensify health education in the classroom, giving emphasis on handwashing, personal hygiene, eating of balance diets, regular physical activities, good-quality sleep, and environmental sanitation;
- b. Hold meetings with the Parent Teachers Association (PTA) giving emphasis on the proper nutrition, regular physical activities, good-quality sleep and personal hygiene of their children and the importance of environmental sanitation;
- c. Provide health information about notifiable diseases and health-related events/conditions as an integral part of response to public health emergencies; and
- d. Publish updates on notifiable disease prevention in all school papers/organs/newsletters/websites/facebook pages/group chats released by DepEd, DOH, WHO or CDC.

3. Collaboration with other stakeholders

- a. Identification of learners and personnel or whose family members have traveled to places who are affected area/s of notifiable diseases;
- b. Referral of learners and personnel manifesting signs and symptoms of notifiable diseases to higher medical institution;
- c. Delineation of responsibilities between DepEd and among the partner agencies in response to notifiable diseases; and
- d. Information and educational campaigns against notifiable diseases.

4. Operationalizing the Preventive Alert System in Schools

- a. The Preventive Alert System in Schools (PASS), based on DepEd Order No. 34, s. 2003, is a systematic relay of information on a child's or teacher's state of health to appropriate personnel and/or agencies in the locality;
- b. All school heads shall operationalize the Preventive Alert System in their respective schools;
- c. School heads and their assigned health personnel shall explain in class how PASS works:
 - i. Learners will observe the well-being of their own classmates and if someone among them is not feeling well, the sick learner will be reported to the teacher for validation of his/her condition;
 - ii. Early morning health inspection shall be conducted routinely by the teacher to detect the presence of the signs and symptoms of infection. The teacher shall keenly observe the health status of each learner in the classroom. If the teacher finds out that a learner is sick, this case will be reported immediately to the school head;
 - iii. The school head and their assigned health personnel shall notify the family/guardian member of the sick learner. A face mask should be worn by the person with symptoms and should be immediately referred to the school health personnel or to the nearest barangay/municipal/city health center for evaluation and management or referral to a hospital if needed using the DepEd medical referral form (SHS Form 3). The same process



Republic of the Philippines
Department of Education
DAVAO REGION

Office of the Regional Director

- shall be observed for teachers and other personnel who will exhibit symptoms of infection;
- iv. Learners, teachers, and other personnel evaluated by the school health personnel or referred to nearest health facilities shall strictly observe their advice, including the possibility of home quarantine/isolation. They should be isolated following the standards precautions and infection control procedures;
 - v. The condition of the learner, teacher, and other personnel should be closely followed up by the attending school health personnel;
 - vi. Learners on home quarantine/isolation shall be given alternative delivery mode (ADM) of education until the concerned learner is already declared non communicable by the medical doctor as he/she shall secure a copy of medical certificate as fit to come back in face-to-face classes; and
 - vii. Teachers, and other personnel recommended by authorized health personnel for home quarantine/isolation shall apply the applicable leave until the concerned teacher/ personnel is declared non communicable by the medical doctor. The use of the applicable leave by the concerned teacher/personnel shall take effect until there is an issuance from the Central Office on this matter. The personnel shall secure a medical certificate prior return to work.
- d. School heads with their assigned health personnel shall closely coordinate with the barangay/municipal/ city health offices and their respective SDOs relative to any cases of outbreak of notifiable diseases;
 - e. School heads and their assigned health personnel shall conduct daily monitoring of health status of children and personnel, and maintain a record on health status through **submission of reports to the Regional Office on suspected, probable, and confirmed cases of notifiable diseases through Google Sheets via <https://bit.ly/SchoolDseSurv2024>;**
 - f. School heads are expected to take the lead in operationalizing the PASS and to relay relevant/urgent information to their respective Schools Division Office.

5. Prevention Strategies and Disease Response Activities in Schools

To prevent the spread of the notifiable diseases (*see Annex*) in schools, DOH encourages the schools, communities, and the general public to comply with the minimum public health standards and/or non-pharmaceutical interventions as may be enforced by the Department of Health and its local counterparts, which shall include the following:

- a. For diseases spread by droplets enumerated in, or may be classified as such:
 - i. Regular and thorough washing of hands with soap and water, and if unavailable, regular disinfection of hands by using a sanitizer with at least 60-90% alcohol component;



Republic of the Philippines
Department of Education
DAVAO REGION

Office of the Regional Director

- ii. Covering the nose and mouth with a tissue when coughing or sneezing or application of proper cough etiquette. Properly disposing of used tissue, and washing of hands thereafter;
- iii. Cleaning surfaces with disinfectant or surfaces frequently touched;
- iv. Wearing of medical grade masks, or other personal protective equipment (PPE) as may be prescribed by the DOH or its local counterparts; and
- v. Isolation of symptomatic learners/personnel.
- b. For airborne diseases enumerated in, or may be classified as such:
 - i. Regular and thorough washing of hands with soap and water, and if unavailable, regular disinfection of hands by using a sanitizer with at least 60-90% alcohol component;
 - ii. Covering the nose and mouth with a tissue when coughing or sneezing or application of proper cough etiquette. Properly disposing of used tissue, and washing of hands thereafter;
 - iii. Cleaning surfaces with disinfectant or surfaces frequently touched;
 - iv. Increasing ventilation and proper airflow (12 air cycles per minute per cubic meter to dilute particle) in all settings;
 - v. To do home quarantine or home isolation as advised by a medical professional or by the DOH's advisories;
 - vi. Avoidance of close contact with people who have symptoms of the disease; and
 - vii. Wearing of masks, or other personal protective equipment (PPE) as may be prescribed by the DOH or its local counterparts.
- c. For diseases spread by direct contact enumerated in, or may be classified as such:
 - i. Regular and thorough washing of hands with soap and water, and if unavailable, regular disinfection of hands by using a sanitizer with at least 60-90% alcohol component;
 - ii. Cleaning surfaces with disinfectant or surfaces frequently touched;
 - iii. Avoiding close contact with sick persons; and
 - iv. Quarantining/isolating contagious persons.
- d. For vehicle-borne diseases enumerated in, or may be classified as such:
 - i. Using barrier contraception (i.e., condoms) when engaging in sexual intercourse if currently infectious due to sexually transmitted infection;
 - ii. Non-sharing of needles when administering drugs or avoidance of drug use;
 - iii. Avoidance of sharing personal items;
 - iv. Avoidance of wading to floody waters; and
 - v. Taking precautions when undergoing tattooing or body-piercing procedures.
- e. For vector-borne diseases enumerated in, or may be classified as such:
 - i. Removing stagnant water in receptacles at least once a week;



Republic of the Philippines
Department of Education
DAVAO REGION

Office of the Regional Director

- ii. Using screens on windows and doors to keep mosquitoes outside homes;
- iii. Using mosquito bed nets, insect repellents, and insecticides if screened rooms are not available; and
- iv. Observance of DOH's 5S strategy (Seach and destroy mosquito breeding site, self-protection measures, seek early consultation, support fogging/spraying, and sustained hydration).

In addition, no acts of discrimination shall be inflicted upon persons identified as having the notifiable disease or health events of public health concern whether confirmed, recovered, or undergoing treatment, as well as suspect and probable cases. Data privacy must be uphold at all times.

Further, enclosed in this memorandum is the Medical Referral Form.

Immediate and wide dissemination of this Memorandum is desired.

ALLAN G. FARNAZO
Director IV

Enclosed: As stated

ROE/smtc

RECORDS SECTION
RELEASED

BY:

Time

38006

May 20, 2024



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Annex

Priority Diseases/Syndromes/Conditions Targeted for Surveillance
(As per 2020 Revised Implementing Rules and Regulations of RA No. 11332, or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concerns Act)

Categories	Diseases
1. Diseases spread by droplet	a. Bacterial Meningitis; - Haemophilus influenzae type b (Hib) - Streptococcus pneumoniae b. Coronavirus Disease 2019 (COVID-19); - Severe acute respiratory syndrome (SARS)-associated coronavirus 2 (SARS-CoV 2) c. Diphtheria; - Corynebacterium diphtheriae d. Hand, Foot, and Mouth Disease (HFMD); e. Human Avian Influenza; f. Influenza-like Illnesses (ILI); g. Severe Acute Respiratory Syndrome (SARS); - SARS-associated coronavirus h. Measles; - Measles morbillivirus i. Meningococcal Disease; - Neisseria meningitidis j. Middle East Respiratory Syndrome (MERS); and - Middle east respiratory syndrome coronavirus (MERS-CoV) k. Pertussis ("whooping cough") - Bordetella pertussis
2. Airborne Diseases	a. Anthrax; - Bacillus Anthracis b. Human Avian Influenza; c. Influenza-like Illnesses (ILI); and d. Measles; - Measles morbillivirus
3. Diseases spread by direct contact	a. Acute Viral Hepatitis; - Hepatitis A virus (HAV) - Hepatitis B virus (HBV) - Hepatitis D virus (HDV) b. Anthrax; - Bacillus Anthracis c. Bacterial Meningitis; - Group B Streptococcus - Escherichia coli - Neisseria meningitidis d. Diphtheria; - Corynebacterium diphtheriae e. Hand, Foot, and Mouth Disease (HFMD); f. Leptospirosis; - Leptospira g. Meningococcal Disease; and - Neisseria meningitidis h. Rabies - Rabies virus (RV)



Republic of the Philippines
Department of Education
DAVAO REGION

Office of the Regional Director

4. Vehicle-borne diseases	<ul style="list-style-type: none">a. Acute Bloody Diarrhea;<ul style="list-style-type: none">- Campylobacter bacteria- Salmonella bacteria- Shigella species (bacillary dysentery)- Entamoeba histolytica (amoebic dysentery)- Enterohaemorrhagic E. coli (EHEC)b. Acute Viral Hepatitis;<ul style="list-style-type: none">- Hepatitis A virus (HAV)- Hepatitis B virus (HBV)- Hepatitis C virus (HCV)- Hepatitis D virus (HDV)- Hepatitis E virus (HEV)c. Anthrax;<ul style="list-style-type: none">- Bacillus Anthracisd. Bacterial meningitis;<ul style="list-style-type: none">- E. coli- Listeria monocytogenese. Cholera;<ul style="list-style-type: none">- Vibrio choleraef. Neonatal tetanus;<ul style="list-style-type: none">- Clostridium tetanig. Paralytic Shellfish Poisoning;h. Typhoid and Paratyphoid Fever; and<ul style="list-style-type: none">- Salmonella enterica serotype Typhi- Salmonella enterica serotypes Paratyphi A, B (tartrate negative), and C (S. Paratyphi)i. Poliomyelitis (Acute Flaccid Paralysis)<ul style="list-style-type: none">- Poliovirus
e. Vector-borne diseases	<ul style="list-style-type: none">a. Dengue;<ul style="list-style-type: none">- Dengue viruses (DENV-1, -2, -3, and -4)b. Acute Encephalitis Syndrome/Japanese Encephalitis; and<ul style="list-style-type: none">- Japanese Encephalitis virusc. Malaria<ul style="list-style-type: none">- Plasmodium parasites (P. falciparum, P. malariae, P. ovale, and P. vivax)

Republic of the Philippines
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Region _____

Division of _____

School _____ / I.D. No. _____

REFERRAL SLIP

To _____ Date _____
(Agency)

Address _____

Respectfully referring to you:

Name: _____ Age: _____ Sex: _____

Date of Birth: _____ Grade: _____

Name of Parent/Guardian: _____ Contact No.: _____

Present Address: _____ Permanent/Family Address: _____

Chief Complaint/s: _____

History of Present Illness: _____

Impression: _____

Intervention/s: _____

Reason/s for Referral: _____

Referred by: _____

Name and Signature

Designation

Note: To be detached from upper portion and sent back to the school.

Return Slip

Returned to _____

Name of Patient _____ Date Referred _____

Chief Complaint/s _____

Findings _____

Action/Recommendations _____

Name & Signature

Designation

Date