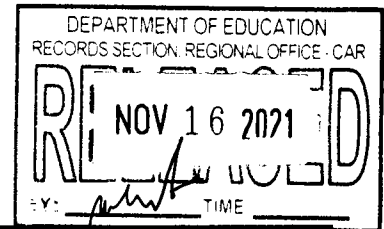




Republic of the Philippines
Department of Education
CORDILLERA ADMINISTRATIVE REGION



15 November 2021

REGIONAL MEMORANDUM

NO. 545.2021

APPLICATION FOR SAFETY SEAL CERTIFICATION BY ALL SCHOOLS DIVISION OFFICES IN THE REGION

To: OIC-Assistant Regional Director
Schools Division Superintendents
Elementary and Secondary School Heads
All Others Concerned

1. The Department of Education Cordillera Administrative Region (DepEd-CAR) has been consistent in implementing programs, projects and strategies to take part in the realization of DepEd Vision and Mission. Moreover, amidst the COVID-19 pandemic, maximum efforts and resources were exerted and utilized to ensure safety of its employees and clients by adhering to health protocols and guidelines, hence its recent **SAFETY SEAL CERTIFICATION** issued by the Department of Interior and Local Government (DILG) La Trinidad Municipal Office and the Philippine National Police (PNP) are committed not only to sustain but also to pursue continuous improvements in preventing spread of COVID-19.
2. Relative hereto, this office directs all Schools Division Offices (SDOs) and schools to apply for Safety Seal Certification from the Office of the DILG to serve as a challenge and inspiration to continue ensuring safety in the workplace. Further, being certified enables SDOs to provide technical assistance to schools to follow the same step.
3. Attached herewith is a copy of the Safety Seal Checklist for reference and guidance.
4. Immediate dissemination of and compliance to this Memorandum is desired.


ESTELA L. CARIÑO EdD, CESO III
Director IV/Regional Director

ESSD/EHM/msd



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Quality Management System
DE-50500784 QM15



Republic of the Philippines
 DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
 DILG-NAPOLCOM Center, EDSA corner Quezon Avenue, West Triangle, Quezon City
 http://www.dilg.gov.ph

SAFETY SEAL CERTIFICATION CHECKLIST

(DILG as Issuing Authority)

Control No. _____ Date: _____

Name of Government Agency/ Office: _____

Name of Government Establishment/ Department/ Office/ Unit: _____

Nature of Government Establishment/ Department/ Office/ Unit: _____

Address: _____

Name of Person in Charge: _____ Contact Details: _____

Instruction: (✓) Check the appropriate box (Yes/No), if the following requirement is provided:

#	REQUIREMENTS	MOVS to be Produced/ Uploaded	YES	NO	N/A	Reason why N/A
1	Use of StaySafe or any contact tracing tool integrated with the same. Please specify other contact tracing tool. (_____)	- StaySafe QR Code. - If implementing own CT app, IA will verify DILG CO if it is integrated with StaySafe. - Use of manual CT may be considered at the moment.				
2	Availability of temperature or thermal scanner (e.g. thermal gun) to assess employees, clients and visitors	- Photo of the entrance with thermal scanner/ temperature checking				
3	Availability of health declaration sheet for employees and clients	NA if there is an online CT. If no CT, a photo of the form required to be filled up by employees and clients.				
4	Availability of isolation area for identified symptomatic employees	- Photo of the designated area - Internal Memo designating the same (if any)				
5	BHERTs and other COVID-19 Emergency hotlines are placed in conspicuous area.	- Photo the conspicuous area with COVID19 Emergency Hotlines				
6	Availability of handwashing stations with soap, sanitizers and hand drying equipment or supplies for employees and clients/visitors in	- Photo of handwashing stations/ sanitizers used by the Office				
7	Installed physical barriers in enclosed areas to maintain social distancing(blocking off chairs, markers, stickers on the floor for spacing)	- Photo Office Setup with physical barriers, markers or floor stickers to help maintain social distancing				
8	Availability of personnel-in-charge for monitoring and maintaining social distancing and ensuring the compliances of clients/visitors/employees to health protocols and areas in the establishment where people gather(e.g. queue)	- Memo - Designation of Personnel-in-Charge of monitoring and maintaining social distancing and of ensuring the compliances of clients/ visitors/ employees to health protocols				
9	Availability of windows for adequate air exchange in enclosed(indoor) areas as cited in DOLE Department Order No. 224-21 or the Guidelines on Ventilation for Workplaces and Public Transport to Prevent and Control the Spread of COVID-19	- Photo of air purifier in the Office (if available) - Or, Photo of Proper Air Ventilation of the Office				

	<p>Compliance to the disinfection protocol in accordance with DOH Department Memorandum No. 2020-157 and 0157-A or the "Guidelines on Cleaning and Disinfection in Various Settings as an Infection Prevention and Control Measure Against COVID-19.</p> <p>Conducts regular (at least twice a week) cleaning and disinfection in the establishment in compliance to the Cleaning and Disinfection of Environmental Surfaces in the Context of COVID-19 by the World Health Organization.</p>	<p>- Memo re Conduct of Regular Disinfection/ Disinfection Protocol - Sample photo of office disinfection</p>				
11	<p>Personnel, employees, clients and visitors always wear facemasks and face shields especially in enclosed places.</p>	<p>- Memo for Employees - Photo of signages re reminder to wear facemasks and faceshields</p>				
12	<p>Established referral system for medical and psychosocial services.</p>	<p>- Copy of MOA/ Implementing Procedures re referral system for medical and psychosocial services</p>				
13	<p>Availability of designated Safety Officer with the following functions a.) coordinate with the appropriate bodies for support and referral to community-based isolation facilities for confirmed cases with mild symptoms, and to health facilities for severe and critical care, b.) undertake contact tracing or coordinate the conduct thereof, and c.) monitor status of employees quarantined or isolated; and d.) implement return to work policies.</p>	<p>- Memo specifying the name/s of the safety officer/s</p>				
14	<p>Availability of storage facility for proper collection, treatment, and disposal of used facemasks and other infectious wastes.</p>	<p>- Photo of the disposal facility/ mechanism for infectious waste</p>				

I hereby certify that the facts stated herein are true and correct of my own personal knowledge and any misrepresentation subjects me to criminal or administrative liability.

Name and Signature of Person in Charge / Date

FOR ONSITE VALIDATION/ INSPECTION

DEFECTS / DEFICIENCIES NOTED DURING INSPECTION.

RECOMMENDATIONS:

Name and Signature of Safety Seal Inspector / Date