GUIDELINES FOR FULL ONSITE WORK

1. OBJECTIVES:

In line with the return to full onsite work, these guidelines are issued 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).

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 are returning to full onsite work.

3. GENERAL GUIDELINES:

All employees are enjoined to return to full onsite work on 6 June 2022 following the work schedules pre-pandemic: (1) full onsite for staff, professionals, and administrators, while (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
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	Office Head	Cluster Head

Requests for Exemptions	Authority	
	Recommending	**Approving**
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.		
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 employees 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
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	VP for HR

[1] List of comorbidities can be found in Annex A.

Requests for Exemptions	Authority	
	Recommending	Approving
	(if reason is medical) Office Head/ Department Head (for reasons that are not medical)	

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. Entry to the campus is facilitated through the registration with Blue Pass and securing the QR code daily after filling out the online Health Declaration Form. Entry to different buildings and areas in the campus are likewise recorded via a scan of the QR code at the entry point or through the guard on duty. The latter is done after each entry to and exit from the building, and at random when re-entering the campus.

4.1. Unvaccinated employees are required to present a negative RT-PCR test result every two weeks to the University Clinic.

4.2. Employees are enjoined to fill out with all honesty the Health Declaration Form. All employees manifesting/experiencing symptoms must inform the University Physician and Clinic for proper management of the reported symptoms.

4.3. 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 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. 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.

8. These guidelines are consistent with the guidelines released by the OSH Committee and the Office pf the University Physician and Clinic.

9. 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: 17 May 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