



Guide on **Business Continuity Planning** amidst Coronavirus Disease 2019 (COVID-19)

Table of Contents

Foreword	iii
Introduction	iv
1 Business Continuity Plans	1
1.1 Business management	1
1.2 Human resource management.....	2
1.3 Process and business functions.....	2
1.4 Supplier and customer management	3
1.5 Communications	3
2 Post Enhanced Community Quarantine (ECQ) Workplace Precautionary Measures.....	3
2.1 Responsibilities of the management	3
Alternative work arrangements	3
2.1.1	3
2.1.2 Personal hygiene and safety awareness	4
2.1.3 Cleanliness of the work environment.....	4
2.1.3.1 Protocols upon entry/exit	4
2.1.3.2 Work environment.....	5
2.1.4 Protocol for determination of necessary medical action.....	5
2.1.5 Accommodation of clients and visitors.....	5
2.1.6 Organizing meetings, events, and deploying employees for field work	6
2.1.6.1 Before the meeting or event.....	6
2.1.6.2 During the meeting or event.....	7
2.1.6.3 After the meeting or event.....	7
2.1.6.4 Deploying employees for field work.....	7
2.2 Responsibilities of the individual	8
2.2.1 Personal hygiene awareness	8
2.2.2 Cleanliness of the work environment.....	8
2.2.3 Protocol for determination of necessary medical action.....	8
2.2.4 Attending meetings, events, and field work protocol.....	8
Annex A Roles and Responsibilities of the Health and Safety Manager and its Alternate	10
Annex B Personal Hygiene Awareness.....	11
Annex C.1 When to Use a Mask	14
Annex C.2 How to Put On, Use, Take Off, and Dispose of a Mask	15
Annex D Cleanliness of the Work Environment.....	16
Annex E.1 Example of a Health Screening Form for Visitors.....	18
Annex E.2 Example of Notification Form for Employees	19
Temperature Monitoring Log	20
Annex F Relevant Philippine National Standards (PNS) for Business Continuity Planning (BCP)	21
Information on COVID-19 public advisories	29

Foreword

This document was prepared by the Bureau of Philippine Standards, Department of Trade and Industry as a guide for business continuity planning for businesses amidst the Coronavirus Disease, or COVID-19. It is guided by the Philippine National Standard on Business Continuity Management System - Requirements, advisories of the Department of Health, and other government agencies, and the World Health Organization.

This guide was drafted using the following documents as references:

- PNS ISO 22301:2020 Security and Resilience – Business continuity management systems – Requirements
- PNS ISO 22300:2018 Security and resilience - Vocabulary
- Enterprise Singapore Guide on Business Continuity Planning for 2019 novel coronavirus
- Department of Health Advisories (<http://www.doh.gov.ph/2019-nCoV>)
- Department of Health Department Circular No. 2020-0039 Reiteration of the Interim Guidelines on 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Response in the Workplace
- Department of Health Administrative Order No. 2020-0013 Revised Administrative Order No. 2020-0012 Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health
- World Health Organization Getting your workplace ready for COVID-19
- World Health Organization Advisories (<https://covid19.who.int/>)
- Department of Trade and Industry Advisories (<https://www.dti.gov.ph/covid19/>)
- European Agency for Safety and Health at Work COVID-19 Guidance for the workplace (https://oshwiki.eu/wiki/COVID-19:_guidance_for_the_workplace)

This guide is non-exhaustive and does not cover all situations and businesses. This guide shall be used in conjunction with the latest relevant advisories and resolutions issued by the Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID), Department of Health (DOH), Department of Trade and Industry (DTI), Department of Interior and Local Government (DILG), and other government agencies. Laws and regulations supersede the provisions within this document.

Where applicable, users of this guide shall seek business continuity planning professionals' assistance on specific information relevant to their particular circumstances and needs.

Due to the evolving situation caused by the Coronavirus Disease (COVID-19), the Bureau of Philippine Standards reserves the right to revise this guide as necessary.

Introduction

This document gives guidelines on business continuity planning for businesses amidst the Coronavirus Disease, or COVID-19.

Generally, the objective of this guide is to help enterprises in their business continuity planning in response to the Coronavirus Disease (COVID-19). It covers the following key business operational risks:

- a. Human resource management
- b. Processes and business functions
- c. Supplier and customer management
- d. Communications, both internal and external

Specifically, this document aims to give guidance to:

- a. prevent/minimize health risk to employees, service providers, clients, and visitors;
- b. prevent/minimize the risk of premises becoming nodes of transmission;
- c. ensure plans are in place should employees be quarantined or infected;
- d. ensure alternative arrangements with suppliers and customers so that business operations can continue.

COVID-19 and Business Continuity Planning

Coronavirus Disease (COVID – 19) is an infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally. The most common symptoms of COVID-19 are fever, dry cough, and tiredness. Some patients may have aches and pains, nasal congestion, sore throat or diarrhea. These symptoms are usually mild and begin gradually²

Moreover, **Coronaviruses** are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS)²

A pandemic such as COVID-19 has been considered as a threat that disrupted the operation of businesses in many countries. In preparation, the organization should be able to conduct a **business impact analysis (BIA)** to assess the effect of this kind of threat to the operation of the business. BIA is a process of analyzing activities and the effect that a business disruption can have upon them¹.

The carrying out of business impact analysis is part of the development of a **business continuity plan (BCP)**, a documented procedure that guides an organization to respond, recover, resume and restore itself to a pre-defined level of operation following a disruption¹

1 PNS ISO 22300:2018 Security and resilience – Vocabulary

2 World Health Organization (<https://covid19.who.int/>)

Current Situation

The World Health Organization reported a total of 3,767,744 cases globally while the Department of Health has a total confirmed of 10,463 cases as of 08 May 2020.

Due to the increasing numbers, all individuals are advised by the Department of Health (DOH) to avoid crowds and to practice social distancing measures, which entails maintaining at least 1-meter distance between the individual and other people to reduce the possibility of person-to-person transmission.

Luzon is now under enhanced community quarantine for which transportation shall be suspended, food and essential services shall be regulated, and home quarantine shall be implemented in all households. The Philippines is also in a state of calamity for 6 months, as declared in March 2020 by President Rodrigo R. Duterte.

Recognizing the massive global effect of COVID-19, all business establishments are strongly urged to prepare and implement an infectious disease preparedness and response plan to provide preemptive and protective actions to guarantee civil protection while maintaining business operations.

The best way to prevent infection and its spread is to avoid potential exposure to the virus. Prevention measures such as those described in this document shall be strongly considered by organizations seeking to continue operations amidst COVID-19.

1 Business Continuity Plans

The organization shall establish, implement, maintain and continually improve a business continuity plan, including the processes needed and their interactions as guided by this document. The organization shall identify and consider any potential risks that threaten its business continuity in the development of the BCP. The BCP shall provide guidance and information to assist teams to respond to the COVID-19 and to assist the organization with response and recovery moving forward.

The BCP shall prioritize the welfare of individuals and the environment, and continuity of essential business operations and processes.

1.1 Business management

The management shall ensure that the responsibilities and authorities for relevant roles are assigned and communicated within the organization. A plan shall be prepared and implemented in the event of absence of key decision makers.

Business impact analysis and risk assessment shall be carried out by the organization. These shall guide the organization and are essential for the business continuity plan.

The management shall gather necessary information relevant to the nature of its organization's operations. The management shall be updated on issuances such as, but not limited to, the following:

- IATF – JTFCV Shield Guidelines on Authorized Persons Outside Residence (APOR)
- DTI Memorandum Circular 20-16 S. 2020 Allowing Other Essential Business Activities, Modifying for the Purpose of MC No.20-08 S. 2020 Providers, throughout the Extended ECQ
- DTI Memorandum Circular 20-15 S. 2020 Extension of Operating Hours for Retail Establishments Authorized to Operate During the Enhanced Community Quarantine
- DTI Memorandum Circular 20-14 S. 2020 Ensuring Enhanced Operations for BPO Companies and Export Enterprise, and their Service Providers, throughout the Extended ECQ
- DTI Memorandum Circular 20-16 S. 2020 Prescribing Guidelines for Additional Business Activities Allowed to Operate to Ensure Steady Supply of Basic Necessities and Essential Commodities, Supplementing MC 20-08 S. 2020
- DTI Memorandum Circular 20-08 S. 2020 Ensuring Unhampered Movement of Cargo and Transit of Personnel of Business Establishments Allowed to Operate During the Enhanced Community Quarantine of Luzon, amending for this purpose MC No. 20-06

The management shall also stay informed on the Rational Use of Personal Protective Equipment (PPE) on COVID-19 as prescribed by the DOH. In addition, Annex F provides a list of Philippine National Standards on Personal Protective Equipment

(PPE), Societal Security, Risk Management, and Quality Management that may be considered as references.

1.2 Human resource management

The organization shall appoint a personnel as the Health and Safety Manager to ensure that all employees are familiar and in compliance with the business continuity plans during this period. The roles and responsibilities of the Health and Safety Manager and its alternate are listed in Annex A.

The human resource management shall:

- a. devise feasible alternative work arrangements (*see Subclause 1.3 for further details*). Senior citizens, pregnant people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer should be discouraged from reporting to work in a physical capacity;
- b. ensure that non-essential business travels are deferred (*see Subclause 1.3 Item c, 2.1.6, and 2.2.4 for further details*). The management shall be updated on travel advisories from the Department of Foreign Affairs (DFA).
- c. define clearly, management policies on leave of absence, hospitalization benefits, health insurance, social security benefits, and employees' compensation benefits as governed by existing pertinent laws and regulations;
- d. monitor the health conditions of all personnel (*see Annex A Items 4-5*);
- e. implement public health response measures such as contact tracing and social distancing as advised by the DOH.

1.3 Process and business functions

The organization shall:

- a. identify critical business functions and designate employees to carry out appropriate functions. The following are advised to adhere to social distancing measures and reduce physical contact:
 - work-from-home arrangements;
 - skeleton workforce (reduction of workforce); and
 - alternating schedules or shifting schemes.
- b. devise alternate means to conduct business to reduce contact and transmission among employees, and between employees and clients. Cashless and paperless transactions are encouraged.
- c. devise alternate means to conduct internal and external meetings, trainings, and seminars. Video and audio conferencing are encouraged (*see Subclause 2.1.6 and 2.2.4 for further details*).
- d. develop client and employee screening procedures for all individuals entering the workplace as specified in Subclause 2.1.3.1.
- e. develop client and employee screening procedures for determination of necessary medical action and follow-up actions as specified in Subclauses 2.1.4. and 2.1.5.
- f. maintain cleanliness of the office environment and arrange regular disinfection protocols throughout the workplace premises (*see Subclause 2.1.3.2 for further details*).

1.4 Supplier and customer management

The organization shall:

- a. identify essential suppliers and service providers. For contingency measures, Identify alternative suppliers and service providers. Establish a business continuity plan with consideration to their respective business continuity plans.
- b. set parameters for when to activate contingency measures based on current situations that may cause limitations on operations.
- c. identify essential customers and ensure that plans are in place to meet customer needs.

1.5 Communications

The BCP shall be available as documented information that may be communicated within the organization and may be available to interested parties, as appropriate.

The organization shall determine internal and external communications relevant to the business continuity. Means on how to communicate shall be determined. Setting up a communication channel should be strongly considered.

The organization shall appoint a Communications Coordinator to ensure efficient dissemination of business continuity plans and other essential information internally and externally. The designated personnel shall coordinate with the Health and Safety Manager for information dissemination as specified in Subclause 2.1.2.

2 Post Enhanced Community Quarantine (ECQ) Workplace Precautionary Measures

While some restrictions are being modified and/or eased by the government after the Enhanced Community Quarantine (ECQ), basic measures are still need to be implemented by the organization and each individual. These measures shall be included in the workplace risk assessment that shall cover all risks, including those caused by biological agents, as set out in national occupational health and safety legislation. The organization shall be updated on all applicable advisories and resolutions issued by government agencies to ensure compliance.

The management shall appoint or re-appoint a Health and Safety Manager to ensure that all employees are familiar and in compliance with the business continuity plans during this period. The roles and responsibilities of the Health and Safety Manager and its alternate are listed in Annex A.

2.1 Responsibilities of the management

2.1.1 Alternative work arrangements

The organization shall continue to promote and implement alternative work arrangements as specified in Subclause 1.3 Item a to maintain social distancing measures and reduce physical contact.

As part of the COVID-19 countermeasures, the management may continue to advise its employees to avoid public transport and crowded places. Alternative work arrangements will enable the organization to continue operations while prioritizing the safety of its employees.

Should the operations continue within the workplace, the organization shall encourage employees, service providers and clients to stay home if sick, experiencing a mild cough or low-grade fever (38°C or more), or if they have had to take simple medications, such as paracetamol/acetaminophen, ibuprofen or aspirin, which may conceal symptoms of infection.

2.1.2 Personal hygiene and safety awareness

The organization shall ensure personal hygiene and safety awareness of all its employees and service providers.

The Health and Safety Manager and Communications Coordinator shall coordinate and provide relevant information to all employees and service providers as specified in Annex A Items 1-3. Health Infographics shall be placed on common areas to encourage personal hygiene and for increased guidance.

To avoid gathering of crowds, information dissemination on the promotion of health advocacies and other initiatives for increased body resistance as protection to COVID-19 and other viruses shall be facilitated by the Communications Coordinator through email blasts, audio announcements, and whichever mass communication means available to the organization and its employees.

The Health and Safety Manager shall ensure availability of adequate supplies as specified in Annex A Item 6-7. The management shall provide the following supplies to its employees:

- face masks;
- soap;
- alcohol based hand sanitizers containing at least 60% ethanol or isopropanol;
- medicine for flu, common colds, sore throat, etc.;
- tissues or disposable wipes;
- waste bins lined with a plastic bag (for proper disposal and minimum waste-to-bin contact); and others that may provide protection against COVID-19, as applicable.

2.1.3 Cleanliness of the work environment

The organization shall ensure and maintain the cleanliness of the work environment to reduce the spread and risk of infection. Annex D Cleanliness of the Work Environment specifies measures that the management shall conduct.

2.1.3.1 Protocols upon entry/exit

In addition to requirements set in Annex D Item 1, the management may use of the following Building Precautionary Measures:

- a. footbaths or alternate measures/devices for disinfecting footwear prior to building entry;
- b. disinfection tents or alternate measures/devices for head-to-toe disinfection prior to building entry.

2.1.3.2 Work environment

The management shall:

- a. schedule cleaning and disinfection as detailed in Annex D Items 2-4.
- b. handle, manage, and dispose waste as specified in Annex D Item 5.

2.1.4 Protocol for determination of necessary medical action

The management shall determine appropriate action for persons with or without symptoms who have reason to suspect infection through the use of the Department of Health Screening Tool for COVID-19 <https://www.doh.gov.ph/2019-nCoV>.

. The management shall determine if the individual is:

- a. returning from travel to affected areas, within the last 14 days;
- b. returning from travel anywhere else, within the last 14 days;
- c. unwell, develop flu-like symptoms, and has reasons to suspect exposure to COVID-19.

Based on the results of the decision tools issued by DOH, appropriate actions shall be executed as necessary.

Whilst waiting for advice from the nearest health facility or hospital, the management shall ensure that the suspected individual remain at least two meters from other people and that he/she observes personal hygiene and safety measures as indicated in Annex B, C.1 and C.2.

2.1.5 Accommodation of clients and visitors

The management/organization shall:

- a. restrict in person meetings and visits in the workplace. Prioritize alternate means to conduct internal and external meetings, trainings, and seminars such as video and audio conferencing as much as possible as mentioned in Subclauses 1.2 and 1.3.
- b. discourage walk-in clients and/or visitors. If unavoidable, personal hygiene measures (see *Annex B*) and the use of necessary personal protective equipment (see *Annex C.1 and C.2*) shall be observed.
- c. conduct screening for persons entering the workplace as specified in Subclause 2.1.3.1. Clients and visitors should accomplish the health screening forms before entering the premises. The use of Annex E is encouraged. The security personnel shall observe measures as specified in Subclause 2.1.3.1.

2.1.6 Organizing meetings, events, and deploying employees for field work

As much as possible, the organization shall defer from holding physical meetings and/or events. The organization shall continue to promote and implement alternative means to conduct internal and external meetings, trainings, and seminars as specified in Subclause 1.3 Item c to maintain social distancing measures and reduce physical contact.

Otherwise, the organization shall be guided with the following key considerations as prescribed by the World Health Organization:

2.1.6.1 Before the meeting or event

Before the meeting, the organization shall:

- a. check the advice from the authorities in the community where you plan to hold the meeting or event. Follow their advice.
- b. develop and agree a preparedness plan to prevent infection at the meeting or event, and consider the following questions:
 - Whether a face-to-face meeting or event is needed. Could it be replaced by a teleconference or online event?
 - Could the meeting or event be scaled down so that fewer people attend?
- c. verify information and communication channels in advance with key partners such as public health and health care authorities.
- d. pre-order sufficient supplies and materials, including tissues and hand sanitizer for all participants. The organization shall have surgical masks available to offer anyone who develops respiratory symptoms.
- e. actively monitor where COVID-19 is circulating and advise participants in advance that if they have any symptoms or feel unwell, they should not attend.
- f. make sure all organizers, participants, caterers, and visitors at the event provide contact details: mobile telephone number, email, and address where they are staying. The organization shall consider relevant data privacy laws, i.e. Data Privacy Act of 2012, and state clearly that their details will be shared with local public health authorities if any participant becomes ill with a suspected infectious disease. Anyone who does not agree to this condition cannot attend the event or meeting.
- g. identify a room or area where someone who is feeling unwell or has symptoms can be safely isolated
- h. have a plan for how they can be safely transferred from there to a health facility
- i. know what to do if a meeting participant, staff member, or service provider tests positive for COVID-19 during or just after the meeting
- j. agree the plan in advance with your partner health care provider or health department
- k. develop and agree a response plan in case someone at the meeting becomes ill with symptoms of COVID-19 (dry cough, fever, malaise).

2.1.6.2 During the meeting or event

The organization shall:

- a. provide information or a briefing, preferably both orally and in writing, on COVID-19 and the measures that organizers are taking to make this event safe for participants.
- b. build trust. For example, as an icebreaker, practice ways to say hello without touching.
- c. encourage regular hand-washing or use of an alcohol rub by all participants at the meeting or event.
- d. encourage participants to cover their face with the bend of their elbow or a tissue if they cough or sneeze. Supply tissues and closed bins for disposal.
- e. provide contact details or a health hotline number that participants can call for advice or to give information.
- f. display dispensers of alcohol-based hand rub prominently around the venue.
- i. if there is space, arrange seats so that participants are at least 1 meter apart.
- j. open windows and doors whenever possible to make sure the venue is well ventilated.
- k. if anyone who starts to feel unwell, follow preparedness plan or call health facility hotline. Depending on the situation in the area, or recent travel of the participant, place the person in the isolation room. Offer the person a mask.

2.1.6.3 After the meeting or event

The organization shall:

- a. retain the names and contact details of all participants for at least one month. This will help public health authorities trace people who may have been exposed to COVID-19 if one or more participants become ill shortly after the event.
- b. If someone at the meeting or event was isolated as a suspected COVID-19 case, the organizer should inform participants. They should be advised to monitor themselves for symptoms for 14 days and take their temperature twice a day.
- c. If they develop even a mild cough or low-grade fever (i.e. a temperature of 38°C or more) they should stay at home and self-isolate. This means avoiding close contact (less than 1 meter) with other people, including family members. They should also call their health care provider or the local public health department, giving them details of their recent travel and symptoms.

2.1.6.4 Deploying employees for field work

As much as possible, defer from deploying employees for field work, unless deemed necessary to the continuity of the business operation. Be updated on the latest advisories from the Department of Trade and Industry for Enterprises Allowed to Operate, for guidance.

If the field work is essential, ensure that the individual observes personal hygiene measures (see *Annex B*) and the use of necessary personal protective equipment (see *Annex C.1 and C.2*). Provide additional assistance as necessary.

2.2 Responsibilities of the individual

2.2.1 Personal hygiene awareness

The individual shall be guided by Annex B, C.1, and C.2 of this document for personal hygiene and safety awareness and personal protective equipment.

Personal hygiene and safety measures shall be observed wherever the individual may be, within the workplace, or outside of the workplace to reduce potential risk of infection and the spread of infection.

The individual shall always ensure that essential supplies are available at all times. It is recommended that each individual carry a personal toiletry bag for his/her own protection.

2.2.2 Cleanliness of the work environment

The individual shall be guided by Annex D of this document for Cleanliness of the Work Environment.

In addition, the individual shall ensure that applicable cleanliness measures are also observed at home to reduce potential risk of infection and the spread of infection.

2.2.3 Protocol for determination of necessary medical action

The individual shall determine appropriate action through the use of the Department of Health Screening Tool for COVID-19 <https://www.doh.gov.ph/2019-nCoV> if the individual is:

- a. returning from travel to affected areas, within the last 14 days;
- b. returning from travel anywhere else, within the last 14 days;
- c. feeling unwell, develop flu-like symptoms, and has reasons to suspect exposure to COVID-19.

Based on the results of the decision tools issued by DOH, appropriate actions shall be executed.

Whilst waiting for advice from the nearest health facility or hospital, the individual shall observe social distancing, personal hygiene measures (see *Annex B*) and the use of necessary personal protective equipment (see *Annex C.1 and C.2*).

2.2.4 Attending meetings, events, and field work protocol

Before attending a meeting, event, or reporting for field work, verify if:

- physical presence is required. Communicate with the organizer or your employer if digital or virtual attendance is possible.

- it is safe to go outside. Check advisories from DOH, LGU, and other government issuances

If the individual (1) deems his/her physical presence necessary and has (2) verified that access is being allowed by respective LGUs in order to reach the destination, the individual may attend the meeting, event, or report to the field work at his/her own risk or his/her employers'. Personal Hygiene and Safety measures (see *Annex B*), the use of necessary personal protective equipment (see *Annex C.1 and C.2*), and social distancing measures as prescribed by DOH shall be observed.

Annex A
(normative)
Roles and Responsibilities of the Health and Safety Manager and Its Alternate

The Health and Safety Manager shall:

1. Actively monitor the development of the pandemic and stay updated on the latest issuances of the Philippine Government.
2. Coordinate with the management, the Communications Coordinator and all employees to ensure effective communication and implementation of procedures as called for by the authorities and/or the company.
3. Provide relevant information to employees such as:
 - measures on personal hygiene,
 - appropriate personal protective equipment and procedures on proper use,
 - medical devices and procedures on proper use,
 - social distancing measures, and;
 - work environment measures.
4. Conduct, or appoint an alternate to conduct, temperature and symptom monitoring of employees and all clients and visitors before entering work/office premises and prior to leaving the work/office premises.
5. Monitor closely, all employees, clients, and visitors that show symptoms and high fever. Procedures upon detection of visitors and employees that show symptoms shall be carried out as guided by the Department of Health Screening Tool for COVID-19 <https://www.doh.gov.ph/2019-nCoV>.
6. Ensure availability of adequate supplies of the following:
 - medical devices (thermometers, thermal scanners, if possible),
 - face masks
 - soap
 - alcohol based hand sanitizers containing at least 60% ethanol or isopropanol,
 - medicine for flu, common colds, sore throat, etc.
 - tissues or disposable wipes, and
 - waste bins
 - trash bags
7. Ensure availability of hand soaps in washrooms and alcohol based hand sanitizers containing at least 60% ethanol or isopropanol on all entry/ exit points and common areas.
8. Maintain an updated contact information database of all employees with at least the following information: name, mobile number, email address, and home address.

Annex B
(normative)
Personal Hygiene Awareness

- Wash hands regularly and thoroughly with soap and water. Use alcohol based hand sanitizers containing at least 60% ethanol or isopropanol when soap and water are not available. Follow the steps as prescribed by the World Health Organization, as indicated in page 15.
- Cover your mouth when coughing and sneezing. Use a tissue or cough and sneeze into bent elbow if tissue is not available. Dispose used tissues properly and disinfect hand immediately after (*see infographic in page 16*).
- Wear a mask while inside the premises as prescribed by the IATF and LGU. Used mask should be disposed properly. Follow the steps on how to put on, take off, and dispose mask as prescribed by the World Health Organization as shown in Annex C.2.
- Avoid touching the eyes, nose, and mouth.
- Avoid physical contact such as hand shaking.
- Avoid sharing food, utensils, and personal hygiene items.
- Practice social distancing as prescribed by the DOH.

How to Handwash?

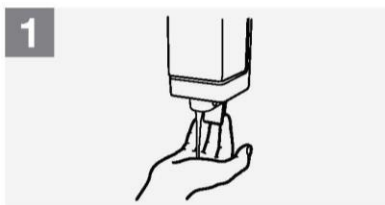
WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB



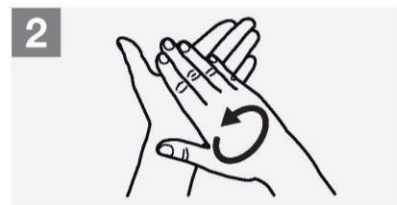
Duration of the entire procedure: 40-60 seconds



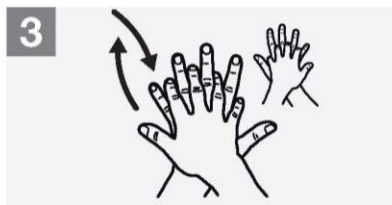
Wet hands with water;



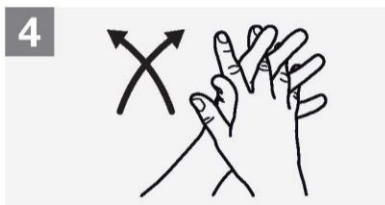
Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



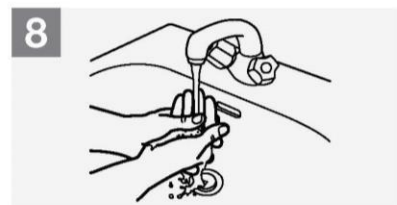
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



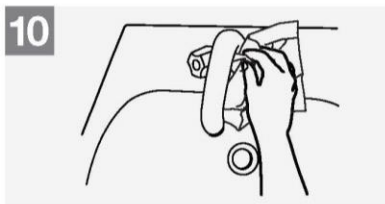
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



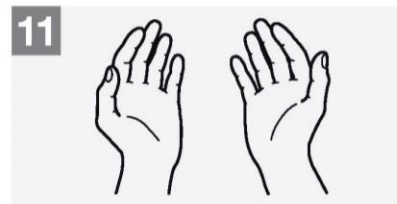
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

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May 2009

Source: World Health Organization



Coughing and sneezing etiquette



Cover your mouth and nose with a tissue.



Dispose of your tissue properly.



If there is no tissue, cough or sneeze into the bend of elbow – not your hand.



If you sneeze or cough into hand, wash your hands as soon as possible.

Source: US Centres for Disease Control and Prevention

Source: US Centers for Disease Control and Prevention (<https://www.cdc.gov/>)

**Annex C.1
(normative)
When to Use a Mask**

Under Section J of the Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID) Resolution No. 18 Series of 2020, *“for areas placed under ECQ, the IATF hereby adopts the policy of mandatory wearing by all residents of face masks, earloop masks, indigeneous, reusable or do-it-yourself masks, face shields, handkerchiefs, or such other protective equipment that can effectively lessen the transmission of COVID-19, whenever allowed to go out of their residences pursuant to existing guidelines issued by the national government.”*³

Masks are effective only when used in combination with frequent hand-cleaning with alcohol-based hand rub or soap and water. ⁴

If you wear a mask, then you must know how to use it and dispose of it properly. For proper wearing and disposal of masks, refer to Annex C.2.

Sources:

3 Department of Health (<https://www.doh.gov.ph/COVID-19/IATF-Resolutions>)

4 World Health Organization (<https://covid19.who.int/>)

**Annex C.2
(normative)**
How to Put On, Use, Take Off, and Dispose of a Mask



Source: World Health Organization

Annex D
(normative)
Cleanliness of the Work Environment

Individual Measures

The workspace shall be kept clean and hygienic at all times. Each individual shall maintain a routine to clean all frequently touched surfaces and/or objects in their personal workspaces in the workplace (e.g. desks, keyboard, printer, telephones, drawers, etc.) using sanitizing wipes and following proper disposal etiquette.

Management Measures

1. The management shall strictly implement the following Building Precautionary Measures:

- a. Temperature check – non-contact temperature check shall be conducted at all entry points of the building as prescribed in Annex A Section 4. Anyone who registers above the required temperature should be ask to rest for 5 to 10 minutes before undergoing another temperature check. If the temperature reading did not improve, the person shall not be permitted to enter the premises.
- b. Hand sanitizers on strategic places – alcohol based hand sanitizers containing at least 60% ethanol or isopropanol shall be made available on all entry/ exit points and common areas.

2. The management shall ensure regular disinfection of common contact areas such as:

- washrooms,
- door handles/knobs
- stairways
- elevators
- pantries,
- meeting rooms
- light switches and remote controls

3. The Management shall clean and disinfect offices and public spaces where there are suspected or confirmed cases of COVID-19. All surfaces that the person has come into contact with must be disinfected including:

- all surfaces and objects which are visibly contaminated with body fluids; and
- all potentially contaminated high-contact areas such as toilets, door handles, telephones, etc.

4. The management shall ensure cleaning of shared spaces where a person has become ill. The use of disposable cloths and the usual detergents, according to current recommended workplace legislation and practice shall be observed. Precautionary measures such as use of personal protective equipment shall be taken for protection during cleaning.

5. The management shall establish and implement a waste management plan. Waste shall be collected, segregated, stored, handled and disposed of properly. All wastes such as face masks, gloves, tissues and wipes, etc, shall be considered as infectious waste and shall be labeled as such for proper waste management. Infectious waste must be separated from other generated wastes and have a remote dedicated area or space. Personnel and/or service providers designated to collect, segregate, handle, transport, and dispose of waste shall observe personal hygiene measures and the use of necessary personal protective equipment shall be observed.

Annex E.1
(informative)
Example of a Health Screening Form for Visitors

Dear Sir/Ma'am:

As a precautionary measure to protect staff and visitors within the premises from COVID-19, we seek your participation to provide the following details:

Company Name Here		Company Office Address Here	
Name:		Contact Number:	
Address:		Nationality:	
Purpose of visit:	☐ Client/Customer ☐ Scheduled Meeting ☐ Others: _____	Venue:	
Temperature reading:		Recorded by: (Staff name)	

Self Declaration Form:

1	Do you have the following symptoms? (tick the relevant boxes) ☐ Fever ☐ Shortness of breath ☐ Others: (specify) _____ ☐ Dry Cough ☐ Sore Throat ☐ Runny Nose
2	Have you been in contact with a confirmed COVID-19 patient/ patient under investigation for COVID-19 within the past 14 days? ☐ Yes ☐ No
3.	Have you been to China or other affected countries within the past 14 days? ☐ Yes ☐ No If yes, please indicate: Country: _____ Duration of visit: _____

I attest that the information provided are true and accurate to the best of my knowledge.

Signature over printed name: _____ Date: _____

**Annex E.2
(informative)
Example of Notification Form for Employees**

Suspected infection case of employee

Name:		Location of quarantine:
Position:	Department/Division:	Contact Number:
Address:		
Symptoms: ☐ Fever ☐ Shortness of breath ☐ Others: (specify) _____ ☐ Dry Cough ☐ Sore Throat ☐ Runny Nose		
Date and Time of fever onset:		
Date and Time of quarantine:		
Travel history with the last 14 days		
Countries visited:		
Flights taken:		

I attest that the information provided are true and accurate to the best of my knowledge.

Signature over printed name: _____ Date: _____

Health and Safety Manager signature over printed name: _____

**Annex E.3
(informative)
Temperature Monitoring Log**

Name:					
Department/Division:					
Date		Temperature reading			
		Reading at Time – In	Employee's Signature	Reading at Time – Out	Employee's Signature
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					
Day 8					
Day 9					
Day 10					
Day 11					
Day 12					
Day 13					
Day 14					

The employee/visitor shall keep a record of the temperature monitoring log. Each form is recommended to reflect temperature log every 14 days.

Coordinate with the Health and Safety Manager should your temperature reading be above 38°C.

Annex F
(informative)
Relevant Philippine National Standards (PNS)
for Business Continuity Planning (BCP)

The organization may refer to the following Philippine National Standards on Personal Protective Equipment, Societal Security, Risk Management, and Quality Management and other relevant standards which are direct adoption of the International Organization for Standardization (ISO), International Electrotechnical Committee (IEC) and Standards Norway documents during Business Continuity Planning:

F.1 Personal Protective Equipment (PPE)

F.1.1 Protective Clothing

- PNS NS EN 13795-1:2020 Surgical clothing and drapes - Requirements and test methods - Part 1: Surgical drapes and gowns (NS EN published 2019)
- PNS NS EN 13795-2:2020 Surgical clothing and drapes - Requirements and test methods - Part 2: Clean air suits (NS EN published 2019)
- PNS NS EN 14126:2020 Protective clothing - Performance requirements and tests methods for protective clothing against infective agents (NS EN published 2003 with Corrigendum AC:2004)
- PNS NS EN 14605:2020 Protective clothing against liquid chemicals – performance requirements for clothing with liquid-tight (Type 3) or spray-tight (Type 4) connections, including items providing protection to parts of the body only (Types PB [3] and PB [4]) (NS EN published 2009 with Amendment 1:2009)
- PNS ISO/TR 11610:2020 Protective clothing – Vocabulary (ISO published 2004)
- PNS ISO 19918:2020 Protective clothing – Protection against chemicals – Measurement of cumulative permeation of chemicals with low vapour pressure through materials (ISO published 2017)
- PNS ISO 22610:2020 Surgical drapes, gowns and clean air suits, used as medical devices, for patients, clinical staff and equipment – Test method to determine the resistance to wet bacterial penetration (ISO published 2018)
- PNS ISO 13688:2015 Protective clothing – General requirements (ISO published 2013)
- PNS ISO 6530:2015 Protective clothing – Protection against liquid chemicals – Test method for resistance of materials to penetration by liquids (ISO published 2015)
- PNS ISO 13982-1:2015 Protective clothing for use against solid particulates – Part 1: Performance requirements for chemical protective clothing providing protection to the full body against airborne solid particulates (type 5 clothing)

Source: Bureau of Philippine Standards (<http://bps.dti.gov.ph/>)

- PNS ISO 13994:2015 Clothing for protection against liquid chemicals – Determination of the resistance of protective clothing materials to penetration by liquids under pressure
- PNS ISO 16602:2015 Protective clothing for protection against chemicals – Classification, labelling and performance requirements
- PNS ISO 16603:2015 Clothing for protection against contact with blood and body fluids – Determination of the resistance of protective clothing materials to penetration by blood and body fluids – Test method using synthetic blood
- PNS ISO 16604:2015 Clothing for protection against contact with blood and body fluids – Determination of resistance of protective clothing materials to penetration by blood-borne pathogens – Test method using Phi-X 174 bacteriophage
- PNS ISO 22612:2015 Clothing for protection against infectious agents – Test method for resistance to dry microbial penetration

F.1.2 Medical Gloves

- PNS NS EN 455-1:2020 Medical gloves for single use - Part 1: Requirements and testing for freedom from holes (NS EN published 2000)
- PNS NS EN 455-2:2020 Medical gloves for single use - Part 2: Requirements and testing for physical properties (NS EN published 2015)
- PNS NS EN 455-3:2020 Medical gloves for single use - Part 3: Requirements and testing for biological evaluation (NS EN published 2015)
- PNS NS EN 455-4:2020 Medical gloves for single use - Part 4: Requirements and testing for shelf life determination (NS EN published 2009)
- PNS ISO 374-1:2020 Protective gloves against dangerous chemicals and micro-organisms – Part 1: Terminology and performance requirements for chemical risks (ISO published 2016 with Amendment 1:2018)
- PNS ISO 374-2:2020 Protective gloves against dangerous chemicals and micro-organisms – Part 2: Determination of resistance to penetration (ISO published 2019)
- PNS ISO 374-4:2020 Protective gloves against dangerous chemicals and micro-organisms – Part 4: Determination of resistance to degradation of chemicals (ISO published 2019)
- PNS ISO 374-5:2020 Protective gloves against dangerous chemicals and micro-organisms – Part 5: Terminology and performance requirements for micro-organisms risks (ISO published 2016)
- PNS ISO 21420:2020 Protective gloves – General requirements and test methods (ISO published 2020)

Source: Bureau of Philippine Standards (<http://bps.dti.gov.ph/>)

F.1.3 Face Masks / Respiratory Protective Device (RPD)

- PNS NS EN 149:2020 Respiratory protective devices – Filtering half masks to protect against particles - Requirements, testing, marking (NS EN published 2001 with Amendment 1:2009)
- PNS NS EN 14683:2020 Medical face masks - Requirements and test methods (NS EN published 2019)
- PNS ISO 22609:2015 Clothing for protection against infectious agents – Medical face masks – Test method for resistance against penetration by synthetic blood (fixed volume, horizontally projected) (ISO 22609:2004)
- PNS ISO/TS 16976-8:2020 Respiratory protective devices — Human factors — Part 8: Ergonomic factors (ISO published 2013)

F.1.3.1 Other Respiratory Protective Device Standards

- PNS ISO 16900-1:2020 Respiratory protective devices — Methods of test and test equipment — Part 1: Determination of inward leakage
- PNS ISO 16900-2:2020 Respiratory protective devices — Methods of test and test equipment — Part 2: Determination of breathing resistance
- PNS ISO 16900-3:2020 Respiratory protective devices — Methods of test and test equipment — Part 3: Determination of particle filter penetration
- PNS ISO 16900-4:2020 Respiratory protective devices — Methods of test and test equipment — Part 4: Determination of gas filter capacity and migration, desorption and carbon monoxide dynamic testing
- PNS ISO 16900-5:2020 Respiratory protective devices — Methods of test and test equipment — Part 5: Breathing machine, metabolic simulator, RPD headforms and torso, tools and verification tools
- PNS ISO 16900-6:2020 Respiratory protective devices — Methods of test and test equipment — Part 6: Mechanical resistance/strength of components and connections
- PNS ISO 16900-7:2020 Respiratory protective devices — Methods of test and test equipment — Part 7: Practical performance test methods
- PNS ISO 16900-8:2020 Respiratory protective devices — Methods of test and test equipment — Part 8: Measurement of RPD air flow rates of assisted filtering RPD
- PNS ISO 16900-9:2020 Respiratory protective devices — Methods of test and test equipment — Part 9: Determination of carbon dioxide content of the inhaled gas
- PNS ISO 16900-10:2020 Respiratory protective devices — Methods of test and test equipment — Part 10: Resistance to ignition, flame, radiant heat and heat

Source: Bureau of Philippine Standards (<http://bps.dti.gov.ph/>)

- PNS ISO 16900-11:2020 Respiratory protective devices — Methods of test and test equipment — Part 11: Determination of field of vision
- PNS ISO 16900-12:2020 Respiratory protective devices — Methods of test and test equipment — Part 12: Determination of volume-averaged work of breathing and peak respiratory pressures
- PNS ISO 16900-13:2020 Respiratory protective devices — Methods of test and test equipment — Part 13: RPD using regenerated breathable gas and special application mining escape RPD: Consolidated test for gas concentration, temperature, humidity, work of breathing, breathing resistance, elastance and duration
- PNS ISO 16900-14:2020 Respiratory protective devices — Methods of test and test equipment — Part 14: Measurement of sound level
- PNS ISO 16972:2020 Respiratory protective devices — Terms, definitions, graphical symbols and units of measurement
- PNS ISO/TS 16973:2020 Respiratory protective devices — Classification for respiratory protective device (RPD), excluding RPD for underwater application
- PNS ISO/TS 16974:2020 Respiratory protective devices — Marking and information supplied by the manufacturer
- PNS ISO 16975-3:2020 Respiratory protective devices — Selection, use and maintenance — Part 3: Fit-testing procedures
- PNS ISO/TS 16975-1:2020 Respiratory protective devices — Selection, use and maintenance — Part 1: Establishing and implementing a respiratory protective device programme
- PNS ISO/TS 16975-2:2020 Respiratory protective devices — Selection, use and maintenance — Part 2: Condensed guidance to establishing and implementing a respiratory protective device programme
- PNS ISO/TS 16976-1:2020 Respiratory protective devices — Human factors — Part 1: Metabolic rates and respiratory flow rates
- PNS ISO/TS 16976-2:2020 Respiratory protective devices — Human factors — Part 2: Anthropometrics
- PNS ISO/TS 16976-3:2020 Respiratory protective devices — Human factors — Part 3: Physiological responses and limitations of oxygen and limitations of carbon dioxide in the breathing environment
- PNS ISO/TS 16976-4:2020 Respiratory protective devices — Human factors — Part 4: Work of breathing and breathing resistance: Physiologically based limits
- PNS ISO/TS 16976-5:2020 Respiratory protective devices — Human factors — Part 5: Thermal effects

Source: Bureau of Philippine Standards (<http://bps.dti.gov.ph/>)

- PNS ISO/TS 16976-6:2020 Respiratory protective devices — Human factors — Part 6: Psycho-physiological effects
- PNS ISO/TS 16976-7:2020 Respiratory protective devices — Human factors — Part 7: Hearing and speech
- PNS ISO 17420-3:2020 Respiratory protective devices — Performance requirements — Part 3: Thread connection

F.1.4 Eye Protection

- PNS NS EN 166:2020 Personal eye-protection –Specifications (NS EN published 2001)

F.2 Anaesthetic and Respiratory Equipment

- PNS ISO 10651-3:2020 Lung ventilators for medical use — Part 3: Particular requirements for emergency and transport ventilators (ISO published 1997)
- PNS ISO 10651-4:2020 Lung ventilators — Part 4: Particular requirements for operator-powered resuscitators (ISO published 2002)
- PNS ISO 10651-5:2020 Lung ventilators for medical use — Particular requirements for basic safety and essential performance — Part 5: Gas-powered emergency resuscitators (ISO published 2006)
- PNS ISO 17510:2020 Medical devices — Sleep apnoea breathing therapy — Masks and application accessories (ISO published 2015)
- PNS ISO 18082:2020 Anaesthetic and respiratory equipment — Dimensions of non-interchangeable screw-threaded (NIST) low-pressure connectors for medical gases (ISO published 2014 with Amendment 1:2017)
- PNS ISO 18562-1:2020 Biocompatibility evaluation of breathing gas pathways in healthcare applications — Part 1: Evaluation and testing within a risk management process (ISO published 2017)
- PNS ISO 18562-2:2020 Biocompatibility evaluation of breathing gas pathways in healthcare applications — Part 2: Tests for emissions of particulate matter (ISO published 2017)
- PNS ISO 18562-3:2020 Biocompatibility evaluation of breathing gas pathways in healthcare applications — Part 3: Tests for emissions of volatile organic compounds (VOCs) (ISO published 2017)
- PNS ISO 18562-4:2020 Biocompatibility evaluation of breathing gas pathways in healthcare applications — Part 4: Tests for leachables in condensate (ISO published 2017)

Source: Bureau of Philippine Standards (<http://bps.dti.gov.ph/>)

- PNS ISO 19223:2020 Lung ventilators and related equipment — Vocabulary and semantics (ISO published 2019)
- PNS ISO 5356-1:2020 Anaesthetic and respiratory equipment — Conical connectors — Part 1: Cones and sockets (ISO published 2015)

F.3 Biotechnology

- PNS ISO 20395:2020 Biotechnology — Requirements for evaluating the performance of quantification methods for nucleic acid target sequences — qPCR and dPCR (ISO published 2019)

F.4 Biological Evaluation of Medical Devices

- PNS ISO 10993-1:2020 Biological evaluation of medical devices — Part 1: Evaluation and testing within a risk management process (ISO published 2018)

F.5 Medical Electrical Equipment

- PNS ISO 80601-2-12:2020 Medical electrical equipment — Part 2-12: Particular requirements for basic safety and essential performance of critical care ventilators (ISO published 2020)
- PNS ISO 80601-2-13:2020 Medical electrical equipment — Part 2-13: Particular requirements for basic safety and essential performance of an anaesthetic workstation (ISO published 2011 with Amendment 1:2015 and Amendment 2:2018)
- PNS ISO 80601-2-70:2020 Medical electrical equipment — Part 2-70: Particular requirements for basic safety and essential performance of sleep apnoea breathing therapy equipment (ISO published 2015)
- PNS ISO 80601-2-74:2020 Medical electrical equipment — Part 2-74: Particular requirements for basic safety and essential performance of respiratory humidifying equipment (ISO published 2017)
- PNS ISO 80601-2-79:2020 Medical electrical equipment — Part 2-79: Particular requirements for basic safety and essential performance of ventilatory support equipment for ventilatory impairment (ISO published 2018)
- PNS ISO 80601-2-80:2020 Medical electrical equipment — Part 2-80: Particular requirements for basic safety and essential performance of ventilatory support equipment for ventilatory insufficiency (ISO published 2018)
- PNS IEC 60601-1:2016 Medical electrical equipment – Part 1: General requirements for basic safety and essential performance (IEC published 2005 with Amendment 1:2012)

Source: Bureau of Philippine Standards (<http://bps.dti.gov.ph/>)

- PNS ISO 80601-2-70:2020 Medical electrical equipment — Part 2-70: Particular requirements for basic safety and essential performance of sleep apnoea breathing therapy equipment (ISO published 2015)
- PNS ISO 80601-2-74:2020 Medical electrical equipment — Part 2-74: Particular requirements for basic safety and essential performance of respiratory humidifying equipment (ISO published 2017)
- PNS ISO 80601-2-79:2020 Medical electrical equipment — Part 2-79: Particular requirements for basic safety and essential performance of ventilatory support equipment for ventilatory impairment (ISO published 2018)
- PNS ISO 80601-2-80:2020 Medical electrical equipment — Part 2-80: Particular requirements for basic safety and essential performance of ventilatory support equipment for ventilatory insufficiency (ISO published 2018)
- PNS IEC 60601-1:2016 Medical electrical equipment – Part 1: General requirements for basic safety and essential performance (IEC published 2005 with Amendment 1:2012)
- PNS IEC 60601-1-2:2020 Medical electrical equipment - Part 1-2: General requirements for basic safety and essential performance - Collateral Standard: Electromagnetic disturbances - Requirements and tests (IEC published 2014)
- PNS IEC 60601-1-6:2020 Medical electrical equipment - Part 1-6: General requirements for basic safety and essential performance - Collateral standard: Usability (IEC published 2010 with Amendment 1:2013)
- PNS IEC 60601-1-8:2020 Medical electrical equipment - Part 1-8: General requirements for basic safety and essential performance - Collateral Standard: General requirements, tests and guidance for alarm systems in medical electrical equipment and medical electrical systems (IEC published 2006 with Amendment 1:2012)
- PNS IEC 60601-1-11:2020 Medical electrical equipment - Part 1-11: General requirements for basic safety and essential performance - Collateral Standard: Requirements for medical electrical equipment and medical electrical systems used in the home healthcare environment (IEC published 2015)
- PNS IEC 80601-2-72:2020 Medical electrical equipment – Part 2-72: Particular requirements for basic safety and essential performance of home healthcare environment ventilators for ventilator-dependent patients
- PNS IEC 60601-1:2016 Medical electrical equipment – Part 1: General requirements for basic safety and essential performance

F.6 Security and Resilience

- PNS ISO 22301:2020 Security and resilience – Business continuity management systems – Requirements (ISO published 2019)

Source: Bureau of Philippine Standards (<http://bps.dti.gov.ph/>)

- PNS ISO 22395:200 Security and resilience – Community resilience – Guidelines for supporting vulnerable persons in an emergency (ISO Published 2018)
- PNS ISO 22320:2018 Security and resilience – Emergency management – Guidelines for incident management (ISO Published 2018) (ISO Published 2018)
- PNS ISO 22316:2018 Security and resilience – Organizational resilience – Principles and attributes (ISO Published 2017)

F.7 Risk Management

- PNS ISO 31000:2018 Risk management – Guidelines (ISO published 2018)

F.8 Quality Management System for Medical Devices

- PNS ISO 13485:2019 Medical devices - Quality management systems - Requirements for regulatory purposes (ISO published 2016)

Source: Bureau of Philippine Standards (<http://bps.dti.gov.ph/>)

Information on COVID-19 public advisories

For information on public advisories relative to COVID-19, please refer to the following:

OFFICIAL COVID-19 PHILIPPINES WEBSITE:

<http://www.covid19.gov.ph/>

Department of Health (DOH)

<http://www.doh.gov.ph/2019-nCov/>

Department of Trade and Industry (DTI)

<https://www.dti.gov.ph/covid19/>

Department of Labor and Employment (DOLE)

<https://www.dole.gov.ph/covid-19-mitigating-measures/>

Department of Interior and Local Government (DILG)

<https://www.dilg.gov.ph/>

Department of Information and Communications Technology (DICT)

<https://dict.gov.ph/>

Department of Foreign Affairs (DFA)

<https://www.dfa.gov.ph/covid-19-advisories>

Department of Transportation (DOTr)

<http://dotr.gov.ph/>

Department of Agriculture (DA)

<http://www.da.gov.ph/>

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Department of Trade and Industry - Bureau of Philippine Standards

3F Trade and Industry Building

361 Sen. Gil J. Puyat Avenue, Makati City 1200, Metro Manila, Philippines

T/ +63 (02) 7791.3127 / +63 (02) 7791.3124

E-mail address: bps@dti.gov.ph

Website: www.bps.dti.gov.ph