

# BUSINESS CONTINUITY PLANNING

*amidst Coronavirus Disease 2019 (COVID-19)*

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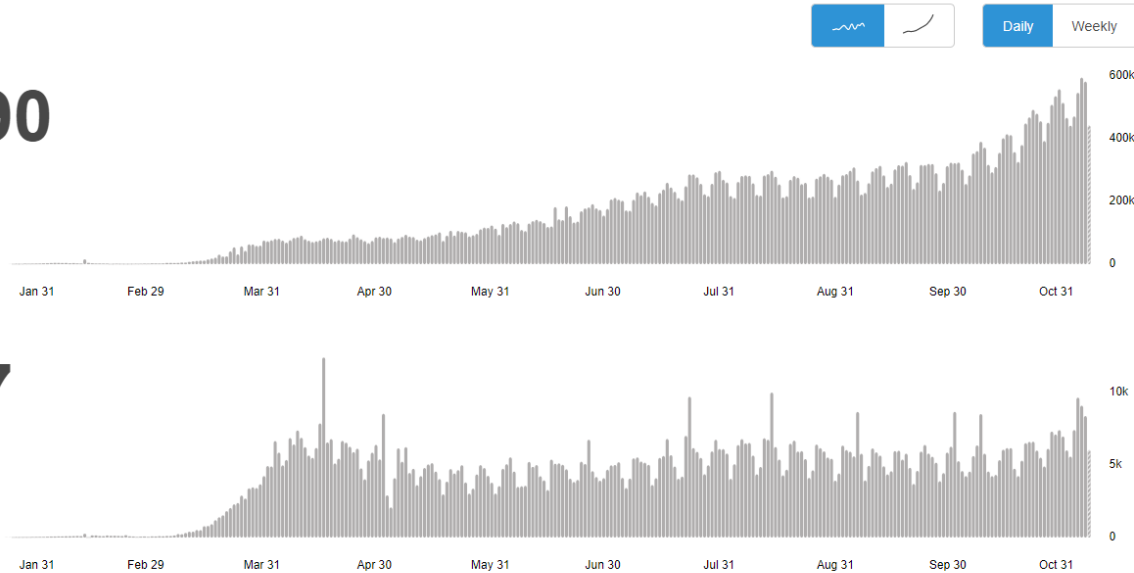
# Current Situation

## Global Situation

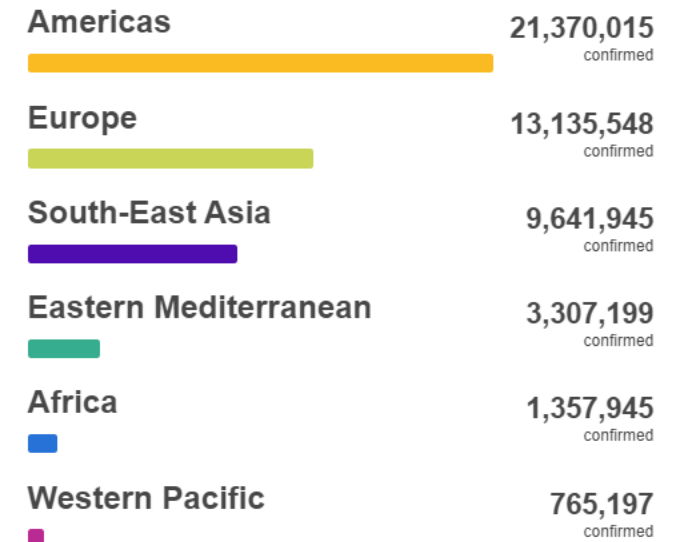
**49,578,590**  
confirmed cases

**1,245,717**  
deaths

Source: World Health Organization  
Data may be incomplete for the current day or week.



## Situation by WHO Region

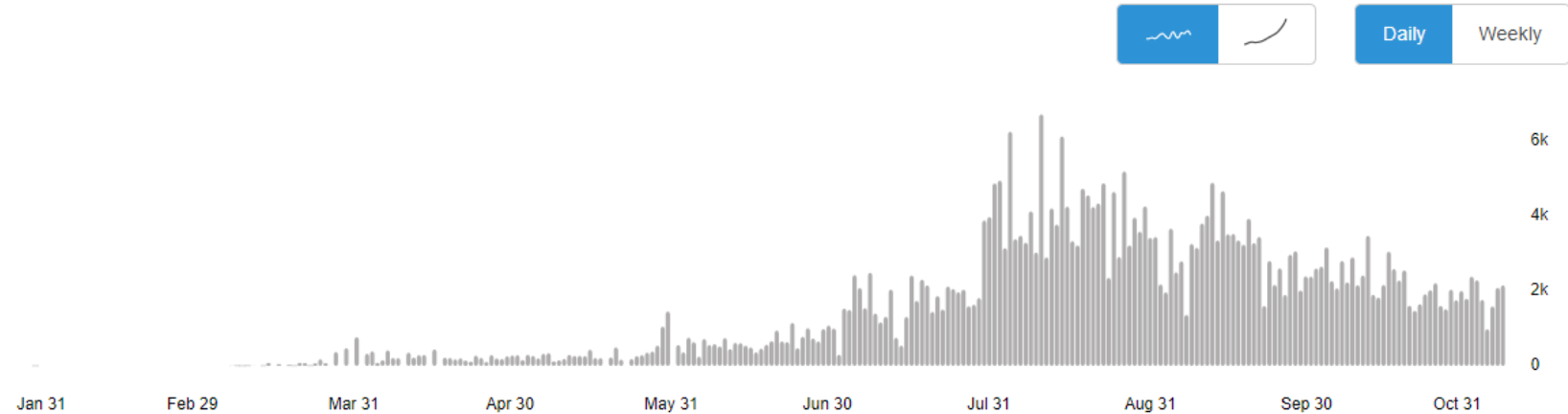


Source: World Health Organization  
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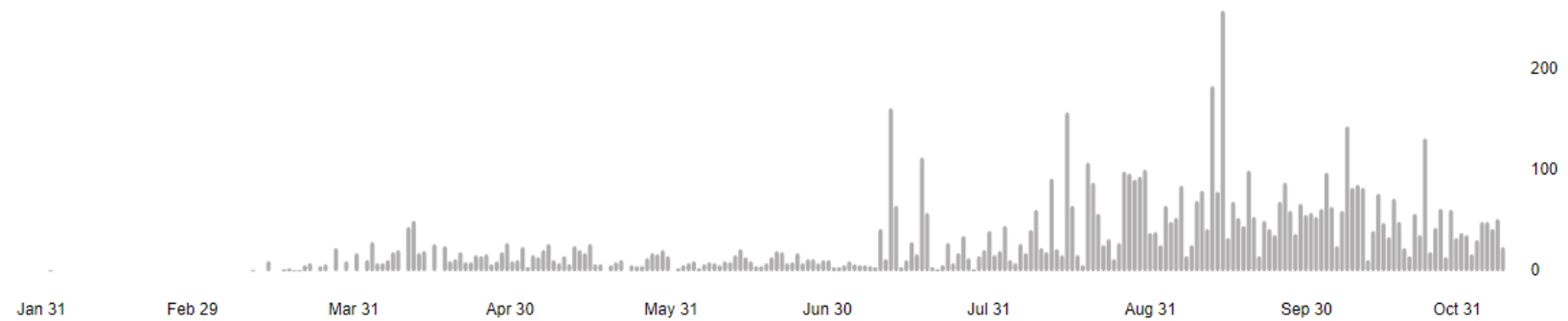
# Current Situation

## Philippines Situation

**393,961**  
confirmed cases



**7,485**  
deaths



Source: World Health Organization

# [DTI] Response/s to the PH State of Calamity

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- *Issued and implemented Price Freeze*
- *Daily Price & Supply Monitoring*
- *Active involvement in the IATF*
- *Loan assistance via SB Corporation*
- *MSME capacity development through webinars*
- *Issued relevant Memorandum Circulars (M.C.) such as:*
  - *Unhampered movement of cargoes*
  - *Establishments allowed to operate during ECQ, MECQ, GCQ and MGCQ*
  - *Anti-hoarding and panicking*
  - *Concession on rent*
  - *Establish minimum health protocols of stores*

# Business Continuity Plan

*amidst COVID-19*

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*- a documented procedure that guides an organization to respond, recover, resume and restore itself to a pre-defined level of operation following a disruption.*

## **1.1 Business Management**

- Ensure that the responsibilities and authorities for relevant roles are assigned and communicated within the organization.
- Carry out business impact analysis and risk assessment
- Gather necessary information relevant to the nature of the organization's operations.
- Gather and communicate relevant updates.

# Business Continuity Plan

## *amidst COVID-19*

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### ***1.2 Human Resource Management***

- Appoint a **Health and Safety Manager** to perform the following:
  - Actively monitor the development of the pandemic;
  - Coordinate with the management and all employees to ensure effective communication and implementation of procedures;
  - Provide relevant information to employees;
  - Conduct (or appoint an alternate) temperature and symptom monitoring of employees and clients;
  - Monitor closely all employees, clients, and visitors that show symptoms;
  - Ensure availability of adequate supplies;
  - Maintain an updated contact information database of all employees.

# Business Continuity Plan

## *amidst COVID-19*

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### ***1.2 Human Resource Management***

- Devise feasible alternative work arrangements;
- Ensure that non-essential business travels are deferred and be updated on travel advisories by the DFA;
- Define clearly management policies on leave of absence, hospitalization, benefits, health insurance, social security benefits, and employees' compensation benefits;

# Business Continuity Plan

## *amidst COVID-19*

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### ***1.2 Human Resource Management***

- Monitor health conditions of all personnel;
- Implement public health response measures such as contact tracing and social distancing as advised by the DOH.



# Business Continuity Plan

## *amidst COVID-19*

### 1.2 Human Resource Management

Sample Notification Form  
for Employees

Suspected infection case of employee		
Name:		Location of quarantine:
Position:	Department/Division:	Contact Number:
Address:		
Symptoms: <input type="checkbox"/> Fever <span style="margin-left: 200px;"><input type="checkbox"/> Dry Cough</span> <input type="checkbox"/> Shortness of breath <span style="margin-left: 100px;"><input type="checkbox"/> Sore Throat</span> <input type="checkbox"/> Others: (specify) _____ <span style="margin-left: 100px;"><input type="checkbox"/> Runny Nose</span>		
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: \_\_\_\_\_

# Business Continuity Plan

## *amidst COVID-19*

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### ***1.3 Process and business functions***

- The organization shall identify critical business functions and designate employees to carry out appropriate functions (Work from home, Skeleton Workforce, Alternating schedules or shifting schemes);
- Paperless and cashless transactions are encouraged;
- Devise alternatives in the conduct of meetings/trainings/seminars (virtual);

# Business Continuity Plan

## *amidst COVID-19*

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### ***1.3 Process and business functions***

- Develop client and employee screening procedures for individuals entering the workplace (temperature reading, sanitation of hands and footwear);
- Implement the use of a health screening form for employees and visitors (via web/mobile app, or actual printed forms);
- Maintain cleanliness of the office environment and arrange regular disinfection protocols throughout the workplace.

# Business Continuity Plan

## *amidst COVID-19*

### Sample Health Screening Form

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:	<input type="checkbox"/> Client/Customer <input type="checkbox"/> Scheduled Meeting <input type="checkbox"/> Others: _____	Venue:	
Temperature reading:		Recorded by: (Staff name)	

#### Self Declaration Form:

1	Do you have the following symptoms? (tick the relevant boxes) <input type="checkbox"/> Fever <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Others: (specify) _____ <input type="checkbox"/> Dry Cough <input type="checkbox"/> Sore Throat <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you been to China or other affected countries within the past 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_

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Thank you