BUSINESS CONTINUITY PLANNING

amidst Coronavirus Disease 2019 (COVID-19)
Current Situation

Global Situation

49,578,590 confirmed cases

1,245,717 deaths

Situation by WHO Region

Americas 21,370,015 confirmed
Europe 13,135,548 confirmed
South-East Asia 9,641,945 confirmed
Eastern Mediterranean 3,307,199 confirmed
Africa 1,357,945 confirmed
Western Pacific 765,197 confirmed

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

Philippines Situation

393,961 confirmed cases

7,485 deaths

Source: World Health Organization
[DTI] Response/s to the PH State of Calamity

- 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

- 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.
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.
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 polices on leave of absence, hospitalization, benefits, health insurance, social security benefits, and employees’ compensation benefits;
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.
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_amidst COVID-19_

1.2 Human Resource Management

Sample Notification Form for Employees
Business Continuity Plan

 amidst COVID-19

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);
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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.
Sample Health Screening Form

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

<table>
<thead>
<tr>
<th>Company Name Here</th>
<th>Company Office Address Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Contact Number:</td>
</tr>
<tr>
<td>Address:</td>
<td>Nationality:</td>
</tr>
</tbody>
</table>

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
   - [ ] Dry Cough
   - [ ] Shortness of breath
   - [ ] Others (specify)

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: ___________
Thank you