



PHILIPPINE PORTS AUTHORITY
PMO MISAMIS ORIENTAL/CAGAYAN DE ORO
 PMO Admin Bldg. 2, Gate 5, Agora Road, Puntod, Cagayan de Oro City

PORT ADVISORY/BULLETIN/ANNOUNCEMENT
PABA No. PPD 021-2020

DATE: 27 March 2020	No. of pages including this page: Two (2) pages
TO: PPA Employees CHO Employees Shipping Lines Ship Agents/Representatives Shippers/Consignees Port Workers Other Port Stakeholders All Others Concerned	Emails:
FROM: The Port Police Division Manager	Email: bagartalia@ppa.com.ph PPD Email: moc_ppd@ppa.com.ph PMO Fax: (088) 856-4667
Cc:	
SUBJECT: IMPLEMENTATION OF PPA ENTRY PROTOCOL TO ALL PERSONS ENTERING THE PORTS UNDER PMO MO/C	
<i>ATTENTION: If you have received this communication with missing, incomplete, garbled or unreadable pages, please notify us at once through Tel.(088)856-1264; Fax(088) 856-4667; Email Address:ppapmocdo@ppa.com.ph or moc_ppd@ppa.com.ph</i>	
MESSAGE:	
<p>In light with the present crisis on the spread of Corona Virus Disease (COVID-19) in the locality, PMO MOC must implement additional measures to prevent, limit and control further spread of such disease. It is therefore essential to record, evaluate and verify the physical conditions and travel histories of ALL persons who enter the ports under this PMO including but not limited to PPA personnel (organic and outsourced), CHO employees, ship agents, shipping lines representatives, hired workers, drivers/helpers, consignees, shippers, gang workers, visitors, contractors and other port stakeholders. This would also allow the Office to easily trace the movement of any person who entered the port premises in the event that said person will be tested positive for COVID-19 infection. Thus, all the aforesaid pedestrians who intends to enter the port premises must secure and truthfully fill-up completely the PPA Entry Protocol Form (herein attached) which will be submitted to the security guards on duty upon entry.</p> <p>In view of the foregoing, the following guidelines shall be adopted and implemented upon entering the portals of the Baseport, including the terminal ports, to wit;</p> <ol style="list-style-type: none"> 1. Security guards assigned at designated entry points of the Baseport such Gate 1A, Gate 1B, Gate 1C, Gate 3 Complex, Gate 4, PMO Building 1, PMO Building 2 and Access Control Center shall require pedestrians to completely fill-up the form and same shall be collected by the former. Subject pedestrians shall fill-up the pro-forma only once upon entry to the port on a per day basis. <p>The same procedure shall be replicated at the designated access points at the Terminal Ports of Camiguin, Balingoan, Jasaan and Opol.</p>	

2. In case the submitted form has/have mark/s that suggests a medical condition that might endanger the well-being of the port community, subject person may be temporarily put on hold and redirected to a designated holding area for further medical evaluation and verification:
 - 2.1. For PPA employees (both organic and outsourced), he/she will be referred to the Administrative Services Division of this PMO for appropriate medical referral.
 - 2.2. For CHO employees and other personnel contracted/hired by CHO, he/she will be referred to OROPORT Clinic Medical Staff.
 - 2.3. For other pedestrians, he/she will be referred to the Barangay Health Emergency Response Team (BHERT) of the concerned LGU (ie. Brgy Macabalan or Brgy Puntod) and/or the DOH/PHO.
 - 2.4. At the Terminal ports, subject pedestrian will be referred to the concerned BHERT/DOH/PHO.
3. However, in order to save time and avoid accumulation of vehicles and/or pedestrian at the ports' access points, concerned units and pedestrians who are regularly entering the port may reproduce and distribute the forms beforehand to allow their employees/workers to fill-up the same in advance. And as such, they will only have to submit the accomplished forms upon their entry subject for verification at the port gates.

The security guard shall verify the form against the valid/company ID presented by the bearer.

4. Submitted forms will be collected and collated by PPD at the end of every shift and same will be immediately encoded and come up with a database that will allow fast and easy retrieval of information, subject to the provisions of the Data Privacy Act.

In order to ensure effectiveness and efficiency of this measure to protect the port from the dreaded effect of COVID-19 Disease as well as to preserve the welfare of the port community in general, all are encouraged to fill-up the form with utmost sincerity and honesty. Rest assured that information gathered in the system will be dealt with great confidentiality.

Port Police Officers on duty, Shift-In-Charge guards and Gate guards shall ensure implementation of the provisions cited in the herein Advisory.

This enhanced Entry Protocol shall take effect immediately and will remain to be enforced until the duration of the Public Health Emergency or unless otherwise extended or cut short subject to further guidance from higher management and/or concerned health agencies and the IATF on Emerging Infectious Disease relating to the prevention and containment of COVID-19.

For guidance, ready reference and appropriate action.


PPSUPT BERNARDO A GARTALIA

Encl: A/S

(Note: This communication has also digitally scanned and transmitted to your official email addresses. Please be advise this Office of any changes in said addresses, or of alternative addresses. Email Addresses of port users and stakeholders)

PPA Entry Protocol

DATE: _____

NAME: _____

AGENCY: _____

RESIDENCE: _____

STATE YOUR BODY TEMPERATURE UPON ENTRY TO EOC: _____

PUT A \checkmark MARK IF YOU HAVE THE FOLLOWING CONDITIONS:

FEVER	COUGH	COLDS	SORE THROAT

STATE YOUR TRAVEL POINTS FOR THE PAST WEEK:

DATE	FROM	TO

HOW MANY COMPANIONS YOU HAVE IN YOUR RESIDENCE? _____

SIGNATURE

PPA Entry Protocol

DATE: _____

NAME: _____

AGENCY: _____

RESIDENCE: _____

STATE YOUR BODY TEMPERATURE UPON ENTRY TO EOC: _____

PUT A \checkmark MARK IF YOU HAVE THE FOLLOWING CONDITIONS:

FEVER	COUGH	COLDS	SORE THROAT

STATE YOUR TRAVEL POINTS FOR THE PAST WEEK:

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HOW MANY COMPANIONS YOU HAVE IN YOUR RESIDENCE? _____

SIGNATURE