Republic of the Philippines
Department of Education

21 DEC 2020

DepEd ORDER
No. 041, s. 2020

GUIDELINES ON THE IMPLEMENTATION OF THE SCHOOL DENTAL HEALTH CARE PROGRAM, INCLUDING MEDICAL AND NURSING SERVICES FOR SCHOOL YEAR 2020-2021

To: Undersecretaries
Assistant Secretaries
Minister, Basic, Higher, and Technical Education, BARMM
Bureau Directors
Directors of Services, Centers and Heads of Units
Regional Directors
Schools Division Superintendents
Public and Private Elementary and Secondary Schools Heads
All Others Concerned

1. The Department of Education (DepEd) shall implement the enclosed **Guidelines of the School Dental Health Care Program (SDHCP), Including the Medical and Nursing Services for School Year 2020-2021** to ensure the maintenance of good oral health of the school population through an institutionalized holistic approach in the prevention and treatment of oral diseases.

2. The SDHCP provides for the dental and medical emergency treatment for learners, teaching, and nonteaching personnel by establishing fully functional clinics that will also serve as a hub for nearby schools.

3. DepEd Order No. 028, s. 2018 titled **Policy and Guidelines on the *Oplan Kalusugan sa* Department of Education (*OK sa* DepEd)** shall be used as reference in the implementation of the SDHCP as a component of the medical, dental and nursing services of the six flagship programs.

4. In compliance with the decision of the President that he will not allow traditional face-to-face classes until the COVID-19 vaccine is available, all activities in this policy that require the physical presence of learners in school premises are subject to the condition that face-to-face classes have already been allowed, whether in partial or full scale, by the Office of the President.

5. This policy shall take effect immediately.

6. For more information, please contact the **Bureau of Learner Support Services-School Health Division**, 3rd Floor, Mabini Building, Department of Education Central Office, DepEd Complex, Meralco Avenue, Pasig City through email at blss.shd@deped.gov.ph or at telephone number (02) 8632-9935.

7. Immediate dissemination of and strict compliance with this Order is directed.

LEONOR MAGTOLIS BRIONES
Secretary

Encl.: As stated

Reference:
DepEd Order No. (028, s. 2018)

To be indicated in the Perpetual Index
under the following subjects:

EMPLOYEES
HEALTH EDUCATION
LEARNERS
PROGRAMS
POLICY
TEACHERS

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MCR/SMMA/APA/MPC, DO Guidelines on the Implementation of the School Dental Health Care Program
0288 - December 08, 2020

(Enclosure to DepEd Order No. 041, s. 2020)

Guidelines on the Implementation of the School Dental Health Care Program (SDHCP) for SY 2020-2021

I. RATIONALE

According to the World Health Organization (WHO), oral diseases pose a major health burden for many countries and affect people throughout their lifetime, causing pain, discomfort, disfigurement and even death. These diseases share common risk factors with other major non - communicable diseases. More than 530 million children suffer from dental caries of primary teeth. Most low- and middle-income countries are unable to provide services to prevent and treat oral health conditions.

In the Philippines, the recent reports on *Oplan Kalusugan sa DepEd* for SY 2018-2019 showed that the most common ailments on oral health as reported by school dentists are dental caries and gingivitis. Persistent dental pain and infection may lead to poor attention, distraction inside the classroom, and absenteeism affecting learning outcomes and productivity.

To address the high prevalence of dental caries and other health problems during the time of pandemic, the Department has deemed necessary to provide basic preventive and curative health services among the learners and personnel through the implementation of the **School Dental Health Care Program** (SDHCP) in line with the Basic Education-Learning Continuity Plan (BE-LCP).

II. SCOPE

In compliance with the decision of the President that he will not allow traditional face-to-face classes until the COVID-19 vaccine is available, **all activities in this policy that require the physical presence of learners in school premises are subject to the condition that face-to-face classes have already been allowed**, whether in partial or full scale, by the Office of the President.

The SDHCP shall provide basic preventive and curative oral health and medical services to learners in the public schools and DepEd personnel, such as but not limited to:

A. Distribution of health care supplies, which include toothpaste, toothbrush and soap, to all Kinder to Grade 6 learners;
B. Application of fluoride varnish to all Kinder to Grade 3, prioritizing all Kinder entrants, if practicable;
C. Provision of Tele-consultation, oral examination, simple dental treatment, and referrals for learners and personnel; and
D. Establishment of clinics and provision of medical and dental supplies in identified offices and Central Elementary Schools.

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III. DEFINITION OF TERMS

For the purposes of this DepEd Order, the following terms shall be defined as follows:

a. **Basic Education-Learning Continuity Plan (BE-LCP)** - The roadmap/ framework developed by DepEd using participatory approach to provide guidance to the department on how to deliver education in this time of crisis while ensuring the health, safety and welfare of all learners, teachers, and personnel.

b. **Beneficiary schools** - The identified sites where school clinics shall be established; the clinics will serve as hubs for providing and strengthening health and nutrition education as well as targeted medical, dental, and nursing service delivery.

c. **Health care supplies** - Packages composed of toothbrush, toothpaste, and soap.

d. **Health commodities** - Items to be procured and delivered under the SDHCP.

e. **Implementing Unit** - Schools capable of administering their own funds, having position items assigned to handle cashiering and bookkeeping functions whether on a permanent or temporary basis

f. **Oral health** - A state of being free from chronic mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial well-being. It is a key indicator of overall health, well-being, and quality of life. (WHO)

g. **Satellite schools** - Identified 12 or more schools within the vicinity of the beneficiary school.

h. **Topical fluoride application or fluoridization** - A thin application of topical fluoride varnish to tooth surfaces used as a preventive treatment for caries.

IV. POLICY STATEMENT

This DepEd Order shall provide the Guidelines on the Implementation of the SDHCP for SY 2020-2021, aligned with the BE-LCP amidst the COVID-19 pandemic.

The program aims to provide access to health services among learners and DepEd personnel needing preventive and curative services, including immediate dental and medical emergency care in school, with the end goal of improving the quality of education of a healthy school populace.

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V. PROGRAM COMPONENTS

A. Establishment of Functional Medical-Dental Clinics

1. The target sites for the establishment of beneficiary school clinics shall be an identified available classroom in the listed Central Elementary Schools (CES), provided by Planning Division (Annex A). These shall be validated by the Education Facilities Division (EFD), in coordination with the Regional and Schools Division Focal Persons based on the provided criteria.

2. The beneficiary school clinics shall be provided with dental equipment such as dental chair, autoclave, basic hand instruments, among others, with dental and medical supplies and referral service delivery network with the Rural Health Units (RHU).

3. This shall be manned by a health personnel and/or volunteer partner or designated school clinic teacher. The schedule and deployment plan shall be done by medical officer or head of section recommended by the SGOD Chief and approved by the SDS. Engagement with partners is encouraged to augment manpower.

4. The beneficiary school clinics must have the following minimum requirements:

    a. Must be a separate room following the floor plan of a school clinic layout;
    b. Must have a private space for physical examination, treatment for minor injuries and illnesses, and provision of services related to *OK sa DepEd* programs;
    c. Must have a hospital/clinic bed;
    d. Must be fully functional with first aid equipment and first aid medicines;
    e. Must be equipped with a lavatory and functional water system (drinking water and hand washing facility);
    f. Must have its own functional comfort/ restroom (with menstrual hygiene facilities); and
    g. A corner area with chair and curtains which can serve as a lactating/ breastfeeding area for lactating female personnel.

B. Provision of Basic Medical, Dental and Nursing Services in the Beneficiary School Clinics

1. The provision of basic medical, dental and nursing services, if applicable, shall observe the required health standards as per DepEd Order (DO) No. 014, s. 2020 *"Guidelines on the Required Health Standards in Basic Education Offices and Schools"* (Enclosure 2, Letter D). All DepEd health services must be administered in schools.

2. All oral health services must be done following the protocols stated under the Department of Health (DOH) Memorandum No. 2020-0327 *"Interim Guidelines on the Management of Patients and Delivery of Oral Health Services During the COVID-19 Pandemic"*, particularly on:

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DEPED-OSEC-438171

a. Screening, Clinical Triage, and Early Recognition of COVID-19

Table 1: Triage Care Prioritization for Oral Health Service

Emergent/Dental Emergencies	Urgent	Non-Urgent/Elective
• Swelling of the face, neck, or mouth • Dental trauma causing change in the position of teeth, soft tissue damage and/or significant pain • Significant bleeding • Difficulty opening of the jaw and/or swallowing • Referral of a specialist/medical practitioner requiring life-saving medical care • Dental pain causing sleep deprivation • Mouth ulcer persisting for 3+ weeks	• Dental pain without sleep deprivation • Missing or significantly damaged upper front teeth • Medically compromised patients or those at a higher risk of dental diseases progression due to socioeconomic factors • Referred by a medical practitioner for timely care	• Medical/dental conditions not fitting under other categories, with the following concerns: • Oral prophylaxis and scaling • Extraction • Loose teeth, broken or chipped tooth • Bleeding or sore gums • Crown and bridge, denture concerns • Mouth ulcer

b. Management of Oral Health Conditions of Asymptomatic, Close Contact, Probable, Suspect and Confirmed COVID-19 Cases

Table 2: Provision of Oral Health Services in Relation to Classification of Patients for Covid-19

<table>
<tr><th rowspan="2"></th><th colspan="4">Case Definition</th></tr>
<tr><th>Asymptomatic, no contact, no exposure, no travel history</th><th>Contact</th><th>Probable or Suspect</th><th>Confirmed COVID-19 case</th></tr>
<tr><td>Non-Urgent/ Elective</td><td>• Treat patient
• Standard, Droplet precautions
• Use pre-procedural mouthwash
• Use rubber dam for any ***AGPs</td><td colspan="3">• Defer treatment.
• Note:
• Resume oral health services with medical clearance and after prescribed quarantine period. Resumption of services is also dependent on the capacity of the health facility to provide for its patients.</td></tr>
<tr><td rowspan="2">Urgent Care</td><td rowspan="2">• Treat patient
• Standard, Droplet and Airborne precautions
• Use pre-procedural mouthwash
• Use rubber dam for any ***AGPs</td><td colspan="3">• Non-face-to-face-consultation
• Pharmacologic Management (Antibiotics and Analgesics)– electronic prescription, tele-dentistry
• Constant Telephone follow-up
• Treatment Requiring Procedure
• Standard, Droplet precaution</td></tr>
<tr><td>• Provide Only ***NAGP or with the use of a rubber dam for ***AGPs.
• Use pre-procedural mouthwash</td><td>• Provide Only ***NAGP or with the use of a rubber dam for ***AGPs.</td><td>• Should not be treated in a dental clinic setting per CDC Guidelines
• This is typically</td></tr>
</table>

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DEPED-OSEC-438171

			• Use pre-procedural mouthwash • Additional appropriate PPE • **See patient as last patient for the day, no other patient waiting**	provided in a hospital by appropriate trained personnel/ dental surgeon
Emergent/ Dental Emergencies	• Stranded, Droplet precautions • Refer the patient to a hospital if the infection is causing airway compromise or trismus	• Standard, airborne precaution • Perform dental treatment in a Negative pressure room/airborne infection isolation room • This is typically provided in a hospital by appropriately trained personnel/dental surgeon **Note:** In the absence of negative pressure room – it may be better to close the doors, open windows and have wider ventilations.		

3. In areas where limited face-to-face classes are allowed, beneficiary school clinics shall serve as hubs for providing and strengthening health and nutrition education as well as targeted medical, dental, and nursing service delivery. The minimum required health standards as per DO No. 014, s. 2020, such as wearing of proper protective equipment (PPE), shall be observed while rendering the following DepEd services:

   a. **Medical Services** – Medical Officer/s and/or volunteer physicians must be present daily in beneficiary school clinics on a rotational basis. They shall conduct medical examination and treatment including emergency care of referred cases as screened by the nurses.

   b. **Nursing Services** – School Nurses and volunteer nurses shall conduct classroom rapid health assessment, provide basic emergency treatment and referral among other health services. The nurses may follow the regular school visit as scheduled in the deployment plan to screen the learners, prioritizing the satellite schools.

   c. **Dental Services** – A dentist and/or volunteer dentists must be present in the beneficiary school clinics on a rotational basis. They shall conduct management of dental emergencies such as swelling of the face, neck or mouth, dental trauma, significant bleeding, difficulty in opening of the jaw and/or swallowing as stated in the DOH Memo 2020-0327. The dentists may follow the regular school visit schedules for oral health screening, treatment, and referral, prioritizing the satellite schools.

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DEPED-OSEC-438171

C. Provision of fluoride varnish to learners

Application of fluoride varnish to all Kinder to Grade 3 learners every 6 months, following the DO No. 014, s. 2020, shall only be done in areas where limited face-to-face classes are allowed. All decisions and plans of the implementation shall be in consultation with the ESSD Chief through the Dentist III, as approved by the Regional Director in consultation with DOH/IATF counterpart, to be cascaded to the School Division Offices.

D. Provision of Medical and Dental Supplies

1. Basic and emergency medical and dental medicines, supplies, and equipment shall be procured by DepEd CO. Delivery of supplies procured to the beneficiary school clinics may be done following the IATF Guidelines.

2. Procurement of additional supplies as augmentation may be done at the ROs or SDOs (whichever is applicable based on the ground situation), using the downloaded funds as approved by the Regional Director.

3. Subsequent procurement and replenishment of medicines shall be financed by the schools, SDOs and ROs chargeable to MOOE funds, in accordance with DO No. 015, s. 2020, or the *"Supplementary Guidelines on Managing Maintenance and Other Operating Expenses Allocation of Basic Education Learning Continuity Plan in the Time of COVID-19 Pandemic"*, and shall be subject to the pertinent procurement, accounting, and auditing rules and regulations.

E. Provision of Health Care Supplies

1. The DepEd CO shall procure health care supplies, composed of toothpaste, toothbrush, and soap to be distributed to all K to 6 learners, using the FY 2019 funds.

2. The FY 2020 funds, on the other hand, shall be downloaded to the Regional Offices to procure another batch of health care supplies which was proposed as one of the activities under the BE-LCP. The procurement of health care supplies may be done at the Regional Offices or SDOs depending on the ground situation as approved by the Regional Director or Schools Division Superintendent.

3. The health care supplies shall be distributed in partnership with volunteer parents, barangay officials and other stakeholders. The school head shall strictly follow the distribution scheme applicable to the ground situation as provided by the SDHCP Technical Working Group (TWG).

F. Conduct of Medical and Dental Health Education

The Dentist together with the MOs and Nurses shall conduct health education to learners and personnel through health talks, symposia, PTA meetings, orientation, and curriculum integration in various learning areas via online platforms, emphasizing the importance of good hygiene

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DEPED-OSEC-438171

practices to contain the spread of infectious diseases during the time of the pandemic.

G. Partnerships

DepEd shall enjoin national and local government agencies, development partners, NGOs, the private sector, and other stakeholders to:

1. Support and assist in the delivery and distribution of health commodities and other logistics;
2. Conduct of health services and referral system, if applicable; and
3. Monitor and evaluate the program implementation.

H. SDHCP TWG

An SDHCP TWG shall be created at each governance level to take the lead in the implementation of the program. A separate memorandum for the composition of the SDHCP TWG shall be issued to this effect.

VI. PROCUREMENT, DELIVERY, AND INSPECTION

A. Procurement

1. For SY 2019-2020, the Central Office procured the health care supplies (toothpaste, toothbrush and soap), fluoride varnish, dental chairs, medical and oral health supplies following RA No. 9184 and its Implementing Rules and Regulations (IRR) for delivery to the identified beneficiary school clinics.

2. For SY 2020-2021, the ROs or SDOs shall procure the health care supplies and replenishment of medical and dental supplies for the identified clinics, using the downloaded PSF funds, based on the most efficient and most practicable procurement approach subject to the pertinent procurement, accounting, and auditing rules and regulations.

B. Delivery and Inspection

1. The Central Office-procured health commodities shall be delivered to the following sites:

Table 3: Health Commodities for Delivery

Sites	Health Commodities
Beneficiary School Clinics	• Dental Chair • Oral Health Supplies • Medical Supplies
Schools Division Office	• Fluoride Varnish (to be stored away from direct sunlight) • Health Care supplies (shall be sent to the schools for safe keeping prior to the conduct of face-to-face classes)

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DEPED-OSEC-438171

2. All processes during the conduct of the delivery and inspection of health commodities must strictly adhere to minimum public health standards and guidelines for the prevention of COVID-19 transmission.

3. The delivery, inspection and acceptance of the health commodities shall be administered by the newly reconstituted School Inspectorate Team or Schools Division Inspectorate Team, as the case may be, pursuant to the guidelines provided in DO No. 027, s. 2020.

4. The inspectorate team shall conduct inspection and sign Inspection and Acceptance Report (IAR) upon completion, installation and testing of the delivered equipment and items upon which, the SPC shall sign the acceptance portion of the IAR.

5. If the school is an implementing unit (IU), the SPC shall return the original signed DR, IAR to the supplier for payment purposes. He/She shall provide a copy of the said documents to the Division Supply Officer (DSO).

6. The SPC shall record the delivery to School Inventory and Property/Stock Card. He/She shall prepare transfer of accountability to the Accountable Officer in the school.

7. For non-implementing units the SPC shall return the signed DR, IAR to the supplier for payment purposes and shall record the delivery to School Inventory and Property/Stock Card. He/she shall provide copies of the DR and IAR to the DSO for recording at the SDO.

8. The DSO shall prepare transfer of accountability to the Accountable Officer of the school.

9. The supplier shall provide the following documents during delivery:

   a. Delivery Receipt showing all items to delivered and to be received;
   b. Contract or Document showing the Technical Specifications of the goods to be delivered;
   c. Property Transfer Receipt (PTR) for non-consumables items;
   d. Inspection and Acceptance Report (IAR) for all items inspected and accepted; and
   e. Packing List or Receiving List of items with quantity per item.

VII. PROCEDURES ON THE ALLOCATION, RELEASE, AND UTILIZATION OF FUNDS

A. The implementation of School Dental Health Care Program is funded under RA No. 11465 or the General Appropriations Act for FY 2020. Its subsequent release is governed by NBC 578 or the Guidelines on the Release of Funds for FY 2020.

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DEPED-OSEC-438171

B. FY 2020 Funds

1. For FY 2020, the SDHCP has an appropriation amounting to P1,424,323,000 (MOOE). This shall be utilized for the procurement of health care supplies at P40 per learner, medical and dental supplies at P200,000 per beneficiary school clinics, and provision of Program Support Funds (PSF) for the conduct of SDHCP complementary activities aligned with the BE-LCP as COVID-19 response.

2. The Finance Service- Budget Division of DepEd Central Office shall prepare and issue the Sub Allotment Release Orders (Sub-AROs) to the Regional Offices (RO).

3. The ROs shall determine the most efficient, effective and economical strategy of procuring the health care, medical and dental supplies. For this purpose, the ROs may further sub-allot this fund to the Schools Division Offices (SDOs), as may be practicable.

4. After receipt of the Sub-AROs, the ROs or the SDOs, as the case may be, shall submit a Special Budget Request (SBR) to the Department of Budget and Management (DBM)- ROs for the issuance of Notices of Cash Allocation (NCAs) to cover the cash requirements of the Sub-AROs they received.

C. FY 2019 Funds

1. For FY 2019, the SDHCP has an appropriation amounting to P2,806,97,000. Of this amount, P1,603,047,000 (MOOE) was allocated for the procurement of fluoride varnish, health care supplies, medical/dental supplies and provision of program support funds (PSF) to the ROs and SDOs; and P 1,203,750,000 (Capital Outlay) allotted for the procurement of dental chair and repair and rehabilitation of rooms to be converted into school clinics.

2. The procurement of fluoride varnish, health care supplies, medical/dental supplies and dental chairs shall be at the Central Office.

3. However, the program support funds and the allocation for repair and rehabilitation of classroom to be converted into school clinics shall be sub-allotted by BLSS-SHD through the Finance Service-Budget Division of DepEd Central Office to the Regional Offices. The ROs then will sub-allot the PSF to the respective Schools Division Offices (SDOs).

4. The Program Support Funds may be utilized for the following activities subject to the usual procurement, accounting, and auditing rules and regulations, such as but not limited to:

   a. Orientation of RO/SDO key officials, school health personnel, school heads, school clinic teachers, partners and other stakeholders;
   b. Monitoring of program implementation;

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DEPED-OSEC-438171

c. Various activities related to partnership building;
d. Quarterly meetings of health personnel and other stakeholders;
e. Rehabilitation/repair of dental vans and its contents such as change oil, regular tune up, change of tires and all other maintenance needs;
f. Repair of equipment and instruments used in all clinics;
g. Other expenses related to health services such as replenishment of medicines, medical/dental supplies, additional procurement of hand instruments, procurement of water dispenser for the clinics, procurement of purified water, etc.;
h. Medical and dental supplies for the beneficiary school clinics not covered by the FY 2019 funds;
i. Administrative and transportation costs of the dental and medical service delivery;
j. PPEs to secure safety protocol in the delivery of services;
k. Financial and technical support by the Regions to Divisions in the conduct of SDHCP related activities in the school;
l. Procurement of additional equipment and or supplies needed to sustain a functional clinic;
m. Procurement of items that can be used in the new normal set-up in providing health service delivery, record keeping, communication expenses and preparation of reports;

D. For both FYs 2019 and 2020

1. Excess funds from both FY 2019 and FY 2020 may be used for the procurement of commodities related to the implementation of School Health and Nutrition Programs and aligned with the BE-LCP, such as but not limited to procurement of face masks, vitamins, sanitizers and/or hand soap for learners and shall be subject to the pertinent procurement, accounting, and auditing rules and regulations.

2. The ROs and SDOs shall ensure the obligation of FY 2019 and FY 2020 Funds in accordance with Cash-Based Budgeting System and consistent with Section 60 of General Provision of the FY 2020 GAA.

VIII. REPORTING AND RECORDING

A. For the SDHCP activities under FY 2019 funds, the Regional Office shall submit to the Central Office a consolidated report from the SDOs on the Status of Health Commodity Delivery of SDHCP using SDHCP Form 1, together with the Status of the Clinic Completion Report provided by the Regional Engineer.

B. The SDOs shall submit to the regional offices the delivery and acceptance report and distribution list of the number of learners benefitted from the distributed health commodities using the SDHCP Form 2.

C. For the funds downloaded to ROs, the Regional Offices shall submit a quarterly consolidated fund utilization report to the Central Office.

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DEPED-OSEC-438171

D. In any case that health services were delivered in the functional beneficiary school clinics, the health personnel shall submit a consolidated quarterly dental service accomplishment report (OK sa DepEd forms).

1. The DepEd health personnel and/or clinic teacher shall properly accomplish the health card if applicable. The attending health personnel and/or volunteer health practitioner shall sign the health card.

2. The clinic teacher shall keep all health records including a Daily Treatment Record in a designated area to ensure confidentiality and safety. Health record handling should be in accordance with the provision of the Data Privacy Act and Data Privacy Policies of DepEd.

3. The teacher in charge shall distribute and retrieve signed consent forms for all the services to be provided to the learners. All collected consent forms shall be kept in the school clinic.

E. All reports shall be submitted at the Central Office every 10th day of the month after the prescribed quarter. All forms on SDHCP may be accessed at http://bit.ly/sdhcp2020forms.

IX. ROLES AND RESPONSIBILITIES

A. The **Central Office**, through the Bureau of Learner Support Services-School Health Division (BLSS-SHD) shall:

1. Create a Program TWG to develop strategies, action plans and oversee the management and overall execution of the Program;
2. Issue appropriate policies and guidelines with corresponding fund allocation;
3. Coordinate with the Education Facilities Division on the clinic designs, lay-out and funding requirements;
4. Conduct capacity building and technical assistance to program implementers in all levels;
5. Conduct monitoring, research and evaluation of program implementation; and
6. Network and coordinate with partner agencies, organizations, and local government units (LGUs) for program advocacy, mobilization for public awareness campaigns and for COVID-19, the distribution strategies and implementation scheme.

B. The **Regional Offices (RO)** shall:

1. Create a Regional TWG to prepare a Regional Implementation Plan for SDHCP;
2. Designate the Dentist III of the ESSD to oversee the implementation of SDHCP. In areas where there is no position bearer, the ESSD shall designate or identify a Dentist in Charge in any division who shall work with the health personnel in the RO;
3. Identify the Regional Engineer as focal person in the validation of school sites in the repair and rehabilitation of classroom to be

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DEPED-OSEC-438171

converted as clinics. He/she shall coordinate with the Dentist III and/or health personnel in-charge of the SDHCP in the preparation of Status of Clinic completion report;
4. Conduct capacity building, provide technical assistance and support to other logistics needed by the SDOs;
5. Forge partnerships with potential stakeholders in the distribution scheme and health service delivery during the time of the pandemic; and
6. Conduct quality assurance, monitoring and evaluation (M&E) and consolidate and submit required reports.

C. The **Schools Division Offices** (SDO) through the SGOD shall:

1. Create a Division TWG for SDHCP to work in the preparation of the schedule & deployment plan of health personnel and delivery of SDHCP commodities for an effective school oral health service delivery;
2. Designate the Dentist-in-Charge to manage the implementation of SDHCP that includes the conduct of capacity building of school heads, clinic teachers, partners, volunteers, and other stakeholders;
3. Forge partnership with potential stakeholders in the distribution scheme and health service delivery during the time of the pandemic;
4. Conduct quality assurance, monitoring and evaluation (M&E) and consolidate and submit required reports; and
5. Take responsibility in the safe keeping of the fluoride varnish procured at the Central Office until limited face-to-face learning is allowed.

D. The **Schools** shall:

1. Prepare school action plan for proper implementation of SDHCP and ensure its integration in the School Improvement Plan;
2. Designate a school clinic teacher who is responsible in the management of the school clinic operations, coordination with SDO for the provision of health services and record-keeping at the school levels in accordance with the provision of the Data Privacy Act and Data Privacy Policies of DepEd;
3. Mobilize the teachers, parents, community members, partners and other stakeholders to support in the distribution of health care supplies, from school to learners' household;
4. Conduct orientation of the program among teachers, partners, and other stakeholders with the technical supervision of the SDO SDHCP focal person aligned with DO No. 014, s. 2020; and
5. Forge partnership with potential stakeholders in the community to support and assist the effective and efficient program implementation.

X. MONITORING AND EVALUATION

A. All offices/implementing units shall comply with the policy on monitoring and evaluation and reporting requirements stipulated in DO No. 28, s. 2018 or the Policy and Guidelines on the Oplan Kalusugan sa Department of Education (OK sa DepEd), and with the submission

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DEPED-OSEC-438171

of Budget and Financial Accountability Reports as prescribed in COA-DBM JC No. 2014-1 and DBM Circular Letter No. 2016-1.

B. Compliance to the new Program Management Information System (PMIS) is required. Offices/implementing units shall use the tool to report the progress and implementation of the program. Other concerns not covered in the issued memorandum and guidelines shall be referred to Central Office Finance Service – Budget Division at (02) 637-6203 and/or Central Office Planning Service – Planning and Programming Division at (02) 633-7216. Other concerns regarding the PMIS shall be referred to the Planning Service (PPD-PS) at the DepEd Central Office through telephone number (02) 633-7216 or email address po.ppd@deped.gov.ph.

XI. PROHIBITIONS

A. Engagement with partners, especially business entities, shall be governed by the provisions of DO No. 39, s. 2009, which, among others, prohibits institutional endorsements of products and services.

B. Guidelines provided by DO No. 13, s. 2017, especially when engaging with companies that manufacture carbonated beverages shall also be observed.

C. Pursuant to DO No. 48, s. 2016, all DepEd personnel shall strictly observe the prohibition on accepting donations or sponsorships or any financial or material involvement from the tobacco industry. The CO, ROs, SDOs, and schools shall include a provision in all Memoranda of Agreement (MOA) entered into with donors and partners stating full commitment of all parties concerned to tobacco control implementation and stipulating that said donor or partner does not represent the interests of, or receive funding from the tobacco industry.

XII. SEPARABILITY CLAUSE

If for any reason, any portion or provision of this Order is declared unconstitutional, other parts or provisions hereof which are not affected thereby shall continue to be in full force and effect.

XIII. REPEALING CLAUSE

All prior orders, rules and regulations, part, or parts thereof, inconsistent with the provisions of this Order, are hereby repealed or modified accordingly.

XIV. EFFECTIVITY

This Order shall take effect immediately upon issuance, and shall be registered with the Office of the National Administrative Register (ONAR) at

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DEPED-OSEC-438171

the University of the Philippines (UP) Law Center, UP Diliman, Quezon City.

XV. REFERENCES

A. Department of Education. *DepEd Order No. 28, s. 2018 - Policy and Guidelines on the Oplan Kalusugan sa Department of Education (OK sa DepEd).* https://www.deped.gov.ph/2018/07/06/do-28-s-2018-policy-and-guidelines-on-oplan-kalusugan-sa-department-of-education/.

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