The Compliance with Covid-19 Health Protocols at St. Paul University Surigao

Jobelle S. Teves, MAN, RN (jobelle.teves@spus.edu.ph)

Marcu Augustu E. Mantilla (mantillamarcu@gmail.com)

Jichell Grace A. Basol (jichellbasol@gmail.com)

Lucy L. Teves, PhD, RN (ORCID No. 0000-0003-0939-2824)

The novel COVID-19 disease rapidly spread worldwide and was declared a pandemic by the World Health Organization (WHO, 2020). The study aimed to evaluate the compliance of the college students, faculty, and non-teaching staff with COVID-19 health protocols at St. Paul University Surigao. The study used a quantitative descriptive survey that made use of adherence to health protocol, where the calculated sample size for the participants' occupation at the St. Paul University Surigao – Main campus was 379. The statistical method applied to the collected data was Mean and Standard Deviation, Frequency of Percentage Distribution, and Analysis of Variance. Findings drawn from the study and interpretations of the data gathered, the majority of participants are students 86.54%, according to their occupation. Moreover, there is no significant degree of variance in the compliance with COVID-19 health protocols in the occupation of the participants in terms of No Facemask, No Entry and Screening Prior to Entry. However, there is a significant degree of variance in the indicators of Physical Distancing, Practice Respiratory Etiquette, Hand washing and Hand disinfection, and Information dissemination. Therefore, it is recommended in this study that the administrators of St. Paul University Surigao continue to apply no facemask, no entry, practice respiratory etiquette, hand washing and hand disinfection and screening prior to entry while improving and developing different approaches on physical distancing, practice respiratory etiquette, hand washing and hand disinfection, and information dissemination to better cater the groups to further improve compliance to the health protocols. Future researchers are encouraged to further examine the differences and group them according to their profiles, address the same research problem in a different setting, context or location. The researchers also recommend conducting research that focuses on utilizing a convergent parallel design and incorporating natural observation. This research approach will provide valuable insights into the implementation and effectiveness of health protocols in promoting a safe and healthy environment for students, staff, and the wider school community.

Keywords: *COVID-19, Compliance, Health Protocols*

INTRODUCTION

A coronavirus outbreak (COVID-19) in 2019 put everyone's health in danger. The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) that causes this Coronavirus disease 2019 (COVID-19), which is highly contagious and has killed more than 6 million people worldwide, has had a devastating impact on the world's demographics and is now the most significant global health crisis since the influenza pandemic of 1918. (Cascella et al., 2022). In addition, this virus mainly spreads through contact with an infected person's cough or sneeze. The virus can also spread when a person touches something that has the virus on it before touching their eyes, nose, or mouth. Virus COVID-19 can survive for up to 72 hours (Bakar & Rosbi, 2020).

Allegrante et al. (2020) assert that in order to effectively prevent the spread of COVID-19, health education and information must be targeted at various subpopulations and accurate, understandable, convincing, and relevant information must be provided. World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) have stated that one of the main prevention measures for the entire population is the appropriate use of personal protective equipment (PPE) as well as the adoption of effective hygiene systems (Cirrincione et al., 2022).

Moreover, necessary precautions have been put in place to stop the spread of the virus and lower mortality rates, such as the requirement that everyone wears masks, consistent hand washing and hand sanitizing, social isolation, avoiding crowded places, remote working, and postponing public events. So, following COVID-19 prevention guidelines could assist to lower the prevalence of other infectious diseases like influenza, pneumonia, and Mycobacterium tuberculosis (Dadras, et al., 2021).

Compliance with COVID-19 health protocols is crucial in preventing the spread of the virus and protecting public health. The specific protocols may vary based on recommendations from health authorities and the prevailing situation. The Department of Health's report from 2021 states that physical separation and hygiene standards will be needed in all venues, so when neighborhood businesses restart operations, they must adhere to hygiene standards to stop the spread of the virus. To ensure the security of staff, customers, and patients, health facilities and DOH divisions have modified their standards and procedures. Alternative work arrangements, utilizing virtual platforms to their fullest potential, and ensuring that infection control protocols are carefully followed are some strategies. As a result, following government directives and public health advice is essential in lowering transmission rates during the COVID -19 pandemic, which is a worldwide health emergency. Nevertheless, a small percentage of people reportedly disregard laws and regulations (Banai et al., 2021). Compliance with COVID-19 health protocols is crucial in preventing the spread of the virus and protecting public health. The specific protocols may vary based on recommendations from health authorities and the prevailing situation.

In this study, the researchers were eager to compile and assess the safety and health practices currently used at St. Paul University Surigao as required by the government to stop the spread of the virus and also to protect its staff and students. The researchers primarily focused on

the compliance by the teachers, students, and non-teaching staff to health protocols implemented at St. Paul University Surigao. Additionally, since the start of face-to-face sessions in the academic year 2022–2023, St. Paul University Surigao has strictly adhered to the government's necessary health procedures.

Conceptual Framework of the Study

This study focused on the examination of COVID-19 health protocols, building upon the research conducted by Daniel et al. (2022). The research highlighted the importance of complying with health protocols during the pandemic. The study recommended various practical measures, including hand washing in public spaces, maintaining physical distance, wearing masks, avoiding crowded areas, practicing respiratory etiquette, engaging in physical exercise, taking vitamins or supplements, and adopting a balanced diet. The implementation of these health protocols is crucial in preventing the transmission of COVID-19 within the community. It is essential for society to adhere to these protocols in order to effectively control the spread of the pandemic. Additionally, the health protocols support society's efforts to remain productive while staying safe. To raise public awareness, all institutions must work together (Saputra et al, 2020; Christiarini et al, 2020; as cited in Christian, 2021).

The focus of this study, on the other hand, is based on the concept of Daniel et al., (2022) which supports health protocols such as hand washing in public spaces, physical distancing, frequency of using the mask, and avoiding crowded places which were highly correlated. Hence, in this study, the researchers focused on the health protocols practiced at St. Paul University Surigao which were similar to the concept of Daniel et al., (2022) such as no facemask means no entry, physical distancing, practicing respiratory etiquette, hand washing and disinfection, information dissemination, and screening prior to entry.
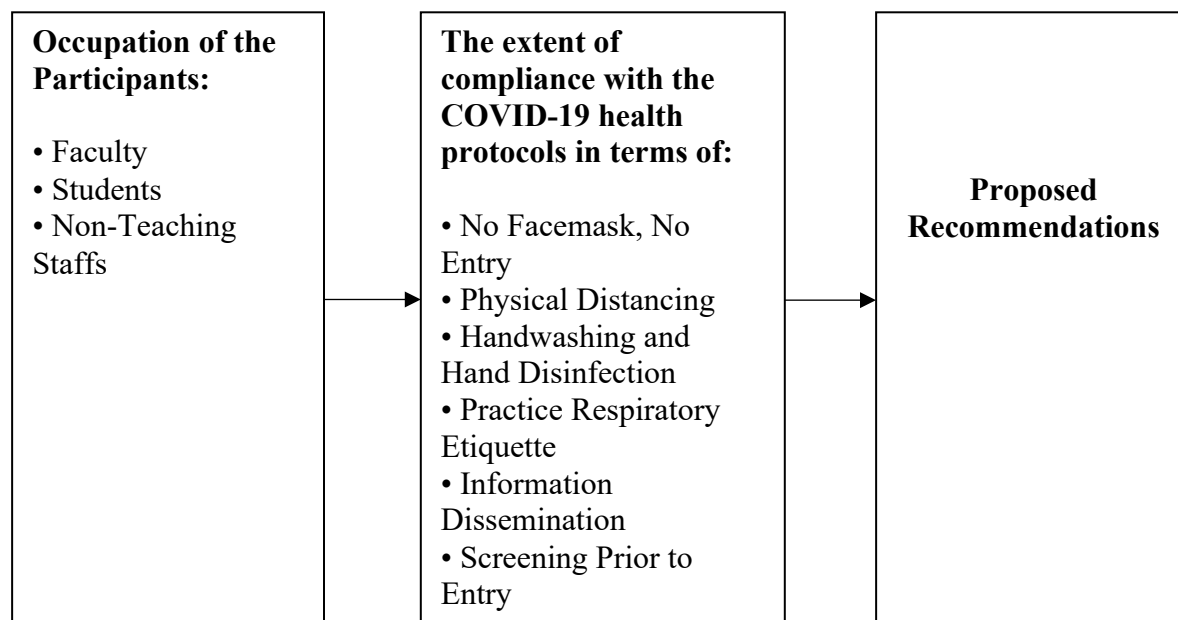
Occupation of the Participants: • Faculty • Students • Non-Teaching Staffs	**The extent of compliance with the COVID-19 health protocols in terms of:** • No Facemask, No Entry • Physical Distancing • Handwashing and Hand Disinfection • Practice Respiratory Etiquette • Information Dissemination • Screening Prior to Entry	**Proposed Recommendations**

Figure 1: Schematic Diagram

METHOD

This study used descriptive-survey research design. This design investigates the compliance of the participants without any of them being managed or controlled by the researcher. This method is suitable since the purpose of the research is to evaluate participants' compliance. Moreover, information on compliance with health practices was gathered using a standardized survey questionnaire.

Participants

The researchers selected the faculty, non–teaching staff, and students at St. Paul University, Surigao. The participants were randomly selected using the multistage Cluster Sampling method to form a sample. The researchers procured the lists of the faculty, non-teaching staff, and students to get the sample size of targeted participants. Sample participants were taken using Slovin's formula, used to calculate the sample size (326) given the population size (1,759) and a margin of error (e) which is computed as $n = N/(1+Ne2)$.

Instrument

In this study, a researcher-made questionnaire based on the Health Services COVID-19 Implementing Guidelines of St. Paul University, Surigao (2020) was used as a survey questionnaire to collect data from the respondents. Consequently, the researchers have selected the following indicators: *1.) No facemask, no entry; 2.) Physical distancing; 3.) Practice respiratory etiquette; 4.) Hand washing and disinfection; 5.) information dissemination; and 6.) entry screening* to evaluate compliance with minimum health standards implemented at St. Paul University, Surigao. Faculty, non-teaching staff, and college students were asked to describe themselves in reference to verbal interpretation: always, often, sometimes, and never in the qualitative description; excellent compliance, good compliance, average compliance, and poor compliance.

Data Analysis

The following statistical tools were used to answer the specific problems:

Frequency Count and Percentage Distribution. This tool was used to determine the occupation of the participants.

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Mean and Standard Deviation. This tool was utilized to determine the effectiveness of the participant's compliance.
The following are the basis for the interpretation of data:

Scale	Range	Verbal Interpretation	Qualitative Description
4	3.25-4.00	Always (A)	Excellent Compliance
3	2.50-3.24	Often (O)	Good Compliance
2	1.75-2.49	Sometimes (S)	Average Compliance
1	1.00-1.74	Never (N)	Poor Compliance

ANOVA (Analysis of Variance). This tool was employed to measure the degree of variance in the extent of compliance among the three group which are: college students, faculty, and non-teaching staff.

RESULTS AND DISCUSSION

This chapter presents, analyzes, and interprets the data gathered. The presentation follows the sequence of problems posed in Chapter 1.

Occupation of the Participants

Table 1 shows the profile of the participants on whether they are faculty, students, or non-teaching staff.

Table 1.
Occupation of the Participants.

Occupation	f (n=379)	%
Faculty	21	5.54
Non-teaching Staff	30	7.92
Student	328	86.54

The table provided information that in terms of their occupation, it can be noticed that most of the participants are students. Specifically, 328 (86%) are students, Participants from the faculty and non–teaching staff were 21 (5.54%) and 30 (7.92%).

Mean and Standard Deviation on The Compliance with COVID-19 Health Protocols at St. Paul University Surigao

Table 2 presents the compliance with COVID-19 health protocols in terms of No Facemask, No Entry.

Table 2.
The Compliance with COVID-19 Health Protocols in terms of No Facemask, No Entry

Indicators	Mean	SD	VI	QD
No Facemask, No Entry				
I wear facemask upon entering the school premises.	3.70	0.68	A	EC
I wear a facemask that covers both the nose and mouth.	3.69	0.68	A	EC
I wear facemask even in classrooms/offices.	3.51	0.77	A	EC
Average:	3.64	0.71	A	EC

Legend: A-Always; EC-Excellent Compliance

As shown in table 2, the indicator, *"I wear facemask upon entering the school premises,"* got the highest mean (M=3.70, SD=68), and verbally interpreted as *Always* with a qualitative description of *Excellent Compliance.* This means that it was prominent that the people entering the school premises would wear facemasks. While the indicator, *"I wear a facemask even in classroom/offices,"* got the lowest mean (M=3.51, SD=0.77), it is still verbally interpreted as *Always* with a qualitative description of *Excellent Compliance*. Despite being the lowest indicator, it still yielded a highly valued description.

A study from Liang et al. (2020), found that masks shield other populations against respiratory virus infections and demonstrated the general effectiveness of masks in reducing the spread of respiratory virus infections. While wearing a mask may not keep people from getting COVID-19, it can help lower the odds. If they are sick, a mask can help keep germs from infecting others. If they are healthy, a mask can help keep respiratory droplets from someone who is sick from landing in their noses and mouth.

On average, the compliance with the COVID-19 health protocols in terms of *"No facemask, No Entry"* got the mean of M=3.64, SD=0.71 with a qualitative description of *Excellent Compliance.*

Mean and Standard Deviation on The Compliance with COVID-19 Health Protocols at St. Paul University Surigao

Table 3 presents the compliance with COVID-19 health protocols in terms of Physical Distancing.

Table 3.
The Compliance with COVID-19 Health Protocols in terms of Physical Distancing

Indicators	Mean	SD	VI	QD
Physical Distancing				

I observe physical distancing of at least (1) meter or six feet at all times.	2.57	1.02	O	GC
I follow the designated entrance and exit routes to minimize congestion.	3.49	0.76	A	EC
I follow the floor markings and other signages that are visible in the school premises.	3.27	0.75	A	EC
Average:	3.11	0.84	O	GC

Legend: A-Always; O-Often; EC-Excellent Compliance; GC-Good Compliance

As shown in Table 3, the indicator, *"I follow the designated entrance and exit routes to minimize congestion,"* got the highest mean (M=3.49, SD=0.76), and verbally interpreted as *Always* with a qualitative description of *Excellent Compliance*. In addition, the indicator, *"I follow the floor markings and other signages that are visible in the school premises,"* got a high mean as well (M=3.27, SD=0.75), verbally interpreted as *Always* with a qualitative description of *Excellent Compliance.* This points that the respondents were compliant in following signages and routes to reduce possible contractions of the COVID-19. However, the indicator, *"I observe physical distancing of at least (1) meter or six feet at all times,"* got the lowest mean (M=2.57, SD=1.02) and verbally interpreted as *Often* with a qualitative description of *Good Compliance.* Despite having acceptable results, results reveal that the respondents were slightly challenged in distancing themselves apart by one meter.

As COVID – 19 vaccinations roll out, people may be less compliant in socially distancing themselves. According to a study from Teslya, A. (2022), people may perceive themselves protected from COVID – 19, relying on a reduction in transmission brought on by increased vaccine coverage, therefore complying less. This is corroborated by a study from Andersson et al., (2021), where an increased focused on vaccines may result in low compliance to public health recommendations and hasten the spread of COVID – 19.

On average, the compliance with the COVID-19 health protocols in terms of *"Physical distancing"* got the mean of M=3.11, SD=0.84 with a qualitative description of *Good Compliance.*

Mean and Standard Deviation on The Compliance with COVID-19 Health Protocols at St. Paul University Surigao

Table 4 presents the compliance with COVID-19 health protocols in terms of Practice Respiratory Etiquette.

Table 4.
The Compliance with COVID-19 Health Protocols in terms of Practice Respiratory Etiquette

Indicators	Mean	SD	VI	QD
Practice Respiratory Etiquette				
I cover my mouth and nose when coughing and sneezing using a tissue, handkerchief, or with my inner elbow.	3.57	0.74	A	EC
I avoid touching my eyes, nose and mouth.	3.18	0.79	O	GC
I wash my hands with soap and water after coughing and/or sneezing.	3.27	0.77	A	EC
Average:	3.34	0.76	A	EC

Legend: A-Always; O-Often; EC-Excellent Compliance; GC-Good Compliance

As shown in Table 4, the indicator, *"I cover my mouth and nose when coughing and sneezing using a tissue, handkerchief, or with my inner elbow,"* got the highest mean (M=3.57, SD=0.74), and verbally interpreted as *Always* with a qualitative description of *Excellent Compliance.* Additionally, the indicator, *"I wash my hands with soap and water after coughing and sneezing,"* gained a high mean (M=3.27, SD=0.77), and verbally interpreted as *Always* with a qualitative description of *Excellent Compliance.* Conversely, the indicator, *"I avoid touching my eyes, nose, and mouth,"* got the lowest mean (M=3.18, SD=0.79), verbally interpreted as *Often* with a qualitative description of *Good Compliance.* The data presented above points that most of the respondents would cover themselves when they cough and sneeze and would wash their hands after thoroughly. However, they found it hard to avoid touching their eyes, noses and mouth. According to Patel, et al., (2020), A possible decline of respiratory hygiene was observed after the lockdown was lifted because people were less afraid in contracting the COVID – 19.

On average, the compliance with the COVID-19 health protocols in terms of *"Practice Respiratory Etiquette"* got the mean of M=3.34, SD=0.76 with a qualitative description of *Excellent Compliance.*

Mean and Standard Deviation on The Compliance with COVID-19 Health Protocols at St. Paul University Surigao

Table 5 presents the compliance with COVID-19 health protocols in terms of Hand Washing and Hand Disinfection.

Table 5.
The Compliance with COVID-19 Health Protocols in terms of Hand Washing and Hand Disinfection

Indicators	Mean	SD	VI	QD
Hand washing and Hand disinfection				
I use liquid hand soap and clean water that are accessible in all hand washing stations.	3.44	0.76	A	EC
I wash my hands for at least 20 seconds while inside the campus.	2.71	1.08	O	GC
I use alcohol with 70% isopropyl or ethyl which are available in every classroom/office.	3.63	0.73	A	EC
Average:	3.26	0.86	A	EC

Legend: *A-Always; O-Often; EC-Excellent Compliance; GC-Good Compliance*

As presented in Table 5, the indicator, *"I use alcohol with 70% isopropyl or ethyl which are available in every classroom/office,"* got the highest mean (M=3.63, SD=0.73) and verbally interpreted as *Always* with a qualitative description of *Excellent Compliance.* However, the indicator, *"I wash my hands for at least 20 seconds while inside the campus,"* got the lowest mean (M=2.71, SD=1.08), and verbally interpreted as *Often* with a qualitative description of *Good Compliance.* Washing hands for at least 20 seconds while inside the campus was less likely observed and the people preferred using alcohol instead.

According to a study by Roy et al. (2020), disinfection using the right and recommended physical or chemical disinfectants will not only reduce the spread of the illness but will also greatly help to flatten the curve. It is equally important to wash your hands with soap and water or with products containing alcohol.

On average, the compliance with the COVID-19 health protocols in terms of *"Hand washing and Hand disinfection"* got the mean of M=3.26, SD=0.86 with a qualitative description of *Excellent Compliance.*

Mean and Standard Deviation on The Compliance with COVID-19 Health Protocols at St. Paul University Surigao

Table 6 presents the compliance with COVID-19 health protocols in terms of Information Dissemination.

Table 6.
The Compliance with COVID-19 Health Protocols in terms of Information Dissemination

Indicators	Mean	SD	VI	QD
Information dissemination				
I use the official Facebook Page of the Health Services to update myself on health concerns and reminders, especially about COVID-19	2.64	1.09	O	GC
I follow the posters that are placed inside the campus to remind me of the following: Hand washing, Cough and sneeze etiquette, Proper disposal of waste, Physical distancing	3.36	0.75	A	EC
Average:	3.00	0.92	O	GC

Legend: A-Always; O-Often; EC-Excellent Compliance; GC-Good Compliance

As shown in Table 6, the indicator, *"I follow the posters that are placed inside the campus to remind me of the following: Hand washing, Cough and sneeze etiquette, Proper disposal of waste, Physical distancing,"* got the highest mean among the two (M=3.36, SD=0.75), and verbally interpreted as *Always* with a qualitative description of *Excellent Compliance.* Indicating that the posters placed around the campus was effective.

Contrastingly, the indicator, *"I use the official Facebook Page of the Health Services to update myself on health concerns and reminders, especially about COVID-19,"* acquired a low mean (M=2.64, SD=1.09), and verbally interpreted as *Often* with a qualitative description *of Good Compliance.* Pointing that most of the respondents would update themselves on Facebook with regards to health updates. However, though the indicator acquired an acceptable result, it also shows that the posters placed inside the campus was effectively followed more than by checking into the Facebook page itself.

On average, the compliance with the COVID-19 health protocols in terms of *"Information dissemination"* got the mean of M=3.00, SD=0.92 with a qualitative description of *Good Compliance.*

Mean and Standard Deviation on The Compliance with COVID-19 Health Protocols at St. Paul University Surigao

Table 7 presents the compliance with COVID-19 health protocols in terms of Screening Prior to Entry.

Table 7.
The Compliance with COVID-19 Health Protocols in terms of Screening Prior to Entry

Indicators	Mean	SD	VI	QD
Screening Prior to Entry				
I check myself prior to going to school to ensure that I can enter the school premises.	3.57	0.75	A	EC
Using the non-contact thermometer, I check if my temperature is below 37.5 °C.	3.54	0.77	A	EC
I use the treated foot bath that is placed on the entrance gate to disinfect my footwear.	3.34	0.99	A	EC
Average:	3.48	0.84	A	EC

Legend: A-Always; EC-Excellent Compliance

As shown in Table 7, indicator one*, "I check myself prior to going to school to ensure that I can enter the school premises,"* got the highest mean (M=3.57, SD=0.75), and verbally interpreted as *Always* with a qualitative description of *Excellent Compliance.* The indicator, *"Using the non-contact thermometer, I check if my temperature is below 37.5 °C,"* also got a high mean (M=3.54, SD=0.77), with a verbal interpretation of *Always* and a qualitative description of *Excellent Compliance.* While the indicator, *"I use the treated foot bath that is placed on the entrance gate to disinfect my footwear,"* although having the lowest mean (M=3.34, SD=0.99), is still verbally interpreted as *Always* with a qualitative description of *Excellent Compliance.* All three indicators acquired high results. This means that the respondents would thoroughly check themselves prior to entry and followed proper screening. Measures of prevention, protection, screening, isolation and distribution have been shown to be efficient in similar settings (Basile et al., 2021).

On average, the compliance with the COVID-19 health protocols in terms of *"Screening Prior to Entry"* got the mean of M=3.31, SD=0.82 with a qualitative description of *Excellent Compliance.*

Mean and Standard Deviation on The Compliance with COVID-19 Health Protocols at St. Paul University Surigao

Table 8 presents the summary on the compliance with COVID-19 health protocols at St. Paul University Surigao

Table 8.

Summary on The Compliance with COVID-19 Health Protocols at St. Paul University Surigao

The Compliance with Covid-19 Health Protocols	Mean	SD	VI	QD
No Facemask, No Entry	3.64	0.71	A	EC
Physical Distancing	3.11	0.84	O	GC
Practice Respiratory Etiquette	3.34	0.76	A	EC
Hand washing and Hand disinfection	3.26	0.86	A	EC
Information dissemination	3.00	0.92	O	GC
Screening Prior to Entry	3.48	0.84	A	EC
General Average:	3.31	0.82	A	EC

Legend:

Scale	Range	Verbal Interpretation	Qualitative Description
4	3.25-4.00	Always (A)	Excellent Compliance (EC)
3	2.50-3.24	Often (O)	Good Compliance (GC)
2	1.75-2.49	Sometimes (S)	Average Compliance (AC)
1	1.00-1.74	Never (N)	Poor Compliance (PC)

Based on Table 8, the respondents gave the highest overall rating on *No Facemask, No Entry* (M=3.64, SD=0.71), which is verbally interpreted as Always and qualitatively described as Excellent Compliance.

Consecutively, the second-highest variable as evaluated by the respondents is *Screening Prior to Entry* with the mean of M=3.48, SD=0.84, and is verbally interpreted as Always with a qualitative description of Excellent Compliance.

Lastly, *Information Dissemination* got the lowest average (M=3.00, SD=0.92), verbally interpreted as Often and qualitatively described as Good Compliance.

In general, The Compliance with COVID-19 Health Protocols at St. Paul University Surigao got the overall mean of M=3.31, SD=0.82 and verbally interpreted as *Always* with a qualitative description of *Excellent Compliance.*

Significant Difference between The Compliance with COVID-19 Health Protocols at St. Paul University Surigao and the Occupation of the Participants

The table below present the significant difference between The Compliance with COVID-19 Health Protocols at St. Paul University Surigao and the Occupation of the Participants.

Table 9.
Significant Difference on The Compliance with COVID-19 Health Protocols at St. Paul University Surigao and the Occupation of the Participants with respect to their Occupation

Dependent	Sum of Squares	df	Mean Square	F	p-value	Decision
No Facemask, No Entry	0.28	2	0.14	0.37	0.694	Do not reject H_o
Physical Distancing	4.47	2	2.23	5.71	0.004	Reject H_o
Practice Respiratory Etiquette	2.31	2	1.15	3.14	0.045	Reject H_o
Hand washing and Hand disinfection	5.30	2	2.65	7.18	0.001	Reject H_o
Information dissemination	9.13	2	4.57	8.63	0.000	Reject H_o
Screening Prior to Entry	2.63	2	1.31	2.69	0.069	Do not reject H_o

As to the significant difference between the occupation of the participants and the variables *No Facemask, No Entry* and *Screening Prior to Entry*, findings revealed that there is no significant difference between both variables (p-values=0.694 and 0.069, respectively).

However, as to the significant difference between the occupation of the participants and the variables *Physical Distancing*, *Practice Respiratory Etiquette*, *Hand washing and Hand disinfection*, *Information dissemination*, findings revealed that there is significant difference between these variables (p-values=0.004, 0.045, 0.001, 0.000, respectively).

Findings

Based on the analysis and interpretations done on the data gathered, the different findings in this study, based on each statement of the problems articulated, summarized as follows:

1. As to the occupation of the participants, majority of the participants are students (328 or 86.54%).

2. As to Compliance with COVID-19 Health Protocols at St. Paul University Surigao:

2.1 No Facemask, No Entry is excellently complied with an average mean of 3.64, and I wear facemask upon entering the school premises is qualitatively described as Excellent Compliance (M=3.70, SD=0.68).

2.2 Physical Distancing had good compliance with an average mean of 3.11, and I follow the designated entrance and exit routes to minimize congestion is qualitatively described as Excellent Compliance (M=3.49, SD=0.76).

2.3 Practice Respiratory Etiquette is excellently complied with an average mean of 3.34, and I cover my mouth and nose when coughing and sneezing using a tissue, handkerchief, or with my inner elbow is qualitatively described as Excellent Compliance (M=3.57, SD=0.74).

2.4 Hand Washing and Hand Disinfection is excellently complied with an average mean of 3.26, and I use alcohol with 70% isopropyl or ethyl which are available in every classroom/office is qualitatively described as Excellent Compliance (M=3.63, SD=0.73).

2.5 Information Dissemination had good compliance with an average mean of 3.00, and I follow the posters that are placed inside the campus to remind me of the following: Hand washing, Cough and sneeze etiquette, Proper disposal of waste, Physical distancing is qualitatively described as Excellent Compliance (M=3.36, SD=0.75).

2.6 Screening Prior to Entry is excellently complied with an average mean of 3.48, and I check myself prior to going to school to ensure that I can enter the school premises is qualitatively described as Excellent Compliance (M=3.57, SD=0.75).

3. There is no significant degree of variance in the compliance with COVID-19 health protocols in the occupation of the participants in terms of No Facemask, No Entry and Screening Prior to Entry (p-values=0.694 and 0.069, respectively). However, there is a significant degree of variance in the indicators Physical Distancing, Practice Respiratory Etiquette, Hand washing and Hand disinfection, Information dissemination (p-values=0.004, 0.045, 0.001, 0.000, respectively).

Conclusion

The conclusions that may be drawn from the study's findings are as follows:

The study and interpretations of the data gathered, the majority of participants are students (86.54%), according to their occupation. Moreover, there is no significant degree of variance in the compliance with COVID-19 health protocols in the occupation of the participants in terms of No Facemask, No Entry and Screening Prior to Entry. However, there is a significant degree of variance in the indicators Physical Distancing, Practice Respiratory Etiquette, Hand washing and Hand disinfection, and Information dissemination. This suggests that health protocols are effective in maintaining clean facilities on campus, the administrator of St. Paul University Surigao may continue to use them as a health guideline.

Recommendations

1. The school administration can continue to apply no facemask, no entry, practice respiratory etiquette, hand washing and hand disinfection and screening prior to entry as safety health protocols inside the facilities to be complied by the teachers, students and non – teaching staff.

2. However, the school administration may need to improve physical distancing and information dissemination as safety health protocols to be complied by the teachers, students and non – teaching staff.

3. In terms of physical distancing, practice respiratory etiquette, hand washing and hand disinfection, and information dissemination, the school administration may develop different approaches to better cater the groups to further improve compliance to the health protocols.

4. Future researchers could further examine the differences and group them according to their profiles, address the same research problem in a different setting, context or location. Future researchers of St. Paul University Surigao are encouraged to address the problem in this event and furthermore, look into finding ways to help mitigate the effects of COVID – 19 and improving the lives of everyone affected. The researchers also recommend conducting research that focuses on utilizing a convergent parallel design and incorporating natural observation. This research approach will provide valuable insights into the implementation and effectiveness of health protocols in promoting a safe and healthy environment for students, staff, and the wider school community.

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