



Republic of the Philippines
Province of Misamis Occidental
MUNICIPALITY OF CALAMBA
OFFICE OF THE SANGGUNIANG BAYAN

EXCERPT FROM THE MINUTES OF THE REGULAR SESSION OF THE SANGGUNIANG BAYAN OF CALAMBA, MISAMIS OCCIDENTAL HELD AT THE SB SESSION HALL ON JUNE 22, 2020.

PRESENT:

Hon. JESUS C. ENERIO	Municipal Vice Mayor-OIC/Presiding
Hon. EMMANUEL M. CALE, M.D.	Sangguniang Bayan Member
Hon. REZIE C. LEONARDO	Sangguniang Bayan Member
Hon. RODRIGO T. GARCIA	Sangguniang Bayan Member
Hon. DENNIS M. BUNAO	Sangguniang Bayan Member
Hon. CARIDAD C. LANSANG	Sangguniang Bayan Member
Hon. JOSEPH C. MALAYAO	Sangguniang Bayan Member
Hon. CHERRY F. MAGSAYO	Sangguniang Bayan Member
Hon. KEN ALLEN B. LAWAS	FABC Pres./Ex-Officio Member
Hon. MA. ANGEL PRINCESS C. CANDA	FSK Pres./Ex-Officio Member
Hon. LUCIANO O. DUMANHOG	IP's Rep./Ex-Officio Member

SICK LEAVE:

Hon. ANTONIO N. LAWAS, SR.	Municipal Vice Mayor
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ORDINANCE NO. 14-S.2020

AN ORDINANCE ADOPTING THE DEPARTMENT OF HEALTH (DOH) ADMINISTRATIVE ORDER NO. 2020-0015 DATED APRIL 27, 2020, ENTITLED "THE GUIDELINES ON THE RISK-BASED PUBLIC HEALTH STANDARDS FOR COVID-19 MITIGATION"

Sponsored by: Hon. Emmanuel M. Cale

SECTION 1. TITLE. This Ordinance shall be otherwise known as, "An Ordinance Adopting the DOH Risk Based Guidelines for COVID-19 Mitigation".

SECTION 2. OBJECTIVE. This Ordinance aims to provide the minimum public health standards in the implementation of Non-Pharmaceutical Interventions to mitigate the threat of COVID-19.

SECTION 3. SCOPE AND COVERAGE. This Ordinance shall apply to all residents, and non-residents, and other concerned entities, both the public and private sectors such as, but no limited to, home, public places, offices and workplace, high-density communities, food and other service establishments, schools, hotels and other accommodations, (air, land, and water transport), and health facilities within the territorial jurisdiction of the Municipality of Calamba, Misamis Occidental.

SECTION 4. DEFINITION OF TERMS. As used in the Ordinance, the following terms shall mean:

- 4.1 **Administrative Controls** – refer to procedural interventions or modifications in policies, standards, and processes, that are meant to reduce the frequency and severity of exposure to infectious disease (e.g. hygiene and disinfection protocols, work shifting, etc.)
- 4.2 **Comorbidity at risk of COVID-19 exacerbation** – presence of one or more additional condition co-occurring with (this is, concomitant or concurrence with) a primary condition that increases an individual's risk for mortality if afflicted by COVID-19. This includes immunocompromised individuals (such as but not limited to those with cancer, HIV/AIDS and other autoimmune disorders) and individuals with chronic conditions (such as but not limited to hypertension disease).
- 4.3 **Engineering Controls** – refer to physical interventions or modifications in spaces or environment that is to prevent the transmission of infectious diseases (e.g. use of physical barriers, exhaust ventilation, etc.)

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- 4.4 **Medical grade Protective Apparel** – refers to the specialized personal protective equipment worn by healthcare workers and other frontliners involved in the disease outbreak response, for the purpose of protection infectious materials. These include surgical face masks, N95 respirators, face shield or goggles coveralls, isolation gowns, surgical gloves, protective oversleeves, head cap, and shoe cover, among others.
- 4.5 **Modification Potential** – refers to the degree to which mitigation strategies and other public health measures can reduce the risk of COVID-19 transmission to different settings.
- 4.6 **Most-at-risk Population (MARP) for COVID-19** – refers to population groups who have a higher risk for developing severe COVID-19 infection such as individuals aged 60 and above, pregnant, and those with underlying conditions or comorbidity at risk of COVID-19 exacerbation.
- 4.7 **Non-pharmaceutical interventions (NPI)** – refers to public health measures that do not involve vaccines, medications or other pharmaceutical interventions, that individuals and communities can carry out in order to reduce transmission rates, contact rates, and the duration of infectiousness of individuals to the population.
- 4.8 **Protective Personal Equipment (PPE)** – refers to protective garments or equipment worn by individuals to increase personal safety from infectious agents.
- 4.9 **Vulnerable groups** – refers to socially disadvantaged groups that are most susceptible to suffer directly from disasters and health events. These include senior citizen, immune-compromised individuals, women, children, persons deprived with liberty (PDL), persons with disabilities (PWDs), and members of indigenous peoples (IPs), internally displaced persons (IDPs), indigenous cultural communities (ICCs), among others.
- 4.10 **A.O.** - refers to Department of Health (DOH) Administrative Order No. 2020-0015 dated April 27, 2020, entitled "Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation"

SECTION 5. PRINCIPLE AND STRATEGIES. The following principles and strategies as hereby adopted in the implementation of the Non-Pharmaceutical Interventions/mitigation measures

5.1. Principles

5.1.1. Shared accountability

- a) Health is a key development objective that is the shared accountability of the government, communities, households, and individuals.
- b) A whole-of-system, whole-of-government, whole of society approach is essential to develop cohesive solutions to current and future challenges to public health and national security.
- c) all efforts shall espouse the government's strategies directions of national government-enabled, local government-led, and people-centered response to the COVID-19 health event.

5.1.2 Evidence-based decision-making

- a) Evidence shall guide policy development and decision-making at all levels of government.
- b) As science continues to evolve, all actors shall periodically assess and recalibrate policies, programs and guideline.

5.1.3 Socio-economic equity & rights-based approach

- a) Recognizing that vulnerabilities are socially determined, it is important to be cognizant of the equity considerations and implications to blanket politics, plans and programs that are being conceptualized for scaled-up implementation. Vulnerable groups should therefore be identified and provided additional social safety net protections.
- b) Policy design shall always choose the least restrictive alternative that achieves its goals.
- c) In the event of any conflict of rules or guidelines, the interpretations shall ensure the protection of human rights. As much, the safety, needs and well-being of the individual shall prevail.

5.2. All policies, investments, and actions shall ensure that COVID-19 mitigation objectives are achieved using the following strategies. For each prescribed

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interventions, Concrete examples of corresponding hazard controls (e.g. engineering control, administrative control, and PPEs) are provided.

5.2.1 Objective 1: Increase physical and mental resilience

- a) Ensure access to basic needs of individuals, including food, water, shelter and sanitation.
- b) Support adequate nutrition and diets based on risk.
- c) Encourage appropriate physical activity for those with access to open spaces as long as physical distancing is practiced.
- d) Discourage smoking and drinking of alcoholic beverages.
- e) Protect the mental health and general welfare of individuals.
- f) Promote basic respiratory hygiene and cough etiquette.
- g) Protect essential workforce through provision of food, PPE and other commodities, lodging and shuttle services as necessary.
- h) Provide financial and healthcare support for workforce who contracted COVID-19 through transmission at work.
- i) Limit exposure of MARP groups, such as through limitation in entry or prioritization to service or provision of support.
- j) Provide appropriate social safety net support vulnerable groups for the duration of the COVID-19 health event.

5.2.2. Objective 2: Reduce transmission

- a) Encourage frequent hand washing with soap and water, discourage the touching of the eyes, nose and mouth through appropriate information and education campaign.
- b) Encourage asymptomatic individuals to stay at home unless there is a pressing need to go to a health facility for medical consultation, if virtual is not possible.
- c) Ensure access to basic hygiene facilities such as toilets, hand washing areas, water, soap, alcohol/ sanitizer.
- d) Clean and disinfect the environment regularly, every two hours for high touch areas such as toilets, door knobs, switches, and at least once every day for workstations and other surface.
- e) Ensure rational use of personal protective equipment (PPEs) that is suitable to the setting, and the intended user. Medical grade protective apparel shall be reserved for health care workers and other frontliners, and symptomatic individuals at all times.

5.2.3. Objective 3. Reduce contact

- a) Implement strict physical distancing at all times, especially at public areas, workstations, eating areas, queues, and other high traffic areas.
- b) Reduce movement within and across areas and settings.
- c) Restrict unnecessary mass gatherings.
- d) Limit non-essential travel and activities.
- e) Install architectural or engineering interventions, as may be deemed appropriate.
- f) Implement temporary closure or suspension of service in high risk areas or establishment, as necessary.

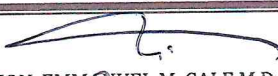
5.2.4. Objective 4: Reduce duration of infection

- a) Identify/symptomatic individuals and immediately isolate, such as through the use of temperature scanning, symptom self-monitoring, and voluntary disclosure.
- b) Coordinate symptomatic individuals through appropriate health system entry points such as primary care facilities or teleconsulting platforms.


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c) Trace and quarantine close contacts of confirmed individuals consistent with Department of Health guidelines.

SECTION 6. IMPLEMENTATION. The Municipal Government of Calamba, Misamis Occidental shall:

- 6.1. Ensure implementation of risk-based public health standards for COVID-19 mitigation;
- 6.2. Set up mechanism to monitor compliance and submit reports according to provided tools;

SECTION 7. IMPLEMENTING RULES AND REGULATIONS. To carry out the provisions of this Ordinance, within 30 days after its approval, the Sangguniang Bayan through the Technical Working Group, shall formulate the Implementing Rules and Regulations (IRR) taking into consideration section 5 hereof, and in accordance with the following implementing guidelines.

- 7.1. **Risk Severity Grading.** All actors (NGAs in coordination with Civil Service Commission, LGUs and/or Private Sector) shall base their COVID-19 mitigation response from the IATF-EIDs risk severity grading (e.g., Low, Moderate, and High Severity).
- 7.2. **Risk-based Public Health Standards Across Settings.** At the minimum, all actors shall implement the prescribed interventions in various settings in Annex A of the A.O. depending on the Risk Severity Grading. For each prescribed interventions, concrete examples of corresponding hazard control (e.g. engineering control, administrative control, and PPEs) are provided.

Depending on the risk severity grading:

- 1. Interventions that are listed as 'MUST DO' shall be mandatory, See Annex B for the A.O.
- 2. Interventions that are listed as 'CAN DO' shall be optional, and may be tailored further as guided by the Modification Potential Matrix on Annex C.1. of the AO.

7.3. **Prioritizing Additional Mitigation Strategies based on Modification Potential.** All actors may implement additional mitigation interventions for different settings. The Modification Potential Matrix provided for in Annex C.1 of the A.O. rated settings based on the likelihood that is can be modified to lessen contact. All actors are encouraged to prioritized settings that scored high, followed by medium, then low.


SECTION 8. CONSTRUCTION. This Ordinance shall be construed in accordance with the guidelines, rules, regulations, and protocols issued by the Department Health, by the IATF pertaining to Non-Pharmaceutical Interventions to mitigate the threat of COVID-19.

SECTION 9. SEPARABILITY CLAUSE. If any portion of provision of this Ordinance is declared void or unconstitutional, the remaining portions hereof shall not be affected thereby and shall remain in full force and effect.


SECTION 10. EFFECTIVITY CLAUSE. This Ordinance shall take effect immediately upon its approval.

ENACTED: June 22, 2020

I **HEREBY CERTIFY** to the correctness of the Ordinance No. 14-s.2020 enacted by the 21st Sangguniang Bayan of Calamba, Misamis Occidental during its Regular Session on June 22, 2020 at Sangguniang Bayan Session Hall, Calamba, Misamis Occidental.

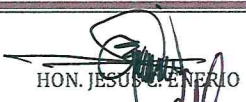
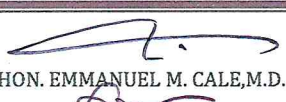

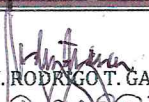




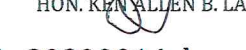

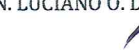

BEVERLY B. SAMOSA, Ph.D.
Secretary to the Sanggunian

**ATTESTED AND CERTIFIED
TO BE DULY ADOPTED:**


Hon. JESUS C. ENERIO
Municipal Vice Mayor-OIC/Presiding

APPROVED: Ordinance No. 14-s.2020 on _____


Engr. EZEL T. VILLANUEVA
Municipal Mayor

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