



EXCERPT FROM THE MINUTES OF THE 25th REGULAR SESSION OF THE HONORABLE SANGGUNIAN BAYAN, TIGBAUAN, ILOILO HELD AT THE S.B. SESSION HALL, TIGBAUAN MUNICIPAL BUILDING ON JUNE 22, 2022 AT 10:00 O'CLOCK IN THE MORNING

PRESENT:

HON. VIRGILIO T. TERUEL,	- Vice Mayor & Presiding Officer
HON. MA. GERRYLIN SANTUYO-CAMPOSAGRADO	- S.B. Member & Temporary Presiding Officer
HON. DENNIS T. VALENCIA	- S.B. Member
HON. NERI T. CAMIÑA	- S.B. Member
HON. SUZETTE MARIE HILADO-BANNO	- S.B. Member
HON. REYNALDO E. TUMABOTABO	- S.B. Member
HON. JULIUS T. LEDESMA	- S.B. Member
HON. NORBERTO T. TURALBA	- S.B. Member
HON. JERRY T. TUARES	- Liga President

ABSENT:

HON. MARLON R. TERUÑEZ	- S.B. Member (Compensatory Time Off)
HON. DYOSSA MARIE T. TERUÑEZ	- SKMF President (Compensatory Time Off)

Municipal Ordinance No. 2022-004

ADOPTING A MORE AGGRESSIVE PDITR+V [PREVENT-DETECT-ISOLATE-TREAT-REINTEGRATE + VACCINATE] STRATEGY AND STRONGER CONTACT TRACING INITIATIVES TO CONTAIN HIGHLY TRANSMISSIBLE COVID-19 VARIANTS IN THE MUNICIPALITY OF TIGBAUAN, ILOILO)

Introduced & Moved by:	HON. SUZETTE MARIE HILADO-BANNO
Sponsored by :	Committee on Health and Sanitation
Chairman :	Hon. Suzette Marie Hilado-Banno
Vice Chairman :	Hon. Julius T. Ledesma
Members :	Hon. Marlon R. Teruñez, Hon. Norberto T. Turalba and Hon. Jerry T. Tuares
Seconded by :	Hon. Dennis T. Valencia, Hon. Reynaldo E. Tumabotabo, Hon. Julius T. Ledesma, Hon. Norberto T. Turalba and Hon. Jerry T. Tuares;

BE IT ORDAINED BY THE SANGGUNIAN BAYAN OF THE MUNICIPALITY OF TIGBAUAN IN SESSION ASSEMBLED:

**CHAPTER 1
GENERAL PROVISIONS**

TITLE AND SCOPE

SECTION 1. SHORT TITLE – This Ordinance shall be known and referred to as Adopting a more aggressive PDITR+V [Prevent-Detect-Isolate-Treat-Reintegrate + Vaccinate] Strategy and Stronger Contact Tracing Initiatives to Contain Highly Transmissible COVID-19 Variants in the Municipality of Tigbauan, Iloilo or PDITR+V Ordinance for short.

SECTION 2. SCOPE AND APPLICATION – The provisions of this ordinance which are substantially the same as existing policies of the Inter-Agency Task Force for the Management of Emerging Infectious Disease [IATF-MEID] relating to the same subject matter shall be construed as restatements and not as new enactments, unless otherwise explicitly modified therein.

**CHAPTER 2
DEFINITION OF TERMS**

SECTION 3. As used in and for purposes of this Ordinance, the following terms, unless the context indicates otherwise, shall mean:

- 1. Accommodation Establishment** – refers to establishments operating primarily for accommodation purposes including, but not limited to, resorts, apartment hotels, tourist inns, motels, pension houses, private homes used for homestay, ecolodges, serviced apartments, condotels, and breakfast facilities.
- 2. COVID-19** – refers to the Coronavirus Disease 2019 which is caused by the virus known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

3. **COVID-19 Alert System – COVID-19 Alert Level System** – refers to the new Community Quarantine Classifications for dealing with COVID-19 covering entire cities, municipalities and/or regions; aimed to manage and minimize the risk of the disease through the System Indicators, Triggers and Thresholds determined by the IATF to specify the public health and social measures to be taken in relation to the COVID – 19 response, as may be updated based on new scientific knowledge, information about the effectiveness of control measures in the country and overseas, and its application.
 - a. **Alert Level 1** –refers to areas wherein case transmission is low and decreasing, total bed utilization rate, and intensive care unit utilization rate is low.
 - b. **Alert Level 2** – refers to areas wherein case transmission is low and decreasing , healthcare utilization is low, or case counts are low but increasing, or case counts are low and decreasing but total bed utilization rate and intensive care unit utilization rate is increasing.
 - c. **Alert Level 3** – refers to areas wherein case counts are high and/ or increasing ,with total bed utilization rate and intensive care utilization rate at increasing utilization.
 - d. **Alert Level 4** – refers to areas wherein case counts are high and/or increasing, with total bed utilization rate and intensive care unit utilization rate at high utilization.
 - e. **Alert Level 5** – refers to areas wherein case counts are alarming with total bed utilization rate and intensive care utilization rate at critical utilization.
4. **Essential Goods and Services** – covers health and social services to secure the safety and well-being of persons, such as but not limited to, food, water, medicine, medical devices, public utilities, energy, and others as may be determined by the AITF.
5. **Granular Lockdowns** – refers to a micro-level quarantine for areas identified as “critical zones” by the local government unit 9LGU0 which may be declared regardless of Alert Level.
6. **Health and Emergency Frontline Services** – refers to services provided by public health workers [all employees of the DOH, DOH Hospitals, Hospitals of LGU’s, and Provincial, City, and Rural Health Units, and Drug Abuse Treatment and Rehabilitation Centers including those managed by other government agencies (e.g. police and military hospitals/clinics, university medical facilities), uniformed medical personnel], private health workers, such as but not limited to medical professionals, hospital and health facility administrative and maintenance staff, and aides from private health facilities, as well as their service providers, health workers and volunteers of Health Maintenance Organizations (HMOs), the Philippine Health Insurance Corporation (PHIC), health insurance providers, disaster risk reduction management officers, and public safety offices.
7. **Minimum Public Health Standards** – refers to the national, local, and sector-specific guidelines on mitigating measures for its COVID – 19 response across all settings by implementing non-pharmaceutical interventions (NPIs), consistent with the Department of Health (DOH) Administrative Order NO. 2021-003 or the Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institution. This term shall also encompass specific NPIs of community mitigation strategies or 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 in the population.
8. **On-site Capacity** – refers to the number of employees or workers who can be permitted or required to be physically present at their designated workplace outside of their residences
9. **Skeleton Workforce** – refers to the o-site capacity which utilizes the smallest number of people needed for the business to maintain its basic functions.

CHAPTER 3

PREVENT

SECTION 4. Minimum Public Health Standards [MPHS]

The Minimum Public Health Standards shall be observed. These include physical distancing, hand hygiene, cough etiquette and wearing of face masks among others across all settings, regardless of the severity of risk.

SECTION 5. Wearing of Face Masks.

- a. At all times, well-fitted masks shall be worn properly, whether outdoors or in indoor private or public establishments, including in public transportation, except in the following instances:
 - i. Eating and drinking;
 - ii. Practicing in team and individual sports in venues where ventilation standards can be maintained;
 - iii. Practicing outdoor sports/ exercise activities where physical distance can be maintained.
- b. All establishments shall ensure implementation of national protocols on the proper use, handling, and disposing of appropriate personal protective equipment.

SECTION 6. Designation of a Safety and Health Officer.

A Safety and Health Officer shall be designated to ensure, monitor and evaluate proper implementation and strict observance of the minimum health standards.

SECTION 7.

- A. All health facilities shall implement the necessary and appropriate engineering and administrative controls, and use appropriate personal protective equipment in accordance with the latest Infection Prevention & Control (IPC) guidelines for health facilities.
- B. All public and private establishments, organizers of events, and local governments shall implement the following protocols:
 1. **Administrative Controls.**
 - a. All private and public offices and workplaces, may operate at a capacity dependent on the Alert Level (consistent with national issuances on vaccination requirements for on-site work). However, they may continue to provide flexible and alternative work arrangements as deemed appropriate based on function or individual risk.
 - b. The seating capacity for Public transportation shall be dependent on the Alert Level.
 - c. Prepare a contingency plan for the establishment which shall include coordination with the local government and health care provider networks, management of staff and visitors with COVID-19 symptoms, processes for establishment lockdown and disinfection, and alternative processes in case of escalation of Alert Level status.
 - d. Regularly disinfect high-risk areas such as but not limited to areas for gatherings, highly touched surfaces, and frequently visited areas such as entrance and exit points, restrooms, hallways, elevators using Food and Drug Administration (FDA)- approved disinfectants.
 - e. The local government units endeavor to include health and safety in routine assessments to be conducted regularly.

2. Engineering controls.

- a. Ensure adequate air exchange and ventilation, consistent with Department of Labor and Employment (DOLE) Department Order No. 224-21 Guidelines on Ventilation for Workplaces and Public Transport to Prevent and Control the Spread of COVID-19, namely:
 - i. Ensure adequate air quality and ventilation, to wit:
 - 1. If possible, windows shall be open;
 - Ensure that nearby spaces of open windows are free from toxic gases and pollutants;
 - Whether windows may or may not be opened, supply-only ventilation fans (i.e, floor, table top, pedestal fans) are provided and should be placed where air flow from these fans shall not be from person to person.
 - 2. Exhaust fans should be continuously operating while there are occupants in the area;
 - 3. Additional exhaust fans may be added to improve air exchange to achieve at least 6 air changes per hour; increasing the number of exhaust fans can increase the number of air changes per hour;
 - 4. If possible, establishments are highly encouraged to conduct the following air quality measurements: Air Change per hour -recommend at least 6 air changes per hour; and/or
 - 5. Carbon Dioxide (CO2) Levels: recommend less than 1000 parts per million or ppm.
 - 6. Air ducts of HVAC systems should be maintained and cleaned regularly as determined by the safety officer or technical expert.
 - b. All land-based transport terminals are to ensure the compliance to sanitary standards;
 - c. Install structures enabling active transportation (e.g. bike racks);
 - d. Maintain smoke-free and vape-free environment;
 - e. Support mental, and psychosocial needs, especially of vulnerable groups;
 - f. Make available context-specific and localized health and safety education materials;
 - g. Set up a mechanism for provision of care and referral for patients with symptoms or other emergency health conditions.
 - h. Install/maintain hand hygiene and sanitation facilities with the following:
 - i. Adequate and safe water supply
 - ii. Hand washing station or sink
 - iii. Soap and water or 70% Isopropyl (or Ethyl) Alcohol
 - iv. Hands-free trash receptacles
 - v. Install visual cues or signages on mask wearing, hand hygiene.
- a. Promote and incentivize use of interventions that ensure health and safety in all establishments, such as:
 - i. Using outdoor spaces or having outdoor options
 - ii. Ensure adequate air quality and ventilation
- j. The use of foot baths, disinfection tents, misting chambers, or sanitation booths for preventing and controlling COVID-19 transmission are not recommended. Temperature checking prior to the entry in any establishment may be dispensed with.
- k. The use of plastic/acrylic barriers/dividers are optional, as appropriate.
- l. The Safety Seal Certification Program of the national government to mark their compliance with minimum public health standards is optional but all establishments are encouraged to use it as a marketing tool.
- m. All establishments shall ensure implementation of national protocols on the proper use, handling, and disposing of appropriate personal protective equipment.

CHAPTER 4 DETECT

SECTION 8. The Punong Barangay shall designate a permanent Contact Tracer in the barangay among the members of the Barangay Health Emergency Response Team [BHERT].

SECTION 9. The Sangguniang Barangay shall establish a Barangay Health Information Center.

SECTION 10. Individuals, who have tested positive for COVID-19, shall inform their close contacts to trigger quarantine for unvaccinated close contacts and symptom monitoring for vaccinated close contacts.

SECTION 11. Use of digital contact tracing such as the StaySafe.PH application is optional for all the agencies and establishments.

SECTION 12. Establishments/employers will not have to provide a separate report to DOLE for COVID-19. Establishments/Employers should include COVID-19 cases report as part of work accident illness report form.

SECTION 13. The Municipal Government shall implement testing protocols consistent with national guidelines, which may be stricter for individuals who are unvaccinated or have higher exposure risk pursuant to IATF Resolution No. 148-B and No. 149, s. 2021.

SECTION 14. Testing using RT-PCR shall be recommended and prioritized for:

- a. Priority Groups A2 (persons above 60 years old) and A3 (persons with comorbidities) who are at risk for developing severe disease, especially for instances where the result of testing will affect the clinical management and use of COVID-19 therapeutics.
- b. Priority Group A1 or healthcare workers for groups at highest risk for infection such as deemed necessary.

SECTION 15. Testing shall be optional for other groups not stated above, including for community level actions wherein case management of probable and confirmed cases remain the same. Specifically:

- a. Testing shall NOT be recommended for asymptomatic close contacts unless symptoms will develop, and should immediately isolate regardless of test results. Instead, symptom monitoring is recommended. Should testing still be used, testing should be done at least 5 days from the day of last exposure.
- b. Testing shall NOT be recommended for screening asymptomatic individuals.

SECTION 16. Testing using antigen tests shall be recommended only for symptomatic individuals and in instances wherein RT-PCR is not available.

SECTION 17. The Sangguniang Bayan shall establish an Epidemiology and Surveillance Unit.

CHAPTER 5 ISOLATE AND QUARANTINE

SECTION 18. The Punong Barangay together with the members of BHERTs shall identify and designate an appropriate place that shall serve as the Barangay Isolation Unit.

SECTION 19. The Punong Barangay together with the members of BHERTs shall identify and designate an appropriate place that shall serve as the Barangay Isolation Unit.

SECTION 20. The LGU shall update isolation and quarantine protocols for general public & healthcare workers and authorized sectors shall be consistent with DOH Department Memorandum No. 2022-0013.

SECTION 21. Establishments are no longer required to set-up isolation facilities within the workplace.

CHAPTER 6 TREAT

SECTION 22. Close contacts, asymptomatic confirmed cases, and mild to moderate confirmed cases shall be managed at the primary care level (e.g. health centers, private clinics thru face to face or teleconsultation).

SECTION 23. Health facilities are encouraged to adopt/scale-up telemedicine to facilitate delivery of appropriate health services.

SECTION 24. Confirmed cases with severe and critical symptoms shall be managed in the appropriate health care facility.

CHAPTER 7 REINTEGRATE

SECTION 25. Isolation can be discontinued upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.

SECTION 26. Repeat tests shall not be required for the safe reintegration into the community.

SECTION 27. To ensure promotion of their psychosocial well-being, individuals in quarantine and isolation are recommended to maintain and continue lines of communication to family and friends.

CHAPTER 8 VACCINATION

SECTION 28. Individuals eighteen (18) years old and above will be required to present proof of full vaccination before participating in mass gatherings or entry into indoor establishments, such as but not limited to:

1. In-person religious gatherings; gatherings for necrological services, wakes, inurnment, and funerals for those who died of causes other than COVID-19 and for the remains of the COVID-19 deceased;
2. All indoor dine-in services of food preparation establishments such as kiosks, commissaries, restaurants, and eateries. For outdoor or al fresco dining and take out channels, no proof of full vaccination is required;
3. All indoor personal care establishments such as barbershops, hair spas, hair salons, and nail spas, and those offering aesthetic/cosmetic services or procedures, make-up services, salons, spas, reflexology, and other similar procedures including home service options;
4. Fitness studios, gyms, and venues for exercise and sports;
5. All indoor cinemas or movie houses operating at full capacity;
6. Meetings, incentives, conferences, exhibition events, and permitted venues for social events such as parties, wedding receptions, engagement parties, wedding anniversaries, debut and birthday parties, family reunions, and bridal or baby showers;
7. Venues with live voice or wind-instrument performers and audiences such as in karaoke bars, clubs, concert halls, and theaters;
8. Indoor ancillary establishments in hotels and other accommodation establishments; and

9. Venues for election-related events. Proof of full vaccination shall be required before entry in the list of establishments identified under the principles of 3C's (Closed, Crowded, and Close Contact) strategy against COVID-19.

SECTION 29. Children ages seventeen (17) and below shall not be required to present proof of full vaccination status.

SECTION 30.The Sangguniang Bayan shall establish a Municipal Vaccination Operations Center.

SECTION 31. All establishments and employers in public and private sectors shall require their eligible employees who are tasked to do on-site work to be vaccinated against COVID-19. Eligible employees who remain to be unvaccinated may not be terminated solely by reason thereof.

SECTION 32. Punong Barangays shall cause the inventory of vaccinated population in the barangay indicating their status. Further, Punong Barangay shall closely monitor the mobility of persons yet to be vaccinated against COVID-19 and to advise them to stay at home to minimize the risk of COVID-19 transmission; provided that utmost respect for human rights is strictly observed.

CHAPTER 9
GRANULAR LOCKDOWN

SECTION 33. The authority to impose granular lockdown shall be given to the municipal mayors with respect to their component barangays subject to the concurrence of the Regional Inter-Agency Task Force (RIATF), and individual houses where one household member has been confirmed, residential buildings, streets, blocks, puroks, subdivisions, and/or villages within their jurisdiction.

SECTION 34. The epidemiological parameters in the declaration of a granular lockdown, including specific interventions and activities to be conducted in such areas, shall comply with the National Task Force COVID-19 Memorandum Circular No. 2 dated 15 June 2020 or the Operational Guidelines on the Application of the Zoning Containment Strategy in the Localization of the National Action Plan Against COVID-19 Response.

SECTION 35. Granular lockdowns shall be for a period of not less than fourteen (14) days.

SECTION 36. Declaration of granular lockdowns by local chief executives shall be provisionally effective immediately and shall include due notice to the RIATF. The RIATF shall immediately act on the said declaration.

SECTION 37. The Philippine National Police (PNP) shall ensure peace and order at all times. They shall make sure that security protocols are maintained in lockdown areas.

SECTION 38. The following shall be allowed to enter and/or exit granular lockdown areas for specific purposes:

1. Overseas Filipino Workers bound for international travel, and those returning to their respective residences after having completed facility-based quarantine upon arrival;
2. Individuals whose home or residence are located within an area under granular lockdown may enter the said area for the sole purpose of returning to their respective homes or residences but must thereafter remain therein for the duration of the granular lockdown;
3. Individuals under exceptional circumstances such as, but not limited to, those seeking urgent medical attention as validated by the municipal/city health officer; and
4. Food and essential items provided that they can only be picked up and/or unloaded at border collection points designated by the LGU.

SECTION 39. Households within areas under granular lockdown shall be provided assistance by their respective LGUs and the Department of Social Welfare and Development (DSWD), in accordance with their relevant guidelines.

CHAPTER 10
MISCELLANEOUS PROVISIONS

SECTION 40. Penalties. Violation of any provision of this ordinance shall be imposed a fine not exceeding Two Thousand Five Hundred Pesos (P2,500.00) or an imprisonment for a period not exceeding six (6) months or both at the discretion of proper authorities.


SECTION 41. Separability Clause. In the event that any section, paragraph, sentence, clause, or word of this ordinance is declared invalid for any reason, other provisions thereof shall not be affected thereby.

SECTION 42. Repealing Clause. All ordinances, as well as pertinent rules and regulations thereof, which are inconsistent with the provisions of this ordinance are hereby repealed or amended accordingly.

SECTION 43. Effectivity. This ordinance shall be deemed effective upon approval and compliance with mandatory publication or posting.

ENACTED, June 22, 2022

CERTIFIED CORRECT:


MARLENE TAYO-NAVA
S.B. Secretary

ATTESTED:


ATTY. MA. GERRYLIN SANTUYO-CAMPOSAGRADO
S.B. Member and Temporary Presiding Officer

APPROVED:


ATTY. SUZETTE T. ALQUISADA
Municipal Mayor



HON. VIRGILIO T. TERUEL, *Lawyer*
Municipal Vice Mayor

Sangguniang Bayan Members:

Hon. Dennis T. Valencia
Hon. Neri T. Camiña
Hon. Marlon R. Teruñez, *Ph.D.*

Hon. Suzette Marie Hilado-Banno, *M.D.*
Hon. Reynaldo E. Tumabotabo
Hon. Julius T. Ledesma, *O.D.*
Hon. Ma. Gerrylin Santuyo-Camposagrado, *Lawyer, MPA*

Hon. Norberto T. Turalba
Hon. Jerry T. Tuares, *LnB-Pres.*
Hon. Dyossa Marie Teruñez, *SKMF Pres.*

“Public office is a public trust. Public Officials must at all times be accountable to the people”