



REPUBLIC OF THE PHILIPPINES
REGION VI-WESTERN VISAYAS
PROVINCE OF ILOILO
MUNICIPALITY OF TIGBAUAN

Ist Indorsement
February 10, 2026



Respectfully forwarded to the Sangguniang Panlalawigan, Province of Iloilo, the herein attached Municipal Ordinance No. 2026-003 Entitled: **“THE REVISED HEALTH AND SANITATION CODE OF THE MUNICIPALITY OF TIGBAUAN, PROVINCE OF ILOILO”** which was passed by the Sangguniang Bayan on January 28, 2026.

BY AUTHORITY OF THE SB


MARLENE TAYO-NAVA
SB Secretary

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*“Public Office is a Public Trust.
Public Officials must at all times be accountable to the people.”*

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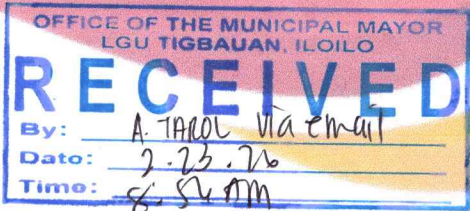
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REPUBLIC OF THE PHILIPPINES
REGION VI-WESTERN VISAYAS
PROVINCE OF ILOILO
MUNICIPALITY OF TIGBAUAN



EXCERPT FROM THE MINUTES OF THE CY 2026 – 4th REGULAR SESSION OF THE HONORABLE SANGGUNIANG BAYAN TIGBAUAN, ILOILO HELD AT THE S.B. SESSION HALL, TIGBAUAN MUNICIPAL BUILDING ON JANUARY 28, 2026 AT 9:15 IN THE MORNING.

PRESENT:

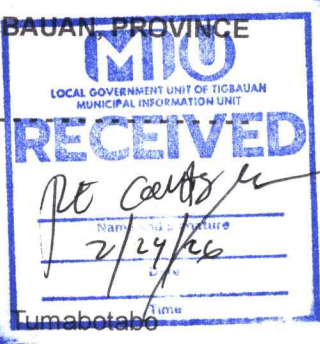
- | | | |
|-------------------------------|---|--------------------------------|
| HON. LUGEN T. ORTILANO, | - | Vice Mayor & Presiding Officer |
| HON. PINKY A. JARINA | - | SB Member |
| HON. GENE ROSE C. CANAYA | - | SB Member |
| HON. ADRIAN S. CAMPOSAGRADO | - | SB Member |
| HON. JOEL L. SAYSON | - | SB Member |
| HON. MARLON R. TERUÑEZ | - | SB Member |
| HON. NORA ROSE T. TUBIANO | - | SB Member |
| HON. REYNALDO E. TUMABOTABO | - | SB Member |
| HON. NORBERTO T. TURALBA | - | SB Member |
| HON. LORNA T. DOMINGO | - | Liga President |
| HON. JULIANA MARIE T. JULATON | - | SKMF President |



ABSENT: NONE

Municipal Ordinance No. 2026-003

THE REVISED HEALTH AND SANITATION CODE OF THE MUNICIPALITY OF TIGBAUAN, PROVINCE OF ILOILO.



Introduced & Moved by: **HON. PINKY ATADERO-JARINA**

Sponsored by: Committee on Health and Sanitation

Chairperson: **HON. PINKY ATADERO-JARINA**

Vice Chairperson: Hon. Nora Rose T. Tubiano

Members: Hon. Marlon R. Teruñez, Hon. Reynaldo E. Tumabotabo and Hon. Juliana Marie T. Julaton

Seconded by: Hon. Gene Rose C. Canaya, Hon. Adrian S. Camposagrado, Hon. Joel L. Sayson, Hon. Marlon R. Teruñez, Hon. Nora Rose T. Tubiano, Hon. Reynaldo E. Tumabotabo Hon. Norberto T. Turalba, Hon. Lorna T. Domingo and Hon. Juliana Marie Julaton

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

CHAPTER I

TITLE, POLICIES AND PRINCIPLES

Section 1. Title. This Ordinance shall be known as “The Revised Health and Sanitation Code of the Municipality of Tigbauan, Province of Iloilo.”

Section 2. Declaration of Policies. The Health and Sanitation Code shall be the legal and policy framework for a holistic management of health and sanitation services of the municipality basing on Sections 16 and 17 (2)(iii) of Republic Act No. 7160. It shall be primarily aimed to contribute to the promotion and attainment of a Healthy Community by instituting legislative measures and reforms. Thus, fulfilling the Local Government Unit’s vision: of “Living in a Socially Protective Environment.”

Section 3. Operative Principles. This Code shall be based on the following basic principles:

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PCP 12-24-26

- a) Integration – characterized by comprehensiveness of scope, coherent and consistent strategies, and cost-effectiveness of results of the policy making and implementation processes undertaken. Integration is the principle behind the mandate for local governments to implement and translate into their development initiatives the national policies, plans and programs.
- b) Interdisciplinarity – refers to the recognition of the need to a diverse field of knowledge to include natural, social and engineering sciences aside from available traditional knowledge.
- c) Precautionary Principle – wherein local decision makers take immediate preventive action, using the best available knowledge in situations where there is reason to think that something is causing a potentially severe or irreparable harm – even in the absence of conclusive scientific evidence establishing a causal link. This principle also applies in the formulation of predictive policies in Local Health Management.
- d) Intergenerational Equity – that means ensuring equal access to goods and resources for people in the present and future generations.
- e) Public Participation – that consists in the appropriate access to information held by public authorities and the participation of the general public in the decision-making process. This is necessary for stakeholders to gain sense of ownership to the issues sought to be addressed, and to the interventions and solutions, which are decided upon as necessary. This is also a way to decentralize responsibility for health management and ultimately empower communities without using the coercive power of the state.

Section 4. Authority of the Municipal Mayor through the Municipal Health Officer [MHO]. The Municipal Mayor through the Municipal Health Officer shall Administer health functions in the area under his jurisdiction, enforce the provisions of this Code and its Implementing Rules and Regulations as promulgated by the Oversight Committee. In the implementation of this Code, the Municipal Mayor through the Municipal Health Officer shall observe the following:

- a) Rights and Proceedings. Any proceeding, which has commenced or any right which has accrued upon the effectivity of this Code shall not be affected by any of its provisions. However, matters of procedures and rights arising after the date of the effectivity of this Code shall conform to the provisions hereof.
- b) Delegation of Power and Assignment of Duty. Whenever a power is granted or a duty is assigned to any public health officer, the power may be exercised by the official deputy or agent of the officer pursuant to this Code.
- c) Language Required. Any notice, report, statement or record required as authorized by this Code, shall be written in English, Filipino or Kinaray-a.
- d) Mailing of Notice. Unless otherwise expressly provided, any notice required to be sent to any person by any provision of this Code, shall be sent through the postal service. The affidavit of the official or employee who mailed the notice shall suffice *prima facie evidence* proving that the notice was sent as prescribed herein.
- e) Condemnation and Seizure of Property. When any property is officially condemned or seized by government authorities in the interest of public health, the owner thereof shall not be entitled to compensation.
- f) Command Responsibility. When a duty is expressly vested to a Health Officer as provided in this Code, it shall be understood that it shall likewise be the concern of the Superior of the Health Officer under the principle of command responsibility.

CHAPTER II

DEFINITION OF TERMS

- **Abnormal vaginal discharge** - shall refer to a discharge that is different from usual with respect to color/odor/consistency (e.g. discolored or purulent or malodorous);
- **Accredited BHW**- shall refer to a registered BHW who has been issued with a certificate of accreditation by the LHB after having rendered at least three (3) year of service in the barangay, who voluntarily renders primary health services in the community, and who shall be entitled to the benefits and incentives under the Magna Carta for Barangay Health Workers and be issued a BHW privilege card.
- **Acquired Immune Deficiency Syndrome (AIDS)** - a condition characterized by a combination of not specific signs and symptoms, caused by HIV contracted from another person which attacks and weakens the body's immune system, making the afflicted individual susceptible to other life threatening infections.
- **Action Planning** - refers to an activity that will be made by the Health Club to identify programs, projects or activities for the prevention and control of NCDs;
- **Adequately Iodized Salt** – salt with minimum iodine content as defined by DOH-FDA;
- **Advertising and promotion**- shall mean any form of commercial communication, recommendation or action with the aim, effect or likely effect of promoting tobacco products, ENDS/ENNDS, HTPs, or their components, or the use thereof, either directly or indirectly;
- **Animal Wastes** –means a material composed of excreta, with or without bedding materials and/or animal dungs, collected from poultry, ruminants or other animals except humans.
- **Anonymous Testing** - refers to an HIV testing procedure whereby the individual being tested does not reveal his/her true identity. An identifying number or symbol is used to substitute for the name and allows the laboratory

conducting the test and the person on whom the test is conducted to match the test results with the identifying number or symbol.

- **Administrative Fine** – is a financial penalty imposed on individuals who violates this Ordinance without need of litigation.
- **Advertising and promotion** - means any form of commercial communication, recommendation or action with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly. For purposes of this ordinance, it shall likewise apply to Electronic Nicotine Delivery System (ENDS).
- **Apartment**- a house or building containing a number of separate residential suites.
- **Aedes aegypti** - is a mosquito that can spread the Dengue Virus, Zika Virus, Chikungunya Virus and Yellow Fever Viruses and other diseases. The mosquito can be recognized by white markings on its legs and markings in the form of a lyre on the thorax.
- **Aedes albopictus** - also known as the Asian Tiger mosquito, a specie indigenous in the Asia Pacific Region, secondary vector and common in rural areas.
- **Allied Professional**- shall refer to any trained non-medical mental health professional;
- **Ambulance**- a vehicle designed and equipped for transporting sick or injured patients to, from, and between places of treatment by land, water or air, affording safety and comfort to the patients and avoiding aggravation of illness or injury;
- **Anaphylactic Shock**- a severe and sometimes life-threatening immune system reaction to an antigen that a person has been previously exposed to. The reaction may include itchy skin, edema, collapsed blood vessels, fainting, difficulty in breathing, and death;
- **Awareness Campaign** – An organized effort to inform the public about CKD, its risk factors, and preventive strategies.
- **Backyard Swine Raising** – refers to raising of swine in household backyard. It involves 2 heads and allowed only in identified urban areas and densely populated areas in the municipality.
- **Barangay Breastfeeding Support Group (BBSG)** – barangay-level group trained to assist lactating mothers.
- **Barangay Health Worker (BHW)**- shall refer to a person who has undergone training programs under any accredited government or non-government organization, and who voluntarily renders primary health care services in the community after having been accredited to function as such by the local health board in accordance with the guidelines promulgated by the Department of Health (DOH) as defined in R.A. 7883;
- **Barangay Nutrition Action Officer (BNAO)** - shall refer to the person who leads the planning group of the Barangay Nutrition Committee (BNC), initiates nutrition action planning, coordinates and manages the implementation, monitoring, and evaluation of the barangay and municipal nutrition program;
- **Barangay Nutrition Action Plan (BNAP)** - shall refer to a three-year plan that contains the objectives to address the priority nutrition issue prevalent in the barangay;
- **Barangay Nutrition Committee (BNC)** - shall refer to a group that plans, coordinates, and monitors nutrition programs in a barangay;
- **Barangay Nutrition Scholar (BNS)** - shall refer to a barangay-based volunteer worker who provides basic nutrition and associated health services and connects communities with nutrition and related service providers. The BNS is also a trained community worker who provides linkage between the community and partner organizations for the implementation of nutrition and other health-related activities;
- **Barangay Officials** - refer to the elected officials in the barangay which include the Punong Barangay, Sangguniang Barangay Members and Sangguniang Kabataan (SK) officials;
- **Basic Immunization Service** - refers to the administration of vaccines to protect individuals, particularly children, from infectious diseases like measles, polio, and influenza. These services aim to prevent diseases outbreaks, establish herd immunity, reduce healthcare costs, and protect vulnerable populations.
- **Basic Life Support (BLS)**- generally refers to the type of care that first-responders, healthcare providers and public safety professionals provide to anyone who is experiencing cardiac arrest respiratory distress or an obstructed airway. It requires knowledge and skills in cardiopulmonary resuscitation (CPR), using automated external defibrillators (AED) and relieving airway obstructions in patients of every age;
- **Beneficiary** - a child identified as undernourished per DepEd/DOH/FNRI criteria.
- **BHW Accreditation**- shall refer to an official acknowledgment by the LHB of the merits of a BHW in meeting the standards prescribed by the IRR of R.A. 7883
- **BHW Registration and Accreditation Committee (BHW-RAC)**- refers to the local body established under R.A. 7882 which facilitates the registration and accreditation of Barangay Health Workers
- **Blood/Blood product** - refers to human blood, processed or unprocessed which include blood components, its products and derivatives;
- **Blood Bank** - refers to a hospital-based facility where blood is stored and preserved for later use in blood transfusion;
- **Blood Center** - refers to a laboratory or institution with the capability to recruit and screen blood donors, collect, process, store, transport and issue blood for transfusion and provide information and/or education on blood transfusion transmissible diseases;
- **Blood Collection Center** - refers to a location conducive for blood donation identified by the municipality as venue for blood donor recruitment and blood donation activity;
- **Blood Donation** - refers to a voluntary procedure done by a sufficient number of healthy people to ensure that blood will always be available whenever and wherever it is needed;
- **Blood Donor Card** - refers to a card issued by Blood Service Facilities (BSF) to a qualified blood donor who has donated a specific amount of blood;
- **Blood Donor Registry** - refers to a list of individuals who are registered qualified or not qualified as blood donors;
- **Blood Galloner** – refers to a blood donor who has donated 450 cc of blood per donation for at least nine (9) times, with a total cumulative donation of 4,050 cc of blood;
- **Blood Program Coordinator** - refers to the personnel responsible in the coordination of blood donation activities in the municipality, provide technical support and maintain record keeping and reporting system;
- **Blood Service Facility (BSF)** - refers to any unit, office, institution providing any of the blood transfusion

- services, which can be a Blood Bank/Center, a Blood Collection Unit or a Blood Station;
- **Blood Service Network** - refers to an organization composed of the designated blood centers and hospital blood banks, blood stations and end-user hospitals established to provide for the blood needs of a specific geographical area;
- **Boarding House** - A house or building where selected persons, for a fixed period of time, are provided board and lodging for fee.
- **Body of Water** -most often refers to large accumulations of water, such as oceans, seas, and lakes, rivers but it includes smaller pools of water such as ponds, wetlands, or more rarely, puddles.
- **Bona fide resident** - refers to someone who has been recognized/certified by the *Punong Barangay* to be a resident of the municipality/locality;
- **Breastfeeding** - feeding of a baby directly from the mother's breast.
- **Breastfeeding Break** - paid break time additional to regular breaks to express or feed breastmilk.
- **Business Establishment** - any business or commercial concern, operating within the Province and required to secure business permit and license to operate, sanitary permit and other permits or clearances from any agency of the Municipality of Tigbauan.
- **Bus Terminal or Bus Station** - a passenger station and place for the final stop over or a permanent station, office and yard of buses, which may also serve as loading and unloading area for passengers.
- **Certification** - the official confirmation and recognition of Zero Open Defecation status.
- **Certificate of Registration** - A document signed by the Commissioner of the PRC and all the members of the Board of Optometry and bearing its seal, issued to an applicant who has satisfied the requirements for the practice of Optometry.
- **Child Nutrition Programs (CNP)** - shall refer to a program that aims to improve the health and nutrition of children;
- **Child-resistant**- shall refer to the type of containers that can be opened only by operating, puncturing or removing one of its functional and necessary parts using a tool that is not supplied with the container and comply with the existing standards on child-resistant packaging;
- **Chronic Kidney Disease (CKD)** - A long-term condition characterized by a gradual loss of kidney function over time;
- **Citation Ticket** - is a summons issued by the Smoke-free Task Force or its agents to a person violating the Smoke-free Ordinance. It is a piece of paper that describes one or more violations that the person may have committed.
- **Civil Society Organization (CSO)** - prefers to a legally constituted voluntary civic and social organization or institution created with no participation of government, including but not limited to, charities, development non-governmental organizations (NGOs), community groups, women's organizations, faith-based organizations, professional associations, coalitions and advocacy groups duly recognized by the Office and advocacy groups duly recognized by the Office of the Mayor. As used in this Ordinance, CSO does not include organizations or associations related to or connected with, the tobacco industry.
- **Code of Ethics**. A set of standards relating to the conduct, integrity and moral duties of optometrist, as prescribed by the duly integrated accredited National Organization of Optometrists and adopted and promulgated by the Board of Optometry upon approval by the PRC.
- **Commercial Piggery Farms** - shall refer to any parcel of land devoted to the raising or breeding, depasturing, feeding or watering of pigs/swine, generally under the management of a tenant or owner, used for commercial purposes.
- **Contact Tracing** - refers to the method of finding and counseling the sexual partner(s) of a person who has been diagnosed of as having sexually transmitted infection;
- **Compulsory HIV Testing** - refers to HIV testing imposed upon a person attended or characterized by lack of consent, use of physical force, intimidation or any form of compulsion;
- **Defecate** - to excrete/discharge fecal waste from the body or to have a bowel movement.
- **Densely Populated Area** - residential zone area of single-family, single-detached dwellings with usual community auxiliary uses on a neighborhood scale and a gross population of about 50PPH to 150PPH.
- **Designated Smoking Area** - refers to an outdoor space, duly approved by the Municipal Mayor, or his duly designated representative, where smoking and/or vaping may be allowed without violating this ordinance that meets the following requirements:
 - a) It shall be located in an open-space outside the building with no permanent or temporary roof or walls in an outdoor area.
 - b) It is not located in or within ten (10) meters from entrances, exits, or any place where people pass or congregate.
 - c) It shall not have an area larger than 10 square meters.
 - d) Food or drinks are not served in the designated smoking area.
 - e) No building shall have more than one designated smoking area.
 - f) Minors or persons below the age of 18 shall not be allowed within the designated area.
 - g) The designated smoking area has the following signage highly visible and prominently displayed:
 - "Smoking Area" signage with message showing "Minors not allowed within these premises"
 - Graphic health warnings on the effects of tobacco use.
 - h) It shall not be located in places where absolute smoking bans are in effect, such as, but not limited to: centers of youth activity such as playschools, preparatory schools, elementary schools, high schools, colleges and universities, youth hostels and recreational facilities for persons under eighteen (18) years old; elevators and stairwells; locations in which fire hazards are present, including gas stations and storage areas for flammable liquids, gas, explosives or combustible materials; within the buildings and premises of public and private hospitals, medical, dental, and optical clinics, health centers, nursing homes, dispensaries and laboratories; public conveyances; food preparation areas; public conveyances and in enclosed partially enclosed and outdoor areas of transport terminals that are near entrances and exits or where people congregate; within the buildings of all government facilities and premises of all offices of the Department of Health, Department of Education, Commission on Higher Education, Department of Social Welfare and Development and the Civil Service Commission, and shall likewise include parks, plazas, playgrounds,

sports and recreational facilities, and other facilities where an absolute smoking ban is imposed under special laws, administrative and executive orders, memorandum circulars and related policies.

- **Designated Smoking/Vaping Area (DSVA)**- shall refer to an area of a building or conveyance where smoking and vaping may be allowed, which may be in an open space or separate area with proper ventilation subject to the specific standards provided for under Executive Order No. 106 series of 2020;
- **Diabetes Mellitus** - refers to a metabolic disorder involving inappropriately elevated blood glucose levels, *i.e.*, a fasting plasma glucose concentration above 7.0 mmol/L (126 mg/dl) or a postprandial (approximately 2 hours after a main meal), plasma glucose concentration above 11.0 mmol/L (200mg/dl) on two separate occasions;
- **Diagnostic Pharmaceutical Agents (DPA), and other preventive or corrective measures or procedures**- for the aid, correction, rehabilitation or relief of the human eye, or to attain maximum vision and comfort.
- **Dietary Supplementation Program** - commonly termed as "*Supplementary Feeding Program*", shall refer to a nutrition specific intervention which includes balanced energy and protein supplements intended to add further nutritional value to the normal diet to ensure adequacy in the delivery intake;
- **Discrimination**- shall refer to any distinction, exclusion or restriction which has the purpose or effect of nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial or reasonable accommodation. Special measures solely to protect the right or secure the advancement of persons with decision-making impairment capacity shall not be deemed to be discriminatory;
- **Distributor**- shall refer to any entity to whom Vaporized Nicotine and Non-Nicotine Products, or their devices, or Novel Tobacco Products is delivered or sold for purposes of distribution in commerce, except that such term does not include a manufacturer, retailer or common carrier of such product;
- **Electronic Nicotine Delivery Systems (ENDS)** - means any device such as electronic cigarettes (e-cigarettes), electronic shisha (e-shisha), and other similar devices, whether or not it is used to deliver nicotine to the user through the act of *vaping*, that resemble the outward appearance of real smoking products.
- **Electronic Nicotine/Non-Nicotine Delivery Systems (ENDS/ ENNDS)**- otherwise known as electronic cigarettes or vapes, shall refer to e-liquids, solutions or refills, whether or not containing nicotine, and an electronic delivery device, or any combination thereof, that produce an aerosol, mist or vapor that users inhale by mimicking the act of smoking. ENDS/ENNDS deliver nicotine and/or other chemicals to the lungs after one end of a plastic or metal cylinder is placed in the mouth, like a cigarette or cigar, and inhaled to draw a mixture of air and vapors from the device into the respiratory system. They contain electronic vaporization systems, rechargeable batteries and chargers, electronic controls and replaceable cartridges containing nicotine and/or other chemicals. For the avoidance of doubt, the term ENDS/ENNDS is coextensive with the term "vapor products" as defined in RA No. 11467;
- **Emergency Response Vehicle (ERV)**- refers to a vehicle for handling emergencies; having necessary equipment meant for rescue and relief operations;
- **Enabling Program** - shall refer to actions that aim to assist the nutrition-specific programs and projects to be achieved with greater degree of efficiency and effectiveness through mobilization of the barangays for the delivery of positive nutrition outcomes;
- **Enclosed or partially enclosed** - means being covered by a roof or enclosed by one or more walls or sides, regardless of the type of material used for the roof, wall or sides, and regardless of whether the structure is permanent or temporary.
- **Endemic** - is an outbreak of disease that is prevalence in a particular area, region or people.
- **Excreta Disposal Facilities of Barangays as of 2018:**
 - a. Sanitary Disposal - flush and pour-flush toilet bowls
 - b. Insanitary Disposal – open hole type; covered or not covered; pit privy type
- **Informed Consent** - refers to the voluntary agreement of a person to undergo or be subjected to a procedure based on full information, whether such permission is written, conveyed verbally, or expressed indirectly.
- **Indiscriminate Fogging** - the use of fogging by someone not an exterminator.
- **Impervious Materials** - hardware materials that are impenetrable by solids, liquid or gas, nor capable of being tarnished by harsh elements of nature, flame or ordinary friction, and with smooth surfaces that are durable and resist to wear, tear, water and corrosion. Sample of impervious materials are stainless steel plates, ceramic tiles, formica sheets, porcelain plates, marble slabs and the like smooth non-porous materials.
- **Integrate** - to connect or combine two or more things in order to form a single unit or system.
- **First Aid**- is the immediate assistance provided to a sick or injured person until professional help arrives;
- **First 1000 days of life** - shall refer to the period of a person's life, from conception to the first 24 months of life. This is considered the critical window of opportunity to promote health and development and prevent malnutrition and its life-long consequences;
- **Food Establishment** – a business that caters, serves, or sells food to the public, like restaurants, food stalls, cafes, including those that are located in vessels.
- **Food Security** - shall refer to the state at which people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life;
- **Fogging** - the method of creating chemical steam or mist to drive away mosquitoes.
- **Grade 2(G2) or Basic Sanitation Status** is the status of the community wherein households, schools, child development centers and public institutional facilities have their own sanitary toilets that are functional, and communities properly manage animal excreta and properly dispose their solid waste, in addition to maintaining the norm that open defecation is unacceptable.
- **Heads** – include weaning, growers and fatteners.
- **Health Certificate** - is a certification, in the form of an identification card, issued by the MHO to a person who shall have passed the required physical and medical examinations and immunization, seminars, including chest x- ray.
- **Health Club** - refers to an association of people who would like to take part in activities in a facility that is providing access to their needed health services to improve the health and wellness of the members;

- **Health Facility or Health Center** - refers to the LGU facility that provides screening and management of diseases like hypertension and diabetes that may include, but not limited to, municipal health offices, rural health units (RHUs) and barangay health stations;
- **Healthy Hearts Program** - refers to a program designed to improve cardiovascular health and reduce mortality caused by NCDs such as heart diseases, cancer, diabetes, and chronic respiratory diseases, among others;
- **Heated Tobacco Product (HTP)** - shall refer to a product that may be consumed through heating tobacco, either electrically or through other means, sufficient to release an aerosol that can be inhaled, without burning or combustion of the tobacco. HTPs include liquid solutions and gels that are part of the product and are heated to generate an aerosol;
- **High-risk pregnancy**- a pregnancy that involves increased health risks for the pregnant person, fetus or both. Certain health conditions and your age (being over 35 or under 17 when pregnant) can make a pregnancy high risk. These pregnancies require close monitoring to reduce the chance of complications;
- **HIV (Human immunodeficiency virus)** - shall refer to an infection that attacks the body's immune system; Acquired immune or deficiency syndrome (AIDS) is the most advanced stage of this disease;
- **HIV Transmission** - refers to the transfer of HIV from one infected person to an uninfected individual, most commonly through sexual intercourse, blood transfusion, sharing of intravenous needles and during pregnancy;
- **HIV/AIDS Monitoring** - refers to the documentation and analysis of the number of HIV/AIDS infections and the pattern of its spread.
- **HIV/AIDS Prevention and Control** - refers to measures aimed at protecting non-infected persons from contracting HIV and minimizing the impact of the condition of persons living with HIV.
- **HIV positive** - refers to the presence of HIV infection as documented by the presence of HIV or HIV antibodies in the sample being tested.
- **HIV-negative** - denotes the absence of HIV or HIV antibodies upon HIV testing.
- **HIV Testing** - refers to any laboratory procedure done on an individual to determine the presence or absence of HIV infection.
- **High-Risk Behavior** - refers to a person's frequent involvement in certain activities which-increase the risk of transmitting or acquiring HIV.
- **High-Risk Individuals** – Persons with diabetes, hypertension, or family history of kidney disease;
- **Hotel**- a building where transient guests are received and are supplied with and charged for meals, lodging and other services.
- **Household Establishment** – shall refer to all domestic homes or abodes within Municipality of Tigbauan, occupied primarily for residential purposes.
- **HPV (Human papillomavirus infection)** - shall refer to an infection caused by a DNA virus from the *Papillomaviridae* family. Many HPV infections cause no symptoms and 90% resolve spontaneously within two years;
- **Human Immunodeficiency Virus (HIV)** - refers to the virus which causes AIDS.
- **Illegal Practice** – The performance of any act/s constituting the practice of OPTOMETRY in the Philippines without having been first admitted to the practice of this profession as certified by the Board of Optometry and registered with the Professional Regulation Commission (PRC).
- **Hypertension (known as high or raised blood pressure)** - refers to a condition in which the blood vessels have persistently raised pressure and can increase the risk of heart, brain, kidney and other diseases;
- **Imminent Delivery**- refers to a situation when the baby's head is visible at the vaginal opening during a contraction (crowning);
- **Infant mortality rate** - shall refer to the number of infants dying before reaching the age of one (1) year per 1,000 live births in a given year;
- **Iodized Salt** – salt fortified with iodine in accordance with national standards;
- **Irrigation Canal** – an artificial waterway or artificially improved river used for travel, shipping, or irrigation.
- **Kaya-Kulob** - a system of turning over vessels or containers which contain stagnant water which could be the breeding places of Aedes mosquitoes.
- **Lactation Station** – a private, clean, sanitary room or area for expressing and storing breastmilk as required under RA 10028.
- **Large Scale Piggery**- refers to more than 2 sows and more than 20 heads.
- **Licensee** – person, group or corporation applying for the Municipal Piggery License.
- **Lifestyle-related NCDs** - refers to chronic NCDs particularly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes due to tobacco use, physical inactivity, unhealthy diet and harmful use of alcohol;
- **LNFP** - shall refer to the Local Nutrition Focal Points, part of local government units (LGUs) that work to promote nutrition security;
- **Malnutrition** - shall refer to the condition that develops when the body is deprived of vitamins, minerals and other nutrients it needs to maintain healthy tissues and organ function;
- **Massage**- a method involving the rubbing, stroking or kneading of the superficial soft parts of the body for remedial, or aesthetic or hygienic relief purposes.
- **Massage Clinic** - an establishment where massage is administered to customers
- **Maternal Health** - shall refer to the health of a woman before, during, and after pregnancy, and includes her physical, mental, emotional, and social well-being;
- **Maternal Newborn, Child Health and Nutrition (MNCHN) Core Package of Services**- shall refer to a package of services for women, mothers and children covering the spectrum of: (1) known appropriate - clinical case management services, including emergency obstetric and newborn care in preventing direct causes of maternal and neonatal deaths, which are or will be within the capacity of the health system to routinely provide; and (2) known cost-effective public health measures capable of reducing exposure to, and the severity of risks for maternal and newborn deaths that are routinely provided by the LGU;
- **Medical emergencies**- any acute or life-threatening condition that requires immediate intervention by a competent personnel;
- **Medium Scale Piggery** – refers to 2 sows and 11-20 heads.
- **MELLPI PRO** - shall refer to the Monitoring and Evaluation of Local Level Plan Implementation Pro, an annual national monitoring and evaluation exercised by the National Nutrition Council which provides a quantitative

Assessment of the LGU's progress towards compliance to quality standards in nutrition program management, evidence-based validation, and mentoring through joint discussion for learning and action discussion with the LGU or nutrition workers being assessed. The results of the MELLPI Pro aim to guide policymakers and decision-makers in enhancing nutrition products, services, and delivery systems towards improved effectiveness, efficiency, and sustainability;

- **Mental Health**- shall refer to a state of well-being in which the individual realizes one's own abilities and potentials, copes adequately with the normal stresses of life, displays resilience in the face of extreme life events, works productively and fruitfully, and is able to make a positive contribution on the community;
- **Mental Disability**- shall refer to impairments in activity limitations and individual and participatory restrictions denoting negative aspects of interaction between an individual and his environment;
- **Mental Illness**- shall refer to mental or psychiatric disorder or other neurodevelopmental disorders characterized by the existence of recognizable changes in the thoughts, feelings and general behavior of an individual brought about by neurobiological causes manifested by genetic or biochemical abnormalities and associated medical conditions which include distress, personality disorder, substance use dependence and mental retardation; including epilepsy, *neuro* dementia, anxiety depression and other neurological illnesses;
- **Mental Health Facility**- shall refer to any establishment, or any unit of an establishment, which has, as its primary function, the provision of mental health services;
- **Mental Health Professional**- shall refer to a medical doctor, psychologist, nurse, social worker or any other appropriately-trained and qualified person with specific skills relevant to the provision of health services;
- **Mental Health Service Provider**- shall refer to an entity or individual providing, mental health services, whether public or private, including, but not limited to, mental health professionals and workers, social workers and counselors, peer counselors, informal community caregivers, mental health advocates and their organizations and persons or entities offering non-medical alternative therapies;
- **Milk feeding component** - provision of fresh milk/fresh milk-based products in accordance with DepEd guidance and RA 11037.
- **Minor** - refers to any person below eighteen (18) years old.
- **Mortality** - the number of deaths within a particular area.
- **Morbidity** - relating to or characterized by disease.
- **Municipal Blood Council** - refers to a non- profit, non-governmental, multi-sectoral group whose members come from government and private sector in the community committed to support the blood donation program;
- **Municipal Blood Donor's Month** - refers to the celebration of the Blood Donor's Month in the municipality where voluntary blood donation activity is the main focus to ensure a steady, adequate and safe supply of blood;
- **Municipal Blood Donors' Program** - refers to the organized program which consists of the actual blood donation and education campaign activities in the municipality;
- **Municipal Breastfeeding Committee (MBC)** - the local oversight body created under this Ordinance.
- **Municipal Nutrition Committee (MNC)** - shall refer to a group responsible for developing and implementing local nutrition and food policies, plans, and programs. The MNC also coordinates with other institutions to generate resources and monitor the effectiveness of their plans in the municipality;
- **NCD Registry** - refers to a registry of patients diagnosed with hypertension and diabetes in the health facility, linked to iClinicSys of RHUs;
- **Nearest Groundwater** – the nearest water beneath the earth's surface, often between saturated soil and rock, that supplies wells and springs.
- **Neonatal Health** - shall refer to the overall condition of the child during the first 28 days after delivery;
- **Neonatal Mortality Rate** - shall refer to the number of deaths within the first 28 days of life per 1,000 live births in a given period;
- **Non-communicable diseases (NCDs)** - known as chronic diseases, such as cardiovascular diseases (heart attacks and stroke), cancers, chronic respiratory diseases and diabetes, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioral factors as defined by the World Health Organization;
- **Non-emergency cases**- refer to conditions which are not life-threatening and do not require immediate intervention to avoid harmful results
- **Non-Smoking/Vaping Buffer Zone (Buffer Zone)** - shall refer to a ventilated area between the door of a DSVA not located in an open space and the smoke/vape-free area. There shall be no opening that will allow air to escape from such Non-Smoking/Vaping Buffer Zone to the smoke/vape-free area, except for a single door, equipped with an automatic door closer. Such door is distinct from the door of the DSVA which shall be at least two (2) meters away from the other;
- **Novel tobacco products**- shall refer to all substances, devices and innovations entirely or partly made of tobacco leaf as raw material, already existing or to be developed in the future, intended to be used as substitutes for cigarettes, conventional tobacco products, ENDS/ENNDS or HTPs;
- **Nuisances** - refers to anything that is hazardous to health, endangers life, offends the senses or produces discomforts to the community, while "offending trades or occupations" refer to all man-made activities that create or cause nuisances.
- **Nutrition Sensitive Programs and Projects** - shall refer to interventions or programs that address the underlying determinants of maternal, fetal, infant and child nutrition and development, such as those pertaining to food security, social protection, adequate caregiving resources at the maternal, household and community levels;
- **Nutrition Specific Interventions** - shall refer to the interventions or programs that address the immediate determinants of maternal, fetal, infant and child nutrition and development, adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases;
- **Nutritionally-at-Risk Pregnant Woman** - shall refer to a mother who is malnourished or has other challenges that could make it difficult to feed, grow, and care for her baby. Some factors that may indicate a risk of nutritional problems include: being underweight or overweight, being a teenager when pregnant, having multiple fetuses, and having anemia;
- **Open Defecation** - the manner of excreting/discharging human fecal waste in a certain location other than the toilet/comfort room or restroom and leaving it exposed to the environment.

- **TB Diagnostic Committee** - a Committee composed of panel of specialized physicians deciding to treat TB patients based only on X-ray positive results.
- **TB-DOTS** – Tuberculosis Directly Observed Treatment Short-Course
- **TB Quality Assurance Personnel** – personnel who validates the smear of TB sputum positive patients.
- **Tobacco Industry Interference** - refers to a broad array of tactics and strategies used by the tobacco industry to interfere with the setting and implementation of tobacco control measures.
- **Tobacco products**- shall mean products entirely or partly made of tobacco leaf as raw material which are manufactured to be used for smoking, sucking, chewing or snuffing, such as but not limited to cigarette, cigar, pipe, shisha/hookah and chew tobacco. The term shall exclude ENDS/ENNDS and HTPs and include other novel tobacco products;
- **Tobacco Industry** - refers to organizations, entities, associations, and individuals that work for on in behalf of the tobacco industry, such as, but not limited to, tobacco manufactures, wholesale distributors, importers of tobacco products, tobacco retailers, front groups and any other individuals or organizations, including, but not limited to lawyers, scientists and lobbyists that work to further the interests of the tobacco industry that compete with those of tobacco control.
- **Transfusion Transmitted Infections (TTI)** - refers to infections which may be transmitted through blood transfusion, including but not limited to HIV infection, Hepatitis B, Hepatitis C, Malaria and Syphilis;
- **Traumatic Events**- shall refer to an incident that causes physical, emotional, spiritual or psychological trauma or harm to an individual, including but not limited to, accidents, natural disasters, attacks, sexual harassment, domestic violence, and emotional or physical abuse;
- **Universal Health Care Act**- an act containing comprehensive and progressive reforms that will ensure every Filipino is healthy, protected from health hazards and risks, and has access to affordable, quality, and readily available health service that is suitable to their needs;
- **Urban Areas** – include all barangay(s) or portion(s) of which comprising the poblacion, and other built-up areas including the urbanizable land in and adjacent to said areas and where at least 50% of the population is engaged in non-agricultural activities.
- **Vaccination** - is the administration of antigenic material (a vaccine) to produce immunity to a disease.
- **Vaginal Discharge**- shall refer to a clear or white fluid that comes out of the vagina;
- **Vaping** - refers to the act of inhaling and exhaling vapor produced by any Electronic Nicotine Delivery System (ENDS) or other electronic device whether or not it is used to deliver nicotine to the user, and mimics the act of smoking.
- **Vapor Products**- also referred to as Vapor Product Refills, shall refer to the liquid, solid, or gel, or any combination thereof, which may or may not contain nicotine, that is transformed into an aerosol without combustion by a Vapor Product Device;
- **Vapor Product Device**- shall refer to a device or a combination of devices used to heat a Vapor Product, to produce an aerosol, mist, or vapor that users inhale. These may include combinations of a liquid solution or gel that are heated and transformed into an aerosol without combustion through the employment of a mechanical or electronic heating element, battery, or circuit, and includes, but is not limited to, a cartridge, a tank, or a device without a cartridge or tank;
- **Vapor Product System**- also referred to as electronic nicotine or non-nicotine delivery systems, shall refer to the specific combination consisting of the Vapor Product Refill and Vapor Product Device which, based on the information made available to the consumer by the provider, are intended to be used together; and
- **Vaporized Nicotine or Non-Nicotine Products**- shall refer to both Heated Tobacco Products and Vapor Products, as defined herein, which are novel consumer goods that generate a nicotine-containing or non-nicotine-containing aerosol without combustion.
- **Vector** - an organism such as a mosquito that carries disease-causing microorganisms from one host to another.
- **Vermin** - refer to a group of insects or small animals such as flies, mosquitoes, cockroaches, fleas, lice, bed bugs, mice, rats, and other germ carrying pests and insects.
- **Verification of the ZOD status of the barangay/s** entails spot check in selected households and in the community to assess whether they have truly achieved ZOD.
- **Voluntary HIV Testing** - refers to HIV testing done on an individual who, after having undergone pre-test counseling, willingly submits himself/herself to such test.
- **Voluntary Non-Remunerated Blood Donor** - refers to an individual who donates blood on his or her own volition or initiative without monetary compensation;
- **Walking Blood Donor** - refers to an individual included in the list of voluntary blood donors as referred to in Sec. 4 (e) of R.A. 7719 (otherwise known as the National Blood Services Act of 1994), who is ready to donate blood when needed in his/her community;
- **Waste Discharge** – Something that flows out or forth, especially an outflow from a sewer or sewage system. It also refers to the sewage or other liquid waste that is discharged, as into a body of water.
- **Water booster pump** – an electrically- operated mechanical motor that sucks water from main waterlines to create strong water pressure, and drains other connected water line.
- **Water sites and sources** – artesian or deep wells, river dams, or main water pipelines where water can be obtained.
- **Water supplier, hauler or distributor of refilling station** – a person or entity, whether government- or privately-owned, duly authorized to supply, haul, and distribute water for human consumption.
- **Water test clearance certificate** – a printed document certifying that the water submitted as sample have been analyzed and examined for potability. Water Bacteriological exam = charge of P500/ test.
- **Waiting area** - a designated place for waiting passengers located inside the bus terminals, airports and seaports.
- **Wasting** - shall refer to a condition where someone is too thin for their height, usually due to recent weight loss or a failure to gain weight.
- **WHO PEN** - refers to the World Health Organization Package of Essential Non-communicable disease interventions for primary health care;
- **Workplace** - means any place used by people during their employment or work, whether done for compensation or voluntarily, including all attached or associated places commonly used by the workers in the course of their work (for example, corridors, elevators, stairwells, toilets, lobbies, lounges). Vehicles used in the course of work are considered workplaces.

- **Operation Timbang Plus** - shall refer to the annual weighing and height measurement of children 0-59 months old in the communities to identify and locate malnourished children for referral to relevant nutrition and nutrition-related services;
- **Optical Clinic** – A facility that provides services related to eyes or vision and performing routine eye examinations.
- **Optical Supplies**- Equipment, stocks and other related objects needed for optical uses. Ordinary sunglasses shall not be considered as optical supplies.
- **Optical Suppliers or Distributors** – A person or entity that supplies goods and services particularly for optical purposes.
- **Optometrist** - A person who has been certified by the Board of Optometry and registered with the Professional Regulation Commission (PRC) as being qualified to practice Optometry in the Philippines.
- **Optometrist in Good Standing.** A registered optometrist who is authorized to practice the profession in the Philippines by virtue of a valid Certificate of Registration and valid Professional License issued by the PRC for the purpose.
- **Outdoor advertisement** - refers to any sign, model, placard, board, billboard, banner, bunting, poster, streamer, paint-on, light display, device, structure or representation employed outdoors or visible from outside, wholly or partially to advertise or promote a tobacco product or ENDS to the public.
- **Pap Smear**- shall refer to a procedure in which a small brush is used to gently remove cells from the surface of the cervix and the area around it so they can be checked under a microscope for cervical cancer or cell changes that may lead to cervical cancer. A Pap smear may also help find other conditions, such as infections or inflammation;
- **Patient or Service User**- shall refer to a person with mental health condition who requires or undergoing psychiatric, neurologic or psychosocial care;
- **Patient Transport Vehicle (PTV)**- any form of land vehicle designed to transport patients whose condition is of a non-life threatening nature;
- **PhilPEN Protocol** - refers to the Philippine Package of Essential Non-Communicable Disease Interventions for low-resource settings adopted from WHO PEN. This protocol consists of guidelines for the integrated management of hypertension and diabetes through a total risk approach. The individual client/patient is assessed and managed based on the risk prediction chart. The prediction charts can estimate the client/patients risk of having a cardiovascular event (CV risk) in the next ten years. This will be applied to all patients screened for and found to have NCDs;
- **Physical Therapy Clinics** – an establishment where physical therapy is administered to customers.
- **Piggery** - a farm where pigs are bred or kept.
- **Pigpen** – a pen or enclosure for a pig or pigs.
- **Potability** - the quality of being suitable, safe, or prepared for drinking.
- **Philippine Integrated Management of Acute Malnutrition (PIMAM)** - shall refer to a program that aims to treat moderate and severe acute malnutrition in children under five years old in the Philippines. The program is a collaboration between the Department of Health (DOH) and UNICEF, and is part of their nutrition-specific programs;
- **Point-of-sale**- shall refer to any location at which an individual can purchase or otherwise obtain tobacco products, ENDS/ENNDS, HTPs, or their components;
- **PPMD** – Public-Private Mixed DOTS – known as PPM-DOTS or PPMD, is a program geared for collaboration and partnership of the public agencies and private sector for the achievement of the NTP's goals and objectives; it is a strategy that is designed to increase case detection and synchronize the management of TB by various TB care providers.
- **Primary Care Facility** – new name for Rural Health Unit, a medical entity that provides comprehensive care, including treatment, prevention, and rehabilitation. It's often the first point of contact for individuals seeking medical assistance, offering accessible and continuous care.
- **Professional License.** A renewal card, issued by the PRC to a registered Optometrist, indicating that he/she is competent and authorized to practice Optometry in the Philippines. Until the loss of its validity or its expiration, such license shall serve as evidence that its bearer is an Optometrist in good standing
- **Public conveyances** - refers to modes of transportation servicing the general population, such as, but not limited to, elevators, airplanes, ships, jeepneys, buses, taxicabs, trains, light rail transits, tricycles and other similar vehicles.
- **Protocol on the Integrated Management of Hypertension and Diabetes** - refers to the first clinical protocol developed under WHO PEN that makes use of the total risk approach using hypertension, diabetes and tobacco use as the entry points. It specifically involves the use of the WHO/ISH risk prediction charts to determine the risk of developing a cardiovascular event, i.e., heart attack or stroke over a ten-year period and management guidelines for risk reduction appropriate referral, regular follow-up, core set of technologies and essential medicines;
- **Public places** - means all places, fixed or mobile, that are accessible or open to the public or places for collective use, regardless of ownership or right to access, including but not limited to, schools, workplaces, government facilities, establishments that provide food and drinks, accommodation, merchandise, professional services, entertainment or other services. It also includes outdoor spaces where facilities are available for the public or where a crowd of people would gather, such as, but not limited to, playgrounds, sports grounds or centers, church grounds, health/hospital compounds, transportation terminals, markets, parks, resorts, walkways/sidewalks, entrance ways, waiting areas, and the like.
- **Rapid Test Kit (RTK)** – a screening tool used to determine iodine content in salt samples;
- **Referral**- any process in which health care providers at lower levels of the health system, who lack the skills, the facilities, or both to manage a given clinical condition, seek the assistance of providers who are better equipped or specially trained to guide them in managing or to take over responsibility for a particular episode of a clinical condition in a patient;
- **Referral Hospital**- any hospital, including a district hospital, will receive referrals from lower levels of care; any process in which health care providers at lower levels of the health system, who lack the skills, the facilities, or both to manage a given clinical condition, seek the assistance of providers who are better equipped or specially trained to guide them in managing or to take over responsibility for a particular episode of a clinical condition in a patient

- **Refuse** - refers to all solid waste products consisting of garbage, rubbish, litters, street sweeping, manure, carcasses and dead animals, and industrial wastes and the like.
- **Registration**- shall refer to a systematic process of enlisting a BHW based on a set of criteria promulgated by the DOH
- **Registered BHW**- shall refer to an individual who has qualified to be a BHW, whose application for registration as BHW has been duly processed and evaluated by the BHW-RAC and who shall render at least one (1) year of service in the barangay in fulfillment of the requirement for registration.
- **Replacement/Family Blood Donor** - refers to a person who gives replacement unit of blood only when a family member or friend requires transfusion;
- **Risk Assessment** - refers to the key process of evaluating individuals for the presence or absence of common risk factors that expose them to increased likelihood of developing NCDs;
- **Risk Screening** - refers to the presumptive identification of unrecognized disease or the presence intermediate risk factors by the application of test and procedures which can be applied rapidly;
- **Risk Stratification** - refers to estimating the level of risks of individuals for a fatal or non-fatal cardiovascular event in 10 years;
- **Riverbanks** – the bank of a river.
- **Salt Retailer/Wholesaler** – any person or establishment selling salt within Tigbauan;
- **Sanitary Order** - a citation or document notifying an offender of a particular violation of existing law or regulation on sanitation.
- **Sanitary Permit** - a printed a document issued by the MHO/ CHO to an individual or establishment certifying that the latter, after sanitary inspection, has complied with and passed all the requisites and requirements of sanitation laws and regulations.
- **Sanitation** - refers to the hygienic and proper management, collection, disposal of human excreta (feces and urine) and domestic wastewater to safeguard the health of individuals and communities. This is concerned with preventing diseases by hindering pathogens or disease-causing organisms found in excreta and wastewater from entering the environment and coming into contact with people and communities.
- **SBFP** - School-Based Feeding Program
- **Screening** – Medical procedures such as urinalysis, serum creatinine testing, and blood pressure monitoring to detect early signs of kidney damage;
- **Serology Test** - refers to an examination done in blood units donated prior to transfusion;
- **Second-hand smoke** - means the smoke emitted from the burning end of a cigarette or from other tobacco products usually in combination with the smoke exhaled by the smoker.
- **Senior citizen or elderly** - refers to any resident citizen of the Philippines at least sixty (60) years old as defined in Republic Act 9994 otherwise known as the Expanded Senior Citizens Act of 2010;
- **Service Facilities** - parts of bus terminals or bus stations, airports and seaports that provide sanitary facilities, washing bays, parking areas and repair stations.
- **Service Stations or Gasoline Stations** - establishments where motor vehicles may obtain fuel, oil, water, air for tires, greasing and repair services.
- **Severe Acute Malnutrition (SAM)**- shall refer to very low weight for length/height and results from insufficient energy (kilocalories), fat, protein and/or other nutrients (vitamins and minerals, etc.) to cover individual needs; SAM is frequently associated with medical complications due to metabolic disturbances and compromised immunity. It is a major cause of morbidity and mortality in children globally;
- **Small Scale Piggery** – refers to raising of 1 sow and more than 2 but not more than 10 heads.
- **Smoke-free air** - (for purposes of this ordinance) is air that is 100% free from tobacco smoke. This definition includes, but is not limited to, air in which tobacco smoke cannot be seen, smelled, sensed or measured.
- **Smoke/vape-free**- shall refer to air that is 100% free from smoke, vapor or aerosol from tobacco products, ENDS/ENNDS or HTPs. This definition includes, but is not limited to, air in which such smoke, vapor or aerosol cannot be seen, smelled, sensed or measured;
- **Smoking** - means being in possession or control of a lit tobacco product regardless of whether the smoke is being actively inhaled or exhaled.
- **Smoking/vaping**- shall mean being in possession or control of a tobacco product or a powered ENDS/ENNDS or HTP, regardless of whether the emission in the form of smoke, vapor or aerosol is being actively inhaled or exhaled;
- **Social Marketing** - refers to the comprehensive information, education and communication (IEC) strategy aimed at different NCD audiences to promote awareness, understanding and Health Club co-ownership;.
- **Spa Clinic**- a commercial establishment that offers ways of improving health and fitness such as controlled diet, exercise and massage.
- **Sponsorship** – means any form of contribution to any event, activity or individual with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly.
- **Standard Septic Tank** – a watertight, multi-chambered receptacle, constructed within the set standards that receives sewage from houses or other buildings and is designed to separate and store the solids and partially digest the organic matter in the sewage.
- **Status asthmaticus** is considered a medical emergency. It is the extreme form of an asthma exacerbation that can result in hypoxemia, hypercarbia, and secondary respiratory failure
- **STI (Sexually Transmitted Infection)**, also referred to as a sexually transmitted disease and the older term venereal disease, is an infection that is spread by sexual activity, especially vaginal intercourse, anal sex, oral sex, or sometimes manual sex;
- **Stunting** - shall refer to the impaired growth and development that children experience from poor nutrition, repeated infection, and inadequate psychosocial stimulation. Children are defined as stunted if their height-for-age is more than two standard deviations below the WHO Child Growth Standards median;
- **Sustainable Sanitation** is the process of empowering families and communities to partner with local governments and other stakeholders to address sanitation issues and problems using affordable, appropriate and dynamic sanitation technologies and supported by enabling legal regulatory framework, management systems, technical assistance from various sources and access to financing mechanisms with a system of rewards and incentives for the protection of the environment and people's health.
- **Syndrome (GBS = Guillain Barre Syndrome)** - a condition wherein the immune system of the patient attacks its own nerve cells after a bite of Aedes mosquitoes.

- **WVMC** - refers to Western Visayas Medical Center, a tertiary level government hospital in the Philippines.
- **Young Key Population** - includes children (below 18 years old) and adolescents (18-24 years old);
- **Youth** - refers to those persons whose ages range from fifteen (15) to thirty (30) years old as defined in Republic Act No. 8044 otherwise known as Youth in Nation-Building Act.
- **ZIKA DISEASE** - a flu-like viral disease characterized by headache, fever, pink eye (conjunctivitis) joint pains, muscle ache and maculo-papular rash. Serious complication is Guillaine Barre Disease.
- **Zero Open Defecation** this refers to when no feces are openly visible or exposed to the environment. Achieving ZOD might involve the use of any form of toilets that prevent exposure of feces to the environment with provision for moving up the sanitation ladder.

CHAPTER III

WATER SUPPLY

Section 5. Prescribed Standards and Procedures. Standards for drinking water and their bacteriological and chemical examinations, together with the evaluation of results, shall conform with the criteria set by the Philippine National Standards for Drinking Water. The treatment of water to render it safe for drinking, and the disinfection of the contaminated water sources, together with their distribution systems, shall be in accordance with procedures prescribed by the Department of Health [DOH].

Section 6. Jurisdiction of the Municipal Health Officer or his duly Deputized Agent. The approval of the Municipal Health Officer is required in the following cases:

- a) Site of water supply sources before their construction;
- b) Delivery of water to consumers from new or recently repaired water systems;
- c) Operation of water supply systems after an order of closure was issued by the Department of Health or the Office of the Municipal Mayor;
- d) Plans and specifications of water supply systems of subdivisions and projects prior to the constructions of housing units thereat and
- e) Certification of Potability of drinking water.

Section 7. Types of Water Examinations Required. The following examinations are required for drinking water:

- a) Initial Examination. The physical, chemical and bacteriological examinations of water from newly constructed systems or sources are required before they are operated and opened for public use. Examination of water for possible radioactive contamination should also be done initially per recommendation of the MHO.
- b) Periodic Examination. Water from existing sources shall, likewise, be subject to bacteriological examination as often as possible, but the interval shall not be longer than six (6) months, while this may generally be conducted yearly for possible radioactive contamination.

Section 8. Examining Laboratories and Submission of Water Samples. The Examination of drinking water shall be performed in government laboratories/accredited private laboratories. It shall be the responsibility of water system operators to submit to accredited laboratories water samples for examination in a manner and at such intervals prescribed by the Department of Health.

Section 9. Sanitary Inspection-Monthly Water Samples. The sanitation inspectors of the component LGU shall conduct periodic on -the -spot inspections of the facilities of water suppliers or haulers.

Section 10. Laboratory Examination. All drinking water suppliers and water haulers operating within the component LGU are required to submit samples only to laboratories duly licensed and accredited by the Department of Health on specified schedules of examination.

Section 11. Certificate of Potability. The MHO shall issue a Certificate of Potability of Drinking Water if the water sample passed the required examinations in accordance with the Philippine National Standard for Drinking Water.

Section 12. Transport of Water. All mobile tank and bulk water delivery equipment shall be subject to inspection and issuance of Sanitary Clearances per Implementing Rules and Regulations (IRR) on Water Supply of P.D. 856. All refilled water shall be transported in sanitary transporting facilities inspected and approved by the Municipal Health Officer who shall issue Sanitary Clearance which shall be conspicuously displayed on the vehicle for public view.

Section 13. Water Peddlers and Haulers. All mobile water tankers and bulk water delivery providers shall secure a sanitary permit from the MHO. Water containers should be made of plastic or tin materials designed to facilitate easy cleaning.

Section 14. Water Plant and Retail Water Station Operators. Water plant and retail water station operators or person directly involved in the management and supervision of water stations shall undergo a 40-hour basic certification course specified in the implementing Rules and Regulations (IRR) for Water Supply of P.D. 856, conducted by DOH- accredited institution or professional organization. They shall also secure sanitary permit from the MHO.

Section 15. Personnel of Retail and Refilling Water Station. All personnel of retail water refilling stations, including those operating water- vending machines and dispensers shall secure health certificate from the municipal/ city health office. They are also required to attend a 20-hour water sanitation classes to be conducted by an accredited organization, as a pre-requisite to the issuance of Health Certificate.

Section 16. Bottled Drinking Water; FDA Registration. No bottled drinking water product shall be distributed and sold without a certificate of registration from the FDA.

Section 17. Water Supply of Food Serving and Food Processing Establishments. All food serving and food processing establishments operating within the Province are required to submit sample of their water supply to accredited laboratories of the Department of Health for microbiological analysis every month. Physical and chemical analysis of their water supply shall likewise be conducted every six (6) months and results of which shall be submitted to the MHO.

Section 18. Other Water Protection Measures. To protect drinking water from contamination, the following measures shall be observed:

- a.) Washing clothes or bathing within a 15- meter radius from any well other source of drinking water is prohibited.
- b.) No artesian well, deep or shallow, shall be constructed within 15 meters from any source of pollution.
- c.) No septic tank shall be placed or constructed within 25 meters from any well, spring, cistern or other sources of drinking water, or not less than 1.5 meters from any water service line, or not less than 3.0 meters away from a water main.
- d.) No radio-active sources or materials shall be stored within a radius of 25 meters from any well or source of drinking water, unless the radioactive source or materials is enclosed by proper shielding.
- e.) No person in charge in the management of a public water supply system shall permit any physical connection between its distribution system and that of any other water supply, unless the latter is regularly examined as to its quality by those in charge of the public supply to which the connection is made and is found to be potable.
- f.) The installation of booster pumps direct from the water distribution line of a water supply system shall be prohibited.

Section 19. Drinking Water Quality Monitoring Committee. There shall be created a Municipal Drinking Water Quality Monitoring Committee which shall be tasked to conduct surveillance programs to oversee the operation of water systems and the quality of water produced and distributed by drinking water haulers and distributors.

Section 20. Other Protective Measures. To protect drinking water from contamination, the following measures shall be observed:

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- a) Washing clothes or bathing within a radius of twenty-five (25) meters from any well or other sources of drinking water is prohibited.
 - b) No artesian, deep or shallow well shall be constructed within twenty-five (25) meters from any source of pollution.
 - c) No radioactive sources or materials shall be stored within a radius of twenty-five (25) meters from any well or source of drinking water unless the radioactive is adequately and safely enclosed by proper shielding, as determined by the Department of Environment and Natural Resources [DENR].
 - d) No person charged with the management of the public water supply system shall permit any physical connection system that of any other water supply, unless the latter is regularly examined as to its quality by those in charge of the public supply to which the connection is made and found to be safe and potable.
 - e) The installation of a booster pump to draw water direct from the water distribution line of a water supply system where low-water supply system pressure prevails is prohibited.
 - f) No person shall keep any horses, cattle, swine, goat or livestock of any kind, penned, corralled, or over, or in the borders of any such spring, stream, pond, lake or reservoir within a distance of twenty-five (25) meter radius.
 - g) No unnecessary tampering and or removing of any or all parts of the water supply shall be allowed without first securing permission from the Municipal Health Office.

CHAPTER IV
MARKET AND SLAUGHTERHOUSE

Section 21. Prescribed Standards of Construction. The construction of the market and slaughterhouse shall conform to standards prescribed by the Department of Health in accordance with the Building Code. These standards shall be set along with the following guidelines:

- 1) Suitability of site insofar as elimination of nuisance conditions and prevention of contamination are concerned;
- 2) Availability of ample water supply for cleaning;
- 3) Presence of adequate drainage facilities;
- 4) Durability of construction to protect vendors and customers from any hazard and exposures to the elements and
- 5) Facilities for maintenance of sanitation, such as cleaning and elimination of harborages of vermin.

Section 22. Responsibility of the Municipal Market Supervisor/Market Administrator Designate in coordination with the Municipal Health Office.

- a) On Market.
 - 1) Make periodic inspections to ascertain the maintenance of adequate sanitary conditions of the market and its premises;
 - 2) Supervise and control the proper care and use of market stalls;
 - 3) Prohibit the construction of living quarters within the market and its premises;
 - 4) Enforce the ban on construction of partitions, sheds or booths within the market area.
- b) On Slaughterhouse.
 - 1) Supervise the maintenance of adequate sanitation in the slaughterhouse and its premises;
 - 2) Enforce the requirements on the examination of meat as provided in existing laws;
 - 3) Permit the slaughter of animals for public consumption in other designated areas of certain exigencies, provided public health is adequately protected and the guidelines stipulated in the Municipal Revenue Code are strictly observed.
 - 4) Supervise the sanitary disposal of all the slaughterhouse waste and
 - 5) Ensure that only healthy animals shall be slaughtered, and that the method of slaughtering, the techniques of dressing and the storing, handling and transporting procedures are in accordance with prescribed standards by the National Meat Inspection Commission [NMIC].

Section 23. Responsibility of the Local Government and Private Operators. The local government and private operators of public markets respectively and slaughterhouses shall employ an adequate number of personnel to ensure their efficient operation and hygienic maintenance.

CHAPTER V
FOOD ESTABLISHMENTS

Section 24. Sanitary Permit.

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- a) No person or entity shall operate a food establishment for public patronage without first securing a sanitary permit from the Municipal Mayor through the Municipal Health Office. The phrase "Food Establishment" as used in this Chapter means an establishment where food or drinks are manufactured, processed, stored, sold or served;
 - b) Sanitary permits shall be posted in conspicuous places of any food establishment.
 - c) The fees payable for permits, and upon the issuances, renewal and noting of such certificates, shall be in such amount as the existing Municipal Revenue Code may impose;
 - d) Within fourteen (14) days after any change in the ownership or occupancy of any establishment, the new occupant shall apply to the Municipal Health Officer to have such change noted in the records and on the sanitary permit certificate, which he shall produce for the purpose and shall pay the corresponding fee in respect of such noting.
 - e) The Municipality shall keep a record of establishments with which permits have been issued and of all permit certificates and renewals thereof.
 - f) The record shall in every case show the following:
 - 1) The name and address of the holder of the permit who, in every case, shall be the actual occupant of the establishment;
 - 2) The location of the establishment;
 - 3) The purpose or purposes for which the permit has been issued;
 - 4) The date the first permit was issued and the dates of any renewal thereof;
 - 5) Every change of occupation and management of the establishment since the first permit was issued;

- 6) Conditions under which the permit was issued or any renewal thereof granted and
- 7) The record shall be available at all times for inspection by the Municipal Health Office.

Section 25. Structures for Storage, Preparation, Handling or Sale of any Food Article.

No person shall use any kitchen or place intended for the preparation, storage, handling or sale of any article of food:

- a.) Which is at any time used or adjacent to a sleeping quarter or toilet;
- b.) Where any animal is kept;
- c.) Which is or has been used for any other purpose which would likely contaminate the food or adversely affect its wholesomeness or cleanliness;
- d.) Which does not have ample supply or clean potable water.

Section 26. Floors. No sanitary permit shall be issued for premises intended to be used for the preparation, handling and sale food unless the flooring is constructed in accordance with the following requirements:

- a.) Constructed with concrete or other impervious and easily- cleaned material resistant to wear and tear, corrosion and adequately graded and drained;
- b.) Constructed with wood with dovetail or tongue- and- groove floor boards laid on a firm foundation and clamped tightly;
- c.) Constructed with laid covered linoleum, smooth and surfaced rubber tiles or similar material permanently fixed to the floor with cement or like adhesive.
- d.) Made of concrete or other impervious and easily cleaned material that is resistant to wear and corrosion and shall be adequately graded and drained. All angles between the floors and walls shall be rounded off to a height of not less than three (3') inches (7.62 cm) from the floor;
- e.) Made of wood with dove-tailed or tongue and grooved floor boards laid on a firm foundation and tightly clamped together with all angles between the floor and walls rounded off to a height of three (3) inches (7.62 cm) or
- f.) Constructed in accordance with the requirements of sub-clause i) and ii) of the clause and covered with linoleum, smooth surface rubber or other similar material fixed to the floor with cement or suitable adhesive.

Provided, that, with approval in writing of the local authority, floors may be covered with carpets or other floor covering in those parts of the premises where such carpets or coverings can be satisfactorily cleaned and maintained.

Section 27. Walls. Neither shall sanitary permits be issued for such premises unless the walls are constructed with the following requirements:

- a.) The internal surface of walls has smooth, even, non- absorbent surface capable of being readily cleaned without damage to the surface and constructed with dust- proof materials;
- b.) Walls that are subject of getting wet or splashing be constructed of impervious, non- absorbent materials;
- c.) Walls constructed of bamboo, "sawali", or other wooden materials be varnished or painted for dust-proof smooth surface finish.
- d.) The internal walls be painted with colors or treated with such wall finish, as the MHO may prescribed;
- e.) The use of other materials, other than the above, shall be subject to the written approval of the MHO.
- f.) have a smooth, even and non-absorbent surface capable of being readily cleaned without damage to the surface and constructed of dust-proof materials;
- g.) The walls, where subject to wetting or splashing, shall be made of impervious, non-absorbent materials to a height of not less than seventy-nine (79) inches (2 meters) from the floor and
- h.) The internal walls shall be painted in light colors or treated with such other wall finish as the health authority may prescribe.

Section 28. Floor Space. There shall be sufficient floor space to enable every person working in the establishment to carry out his duties efficiently and to permit easy access for cleaning. Working spaces, aisles, or passageways and areas to which customers have access shall be unobstructed and sufficient to permit convenient movement of employees and customers without contamination of food by clothing or personal contact.

Section 29. Ventilation. Ventilation shall be provided which shall be effective and suitable to maintain comfortable temperature condition. Mechanical ventilation, canopies, air ducts, fans and other air-ventilating appliances may be installed, subject to the required provision of Implementing Rules and Regulations of P.D. 856.

Section 30. Food Service Spaces. Spaces for food service shall not be used as living or sleeping quarters. Clothing or personal effects shall be kept away from there and no animal or live fowl shall be allowed in such spaces. Persons not directly connected with food preparation and serving shall not be allowed nor handle any food preparation.

- a) Food-service spaces shall not be used as living or sleeping quarters.
- b) Clothing or personal effects shall be kept in lockers or in designated places away from food service spaces.
- c) Persons not directly connected with food preparation and serving shall not be allowed to stay in food-serving spaces.

Foods in storage or in preparation must not be handled by anyone other than the preparation and serving staff.

Section 31. Change Rooms and Lockers. There shall be provided adequate and suitable lockers and other facilities for storage of personnel clothing and belongings. Such facilities shall not be so situated as to contaminate food through contact by clothing.

Section 32. Wash Hand Basins. Wash hands basins shall be installed under the specifications prescribed by the National Plumbing Code of the Philippines. No was basin shall be installed adjacent to places of food preparation. Washing basin shall be installed, as near as practicable, to toilet facilities. Wash basin shall have an adequate supply of soap and clean towels, and shall, at all times, be maintained in good and clean condition. Wash basins water outlets shall be installed with p-traps. The number of wash hand basins shall be in accordance with the requirements of P.D. 856.

Section 33. Toilets and Rest Rooms. Adequate and clean toilets or restrooms for male and female customers and personnel shall be provided in properly located areas and shall be provided with ample water supply. The rooms shall have wash basins with soap and liquid detergent, single-service tissue paper or cloth towel dispenser, or a hand drying device. The toilets shall not open directly into spaces where food is prepared, stored or served. The number of toilets shall be in accordance with the requirements of P.D. 856. The installation of portable toilets shall be allowed only on open amusement grounds or parks. The number of portable toilets shall be in accordance with the requirements of P.D. 856.

Section 34. Lighting. The general standard of illumination shall be observed in lighting the establishments or any premises thereof. The lighting should be designed in such a way as would not deter or obstruct electrical inspection and would not affect cleaning. All lighting installation shall be inspected and approved by the Bureau of Fire Protection of the Municipality of Tigbauan.

The general standards of illumination provided shall permit effective inspection and cleaning and shall be of sufficient intensity appropriate to the purpose for which any room or place is used.

- a. In rooms where food is prepared or packed or in which utensils or hands are washed, there shall be a minimum illumination intensity of twenty-foot (20) candles, in premises where food is consumed, there shall be a minimum illumination intensity of five-foot (5) candles. Intensities of illumination shall be measured at a point thirty (30) inches (76.20 cm) from the floor line;
- b. All lightings shall be reasonably free from glare and distributed evenly so as to avoid shadows;
- c. Canopies, air ducts, fans and other appliances shall be provided as required by the health authority in particular circumstances;
- d. Effective provision shall be made for securing and maintaining a reasonable temperature.

Section 35. The Ceilings. All ceilings or, if no ceilings are provided, the entire under surface of the roof shall be dust-proof and washable.

The ceiling or under surface of the roof or in which utensils or hands are washed, shall be smooth, non-absorbent and light colored.

Section 36. Outlets of Waste Water. All kitchen sinks, wash basins, sewage, aqueducts and outlets for waste water of restaurants, eateries and food catering establishments are required to be installed with grease traps or p-traps for filtration purposes.

Section 37. Separation of Solid Waste from Liquid Wastes. Solid waste shall be separated from liquid wastes. Solid waste shall be segregated as biodegradable or non-biodegradable and placed in two separate plastic bags. Used cooking oil shall not be disposed in any sink or outlet but shall be poured or stored in a separate container to await collection.

Section 38. Septic Tank Requirements. There shall be an airtight two-chambered septic tank, designed and built in accordance with the requirements of Plumbing Code of the Philippines where waste water and liquid waste shall be discharged.

Section 39. Health Certificates. No person shall be employed in any food establishment without a health certificate issued by the Local Health Authority. This certificate shall be issued only after the required physical, medical and laboratory examinations are performed and immunizations are administered at prescribed intervals.

Section 40. Quality and Protection of Food. All foods must be obtained from sources approved by the Municipal Health Officer. In this regard, the following requirements are applicable;

- a) Meats, meat products and fish shall be procured from the sources under sanitary or veterinary supervision.
- b) All meats and fish shall be properly cooked before serving.
- c) No meat products, fish, vegetables and other food sources shall be procured from sources whose areas are known to have been affected by radioactivity as, for example, areas contaminated with a very large amount of radioactive fallout.
- d) Milk and fluid products shall be sterilized, pasteurized or otherwise heated.
- e) Milk shall be stored in a refrigerator. Canned or packaged milk, other than dry milk powders, shall be refrigerated after the container has been opened.
- f) All perishable and potentially hazardous foods shall be stored at 45 °C (7 °C) or below.
- g) Cooked food intended to be served hot shall be kept at a temperature not lower than 14 °F (60 °C).
- h) Raw fruits and vegetables shall be thoroughly washed before they are used.

Section 41. Food Handlers.

- a) No person shall be employed in any food establishment (including foodfests and other similar activities) without a Health Certificate issued by the local health authority.
- b) Food handlers shall undergo food handlers' training.
- c) Food handlers/servers and cook must at all times:
 - i) Wear clean working garments with an apron and hairnet. Observe proper personal hygiene.
 - ii) Wash their hands thoroughly with soap, water, and dry them with a clean or disposable towel or a suitable hand-drying device immediately before working, or after visiting the toilet and after doing dirty works.

Section 42. Vermin Control. *Vermin* is a group of insects or small animals such as flies, mosquitoes, cockroaches, fleas, lice, bedbugs, mice and rats that are vectors of diseases.

- a) Spaces where food and drinks are stored, prepared and/or served shall be constructed and maintained as to exclude vermin.
- b) All openings which connect spaces to the outer air shall be effectively protected with screen of non-corrosive wire sixteen (16) meshes or finer. Door screens shall be tight-fitting.
- c) A Vermin Abatement Program shall be maintained in the establishments by their owners, operators, or administrators. If they fail, neglect or refuse to maintain a vermin abatement program, the local health agency will undertake the work at their expense.
- d) During deratting or disinfecting operations, all foodstuffs, utensils, food preparation and cleaning equipment shall be covered to protect them from toxic medical substances.
- e) Vermin control in public places shall be the responsibility of the municipal government which has jurisdiction over them.
- f) The procedure and frequency of Vermin Abatement Program shall be determined and approved by the local health authority.

Section 43. Toilet and Washing Facilities.

- a) Adequate and clean toilet facilities for male and female customers and personnels shall be provided.
- b) Toilet rooms shall not be opened directly into spaces where food is prepared, stored or served. Where such toilet exists, the doors shall be tight-fitting and self-closing.
- c) Adequate hand-washing facilities shall be provided within or adjacent to the toilet room.
- d) Facilities shall include hot and cold running water, soap and detergent; single-service paper or cloth towel dispenser or a drying device.

Section 44. Disposal of Refuse.

- a) Refuse containers may be used in food-preparation areas for immediate use only.
- b) Storage refuse containers, filled and empty, shall be in a designated space separated from food handling operations.
- c) These cans shall be so constructed and maintained as to be vermin-proof and easily cleaned.

- d) Cans containing refuse in food handling areas shall be tightly covered at all times, except during actual use.
- e) Holding bins may likewise be used, provided they are constructed of impervious, readily-cleaned materials, and fitted with tight-fitting covers.
- f) Where refuse cans are used, a space separate from the food-handling spaces and adjacent to the refuse can storage, shall be provided for cleaning. This space shall be equipped with scrubbing brushes, cleansing agents, steam or hot water under pressure, and a hose fitted with adjustable nozzle.

Section 45. Equipment and Utensils.

- a) They shall be so designed, fabricated and installed so that cleaning is easy and that they do not pose health hazards.
- b) Lead- soldered containers and cadmium-lined piping and fixtures should not be used.
- c) Surfaces that come into in contact with food or drinks shall be easily cleaned and removed. Runners shall be provided for easy removal of dust and debris. The bottom shelves of open-based fixtures shall be removable to facilitate inspection, cleaning and maintenance.

Section 46. Washing of Utensils.

- a) They shall be scraped and pre-rinsed to remove food particles.
- b) They shall be thoroughly cleansed in warm water at 120 °F (49 °C) with soap or detergent.
- c) If running water is not used, the wash-water shall be changed frequently.

Section 47. Bacterial Treatment.

Eating and drinking utensils and equipment, after thoroughly cleaned, shall be subjected to one of the following bactericidal treatments:

- a) Immersion for at least one (1) minute in hot water at a temperature of at least 120 °F (77 °C);
- b) Immersion for at least one (1) minute in a lukewarm chlorine solution fifty (50) ppm;
- c) Exposure in a steam cabinet at a temperature of at east 170 °F (77 °c) for at least fifteen (15) minutes or at a temperature of 200° F (93 °C) for at least five (5) minutes;
- d) Exposure in an open or hot-air cabinet at a temperature of at least 180 °F (82 °C) for at least twenty (20) minutes; or
- e) Any other method approved by the local health authority.

Section 48. Handling of Washed Utensils.

- a) Washed utensils shall be allowed to drain on dry in wire racks without use of drying cloths, or shall be kept in a self draining position to permit ready air-drying.
- b) The drying cloth on which to store dishes and utensils temporarily after bactericidal treatment should be clean and changed frequently.

Section 49. Storage of Washed Utensils.

- a) They shall be stored in a clean and dry places adequately protected against vermin and other sources of contamination.
- b) Cups, bowls, and glasses, shall be in an upside-down position for storage.
- c) When not stored in closed cupboards or lockers, utensils and containers shall be covered or be kept upside down whenever practicable. Utensils shall not be stored on the bottom shelves of open cabinets below the working top levels.
- d) Racks, trays and shelves should be made of materials that are impervious, corrosion-resistant, non-toxic, smooth, durable and resistant to chirping.
- e) Drawers shall be made of the same materials and kept clean. Felt-lined drawers are not acceptable. Using clean and removable towels for lining drawers is acceptable.

Section 50. Dry Storage for Non-Perishable Foods. Non-perishable foods shall be stored in the following manner:

- a) Designated spaces, lockers, cabinets, racks, shelves and containers can be used for storage.
- b) All spaces, lockers and cabinets shall be constructed with materials of the same quality as used for food preparation and food-serving operations. Containers shall be made of metal fitted with tight covers.
- c) The recommended temperature range for dry stores is 50-60° F (10-15 °C) except for preparation and servicing areas, where dry foods for immediate use are stored.

Section 51. Refrigerated Storage of Perishable Foods. Perishable foods shall be stored in the following manner:

- a) They shall be kept at or below 45 °F except during the preparation or when held for immediate serving after preparation.
- b) When such foods are to be stored for extended periods, a temperature of 40 °F (4 °C) is recommended.
- c) Fruits and vegetables shall be stored in cool rooms/places.
- d) Recommended temperature for perishable food storage are:
 - 1) Frozen foods: not more than 10°F (-12°C);
 - 2) Meat and Fish: 32-38°F (0-3°C);
 - 3) Milk and milk products: 40-45°F (5-7°C) and
 - 4) Fruits and vegetables: 44-50°F (7-10°C)
- e) All refrigerating compartments and refrigerators must be kept clean, must be in good condition and be free from odors. They shall be provided with thermometers with scale divisions not larger than 2°F or 1°C. Sufficient shelving shall be provided to prevent stocking and to permit adequate ventilation and cleaning.

Section 52. Food Servicing Operations. These operations shall be in accordance with the following requirements:

- a) Hand contacts with food or drinks shall be avoided; fingers shall not be used to serve butter, ice, or similar items of food. Sugars shall be served in covered dispensers or containers, or in packages wrapped for single service.
- b) The surfaces of the containers and utensils, including glasses and table wares, which come in contact with food or drink should not be handled.
- c) Disposable cups, plates, spoons and other single service containers and utensils shall be purchased in sanitary cartons and be stored in a clean, dry place until used. When removing from boxes, care must be taken so as not to touch the surface that comes in contact with food.
- d) Clean clothes, napkins, spoons, towels and other equipment made of cloth shall be stored in clean places designated specifically for them. Soiled linens, including towels, aprons and coats shall be stored in a closed bin or locker, suitably marked.
- e) Spoons, spatulas, dippers and scoops used intermittently for dispensing frozen desserts must be kept in a container filled with water should be changed regularly. Bottles and other containers used for potable water and other beverages shall be kept clean and given effective bactericidal treatment before and after subsequent use.

Section 53. Evaluation of Food Establishments.

It shall be the duty of the Municipal Health Officer or his duly authorized representatives to conduct an inspection and evaluation of every food establishment requiring permit for its operations, at least every six months. Additional inspections, reinspection and evaluations be made for the enforcement of the provisions of this Chapter. Inspection or evaluation should be carried out at least every six months. The Inspector shall record his findings in an inspection form provided for the purpose and shall furnish the original of such report to the holder of sanitary permit, the manager or occupant premises. Demerits entered in the appropriate column of inspection forms shall indicate that the item does not in the opinion of the inspector, comply with the requirements of this regulation. Within forty-eight (48) hours of inspection or evaluation, the original of the inspection report shall be furnished to the holder of the permit certificate, the manager or occupant of the food establishment. Whenever an inspection form issued indicates a non-compliance item relating to any particular type of premises, the inspector shall notify the holder of the sanitary permit, the manager or occupant of the correction to be made and indicate a reasonable period for its compliance. If upon reinspection if the inspector finds the corrections has not been affected, he shall report to the Municipal Mayor, and the Municipal Mayor through the MHO shall revoke the sanitary permit. A copy of the inspection form and any notice served, shall in all cases be filed and kept by the municipal health authority and shall be available at all times for an officer of the Department of Health.

- a) **Service of Notice.** Whenever an inspection or evaluation report form indicates non-complying items, the Municipal Mayor through the Municipal Health Officer of the municipality may cause to be served to the holder of the permit, the manager or occupier, notice requiring him, within the time stated in the notice, to take such remedial action specified therein.

In the event within the time in the notice, hereinafter called the first notice the terms of the first notice are not complied with, the Municipal Mayor through the MHO may serve to the holder of the permit, the manager or the occupant, a second notice calling him to show, at a time and place stated in the notice maybe served.

- b) **Revocation of Permits.** After prior notice and hearing as provided above, the Municipal Mayor through the MHO, if satisfied that the terms of the two (2) notices have not been complied with or that failure to comply therewith is not excusable, shall revoke the said permit.
- c) **Summary Suspension of Permits.** Whenever the Municipal Health Officer find unsanitary or unhealthy conditions in the operation of food establishment which, in his judgment, constitute a substantial hazard to the public health, the Municipal Health Officer shall advise the Municipal Mayor to order the immediate suspension of the permit. Any person to whom such order is issued may file a written petition.
- d) **Appeals.** The panel conducting the hearing may confirm, modify or reverse the decision appealed from which decision shall be final.
- e) **Protection of Food.** Notwithstanding the other provisions of this regulation relating to the issuance of permits, every person who engaged in the sale of food or in the manufacture, preparation, storage, packing or delivery of food for sale shall protect such food from contamination.
- f) **Power of Entry.** Any Sanitary inspector or a duly authorized officer of the Department of Health or the Municipal Health Office, upon presentation of proper credentials, may at all reasonable times enter into any premises engaged in the manufacture, preparation or packing of any article of food for sale or any premises used for any of the purposes referred in this Code for the purpose of inspection or any other action for administration of this Code.

Section 54. Special Provisions.

- a) *Groceries or "Sari-Sari" Stores:*
 - 1) No grocery sari-sari store shall be established within the distance of fifty (50) meters from any source of contamination.
 - 2) All foods which require no further cooking before they are eaten shall be protected from contamination while in counters or show cases.
- b) *Bakeries.* Delivery trucks and carts of bakery products shall always be kept clean and sanitary.
- c) *Dairies.*
 - 1) No Dairy shall keep unhealthy or infected cows, water buffalos (carabaos) or goats for the production of milk, or feed them unwholesome food that produces impure or unwholesome milk.
 - 2) No animals used for the production of milk shall be allowed to graze on land which has been contaminated by the radioactivity.
 - 3) No dairy shall sell unwholesome milk that has not been previously pasteurized or otherwise sterilized.
- d) *Ice Plants.*
 - 1) Only potable water shall be used in the manufacture of ice.
 - 2) In storing and transporting ice intended for public consumption, precautionary measures shall be taken to protect the ice from sources of contamination.
- e) *Ambulant Food Vendors.*
 - 1) These vendors shall sell only bottled food drinks, biscuits and confectioneries.
 - 2) It is prohibited for food vendors to sell food that requires the use of utensils.
- f) *Fish Marketing Areas.*
 - 1) Only fresh and wholesome fish products shall be sold.
 - 2) Fish caught in radioactive zones as well as in areas contaminated by toxic substances or high in mercury count as determined by the health authorities shall be condemned and not be allowed for public consumption.
 - 3) The selling, distribution and buying of fish caught through the use of explosives and chemicals are prohibited.

CHAPTER VI

SCHOOL SANITATION AND HEALTH SERVICES

Section 55. The Physical Environment. In the design and construction of the school, the following factors shall be considered:

- a) **Site.** Traffic hazards are to be avoided but not to the point of sacrificing accessibility to public transportation. It shall be distant from sources of nuisance.
- b) **Grounds.** The acreage shall be large enough to permit playgrounds, athletic fields and school gardens.
- c) **Building.** Preferably, it shall be constructed of strong and durable materials and designed along functional lines. For the prevention of fire hazards, the requirements of the local fire department shall be observed. Sufficient ventilation shall be provided. Wall and ceiling finishes should be chosen so as to give minimum glare. Artificial lighting with lowered fluorescent or incandescent fixtures shall be used to supply minimum lighting of twenty-five-foot (25) candles in the darkest

corner. For flooring, suitable materials shall be used which will give maximum durability without creating a slippery face.

- d) **Sanitary facilities.** The school population shall be provided with potable water sewage and waste disposal systems shall likewise conform to the requirements prescribed in this Code.

Section 56. The Emotional Environment. For the promotion of emotional health of the school population, the following requirements shall be observed:

- a) **Suitable location.** The school site shall be located away from disturbances and places which give undesirable influence.
- b) **Recreational facilities.** The school must have safe and attractive playgrounds and adequate facilities for suitable sports and games.
- c) **Rest Rooms.** Facilities shall be provided where faculty members can rest and get short respite from teaching chores.

Section 57. Health Services. Trained personnel and adequate facilities should be available so that students may be afforded the following health services:

- a) Periodic physical and medical examination;
- b) Periodic immunization;
- c) Medical and Dental Treatment;
- d) Treatment for common emergencies and
- e) Counseling and Guidance.

Section 58. Requirements for Special Schools.

- a) Cadavers shall be stored in morgues and dissected in the dissecting rooms, all of which shall be constructed and maintained in accordance with the standards prescribed by the Department of Health.
- b) Poisonous and harmful plants and animals shall be kept in adequate and secured areas.
- c) Viral and bacterial cultures shall be kept in laboratories under standard security laboratory measures.
- d) Schools utilizing radioactive materials or sources for study or research should closely conform with the requirements and guidelines given by the Radiation Health Office and the Philippine Atomic Energy Commission concerning radiation protection.

Section 59. Bacteriological, Physical and Chemical Analysis of the School's Water Supply. The quality of the water supply of the school shall be submitted monthly to the Municipal Water Quality Monitoring Committee for monthly bacteriological analysis, while the physical and chemical analysis shall be done every six (6) months. Water analysis shall be undertaken by the MHO or DOH or any DOH-accredited laboratory.

CHAPTER VII

REST AREAS, BUS TERMINALS AND SERVICE STATIONS

Section 60. Rest areas, bus terminals and service station areas with one or more permanent sheds, building and service facilities for motor vehicles shall be provided with sanitary facilities for the convenience and personal necessities of the traveling public.

- a) Rest areas, bus terminals and service stations shall be established with ample area to prevent overcrowding of motor vehicles and travelers.
- b) Excreta and Sewage collection and disposal shall be provided.
- c) Adequate number of comfort rooms shall be provided as well as auxiliary facilities.
- d) Waiting sheds for commuters shall be of adequate size to accommodate a minimum of thirty (30) persons. Floors shall be of smooth concrete finish with adequate sitting facilities.

Section 61. Sanitary Permit. Transport terminals of bus, airport and seaport, jeepney stops, service stations, cockpits, public utility tricycles and service facilities for motorized vehicles are required to have sanitary permits. They shall be provided with sanitary facilities for the convenience and personal necessities of the traveling public. They shall observe the following requirements and regulations:

- a) Terminals and stops shall have ample space to prevent overcrowding of passengers.
- b) Terminals shall be provided with urinals. Service stations for motor vehicles shall be provided with rest rooms or toilets with adequate ventilation and lighting, as well as lavatory amenities and supplies such as wash basins, soap or detergent. Cockpits shall also be provided with rest rooms/toilets. These facilities must provide separate toilets for men and women.

- c) Waiting sheds for commuters shall be adequate size and covered to comfortably accommodate waiting passengers. Floors shall be of smooth concrete finish and adequate sitting facilities must be provided.
- d) All transport terminals, bus and jeepney stops and service station shall have garbage cans or receptacles for refuse and garbage.
- e) Sale of foodstuff on these facilities shall be in conformity with the provisions of this Code.

All sanitary requirements required under this Code as are applicable to these terminals, stops and stations shall be observed and implemented.

CHAPTER VIII

CAMPS AND PICNIC GROUNDS

Section 62. No camps and picnic ground shall be open for public patronage without sanitary permit issued by the Municipal Mayor or his duly authorized representative.

- a) Camps and picnic ground sites shall not be subject to flooding, must be well drained, distant from any source of nuisance and will not endanger sources of any public water supply.
- b) Camp and picnic houses shall be provided with adequate lighting and ventilation. Where tents are used, the flooring shall be at least four (4) inches above the ground.
- c) Adequate and safe drinking water shall be available at all times.
- d) Adequate number of sanitary facilities shall be provided.
- e) Camps and picnic grounds shall be at all times maintained clean, free from litter and accumulated rubbish.

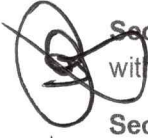
Section 63. Sanitary Permit. No camp or picnic ground shall be open for public patronage without a sanitary permit issued by the MHO. The following provisions shall apply to these establishments:

- a) Camp and picnic ground sites shall not be prone of flooding, must be well drained, located away from any source of nuisance and do not endanger sources of any public water supply.
- b) Camp and picnic houses shall be provided with adequate lighting, ventilation and sanitary facilities.
- c) Adequate and safe drinking water shall be available at all times.
- d) The storage, food preparation and serving shall be in accordance with the provision of this Code.
- e) Sewage disposal shall likewise be in accordance with the provisions of this Code.
- f) Garbage cans with tight-fitting covers shall be provided at the strategic places at the picnic ground, ad regular collection service shall be observed.
- g) Vermin control measures shall be undertaken regularly.
- h) Camp and picnic grounds shall be maintained clean at all times, free from litter and accumulated rubbish.

All sanitary requirements required under this Code as are applicable to camps and picnic grounds shall be observed and implemented.

CHAPTER IX

PUBLIC SWIMMING OR BATHING PLACES AND RESORTS

 **Section 64. Sanitary Permit.** No public swimming and bathing places shall be operated for public use without a sanitary permit issued by the Municipal Mayor or his duly authorized representative.

Section 65. Protection of Customers. To protect the health and safety of persons who patronize public swimming or bathing places, the following practices shall be observed:

- 1) There shall be appropriate sanitary practices for persons swimming or bathing to prevent the transmission of communicable diseases;
 - 2) There shall be appropriate sanitary procedures for personnel working in those places to maintain their adequate sanitation and cleanliness of accessories used by customers;
 - 3) There shall be adequate number of trained personnel and necessary equipment needed for life-saving and rescue work and
 - 4) There shall be signposts to warn the public of the presence of artificial or natural hazards.
 - 5) There shall be standards and criteria concerning:
 - a. Sanitary structural requisites for swimming pools or bath houses to prevent pollution of their waters and to facilitate sanitation maintenance;
 - b. Sanitary structural standards for appurtenances such as toilets, shower baths and dressing rooms to eliminate the risk of infection;
 - c. Methods of determining the sanitary quality of water particularly that which is used in swimming pools and
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- d. Criteria to be used in the limitation of swimming or bathing capacity of swimming pools in accordance with the type of water treatment applied.

Section 66. Responsibility of the Municipal Health Officer. The Municipal Health Officer concerned shall:

- a) Inspect the state of sanitation of public swimming and bathing places;
- b) Ascertain if the personnel working in the place are examined regularly for the presence of any infectious or contagious disease;
- c) Enforce rules and regulations under this chapter and
- d) Recommend to the Municipal Mayor the revocation of their permits when it is deemed necessary for the protection of public health.

Section 67. Standards and Criteria for Swimming Pools and Bathing Places.

The Municipal Sanitation Board, in consultation with the MHO shall promulgate rules and regulations, as well as standards and criteria, applicable in their respective jurisdictions, concerning:

- a) Sanitary structural requisites for swimming pools and bath houses to prevent pollution of waters and to facilitate sanitation maintenance;
- b) Sanitary structural standards for appurtenances, such as toilets, shower baths and dressing rooms to eliminate the risk of infection;
- c) Methods of determining the sanitary quality of water, particularly that which is used in swimming pool;
- d) Adequate number of trained personnel and necessary equipment needed for the life-saving and rescue work;
- e) Waste water disposal shall be in accordance with the Clean Water Act;
- f) Criteria to be used in the limitation of swimming or bathing loads of swimming pools and other bathing places in accordance with the type of water treatment applied.

CHAPTER X

TONSORIAL AND BEAUTY ESTABLISHMENTS

Section 68. Requirements. These establishments are subject to the following requirements:

- 1) Sanitary permit shall be procured from the Municipal Mayor through the local health authority before their operation.
- 2) These establishments shall be maintained clean and sanitary at all times.
- 3) No person shall be employed to serve customers without a health certificate issued by the local health authority.

Section 69. Correct Sanitary Practices. The following sanitary practices shall be observed:

- 1) Working personnel shall wash their hands with soap and water before servicing customers.
- 2) They shall wear clean working garments.
- 3) They shall not smoke nor eat while working.
- 4) Implements of their trade shall be cleaned and disinfected before and after their use.
- 5) Customers shall be supplied with clean and fresh towels, drapes and other linens necessary.
- 6) Precautionary measures to prevent disease transmission shall be observed when serving customers showing any form of dermatoses.

 **Section 70. Regulatory Provisions.** The following regulatory provisions shall apply to these establishments:

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- a) All employees of these establishments are required to secure health certificate from the MHO. The birth certificates must be submitted to MHO as a requirement for the issuance of the said health certificates.
 - b) These establishments are required to have receptacles for used materials, waste, refuse and other garbage to be collected and disposed of regularly.
 - c) The premises shall be kept and maintained clean and sanitary at all times.

All sanitary requirements are required under this Code as are applicable to these establishments shall be observed and implemented.

CHAPTER XI
PUBLIC LAUNDRY

 **Section 71. Sanitary Permit.** No public laundry shall operate without a sanitary permit from the Municipal Mayor through the Municipal Health Officer or his duly authorized representative. As used in this chapter, a

public laundry means an established institution operated for commercial purposes which is open to the public. It is different to person engaging service to exclusive clientele.

Section 72. General Requirements. The construction and operation of public laundry shall be governed by the following requirements:

a) Structural Requirements.

- 1) The site shall be distant from the sources of nuisance.
- 2) Only durable construction materials shall be used.
- 3) Smooth and water-tight shall be used for flooring.
- 4) All work rooms shall be properly ventilated and provided with ten- (10-) foot candles of lighting.
- 5) Adequate drying facilities shall be provided and articles for drying be protected from sources of contamination.

b) Sanitary Requirements.

- 1) Laundry supplies in both liquid and solid states shall be properly stored, prepared and handled. Containers of chemicals shall be properly labeled.
- 2) Employees shall be provided with potable drinking water, toilets, bathing and washing facilities.
- 3) Employees shall be provided with lockers for their working garments and street clothes.
- 4) The plant and its premises and equipment shall be maintained clean and sanitary at all times.

Section 73. Special Requirements. The following requirements shall be enforced:

- a) All articles to be laundered coming from hospitals and infected sources shall be treated by exposure to a sufficient quantity of hot water, detergents or by other effective means of disinfection.
- b) All linens, bed, clothes, pajamas, towels, bed sheets, pillow cases and the like that have come in contact with any form of radioactivity should be isolated in a certain area and monitored by radiation safety personnel before sending these articles for laundry. If any amount of radioactive contamination is found, the affected article should be set aside and the radioactivity allowed to completely decay before said article is sent for laundry.
- c) All articles for delivery to the laundry shall be kept enclosed until the articles are removed from the laundry.
- d) Laundry vehicles shall be kept clean and sanitary at all times.
- e) A separate room shall be used solely for receiving, sorting, marking or handling unwashed articles.
- f) Diapers must be protected from pathogenic organisms and from chemical substances which are irritating to the skin of the infant. Laundered diapers for delivery shall be packed in sealed sanitary containers.

CHAPTER XII

LODGING, BOARDING HOUSES, APARTMENTS, MOTELS AND HOTELS

Section 74. General Provisions. The following are required for the establishments defined in the proceeding Section:

- a) No establishment shall be operated and opened for public patronage without a sanitary permit issued by the Municipal Mayor through the Municipal Health Officer or his duly authorized representative.
- b) Any extension or additional construction in the establishment shall require a sanitary permit before it could be operated.
- c) All establishments shall provide their patrons with adequate water supply, toilet and facilities in accordance with standards prescribed in this Code.
- d) No person shall be employed in the establishments without first procuring a health certificate from the local health authority.

Section 75. Sanitary Permit. No hotel, apartment or boarding house shall be allowed to operate in any component LGU of the Province without a sanitary permit issued by the MHO

Section 76. Provisional Requirements for these Establishments. The following are required for the establishments as defined in the preceding section:

- a) Any extension or additional construction in an establishment shall require a sanitary permit before it could operate.
- b) All establishments shall provide their patrons with adequate water supply and toilet facilities as prescribed under this Code.
- c) Establishments and their premises shall always be kept clean and in good sanitary condition.

- d) For hotels, the storage, preparation and serving of food to customers shall be in accordance with the provisions of this Code, and customers thereof shall be provided with clean and sanitized amenities.
- e) All establishments shall provide adequate facilities for garbage and waste disposal
- f) Animals, fowls and pets shall be housed in appropriate kennels or cages separate from living quarters.
- g) No person shall be employed in the establishments without first procuring a health certificate from the MHO.

CHAPTER XIII **MASSAGE CLINICS**

Section 77. Sanitary Permit. No person or entity shall operate a massage clinic and/or sauna bath establishment without first securing a sanitary permit from the Municipal Mayor through the Municipal Health Officer.

Section 78. Sanitary Requirements. The following requirements shall be enforced:

a) Massage Clinic

- 1) The reception and the office rooms shall be properly lighted and ventilated.
- 2) Every massage room shall be adequately ventilated, provided with a sliding curtain at the entrance and equipped with a suitable and clean massage table.
- 3) Sanitary and adequate hand washing, bath and toilet facilities shall be made available.
- 4) Customers shall provide with soap, clean towels, sanitized rubber or plastics slippers. They shall be required to take a thorough bath before massage.
- 5) The masseur/masseuse and masseur/masseuse attendant shall wash their hands with soap and water before and after massaging a customer.
- 6) The establishment and its premises shall be maintained clean and sanitary at all times.

b) Sauna Bath Establishment.

- 1) The reception and the office rooms shall be properly lighted and adequately ventilated.
- 2) The sauna bath room shall be properly lighted, provided with thermometers, and maintained clean and sanitary at all times.
- 3) Sanitary and adequate hand washing, bath and toilet facilities shall be available.
- 4) Customers shall be provided with soap, clean towels and sanitized rubber or plastic slippers.

Section 79. Personnel. The following requirements shall be enforced:

a) Masseur/Masseuse.

- 1) The person must have a certificate as a registered masseur/ masseuse, issued by the committee on examiners for masseur of the Department of Health.
- 2) He must possess an up- to- date health certificate issued by the local health authority.
- 3) The person shall wear a clean working garment when attending to customers or when visiting massage clinic attendants.

b) Massage Clinic Attendant.

- 1) The person shall be properly registered and authorized by the local health authority to work as massage clinic attendant after the compliance with the following requirements:
 - a) Satisfactory completion of a training course or study given by a government office, school or hospital, which is duly authorized and recognize by the Department; and,
 - b) Up-to-date health certificate issued by the local health authority, to include venereal disease clearance secured from any government clinic or hospital.
- 2) The person must wear clean working garments when attending to customers.

c) Sauna Bath Attendant.

- 1) Attendant must possess an up- to- date health certificate issued by the local authority.
- 2) The person must wear clean working garments when attending to customers.

Section 80. Correct Practices. The following sanitary practices shall be observed by personnel working in these establishments:

- a) Working personnel shall wash their hands thoroughly with soap and water before servicing customers.
- b) They shall wear clean working garments.
- c) Smoking and eating shall be prohibited while working.
- d) Tools and implements of their trade shall be cleaned and disinfect before and after their use.
- e) Customers shall be supplied with clean and fresh towels, drapes and other necessary linens.
- f) Precautionary measures shall be observed to prevent transmission or exacerbation of diseases.

Section 81. DOH Certificates for Therapists. All masseurs and masseuses must be holders of current and valid licenses for massage therapists issued by the Department of Health.

Section 82. Responsibility of the Local Health Officer. To enforce the provision of this Chapter, the Local Health Officer shall:

- a) Conduct or cause the inspection and evaluation of massage clinic, spa clinics and sauna bath establishments at least once every three (3) months to ascertain their state of sanitation;
- b) Inspect the health certificate of masseurs, masseuses as well as massage clinic and sauna bath attendants;
- c) Check at least every two (2) weeks the sexually transmitted diseases (STD) clearance records of massage clinic masseurs, masseuses and attendants.

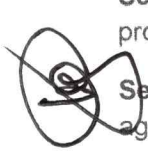
CHAPTER XIV **REFUSE DISPOSAL**

Section 83. Responsibility of the Municipality. The Municipality shall provide an adequate and efficient system of collecting, transporting and disposing refuse in their areas of jurisdiction in a manner approved by the Municipal Solid Waste Management Council [MSWMC] in coordination with the Barangay Solid Waste Management Board [BSWMB].

Section 84. Additional Requirements.

- a) Occupants of buildings and residences shall provide sufficient number of receptacles for refuse.
- b) Any person, natural or juridical is prohibited to throw; dump and scatter refuse materials in the municipal streets, public places, canals and on vacant lots, water tributaries within the Municipality.
- c) The owner or occupant of the house shall construct and provide with permanent and sanitary toilet such as water sealed with properly constructed septic tank approved by the Municipal Health Office.
- d) Every operator of a traveling Rice Mill is required to provide their mill with container for rice bran and other wastes from palay and corn coming out of the mill blower and all wastes shall be dumped in proper places and not to leave them on the streets and/ or on roads.
- e) Requiring every public utility vehicle [PUV] and private commuters not to litter their wastes on roads and streets of this Municipality and for the PUV owners to provide for refuse bins.
- f) Refuse shall be disposed through a municipal collection service. If this service is not available, disposal shall be by incineration, burying, sanitary land fill or any method approved by the Municipal Solid Waste Management Council.
- g) Refuse shall not be thrown in any street, sidewalk, yard, park or any body of water. It shall be stored in a suitable container while awaiting its final disposal.
- h) Refuse shall be kept clean by occupants or owners of properties lining the street from the line of the property to the middle of the street and from one property to the other.
- i) Parks, plazas and street adjacent to public buildings shall be kept clean by the Municipal Government.
- j) The owner or occupant of a house shall construct and provide permanent sanitary toilet such as water sealed, septic tank, etc. approved by the Municipal Health Office or his duly authorized representative. The disposal of human excreta out of sanitary toilet is strictly prohibited.

Section 85. Improper Disposal of Waste and Garbage. Improper disposal of waste and garbage is prohibited, as these serve as breeding places of vermin.

 **Section 86. Private Refuse Collection Services; Sanitary Permit.** No person, firm or corporation, private agency, or institution shall operate or manage refuse collection services, refuse disposal areas and facilities, any junk collection or junk dealership without a sanitary permit issued by the MHO.

 **Section 87. Health Certificate for Private Collectors.** All persons involved in the collection of refuse shall secure an up-to-date health certificate issued by the MHO.

CHAPTER XV **NUISANCES**

 **Section 88. Types of Nuisances.** For the purpose of this chapter, the following shall be considered nuisances:

- a) Public or private premises maintained and used in a manner injurious to health;
- b) Breeding places and harborages of vermin;
- c) Animal and their carcasses which are injurious to health;
- d) Accumulation of refuse;

- e) Noxious matter or waste water discharged improperly on streets;
- f) Animal stockage maintained in a manner injurious to health;
- g) Excessive noise and
- h) Illegal shanties in public or private properties.

Section 89. Responsibilities of Owners, Managers or Operators of Businesses. The owners, managers or operators of establishments shall:

- a) Secure a sanitary permit from the local health authority before establishing and operating their business or trade;
- b) Remove daily all injurious by-products and wastes;
- c) Prevent the escape of industrial impurities and adopt methods to render them innocuous;
- d) Maintain working establishments and their premises clean and sanitary at all times and
- e) Store all materials properly to prevent emission of noxious or injurious effluvia.

Section 90. Idle Lots. Untended and unattended private properties or idle lots within the municipality, which can be a habitat for vermin shall be subject to a clean-up by the Municipal Government, the costs of which shall be chargeable against the lot owner. The treasurers of the component LGU's of the Province are hereby mandated to collect from the owners of the idle lots the charges spent by the Municipal Government in the clean-up of the said lots.

CHAPTER XVI

HYGIENE AND SANITATION IN INDUSTRIAL ESTABLISHMENTS

Section 91. Sanitary Permit. All industrial establishments operating in the Municipality shall secure the required sanitary permits from the MHO. The term "industrial establishment" refers to any business engaged in the manufacture, sale and distribution of goods or processing of raw materials into end products. They shall comply with the following requirements before they are issued sanitary permits:

- a) Environmental Management Bureau (EMB) and Department of Environmental and Natural Resources (DENR) clearances, if applicable;
- b) Adequate water supply with Certificate of Potability of Drinking Water;
- c) Sewage disposal system in accordance with then standard set by the MHO;
- d) Provision for the proper disposal of industrial waste;
- e) Adoption and maintenance of an abatement program for the control of vermin;
- f) Compliance with the threshold limits and value of hazards and occupational health, safety and sanitary regulations;
- g) Provision for separate and conveniently-located toilet facilities and hand-washing facilities for both sexes;
- h) Availability of occupational health services and emergency preparedness program;
- i) Provision and maintenance of sanitary restrooms and mess halls for employees serviced by food handlers with health certificates issued by the MHO;
- j) Provision for lactation rooms for nursing mothers;
- k) Maintenance of work areas including the machinery and equipment used in clean and sanitary condition.

All sanitary requirements required under this Code as are applicable to schools shall be observed and implemented.

Section 92. Responsibilities of the Employer and Employees. The following are the responsibilities of the employer and employees of industrial establishments:

- a) Employer's Responsibility
 - i. Provide, install and maintain in good working condition all control measures and protective equipment;
 - ii. Inform affected employees about the nature of work-connected hazards and the reasons and methods for sanitary control measures;
 - iii. Be regularly updated about new occupational safety, health and sanitary regulations; and,
 - iv. Provide personal protective equipment and protective barriers, including sanitary equipment as may be necessary.
- b) Employee's Responsibility
 - i. Observe strict sanitary control measures as prescribed;
 - ii. Observe sanitary regulations in the workplace and on the premises of the establishments;
 - iii. Keep the assigned working area clean at all times;

- iv. Observe personal hygiene.

Section 93. Environmental Provisions. The environmental provisions enumerated below for the protection of the health workers shall apply to all industrial establishments:

- a) *Control of Atmosphere Contaminants*- Workers shall not be exposed to atmospheric contaminants hazardous to health. Control of atmospheric contaminants shall be accomplished by the methods approved by the Department of Health.
- b) *Control Infectious Agents*- Control measures shall be provided to eliminate or control the transmission of infectious diseases through proper processing and handling of industrial products or wastes.
- c) *Control of Possible Sources of Radiation*- Control of radiation hazards and its sources should be carried out under the supervision of the MHO, the DOH or their representatives.
- d) *Illumination*. Adequate lighting shall be provided and distributed in all work areas for vermin insect control that usually breed in dark or dimly-lighted areas.
- e) *Ventilation*. Natural or artificial ventilation shall be provided in all work areas to insure a safe and healthful working atmosphere, free from injurious amounts to toxic materials and reasonably free offensive odors and dust throughout the establishment. Proper control measures shall be used to reduce concentration of toxic contaminants to allowable limits. Air inlets shall be arranged, located and equipped to ensure sufficient air velocity and an exhaust system which shall be located so that discharged materials shall not reenter places of employment or habitations nor create any hazard or nuisance.

Section 94. Personal Protective Equipment. The following requirements shall be applicable for personal protective equipment:

- a) Personal protective equipment which shall include respiratory protectors, and protective barriers shall be provided whenever unhealthy substances, radiation, or mechanical irritants are encountered in a manner that may cause any pathological change or injury or impairment in the function of any part of the body;
- b) Radioactivity detectors when the work is radiation-prone;

Supervisors and employees shall familiarize themselves with proper sanitary care and storage of the protective equipment.

Section 95. Wearing of Safety Mask. All factory workers shall wear safety masks as may be required by the nature of their work. Any violation of this requirement shall be subject to the penal provisions of this Code.

CHAPTER XVII

ENVIRONMENT POLLUTION AND DISPOSAL OF DEAD PERSON

Section 96. General Provisions. For the purposes of this Chapter, the provisions of Republic Act No. 3931, the Rules and Regulations of the National Water and Air Pollution Control Commission promulgated in accordance with the provisions of section 6 (a) 2 of the said act, the provisions of Presidential Decree No. 480 and the Rules and Regulation of the Radiation Health Office of the Department of Health shall be applied and localized.

 **Section 97. Environmental Protection Compliance Certificate.** The construction of buildings and establishment of business shall be covered with the Environmental Protection Compliance Certificate to be issued by appropriate national government agency subject to the validation and endorsement of the Municipal Health Officer.

 **Section 98. Burial Grounds Requirements.** The following requirements shall be applied and enforced:

- a) It shall be unlawful for any person to bury remains in places other than those legally authorized in conformity with the provisions of this Chapter.
- b) A burial ground shall at least be twenty-five (25) meters distant from any dwelling house and no house shall be constructed within the same distance from any burial ground.
- c) No burial shall be located within fifty (50) meters from any source of water supply.

 **Section 99. Burial Requirements.** The burial of remains is subject to the following requirements:

- a) No remains shall be buried without a death certificate. This certificate shall be issued by the attending physician. If there has been no physician in attendance, it shall be issued by the Mayor, the Secretary of the municipal council or a Councilor of a municipality where the death occurred.

The death certificate shall be forwarded to the local civil registrar within forty- eight (48) hours after death.

- b) Shipment of remains abroad shall be governed by rules and regulations of the Bureau of Quarantine.
- c) Graves where remains are buried shall be at least one and one-half (1 ½) meters deep and filled well and firmly.
- d) The cost of burial of a dead person shall be borne by the nearest kin. If the kin is not financially capable of defraying the expenses or if the deceased had no kin, the cost may be borne by the municipal government.
- e) The burial of remains in the municipal burial grounds shall not be prohibited on account of race, nationality, sex, religion or political persuasion.
- f) If the person who issued a death certificate has reasons to believe or suspect that the cause of death was due to violence or crime, he shall notify immediately the local authorities concerned. In this case the deceased shall not be buried until permission is obtained from the provincial or city fiscal. If these officials are not available the permission shall be obtained from any government official authorized by law.
- g) Except when required by legal investigation or when permitted by the local health authority, no unembalmed remains shall remain unburied longer than forty-eight (48) hours after death.
- h) When the cause of death is a dangerous communicable disease, the remains shall be buried within twelve (12) hours after death. They shall not be taken to any place of public assembly. Only the adult members of the family of the deceased may be permitted to attend the funeral.

Section 100. Disinterment Requirements. Disinterment of remains is subject to the following requirements:

- a) Permission to disinter remains of persons who died of non-dangerous communicable diseases may be granted after a burial period of three (3) years.
- b) Permission to disinter remains of person who died of dangerous communicable diseases may be granted after a burial period of five (5) years.
- c) Disinterment of remains covered in paragraphs (a) and (b) of this section may be permitted within a shorter time than that prescribed in special cases, subject to the approval of the Regional Director of the Director of Health concerned or his duly authorized representative.
- d) In all cases of disinterment, the remains shall be disinfected and placed in a durable and sealed container prior to their final disposal.

Section 101. Funeral and Embalming Establishments. These establishments are subject to the following requirements:

- a) *Scope of Inclusion.* For the purpose of this section, requirements prescribed herein shall be applied and enforced to funeral chapels, embalming establishments and morgues.
- b) *Sanitary Permit.* No establishment mentioned in the preceding paragraph shall be operated without a sanitary permit issued by the Municipal Health officer or his duly authorized representative.
- c) *Classification.* Funeral establishments shall be classified in three (3) categories which are as follows:
 - 1) Category I – Establishments with Chapels and Embalming Facilities and Offering Funeral services.
 - 2) Category II – Establishments with Chapels and Offering Funeral services but without Embalming Facilities.
 - 3) Category III – Establishment Offering only Funeral services from the House of the Deceased to the Burial Place.

For embalming and dressing rooms:

- 1) They should be constructed of concrete or semi-concrete materials with sufficient space to accommodate five (5) bodies at one time.
- 2) The floors and walls shall be made of concrete or other durable impervious materials.
- 3) Ventilation and lighting should be adequately provided.
- 4) Embalming shall be performed on a table made of a single marble slab or other equally impervious materials. It shall be so constructed that all washing and body fluids shall flow to a drain connected to the waste piping system of the building.
- 5) Embalmers and assistants shall use rubber gloves when working.
- 6) Washing facilities with soaps, detergents and germicidal solutions shall be provided for use of the working personnel.

Section 102. Issuance of License. The issuance of license to undertakers and the embalmers are subject to the following requirements:

- a) *Issuance of license to practice by the Department of Health.*

- 1) Any person who desires to practice undertaking or embalming shall be licensed to practice only after passing an examination conducted by the Department of Health.
- 2) Licensed undertakers or embalmers shall practice undertaking or embalming in accordance with requirements prescribed by the Department of Health.
- 3) Licensed undertakers and embalmers shall display their licenses conspicuously in the establishments where they work.

b) *Issuance of certificates of registration:*

- 1) An undertaker or embalmer shall apply annually for a registration certificate and pay an annual registration fee to the Regional Health Office concerned.

Section 103. Use of Remains for Medical Studies and Scientific Studies. Unclaimed remains may be used to medical schools and scientific institutions for studies and research subject to the rules and regulations prescribed by the DOH.

Section 104. Special Precautions for Safe Handling of Cadavers Containing Radioactive Isotopes.

- a) Cadavers containing only traces (very small dose) of radioactive isotope do not require any special handling precautions.
- b) Cadavers containing large amounts of radioactive isotopes should be labeled properly identifying the type and amounts of radioactive isotopes present and the date of its administration.
- c) Before the autopsy is performed, the Radiation Health Officer or his duly authorized representative should be notified for proper advice. The pathologist and/or embalmer should be warned accordingly of the radioactive of the cadaver so that radiation precautions can be properly enforced.
- d) Normal burial procedures, rules and regulations may be carried out on the above-mentioned cadavers provided that their amount of radioactivity has decayed to a safe level which will be determined by the Radiation Health Officer or his duly authorized representative.
- e) Cremation. If cremation is performed without autopsy, there is no handling problem; otherwise, autopsy precautions should be strictly enforced. Precautions should be taken to prevent any possible concentration of radioactivity at the base of the stack of the crematorium.

Section 105. Responsibility of the Municipal Health Officer. The Municipal Health Officer shall:

- a) Issue permits to inter, disinter or transfer remains;
- b) Apply prescribed measures when cause or death is due to a dangerous communicable disease;
- c) Keep records of death occurring within his area of jurisdiction and
- d) Authorize the delivery of unclaimed remains to medical schools and scientific institutions for purposes specified in this Chapter in accordance the rules and regulations of the DOH.

Section 106. Responsibility of Local Government. The Local Government shall:

- a) Reserve appropriate acts of land under their jurisdiction, for cemeteries subject to approval of the Regional Director of the DOH;
- b) Utilize judiciously grants, gifts, bequest of property or financial donations for the establishment or improvement of cemeteries and
- c) Close cemeteries under their jurisdiction subject to the approval of the Regional Director of the DOH.

Section 107. Penal Provisions

- a) The Municipal Health Office or his duly authorized representative may recommend revocation or suspension of the license of an undertaker or embalmer who violates any provisions of this Chapter or the Rules and Regulations promulgated by the Secretary of the DOH under this Chapter.
- b) Any person who shall engage in the business of undertaking or embalming in violation of any provision of this Chapter shall be liable to a penalty of not more than Two Thousand Five Hundred (P2,500.00) pesos for each violation.
- c) Each day or any part thereof during which any prohibited business or practice is continued shall be deemed a separate violation and subject to the same penalty prescribed in the preceding paragraph.

CHAPTER XVIII

ZERO OPEN DEFECATION (Mun. Ord. No. 2019-009)

Section 108. Objectives. It is the objective of this Ordinance to promote sustainable sanitation thru Zero Open Defecation for all residents of the Municipality of Tigbauan.

By 2022, the following should have been achieved;

- (a) All LGU's having their own local sustainable sanitation plans and budgets in place under the Municipal-wide Investment Plan for Health (MIPH);
- (b) All barangays declared Zero Open Defecation Free;
- (c) All river systems province-wide designated as Water Quality Management areas; and
- (d) Achieving 100% of population in all Barangays with sanitary toilets.

By 2028, the following should have been achieved:

- (a) Universal access to safe and adequate sanitary facilities will have been achieved;
- (b) Proper hygiene practices are accepted norms within families and communities; and
- (c) Sustainable sanitations are institutionalized.

Section 109. Organizing the Verification and Certification Team:

- 1) To conduct ZOD verification, the Verification Team needs to be established at the municipal level. Every member of the team shall carry a good reputation that they shall remain unbiased.
- 2) The Municipal Verification Team shall be composed of the following but not limited to:
 - (a) Municipal Health Officer;
 - (b) SB-Chairman, Committee on Health and Sanitation
 - (c) Medical Officer
 - (d) Sanitation Inspector/s
 - (e) Nurses
 - (f) Department of Health representative;
 - (g) Municipal Health Office representative;
 - (h) MSWDO
 - (i) MENRO
 - (j) MPDC
 - (k) All Rural Midwives of Catchment Barangays

Section 110. Steps on the Verification and Certification of Barangay ZOD Status.

The verification and certification shall involve the following activities:

1. Barangay Officials shall submit letter request with the ZOD Report to the Municipal Verification team when ZOD status has been achieved by the barangay. At this stage, every single household should have been checked by local leaders and/or the Barangay Sanitation Inspector and Barangay Sanitation Volunteer to ensure that they are ZOD and this information should be described in the ZOD report.
2. Municipal Verification team shall visit the barangay to verify the claim using the ZOD Verification Form. The Team could do sampling at least 10% of the households in the barangay.
3. If the barangay has confirmed to have attained ZOD status based on the information gathered, the Municipal verification team shall declare the barangay ZOD status and provide the certification.
4. The Certificate ZOD Barangays and the number of barangays that declared ZOD should be reported by the Municipal Verification Team to Provincial level, then Provincial to Regional level for recording and monitoring purposes and program planning.
5. ZOD status and its improvement shall be monitored every six (6) months by the Sanitary Inspectors and the data reported to the Municipal Health Office. The ZOD status can be revoked if the barangay does not sustain its status according to the criteria set.
6. The Municipal Health Office shall provide the barangays with the sample/template of the following:
 - (a) Barangay letter-request for verification and certification of Zero Open Defecation (ZOD) status;
 - (b) ZOD Report template; and,
 - (c) ZOD Verification form.

Section 111. Sustainability. For the program to be sustainable, the following shall be observed:

- a. Each municipality shall have their Annual Operation Health Plan which includes the purchase of toilet bowls and other materials.
- b. No proposed budget of the municipality shall be approved by the Sangguniang Panlalawigan without provisions allocating certain budget for the purchase of toilet bowls and other materials.
- c. Advocacy thru information and education campaign.
- d. Pre-marriage counseling- During the pre-marriage counseling, the construction of sanitary toilet shall be encouraged.

- e. There should be a Barangay Task Force created that will monitor households that have no sanitary toilets.

Section 112. Budget. The Municipal Government shall allocate P50,000.00 from the Environmental Sanitation Budget of the Municipal Health Office for the purchase of toilet bowls and other materials. This allocation should have a barangay counterpart to ensure proper installation of these sanitary toilets.

Section 113. Monitoring and Evaluation. There should be a Barangay Task Force created that will monitor households that have no sanitary toilets and should be composed of the following:

- 1.) Punong Barangay
- 2.) Brgy. Kagawad- Chairman Committee on Health & Sanitation
- 3.) All other Barangay Kagawads
- 4.) BHW

Barangay officials thru the Barangay Health Board will submit report to the Municipal Health Board as to the Provincial Health Board. The Provincial Health Office will submit a report to the Sangguniang Panlalawigan addressed to the Committee on Health and Sanitation as to the functionality of the Local Health Board and the Zero Open Defecation Program of every municipality. The Provincial Team will monitor the sustainability of the ZOD program.

Section 114. Distribution Scheme

a) Target Beneficiaries:

1. 1st Priority - Households without toilets
2. 2nd Priority – Households sharing toilets
3. 3rd Priority - Households with insanitary toilets

b) Identification of Recipients/Beneficiaries

1. The Barangays, through their respective Punong Barangays, shall submit Barangay Council Resolutions with target beneficiaries to the Rural Health Officer.
2. Beneficiaries identified by the Punong Barangays shall be validated by the Municipal Rural Sanitation Inspectors. Once qualified, it shall be endorsed by the Municipal Health Officer and approved by the Local Chief Officer to the Project Management Committee.
3. The Project Management Committee, upon receipt of the resolution, shall validate if the list of beneficiaries had met the criteria. The Committee shall make a recommendation to the Governor for approval.
4. An orientation on Zero Open Defecation Movement shall be conducted by the Provincial Health Office together with the Project Management Committee among the Local Chief Executive, Municipal Health Officers, Midwives, Rural Sanitary Inspector and Punong Barangays prior to actual implementation.

Section 115. Penalty Clause. Penalties for households that have no sanitary toilets are hereby imposed as follows:

1. First Offense- Admonition;
2. Second Offense- Counseling; and,
3. Third Offense-Community Service

CHAPTER XIX

INSTITUTIONALIZING THE PHILIPPINE APPROACH TO SUSTAINABLE SANITATION (PHATSS) FOR GRADE 2 (G2) BASIC SANITATION

SECTION 116. OBJECTIVES. It is the objective of this ordinance to promote sustainable sanitation thru PhATSS G2 level for all residents of the municipality of Tigbauan.

- (a) All Barangays having their own barangay sustainable sanitation plans and budgets in place in line with the Municipal-wide Investment Plan for Health (MIPH)
- (b) All barangays declared PhATSS G2 Level Compliant;
- (c) All river systems designated as Water Quality Management Areas;
- (d) Achieving 100% of the household in the municipality with sanitary toilets.

- (e) Universal access to safe and adequate sanitary facilities have been achieved;
- (f) Proper hygiene practices are accepted norms within families and communities; and,
- (g) Sustainable sanitation is institutionalized.

SECTION 117. PHATSS G2 LEVEL SANITATION PROGRAM. All of the following criteria shall be complied to determine the G2 Sanitation Level.

1. Open Defecation is not practiced and all households are properly disposing sanitary napkins and diapers;
2. 100% of households have their own sanitary toilet with soap and water, and have available water and soap at or near their toilets with septic tank and no sharing of toilet;
3. All schools have safe, functional and gender segregated toilets with soap and water, with overall pupil to toilet seat ratio not exceeding 101:1;
4. All Child Development Center (CDCs) have at least one age-appropriate sanitary toilet with soap and water that is safe and functional;
5. All other public institutional facilities have, at least, one (1) functional sanitary toilet with soap and water;
6. All households and public institutional facilities are practicing segregation and or composting of solid waste at source;
7. Presence of functional materials recovery facility in the barangay;
8. Availability of mechanism to sustain the local ordinance on ZOD, in addition to creating a local ordinance on having a toilet in all households, schools, CDC's and other public institutions, animal
9. Animal Excreta management, solid waste management, and a monitoring mechanism to sustain G2 status and
10. Sanitation financing to reach G3 status allocated through localized sectoral master plans and local development plans.

SECTION 118. ORGANIZING THE G2 VERIFICATION AND CERTIFICATION TEAM. The agencies and members of the Verification and Certification Team shall be established at the municipal level through an executive order or council resolution. The composition of the team shall include but not limited to:

- 1) Municipal/City Health Officer (as Core Team Leader) or representative
- 2) Rural Sanitation Inspector/s
- 3) Sangguniang Bayan Member, Chairman Committee on Health or representative
- 4) Representative from the Municipal Health Board
- 5) Representative from the Provincial Health Office
- 6) Representative from the Provincial DOH Office/PDOHO
- 7) Representative from the DEPED District Office
- 8) Representative from the Municipal Social Welfare and Development Office
- 9) Representative from Municipal/City Environment and Natural Resources Office
- 10) Municipal President, BWH
- 11) Representative from Civil Society Organizations (CSOs)
- 12) President, Liga ng Barangay

Upon verification of the validity of the documents, the Sangguniang Bayan Member, Chairperson-Committee on Health shall file a resolution endorsing the certification of their municipality as having complied with all criteria for G2;

A copy of the approved resolution shall be forwarded to PHO;

Upon satisfactory review of the reports, the Provincial Health Office and the Provincial DOH Office shall jointly confer and award a municipal -wide G2 certification.

SECTION 119. SUSTAINABILITY.

For the program to be sustainable, the following shall be:

- a. G2 non-compliant barangays shall include the purchase of toilet bowls and other materials in their Annual Operation Health Plan and Annual Investment Program.
- b. Barangays who are not 100% G2 compliant are required to allocate budget necessary for the G2.
- c. A regular advocacy thru information and education campaign shall be done within the barangay level by the Verification and Certification Team or barangay officials.
- d. Encouragement of the construction of sanitary toilet during the Pre-Marriage Counselling.
- e. There should be a Barangay Task Force created that will monitor households that have no sanitary toilets.

SECTION 120. BUDGET.

The Municipal Government Tigbauan shall allocate funds of Sixty Thousand (P60,000.00) Pesos for the purchase of toilet bowls and other materials, incentives and PhATSS G2 Level program under the Municipal Health Office allocation.

SECTION 121. MONITORING AND VALIDITY.

- 1) There shall be a Barangay Task Force created that will monitor G2 Sanitation level of the Barangay.
- 2) Barangay officials thru the Barangay Health Board will submit report to the Municipal Health Board as to the accomplishment of G2.
- 3) The municipal G2 verification and certification team shall monitor and evaluate every quarter the accomplishment of each barangay on PhATSS Service Level G2.
- 4) PHATSS Service Level G2 shall be monitored every quarter and consolidated by the Rural Sanitation Inspector. The Municipal Health Officer shall present the consolidated report to the Local Health Board and shall submit the same to the Provincial Sanitation Coordinator.
- 5) The Provincial Health Office shall conduct spot checks of the certified G2 barangays annually. During which, the G2 certification status of the barangay may be revoked, if the barangay does not maintain the criteria required in the PhATSS Services Level G2, and only after two (2) failed spot checks.

SECTION 122. DISTRIBUTION SCHEME

a). Target Beneficiaries:

1. 1st Priority - Indigent Households without toilets
2. 2nd Priority - Indigent Households with unsanitary toilets
3. 3rd Priority - Indigent Households sharing toilets

b). Identification of Recipients/Beneficiaries

1. The Barangays, through their respective Punong Barangays, shall submit Barangay Council resolutions with target beneficiaries to the Municipal Sanitary Inspector
2. Beneficiaries identified by the Punong Barangays shall be validated by the Municipal Sanitation Inspector. Once qualified, it shall be endorsed to the Project Management Committee.
3. The Project Management Committee. Upon receipt of the resolution shall validate if the list of beneficiaries has met the criteria. The committee shall make a recommendation to the Municipal Mayor for approval
4. An indentation on PhAtss G2 Level Movement shall be conducted by the Municipal Health Office together with the Project Management Committee together with the Municipal Officials, Municipal Health Office Personnel, BHW and Punong barangays prior to actual implementation

SECTION 123. INCENTIVES. For Barangay 100% PhATSS status shall be included as one of the criteria in the selection of Top Performing Barangay and Seal of Local Governance in the Barangays.

SECTION 124. PENALTY CLAUSE. Penalties for households that have no sanitary toilets are hereby imposed as follows:

- | | |
|-------------------|--------------------|
| 1. First Offense | Admonition |
| 2. Second Offense | Counselling |
| 3. Third Offense | Fine of P 2,500.00 |

CHAPTER XX

MUNICIPAL CEMETERY (Mun. Ord. No. 1997-001)

Section 125. Regulatory Clause

1. There shall be established a Municipal cemetery.
2. No human cadaver or remains shall be buried in the cemetery without a burial permit secured from the Office of the Civil Registrar, Tigbauan, Iloilo nor shall any human cadaver or remains buried there at exhumed without prior payment of an exhumation fee secured from the aforesaid Office.

- a. The following shall be constructed at the cemetery:
 - a1. Strong fence around the cemetery with a strong door and lock
 - a2. Chapel with an area of fifty (50) square meters
 - a3. One (1) meter main road from the gate to the rare end
 - a4. One (1) meter cross road at the center
 - a5. One (1) meter cross road which will divide the cemetery into lots and sections
 - b. For this purpose, funds shall be appropriated by the Sangguniang to finance the items provided in letter "a" hereof.
 - c. The Municipal engineer shall submit to the Local Chief Executive appropriate plans and estimates concerning the construction of the above structures.
3. The Municipal Cemetery shall be the burial place of the dead without discrimination as to religious faith, affiliation or worship. Provided, provision on burial permit as provided under Section 4 of this Ordinance and other regulations which henceforth will be promulgated shall have been complied with. In view hereof, the local Chief Executive shall form an appropriate body to promulgate guidelines for the use of cemetery.
 4. No burial lot within the Municipal cemetery shall be sold and owned in perpetuity by any individual or family. Provided, that the construction of niches and concrete slabs over burial lots shall properly be regulated and charged a yearly rental fee accordingly, and in accordance with the guidelines that may hereafter be promulgated by the appropriate body as set forth under Section 7 of this Ordinance.
 5. The guidelines set forth by Department Administrative Order No. 89-A of the Department of Health shall be strictly followed for the exhumation of the remains of the persons buried in the cemetery.
 6. The Local Chief Executive shall appoint a caretaker of the cemetery. The caretaker shall receive a compensation equivalent to Grade I level and shall have the following functions:
 - a. To maintain the cleanliness and sanitation of the cemetery;
 - b. To lock and unlock the gate of the cemetery daily;
 - c. To oversee the digging and construction of niches;
 - d. To be present at all interments and exhumations accordance with;
 - e. To perform such other related functions, duties, and such guidelines as now or hereafter be promulgated by the appropriate body formed by the Local Chief Executive.

CHAPTER XXI

COMMERCIAL, SMALL, MEDIUM AND LARGE SCALE PIGGERY FARM (Mun. Ord. No. 2014-021)

Section 126. Regulated Acts:

1. Commercial small, medium and large scale piggery farms are not allowed in urban and densely populated areas in the Municipality of Tigbauan, Province of Iloilo.
2. A "standard septic tank" is strictly required. It should be watertight. Septic tanks where a public sewerage system is not available, sewer outfalls from residences, schools, and other buildings shall be discharged into a septic tank to be constructed in accordance with the following minimum requirements:
 - a. It shall be generally rectangular in shape. When a number of compartments are used, the first compartment shall have the capacity from one-half to two-thirds of the total volume of the tank.
 - b. It shall be built of concrete, whether pre-cast or poured in place. Brick, concrete blocks or adobe may be used.
 - c. It shall not be constructed under any building and within 25 meters from any source of water supply.
 - d. Minimum requirement of the septic tank to be prescribed by the Municipal Engineering Office.
3. The distance of the pigpen shall be at least 25 meters from the nearest groundwater.
4. It shall be unlawful to directly discharge animal wastes in any irrigation canal, river/riverbanks, or any body of water.
5. It shall be the responsibility of piggery owners to regulate the odor/waste discharge of their own pigpens.
6. This regulation covers commercial small, medium and large scale piggery farms.

Section 127. Regulatory Committee:

1. **Composition of the Municipal Regulatory Committee**

Chairman: Municipal Mayor
Co-Chairman: SB Member - Chairman, Committee on Health and Sanitation
SB Member - Chairman, Committee on Environment Protection, Housing and Land Utilization, Zonification and Assessment
Members: Sanitary Inspector
MHO
MAO
MPDO
Punong Barangays
Chief of Police
LNB President

2. **Responsibilities of the Regulatory Committee**

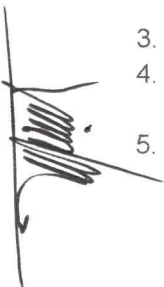
- a. The committee shall have a regular quarterly meeting to discuss topics regarding this ordinance.
- b. The committee shall require a comprehensive listing of swine raising activities in all barangays in the municipality.
- c. The committee shall determine the imposition of penalties and/or closure of **COMMERCIAL, SMALL, MEDIUM AND LARGE SCALE** upon the recommendation of the Barangay Swine Raising Regulatory Committee which will be composed of the following:

Chairman: Punong Barangay

Members: Barangay Kagawad – Chairman, Committee of Health and Sanitation
Barangay Kagawad - Chairman, Committee on Environment Protection, Housing and Land Utilization, Zonification and Assessment
Barangay Secretary
Chief Tanod

- d. All complaints to be considered by the Municipal Swine Raising Regulatory Committee shall be coursed through to the Office of the Chairman which is the Local Chief Executive.
- e. It is the sole responsibility of the Barangay Regulatory Committee to enlist piggery farms and to collect Php 30.00/ head in which 50% of the collected amount will go to the Barangay Trust Fund and 50% to the Municipality of Tigbauan.
- f. All Barangay Regulatory Committee are required to have intensive listings to be done every quarter of commercial piggery farms and submit to the Municipal for proper monitoring and collection of fees.

Section 128. Issuance Of Municipal Piggery License

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1. Any individual person, group or corporations intending to put up commercial small, medium and large scale piggery farm/s in the Municipality of Tigbauan shall secure a Municipal Piggery License issued by the Business Permit and Licensing Office (BPLO).
 2. The licensee shall submit the following requirements when applying for the Municipal Piggery License:
 - a. Barangay Clearance
 - b. Completely Filled-out Application Form
 - c. Sanitary Permit from the Municipal Health Office (MHO)
 - d. Certification from the Municipal Agriculture Office (MAO)
 - e. Certification from the Municipal Engineering Office (MEO)
 - f. Zoning Clearance/Certificate from the Municipal Planning and Development Office (MPDO)
 3. The Sanitary Permit shall be issued after the onsite inspection was done by the Sanitary Inspector.
 4. The Certification from the Municipal Agriculture Office (MAO) shall be issued once the Licensee has attended the Technology Training and Seminar conducted by the MAO Officer.
 5. The Certification from the Municipal Engineering Office (MEO) shall be issued once the septic tank structure design was checked and approved by the MEO Officer.
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6. The Municipal Piggery License is valid for one year.

CHAPTER XXII
BACKYARD SWINE RAISING (Mun. Ord. No. 2014-018)

Section 129. Regulated Acts:

1. Backyard swine raising shall be allowed for a maximum of 2 heads.
2. Sows are not allowed in identified urban areas and densely populated areas in the municipality.
3. A "standard septic tank" is strictly required. It should be watertight. Septic tanks where a public sewerage system is not available, sewer outfalls from residences, schools, and other buildings shall be discharged into a septic tank to be constructed in accordance with the following minimum requirements:
 - a. It shall be generally rectangular in shape. When a number of compartments are used, the first compartment shall have the capacity from one-half to two-thirds of the total volume of the tank.
 - b. It shall be built of concrete, whether pre-cast or poured in place. Brick, concrete blocks or adobe may be used.
 - c. It shall not be constructed under any building and within 25 meters from any source of water supply.
4. The distance of the pigpen shall be at least 25 meters from the nearest groundwater.
5. It shall be unlawful to directly discharge animal wastes in any irrigation canal, river/riverbanks, or any body of water.
6. It shall be the responsibility of swine raisers to regulate the odor/waste discharge of their own pigpens.
7. This regulation does not cover commercial small, medium or large scale piggery farms.
8. Backyard swine raisers are exempted from fees collected under the Revenue Code which states that a fee of Php50 is to be collected for every head of swine being raised.

Section 130. Regulatory Committee:

1. Composition of the Municipal Regulatory Committee

Chairman: Municipal Mayor
Co-Chairman: SB Member - Chairman, Committee on Health and Sanitation
SB Member - Chairman, Committee on Environment Protection, Housing and Land Utilization, Zonification and Assessment

Members: Sanitary Inspector
MHO
MAO
MPDO
MENRO
Punong Barangays
Chief of Police
LNB President

2. Responsibilities of the Regulatory Committee

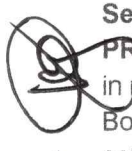
- a. The Committee shall have a regular quarterly meeting to discuss topics regarding this ordinance.
- b. The Committee shall require a comprehensive listing of swine raising activities in all barangays in the municipality.
- c. The Committee shall determine the imposition of penalties and/or closure of backyard pigpens upon the recommendation of the Barangay Backyard Swine Raising Regulatory Committee which will be composed of the following:

Chairman: Punong Barangay
Members: Barangay Kagawad – Chairman, Committee on Health and Sanitation
Barangay Kagawad - Chairman, Committee on Environment Protection, Housing and Land Utilization, Zonification and Assessment
Barangay Secretary
Chief Tanod

- Honorarium for the Resource Person shall be taken from the Training Service/Department concerned and shall be based on the number of hours he/she has lectured, consistent with the Civil Service Commission Issuance and Department Memorandum No. 25 s. 1995; and;
 - In the event of conflicts regarding affiliation and training of students, the Municipal Health Officer has the authority to resolve the issues within his level in accordance with the Administrative Order.
2. **The collected affiliation fees shall be divided on the following manner:**
- Five per cent (5%) of the total collection shall be remitted by Manila hospitals and agencies to the National Committee on Affiliation and Training of Students (NCATS) and by the Regional Hospitals, Medical Centers and other government health facilities to the Regional Committee on Affiliation and Training of Students (RCATS), respectively, and shall be used in the following manner:
 - 1% - meetings, conferences and other activities
 - 2% - equipment, supplies, materials, journals and literatures
 - 2% - honorarium/incentive for Committee Members
 - Forty percent (40%) shall be used to fund attendance of affiliation trainers to Human Resource Development activities and to procure supplies and equipment based on training needs as well as for research related to training, as determined by the Committee. The Accounting Office shall furnish a copy of the updated report of affiliation fees collection and disbursement to the Director and Chief Training Officer copy furnished NCATS/RCATS.
 - Fifty Five Percent (55%) shall be intended for honoraria or incentives for personnel:
 - Sixty Percent (60%) for the Training Service/Department concerned (pro-rated) Forty Percent (40%) for the other PCF Staff (pro-rated).
 - Guidelines for Pro-rata Allocation:
 - b.1 For Service/Department providing training: A PCFCATS shall be formed in the agency which is composed of one representative from each position group to formulate percentage distribution for each category of staff based on the degree of their participation in the training of students.
 - b.2 For RHU Staff Members who are not involved:
- For the other PCF Staff Members who are not directly involved in affiliation, PCFCATS shall work on the distribution of fees.
3. Other government-owned or controlled schools or colleges shall be required to pay the affiliation fees to the Department of Health hospitals and Rural Health Units Health Centers, except, the University of the Philippines. However, the University of the Philippines shall be required to accomplish the necessary contract of affiliation.

CHAPTER XXVII

AEDES – BORNE DISEASES (Mun. Ord. No. 2019-007)

 **Section 150. ESTABLISHMENT OF MUNICIPAL AEDES-BORNE DISEASES TASK FORCE AND PREVENTION TEAM** - In line with the powers of the Local Government Units to cooperate with each other in matters which would be beneficial to them and to aid the province in its bid to prevent and control Aedes-Borne Diseases, a functional Municipal Aedes–Borne Diseases Monitoring and Prevention Team shall be established.

 1.1 **COMPOSITION** – The Municipal Aedes-Borne Diseases Task Force and Prevention Team shall be composed of the following, subject to additional membership as the need arises:


Chairman: Municipal Mayor
Vice-Chairman: Municipal Health Officer
Members: Chairman, Committee on Health and Sanitation
School Principals
MSWDO
Federated President, Parent-Teachers Association
Municipal Health Nurses
Rural Health Inspectors
ABC President

1.2 **FUNCTIONS** – the functions of the Municipal Aedes-Borne Diseases Task Force and Prevention Team are enumerated hereunder but not limited to the following:

- a.) Monitor the incidence of Dengue, Zika and Chikungunya within their territorial jurisdiction and report the same to the Provincial Epidemic Surveillance Office;
- b.) Coordinate with and aid the Provincial Epidemic Surveillance Office in the implementation of programs and projects;
- c.) Conduct massive information drive for the awareness of Aedes-Borne Diseases;
- d.) Facilitate and organize year round clean-up drives to be conducted every Friday at 4:00 in the afternoon.

Section 151. ESTABLISHMENT OF THE BARANGAY AEDES-BORNE DISEASES TASK FORCE AND PREVENTION TEAM

2.1 To effectively prevent and control the occurrence of Aedes-Borne Diseases at the grass root level, an organized and functional Barangay Aedes-Borne Diseases Monitoring and Prevention Team shall be established.

2.2 **COMPOSITION** – The Barangay Aedes-Borne Diseases Task Force and Prevention Team shall be composed of the following, subject to additional members as the need arises:

Chairman:	Punong Barangay
Vice-Chairman:	Midwife
Members:	Chairman, Committee on Health and Sanitation Chief Tanod Barangay Health Workers

2.3 **FUNCTIONS** – It shall be the duty of the Barangay Aedes-Borne Diseases Task Force and Prevention Team to:

- a.) Monitor the incidence of Aedes-Borne Diseases in their Barangay and report the same to the Municipal Aedes-Borne Diseases Monitoring and Prevention Team;
- b.) Aid in the implementation of the “KAYA-KULOB” Program of the Municipal Aedes-Borne Disease Monitoring and Prevention Team;
- c.) Coordinate with their Local Government Unit with respect to the information and awareness campaign against Aedes-Borne Diseases;
- d.) Aid in the implementation of the Friday clean-up drive as provided for in this Ordinance;
- e.) Submit an evaluation report to Municipal Aedes-Borne Diseases Monitoring and Prevention Team.

Section 152. AEDES-BORNE DISEASES PREVENTION AND CONTROL PROGRAMS AND ACTIVITIES – To promote the general welfare and safety of the people of the Municipality of Tigbauan, the following Programs and Projects shall be mandated and implemented to achieve the purpose of preventing and controlling Aedes-Borne Diseases, to wit:

a.) The municipality shall implement the 4S Kontra Aedes-Borne Diseases, a program which pursue strategies to prevent Aedes-Borne Diseases:

a.1) **SEEK AND DESTROY BREEDING PLACES OF MOSQUITOES**

- It shall be the responsibility of every household to observe the 4:00 o'clock habit;
- An hour every Friday for the months of June to August shall be allotted for the clean-up of household and barangay premises;
- Schools shall also set a time and date for similar clean-up drives;
- Eliminate habitats where mosquitoes lay their eggs such as places with stagnant water. Bamboo poles which hold rain water must be covered with sand or plastic. Any container which will hold water such as bottles, cans, coconut shells, etc., must be properly disposed of or turned over or adapt the “KAYA-KULOB” approach;
- Areas with stagnant water in the surrounding must be covered with salt water or used oil.
- To encourage residents in the Barangay to observe disposal of garbage;
- Using biological approach by every household to take care of ducks, geese, and fish in fishponds are also advised.

a.2) **SEEK EARLY TREATMENT**

As soon as the following symptoms are observed, seek immediate consultation with midwives, nurses or doctors:

- Sudden High-Grade Fever
- Severe Headache
- Severe joints and muscle pains
- Pain behind the eyes
- Swollen glands
- Nausea and vomiting
- Skin rash which appears 2-5days after onset of fever
- Fatigue
- Bleeding
- Low Blood Pressure

a.3) **SELF-PROTECTION MEASURES**

- Modify clothing. Use long sleeves, long pants and socks. Prevent skin exposure as much as possible;
- Use mosquito repellents on skin;
- It shall be the duty of every person to seek treatment or consult with Physician, or in his absence, a health worker, as soon as symptoms of Dengue, Zika and Chikungunya Diseases are observed;
- Promote the use of mosquito nets even during daytime;
- Promote the use of window and door screens.

a.4) **SAY “NO” TO INDISCRMINATE FOGGING**

- Fogging of specified areas, which shall be determined by the Municipal Aedes-Borne Diseases Monitoring and Prevention Team. The manner of fogging shall likewise be implemented within the specification of the said team;
- Application of larvaecidal agents that will be applied or spread to known and verified breeding grounds of mosquitoes as identified by the Municipal Aedes-Borne Diseases Monitoring and Prevention Team.

- b.) It is likewise the duty of every person to report to their barangay official any incidence of Dengue;
- c.) Conduct massive information and awareness drive, especially in schools and in the barangay level, through community assemblies and the like.

Section 153. INTENSIFIED SURVEILLANCE SYSTEM - the Rural Health Units and the District Hospitals shall create a system of intensified surveillance and reporting of Aedes-Borne Diseases cases in order to contain the spread of these diseases and detect new cases. The RHU shall submit a weekly report of cases to the Provincial Surveillance Unit (PSU).

In case the Municipal Aedes-Borne Diseases Task Force and Prevention Team declares an outbreak, there shall be free blood testing of Complete Blood Count (CBC) and Platelet Count at an area designated by the aforementioned team.

 **Section 154. MANDATORY APPROPRIATIONS** – A budget for the implementation of the programs and activities of this Ordinance shall be allocated from the Health Programs (Environmental Sanitation Programs) from the Gender and Development (GAD) budget Of the Local Government Unit (LGU) of the Municipality of Tigbauan.

 Section 155. PENAL CLAUSE

- a.) Any person found to have materials/vessels within his control and possession which facilitate the breeding of mosquitoes and/or he fails to observe the KAYA-KULOB SYSTEM;
- b.) Any person who shall fail to observe the 4:00 o'clock PM habit;
- c.) Any person found to practice indiscriminate fogging.

Those found to have violated the above-mentioned acts shall be meted the following administrative penalty:

First Offense:	Five Hundred Pesos (P500.00)
Second Offense:	One Thousand Pesos (P1,000.00)
Third And Subsequent Offenses:	Two Thousand Five Hundred Pesos (P2,500.00)

 The proceeds of the fine or penalty imposed in this Ordinance should go to the respective barangays (as an incentive and motivation for them to enforce the Ordinance).

CHAPTER XXVIII
STI, HIV & AIDS PREVENTION & CONTROL (Mun. Ord. No. 2018-006)

Section 156. The Council – There shall be a creation of “2018 Municipality of Tigbauan Multi-Sectoral STI, HIV and AIDS Prevention and Control Council and its Technical Working Group” for the purpose of overseeing the implementation of this Ordinance.

Section 157. Composition – the Council shall be composed of the following:

Chairman:	Municipal Mayor
Vice Chairman:	Committee Chairperson on Health & Sanitation
Members:	Municipal Health Officer
	Municipal Social Welfare & Development Officer
	MLGOO
	Dev’t. Management Officer IV, DOH Rep.
	Public Schools District Supervisor
	ATIMV President, Private Sector Representative
	BPLO
	Tigbauan Pride President
Secretariat:	Nurse, STI, HIV & AIDS Local Focal Person

Membership may be increased by the Sangguniang Bayan upon the recommendation of the Council.

Section 158. Functions and Duties – The Council shall perform the following:

- a. Formulate policies and strategies for the prevention and control of HIV/AIDS and STI, like conduct of public awareness and education;
- b. Prepare/develop HIV/AIDS prevention and control program and monitor its implementation;
- c. Identify and prepare remedies to problems in program implementation coordination and enhance local multi-sector response to HIV/AIDS concerns;
- d. Propose related ordinances resolutions for approval of the sanggunian;
- e. Recommend to the Office of the Municipal Mayor the closure of any establishment data collection, research and treatment modalities concerning HIV/AIDS.

Section 159. Meeting – The Council shall meet at least once every quarter or as often as may be necessary by serving the notice to all members at least five working days before the meeting.

Section 160. Quorum – The presence of at least half of the number of council members plus one (1) shall constitute a quorum for purposes of doing business.

Section 161. Secretariat of the Council – The Secretariat of the Council shall perform the following duties and functions:

- a. Prepare the agenda of the meetings of the Council and record the minutes of the same;
- b. Shall keep all the records of the Council;
- c. Collate reports from member agencies of the Council;
- d. Submit to the Chairman and copy furnish to the Vice-Chairman of the Council and Annual Accomplishment Report of the Council; and
- e. Send communication letters relative to the schedule of meetings of the Council.

Section 162. Nature and Scope – STI, HIV and AIDS education and information shall consist of knowledge, skills and attitude competencies targeted for the following groups:

- a) Students and teachers in the primary, secondary, tertiary and vocational schools;
- b) Health workers and their clients in the government and private sector;
- c) Operators and/or managers of entertainment establishments and entertainers;
- d) Employers and employees in the government and private offices;
- e) Tourists and transients;
- f) Communities;
- g) Key Population; and
- h) Other population groups with relatively higher risk of acquiring or transmitting STI, HIV and AIDS;

Section 163. Training of Peer Educators - All persons who will conduct an education information activity on STI, HIV and AIDS shall be required to undergo seminar or training accredited by the DOH, The DOH

shall certify the competency of persons or organization conducting STI, HIV and AIDS education with concurrence of the council.

Section 164. Education in Schools and Communities – The Council shall encourage DEPED to integrate in subjects taught in public and private schools at elementary, secondary, and tertiary levels, STI, HIV and AIDS education specifically on the causes, modes of transmission and ways of preventing STI, HIV and AIDS. It shall also be integrated into the non-formal education program and in the indigenous learning systems; Family Development Sessions conducted in the communities shall also include topics such as STI, HIV and AIDS.

Section 165. Education in Other Workplaces – In compliance with Department Order No. 102-10, Series of 2010 of the Department of Labor and Employment (DOLE) and Announcement No. 21 Series of 2010 of the Civil Service Commission. STI, HIV and AIDS education shall be integrated in the orientation, training, continuing education and other human resource development programs of employees and employers in the government and private offices. Employers shall develop, implement and evaluate a workplace STI, HIV and AIDS education and information program for all their workers.

Section 166. Education in the Communities – Local government units through their health, social welfare and population offices shall undertake an STI, HIV and AIDS education and information programs in their communities in coordination with non-government organizations and civil society group.

Section 167. Information for Tourists and Transients – Informational materials for STI, HIV and AIDS shall be adequately provided at all ports of entry or exit.

Section 168. Information Dissemination as Health Service – STI, HIV and AIDS education shall form part of the services of health workers in both the government and private sectors. The information dissemination on STI, HIV and AIDS shall be discussions on HIV-related ethical issues such as confidentiality, informed consent and the duty to provide treatment.

Section 169. Declaration of AIDS Awareness Month – The month of December, being the World AIDS Prevention Month, is hereby declared as AIDS Awareness Month in the Municipality of Tigbauan, Iloilo. The Council shall spearhead the advocacy programs during the said month and ensure that appropriate funds for these events shall be appropriated, allocated or sourced out.

Section 170. Purpose – A Social Hygiene clinic in every Municipal Health Office is encouraged by the Council to be established. This shall be in the frontline of STI, HIV and AIDS prevention and control. It shall be strengthened by the Municipal Government through the provision of adequate technical and logistical support, facilities and funding.

Section 171. Precautions Against HIV Transmission - The principles and guidelines to protect any person from HIV transmission and precautionary measures on the donation of blood, tissue or organ; during surgical, dental, embalming, tattooing or similar procedures; and on the handling and disposition of cadavers, body fluids or wastes of persons known or believed to be HIV-positive, as mandated in Article II of Republic Act 8504 shall be strictly observed.

Section 172. Voluntary HIV Testing – No compulsory HIV, testing shall be allowed. However, voluntary testing for individuals with high risk for contracting HIV shall be encouraged.

Section 173. Prohibitions on Compulsory HIV Testing – Compulsory HIV testing as a precondition to employment, admission to educational institutions, the exercise of freedom of abode, entry or continued stay in the country, or the right to travel, the provision of medical service or any other kind of service, or the continued enjoyment of said undertakings shall be deemed unlawful.

Section 174. Exceptions – Conditions for voluntary HIV testing and exceptions to compulsory HIV testing, as provided in Article III of Republic Act No. 8504; shall be strictly observed.

Section 175. Anonymous HIV Testing – The Social Hygiene Clinics and HIV testing centers shall guarantee anonymity and medical confidentiality in the conduct of the HIV test. The use of an assumed name or code name instead of the real name, and written informed consent using said assumed or code name is allowed.

Section 176. Pre-test and Post-test Counseling – The HIV testing center shall be required to provide free pre-test and post-test counseling for persons who avail of their HIV testing services.

Section 177. Access to Services – Persons with STI, HIV and AIDS shall have access to basic health and support services through the community and hospital-based programs without prejudice to optimum medical care which may be provided by special AIDS wards and hospitals.

Section 178. Ethics of Care – Health workers providing health services, examinations and education to clients shall adhere to the basic principles of ethics of care. They shall also be sensitive to gender and sexual orientation in their treatment of patients, informing them of their rights, including the right to file charges for abuse committed against them.

Section 179. Livelihood Programs and Trainings – DOLE and TESDA are encouraged to conduct livelihood, skills enhancement and cooperative programs and it shall be made available to all persons with HIV/AIDS.

Section 180. Control of Sexually Transmitted Infections – The Council shall pursue the prevention and control of STIs to help contain the spread of HIV Infection.

Section 181. Monitoring and Reporting – The Council in coordination with the Department of Health, shall develop a comprehensive STI, HIV, and AIDS monitoring program and reporting procedures on the prevalence of such disease in the Municipality.

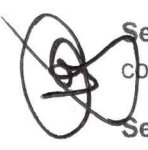
Section 182. Documentation – STI, HIV and AIDS contact tracing activities shall be initiated by the Rural Health Unit in coordination with the Council. All other related activities shall be monitored and reported by the Council. Any information gathered shall remain confidential and shall not be used in any way to become the basis or qualification for employment, school admission, freedom of abode or travel.

Section 183. Handling of Medical Information – Any person in custody of medical record or test results shall strictly observe confidentiality in handling of all medical information, particularly the identity and status of persons with HIV. Exceptions to the mandate of confidentiality and to the regulations on the release of HIV/AIDS test results shall strictly adhere to the provisions of Article VI of Republic Act No. 8504.

Section 184. Disclosure to Spouse or Sexual Partner – Any person with HIV is obliged to disclose his/her status and health condition to his/her spouse or sexual partner at the earliest opportune time.

Section 185. Discriminatory Acts and Policies – The following are considered discriminatory against a person on the basis of actual, perceived or suspected HIV/AIDS status and are considered unlawful:

- a. Denial of hiring promotion, assignment or benefits from employment; and termination of work;
- b. Refusal of admission, participation in school activities, benefits and services to a student; segregation or expulsion;
- c. Abridgment of freedom of abode, lodging and travel, quarantine, isolation, or refusal of lawful entry into the Municipality;
- d. Disqualification from an elective or appointive office;
- e. Exclusion from credit and insurance services including health, accident and life insurance;
- f. Refusal of health care services or be charged with a higher fee; and
- g. Denial of decent burial services.

 **Section 186. Education in Entertainment Establishments** (Sec. 13) Violation of Prohibition on compulsory HIV Testing (Sec. 26) Ethics of Care (Sec 31) and Handling of Medical Information (Sec. 36).

Section 187. Any Discriminatory act or policy against a person on the basis of actual perceived or suspected HIV/AIDS status as cited on Article XII.

 **Section 188. Budgetary Requirement** – Funds necessary for the operation of the council and implementation of this Ordinance shall be provided by the Municipal Health Office under GAD Programs. Thereafter, such sums as may be necessary for the continued implementation of this Ordinance shall be appropriated accordingly under the Annual Executive Budget.

Section 189. Penalties

A. Any person, or groups of persons or establishment found guilty of committing any of the punishable acts enumerated in Chapter 28 shall be meted with the following penalties:

- On the first offense, a fine of One Thousand Pesos (P1,000.00) and/or an imprisonment of one (1) month, at the discretion of the court;
 - On the second offense, a fine of One Thousand Five Hundred Pesos (P1,500.00) and/or an imprisonment not exceeding three (3) months, at the discretion of the court; and
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- On the third offense, a fine of Two Thousand Five Hundred Pesos (P2,500.00) and/or an imprisonment of six (6) months and/or suspension or revocation of business permit and license to operate at the discretion of the court.
- B. For a group of persons or establishment, the penalties shall be imposed on the president or manager in case of a company, corporation or association; the owner, proprietor or office or building. All fines collected shall be used to finance STI, HIV and AIDS programs, projects and campaign of the municipality.

CHAPTER XXIX
ANNUAL GENERAL PHYSICAL EXAMINATION

Section 190. All officials and employees of the Municipality of Tigbauan, Iloilo whether permanent or co-terminous shall undergo an annual physical examination.

Section 191. The annual general physical examination may include Complete Blood Chemistry, CBC, Urinalysis, Fecalalysis, ECG and Chest X-Ray.

Section 192. The annual general physical examination shall be done at RHU and accredited laboratories.

Section 193. The Human Resource Management and Development Office shall schedule the annual general physical examination during the first quarter of every year.

Section 194. The records of such general physical examination shall from part of the personnel records for purposes of future evaluation, and shall be kept and maintained by the Human Resource Management and Development Office of the Municipality of Tigbauan.

Section 195. Appropriations necessary for supplies for the annual general physical examinations shall be included in the Annual Executive Budget of the Municipality of Tigbauan.

CHAPTER XXX
BLOOD TYPING REGISTRY PROGRAM (Mun. Ord. No. 2013-002)

Section 196. REGULATORY

- 1. Role of Public Health Workers.** Personnel of the Municipal Health Office, Local Health Board, Population Program Officer in Tigbauan, are enjoined to actively support for the complete blood typing registry program of the municipality.
- 2. Role of the Barangays.**
 - a. All 52 barangays of the Municipality of Tigbauan through their respective Barangay Councils particularly the Committee Chairperson on Health and the Barangay Health Workers (BHW) are likewise enjoined to provide support for this program, particularly during the conduct of community education and mass blood typing activities.
 - b. It shall be the responsibility of the Barangay officials to facilitate the physical set-up in the conduct of blood typing activities which will be led by the Barangay Council Committee on Health and BHWs in close coordination with the **LOCAL BLOOD TYPING REGISTRY COUNCIL** as provided for in Section 10 hereof. The Barangay shall also make the updating of the Blood Typing Registry *by including this as one of the agenda of their regular session every 3 months.*
- 3. Methods** – the direct type of blood typing shall be utilized using the following steps:
 - a. Blood is drawn from a capillary at the tip of the index finger.
 - b. The puncture site is cleaned with a germ-killing product.
 - c. A sharp needle or lancet is pricked into the index finger.
 - d. Two (2) separate drops of blood are collected in the glass slide.
 - e. Then the blood sample is mixed using a toothpick with antibodies against Type A and Type B blood to see whether or not the blood cells are stick together (agglutinate).

Result: The blood cells stick together when mixed with,

a. Anti serum A	= Type A
b. Anti serum B	= Type B
c. Both Anti-A and Anti-B	= Type AB
d. If blood cells do not stick together with Anti-A and Anti-B	= Type O

4. **Materials for Blood Typing**
- a. Glass slides
 - b. Lancets
 - c. Anti sera A
 - d. Anti sera B
 - e. Toothpicks
 - f. Germ-killing product (*alcohol, lysol, etc.*)
 - g. Cotton
 - h. Disposable gloves
 - i. Disposable masks
4. **Coordination With Civil, Non-Government Organizations, Schools, Private and Government Institutions, Associations And Groups.** For purposes of a comprehensive blood typing registry, coordination and linkages shall likewise be established with the various civic, non-government organizations, schools, private and government institutions, associations and groups in the municipality. The blood typing should be one of the requirements for enrolment in schools and also be required to pregnant mothers undergoing pre-natal check up in the birthing clinics all over the municipality.
5. **Local Blood Typing Registry Council.** A Local Blood Typing Registry Council shall hereinafter be established in the Municipality of Tigbauan, through an Executive Order to be issued by the Municipal Mayor, following the policies and guidelines issued by the Department of Health.

The Council is composed of the following:

Chairperson	-	Municipal Mayor
Vice Chairperson	-	S.B. Com. on Health & Sanitation
Members	-	Municipal Health Officer
	-	Blood Program Coordinator (RHU)
	-	Red Cross Coordinator to LGU (RHU)
	-	Medical Technologist
	-	52 Barangay Chairperson, Committee on Health
	-	52 BHWs
	-	DepEd representatives (one per school)
	-	Private Practitioners

7. **Role of Local Blood Typing Registry Council:**
- a. To lead in the completion of Registry Program
 - b. To update the Registry Program *every quarter of the year*
 - c. To ensure viability of the said program
8. **Barangay Blood Typing Registry Council.** There shall be a Barangay Blood Typing Registry Council in every Barangay composed of the Punong Barangay, Kagawad Committee on Health & Sanitation and the BHWs.
9. **Meetings of Local Blood Typing Registry Council.** The Local Blood Registry Council shall meet every 3 months to update the program and this will be done together with the Local Health Board meeting.
10. **Handling of Registry.** The registry is considered a vital document and its custody and care shall be the responsibility of the Local Health Board Chairman, the Municipal Health Officer, the Municipal Social Welfare and Development Officer and the Sangguniang Bayan Chairman of Committee on Health who should work closely to handle the Blood Registry Program.
11. **Blood Type Card.** It shall be the sole responsibility of the Medical Technologist of the municipality to issue the necessary Blood Type Card duly signed by the Pathologist of the Department of Health and noted by the Chairman of the Local Health Board.
12. **Funding.** An initial amount of Php300,000.00 shall be appropriated in the general fund to ensure the viability and continuity of the various activities related to the program chargeable against the Gender and Development (GAD) fund. Furthermore, each Barangay shall appropriate a certain amount in their respective budget as deemed needed which will serve as their counterpart in the blood registry program, also to be included as part of their GAD programs, projects and activities. The blood typing registry can also be charged in the calamity fund.

CHAPTER XXXI

ANTI-SMOKING (Mun. Ord. No. 2017-003)

Section 197. Prohibited Acts. — The following acts are declared unlawful and prohibited by this Ordinance:

- a. Smoking or vaping in enclosed or partially enclosed public places, workplaces, public conveyances (whether mobile or stationary), or other public places, such as those enumerated under Section 4

- (m), except in Designated Smoking Areas duly approved and fully compliant with the requirements under Section 4 (e);
- b. For persons-in-charge to allow, abet or tolerate smoking or vaping in places enumerated in the preceding paragraph, outside of approved Designated Smoking Area under Section 4 (e);
- c. Selling or distributing tobacco products and/or ENDS to minors;
- d. Purchasing tobacco products and/or ENDS from minors;
- e. Ordering, instructing or compelling a minor to use, light up, buy, sell, distribute, deliver, advertise or promote tobacco products and/or ENDS;
- f. Selling or distributing tobacco products and/or ENDS in a school, public playground or other facility frequented by minors, offices of the Department of Health (DOH) and attached agencies, hospitals and health facilities, or within 100 meters from any point in the perimeter of these places;

Establishments/stores in possession of tobacco products or ENDS within 100 meters from any point in the perimeter of the premises above-mentioned shall be *prima facie* evidence that an offense or a violation of this provision is committed.

- a. Selling of tobacco products and/or ENDS within premises of a government facility;
- b. Selling tobacco products and/or ENDS without a municipal permit to sell tobacco products or ENDS;
- c. Selling of tobacco products and/or ENDS as individual pieces or per stick, or in tobacco product packs containing less than 20 sticks/pieces;
- d. Selling tobacco products and/or ENDS removed from its original product packaging or without the proper government-regulated and approved health warning;
- e. Selling tobacco products and/or ENDS by ambulant or street vendors, including other mobile or temporary stalls, kiosks, stations or units;
- f. Selling or distributing of sweets, snacks, toys or any other objects in the form of tobacco products which may appeal to minors;
- g. Placing cinema or outdoor advertisements of tobacco products and/or ENDS;
- h. Placing, posting, displaying or distributing advertisement and promotional materials of tobacco products or ENDS, such as but not limited to leaflets, posters, display structures and other materials within an establishment when such establishment or its location is prohibited from selling tobacco products and/or ENDS, as in Section 5 (f) and (g) above;
- i. Placing, posting, displaying or distributing advertisement and promotional materials of tobacco products or ENDS, such as but not limited to leaflets, posters, display structures and other materials that show a tobacco/ENDS brand's name (including company name), logo or indicia, such as in a point-of-sale establishment, where minors are allowed entry;
- j. Conducting promotional activities, campaigns, events, product sampling and the like, where the establishment or its location is prohibited from selling or unauthorized to sell tobacco products and/or ENDS and/or where minors are allowed entry;
- k. Displaying and placing tobacco products and/or ENDS in open store shelves/racks, except in enclosed, opaque and single-colored storages/containments;
- l. Facilitation, participation or partnership engaged by any government officials or personnel, regardless of employment status (permanent, casual, contractual, job order, consultant or special appointment) in any form of contribution, sponsorship or corporate social responsibility (CSR) activity, event, program or project by a tobacco company, tobacco industry front groups, or any representation working to protect tobacco industry interests, executed for or within the territorial jurisdiction of the Municipality of Tigbauan, with the aim, effect or likely effect of promoting a tobacco product and/or ENDS, its use either directly or indirectly.

Section 198. Duties and Obligations of Persons-in-Charge. — Persons-in-charge shall:

- a. Prominently post and display “No Smoking” signages, which may include a “No Vaping” symbol illustrated separately or combined, in the locations most visible to the public in the areas where smoking and vaping is prohibited. At the very least, the “No Smoking” and “No Vaping” signage must be posted at the entrance to the area, which shall be at least 8 x 11 inches in size and the international “No Smoking” symbol, shall occupy no less than 60% of the signage. The remaining lower 40% of the signage shall show the following information:

ex:



and/or

or as a
combined symbol



STRICTLY NO SMOKING/VAPING

As per ORDINANCE NO. _____
Violators can be fined up to _____
Report violations to _____
[Hotline number optional]

As for the Designated Smoking Area, after complying with the specifications in Section 4 (e), prominently display the following elements in the signage:

“DESIGNATED SMOKING AREA” or “SMOKING AREA”
“Minors not allowed within these premises”
(place Graphic/Picture-Based Health Warning on
the effects of tobacco use within the signage)
(If available, place number of Smoking Cessation Hotline)

- b. Prominently post and display “No Smoking” and “No Vaping” signage in the most conspicuous location within the public conveyance. At the very least, the three and a half (3.5) square inch “No Smoking” and “No Vaping” signage shall be placed in the windshield and a ten (10) square inch “No Smoking” and “No Vaping” sign at the driver’s back seat;
- c. Remove from the places where smoking is prohibited all ashtrays and any other receptacles for disposing of cigarette refuse;
- d. For persons-in-charge of government premises intending to establish a Designated Smoking Areas (DSA): secure a certification/permit from the duly authorized officer or representative of the Civil Service Commission; while for persons-in-charge of commercial establishments/buildings or other non-government facilities intending to establish a DSA: to secure a certification/permit from the Building/Engineering and health Officers, after complying with the requirements for a DSA, as stated in Section 4 (e);
- e. For persons-in-charge of schools, public playgrounds or other facilities frequented by minors, offices of the DOH and attached agencies, hospitals and health facilities, post the following statement in a clear and conspicuous manner:

**SELLING, DISTRIBUTION, ADVERTISING AND PROMOTION OF
CIGARETTES/E-CIGARETTES
OR OTHER TOBACCO PRODUCTS
NOT ALLOWED WITHIN 100 METERS FROM ANY POINT
IN THE PERIMETER OF
[Name of SCHOOL/PLAYGROUND/HEALTH FACILITY/ETC.]**

- f. For persons-in-charge of schools, public playgrounds or other facilities frequented by minors, offices of the DOH and attached agencies, hospitals and health facilities, report to the Smoke Free Task Force tobacco product/ENDS selling, advertising and/or promotion located within 100 meters from its perimeter;
- g. For persons-in-charge of establishments intending to sell tobacco products and/or ENDS, secure a permit to retail/wholesale from the Business Permits and Licensing Office;
- h. For persons-in-charge of approved point-of-sale establishments: post the following notice, together with a graphic/picture-based health warning on the health consequences of tobacco use, as prescribed by the Municipal Health Office, in a clear and conspicuous manner:

**SALE/DISTRIBUTION OF TOBACCO PRODUCTS
AND E-CIGARETTES TO MINORS IS UNLAWFUL**

- i. For persons-in-charge of point-of-sale establishments, remove all forms of tobacco or ENDS advertisement/promotions paraphernalia deemed prohibited by this Ordinance;
- j. For persons-in-charge of point-of-sale establishments, secure approval from the Municipal Health Office for storages or containments of tobacco products and/or ENDS. Only a listing of available tobacco and/or ENDS brands/variants sold at the point-of-sale establishment are allowed to appear outside of the storage or containment, where such listing shall only be written/printed in any plain font, and devoid of any recognizable product or brand typefaces, logo, indicia or markings. Such list shall not occupy more than (25%) of the exposed side of the storage or containment;
- k. For persons-in-charge of point-of-sale establishments, ensure that storages or containments of tobacco products and/or ENDS are only opened by a store personnel/manager at the counter during actual purchase by an adult customer, or when being replenished, cleaned or inspected;
- l. Establish internal procedure and measures through which this Ordinance shall be implemented and enforced within the area of which he or she is in charge. This includes compliance to the sales, distribution, advertising and promotions restrictions, i.e. warning smoking/vaping violators in

- banned areas and requesting them to stop smoking/vaping , and if they refuse to comply, asking them to leave the premises, and if they still refuse to comply, reporting the incident to the Municipal Health Office, the nearest peace officer, or to any member of the Smoke Free Task Force through its hotline or by other means;
- m. Ensure that all the employees in the establishment are aware of this Ordinance and the procedures and measures for implementing and enforcing it.
 - n. Allow inspectors acting under *Sections 14 and 15* hereof, which may include other members of the Task Force and the designated civil society organization under *Section 16*, entry into the establishment or public conveyance during regular business hours for the purpose of inspecting its compliance with this Ordinance.
 - o. For all signage required to be posted under (a), (b), (e), and (h) above, provide for versions of them in the local dialect or in English.

Section 199. Persons Liable. — The following persons shall be liable under this Ordinance:

- a. Any person or entity who commits any of the prohibited acts stated in *Section 5* hereof;
- b. Persons-in-charge who knowingly allow, abet, or tolerate the prohibited acts enumerated in *Section 5*, or who otherwise fails to fulfill the duties and obligations enumerated in *Section 6* hereof;
- c. If the violator is a minor, the enforcer of this Ordinance shall report the incident to the school principal/dean exercising jurisdiction over the minor-offender where he shall be required to comply with disciplinary measures under the school where he/she is enrolled, and/or Municipal Social Welfare and Development Office for the appropriate action or intervention, pursuant to Republic Act 9344. Should the school have no policy for offenses committed by their pupils outside school premises or if the minor is an out-of-school youth, the enforcer shall ensure that the minor is referred to the Municipal Social Welfare and Development Office, which may likewise involve the parents or guardians and/or Barangay Official where the minor is a resident.

Section 200. Legal Action and Applicable Fines and Penalties. — Unless otherwise provided in any chapter or section in this Ordinance, any person who fails to comply with any of the rules and regulations promulgated under this Ordinance shall be guilty of misdemeanor and upon conviction shall pay a fine of not less than P1,000.00 but not more than P2,500.00 or an imprisonment of not less than ten (10) days but not more than thirty (30) days or both fine and imprisonment at the discretion of the court.

Provided, that the Municipal Mayor or, in his/her absence, the Municipal Health Officer, upon the recommendation of the Municipal Smoke free Taskforce, shall issue a cease and desist order on any establishment or person whose violation has become a public nuisance or serious threat to public health that necessitates abatement.

A. Administrative Fines. — Upon apprehension of the violator of this Ordinance, an administrative regulatory fine shall be imposed as follows:

a. Violations of Section 5 (a), (b) and Section 6:

- i. First Offense - PhP 500.00
- ii. Second Offense - PhP 1,000.00
- iii. Third and Succeeding Offense - PhP 2,500.00

b. Violations of Section 5 (c) to (q): Sales/Access Restriction and Advertising and Promotions Ban

- i. First Offense - PhP 1,000.00
- ii. Second Offense - PhP 1,500.00
- iii. Third and Succeeding Offense - PhP 2,500.00

c. Violation of Section 5 (r). Sponsorship/Contribution/Partnership with the Tobacco Industry Involving Government Officials/Personnel

Apply Rules and Sanctions as prescribed by RA 3019, RA 6713, Revised Penal Code (1932), and/or the CSC-DOH Joint Memorandum Circular 2010-01.

d. Revocation or Suspension of License/Permit. The license/permit to sell (tobacco products/ENDS) or to operate of any establishment or of any public conveyance covered by this Ordinance shall also be suspended for at least one (1) week but not more than one (1) month, or revoked should the same fail to perform the necessary action within fifteen (15) days upon receipt of violation notice or fail to pay within seven (7) working days the corresponding penalty as stated in the Citation Ticket for the violation committed. Should the license/permit found to be in violation of this ordinance, fall outside of the jurisdiction of the respective Local

Government Unit (LGU), the recommendation for revocation or suspension of license/permit shall be forwarded to the appropriate LGU, agency or governing body. The suspension or revocation of the license/permit of the erring establishment or public conveyance shall only be lifted once all the requirements set forth upon re-inspection and evaluation of the Municipal Health Office, Building/Engineering Office, Business Permits and Licensing Office and/or the appropriate agency or governing body has been fully complied with. Any Task Force member may recommend the revocation or suspension of license or permit of an erring establishment to the appropriate office.

- e. **Community Service.** If a violator is unable to pay the fines imposed, he or she may choose to render community service within the municipality. For every hour of community service rendered, his/her outstanding fine shall be reduced by two hundred pesos (P200.00).
- f. **Confiscation or Removal.** Tobacco products, ENDS and their advertising/promotions paraphernalia associated with any violation of the prohibited acts in this ordinance shall be subject to confiscation and/or removal.
- g. **No Contest Provision.** Persons liable who have been apprehended or cited for violation of any of the prohibited acts of this Ordinance, except for Section 5 (r), and who do not wish to contest the violation, and is willing to pay voluntarily the administrative penalty imposed upon him/her for the first and second offenses enumerated in Section 8 a. and b. prior to the filing of formal charges with the proper court shall be allowed to pay the penalty with the Municipal Treasurer's Office, within five (5) regular business days from apprehension, to avoid being criminally prosecuted. Otherwise, the case shall be prosecuted in court. The "No Contest Provision" can no longer be availed for third and subsequent offenses. The proceeds from payment of the herein penalties imposed shall be subject to the provision on Funding in Section 20 of this Ordinance.
- h. **Subsidiary Imprisonment Provision.** Subsidiary imprisonment may be imposed by the court in the event that the offender, who is found guilty of violating the provisions of this Ordinance, is unable to pay the fine which he is sentenced to pay.

Section 201. Citation Ticket System. — Violators of this Ordinance shall be informed of their violation and the penalty associated with it by means of a Citation Ticket System with the following guidelines:

- a. Official booklets of Citation Tickets shall be issued by the Municipal Treasurer to duly authorized enforcers within ninety (90) calendar days of the affectivity of this Ordinance.
- b. A Citation Ticket shall be issued to the person/s liable for any violation of this Ordinance upon finding of the violation by duly authorized enforcers.
- c. A Citation Ticket shall contain the following information:
 - 1) checklist of the violations under this Ordinance;
 - 2) the fines associated with each violation;
 - 3) option to render community service in case violator is unable to pay fine;
 - 4) due date for compliance with the obligations imposed by the ticket;
- d. When a Citation Ticket is issued to a violator, the violator shall report to the Municipal Treasurer's Office or its duly authorized collecting agent, within three (3) regular business days after such issuance, where he or she shall either pay the fine imposed or render community service under Section 8 (e) hereof.
- e. The Municipal Treasurer's Office shall keep a duplicate of all Citation Tickets issued to violators as well as all other records of violations of this Ordinance.

Section 202. Smoking Cessation Program. — The Municipal Health Officer, with the assistance of the Health Education and Promotion Officer, or other members of the Smoke Free Task Force, which includes the CSO representative designated under Section 16 hereof, shall develop, promote and implement a Smoking Cessation Program and encourage the participation therein of public and private facilities which may be able to provide for its requirements. Smokers who are willing to quit and/or those found violating this Ordinance may be referred to the Smoking Cessation Program and its facilities. All apprehended smokers shall be obliged to receive a brief advice for smoking cessation.

Section 203. Smoke-free Task Force. — A Task Force shall be created to aid in the implementation, enforcement and monitoring of this Ordinance, and to protect the same from tobacco industry interference at all times, as well as to conduct educational awareness campaigns, information dissemination programs, and capacity building programs, that will inform the constituents and train enforcement officers.

The Task Force chaired by the Municipal Mayor or his/her Authorized Representative shall have the following as members and may designate a Vice Chairman to serve as overall coordinator:

- a. Municipal Health Officer;
- b. Municipal Health Education and Promotion Officer/or equivalent designate;
- c. Municipal Building/Engineering Officer;

- d. Municipal Information Officer;
- e. Business Permits and Licensing Officer;
- f. Representative/s of one or more civil society organizations (CSO) designated by the Health Officer, under *Section 16* hereof;
- g. Chief of Police, PNP Municipal Police Office;
- h. Municipal Treasurer;
- i. Environment and Natural Resources Officer (ENRO) from the LGU or from DENR;
- j. Representative/s from DepEd, CHED and/or academic institution;
- k. Local President of the Liga ng mga Barangay ng Pilipinas;
- l. Public Order and Safety Officer;
- m. Municipal Social Welfare and Development Officer;
- n. Human Resources Management Officer;
- o. Municipal Administrator;
- p. Coordinator of the Task Force Unit or Office (*if other than the above officers*);
- q. Other member/s identified by the Chairman or Vice-Chairman (whose specific function in the LGU and role may serve to effectively implement this Ordinance.)

The Task Force shall not include as its member any person or entity upholding or accommodating tobacco industry interests or is connected in any way to the tobacco industry in order to protect the primary health objectives of this Ordinance from any and all interests prejudicial to tobacco control policies and to preserve its integrity. No member of the Task Force shall also receive for himself or for other individuals, beneficiaries or groups, any contribution or compensation, directly or indirectly, whether financial or otherwise, from the tobacco industry. Non-compliance of this provision, governing the Task Force, shall serve as grounds for the removal of the erring Task Force member/s. If the erring Task Force member is likewise a public official or government personnel, he/she shall also be subject to sanctions prescribed under the CSC-DOH Joint Memorandum Circular 2010-001.

Section 204. Duties and Responsibilities of the Task Force. - Other than (1) receiving, reviewing and processing reports and complaints, serving of citations and notices, and filing of appropriate charges for violations under this Ordinance, (2) attending regular Task Force meetings, and (3) deputizing enforcers and enforcing the other provisions of this Ordinance, the Task Force, headed by the Municipal Mayor, shall have the following respective duties and responsibilities:

- a. The Municipal Health Officer shall:
 - 1. Make tobacco control, including the implementation of this Ordinance, a part of the health program and propose funding under the general budget of the LGU;
 - 2. Establish baseline (preferably) annual data on tobacco use prevalence and other related studies, and recommend further action on the findings of such data;
 - 3. Monitor, together with the Sanitary Inspector, Enforcers and/or Task Force members, the compliance of this Ordinance in public places, establishments, conveyances, point-of-sale, and including the approval/disapproval of permits in Designated Smoking Areas (DSAs) as well as permits/licenses for tobacco/ENDs point-of-sale;
 - 4. Facilitate, together with the Sanitary Inspector, Enforcers and/or Task Force members, the serving of notices, imposition of fines, suspension, or revocation of permits/licenses for violations;
 - 5. Assign a hotline or any other number and email address to which violations of this Ordinance may be reported by email, phone call or SMS, or other means, and a person to operate the line and record reports, while another hotline may be assigned for accepting calls or messages for smoking Cessation counseling;
 - 6. Develop, promote and implement a smoking Cessation Program, stated in Section 10;
 - 7. Assist hospitals and other health facilities including any office of the DOH within the LGU, together with the Sanitary Inspector, Enforcers and/or Task Force members, the monitoring of tobacco/ENDs products' sales, advertisements and promotions within 100 meters from the perimeter of schools, public playgrounds, facilities frequented by minors and health facilities.
- b. The Health Education and Promotion Officer shall:
 - 1) Develop and produce information, education and communication materials and conduct activities on Tobacco Control, such as the harms of smoking and second-hand smoke, as well as on the provisions of this Ordinance;
 - 2) Encourage constituents to monitor and report violations of this Ordinance;
 - 3) Assist the Health Officer in developing, promoting and implementing a Smoking Cessation Program;
- c. The Municipal Building/Engineering Officer shall:
 - 1) Conduct, together with the Health Office or on its own, inspection activities as provided in this Ordinance;
 - 2) Determine whether or not enclosed/partially enclosed public places, workplaces, other public places, and point-of-sale establishments, comply with this Ordinance;
 - 3) Recommend the approval, suspension or revocation of licenses/permits for establishments/facilities in compliance with this Ordinance.

- d. The Information Officer shall:
- 1) Assist in disseminating information pertaining to all aspects of this Ordinance including the printing and distribution of copies of this Ordinance to the public;
 - 2) Make a primer summarizing the provisions of this Ordinance, and facilitate the development of related information materials and required signage;
 - 3) Publicize activities and reports related to implementation and enforcement.
- e. The Business Permits and Licenses Officer shall:
- 1) Order the suspension or revocation of licenses/permits of establishments found to have violated this Ordinance, subject to the provisions of Section 8 hereof;
 - 2) Deny renewal of licenses/permits of repeat violators of this Ordinance;
 - 3) Establish procedure for identifying, informing and marking establishments covered by the 100-meter ban on sale, distribution and advertising of tobacco products and ENDS.
- f. The CSO Representative/s shall:
- 1) Assist in inspections and in monitoring violations of this Ordinance;
 - 2) Assist in promoting awareness of this Ordinance and in encouraging public support and participation for its implementation and enforcement;
 - 3) Assist in promoting and, if capable, implementing a Smoking Cessation Program;
 - 4) Assist in developing and conducting orientation and training seminars for enforcers;
 - 5) Assist in evaluating the performance of the Task Force and the effectiveness of the implementation and enforcement of this Ordinance.
- g. The Chief of Police, PNP Municipal Police Office shall:
- 1) Direct the Local PNP in the orderly enforcement of this Ordinance;
 - 2) Ensure apprehension of violators in accordance with the provisions of this Ordinance and other rules and procedures of engagement;
 - 3) Assist Task Force members, LGU officials and deputized civilians in apprehending violators and in filing the appropriate complaints when necessary;
 - 4) Assist in promoting awareness of this Ordinance and in encouraging public support and participation in its implementing and enforcement;
 - 5) Employ the assistance of other members of the Task Force and other police enforcers, such as those from other LGUs, during enforcement when coordination is necessary;
 - 6) Refer minors caught in violation of this Ordinance to the Social Services and Development Office and/or to the school authorities where the minor is enrolled;
 - 7) Use the Citation Tickets during apprehensions and maintain a record or log of violations/apprehensions made within particular periods, for purposes of reporting.
- h. The Municipal Treasurer shall:
- 1) Facilitate the printing and reprinting of Citation Tickets;
 - 2) Issue booklets of the Citation Tickets to the LGU enforcers and other deputized enforcers, as appropriate;
 - 3) Collect/receive fines paid by violators and submit reports on its collection;
 - 4) Designate collection agents and guidelines for collections as necessary to assist in efficient collection of fines from the municipality;
 - 5) Facilitate the release and allocation of funds, and the remuneration of enforcers share in accordance with the provision for the sharing of proceeds, derived from the collection of fines, penalties, generated resources and appropriated budget.
- i. The Environment and National Resources Officer shall:
- 1) Assist in promoting awareness of this Ordinance as a component in the protection and conservation of the environment and in encouraging public support and participation in its implementation and enforcement;
 - 2) Assist in inspection and monitoring violations of the Ordinance on its own or with any other member of the Task Force;
 - 3) Conduct timely monitoring of air, water, soil quality and other studies pertinent to determining levels or exposure to tobacco smoke, ENDS vapor, residues, by-products and litter, among others;
 - 4) Provide expertise in the application and management of appropriate technologies to avert environmental/health risks, accidents and damage posed by tobacco smoke, ENDS vapor, residues, by-products, disposal and litter, among others.
- j. The Representative from DepEd, CHED and/or Academic institution shall:
- 1) Implement the Department/Commission Orders on the integration of tobacco control education into the school curricula;
 - 2) Ensure strict compliance of the Memos and Orders on the protection of the bureaucracy from Tobacco Industry interference as per FCTC Article 5.3;

- 3) Ensure strict compliance of schools in enforcing 100% smoke free campuses and school facilities including the schools' vehicles;
 - 4) Assist in the monitoring of tobacco/ENDS products' sales, advertisements and promotions within 100 meters from the perimeter of schools, public playgrounds and facilities frequented by minors;
 - 5) Ensure the posting in clear and conspicuous manner "No Smoking" signs, and notices for the sales ban of Tobacco Products within 100 meters from the perimeter of schools, public playgrounds, facilities frequented by minors and health facilities.
- k. The Local President of the Liga ng mga Barangay ng Pilipinas shall:
- 1) Assist in promoting awareness of this Ordinance in encouraging public support and participation in its implementation and enforcement;
 - 2) Coordinate with all Barangay Captains and the PNP, or other members of the Task Force, in monitoring violations of the Ordinance within their jurisdictions;
 - 3) Provide the necessary coordination among the Barangay health Workers, Kagawads and Tanods and other enforcers (i.e. Coast Guards) for the implementation of activities pertinent to the Ordinance;
 - 4) Assist in the facilitation of and referrals to the Smoking Cessation Program at the Barangay Level, if applicable.
- l. The Public Order and Safety Officer shall:
- 1) Assist in promoting awareness of this Ordinance in encouraging public support and participation in its implementation and enforcement;
 - 2) Monitor compliance in public places, establishments, conveyances, point-of-sale, Designated Smoking Areas (DSAs), together with other members of the Task Force;
 - 3) Coordinate with enforcers and/or Task Force members regarding the imposition of fines, suspension or revocation of licenses/permits for violations.
- m. The Municipal Social Welfare and Development Officer:
- 1) Assist in the enforcement of this Ordinance when minors are involved;
 - 2) Provide the necessary interventions for minors implicated in violations.
- n. The Human Resources and Management Officer or equivalent officer/LGU point-person for the Civil Service Commission:
- 1) Oversee the strict implementation of smoke free government facilities;
 - 2) Evaluate for approval the proper establishment of Designated Smoking Areas in government facilities where it may apply;
 - 3) Oversee the strict implementation of policy preventing Tobacco Industry Interference, pursuant to the CSC-DOH Joint Memorandum Circular 2010-01;
 - 4) Monitor, supervise and report on all concerns pertaining to Tobacco Industry activities, communications, and other related concerns;
 - 5) Assist in matters related to tobacco control policies as it applies to the performance of functions and duties affecting government officials/personnel.
- o. The Municipal Administrator:
- 1) Assist the Mayor in overseeing the implementation and enforcement of this Ordinance, in close coordination with other members of the Task Force;
 - 2) Provide regular updates to the Mayor as to the status of implementation and enforcement of the Ordinance.
- p. The Coordinator, in case of a separate Coordinating Unit or Office of the Task Force, under the authority of the Mayor:
- 1) Perform any of the functions assigned to it by the Mayor pertaining to the implementation, enforcement and promotion of this Ordinance;
 - 2) Coordinate with any/all members of the Municipal Task Force as necessary, facilitate trainings, assist in enforcement/promotion/monitoring/research and attend to any related function as required/instructed by the Mayor;
 - 3) Provide regular updates to the Mayor as to the status of implementation of Tobacco Control in the LGU and of the Ordinance.
- q. Other member/s identified by the Chairman of Vice-Chairman may be assigned the following:
- 1) Assist in the training of enforcers, communication development workshop and other capacity building activities;
 - 2) Assist in the enforcement, implementation, dissemination and promotional activities related to this Ordinance by providing manpower, technical or other support;
 - 3) Assist in the monitoring and evaluation of activities related to this Ordinance.

- d. All complaints to be considered by the Municipal Swine Raising Regulatory Committee shall be coursed through to the Office of the Chairman which is the Local Chief Executive.

CHAPTER XXIII
PHILHEALTH CAPITATION FUND

Section 131. The use and management of the Philhealth Capitation Fund [PCF] shall be governed by the following rules:

- a. The capitation amount shall be released on a quarterly basis by the Corporation under the following conditions:
- 1) Initial release shall subject to prior accreditation of the municipality-owned and managed Rural Health Units and the payment of premium contribution by the Municipality and
 - 2) Succeeding release of quarterly capitation shall be subject to the submission of required monitoring/evaluation reports, research and program development as provided for under the Implementing Guidelines of the Outpatient Consultation and Diagnostic Package and prior payment of premiums in case of quarterly mode of remittance.

Section 132. The disposition of the Philhealth Capitation Fund shall be governed by the following rules:

- a. The disbursement and liquidation of the PCF shall be in accordance with pertinent government accounting and auditing rules and regulations.
- b. A separate book of accounts shall be maintained by the local government unit and
- c. The capitation fund shall be used for the specified purposes stipulated in the Outpatient Consultation and Diagnostic Package Guidelines.

Section 133. The corporation may withhold the release of the subsequent quarterly PCF's due to any of the following:

- a. Delay or non-payment of premium contribution;
- b. Violation of government accounting and auditing rules and regulations on the disbursement and liquidation of the PCF; and
- c. Non-submission of the required reports under Section 88 and 89.

Section 134. Undertakings of the Municipality.

- a. Adoption of and/continued support to the National Health Insurance Program [NHIP] and its governing rules as set forth in R.A. No. 7875, as amended by R.A. No. 9241, and its revised Implementing Rules and Regulations. Such support shall include active advocacy for NHIP participation by private and non-government organizations within its territorial jurisdictions, mandating compliance to the NHIP rules by entities required to obtain LGU permits/ licenses, and setting up of revolving funds for medicines in owned or managed hospitals, as may be warranted under existing rules/ guidelines or similar future arrangements and/ or NHIP issuance;
- b. Grant of authority to the Municipal Mayor to enter into any favorable modification of this agreement; and
- c. Continuous allocation of funds as the LGU's counterpart subsidy for qualified beneficiaries within its jurisdiction as evidenced by a Certificate of Availability of Funds.

Section 135. Enforcing Agency. The Municipal Health Office and Municipal Treasurer's Office are hereby mandated to strictly enforce this ordinance

- a) Unless otherwise provided in any Chapter or Section in this Code, any person who shall violate, disobey, refuse, omit or neglect to comply with any of the provisions of this Code and the rules and regulations promulgated under this Code shall be guilty of misdemeanor and, upon conviction, shall be punished by imprisonment for a period not exceeding six (6) months or by a fine of not exceeding P2, 000.00 or both depending upon the discretion of the court.
- b) Any person who shall interfere with or hinder, or oppose any officer or agent of the Municipal Government in the performance of his duty as such under this Code, or shall tear down, mutilate, deface or alter any placard or notice, affixed in the premises in the enforcement of this Code, shall be guilty of a misdemeanor or shall be punished upon conviction by imprisonment for a period not exceeding six (6) months or by a fine of not exceeding one thousand (P1,000.00) pesos or both depending upon the discretion of the court.

CHAPTER XXIV
THE EXPANDED NEWBORN SCREENING

Section 136. Responsibility of Parents.

- A. A parent/pregnant mother must submit herself for pre-natal or regular check-up to their cluster Health Center at a scheduled time.
- B. Responsible parenthood seminars must be done regarding this Newborn Screening once in every quarter or in an availability of time in every Midwife assigned in a cluster Health Center.
- C. See notice of where-about of Midwife assigned in her cluster center (O.B. Official Business)
- D. Responsible for any counter parting from Municipality a PhilHealth Member.
- E. Parents have the **responsibility to be informed** about what newborn screening is, its purpose, and what conditions it detects.
- F. Health professionals are required to educate parents, but **parents must actively seek information** and ask questions to make an informed decision.
- G. Parents must **make sure their newborn is screened between 24 to 72 hours after birth**, ideally before discharge from the health facility.
- H. If the baby is born outside a hospital or birthing center, the parents must **bring the baby to the nearest health facility** for screening within the recommended time if newborn screening is not available in hospitals.
- I. Parents must **keep the newborn screening card or results** for their child's medical records.
- J. If results are **positive or need confirmation**, parents are responsible for **bringing the child for follow-up tests and treatment** at the designated facility.
- K. If a condition is detected, parents must **cooperate with healthcare providers** in ensuring their child receives proper medical management, medication, and dietary treatment as prescribed.
- L. Regular monitoring and compliance are essential for the child's health and development.

Section 137. Implementation.

The MHO shall be the lead agency in implementing this ordinance for purposes of achieving the objectives of this, the MHO shall:

- a. Establish the advisory committee on Newborn Screening,
- b. Develop the implementing Rules and regulations for the immediate implementation of a Newborn Screening Program.
- c. Coordinate with the Department of the Interior and Local Government (DILG) thru the Municipal Local Government Operations Officer [MLGOO] for implementation of the Newborn Screening Program.

Section 138. Database.

All Newborn Screening Center shall Coordinate with the National Institute for Health (NIH) Newborn Screening Reference Center shall maintain a national database of patients tested and a registry for each condition.

It shall submit reports annually to the Committee and to the DOH on the status of and relevant health information derived from the database. A plan for long-term outcome evaluation of newborn screening utilizing the cases registries shall be developed within one (1) year of passage of this ordinance by National Institute for Health Newborn Screening Reference Center in consultation with the Advisory Committee on Newborn Screening. Implementation of this plan shall become the responsibility of the Advisory Committee on Newborn Screening.

Section 139. Newborn Screening Fees and Charges.

The Philippine Health Insurance Corporation (PHIC) shall include the cost of Newborn Screening Fees in its benefits package. The newborn screening fee shall be applied to, among others, testing costs, education, sample transport, follow up and reasonable overhead expenses.

To ensure sustainability of the National System for Newborn Screening, the newborn screening fee shall be divided and set aside for the following purposes:

- 1. Formulating policies to improve Maternal Child Health (MCH)
- 2. Municipal Probation issued to regulate the practice of traditionally Based Attendants (TBAs) and to encourage facility based delivery.
- 3. Municipal Ordinance issued prescribing the rate of service charges rendered by the Municipal Health Office providing incentives to Women Health Team.

Newborn Screening Fee- The newborn screening fee shall depend upon the price of the newborn screening kit purchased by the LGU and a service fee of P50.00 for newborn screening.

- a. For Active PhilHealth Member - **FREE** (subject for refund by the Office of PhilHealth)
- b. If indigent (poorest of the poor) NHTS and 4P's members only and those qualified depending on the result of the case study issued by MSWDO.- **FREE**

CHAPTER XXV

BIRTHING FACILITY (Mun. Ord. No. 2014-001)

Section 140. Administrative Mechanism. The operation of the birthing facility shall be managed by the Midwives under the supervision of the Municipal Health Officer and Nurses. The facility shall operate on a Twenty-four (24) hour basis, of normal, uncomplicated, low-risk spontaneous deliveries.

Section 141. The services offered by the Municipal Birthing Facility are Pre-Natal Care, Post-Partum care, Neonatal care and Family Planning Services.

Section 142. Prohibition of Home Deliveries. Any traditional birth attendant is prohibited to perform home deliveries. He/she may only assist in bringing the pregnant mother to the birthing facility. This intends to safeguard the life of the mother and the newborn since obstetrical complications are neither predictable nor avoidable but can be treated if identified early and handled by skilled and licensed health personnel.

Section 143. To sustain the operation of the Birthing Facility, a service fee of One Thousand Five Hundred Thousand Pesos (P1,500.00) shall be imposed to augment its basic maintenance needs to be apportioned/distributed as follows:

- a. P500.00 shall go to General Fund;
- b. P500.00 to the Trust Fund;
- c. P500.00 will serve as honorarium of the health personnel rendering services after the regular office hours including weekends and holidays.

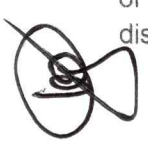
(Note: Free for Active PhilHealth members only)

For deliveries occurring during office hours (8:00a.m. to 5:00p.m.) the charge will only by P1,000.00 to be distributed as follows:

- a. P500.00 will go to General Fund
- b. P500.00 will go to the Trust Fund.

Section 144. The Service Fee payment shall be collected by the Municipal Treasurer's Office which in turn shall issue a receipt for every transaction made.

Section 145. Penalty. Any traditional birth attendant and/ or mother found to have violated any provision of this ordinance shall be penalized of not more than Two Thousand Five Hundred Pesos (P2,500.00). The distribution of this penalty will be distributed to the following:

- 
- a. 50% will go to the LGU General Fund
 - b. 50% will go to the Health Trust Fund

Chapter XXVI

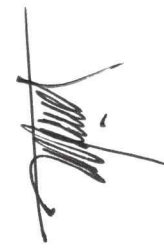
AFFILIATION AND TRAINING OF STUDENTS (Mun. Ord. No. 2010-006)



Section 146. Regulatory Clause

The Rural Health Committee on Affiliation and Training of Students (RHUCATS) shall be created. The Committee shall be composed of at least 5 PCF staffs that are directly involved in affiliation and training:

1. Functions:

- 
- a. Screen and approve affiliation applicant (school/universities/colleges) as per Administrative Order issued.
 - b. Supervise activities of students' affiliation and training activities at the RHU at all levels in accordance with the set standards by NCATS/RCATS.

- c. Formulate guidelines appropriate to their situation based on the set affiliation policies and procedures.
- d. Monitor and evaluate all affiliation program and activities at the RHU.
- e. Determine proration of affiliation fees both for the groups directly and indirectly involved in affiliation and training.
- f. Facilitate purchase of equipment, supplies, materials, journals and other needed paraphernalia for affiliation and training to prevent interruption of affiliation activities.
- g. Update and maintain a list of schools/universities/colleges affiliating in the RHU.
- h. Submit quarterly report to NCATS/RCATS of all affiliation activities taking place in the hospitals and statistics reflecting the number of students admitted per school and per course school remittances and affiliation disbursements.
- i. Conduct regular dialogue with the school/colleges/universities affiliating to facilitate discussion of problems

Section 147. Procedures in Applying for Affiliation with the Department of Health Hospitals and Other Health Facilities:

- a. The PCF shall make available copies of affiliation contracts to schools, colleges and universities.
- b. All contracts of affiliation shall be duly accomplished and signed by both parties (Municipal Health Officer/Local Chief Executive and President of the College/University).
- c. For newly established schools, colleges and universities with Medical, Nursing and Midwifery courses, their course curriculum should pass through the Partnership on Alternative Health Science Education (PAHSE) to the Secretary of Health or his duly authorized representative.
- d. All duly accomplished affiliation contracts for Primary Care Facility under the Department of Health shall be forwarded to the National Committee for evaluation, prior to recommendation for approval to the Secretary of Health or his duly authorized representative.
- e. For Rural Health Units in the region, all duly accomplished contracts shall be submitted to the Regional Committee (RGATS) for evaluation, prior to the recommendation by the Chairman for approval by the Regional Health Director or his duly authorized representative.
- f. Application for affiliation shall be filed two (2) months before the start of the actual affiliation.
- g. Affiliation Contracts shall be renewed yearly for the first two (2) years and every two (2) years subsequently.

Section 148. Standard Rates of Affiliation Fees:

- a. The following shall be the standard rate of fees to be collected by all agencies of the Department of Health from affiliating students from various disciplines:
 - Dentistry
 - Hospital Dietetics
 - Public Health Nutrition
 - Medical Technology
 - Medicine
 - Midwifery
 - Nursing
 - Occupational/Physical/ Respiratory Therapy P100.00 /student /month
 - Pharmacy P300.00 /student for 480 hours P100.00 /student for 160 hours
 - Psychology P 4.00 /student /hour (Baccalaureate Level) P 5.00/student/hour (Masteral Level) P 6.00 student /hour (Doctoral Level)
 - Radiologic Technology P 70.00 /student /month
 - Social Work P100.00 /student /month
 - Nurse/Health Aide P30.00 /student /month P400. 00

The affiliation fees shall be collected by the affiliation agencies.

- b. These fees shall be treated as trust receipts in the books of collecting agencies, deposited in an authorized government depository bank.

Section 149. Distribution of Affiliation Fees:

1. General Principles

- All staff members in the Primary Care Facility shall have a share of honoraria from the total collection of affiliation fees per batch provided that all leaves and absences shall be proportionately deducted from the amount due him.

Section 205. Enforcement on Individuals. - Members of the PNP and/or persons duly deputized by the Mayor/Task Force shall apprehend and issue Citation Tickets against persons found in violation or have failed to comply with any provision enumerated under *Sections 5 and 6* hereof. They shall forward copies of the tickets they issue violators to the Municipal Treasurer's Office regularly or at least once a week. If the violator is a minor (person below 18), he or she must be brought to the nearest Social Welfare and Development Officer for dispensation of appropriate action subject to RA 9344 (Juvenile Justice and Welfare Law) and/or to the school authorities at the school where the minor is enrolled.

Section 206. Enforcement on Public Conveyances - Members of the PNP and/or persons duly deputized by the Task Force shall inspect public conveyances during their regular hours of operation and shall issue Citation Tickets upon discovery of any violation of this Ordinance. They shall forward copies of the tickets they issue to violators to the Municipal Treasurer's Office regularly or at least once a week.

Section 207. Enforcement on Establishments - Ninety (90) calendar days after the effectivity of this Ordinance, an inspection team composed of representatives from the Municipal Health Office, Engineer's Office, Permits and License Office and other members of the Task Force, shall conduct inspections of establishments and buildings to determine their compliance with the provisions of this Ordinance.

Regular inspection shall thereafter be conducted at least once every month or simultaneously with other regular inspections done by the appropriate Municipal office or department, whichever is more frequent, during normal hours of operation of the establishment.

The inspection team shall issue a Citation Ticket against the establishment upon finding of non-compliance with or of any violation of this Ordinance. A Citation Ticket may be issued for each day that the establishment is found to be non-compliant.

Re-inspection of the establishment shall be done on any day after the issuance of the Citation Ticket, but in no case more than ten (10) calendar days after such issuance. If the establishment fails to comply with the obligations stated in the Citation Ticket upon re-inspection, the inspection team shall recommend the suspension of its license/permit, consistent with Section 8 (e) hereof.

In the course of inspection, the inspection team may apprehend individual violators and request the assistance of the PNP in doing so.

Section 208. Civilian Participation in Enforcement - Within thirty (30) calendar days from the effectivity of this Ordinance, the Municipal Health Office shall designate, with the approval of the Office of the Mayor, one or more civil society organizations (CSO) to discharge the duties and responsibilities enumerated in *Section 12 (g)* hereof.

The Task Force may deputize qualified civilians to serve as enforcers of this Ordinance. Any person can file with the Task Force a report or complaint, or present evidence for any violation of this Ordinance.

Section 209. Information Dissemination. - Within sixty (60) calendar days of the effectivity of this Ordinance, the Task Force shall:

- 
- a. In coordination with the Office of the Mayor:
 - 1) Provide at least two (2) copies of this Ordinance to every PNP station or precinct in the jurisdiction of the respective LGUs;
 - 2) Provide a primer on this Ordinance for every officer of the PNP/deputized enforcers; and
 - 3) Conduct lectures to brief officers of the PNP and other enforcers the provisions of this Ordinance and of their responsibilities with respect to its enforcement.
 - b. In coordination with the Permits and Licenses Office, provide a copy of this Ordinance and its primer to all existing establishments that are licensed to operate, as well as to those applying for new licenses or permits to operate, and/or permits to sell tobacco/ENDS products;
 - c. In coordination with the Information Office, provide a copy of this Ordinance and its primer to all public utility vehicle operators plying within and through the territorial jurisdiction of the Municipality of Tigbauan.

Section 210. Public Billboards, Notices in Barangays - Upon effectivity of this Ordinance, the Municipal Engineer's Office shall put up billboards in conspicuous places within the LGU to notify the public of the restrictions and sanctions imposed by the ordinance. The Information Office shall also immediately issue for dissemination at the Barangay level notices on obligations of persons under the ordinance.



Section 211. Conduct of Orientation Seminars and Trainings. - Within sixty (60) calendar days from the effectivity of this Ordinance and periodically thereafter, the Municipal Health Officer, with the assistance of the Health Education and Promotion Officer, and the CSO representative designated under *Section 16* hereof, with other members of the Task Force, shall develop and conduct a series of orientation seminars

and trainings for the enforcers of this Ordinance, at least one for each group, including but not limited to, deputized enforcers like barangay health workers, *barangay tanods*, and the local PNP.

Section 212. Funding. - An initial funding to defray the expenses necessary for or incidental to the implementation of this Ordinance in the amount of Three Hundred Thousand Pesos (P300,000.00) shall be sourced from the fund of the Municipality of Tigbauan and is hereby allocated. Every year thereafter, the amount of at least P300,000.00 shall automatically be included in the Annual Budget of the Municipality of Tigbauan and incorporated in the Peace and Order Programs of the municipality for the implementation and enforcement of this Ordinance.

The initial funding, annual budget appropriated for this purpose and funds generated from other sources, such as, but not limited to, the proceeds from administrative penalties, shall be placed in a Trust Fund, specifically intended to defray expenses and operationalize activities of this Ordinance and the municipality's Tobacco Control Program. The Task Force shall be empowered to determine how the Trust Fund is to be utilized in furtherance of this Ordinance, subject however to the usual government accounting and auditing procedures.

The above expenses include, but not limited to:

- a. Cost of printing copies of this Ordinance, the Citation Tickets, and information, education and communication materials pertaining to tobacco control;
- b. Cost of regular or periodic meetings of the Smoke Free Task Force;
- c. Cost of inspection and enforcement by the Smoke Free Task Force, including allowances for meals and transportation, the amounts of which shall be set by the Office of the Mayor;
- d. Remuneration for the apprehending enforcer's share of the proceeds from penalties paid;
- e. Incentive or reward for private citizens who report violations of this Ordinance;
- f. Institutional and operating expenses of the smoking cessation program and facility;
- g. Other expenses associated with the implementation and enforcement of this Ordinance.

Sharing of Proceeds from the Administrative Penalties. The amount of the corresponding penalty paid by a violator to the Municipal Treasurer shall be apportioned where the equivalent of ten per cent (10%) shall accrue to the apprehending officer or deputized enforcer as an incentive.

The remainder of the proceeds from penalties collected as payment by violators, after deducting the amounts that shall accrue to the apprehending officers or deputized enforcers shall form part of the abovementioned Trust Fund.

CHAPTER XXXII

RABIES CONTROL (Mun. Ord. No. 2009-003)

Section 213. Municipal Rabies Control and Consultative Committee (MRCCC): Organization and Authority

A functional Municipal Rabies Control and Consultative Committee shall be organized and established in the municipality to help the Provincial Rabies Control and Consultative Committee (PRCCC) achieve its purpose and shall possess the main authority of ensuring the proper, effective and sustainable implementation of this rabies control ordinance as well as other rabies control - related programs and activities in the municipal level, that may be deemed necessary.

The committee shall be composed of the following members, subject to additional membership as the need arises:

- a. Chairperson : Municipal Mayor
 - b. Vice Chairpersons : SB Committee on Agriculture, Chairman
SB Committee on Health, Chairman
 - c. Members : Municipal Agriculturist
Municipal Health Officer
Municipal Chief PNP Officer
School District Supervisor
Heads of Tertiary Educational Institutions
Heads of Secondary Educational Institutions
Municipal Local Government Operations Officer
President, Liga ng mga Barangay
- 

Municipal Planning and Development Officer
Two (2) Non-Government Organizations
Representatives
Municipal Veterinarian

1. Functions of MRCCC:

The MRCCC shall have the following functions:

- Conduct and supervise dog immunization activities and dog control measures;
- Ensure availability and adequate supply of animal anti – rabies vaccine at all times for the target areas;
- Impounding field control and disposition of stray, unwanted and unvaccinated dogs;
- Establish a central data base system for registered and vaccinated dogs;
- Strengthen information, education and communication on rabies prevention and control;
- Encourage the practice of responsible pet ownership;
- Provide supply of human post exposure treatment to animal bite victims and provisions of pre – exposure treatment to highrisk personnel;
- Encourage the strict enforcement of municipal ordinance relevant to rabies control.
- Establish and maintain a rabies free zone municipality.
- Train identified barangay dog vaccinator/catcher
- To issue license to own dog for prospective first timer dog owners after undergoing responsible dog ownership seminars and thorough evaluation.

Section 214. Barangay Rabies Control and Consultative Committee (BRCCC): Organization and Authority

A functional Barangay Rabies Control and Consultative Committee shall be organized and established in every barangay to help the Municipal Rabies Control and Consultative Committee (MRCCC) achieve its purpose and shall possess the main authority of ensuring the proper, effective and sustainable implementation of this rabies control ordinance as well as other rabies control-related programs and activities in the municipal level, that may be deemed necessary.

The committee shall be composed of the following members, subject to additional membership as the need arises:

- | | |
|-------------------|---|
| Chairperson | : Punong Barangay |
| Vice Chairpersons | : Sangguniang Barangay Member
Committee on Agriculture, Chairman
Committee on Health, Chairman |
| Members: | All other Barangay Kagawads
Barangay Chairman,
Barangay Elementary and High School Principals
Rural Health Midwife
Agricultural Technologist assigned in the Area
Barangay Health Workers (BHWs)
Barangay Watchmen (Tanods)
Barangay Nutrition Scholars (BNS)
Trained Barangay Dog Vaccinator/Catcher |

2. Functions of BRCCC:

The BRCCC shall have the following functions:

- As the prime movers in the elimination program, they should report all live and dead dog/s whether caged, leashed, stray, unwanted and unvaccinated dogs in the barangay monthly to MAO for consolidation
- Undertake registration of all dogs in the barangay to establish dog population count done during the 1st Quarter of the year;
- Conduct vaccination of all registered dogs in the barangay during the 1st Quarter of the year in coordination with MRCCC.
- Enforce strictly of 2 – Dogs Policy by limiting dog population such as submitting male dogs/cats for castration;
- Shall take charge of the dog registry and other program components.
- Identify 2 barangay dog vaccinators/catchers to be trained by MRCCC

- Shall report and require transient resident/s with registered/unregistered dog for vaccination and registration within 72 hours of their stay.
- Shall impound report and remit all stray dogs in the barangay to the Municipal Impounding Center for proper disposal.

Section 215. Protection to Persons Exposed to Dogs and/or Rabies in the Performance of Duty Free Pre-Exposure Prophylaxis

All persons authorized by the MRCCC who shall be exposed with dogs and/or rabies in the conduct of dog handling, vaccination, impoundment and the likes, shall be provided with free pre – exposure prophylaxis by the MHO, Office of the Municipal Mayor or any other agencies, either municipal, provincial, regional or national, which could extend aid for the purpose, to prevent their risk of getting infected with rabies while on duty.

Section 216. Medical and other Assistance to Affected Personnel

In cases where in the licensed veterinarian, trained vaccinator, MRCCC members or their duly authorized representative/s be bitten by a dog while in the performance of duty, the local government concerned shall be responsible for providing medical assistance and/or other kinds of support to the affected personnel. Furthermore, the LGU shall help in the facilitation of the proper handling and laboratory examination of the dog, and in any case, its disposal/elimination.

Section 217. Vaccination Schedule of Dogs

- **Less Than 3 Months of Age** - the initial dose shall be 1 cc or as indicated on the label/literature of the vaccine. A second vaccination or booster shot of 1 cc or as indicated on the label/literature of the vaccine shall be given or administered within 12 months or not more than 1 year after the initial vaccination. Succeeding vaccination shall be done every year thereafter.
- **Over Three Months of Age** – The dose shall be 1 cc or as indicated on the label/literature of the vaccine. Succeeding vaccinations shall be done every year thereafter.

Section 218. Restrain of Dogs – Vaccinated dogs shall still be restrained or kept in cages or enclosed premises and shall not be allowed by their owners to wander in places open to the public, otherwise, such dogs shall be considered stray. The owner/s of such dog shall be held liable for negligence.

Section 219. Vaccination Schedule of Animal Bitten Patients

- Guidelines provided by the Department of Health for the Management of Animal Bitten Patients shall be followed.
- All expenses incurred in the management of Animal Bitten Patients shall be paid by the owner of the dog or animal. Otherwise, expenses shall be handled by the LGUs concerned for indigent patients.

Section 220. Duties of the Veterinarian / Vaccinator

The veterinarian or the MRCCC authorized vaccinator shall have the primary duty of injecting anti-rabies vaccine to dogs submitted for registration and vaccination. It shall also be the duty of every vaccinator to complete a certificate of rabies vaccination for each animal vaccinated and to provide a dog tag for every registered dog.

Section 221. Issuance of Certificate of Vaccination - After vaccination and registration of a dog, there shall be issued a certificate of vaccination by the veterinarian/vaccinator, countersigned by the Municipal Agriculturist.

The certificate of vaccination shall include the following information:

- a. Owner's name, address and telephone number, if any;
- b. Registration date;
- c. Rabies Vaccination Code/Tag Number (coding system shall be dependent of the agreement of the MRCCC;
- d. Description of Dog (color, sex, markings, age, breed, if known);
- e. Dates of vaccination and vaccine expiration (if any)
- f. Vaccine producer or manufacturer;
- g. Veterinarian/Vaccinator's signature
- h. Veterinarian, license number/vaccinator's address

Section 222. Master-listing of Certificates of Vaccination– There shall be a certificate of vaccination (in triplicate) for every dog vaccinated. The dog owner shall be provided with a copy of the certificate. Two copies shall be retained for filing and master listing of the MRCCC and the BRCCC.

Section 223. Dog Tags- A durable metal or plastic tag, distinguishable from each other as serially numbered and/or coded, issued solely by the MRCCC through the vaccinator shall be securely attached to the collar of the dog as proof of vaccination.

Section 224. Barangay Vaccinators– There shall be trained vaccinators in every barangay, who shall be duly trained by the PRCCC or MRCCC authorized vaccinator or veterinarian. These trained vaccinators shall take the place of the MAO personnel in administering the vaccine to the dogs in their respective barangays during vaccination operations spearheaded by the BRCCC and shall assist the MAO personnel in the MRCCC spearheaded operations.

Section 225. Required Number of Vaccinators/Catchers per Barangay– There shall be at least 2 vaccinators/catchers in the barangay.

Section 226. Training Agency Responsible- The lecture and hands-on training which shall be the responsibility of the MAO should include but shall not be limited to, the following:

- a. safety equipment and precautions in handling dogs
- b. proper handling of vaccine
- c. hands-on in the actual administration of vaccine
- d. Correct reporting monthly

Section 227. Criteria in the Selection of Vaccinators:

- a. at least High School graduates
- b. 21 years old and above
- c. willingness to be trained and to perform vaccination
- d. shall be recommended by the Punong Barangay

Section 228. Dogs Policy - Each household shall be allowed to care two (2) dogs only. This dog shall be restrained in the owner's premises. Should there be an excess the owner is allowed to choose which to retain and the rest be impounded.

Section 229. Dog Breeders and Dog Lovers - Dog owners who would like to take care of more than two (2) dogs shall apply for a special permit of exemption in the MAO provided he/she shall pay for Php200.00 for every dog registered 3 months and up and likewise pay Php 100.00 per dog on renewal annually.

Section 230. Dog Registration

a. **When to Register**

- 
- a1. The owner or keeper of any dog shall secure from the Municipal Government or its designated authority a Certificate of Registration of such dog during the 1st Quarter annually. Unregistered dog acquired or moved into the municipality shall be registered immediately within 72 hours upon entry to the barangay.
 - a2. Upon registration on every 1st Quarter of the year, the owner shall be provided with a Certificate of Vaccination for the dog and a distinguishing collar tag as proof of vaccination.
 - a3. If ownership or possession of a registered dog under this section changes permanently, the new owner or keeper shall, before taking possession of the dog, obtain a new registration demonstrating compliance with the vaccination requirement, and shall pay the prescribed registration fee.

b. **Registration Fee** – The dog owner shall pay a registration fee of Php 100.00 per dog to cover the cost of the dog tag and anti – rabies vaccination. The registration issued every during the 1st Quarter of the year shall be valid for 1 year from the last day of the month of issuance and shall be renewed annually.



c. **Collection Sharing Fee** – Payments of registration or licensing fee could be done at the barangay level, through its treasurer, in which case, a sharing scheme of 45:45:10 shall be followed. (45% shall go to the barangay fund, 45 % shall go to the municipal treasury and 10 % shall go to the provincial treasury).

- d. **Issuance of Official Receipt** - The barangay treasurer shall issue the owner of the dog an official receipt upon full payment of Php 100.00 for every vaccinated and registered dog.
- e. **Remittance of Collections for Dog Registration** – All collections for dog registration of the Barangay Treasurer in every barangay shall be remitted to the Municipal Treasurer during office hours not later than 1 day after the collection was made as based on the official receipts disposed and / or issued.
 - Minimum of Php 100,000.00 – for the Municipality
 - Minimum of Php 5,000.00 – for the Barangay
- f. **Fund Source**– The source of fund shall be the 20% IRA Development Fund.

Section 231. Dog Catchers, Appointment, Designations and Incentives

- a. **MRCCC Dog Catchers** – The MRCCC authorized dog catchers shall be designated and shall bear an identification card, duly signed by the Municipal Mayor and renewable at the beginning of every calendar year. They shall be entitled to Php20.00 per stray or unregistered dog caught on their own initiative as monetary incentive, said amount to be taken from the anti – rabies allocation of the municipality.
- b. **Accidental Death thru Strangulation** – In cases where there shall be accidental death thru strangulation of the dog/s by the dog catchers or any MRCCC or BRCCC members while in the act of seizing or catching the dog in the implementation of this ordinance shall not be held liable provided there is no negligence on the part of the dog catchers or MRCCC or BRCCC members.

Section 232. Establishment and Maintenance of Dog Pound

- a. **Municipal Dog Pound** – There shall be established a "Public Dog Pound" which shall be maintained under the supervision of a licensed veterinarian, or any authorized/designated pound officer of the Office of the Municipal Agriculturist or of the MRCCC. The site of the Municipal Dog Pound shall be identified or determined by the Mayor.
- b. **Dog Pound Utilization and Operation** – Any dog found straying at any public places with or without dog tag, or specially those found to be showing signs of viciousness, shall be impounded and confined in the Municipal/Barangay Dog Pound.
- c. **Pound Notice** – Upon receipt of the dog into the municipal pound, the pound officer or in the absence of such, the municipal/barangay treasurer or any other person duly authorized by the MRCCC or BRCCC, shall advertise in the municipal building, barangay hall or any other conspicuous places, a pound notice within 72 hours stating the following:
 - c.1 color, breed and other description of the impounded dog
 - c.2 the data and time when the impounded animal was caught
 - c.3 the place/location where the particular impounded dog was caught
 - c.4 a notice that unless the animal is redeemed, the animal will be put up for adoption, or shall be killed humanely by gas chamber after 72 hours.
- d. **Poundage Fee** - The owner/s of impounded dog shall pay to the municipal/barangay treasurer or his or her duly authorized personnel in the amount of Php 200.00 as poundage fee per dog on the first 3 days of impoundment plus Php 10.00 a day for its daily sustenance / maintenance.

Section 233. Observation Period for a Dog which has Bitten a Person or Another Animal Considered for Human Consumption

Any dog registered or not which has bitten a person or another considered for human consumption, shall be impounded, restrained and observed for 14 consecutive days, after which, the owner of the said animal shall be required to redeem it or have it disposed properly.

Section 234. Elimination of Dogs Under Observation and Suspected or Found to Be Rabid.

Should the apprehended dog become vicious and suspected or found to be suffering from rabies, it shall be destroyed or eliminated through carbon dioxide asphyxiation or any method as may be recommended by the MRCCC/BRCCC and the head of which shall be brought to the Regional Animal Disease Diagnostic Laboratory of the Department of Agriculture for examination and proper action.

Section 235. Elimination of Stray, Unwanted and Unvaccinated Dogs

- a. **Control of Stray Dogs** – In order to control stray dogs, all pet owners are enjoined to be responsible and to take care of their pets. Responsible dog ownership means:
- Vaccinating of dogs regularly against rabies and keeping a current tag attached to its collar.
 - Leashing of dogs and not allowing them to roam the streets or any public place without a lease.
 - Providing dogs with adequate food, water and clean shelter.
 - Castrating/neutering of dogs.
 - Monitoring of dogs and reporting any abnormal behavior/temper and dog bite incidents within 24 hours to officials concerned for investigation or any appropriate action placing such dog under observation in the Municipal Impounding Center.
 - Assuming full liability whenever his dog has bitten a victim outside of his enclosed premises or whenever he lost control of the dog.
 - Participating in any activity to eradicate rabies and control stray dog.
- b. **Control of Unwanted Dog/s** - Unwanted dogs of an owner shall be turned over to the Municipal Impounding Center for proper disposal.
- c. **Control of Roaming Mad Dogs** – Where there is reported cases of death or injuries to human beings inflicted by a roaming mad dog and there is danger that previous to such incident, the mad dog which had been found positive of rabies may have mingled and contaminated other stray dogs, thereby posing a clear danger to the life and limb of the residents of the locality, the MRCCC may seek the assistance of the Philippine National Police of the Municipality to seize or eliminate and kill all stray dogs, subject to the pertinent provisions of Republic Act No. 8485, otherwise known as the “**Animal Welfare Act**”.
- c.1 It shall be unlawful for any person to oppose, resist or otherwise interfere with the rabies control authorities or any of their authorized deputies in the performance of their duty set forth in this Ordinance.

Section 236. Reporting of Biting Incident

- The owner of a dog, which has bitten any person, shall, within 24 hours from the time of the occurrence, report the incident to the Barangay Health Worker or at the Municipal Health Office for proper medical attention for the victim. The same shall be reported to the police station and shall be included as an entry in the police blotter. In cases where the dog has bitten another animal considered for human consumption, the owner of the culprit dog or the owner of the animal that has been bitten shall, within 24 hours, report the incident to the Municipal Agriculture Office or the Agricultural Technologist assigned in the area for proper action. The dog and the animal bitten by such dog shall both be isolated and leashed/restrained/ caged for observation by any authorized person such as the police officer, health worker, agricultural technologist, etc. The person receiving such information shall immediately transmit the incident to the Municipal Rabies Control and Consultative Committee for proper investigation and action.
- It shall be unlawful for any person to use “*tandok*” for treating all kinds of animal bites and declares such procedure as a form of illegal practice. The Municipal Health Officer and the Municipal Veterinarian shall discourage the bitten person/s from going to faith healers or herbolarios using “*tandok*” or any other unacceptable procedure.

Section 237. Responsibility of the Owner of the Dog which has Bitten a Person or Other Animals

- The owner of a dog which has bitten any person shall be responsible for treatment and dog related expenses incurred by the bite victim unless the bite was inflicted by a restrained and registered dog or had occurred within the owner’s enclosed premises in which case arrangement shall be made between the owner and the bite victim.
- The owner of a dog which has bitten any person shall immediately quarantine or confine the dog for observance of signs of illness compatible with rabies. Such quarantine shall be under conditions imposed by the MRCCC or as provided by this Ordinance. If the dog shows no sign of illness compatible with rabies, it may be released from quarantine upon approval of the MRCCC or the Municipal Health Official. If the owner of the dog fails to comply with this provision, it will be a ground for the seizure of the dog by the MRCCC.
- The owner of the dog which has bitten a person or other animals considered for human consumption where, at the time of the biting incident, said dog was not within the premises of the unfenced house and/or property of the owner, shall be compelled to pay for all the necessary expenses related to the dog bite incident. The expenses shall include, but not limited to, the expenses for anti – rabies vaccine and other forms of treatment.

- The settlement and/or arrangement between the dog bite victim or the owner of the bitten animal and the owner of the dog for the payment of all necessary expenses related to the dog bite incident shall be made at the Barangay where the incident happened after the filing of the complaint before the Office of the Punong Barangay or Lupon Tagapamayapa.

Section 238. Disposition of Other Animals Bitten by a Rabid Dog

- In cases where a rabid dog has bitten another animal whose meat are considered for food, the bitten or rabies infected animal/s shall, in any case, not be slaughtered, sold or distributed for human consumption.
- Any person who knowingly or unknowingly caused the slaughtering, selling or distribution for human consumption of rabies infected animal/s shall be compelled to pay for all expenses related to the immunization, to include other incidental expenses, of persons who have eaten such meat.

Section 239. Rabies Control Advocacy/Massive Information Drive

- The Municipal Government shall strengthen education program by organizing an Information Education Campaign on Responsible Dog Ownership and incorporating the same in the relevant subjects in the elementary and high school levels in coordination with the Department of Agriculture, Education, Health and Interior and Local Government. The Information Education Campaign (IEC) shall include among others, the dangers of rabies, its prevention and control. As provided in Executive Order No. 84, designating March as Rabies Awareness Month, the same shall be promoted in the municipality.

Section 240. Penal Clause

- a. Failure and refusal of dog owner to have their dog registered and immunized against rabies shall be penalized with a fine of Five Hundred Pesos (P500.00) per dog and impounding of their dog.
- b. Dog owners of unvaccinated dog shall be held liable to pay for the vaccination of both the dog and the individuals bitten by their dog.
- c. Refusal of dog owner to put under observation after the dog has bitten an individual shall be meted with a fine of One Thousand Pesos (P1,000.00).
- d. Refusal of the dog owner to shoulder the medical expenses of the person bitten by their dog shall be meted a fine of not exceeding Two Thousand Five Hundred Pesos (P2,500.00) or six months of imprisonment or both at the discretion of the court.
- e. Dog owners who refuse to put leash on their dogs when they are brought outside the house shall be meted a fine of Five Hundred Pesos (P500.00).
- f. Any person who shall oppose, resist or otherwise interfere with rabies control authorities or any of their authorized deputies in the performance of the duties set forth in this ordinance shall be punished by a fine of One Thousand Pesos (P1,000.00) for each incident.
- g. Any person found guilty of treating animal bites using "TANDOK" shall be fined of not exceeding Two Thousand Five Hundred Pesos (P2,500.00) or six months imprisonment or both at the discretion of the court. If such illegal practice of medicine will result to death, the violator shall accordingly be charged with illegal practice of medicine (RA 6713) and each corresponding penalties at the discretion of court.
- h. Any person found guilty of trading dog meat shall be fined of not exceeding Two Thousand Five Hundred Pesos (P2,500.00) per dog and subject to imprisonment for one year.
- i. Any person found guilty of using electrocutions as a method of euthanasia in killing dog shall be fined One Thousand Pesos (P1, 000.00) per act and subject to imprisonment for one year.
- j. Failure of the dog owner/s to have their dog/s registered/vaccinated during the 1st Quarter of the year shall pay for the surcharges imposed.
- k. Any dog owner/s mistreating their dogs in the form of physical abuse, starvation, strangulation and other forms of inhuman treatment shall be fined in the amount of Php 1,000.00 and their dog impounded for proper disposal.

Chapter XXXIII

SALT IODIZATION (Mun. Ord. No. 2002-002)

Section 241. Regulatory Clause

1. Salt producers, manufacturers, importers, distributors, retailers/sellers shall fortify or cause their salt to be fortified with Potassium iodate or iodide, and shall display in their shelves for sale to the public only iodized salt. This shall be properly marked as "IODIZED SALT."
2. Inns, Resorts, Restaurants, Carinderias, Canteens, Bakeshops, and Food Service Industries/Establishments shall use only iodized salt for food preparation/processing and for table

- salt. They are urged to display a 36 x 8 inches Signboard with this text: **"WE USE ONLY IODIZED SALT HERE,"** conspicuously in their business premises.
3. Salt Retailers and Sellers shall sell only iodized salt, and shall get their supply for sale from salt producers, manufacturers, importers, and distributors of iodized salt.
 4. Failure of salt producers, manufacturers, importers, and distributors to fortify/treat their product with potassium iodate/iodide prior to sale of said product to retailers, sellers, or direct to end users/consumers.
 5. The act of selling un-iodized salt to the public by retailers or sellers.
 6. Failure of Inns, **Resorts, Restaurants, Canteens, Carinderias, Bakeshops, Food Service Industries and Establishments** to use iodized salt in the preparation of food products and for table salt.
 7. The presence of raw un-iodized salt in the shelves of retailers, sellers, distributors, produces, manufacturers, and the kitchen area/working premises of Inns, Resorts, Restaurants, Carinderias, Canteens, Bakeshops and food Establishments shall give rise to the presumption of a violation of this Ordinance.
 8. **Voluntary Payment** of the fines shall preclude the filing of the appropriate case in Court.
 9. **Mechanics Of Implementation** - This Ordinance shall be implemented by the Municipal Health Officers, Brgy. Health Workers and Brgy. Nutrition Scholars. The mechanics of implementation shall be as follows:
 - a. The Municipal Health Officer together with sanitation inspectors shall conduct a periodic un-announced inspection, together with concerned **BHW and BNS** in any given Barangay.
 - b. The **BHW & BNS** shall report to the Municipal Health Officer all suspected marketing outlets in their respective barangays that sell raw or fur-iodized salt, and shall in all instances coordinate with the Municipal Health Officer.
 - c. The Municipal Health Officer with the **BHW & BNS** are hereby empowered to confiscate during inspection the item (*raw salt untreated being sold*) tending to show violation of this Ordinance. For this purpose, they are empowered to enlist the assistance of the **Philippine National Police (PNP)** in the course of their periodic inspections.
 - d. Support groups like the Barangay Officials concerned, DepEd Officials and teachers, NGO's, shall announce/ circularize use of iodized salt in school canteens, conduct awareness campaigns and intensify information dissemination at the barangay level.
 10. **Collection Office**- Any violator pays the fine to the Municipal Treasurer who shall issue the proper receipt thereof.
 11. **Allocation Of Fines Collected**- Fifty percent (**75%**) shall go to the Municipal Government and (25%) twenty- five (25%) to the Barangay where the violation occurred.

Section 242. Penal Clause - Any salt producer, manufacturer, importer, distributor, seller/retailer, operator of Inns, Resort, Restaurant, Carinderia, canteen, food industry/ establishment found to be violating Chapter 33 of this Code shall be penalized with a fine of not exceeding P2,500.00 or Imprisonment of not Less than 5 Days or Both at the discretion of the court.

In addition hereto, this Municipality shall revoke his/ her business license. He/she however shall be allowed to open a new and similar business only after compliance with this Ordinance.

CHAPTER XXXIV

UTILIZATION OF TB-DOTS PACKAGE FUND (Mun. Ord. No. 2014-019)

Section 243. Allocation of TB DOTS Package Payment

1. Public TB DOTS facilities shall maintain a trust fund for reimbursements received from PhilHealth. This trust account shall be created through appropriate administrative issuances such as ordinances or resolutions from Sangguniang Panlungsod/Bayan/Lalawigan for LGU-owned facilities and executive committee resolutions or administrative memoranda for TB DOTS facilities in the government hospitals/infirmaries/other institutions. In cases when there is one trust fund for several PhilHealth benefits, a separate ledger shall be kept for TB DOTS package payment.
2. TB DOTS facilities shall allocate reimbursement for TB DOTS Package based on their existing policies and procedures.
3. Should the TB DOTS facilities not have any policy on allocation of TB DOTS payment prior to the effectivity of this circular, they shall follow the following guidelines prescribed by DOH in the latest NTP Manual of Procedures:

- a. Forty percent (40%) for the facility fee.
 - b. Twenty five percent (25%) for the referring physicians to cover for consultation services during the course of treatment. Should there be no referring physician, this portion shall also be allotted as facility fee.
 - c. Thirty five percent (35%) for the services of the staff of the TB DOTS facility.
4. The facility fee shall be used for operational costs and for contingency to augment the supply of anti TB drugs and reagents; acquire equipment such as microscope, IT equipment and software; and support for TB Diagnostic Committee, advocacy activities and training of staff. This may also be used for referral fees of warranted diagnostic services that are not available in the facility and quality assurance of sputum microscopy.
 5. The fee for services of the health facility staff shall be pooled and distributed among health personnel who were involved in the delivery of health services for TB including the DOTS physicians, nurses, midwives, medical technologist or sputum microscopist, barangay health workers and treatment partners.
 6. Guidelines on the distribution of TB-DOTS payment for the services of the facility staff shall be set by each facility after thorough consultation among its governing body and the health staff. The guidelines shall be approved by the head of the organization (i.e. local chief executive in LGU owned TB DOTS clinic). The allocation should take into consideration the expertise, skills and time that each health care worker allotted in ensuring that the patient received quality care leading to cure or completion of TB treatment.

Section 244. Regulatory Clause:

A. For Sputum Positive Cases

- 31.25% of the amount shall be used for the improvement of the health facilities, purchase of medicines, laboratory supplies and office supplies of the Rural Health Unit;
- 26.25% of the amount shall be given to the physicians of the Rural Health Unit as their incentives;
- 2.5% of the amount shall be given to the referring persons as their incentives;
- 7.5% for Rural Health nurses;
- 5% of the amount shall be given to TB Quality Assurance personnel of Provincial Health Office as their incentives;
- 7.5% for Rural health Medical Technologist;
- 7.5% for RHU as contingency fund;
- 2.5% for TB forms and office supplies;
- 6.25% for Rural Health Midwife (RHM) in charge; and
- 3.75% for Treatment Partner as incentives.

B. For Sputum Negative Cases

- 22.5% of the amount shall be used for the improvement of the health facilities, purchase of medicines, laboratory supplies and office supplies of the Rural Health Unit;
- 22.5% of the amount shall be given to the Rural Health Unit physicians as their incentives;
- 17.5% of the amount shall be given to TBDC as their incentives;
- 5% of the amount shall be given to the TB Quality Assurance personnel of Provincial Health Office as their incentives;
- 2.5% of the amount shall be given to all referring persons as their incentives;
- 7.5% for Rural Health Medical Technologists;
- 7.5% for Rural Health nurses;
- 2.5% for TB forms and supplies;
- 6.3% for Rural Health Midwife in charge;
- 3.7% for Treatment Partner as incentive; and
- 2.5% for RHU as contingency fund.

C. DOTS Package Claim

The amount taken from DOTS Benefit Package Claim shall be disbursed only to the concerned medical/paramedical and authorized staff as their incentive for the following activities to be undertaken, to wit:

Activities	Allocation		Recipient
	S(+)	S(-)	
Referral of TB symptomatic as active TB cases	100	100	All referring persons
Clinical consultation and follow up	350/mo x 3 mos. = P1,050.00		Municipal Health Officer/ Rural Health Physician
		300 x 3 mos. = P900.00	DOTS Referring Physician/ Private Physician
QA for sputum microscopy and other services	200	200	PHO Quality Assurance (QA) Personnel
TB Diagnostic Committee	none	700	TB Diagnostic Committee
Sputum Microscopy	300	300	RHU Med. Tech.
Pool for contingency (drugs, reagents, Lab Supplies for TB, others)	1,250	900	RHU
Recording and Reporting	300	300	RHU Nurse
Production of NTP-PPMD forms	100	100	RHU
Advocacy Activities	250	250	RHU-RHM in charge
RHU Contingency Funds	150	150	Treatment Partner
	300	100	RHU
TOTAL	4,000	4,000	

CHAPTER XXXV

DISPOSITION AND ALLOCATION OF THE PER FAMILY PAYMENT RATE (PFPR) PROCEEDS FROM THE PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH) FOR UNIVERSAL HEALTH CARE PRIMARY CARE BENEFIT I (PCB1) PACKAGE (Mun. Ord. No. 2014-020)

Section 245. Rationale, Purpose, Intent and Legal Basis. - PhilHealth, through its Board Resolution No. 1587, series of 2012, amended the Outpatient Benefit Package and approved a Primary Care Benefit I (PCB1) Package.

PhilHealth Circular No. 010, series of 2012, the Municipal Health Office is a qualified and duly registered PCB Provider of the PhilHealth hence the municipality is entitled to payment for services rendered.

Section 246. Disposition and Allocation of the PFPR. - The allocation and disposition of the Per Family Payment Rate shall be:

- A. Eighty percent (80%) of PFPR is for operational cost and shall cover:
 - 1. Minimum of forty percent (40%) for drugs and medicines (PNDF) (to be dispensed at the facility) including drugs and medicines for asthma, acute gastroenteritis, and pneumonia;

2. Maximum of forty percent (40%) for reagents, medical supplies, equipment (i.e. ambulance, ambubag, stretcher, etc), information technology (IT equipment specific to the needs of facility for it to facilitate reporting and building up of its database), capacity building for staff, infrastructure or any other use related, necessary for the delivery of required service including referral fees for diagnostic services if not available in the facility.
- B. The remaining twenty percent (20%) shall be exclusively utilized as honoraria of the staff of the health facility and in the improvement of their capabilities to be able to provide better health services:
1. Ten percent (10%) for the physician;
 2. Five percent (5%) for other health professional staff of the facility;
 3. Five percent (5%) for non-health professional/staff, including volunteers.

CHAPTER XXXVI

OPERATION OF OPTICAL CLINICS AND OPTICAL SUPPLIERS OR DISTRIBUTORS FOR THE PURPOSE OF PREVENTING ILLEGAL PRACTICE OF OPTOMETRY [\(Mun. Ord. 2016-017\)](#)

Section 247. Acts That Constitute the Practice of Optometry

- a) The examination of the human eye through the employment of subjective procedures, including the use of specific topical Diagnostic Pharmaceutical Agents or drugs and instruments, tools, equipment, implements, visual aids, apparatuses, machines, ocular exercises and related devices, for the purpose of determining the condition and acuity of human vision and to correct and improve the same.
- b) The prescription and dispensing of ophthalmic lenses, prisms, contact lenses and their accessories and solutions, frames and their accessories and supplies for the purpose of correcting and treating defects, deficiencies and abnormalities of vision.
- c) The conduct of ocular exercises and vision training, the provision of orthoptics and other devices and procedures to aid and correct the abnormalities of human vision and installation of orthoptic devices.
- d) The counseling of patients in clinics and similar places where optometric services are offered.
- e) The establishment of offices, clinics and similar places where optometric services are offered.
- f) The collection of professional fees for the performance of any acts aforementioned.

Section 248. Prohibition Against the Unauthorized Practice of Optometry

No person shall practice Optometry as defined in Section 3 of Republic Act No. 8050 (*The Revised Optometry Law of 1997*) nor perform any of the acts constituting the practice of Optometry as set forth in Section 1 hereof, without having been first admitted to the practice of this profession under provisions of the said Act and its Implementing Rules and Regulations:

- a. The Local Government Unit recognizes the essential role of optometry as a profession in safeguarding and enhancing the health and general physical well-being of the citizenry;
- b. There are proliferation of optical services coming from outside of the municipality of Tigbauan manned by untrained and unlicensed persons necessitating a need to curb their operations to protect the health of the public;
- c. Some unscrupulous businessmen, oftentimes posing as "Health Maintenance Organizations" (HMO) groups, are illegally engaged in the practice of Optometry by conducting Barangay-based activities and house to house refraction and thereafter sell eyeglasses;
- d. These untrained and unlicensed persons oftentimes make erroneous diagnosis and treatment that can be very harmful to unsuspecting citizens and cause irreversible damage to their eyes and loss of hard-earned money.

Provided, that this prohibition shall not apply to regularly licensed and duly registered physicians who have received post-graduate training in the diagnosis and treatment of eye diseases:

Provided, however, that the examination of the human eye by duly registered physicians in connection with the physical examination of the patients shall not be considered as practice of Optometry:

Provided further, that the public health worker trained and involved in the government's blindness prevention program conducts only visual acuity tests and visual screenings.

Any person who is not a qualified and licensed optometrist and performs any of the acts enumerated in Section 2 shall be punished in accordance with the penalties provided herein.

Any optometric service done outside the licensed optometrist's optical clinic is hereby prohibited unless a proper and valid permit or clearance is issued by the barangay where the optometric services will be rendered.

Section 249. Acquiring Permits and Clearances to Perform and Render Optometric Services or to Sell or Distribute Optical Supplies.

- a) Letter of Request made by group of persons, community associations, civic and religious organizations, business establishments or companies and other entities, associations or organizations who want to render optical services or otherwise sell or distribute optical supplies addressed to the Municipal Mayor with supporting documents, such as:
1. Business Permit
 2. Endorsement from Municipal Health Board
 3. DTI Permit
 4. Photocopy of PRC ID of the Eyecare Practitioner
 5. Lists of optical equipments to be used in performing proper and exact eye examination.
- b) The Barangay Captain shall issue a proper and valid permit or clearance for ambulatory practice of optometry or selling or distribution of optical supplies only when the applicant submits the requirements as stated above.
- c) Provided, that purely acts of advertisement without selling of optical supplies shall require only a Mayor's Permit.

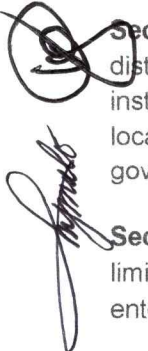
Section 250. All prohibited acts as embodied in Republic Act No. 8050 otherwise known "*As An Act Regulating the Practice of Optometry, Upgrading Optometric Education, Integrating Optometrists and for Other Purposes,*" and its implementing rules and regulations shall be part of this ordinance and shall be subjected to the penalties provided herein.

CHAPTER XXXVII

MANDATING SOCIAL/PHYSICAL DISTANCING AND COMPULSORY WEARING OF FACE MASK DURING THE COMMUNITY QUARANTINE PERIOD (Mun. Ord. No. 2020-008)

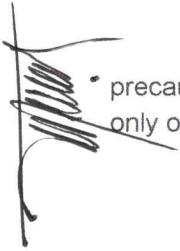
Section 251. Coverage. This Ordinance shall apply to all public utilities, public and private establishments, including public and private educational institutions and all other public places in the Municipality of Tigbauan.

Section 252. Purpose. The purpose of this ordinance is to effectively implement social/physical distancing and compulsory wearing of face mask in order to help prevent the spread of COVID-19 and any other Emerging/Re-emerging Infectious Diseases.

 **Section 253. Social/Physical Distancing.** - There shall be at least one and a half meter (1.5 m.) radius distance between or among individual persons within public and private establishments, educational institutions, churches, places of work, public markets, commercial establishments and other public places located within the Municipality of Tigbauan, provided that Public Utilities and Transportation shall be governed by Section 6.

Section 254. Face Mask. - Wearing of face mask shall be mandatory in all public places such as, but not limited to, public market, commercial establishments, public plaza, churches, restaurants, places of entertainment, work places, government offices, schools, streets and similar places.

Section 255. Public Utilities. - Public transportations shall follow the protocol set by the Inter Agency Task Force Against Covid-19/ any other Emerging/Re-emerging Infectious Diseases.

 Public Utility Vehicles, Tricycles, Motorbikes shall carry passengers in such a way that precautionary measures have been installed to prevent the spread of the disease. "Trisikads" shall carry only one passenger.

Section 256. Implementing Agency. This ordinance shall be implemented or cause to be implemented by the Local Chief Executive with the assistance of members of the Philippine National Police and Barangay Tanods within their jurisdiction.

Citation Tickets shall be provided for by the implementing agency which shall be issued to violators as evidence or as proof of apprehension.

Section 257. Penalty Clause. Offenders of this ordinance shall be penalized, to wit:

- i) First Offense: A Fine of Five Hundred (P500.00) Pesos.
- ii) Second Offense: A Fine of One Thousand (P1,000.00) Pesos.
- iii) Third and Succeeding Offenses: A Fine of Two Thousand Five Hundred Pesos (P 2,500.00) or imprisonment for a period of ten (10) days, or both at the discretion of the court;

Section 258. Offer to Compromise. Any violator of this ordinance may offer to compromise by paying the administrative fine within a period of seventy-two (72) hours from the time of apprehension.

a.) **Application of Offer to Compromise.** Offer to Compromise shall only be applied to the first and second offenses. Offer to Compromise shall no longer be allowed for third and succeeding offenses.

Section 259. Payment of Administrative Fine. Administrative Fine shall be paid to the Office of the Municipal Treasurer. Thereafter, it shall issue the corresponding official receipt.

Section 260. Non-Payment of Administrative Fine. If the violator of this ordinance fails or refuses to pay the administrative fine herein set forth, appropriate case shall be filed in court against the said violator

CHAPTER XXXVIII

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 (Mun. Ord. No. 2022-004)

Section 261. 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.

Section 262. 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 263. 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 264. 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 265. Guidelines and Control For Health Facilities.

- 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:
 - 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:
 1. Adequate and safe water supply
 - Hand washing station or sink
 - Soap and water or 70% Isopropyl (or Ethyl) Alcohol
 - Hands-free trash receptacles
 - Install visual cues or signages on mask wearing, hand hygiene.
- i. Promote and incentivize use of interventions that ensure health and safety in all establishments, such as:





- Using outdoor spaces or having outdoor options
- 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.

SECTION 266. The Punong Barangay shall designate a permanent Contact Tracer in the barangay among the members of the Barangay Health Emergency Response Team [BHERT].

SECTION 267. The Sangguniang Barangay shall establish a Barangay Health Information Center.

SECTION 268. 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 269. Use of digital contact tracing such as the StaySafe.PH application is optional for all the agencies and establishments.

SECTION 270. Establishments/employers will not have to provide a separate report to DOLE for COVID-19. They should include COVID-19 cases report as part of work accident illness report form.

SECTION 271. 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 272. 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 COVID19 therapeutics.
- b. Priority Group A1 or healthcare workers for groups at highest risk for infection such as deemed necessary.

SECTION 273. 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 274. Testing using antigen tests shall be recommended only for symptomatic individuals and in instances wherein RT-PCR is not available.

SECTION 275. The Sangguniang Bayan shall establish an Epidemiology and Surveillance Unit.

SECTION 276. 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 277. 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 278. 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 279. Establishments are no longer required to set-up isolation facilities within the workplace.

SECTION 280. 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 281. Health facilities are encouraged to adopt/scale-up telemedicine to facilitate delivery of appropriate health services.

SECTION 282. Confirmed cases with severe and critical symptoms shall be managed in the appropriate health care facility.

SECTION 283. 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 284. Repeat tests shall not be required for the safe reintegration into the community.

SECTION 285. 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.

SECTION 286. 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 cremains 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 287.** Children ages seventeen (17) and below shall not be required to present proof of full vaccination status.

 **SECTION 288.** The Sangguniang Bayan shall establish a Municipal Vaccination Operations Center.

 **SECTION 289.** 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 290.** 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.

 **SECTION 291.** 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 292. 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 293. Granular lockdowns shall be for a period of not less than fourteen (14) days.

SECTION 294. 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 295. 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 296. 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 297. 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 XXXIX

INSTITUTIONALIZING BARANGAY HEALTH WORKERS (Mun. No. 2023-006)

SECTION 298. BHW REGISTRATION AND ACCREDITATION. In order for Barangay Health Workers to be entitled to the benefits and incentives provided under this ordinance, they must be registered to, and accredited by the Local Health Board.

To facilitate registration and accreditation of BHWs, the Municipal Local Health Board may create a BHW Registration and Accreditation Committee (BHW-RAC) in accordance with the implementing Rules and Regulations of Republic Act No. 7883, which is composed of the following:

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- a. Municipal Health Officer;
 - b. Municipal BHW Coordinator
 - c. President of the Local Barangay Health Workers Federation;
 - d. DOH Representative to the LHB;
 - e. Representative of NGO/PO implementing community-based health related programs in the municipality;

The Local Health Board may, however, expand the membership of BHW-RAC depending on its need for a more efficient system of registration and accreditation.

SECTION 299. QUALIFICATION STANDARDS

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1. **REGISTRATION-** To qualify for registration, a barangay health worker in the Municipality of Tigbauan must:
 - 1.1. Have rendered basic community health care services continuously and satisfactorily for at least one (1) year immediately preceding the date of the filing of application for registration in the

- barangay as certified by the Rural Health Midwife or public health nurse assigned to the barangay and by the head of the barangay health workers association;
- 1.2. Have completed the basic orientation and training for BHWs as prescribed by the DOH and conducted by an accredited government agency, or DOH-recognized academic institution, non-governmental organization (NGO);
 - 1.3. Be at least (18) years of age to 44 years old at the date of filing of the application for registration; and
 - 1.4. Be physically and mentally fit.
 - 1.5 Must be a resident of the barangay.
 - 1.6 The applicant must submit/secure certification indicating the date when he/she started serving as a volunteer BHW signed by the Punong Barangay.

It shall be the duty of the municipal health office, in cooperation with the provincial office and DOH, to provide the BHW applicants for registration with basic orientation and training within six (6) months from the date of approval of their application.

2. **ACCREDITATION-** To further professionalize the health services rendered by the BHWs and ensure the health and welfare of the community, a duly registered BHW must be accredited by the Local Health Board and must meet the following:
 - 2.1. Be a registered BHW;
 - 2.2. Have completed in the locality at least three (3) years of continuous and satisfactory service immediately prior to the filing of application for accreditation; and
 - 2.3. Have completed a regular training program on health care service and community-based health program that would upgrade and develop the skills and competency of BHWs to perform their roles.
3. **DISENGAGEMENT FROM SERVICE-** Disengagement from service of BHW shall commence at the age of 60 years old. Extension, as deemed necessary, shall be allowed until 65 years old, provided that a medical certificate stating that the BHW is physically fit for work will be complied. Provided further, said extension of service shall be subject to the approval of Municipal Registration and Accreditation Committee [MRAC].

It shall be the duty of the LGU, in cooperation with the provincial government and the DOH, to provide the BHW applicant for registration the necessary support and opportunities for accreditation.

A BHW must complete the regular training program on health care service and community-based health program within five (5) years from registration.

SECTION 300. DUTIES AND FUNCTIONS. BHWs are required to perform tasks as stated in the IRR of R.A. 7883 and are expected to provide services that are effective, empowering, appropriate, acceptable and accessible. These services must be part of activities that are carried out in order to accomplish pre-determined program objectives that will provide benefits to Tigbauan residents.

As one of the key partners in a reformed healthcare delivery system, the LGU together with the DOH shall support the roles of BHWs as:

1. **Advocate-** to support, promote and champion current health programs, projects, and activities to improve access to quality health services towards the improved health status of the community;
2. **Educator-** to guide and advise the community on the current DOH and health priorities of the LGU such as importance of birth plan and facility-based delivery in reducing maternal and infant deaths; newborn screening for the early detection of congenital metabolic disorders which may lead to mental retardation and even death, among others;
3. **Disseminator-** to maintain regular communication with local professional health workers on health events and updates and concerns relevant to the community and inform the same to the community for appropriate action, if necessary;
4. **Coordinator-** to facilitate access to any group or association of the community with a relevant network of or specific health and non-health service providers;
5. **Record Keeper-** to maintain updated records of health data, health activities and events in the community;
6. **Health Care Service Provider-** to assist and provide basic healthcare services as may be needed in the community in any health event.

A BHW shall not be required to engage in any partisan political activity.

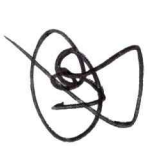
There shall be a BHW Focal person in every barangay/cluster who shall serve as coordinator of the Municipal Health Office to recommend policies, plans and programs to achieve the highest standard of health services in their respective barangays.

SECTION 301. OTHER DUTIES AND FUNCTIONS OF BHWs AT THE BHS/BARANGAY

1. **Submit a Monthly Accomplishment Report** - Every BHW must prepare and submit a monthly accomplishment report, duly signed by their immediate supervisor to ensure proper monitoring and documentation of health activities in the community;
2. **Maintain Coverage of at least 20 households** - Each BHW shall be assigned and responsible for at least (20) households under the supervision of the Rural Health Midwife (RHM) to ensure continuous health monitoring and delivery of basic health services;
3. **Render Service at the Barangay Health Station or Main Health Center** - BHWs are required to render service at the Barangay Health Station (BHS) or Main Health Center based on the schedule set by their immediate supervisor to assist in implementing health programs and activities.

SECTION 302. BENEFITS AND INCENTIVES. The benefits and incentives granted under this ordinance shall be treated as local benefits and incentives under R.A. 7883, subject to availability of local funds and in accordance with the existing laws, rules, and issuances. These local benefits and incentives include, but not limited to the following:

1. Identification cards duly signed by the Municipal Mayor and Municipal Health Officer. The same shall be given to BHWs without cost;
2. Uniforms (which shall include T-Shirts, Blazer (Chaleco);
3. BHW Kit (composed of First-Aid Kit, stethoscope, sphygmomanometer, tape measure, thermometer);
4. Health Benefits- all registered and accredited BHWs shall be entitled to the following health benefits during their incumbency:
 - a. Free medical care, including surgery and surgical expenses medicines, x-ray and other laboratory fees, when confined in any public hospital or health institution;
 - b. Emergency assistance not exceeding the amount of Five Thousand Pesos (P5,000.00) chargeable against the fund of the barangay concerned, for expenses incurred in the nearest private hospital or clinic in case of extreme emergency where there is no available public hospital; and
 - c. Mandatory and immediate membership in PhilHealth as indirect contributors;
5. Accident Insurance for injuries incurred while in the performance of official or assigned tasks;
6. Sick, Vacation and Maternity Leaves- all ACCREDITED BHWs shall be entitled to sick, vacation and maternity leaves as may be prescribed in the IRR of this ordinance.
7. Hazard Allowance- all ACCREDITED BHWs shall be entitled to hazard allowance in an amount to be determined by the local health board of the LGU concerned, subject to existing laws, rules, and regulations.
8. Subsistence Allowance- all ACCREDITED BHWs who render service within the premises of isolated barangay health stations shall be entitled to subsistence allowance equivalent to the meals they take in the course of their duty, which shall be computed in accordance with prevailing circumstances as determined by the LGU concerned;
9. Transportation Allowance- all ACCREDITED BHWs, in the performance of their official duties, shall be entitled to a transportation allowance, subject to auditing rules and regulations;
10. One-time retirement Cash Incentive- an ACCREDITED BHW who has continuously and satisfactorily served for at least fifteen (15) years shall be entitled to one-time retirement cash incentive of not less than Ten Thousand Pesos (P10,000.00) in recognition of their loyalty and dedication, which shall be borne by the municipality concerned.
11. Cash gift- all ACCREDITED BHWs are entitled to a cash gift not less than the minimum monthly honoraria to be given every December from the general fund of the barangay or from such other funds appropriated by the national government for the purpose;
12. Disability Benefit- an ACCREDITED BHW who sustains an injury or falls ill in the course of the performance of their duties shall be entitled to Two thousand pesos (P2,000.00) for every year of service.
13. Training, Education and Career Enrichment Programs- The DOH, in coordination with the Department of Education, Commission on Higher Education (CHED), Technical Education and Skills Development Authority (TESDA), DOH-recognized academic institutions, other concerned agencies and non-government organizations, shall provide information on and opportunities for education and career enrichment for accredited BHWs;
14. Civil Service Eligibility- a Second Grade Civil Service (Sub-Professional) eligibility shall be granted to accredited BHWs who have rendered at least five (5) years continuous service and have completed at least two (2) years of college education (subject to CSC's approval);
15. One-Child Scholarship- Only one child of an accredited BHW is entitled to admission in any of the State Colleges and Universities, provided that the BHW and/or sponsoring agency will pay for the





miscellaneous fees, books and other expenses related to the scholarship and provided further, that the BHW has not yet availed of the program enumerated in Section 16 (c {1&2} of RA 7883;

SECTION 303. TRAINING, EDUCATION and CAREER ENRICHMENT PROGRAMS(TECEPs). The DOH, in collaboration with other concerned government agencies, including LGUs, NGOs, POs, private agencies and institutions, shall provide information and opportunities for training, education and career enrichment programs (TECEPs) for ACCREDITED BHWs.

1. Available Courses- any ACCREDITED BHW may avail of one or more of the following TECEPs offered in the Philippines or in other countries:
 - 1.1 Formal Health Sciences education with certificate or diploma, graduate and/post graduate courses, offered by institutions accredited/recognized by the Commission on Higher Education (CHED), including the step-ladder curriculum for health sciences;
 - 1.2. Formal vocational course in health offered by institutions accredited/recognized by the CHED;
 - 1.3 Trainings and other short-term courses on health, with or without certificate, offered by institutions whose programs have been accredited/recognized by the DOH; and
 - 1.4 Other non-formal education courses as may be prescribed by the DOH and the Bureau of Non-Formal Education of the Department of Education
2. Qualifications for BHW Scholarship- In order to avail of the formal health science education scholarship, an accredited BHW must:
 - 2.1. Have rendered at least five (5) years of active and continuous service as BHW;
 - 2.2. Be a High School Graduate;
 - 2.3. Be nominated by 60-70% of the household heads of the community being served;
 - 2.4. Have exemplary community and work performance and commitment to serve people;
 - 2.5. Be physically and mentally fit to undertake the program;
 - 2.6. Have passed the requirements of the concerned educational institution as deemed necessary; and
 - 2.7. Have not availed of the one-child scholarship benefit

SECTION 304. BHW HOUSEHOLD RATIO- There shall be an appointment of at least one (1) BHW in every barangay for every twenty (20) households who shall be under the supervision and control of the DOH. The BHW so appointed shall coordinate closely with the municipal health officer in the implementation of health programs in the locality. As far as practicable, the BHW to be employed must be a resident of the barangay.

The DOH shall determine the ratio of barangay health workers according to the number of households, provided that, there shall be at least one (1) BHW for every twenty (20) households and provided further, that the total number of barangay health workers nationwide shall not be less than one percent (1%) of the total population.

SECTION 305. FUNDING. The Barangays are hereby authorized to allocate necessary funds to grant the said benefits and incentives for their Barangay-paid Health Workers. Funds necessary for the grant of additional benefits and incentives for qualified BHWs shall be included in the annual budget of the Municipal Health Office.

SECTION 306. REVIEW BY THE LOCAL HEALTH BOARD. Every incentive or benefit for BHWs requiring expenditure of local funds shall be reviewed and approved by the LHB. Such benefits and incentives may be increased, upon review of the LHB, after considering, among others, the present consumer index (CPI) as published by the Philippine Statistics Authority (PSA).

SECTION 307. DISCRIMINATION PROHIBITED. Discrimination against any BHW by reason of gender, civil status, creed, religious or political beliefs and ethnic groupings in the exercise of their functions and responsibilities is thereby prohibited.

SECTION 308. PROTECTION OF BHWs. The LGU and the DILG shall establish a grievance mechanism as a means of processing complaints of BHWs against alleged acts of discrimination and unjust removal from the service. A BHW may appeal their grievances to the DILG.

No person duly accredited as a BHW shall be removed except for a valid cause to be determined by the Local Health Board (LHB), provided, that if found to be unjustly removed from service, a BHW shall be entitled to reinstatement without loss of benefits and incentives from the time of termination up to the time

of reinstatement. The LHB shall resolve termination cases against a BHW judiciously not later than ninety (90) days from the receipt of complaint.

SECTION 309. MUNICIPAL FEDERATION OF BHWs. The Municipal Federation OF BHW shall serve as the partner of the LGU in the implementation of this ordinance. The federation shall provide support to member BHWAs in delivering health services, accessing resources and opportunities for BHW enhancement and shall assist in updating the list of BHWs in the municipality.

SECTION 310. BARANGAY HEALTH WORKERS ASSOCIATION (BHWA). The BHWA is an association of BHWs at the barangay level. It shall inform its members of all development affecting their rights, duties and obligations as BHWs under R.A. 7883 and it's IRR. Further, it shall keep and maintain copies of service records of its members, and assist the MHO in updating the list of registered and accredited BHWs in the barangay.

SECTION 311. REPRESENTATION IN THE LOCAL HEALTH BOARD AND PRIMARY HEALTH CARE PROVIDER. The president of the Municipal BHW Federation shall be a member of the Local Health Board, provided that the BHW representatives to the LHB shall not be allowed to vote on registration, accreditation and disciplinary or removal complaints of BHWs.

SECTION 312. CONTINUOUS CAPACITY BUILDING FOR BHWs. The LGU, in coordination with the DOH shall conduct continuous capacity building for BHWs to enhance and upgrade their knowledge and skills, including training programs conducted online and in major Philippine dialects.

SECTION 313. IMPLEMENTING RULES AND REGULATIONS. Within ninety (90) days after the passage of this Ordinance, the Municipal Health Office shall craft the necessary IRR of this Ordinance subject to the confirmation of the Sangguniang Bayan.

CHAPTER XL

**INSTITUTIONALIZING BLOOD DONATION PROGRAM
AND ENCOURAGING VOLUNTARY BLOOD DONATION (Mun. Ord. No. 2023-021)**

SECTION 314. INSTITUTIONALIZATION. A Blood Donation Program is hereby institutionalized in the Municipality of Tigbauan and blood donation activities are hereby made on a regular schedule in the municipality to ensure a steady, adequate and safe supply of blood and blood products.

SECTION 315. PROMOTION OF VOLUNTARY BLOOD DONATION. To ensure adequate supply of blood and blood products in the locality, voluntary non-remunerated blood donation shall be promoted through the following:

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1. *Declaration of the Municipal Blood Donation Month* - A Municipal Blood Donation Month is hereby declared henceforth to be annually conducted in the Municipality of Tigbauan every month of July and every year thereafter;
 2. *Blood donation activity* - This consist of donor recruitment and blood donation activities primarily conducted during the municipal blood donation month and may also be strategically scheduled throughout the year to ensure a continuous and accessible supply of blood and blood products;
 3. *Public Education* - This is an organized wide public education campaign to be spearheaded by the Municipality of Tigbauan through the Rural Health Unit of Tigbauan in collaboration with WVMC and other public or private hospitals, other government agencies, PRC, NGOs, and other institutions to raise awareness of residents on the value, advantages and benefits of blood donation; and
 4. *Creation and Establishment of a Municipal Blood Donor's Club* - a Municipal Blood Donor's Club shall be established. Members of the club shall come from qualified blood donors from every barangay in the municipality.

SECTION 316. BLOOD SERVICE NETWORK - a Blood Service Network shall be organized in coordination with the Tigbauan Rural Health Unit, barangays and Blood Service Facilities to improve the provision of adequate and safe supply of blood and blood products to all patients in the community, maximize its utilization and avoid wastage.

SECTION 317. GUIDELINES FOR BLOOD DONATION

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1. *Blood Donation Orientation*- the municipality must have a blood donation orientation prior to the blood donation activity to ensure proper public education and awareness of the blood donation program;
 2. *Donor Qualification*- The following are the minimum requirements for a resident to qualify for blood donation:

The individual must:

- a. Be in good health and physically fit;
 - b. Be between 16 to 65 years of age (those ages 16 to 17 must provide written parental consent; first time donors up to 50 years of age will be accepted; regular donors up to 65 years of age);
 - c. Weigh at least 50 kilograms for male and 52 kilograms for female.
 - d. Have hemoglobin level of at least 12.5 g/L;
 - e. Have normal body temperature (36.5/37C);
 - f. Pulse rate of at least 60-100/min;
 - g. Blood Pressure: between 90 and 160 mmHg systolic and 60 and 100 mmHg diastolic;
 - h. Have had enough sleep and rest the night prior to blood donation;
 - i. Have eaten light meals prior to blood donation; avoid fatty food;
 - j. Not have medical problems and conditions such as diabetes, hypercholesterolemia, heart problems, kidney problems and other as per assessment of medical personnel;
 - k. Not suffering from any infection at the time within a month prior to blood donation, be it viral, bacterial or fungal caused;
 - l. Have not undergone invasive procedures such as surgery, ear and body piercing, acupuncture, and others in the past 12 months prior to donation as determined by the medical personnel;
 - m. Have not taken any 2 weeks antibiotics recently;
 - n. Not involved in high-risk behavior such as the following:
 - Having multiple sexual partners;
 - Having casual sexual activity, like fling or one- night stand;
 - Male who has/ had sexual activity with another male, even once; and
 - Person who has taken drugs, money, or payments for sex.
 - o. Not pregnant nor breast feeding at the time of donation;
 - p. Last blood donation is at least three (3) months ago; and
 - q. Other reasons for donor acceptance and referrals not stated are at the discretion of the attending medical personnel.
3. *Procedures for Blood Donation Registration* – at least two (2) members from each family are encouraged to donate blood. All possible donors should accomplish a Donor Information Sheet provided by the Blood Service Facilities;
 4. *On- Site/ Preliminary Screening* – ABO Blood grouping and hemoglobin determination are done on-site; Rh typing is done at the blood center laboratory along with other serological tests;
 5. *Physical Examination and Donor Interview* - This step is done by medical personnel such as doctors, nurses, and midwives to conduct medical history, physical examination, and vital signs (blood pressure, pulse rate, temperatures);
 6. *Blood Collection*- This is the extraction of about 400-450 cc of blood performed by trained staff and/ or personnel;
 7. *Rest and Refreshment* – After blood extraction, the donor is advised to rest for 15-30 minutes, and to have food/drinks;

SECTION 318. ADMINISTRATIVE PROVISIONS

1. All blood donations, and integral related activities aligned with the Blood Donor's Program shall henceforth be made a regular and permanent program in the Municipality of Tigbauan;
2. *Location of Activities* – All blood donation activities in the Municipality shall be held in the Tigbauan Sports Arena or any functional, hygienic and appropriate place decided by the Local Government Unit, attended and conducted by licensed and educated personnel of Blood Service Facilities. Blood shall be collected from healthy voluntary donors only, the venue should be cool and well ventilated;
3. *Scheduling of Activities* – The municipality shall have a schedule of regular blood donation activities in the month of July as declared in the entire Municipality as Blood Donor's Month. In cases where the municipality cannot schedule the blood donation activity due to a local epidemic, natural calamity, other calamitous events, and extreme conflicting schedules, the Local Blood Council shall decide on a convenient time guided with the principle that blood donation shall be strategically scheduled throughout the year to ensure a continuous and accessible supply of blood;
4. *Processing* – All donated blood shall be stored for processing blood and blood products, screening test and dispensing to the Blood Service Facilities (BSF). The Blood Service Facilities (BSF) shall operate on a non-profit basis. However, they may collect service fees not greater than the maximum prescribed by the Department of Health (DOH) which shall be limited to the necessary expenses entailed in collecting and processing of blood;
5. *Materials for Blood Donation*- The Blood Service Facilities in support of the National Voluntary Blood Service Program will provide blood bags and reagents used for the screening and testing of donors, collections and processing and storage of blood;
6. *Donor Inventory/List and Reports*- the Tigbauan RHU shall be required to keep and maintain a master list of qualified voluntary blood donors with their specified blood type. The RHU is required to update the list after every blood donation activity held in conjunction with the Blood Donor's

Month and shall consolidate the reports and submit to the Department of Health, Regional Office quarterly;

7. *Issuance of Blood Donor Card* – All successful blood donors shall be issued a Blood Donors Card by the Blood Service Facilities (BSF) as a record of donation;
8. *Voluntary Non-remunerated Blood Donors* – Voluntary donors are recognized to be the safest donors. Residents who are eligible blood donors are encouraged to voluntarily donate their blood; if not, may recruit persons who are willing to be voluntary blood donors; and
9. *Walk-in Blood Donors* – In situations where there may be inadequate blood stored, the walk-in blood donor concept shall be encouraged and all barangays in the Municipality shall be required to keep at all times a list of qualified walk-in blood donors with their specified blood type;

SECTION 319. COMPONENTS AND PARTICIPANTS. The program shall have for its main grouping of participants the following:

1. Every Barangay of the Municipality of Tigbauan;
2. Department of Education – Elementary, to be divided into six units, as follows:
 - a. Unit 1
 - b. Unit 2
 - c. Unit 3
 - d. Unit 4
 - e. Unit 5
 - f. Unit 6
3. All Secondary Schools namely:
 - a. Tigbauan National High School; and
 - b. All other Secondary Schools to be established hereinafter
4. Civil Society Organizations;
5. Municipal Officials, Employees and Job Order Personnel; and
6. National Government Agencies and other entities in the Municipality.

SECTION 320. LEAD OFFICE. The Municipal Health Office is the lead office in implementation of the program.

SECTION 321. MUNICIPAL BLOOD DONATION COORDINATOR. The Municipal Health Officer is designated as Municipal Blood Donation Coordinator and the Chief Implementer of the program, who is authorized to utilize and mobilize personnel of the Municipal Health Office and or request the assistance of personnel from other offices. As such, among his/her tasks are the following:

- a. Arrange for schedules of blood collection with blood collecting units which shall not be less than four times a year or once every quarter and inform the participants in advance of such schedules;
- b. Coordinate and communicate with the Punong Barangays, District Supervisor, School Heads, Civil Society Organizations and National Government Agencies in Tigbauan the schedule of collection and their participations;
- c. Keep records of blood donations that took place which include the donor's relevant data;
- d. Keep record of patients who are blood recipients on account of endorsement by the Municipal Government and follow up their replacement donors on scheduled blood donation days; and
- e. Perform or cause the performance of other tasks that may be relevant and necessary to carry out the program.

 **SECTION 322. ROLE OF THE BARANGAYS.** All barangays in the Municipality of Tigbauan, through their respective Barangay Councils and Health Committees, are likewise enjoined to provide support to this program, particularly during the conduct of public education and recruitment of donors. The Punong Barangays and Chairperson on the Committee on Health shall serve as the Barangay Blood Donation Coordinators.

 **SECTION 323. ROLE OF THE DISTRICT SUPERVISOR.** The District Supervisor shall oversee the participation in blood donation of all elementary schools under its jurisdiction, enlisting for this purpose the help of elementary school principals, school heads, teachers, parents, and others. The District Supervisor shall designate a Blood Donation Unit Coordinator in every unit of elementary schools to coordinate the participation of the schools in their respective units.

 **SECTION 324. ROLE OF SECONDARY SCHOOL PRINCIPALS.** Secondary School Principals shall oversee the participation of their secondary school in the blood donation program, enlisting for this purpose the help and participation of teachers, parents, and others.

SECTION 325. ROLE OF ELEMENTARY SCHOOL HEADS. Elementary School Heads shall oversee the participation of their school in the blood donation program, enlisting for this purpose the help and participation of teachers, parents, and others.

SECTION 326. PARTICIPATION OF CIVIL SOCIETY ORGANIZATIONS. Civil Society Organizations are encouraged to participate in this Blood Donation Program.

SECTION 327. PARTICIPATION OF LGU TIGBAUAN. All Municipal Officials, employees, contractual and/or job order personnel are enjoined to participate by being donors themselves or recruit on their behalf if personal donation is not possible at least once in every year.

SECTION 328. PARTICIPATION OF NATIONAL GOVERNMENT AGENCIES, PRIVATE EDUCATIONAL INSTITUTIONS, INTERGOVERNMENTAL ORGANIZATIONS, AND OTHER ENTITIES. All other national government agencies, private educational institutions, IGOs, and other entities stationed in this Municipality are also strongly encouraged to participate in the blood donation activity of the municipality. Their respective heads or commanders shall oversee the participation of their respective units or agencies.

SECTION 329. CAMPAIGN AND PROMOTION FOR BLOOD DONATION. There shall be a continued and sustained campaign and promotion for blood donation in the entire Municipality through brochures, campaign materials, and other means by the Municipal Health Office.

In every school, there shall be a talk to all school learners during the flag ceremony on the importance of blood donation at least once a year, preferably on the second Monday of July. July is the Blood Donors Month. For this purpose, guests knowledgeable on the matter may be invited or speakers within the schools designated by the school heads and trained for this task, or the school heads themselves.

Aside from the foregoing, the schools may resort to other means to inculcate in the minds of youngsters and school children the value and importance of voluntary blood donation, even if they are not yet of age to donate. This shall include the integration in the lesson of blood donation and its importance, at least once a year, preferably during the first scheduled blood donation of the year, and announcements of all schedules of blood donations in every school.

SECTION 330. BLOOD SERVICE FACILITIES (BSF) – The Blood Service Facilities shall assist in community mobile blood donation in the collection of blood which include provisions of blood bags and reagents, testing and processing of blood, ensuring the quality of blood product, and issuance and provisions of blood to requesting hospital per need of the patient and submit quarterly report to the Tigbauan Rural Health Unit.

SECTION 331. THE PHILIPPINE RED CROSS (PRC)AND WESTERN VISAYAS MEDICAL CENTER (WVMC) BLOOD BANK - the PRC and WVMC, through their Blood Banks, are hereby recognized as Blood Service Facilities in the Province of Iloilo.

SECTION 332. ACCESS TO BLOOD BANK- Municipal Blood Deposits shall be accessed by bona fide residents of Tigbauan through a simple procedure to be agreed upon both by the Local Government Unit of Tigbauan and the BSF, and taking into consideration the DOH-authorized fee on serology test.

SECTION 333. APPROPRIATION – An amount of **ONE HUNDRED TEN THOUSAND PESOS** (P110,000.00) shall be appropriated for the implementation of this ordinance chargeable against the General Fund of the municipality, subject to the existing laws, rules, and issuances.

SECTION 334. IMPLEMENTING RULES AND REGULATIONS (IRR) – The Local Government Unit of Tigbauan, Municipal Blood Council, together with the Blood Service Facilities (BSF) shall issue guidelines for a successful and safe establishment and implementation of the Blood Donor's Program. This will be in accordance with the Implementing Rules and Regulation (IRR) of Republic Act 7719 (National Blood Service Act of 1994).

CHAPTER XLI

CREATING THE LGU HEALTH CLUB (Mun. Ord. No. 2023-020)

SECTION 335. ORGANIZATION, COMPOSITION AND SUPERVISION OF THE LGU HEALTH CLUB. The Health Club shall be organized and supervised by the Municipal Health Office through the NCD Focal Person. The Chairperson of the Committee on Health and Sanitation of the Sanggunian Bayan shall also serve as co-supervisor. The Health Club shall elect its own officers every year which may involve the President, Vice President, Secretary, Treasurer, and P.I.O. as may be deemed necessary by the members during the meeting for such purpose.

SECTION 336. MEMBERSHIP.

1. This Ordinance shall cover the following populations who are at risk of NCDs:

- a. High risk groups - population with hypertension and diabetes;
- b. Moderate risk groups - working population involved in prolonged physical, environmental and psychological hazards such as those in the public transport, fishing, farming, etc.; and
- c. At-risk groups - all population aging 20 years old and above that may involve government employees, young professionals, LGBTQIA+, educational sector, and health and fitness groups;

All the above-mentioned groups of people who are *bona fide* residents of the Municipality of Tigbauan can become members of the Health Club.

2. Membership Number - each club member shall be given a unique chronological club membership number;
3. Identification (ID) Card - each patient shall receive a unique ID card color-coded according to their clinical classification as follows:
 - a. YELLOW: (<20% risk score) the patient has hypertension or diabetes only (no signs or symptoms of target organ damage);
 - b. ORANGE: (20-30% risk score) the patient has hypertension and diabetes without any sign or symptom of target organ damage; and
 - c. RED: (>30% risk score) the patient has hypertension and/or diabetes and signs of target organ damage.

When the clinical condition of the patient improves or deteriorates, he/she shall be given an adjusted color-coded ID.

SECTION 337. MEDICATIONS.

1. Newly diagnosed hypertensive and diabetic patients shall:
 - a. Receive prescription good for 3 months from the Municipal Health Officer;
 - b. Receive maintenance medications in the Health Facility where they are registered
2. Previously diagnosed hypertensive and/or diabetic patients who come to the health facility just to ask for free medications shall be:
 - a. Thoroughly evaluated: measure BP, test capillary FBS (glucometer), assess clinical signs and symptoms for target organ damage and underlying causes (e.g. renal disease for hypertensive patients) based on PhilPEN;
 - b. Registered in the appropriate NCD Registry of the Health Facility;
 - c. Strongly encouraged to enroll in the Health Club;
 - d. Given health education reiterating the lifestyle messages mentioned in First Health Education; and
 - e. Maintained on their current medications until the next follow-up.
3. Maintenance medications shall be personally claimed by the patient in the Health Facility. Alternatively, a representative may claim for them, provided that, the patient's booklet must be accompanied by an authorization letter.

SECTION 338. ACTIVITIES OF THE HEALTH CLUB

1. Enrolment of patients with Chronic Lifestyle-Related NCDs and annual risk assessment, screening, and recruitment for Health Club membership;
2. Periodic measurement of Blood Pressure (BP), cholesterol test, electrocardiogram (ECG), and fasting blood sugar (FBS) including reminders when these have to be repeated, e.g., through mobile phones;
3. Lifestyle improvement activities such as changes of diet, increased physical activities, cessation of smoking, reduction of alcohol intake;
4. Health education, advocacy and social marketing/IEC campaign activities especially on prevention of common infections and proper use of medications, among others;
5. Replenishment of free medications;
6. Mental health improvement and other social support activities including home visits to encourage bonding among members and to relieve stress;
7. "Istoryahanay" or peer group engagement in health education;
8. Social activities like regular walking activities, zumba, and other get-togethers to further raise the understanding of health consciousness;
9. Fund-raising activities, networking and lobbying for medical check-ups;

10. Registration in the Securities and Exchange Commission to raise funds for Club projects and activities;
11. Meetings that will be agreed upon by the majority of the members who convened for this purpose. Meetings may be called by the Club President, through a notice duly received by the members at least 24 hours prior to the meeting. A simple majority will determine the quorum of the Health Club to transact its business; and
12. Other activities as may be deemed necessary and agreed upon by the members during their action planning.

SECTION 339. RESPONSIBILITIES OF THE PARTIES

1. BARANGAY OFFICIALS

- a. Ensure the efficient and effective provision of health services in the barangay;
- b. Provide the necessary assistance, such as, but not limited to, annual budgetary allocation to support the creation and operation of the Health Club;
- c. Encourage the community to join the Health Club;
- d. Support health promotion and education campaigns of the LGU;
- e. Formulate policy to promote and ensure the health and well-being of the community; and
- f. Ensure an inclusive and equitable implementation of this Ordinance.

2. BHW FEDERATION

Conduct community profiling and relay information to local stakeholders to inform programs and policies;

- a. Assist the barangay officials in recruiting vulnerable or at risk populations for Health Club membership;
- b. Serve as liaison between hypertensive and diabetic patients and health care providers;
- c. Provide support to the Health Club which may include, but not limited to, the following: blood pressure monitoring, distribution of commodities to HC members, motivating patients to adopt healthy lifestyle, following up patients for medication refills, and recording of data;
- d. Provide culturally appropriate health education, promotion and advocacy to the community; and
- e. Gather community feedback for the sunset review of this Ordinance.

3. MUNICIPAL HEALTH OFFICE

- a. Spearhead the organizing of the facility-based Health Club using this Ordinance as a guideline;
- b. Assign a focal person within the facility who will oversee the activities of the club;
- c. Be responsible for the assessment of Health Club members, referral of patients, distribution of medications, and the setting of protocols or standards based on the DOH guidelines for the management and care of patients;
- d. Provide health education, advocacy, and other health services to the Health Club members, as maybe necessary;
- e. Ensure sustainability of the Health Club through regular follow-up of patients and registry;
- f. Prepare monitoring and evaluation reports on the functionality of Health Club and maintain inventory of medications; and
- g. Ensure close coordination with concerned stakeholders for NCD Program implementation in the LGU.

4. LOCAL LAW ENFORCERS

- a. Provide assistance to the Health Club by ensuring public safety during Health Club activities and monitoring and assisting in following-up defaulters;
- b. Participate in Health Club activities (e.g., healthy lifestyle activities including, but not limited to, Zumba and other fitness programs in the community); and
- c. Endeavor to become role models in pursuing a healthy lifestyle.

5. MUNICIPAL OFFICIALS

- a. Support the organization and institutionalization of the Health Club in the main health facility within the LGU;
- b. Provide support to the operation and effective functioning of the Health Club which include, but not limited to, the following: annual budget allocation, manpower, registration and accreditation, facilities and equipment, incentives, awards, and other logistics needed by the club;
- c. Promote an inclusive and equitable implementation of this Ordinance; and

d. Ensure the implementation, monitoring and review of this Ordinance.

6. **SENIOR CITIZENS**

- a. Provide support to the Health Club by: (1) serving as volunteers to assist in active case finding and/or recruitment and referrals among the elderly; (2) serving as resource speakers to share experiences to promote healthy lifestyle; (3) promoting membership into the health club among the elderly and in their respective families;
- b. Participate in health advocacy, planning, social mobilization, monitoring, and evaluation in the community;
- c. Participate in healthy lifestyle activities including, but not limited to, Zumba and other fitness programs in the community; and
- d. Endeavor to become role models in pursuing a healthy lifestyle.

7. **YOUTH**

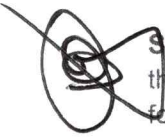
- a. Provide support to the Health Club by serving as volunteers to assist in active case finding and referrals;
- b. Participate in health advocacy, planning, social mobilization, monitoring, and evaluation in the community;
- c. Participate in healthy lifestyle activities including, but not limited to, sports activities, mental health awareness campaigns, Zumba and other fitness programs in the community;
- d. Engage in adolescent and youth-friendly activities such as, but not limited to: responsible adolescent and youth sexual and reproductive health, environmental protection, food security, nutrition and other activities in response to Social Determinants of Health; and
- e. Endeavor to become role models in pursuing a healthy lifestyle.

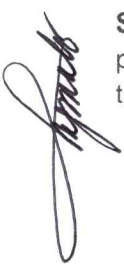
SECTION 340. AFFILIATIONS. Patient-initiated health clubs, such as those organized in schools, workplace and other entities located in the municipality may be recognized as affiliated chapters of the LGU Health Club.

SECTION 341. PROMOTION OF HEALTHY LIFESTYLE AND MENTAL HEALTH AWARENESS PROGRAM IN THE MUNICIPALITY. In order to prevent lifestyle-associated illnesses (Diabetes Mellitus, Hypertension, malignancies such as Lung Cancer, Cardiovascular and other endocrine disorders), and mental health associated issues and problems, the promotion of healthy lifestyle and mental health awareness program in the municipality shall be established.

SECTION 342. REGULAR WORKOUT PROGRAM. To instill the importance of healthy lifestyle, camaraderie and closer relationship among public service providers in the municipality and ensure physically fit and healthy human resource, there shall be a regular workout program in the Municipality and shall be implemented by the Local Government Unit of Tigbauan.

- 1. "Hataw Day"/Zumba Day shall be done every 4:30 in the afternoon during Wednesdays and Fridays and shall be participated by all municipal officials, employees and job hire personnel;
- 2. All schools and barangays shall conduct a workout program/ "hataw" exercises at least once a week.

 **SECTION 343. IMPLEMENTING RULES AND REGULATIONS.** After sixty (60) days from the effectivity of this Ordinance, the Local Chief Executive shall create a committee who will be responsible for the formulation of the implementing rules and regulations and other guidelines of this Ordinance.

 **SECTION 344. FUNDING.** An amount, as may be necessary to the implementation of the club's programs, projects and activities, and to the provisions and purposes of this ordinance is hereby appropriated from the General Fund of the municipality subject to the existing laws, rules, and issuances.

Chapter XLII
SETTING THE NEW GUIDELINES FOR THE USE
OF EMERGENCY VEHICLES (Mun. Ord. No. 2024-023)

 **SECTION 345. USE OF PATIENT TRANSPORT VEHICLES (PTVs) AND EMERGENCY RESPONSE VEHICLES (ERVs).** For a more efficient and effective use of Patient Transport Vehicles and Emergency Response Vehicles of the municipality, the following guidelines shall be strictly observed:

1. PATIENT TRANSPORT VEHICLES (PTVs)

- a. The PTVs shall be used for responding to calls of birthing emergencies, imminent deliveries/pregnancies and other similar cases;
- b. The PTVs shall be used to cater patients who need to be referred to a referral hospital for further medical treatment;
- c. The PTVs shall be used to ferry post-operated/non-ambulatory patients discharged from other hospitals if the hospital ambulance is not available, subject to the availability of the PTV and approval of the MHO;
- d. The PTVs shall only be used to cater medical emergency cases or augment to emergency response in the case the ERVs are not available at the time of the incident.

2. EMERGENCY RESPONSE VEHICLES (ERVs)

- a. The ERVs shall be used to cater all emergency cases, vehicular and road accidents;
- b. The ERVs shall be used during the conduct of search and rescue operations within the municipality;
- c. The ERVs shall only be used to cater birthing emergencies, imminent deliveries/pregnancies and other similar cases or augment to PTVs in the case the PTVs are not available at the time of the incident, provided that there shall be a midwife from the PCF to accompany the patient before going to the referral hospital.

SECTION 346. EMERGENCY CASES. Most Common Emergency Cases that require urgent intervention/action or necessitates hospital admission to prevent further complications and/or referral to a higher facility for further evaluation and management:

- i. Stroke
- ii. Hypertensive Emergencies
- iii. Victims of vehicular accident, shooting incident, stabbing incident, among others;
- iv. Difficulty of breathing
 - a. Uncontrolled asthma; Status *Asthmaticus*
 - b. Anaphylactic Shock (Severe Allergic Reaction)
- v. Complicated pregnancy
 - a. Cord coil
 - b. Pre-eclampsia/ eclampsia or uncontrolled hypertension in pregnancy
 - c. Placenta previa/accreta (Abnormal position of the placenta)
 - d. Imminent delivery
- vi. Internal bleeding
- vii. Electrical and lightning injuries
- viii. Poisoning/Food poisoning
- ix. Severe burns
- x. Convulsion or seizure

SECTION 347. REGULATORY PROVISIONS.

1. Only one-way referral of emergency cases from the Primary Care Facility;
2. The emergency response vehicles and patient transport vehicles shall not wait for more than fifteen (15) minutes at the referral hospital upon arrival;
3. The emergency response vehicles and patient transport vehicles shall always be parked or at stand-by in the premises of the MDRRMO (ERVs) and RHU (PTVs) 24/7;
4. In cases when the PTV of the municipality is being requested at the referral hospital, the designated hospital personnel shall be the one to coordinate with the PCF, subject to the approval of the MHO. Folks are not allowed to directly communicate with the PCF.
5. The drivers of the PTVs and ERVs must be available on a 24-hour basis to respond to any emergency;
6. Trip tickets shall be duly accomplished before using the PTVs in non- emergency cases and shall be subject to the approval of the Municipal Health Officer;
7. During emergency cases, trip tickets shall be duly accomplished within 24 hours after the use of the PTVs and/or ERVs. All referrals shall be entered in a logbook to be maintained for the purpose;
8. No driver nor any MHO/MDRRMO Personnel shall be allowed to accept cash payment from the patient during emergency cases. In case the payment for fuel shall be done through cash assistance from the MSWDO (for non-emergency patients), prior to the release of such Cash Assistance, it shall seek clearance from the MHO for fuel expenses;
9. No driver under the influence of alcohol shall be allowed to operate the PTV or ERV nor is any driver allowed to drive when he is taking anti-histamine or any other medicine which can cause drowsiness.





10. Fees:

Tigbauan Residents	Tigbauan to Rep. Pedro G. Trono Memorial Hospital (RPGTMH), Guimbal, Iloilo	200.00
	Tigbauan to any referral hospital in Iloilo City or any nearby hospital	500.00
	Rep. Pedro G. Trono Memorial Hospital (RPGTMH), Guimbal, Iloilo to referral hospital in Iloilo City or any nearby hospital	750.00
Indigent Residents of Tigbauan	Exempted from payment of PTVs but shall present a Certification from the Punong Barangay concerned that the patient is in crisis situation./indigent. For indigent (poorest of the poor) NHTS and 4P's members a certification issued by MSWDO.	—
Non-resident of Tigbauan	Tigbauan to Iloilo City hospital or any nearby hospital	1,000.00

CHAPTER XLIII

INSTITUTIONALIZING THE CONDUCT OF ORGANIZED SCREENING FOR DETECTION OF CERVICAL CANCER AND INSTILLING CERVICAL CANCER AWARENESS (Mun. Ord. No. 2024-033)

SECTION 348. MUNICIPAL COUNSELING CENTER/SPACE. There shall be provision of a counseling space for cervical cancer awareness programs, counseling sessions and/or other relevant activities in the municipality.

SECTION 349. MUNICIPAL CERVICAL CANCER AWARENESS MONTH. The month of January of every year shall be declared as the Municipal Cervical Cancer Awareness Month to promote advocacies on cervical cancer awareness and promote cervical cancer vaccination in the municipality.

SECTION 350. CONTINUOUS TRAINING/CAPACITY BUILDING AND PROMOTION/ ADVOCACY. All-encompassing learning activities and programs designed to increase the capacity, knowledge and skills of health workers and professionals on Cervical Cancer in the municipality must be formulated by the Municipal Health Office.

SECTION 351. IMPLEMENTING RULES AND REGULATIONS (IRR). The Municipal Health Office shall draft the necessary implementing rules and regulations of this Ordinance not later than 6 months from its effectivity.

SECTION 352. APPROPRIATION. The Local Government Unit of Tigbauan shall set aside an amount necessary to carry out the provisions of this ordinance which shall be included in the Annual Budget of the Municipal Health Office (MHO).

CHAPTER XLIV

INSTITUTIONALIZING THE MENTAL HEALTH CARE PROGRAM, ESTABLISHING MECHANISMS AND GUIDELINES FOR ITS IMPLEMENTATION, ADOPTING CERTAIN PROVISIONS OF R.A. 11036, OTHERWISE KNOWN AS THE MENTAL HEALTH ACT (Mun. Ord. No. 2024-034)

SECTION 353. DUTIES AND RESPONSIBILITIES OF THE MUNICIPAL GOVERNMENT OF TIGBAUAN:

- Review, formulate and develop regulations and guidelines necessary to implement an effective mental health care and wellness program and policies in the Municipality of Tigbauan;
- Integrate mental health care services in the basic healthcare services, and ensure that these are provided in primary healthcare facilities and hospitals;
- Establish or provide training programs or activities necessary to enhance the capacity of mental health service providers and other health workers in providing appropriate mental health services or interventions;

- Establish and capacitate mental health care facilities or clinic in the municipality in order to be more accessible and responsive to the needs of the patients or community;
- Establish a temporary housing facility for vagrant psychotics or individuals suffering from mental health problem with no identified relatives where they can live or stay;
- Refer or coordinate transfer of service users or patients to mental health facilities, professional workers and other service providers for appropriate care; and
- Establish a multi-sectoral network for the identification, management, and prevention of mental health illness in the community;

SECTION 354. INSTITUTIONALIZING THE MENTAL HEALTH PROGRAM OF THE MUNICIPALITY OF TIGBAUAN. The mental health program and services of the Municipal Health Office of Tigbauan is hereby institutionalized and shall be integrated as part of the public health services in the health facilities of the Municipal Government of Tigbauan.

- I. Mental health care services to be provided in the municipality shall be:
 - Based on medical and scientific research findings;
 - Responsive to the clinical, gender, cultural and other special needs of the individuals being served;
 - Service must be provided in most appropriate and least restrictive setting;
 - Age-appropriate;
 - Provided by mental health professionals and workers in a manner that ensures accountability; and
 - Economically accessible.
- II. The mental health care services shall aspire to evolve from a predominantly hospital-based mental health care system to a comprehensive community-based mental health care system which shall consists of:
 - a. Development and integration of mental health care at the primary health in the community;
 - b. Continuation of programs for capacity/capability building among existing local health workers in close coordination with mental or psychiatric hospitals, universities and other health providers;
 - c. Continuous support services and intervention for affected families;
 - d. Advocacy and promotion of mental health awareness among the general population;
 - e. Capacity building, reorientation and training shall be required for health providers;
 - f. Research and development to improve mental health programs shall be undertaken, in collaboration with other government agencies, academic institutions, mental health associations and non-government organizations, to develop or enhance appropriate and relevant mental health services in the community.

SECTION 355. MENTAL HEALTH PROGRAM. The Municipality of Tigbauan through the Municipal Health Office shall ensure the implementation of the following to hasten the delivery of mental health services to the people:

- a. Capacity-building of non-specialists and other health professionals, including municipal health officers and barangay health workers, in providing appropriate mental health services;
- b. Institute and strengthen a mental health facility or system suited for the needs of the people of Tigbauan;
- c. Institutionalize a hospital-specialist referral system for psychiatric, substance and neurologic emergencies;
- d. Establish a mechanism for the delivery of pharmacological and/or psychosocial interventions;
- e. Education, awareness and information campaign with regards to the importance of mental health, mental health consciousness and the various mental health conditions and the available mental health services in the municipality;
- f. Assist service users by making available appropriate medications, medical supplies and equipment needed by health workers to deliver appropriate mental health services;
- g. Include reportorial requirement, regular submission of reports to DOH and creation of registry and make decisions based on official and scientific data and reports;

SECTION 356. MUNICIPAL MENTAL HEALTH ADVISORY BOARD. The Municipal Mental Health Advisory Board is hereby established to provide for a consistent, rational and unified response to mental health problems and concerns through the formulation and implementation of the Tigbauan Mental Health Care Program:

- I. **The Board** is empowered to:

1. Review and formulate policies and guidelines on mental health issues and concerns;
2. Develop an inclusive and integrated plan and program on mental health;
3. Conduct regular monitoring and evaluation in support of policy formulation and planning on mental health;
4. Promote and facilitate collaboration among sectors and disciplines for the development and implementation of mental health related programs within these sectors;
5. Provide overall technical supervision and ensure compliance with policies, programs and projects within the comprehensive framework of the Municipal Mental Health Program and such other activities related to the implementation of this ordinance, through the review of mental health services and the adoption of legal and other remedies provided by law;
6. Plan and implement the necessary and urgent capacity building, reorientation and training programs for all mental health professionals, mental health workers and allied professionals as articulated in this ordinance;
7. Review all existing laws related to mental health and recommend legislation which will sustain and strengthen programs, services and other mental health initiatives;
8. Create such inter-agency committees, project task forces, and other groups necessary to implement the policy and program framework of this ordinance; and
9. Perform such other duties and functions necessary in carrying the purposes of this ordinance.

II. Composition

Chairperson- Municipal Mayor

Vice Chairperson- Municipal Health Officer

Members:

1. SB Chairperson-Committee on Health and Sanitation
2. SB Chairperson- Committee on Women, Family, Social Services & Indigents
3. SB Chairperson- Committee on Education
4. President- Liga ng Mga Barangay & SKMF
5. MSWDO;
6. Medical Officer
7. Social Worker
8. Nurse
9. MDRMO
10. PSDS/Dep Ed Representative
11. PNP
12. CSO Representatives
13. PYAP Focal Person/LYDO
14. DOH/PHO Representative

SECTION 357. ACCESS TO EFFECTIVE AND QUALITY MENTAL HEALTH CARE. Every constituent shall have the right, on equal and non-discriminatory basis, to receive mental health care appropriate to his or her needs and shall be entitled to care and treatment in accordance to the same standards and accessibility as other sick individuals.

Moreover, people in far-flung areas and/or highly populated or depressed areas/barangays and people from vulnerable sectors such as CICL, people deprived of liberty, indigenous people, and women in postpartum shall have the same level of access and shall be prioritized for regular home visits, access to mobile health care clinics, if possible, based on the guidelines to be set by the advisory board.

SECTION 358. CONFIDENTIALITY. All patients and service users with mental illness shall have the right to confidentiality in compliance with the Data Privacy Act.

SECTION 359. MENTAL HEALTH CARE FOR DRUG DEPENDENTS. Persons who avail of the voluntary submission provision and persons in charged pursuant to RA 9165, otherwise known as the Comprehensive Dangerous Drugs Act of 2002, shall undergo an examination for mental health conditions and, if found to have mental health conditions, shall be covered by the provisions of RA 11036.

SECTION 360. MUNICIPAL COUNSELING CENTER. A municipal mental health center or mental health space shall be established to address mental health concerns and provide counseling, monitoring or evaluation for members of the community with mental health concerns.

SECTION 361. CELEBRATION OF WORLD MENTAL HEALTH DAY AND NATIONAL MENTAL HEALTH WEEK. The Municipal Health Office shall spearhead the celebration of the World Mental Health Day, the National Mental Health Week and such other mental health related activities in the municipality.

SECTION 362. MUNICIPAL MENTAL HEALTH DAY. The month of October of every year shall be declared as the Municipal Mental Health Day to promote advocacies on mental health awareness and mental health education in the municipality.

SECTION 363. CONTINUOUS TRAINING/CAPACITY BUILDING AND PROMOTION/ ADVOCACY. All-encompassing learning activities and programs designed to increase the capacity, knowledge and skills of health workers and professionals on Mental Health in the municipality must be formulated by the Mental Health Board.

SECTION 364. SELF-HARM AND SUICIDE PREVENTION. In partnership with non-government organizations, a 24/7 hotline or network which shall provide assistance to individuals with mental health conditions, especially individuals at risk of committing self-harm and suicide shall be instituted and properly disseminated.

SECTION 365. IMPLEMENTING RULES AND REGULATIONS (IRR). The Municipal Health Office in coordination with the Municipal Mental Health Board shall draft the necessary implementing rules and regulations of this Ordinance not later than 6 months from its effectivity.

SECTION 366. APPROPRIATION. The Local Government Unit of Tigbauan shall set aside an amount necessary to carry out the provisions of this ordinance which shall be included in the Annual Budget of the Municipal Health Office (MHO).

CHAPTER XLV

INSTITUTIONALIZING THE MUNICIPAL MATERNAL AND CHILD NUTRITION PROGRAM THROUGH INTEGRATED, STRENGTHENED AND SUSTAINED STRATEGIES TO SAFEGUARD THE NUTRITIONAL WELL-BEING OF THE PEOPLE (Mun. Ord. No. 2024-039)

SECTION 367. COVERAGE. This Ordinance shall cover all the constituents of the Municipality of Tigbauan with special focus on the nutritionally vulnerable groups to include pregnant and lactating women, adolescent females including adolescent mothers, and all newborns, infants and young children. It shall be implemented in all barangays with priority accorded to those residing in barangays with highest prevalence of magnitude of malnutrition.

SECTION 368. COMPREHENSIVE NUTRITION PROGRAM (CNP) FRAMEWORK. The CNP shall adopt the program framework provided in the Philippine Plan of Action for Nutrition consisting of three distinct types of programs: *nutrition-specific program, nutrition-sensitive programs and enabling programs.*

SECTION 369. PROGRAM COMPONENT PROJECTS AND STRATEGIES IMPLEMENTATION. The Municipal Government of Tigbauan shall ensure the efficient, effective and sustainable implementation of the Comprehensive Nutrition Program (CNP) to address food security, health and nutrition issues and concerns of its constituents through:

- 
- I. **PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM).** The municipality shall adopt and fully implement the PIMAM Program as a nutrition-specific program to address cases of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) among infants and children as determined by nutrition assessment.
 - II. **NATIONAL GOVERNMENT AGENCY (NGA) FUNDED PROGRAMS-** The NGA Funded programs consist of programs implemented by the municipality but are either fully or partially funded by the national government agencies which include:
 - a. Dietary Supplementation in Child Development Centers (CDCs) and Supervised Neighborhood Plays (SNPs) for children three (3) to five (5) years old by the Department of Social Welfare and Development;
 - b. School-based Feeding Program by the Department of Education;
 - c. Healthy Lifestyle Program by the Department of Health; and
 - d. Other NGA-funded programs as identified by the Municipal Nutrition Committee and stipulated in the Municipal Nutrition Action Plan.
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The Local Government may augment resources to improve the implementation of the programs if deemed necessary, as determined by the Municipal Nutrition Committee.

III. NUTRITION-SENSITIVE PROGRAMS- Ensuring community and household food security and building food resiliency during pandemic, disaster and emergency situations, sustained community and household food production shall be the primordial consideration in the implementation of this ordinance. Upon identification of development projects for nutrition-sensitivity, the following strategies shall be applied by the implementing office together with the Municipal Nutrition Office/Council with the involvement of the Barangay Nutrition Councils/Committees and Schools Councils/Committees:

- a. Prioritization of beneficiaries to the program from food insecure and nutritionally-disadvantaged households, as identified by the Municipal Nutrition Council with the barangays;
- b. Provision of nutrition education and mentoring on maternal and infant, and young child nutrition and proper meal management to the members of beneficiary households by the Barangay Nutrition Scholars (BNS) and nutrition support groups while the development projects are being implemented; and
- c. Continuous monitoring and report of the nutrition status of pregnant women and children age zero (0) to twenty-three (23) months within beneficiary households by the Barangay Nutrition Scholar (BNS).

IV. ENABLING PROGRAM FOR NUTRITION- The enabling program for nutrition shall have the following component projects and activities:

- a. Mobilization of local government units/barangays;
- b. Policy development for food and nutrition; and
- c. Strengthened management support for nutrition

The planning, implementation, monitoring and evaluation of the enabling program rests with the Municipal Nutrition Action Officer and the Municipal Nutrition Office/Council.

V. OTHER COMPONENT NUTRITION PROGRAM AND PROJECTS. The Municipality may add the necessary component programs, projects and activities to the CNP and include the same in the Municipal Nutrition Action Plan to respond to the emerging nutrition issues and concerns within the Municipality.

SECTION 370. COMPOSITION OF THE MUNICIPAL NUTRITION COUNCIL (MNC). The municipality shall establish a Municipal Nutrition Council (MNC) through an Executive Order. The MNC shall serve as the mechanism for planning, coordination, monitoring and evaluation of the CNP. Members of the MNC shall include the following agencies/units and/or offices and any other agencies it deems important depending on the current and emerging state of affairs in the locality:

- | | |
|-------------------|---|
| Chairman: | Municipal Mayor |
| Vice Chairperson: | Municipal Health Officer |
| Members: | Municipal Nutrition Focal Person/Officer |
| | Sangguniang Bayan Chairperson, Committee on Health and Sanitation |
| | Municipal Planning and Development Coordinator |
| | Municipal Treasurer |
| | Municipal Budget Officer |
| | Municipal Accountant |
| | Municipal Agriculture Officer |
| | Municipal Social Welfare and Development Officer |
| | Municipal Population Officer |
| | Public Employment Services Officer |
| | Municipal Disaster Risk and Reduction Management Officer |
| | Municipal Local Government Operations Officer |
| | Liga ng mga Barangay President |
| | DepEd District School Supervisor |
| | NGOs/CSOs Representative |
| | Private Sector Representatives |

SECTION 371. FUNCTIONS OF THE MUNICIPAL NUTRITION COUNCIL. The Municipal Nutrition Council shall have the functions not limited to the following:

- a. Review, enhance and provide directional and technical inputs to the Local Nutrition Action Plan that shall be complementary and integrated to the development plan of the LGU and higher-level plans;
- b. Serve as advocates to help mobilize support and resources to the nutrition plans;
- c. Keep track of the progress and status of the implementation of the plans and participate in the periodic program implementation and other monitoring and evaluation efforts;
- d. Recommend policies and interventions for scaled up implementation of programs;
- e. Review reports on enforcements of nutrition laws and policies and recommend measures to support and strengthen assigned offices/agencies;
- f. Participate in training/orientation on technical updates on nutrition program management;
- g. Coordinate closely with the Local Health Board for technical and financial support, augmentation of nutrition personnel and facility enhancement for nutrition as needed; and
- h. Perform any other functions as may be necessary for the effective implementation of this Ordinance.

SECTION 372. INTERNAL RULES OF PROCEDURES OF THE MNC. The MNC shall adopt their own internal rules of procedures and regulations to serve as the guidelines for the members in the discharge of their official functions such as the organization's structure, parliamentary procedure, order of meeting and quorum, discipline and such other rules the Council may adopt. It shall convene regular quarterly meetings and hold special meetings as deemed necessary or as called by the Chairperson.

SECTION 373. ROLE OF THE BARANGAYS. All barangays in the municipality are encouraged to support the institutionalization and implementation of this ordinance through the implementation of Barangay Nutrition Programs, organization and strengthening of the Barangay Nutrition Councils and strengthening of the Barangay Nutrition Scholar Program.

SECTION 374. ROLE OF CIVIL SOCIETY ORGANIZATIONS, PRIVATE SECTORS, AND OTHER STAKEHOLDERS. Civil Society Organizations (CSOs), private sectors and other stakeholders shall be the partners of the local government in expanding coverage, building capacities, creating best practices, and improving the overall efficiency and effectiveness of the interventions in the CNP to reach the nutritionally-vulnerable groups.

SECTION 375. CELEBRATION OF THE MUNICIPAL NUTRITION MONTH. The month of July of every year shall be declared as the Municipal Nutrition Month to promote advocacies and raise awareness about the importance of good nutrition in the municipality.

SECTION 376. APPROPRIATIONS. The Local Government Unit of Tigbauan through the Municipal Health Office shall allocate the necessary funds to carry out the provisions of this ordinance.

CHAPTER XLVI

INSTITUTIONALIZING THE BARANGAY NUTRITION SCHOLARS (BNS) (Mun. Ord. No. 2024-041)

SECTION 377. LEGAL BASES

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- a. Section 15, Article II of the 1987 Philippine Constitution provides that the State shall preserve and promote the right to health of the people and create health consciousness among them;
 - b. The Local Government Code of 1991 (Republic Act No. 7160) mandates Local Government Units (LGUs) to exercise their powers and discharge their functions necessary and appropriate for the effective provision of basic services including child welfare and nutrition services;
 - c. Presidential Decree (PD) No. 491 or the Nutrition Act of the Philippines, states that nutrition should be the priority of the government to be implemented by all branches of the government in an integrated fashion;
 - d. Presidential Decree (PD) No. 1569 mandated the deployment of Barangay Nutrition Scholars (BNS) in each barangay and the strengthening of the Barangay Nutrition Program in the implementation of nutrition-specific interventions and nutrition-sensitive interventions in the community.

SECTION 378. QUALIFICATIONS AND RECRUITMENT STANDARDS. A Barangay Nutrition Scholar shall be recruited from within the barangay and shall be tested on mental ability and proper work attitude. The Barangay Nutrition Scholar shall also possess the following qualifications:

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- a. *Bonafide* resident of the barangay for at least four (4) years, with ability to speak the dialect;
 - b. Possess leadership potentials, learning competencies and the initiative and willingness to serve the barangay for at least one (1) year;
 - c. Willingness to learn, and to teach what he/she has learned to the people of the barangay;
 - d. At least primary school graduate or preferably high school graduate;

- e. Physically and mentally fit;
- f. At least eighteen (18) years old but not more than sixty (60) years old; and
- g. Willingness to report to the health center for the agreed upon number of hours.

Upon meeting the above qualifications, the BNS shall undergo all the modules of the BNS Basic Course and Practicum Program as provided for by the National Nutrition Council and as managed by the local training team led by the Municipal Nutrition Action Officer. A Certificate of Completion shall be issued by the Municipal Health Office.

SECTION 379. TRAINING. Before actual barangay service, the Barangay Nutrition Scholar shall undergo training on selected topics such as nutrition, health, food production and environmental sanitation, based on defined task expectations, to be conducted by a provincial training team in coordination with the municipal and the barangay nutrition committees. This training shall be supplemented by a practicum to be conducted in the barangay where the scholar is assigned, and such activity shall be in coordination with the local training team.

SECTION 380. BENEFITS AND INCENTIVES. Pursuant to Presidential Decree 1569, a Barangay Nutrition Scholar shall be granted a civil service eligibility equivalent to second grade after the completion of at least two (2) years of continuous and satisfactory service in the barangay. The Municipal Nutrition Committee shall certify and issue a certification stating the completion of at least two (2) years of continuous service of the Barangay Nutrition Scholar in the barangay and upon the recommendation of the Barangay Nutrition Committee Chairman.

The Barangay Nutrition Scholar shall also be entitled to a training stipend, kit and travel allowance and in addition thereto, such other allowances that the barangay or municipality may grant upon approval of the Municipal Mayor, subject to the availability of local funds.

SECTION 381. DISCRIMINATION PROHIBITED. Discrimination against any Barangay Nutrition Scholar by reason of gender, civil status, creed, religious or political beliefs and ethnic groupings in the exercise of their functions and responsibilities is thereby prohibited.

The Local Government Unit shall establish a grievance mechanism as means of processing complaints of a BNS against alleged acts of discrimination and unjust removal from the service. A Barangay Nutrition Scholar shall not be removed except for a valid cause to be determined by the Municipal Nutrition Committee (MNC), provided, that if found to be unjustly removed from service, a BNS shall be entitled to reinstatement without loss of benefits and incentives from the time of termination up to the time of reinstatement.

A Barangay Nutrition Scholar shall not be required to engage in any partisan political activity.

SECTION 382. ROLE OF THE BARANGAYS. All barangays are encouraged to support the institutionalization and implementation of this ordinance through the implementation of the Barangay Nutrition Program, organization and strengthening of the Barangay Nutrition Committees, strengthening the Barangay Nutrition Scholar Program and compliance to the formulation of Barangay Nutrition Action Plan, among others.

SECTION 383. RETENTION OF RECORDS. Should a Barangay Nutrition Scholar resign and/or retire from service or be removed for a valid cause, all data and records gathered and compiled by the concerned BNS shall be retained in the barangay, subject to compliance with the Data Privacy Act of 2012.

SECTION 384. APPROPRIATION. The Local Government Unit, through the Municipal Health Office shall allocate the necessary funds to carry out the provisions of this ordinance.

SECTION 385. IMPLEMENTING RULES AND REGULATIONS. The Municipal Nutrition Committee, in coordination with the Liga ng mga Barangay shall formulate the necessary guidelines and policies for the implementation of this ordinance.

CHAPTER XLVII

REGULATING THE USE, SALE, DISTRIBUTION AND ADVERTISEMENT OF ELECTRONIC CIGARETTES (E-CIGARETTES), VAPORIZED NICOTINE AND NON-NICOTINE PRODUCTS, NOVEL TOBACCO PRODUCTS AND OTHER SIMILAR PRODUCTS (Mun. Ord. No. 2024-050)

SECTION 386. PACKAGING AND HEALTH WARNINGS. All Vapor Product Refills, HTP Consumables, and Novel Tobacco Products shall comply with the packaging requirements as provided for under Republic

Act No. 11900, otherwise known as the "Vaporized Nicotine and Non Vaporized Nicotine Products Regulation Act".

SECTION 387. TAMPER-RESISTANT AND CHILD-RESISTANT DESIGN. The receptacles of Vapor Product Refills shall be child-resistant, tamper-resistant, and shall be protected against breakage and leakage. Non-refillable receptacles shall not be tampered with and refilled.

SECTION 388. PROHIBITED ACTS. The following acts are declared unlawful and prohibited under this ordinance:

- a. Smoking/vaping within enclosed public places and public conveyances, whether stationary or in motion, except in DSVAs fully compliant with the requirements of Section 4 of Executive Order No. 106 Series of 2020;
- b. For persons-in-charge to allow, abet or tolerate smoking/vaping in places enumerated in the preceding paragraph, outside of DSVAs fully compliant with Section 4 of this Order;
- c. For any person to sell, distribute or purchase tobacco products to or from minors, or ENDS/ENNDS, HTPs, or their components to or from persons below twenty-one (21) years old. It shall not be a defense for the person selling, distributing or purchasing that he/she did not know or was not aware of the real age of the person he/she is transacting with. Neither shall it be a defense that he/she did not know nor had any reason to believe that the cigarette or any other tobacco product, ENDS/ENNDS, HTPs, or their components, was for the consumption of the person who received it;
- d. Use, sale or purchase of cigarettes or other tobacco products by a minor, or of ENDS/ENNDS, HTPs, or their components by a person below twenty-one (21) years old;
- e. Ordering, instructing or compelling the use, lighting up, purchase, sale, distribution, delivery, advertisement or promotion of tobacco products by a minor, or of ENDS/ENNDS, HTPs, or their components by a person below twenty-one (21) years old;
- f. Selling or distributing tobacco products, ENDS/ENNDS, HTPs, or their components in a school, public playground, youth hostels, recreational facilities for minors, areas frequented by minors, or within 100 meters from any point of the perimeter of these places;
- g. Placing, posting, displaying or distributing advertisement and promotional materials of tobacco products, ENDS/ENNDS, HTPs, or their components, such as but not limited to leaflets, posters, display structures and other materials in areas where their sale and distribution is prohibited;
- h. Placing any form of advertisement of tobacco products, ENDS/ ENNDS, HTPs, or their components outside the premises of point-of-sale retail establishments;
- i. Placing any stall, booth, and other displays promoting tobacco products, ENDS/ENNDS, HTPs, or their components, in areas outside the premises of point-of-sale locations or adult-only facilities;
- j. Failure to mark containers and packages of ENDS/ENNDS, HTPs, and the components thereof, with appropriate health warnings, pursuant to the content, format and specifications designated by the Food and Drugs Administration (FDA), based on the actual ingredients or components of the product;
- k. Incorporating e-liquids, solutions and refills with flavors and additives that are proven or suspected to be appealing or enticing to persons below twenty-one (21) years of age, toxic, harmful, addictive or sensitizing; and
- l. Adding "Tetrahydrocannabinol" (THC) or cannabinoid compounds in liquids used in ENDS/ENNDS and HTPs. Violation of this provision shall be punishable in accordance with the applicable penalties provided under Republic Act No. 9165 or the "Comprehensive Dangerous Drugs Act of 2002."

SECTION 389. DESIGNATED SMOKING/VAPING AREA (DSVA). All DSVAs shall strictly comply with the following standards:

- a. There shall be no opening that will allow air to escape from the DSVA to the smoke/vape-free area of the building or conveyance, except for a single door equipped with an automatic door closer; provided that, if the DSVA is not located in an open space, such door shall open directly towards a Buffer Zone as defined under Executive Order No. 106 Series of 2020;
- b. The DSVA shall not be located in or within ten (10) meters from entrances, exits, or any place where people pass or congregate, or in front of air intake ducts;
- c. The combined area of the DSVA and the Buffer Zone shall not be larger than 20% of the total floor area of the building or conveyance, provided that in no case shall such area be less than ten (10) square meters;
- d. No building or conveyance shall have more than one DSVA; provided that persons-in-charge have the option of establishing one Designated Smoking Area and one Designated Vaping Area therein, subject to the same standards under this Section, with a combined area not exceeding 20% of the total floor area of the building or conveyance;
- e. The ventilation system for the DSVA other than in an open space and for the Buffer Zone shall be independent of air ventilation systems servicing the rest of the building or conveyance;
- f. Minors shall not be allowed inside the DSVA and the Buffer Zone;
- g. The DSVA shall have the following signages highly visible and prominently displayed:
 - i. Smoking/Vaping Area signage;

- ii. Graphic health warnings on the effects of using tobacco products, ENDS/ENNDS and HTPs; and
 - iii. Prohibition on the entry of persons below eighteen (18) years old.
- h. Other standards and specifications to better ensure a smoke/vape-free environment as may be prescribed by the Inter-agency committee- tobacco (IAC-T) under Republic Act No. 9211 (Tobacco Regulation Act of 2003) and the Food and Drug Administration (FDA), provided that such standards and specifications are consistent with Executive Order No. 106 Series of 2020 and that persons-in-charge are given (60) days to comply.

SECTION 390. PUBLIC PLACES. Electronic Cigarettes (E-Cigarettes), Vaporized Nicotine and Non-Nicotine Products, Novel Tobacco Products and Other Similar Products shall be absolutely prohibited in the following public places:

- a. Centers of youth activity such as play schools, preparatory schools, elementary schools, high schools, colleges and universities, youth hostels and recreational facilities for minors;
- b. Elevators and stairwells;
- c. Locations in which fire hazards are present, including gas stations and storage areas for flammable liquids, gas explosives or combustible materials;
- d. Within the buildings and premises of public and private hospitals, medical, dental and optical clinics, health centers, nursing homes, dispensaries and laboratories;
- e. Public conveyances and public facilities including airport and ship terminals and train and bus stations, restaurants and conference halls;
- f. Food preparation areas;
- g. Churches and other similar places where people congregate for worship; and
- h. Within the building and premises of government offices.

SECTION 391. PROOF-OF-AGE VERIFICATION. Retailers shall ensure that no individual below twenty-one (21) years of age is allowed to purchase Electronic Cigarettes (E-Cigarettes), Vaporized Nicotine and Non-Nicotine Products, Novel Tobacco Products and other similar products. It shall be the responsibility of retailers to verify the age of buyers. For this purpose, the presentation of any valid government-issued identification card exhibiting the buyer's photograph and age or date of birth shall be required.

SECTION 392. DISPLAY OF PRODUCTS. Electronic Cigarettes (E-Cigarettes), Vaporized Nicotine and Non-Nicotine Products, Novel Tobacco Products and Other Similar Tobacco Products shall not be displayed immediately next to products of particular interest to minors.

SECTION 393. SMOKING AND VAPING RESTRICTION AWARENESS CAMPAIGN. Subject to the provisions of this ordinance, the LGU, in coordination with other concerned agencies, may undertake smoking and vaping restriction awareness campaigns on the harmful effects of smoking and vaping, which may include information drives and posting of warning sign images in public. As part of the whole-of-society approach for a genuine smoke- and vape-free environment, the private sector shall also be encouraged to undertake restriction awareness campaigns on smoking and vaping, including, but not limited to, censoring and not supporting advertisements promoting smoking and vaping.

SECTION 394. PRODUCT STANDARD REQUIREMENTS. The technical standards set forth by the Department of Trade and Industry (DTI) and the Food and Drugs Administration (FDA) shall be complied for safety, consistency, and quality of the products requiring registration.

SECTION 395. RESTRICTION ON THE RETAIL AND SALE OF NICOTINE SHOTS. The retail or use of nicotine shots and/or concentrates in the municipality shall be strictly prohibited.

CHAPTER XLVIII

INSTITUTIONALIZING THE CHRONIC KIDNEY DISEASE PREVENTION AND CONTROL PROGRAM AND INSTILLING CKD AWARENESS (Mun. Ord. No. 2025-005)

SECTION 396. ESTABLISHMENT OF THE CKD PREVENTION AND CONTROL PROGRAM. There is hereby established a Chronic Kidney Disease Prevention and Control Program under the Municipal Health Office (MHO), which shall:

- a. Conduct regular community-based screenings for early detection of CKD;
- b. Implement health promotion and awareness campaigns on kidney health;
- c. Provide capacity-building and training to local health workers;
- d. Develop referral systems to appropriate health facilities for CKD patients;

- e. Collaborate with national agencies, NGOs, and private sector partners in kidney care and advocacy.

SECTION 397. INTEGRATION WITH BARANGAY HEALTH PROGRAMS. Barangay Health Workers (BHWs) and Barangay Nutrition Scholars (BNS) shall be engaged in the implementation of CKD education and screening activities at the barangay level, in coordination with the MHO.

SECTION 398. MUNICIPAL COUNSELING CENTER/SPACE. There shall be provision of a counseling space for CKD awareness programs, counseling sessions and/or other relevant activities in the municipality.

SECTION 399. MONITORING AND EVALUATION. The Municipal Health Office shall submit an annual report to the Local Chief Executive on the status of the CKD Program, including the number of persons screened, referred, and diagnosed, as well as activities conducted and partnerships established.

SECTION 400. MUNICIPAL CKD AWARENESS MONTH. The month of **June of every year** shall be declared as the Municipal Chronic Kidney Disease Awareness Month to promote advocacies on CKD awareness in the municipality.

SECTION 401. CONTINUOUS TRAINING/CAPACITY BUILDING AND PROMOTION/ ADVOCACY. All-encompassing learning activities and programs designed to increase the capacity, knowledge and skills of health workers and professionals on chronic kidney disease in the municipality must be formulated by the Municipal Health Office.

SECTION 402. IMPLEMENTING RULES AND REGULATIONS (IRR). The Municipal Health Office shall draft the necessary implementing rules and regulations of this Ordinance not later than 6 months from its effectivity.

SECTION 403. APPROPRIATION. The Local Government Unit of Tigbauan shall set aside an amount necessary to carry out the provisions of this ordinance which shall be included in the Annual Budget of the Municipal Health Office (MHO).

CHAPTER XLIX

IMPLEMENTING THE BASIC IMMUNIZATION SERVICES FOR INFANTS AND CHILDREN PURSUANT TO THE PROVISIONS OF R.A. NO. 10152 ([Mun. Ord. No. 2025-006](#))

SECTION. 404. COVERAGE. - The mandatory basic immunization for all infants and children provided under this Ordinance shall cover the following vaccine-preventable diseases:

- (a) Tuberculosis;
- (b) Diphtheria, tetanus and pertussis;
- (c) Poliomyelitis;
- (d) Measles;
- (e) Mumps;
- (f) Rubella or German measles;
- (g) Hepatitis-B;
- (h) H. Influenza type B (HIB);
- (i) Pneumonia
- (j) Meningitis and
- (k) Such other types as may be determined by the Secretary of Health in a department circular

The mandatory basic immunization shall be given for free at any government hospital or health center to infants and children from zero (0) to 23 months old. Hepatitis-B vaccine shall be administered by any duly licensed physician, nurse or midwife to infants born in hospitals, health infirmaries, health centers or lying-in centers with obstetrical and pediatric services, whether public or private, within twenty-four (24) hours after birth:

Provided however, that in cases of infants born in places other than the above, any duly licensed physician, nurse or midwife who delivers, or assists in the delivery of the newborn shall be responsible for administering the vaccine to the latter.

Provided further, that for deliveries assisted by persons other than the health professionals mentioned above, the infant should be brought to any available health care facility so as to be immunized against Hepatitis-B within twenty-four (24) hours after birth.

Provided finally, that subsequent doses of Hepatitis-B vaccination shall be completed according to the recommended schedule of Hepatitis-B immunization, as may be provided in the implementing rules and regulations to be issued by the Department of Health (DOH).

SECTION 405. EDUCATION AND INFORMATION CAMPAIGN. - All health care practitioners or health care workers who are administering prenatal care shall educate all pregnant mothers on the importance of giving their infants the basic immunization services as well as any possible effects of immunization.

The Primary Care Facility, other government agencies, non-government organizations, professional and academic societies, and local government units shall make available appropriate information materials and shall have a system of its distribution to the public.

SECTION 406. OBLIGATION TO INFORM. - Any physician, nurse, midwife, nursing aide, who delivers, or assists in the delivery of, a newborn shall, prior to delivery, inform parents or legal guardians of the newborn of the availability, nature and benefits of immunization against Hepatitis-B and other vaccine-preventable diseases at birth.

SECTION 407. CONTINUING EDUCATION AND TRAINING OF HEALTH PERSONNEL - The Provincial Health Office (PHO), with the assistance of local government units, academe, professional societies and non-governmental organizations, shall undertake continuing information, education and training programs for all health personnel on the rationale and benefits of as well as modern procedures for immunization of infants and children against vaccine-preventable diseases.

SECTION 408. RECOGNITION AND INCENTIVE PROGRAM - An annual recognition and incentive shall be given to achieve 95% compliance and to acknowledge the efforts and hard work of the people behind the program as well as the cooperation and participation of different sectors in the community.

SECTION 409. APPROPRIATION - The Sanggunian upon the recommendation of the Primary Care Facility shall, within the annual budget, appropriate funds exclusive for program and activities that are geared to effectively and efficiently implement the immunization program, pursuant to relevant rules and regulations.

CHAPTER L
LOCALIZING NATIONAL POLICY ON NUTRITION IN EMERGENCIES

SECTION 410. Scope and Coverage

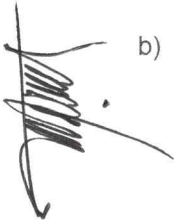
This Ordinance shall apply to all emergencies, including but not limited to:

- 
- a) Natural disasters;
 - b) Armed conflict and displacement;
 - c) Public health emergencies;
 - d) Economic shocks; and
 - e) Any situation declared as an emergency by competent authorities.

It shall cover all populations, with priority given to:

- 
- Children under five (0–59 months);
 - Pregnant and lactating women;
 - Persons with disabilities;
 - Elderly persons;
 - Displaced and marginalized populations.

SECTION 411. Institutional Arrangements

- 
- a) Lead Agency. The Municipal Nutrition Council shall serve as the lead implementing agency for this Ordinance.
 - b) Nutrition in Emergencies Committee (NiE Committee). A multisectoral committee is hereby created, composed of representatives from health, social welfare, agriculture, disaster risk reduction, water and sanitation, education, and other relevant sectors.

c) Functions of the NiE Committee:

1. Coordinate all nutrition-related emergency interventions;
2. Ensure adherence to national and international nutrition standards;
3. Mobilize resources and partners;
4. Oversee preparedness, response, and recovery activities;
5. Report to the Local Chief Executive or relevant national authority.

SECTION 412. Emergency Preparedness Measures

The implementing agencies shall ensure the following:

- a) Establishment of nutrition early warning and surveillance systems;
- b) Development and periodic updating of contingency and response plans;
- c) Pre-positioning of nutrition supplies such as RUTF, RUSF, micronutrient supplements, and anthropometric tools;
- d) Training of personnel on Community-Based Management of Acute Malnutrition (CMAM), Infant and Young Child Feeding in Emergencies (IYCF-E), and rapid nutrition assessment;
- e) Mapping of vulnerable populations and high-risk areas.

SECTION 413. Prevention and Management of Acute Malnutrition

The LGU shall implement standardized protocols for the prevention and management of acute malnutrition, including:

- a) Outpatient Therapeutic Program (OTP);
- b) Inpatient care for complicated SAM cases;
- c) Targeted and blanket supplementary feeding programs;
- d) Regular screening using MUAC, WHZ, and edema assessment;
- e) Deployment of mobile nutrition teams to affected communities.

SECTION 414. Infant and Young Child Feeding in Emergencies (IYCF-E)

- a) Promotion, protection, and support of exclusive breastfeeding and appropriate complementary feeding.
- b) Strict adherence to the International Code of Marketing of Breastmilk Substitutes and prohibition of unsolicited donations of formula milk and feeding bottles.
- c) Establishment of breastfeeding stations, mother-baby friendly spaces, and provision of psychosocial support.
- d) Safe and guided use of breastmilk substitutes only when medically indicated.

SECTION 415. Micronutrient Interventions

The implementing agencies shall ensure the provision of:

- a) Vitamin A supplementation for eligible children;
- b) Iron-folic acid supplementation for pregnant and lactating women;
- c) Use of multiple micronutrient powders where appropriate;
- d) Promotion of fortified food commodities in emergency food distributions.

SECTION 416. Monitoring, Evaluation, and Reporting

The lead agency shall:

- a) Conduct regular nutrition surveillance and Emergency Nutrition Assessments (e.g., SMART surveys);
- b) Undertake post-distribution monitoring of food aid;
- c) Establish a reporting system for implementation progress;
- d) Submit annual performance reports to the MNC.

SECTION 417. Supply Chain and Logistics

The government shall:

- a) Maintain a secure and efficient supply chain for therapeutic and supplementary food;
- b) Ensure proper storage, transport, and distribution of nutrition commodities;
- c) Establish agreements with partners for rapid procurement during emergencies.

SECTION 418. Protection, Gender, and Inclusion

All interventions shall be:

- a) Gender-responsive;
- b) Accessible to persons with disabilities and elderly persons;
- c) Free from discrimination;
- d) Implemented with measures to prevent sexual exploitation and abuse in distribution sites.

SECTION 419. Funding

A regular budget of P100,000.00 shall be allocated for the implementation of this Ordinance. The Local Chief Executive shall authorize quick-release emergency funds to support immediate nutrition interventions.

SECTION 420. Community Participation and Communication

The implementing agencies shall:

- a) Provide culturally appropriate information on safe feeding, hygiene, and nutrition during emergencies;
- b) Coordinate with community health workers and local leaders;
- c) Engage civil society organizations in advocacy and outreach.

CHAPTER LI

LOCALIZING THE IMPLEMENTATION OF REPUBLIC ACT 11148, KALUSUGAN AT
NUTRISYON NG MAG-NANAY ACT OF 2019

SECTION 421. COVERAGE.

This Ordinance shall cover:

- Pregnant women
- Lactating mothers
- Infants 0–24 months
- Adolescent girls aged 10–19
- Households and communities in all barangays of the Municipality of Tigbauan

SECTION 422. PROGRAM COMPONENTS.

The Municipality of Tigbauan shall implement the following components:

A. Maternal Health and Nutrition Services

1. Regular antenatal check-ups
2. Micronutrient supplementation (iron, folic acid, vitamin A)
3. Birth planning and counseling
4. Nutrition education and counseling

B. Postpartum and Lactation Support

1. Home visits within 48 hours after childbirth
2. Establishment of breastfeeding support groups
3. Lactation counseling and micronutrient supplementation

C. Newborn and Infant Care

1. Immunization services
2. Exclusive breastfeeding for 0–6 months
3. Growth monitoring and early childhood stimulation

D. Complementary Feeding Program (6 months–2 years)

1. Safe, age-appropriate complementary feeding
2. Use of locally produced, nutrient-dense foods
3. Training of parents and caregivers

E. Adolescent Health and Nutrition

1. Nutrition counseling
2. Deworming and vaccination as necessary
3. Reproductive health education

F. Community Mobilization and Education

1. Conduct of First 1,000 Days IEC campaigns
2. Parenting classes and mother support groups

3. Promotion of household and community food gardens

SECTION 423. ROLES AND RESPONSIBILITIES.

- A. Municipal/City Government
1. Allocate funding for the First 1,000 Days Program.
 2. Ensure adequate staffing and training of BHWs and BNS.
 3. Coordinate with DOH, NNC, DA, DSWD, DepEd, and CSOs.
 4. Integrate this program into Local Development Plans and Local Nutrition Action Plans.
- B. Barangay Governments
1. Implement community-level activities.
 2. Mobilize BHWs and BNS for home visits, monitoring, and counseling.
 3. Conduct regular growth monitoring.
 4. Maintain updated beneficiary lists.
- C. Municipal Health Office (MHO)
1. Supervise program implementation.
 2. Provide technical guidance, capacity building, and reporting.
- D. Local Nutrition Committee
1. Monitor implementation progress.
 2. Recommend policy and program enhancements.
 3. Coordinate multi-sectoral activities.

SECTION 424. LOCAL NUTRITION AND HEALTH TASK FORCE.

A Task Force for the First 1,000 Days Program is hereby created, composed of:

- Municipal/City Mayor – Chairperson
- Municipal/City Health Officer – Vice Chair
- Municipal/City Nutrition Action Officer (NAO)
- MSWDO Representative
- DepEd District Supervisor
- Agriculture Officer
- SK Federation President
- Civil Society Representative

The Task Force shall oversee planning, budgeting, monitoring, and evaluation.

SECTION 425. FUNDING.

The Municipality of Tigbauan shall allocate funds for the implementation of this Ordinance through the Annual Budget, Supplemental Budgets, or other available sources. Funds may also be sourced from partnerships, grants, and national government programs.

SECTION 426. MONITORING AND EVALUATION.

The MHO and NAO shall:

1. Submit quarterly reports to the Local Nutrition Committee.
2. Track key indicators such as stunting, wasting, exclusive breastfeeding, ANC attendance, and infant morbidity.
3. Conduct annual program reviews and recommend improvements.

SECTION 427. INCENTIVES.

The LGU may provide recognition, awards, or non-monetary incentives to barangays, BHWs, and BNS demonstrating exemplary performance.

CHAPTER LII

LOCALIZING REPUBLIC ACT 11037,

MASUSTANSYANG PAGKAIN PARA SA BATANG PILIPINO

SECTION 428. MUNICIPAL NUTRITION COMMITTEE (MNC) — COMPOSITION AND FUNCTIONS

- a) **Composition:**

- | | |
|-----------------|--|
| Municipal Mayor | -Chairman or designated representative; |
| Members | -Municipal Health Officer; |
| | -Municipal Social Welfare and Development Officer; |
| | -Municipal Planning and Development Officer; |
| | -Schools Division/School District Representative/ALS Coordinator; |
| | -Municipal Accountant or Budget Officer; |
| | -Municipal Nutrition Action Officer (or designate); |
| | -Presidents of Liga ng mga Barangay (or barangay representatives); |
| | -Representative from Parents-Teachers Association; and other members as necessary. |

b) Functions:

1. Plan and coordinate implementation of the local feeding program;
2. Identify and validate beneficiaries using national/local criteria;
3. Ensure procurement complies with applicable procurement law and nutrition standards;
4. Coordinate with DepEd schools, barangays, DOH and DSWD;
5. Oversee food safety, nutrition quality (including milk feeding where applicable), storage and kitchen sanitation;
6. Monitor attendance, compliance, nutrition outcomes and submit periodic reports to the Sangguniang Bayan, Provincial Nutrition Office and to national agencies as required; and
7. Facilitate training for food handlers, volunteers and school personnel.

SECTION 429. ROLES AND RESPONSIBILITIES

- a) Municipal Government (through the MNC and concerned offices) shall:
1. Adopt and implement the SBFP and related components at municipal level;
 2. Provide counterpart funding, logistical support, facilities, and capacity building;
 3. Ensure safe procurement and local sourcing (as feasible) to support smallholder farmers and local suppliers; and
 4. Ensure coordination with DepEd and DOH for beneficiary identification, deworming, growth monitoring, and reporting.
- b) DepEd (Schools/Division Office): identify beneficiaries, facilitate feeding within school schedule, provide teachers/volunteers for feeding activities, record attendance and refer severe cases to DOH/DSWD.
- c) DOH/Provincial/Municipal Health Office: conduct growth monitoring, provide deworming and health screening, advise on food safety and nutrition standards.
- d) DSWD/CSOs/Private Sector: may provide supplementary support, technical assistance, volunteer mobilization and monitoring support as agreed.

SECTION 430. IMPLEMENTATION MODALITIES

- a) Beneficiary Selection — follow national guidelines for anthropometric screening (weight-for-age, weight-for-height, height-for-age) and prioritize the most vulnerable and undernourished children.
- b) Feeding Schedule — one (1) fortified meal per beneficiary per school day for not less than 120 days per year, with flexibility to align with the approved DepEd SBFP school calendars and local conditions.
- c) Milk Component — where included, follow DepEd guidelines on milk feeding component (procurement, cold chain, and serving standards).
- d) Procurement and Food Safety—procurement shall comply with the Government Procurement Reform Act; food handling and kitchen facilities shall meet DOH and DepEd sanitation standards.

SECTION 431. BUDGET AND APPROPRIATIONS

- a) The initial funding for the municipal implementation of the Supplementary Feeding Program (SFP) shall be charged against the Municipal Appropriations under the Municipal Social Welfare and Development Office and thereafter included in subsequent annual budgets.
- b) The MNC shall prepare an annual budget estimate (covering food, logistics, personnel training, monitoring and reporting) to be approved by the Sangguniang Bayan. Where available, funds from national SFP allocations, grants, CSO donations, corporate social responsibility, and province support may be used as augmenting sources.

SECTION 432. MONITORING, REPORTING, AND EVALUATION

- a) The MNC shall submit quarterly progress reports to the Sangguniang Bayan and annual consolidated reports to the Provincial Nutrition Office and the appropriate national agencies (DepEd/DSWD/DOH) as required by the IRR. Reports shall include beneficiary lists, attendance, procurement records, nutrition outcome indicators (e.g., weight gain, reduction in undernutrition), and financial statements.
- b) The MNC shall adopt standard monitoring tools per DepEd/DOH guidance; periodic third-party or community monitoring is encouraged.

SECTION 433. CAPACITY BUILDING AND SAFEGUARDS

- a) Training - Municipal government shall ensure food handlers, volunteers and school personnel are trained on safe food handling, basic nutrition, recordkeeping, and child protection.
- b) Child Protection - Feeding activities must conform to child protection policies; no child shall be subjected to discrimination. Any adverse event (foodborne illness, allergic reaction) shall be immediately reported and acted upon per health protocols.

CHAPTER LIII

**LOCALIZING EXECUTIVE ORDER NO. 51, SERIES OF 1986, MARKETING BREAST MILK
SUBSTITUTE, BREAST MILK SUPPLEMENTS AND OTHER RELATED PRODUCTS**

SECTION 434. INFORMATION AND EDUCATION

- (a) The government shall ensure that objective and consistent information is provided on infant feeding, for use by families and those involved in the field of infant nutrition. This responsibility shall cover the planning, provision, design and dissemination of information, and the control thereof, on infant nutrition.
- (b) Information and educational materials, whether written, audio, or visual, dealing with the feeding of infants and intended to teach pregnant women and mothers of infants, shall include clear information on all the following points: (1) the benefits and superiority of breastfeeding; (2) maternal nutrition, and the preparation for and maintenance of breastfeeding; (3) the negative effect on breastfeeding of introducing partial bottle-feeding; (4) the difficulty of reversing the decision not to breastfeed; and (5) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared. When such materials contain information about the use of infant formula, they shall include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breastmilk substitutes. Such materials shall not use any picture or text which may idealize the use of breastmilk substitutes.

SECTION. 435. THE GENERAL PUBLIC AND MOTHERS

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- (a) No advertising, promotion or other marketing materials, whether written, audio or visual, for products, within the scope of this Code shall be printed, published, distributed, exhibited and broadcast unless such materials are duly authorized and approved by an inter-agency committee created herein pursuant to the applicable standards provided for in this Code.
 - (b) Manufacturers and distributors shall not be permitted to give, directly, or indirectly, samples and supplies of products within the scope of this Code or gifts of any sort to any member of the general public, including members of their families, to hospitals and other health institutions, as well as to personnel within the health care system, save as otherwise provided in this Code.
 - (c) There shall be no point-of-sale advertising, giving of samples or any other promotion devices to induce sales directly to the consumers at the retail level, such as special displays, discount coupons, premiums, special sales, bonus and tie-in sales for the products within the scope of this Code. This provision shall not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long term basis.
 - (d) Manufacturers and distributors shall not distribute to pregnant women or mothers of infants any gifts or articles or utensils which may promote the use of breastmilk substitutes or bottle feeding, nor shall any other groups, institutions or individuals distribute such gifts, utensils or products provided by this Code.
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- (e) Marketing personnel shall be prohibited from advertising or promoting in any other manner the products covered by this Code, either directly or indirectly, to pregnant women or with mother of infants, except as otherwise provided by this Code.
- (f) Nothing herein contained shall prevent donations from manufacturers and distributors of products within the scope of this Code upon request by or with the approval of the Ministry of Health.

SECTION 436. HEALTH CARE SYSTEM

- (a) The Municipal Nutrition Council shall take appropriate measures to encourage and promote breastfeeding. It shall provide objective and consistent information, training and advice to health workers on infant nutrition, and on their obligations under this Code.
- (b) No facility of the health care system shall be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Section 8(b).
- (c) Facilities of the health care system shall not be used for the display of products within the scope of this Code, or for placards or posters concerning such products.
- (d) The use by the health care system of "professional service" representatives, "mothercraft nurses" or similar personnel, provided or paid for by manufacturers or distributors, shall not be permitted.
- (e) In health education classes for mothers and the general public, health workers and community workers shall emphasize the hazards and risks of the improper use of breastmilk substitutes particularly infant formula. Feeding with infant formula shall be demonstrated only to mothers who may not be able to breastfeed for medical or other legitimate reasons.

SECTION 437. HEALTH WORKERS

- (a) Health workers shall encourage and promote breastfeeding and shall make themselves familiar with objectives and consistent information on maternal and infant nutrition, and with their responsibilities under this Code.
- (b) Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code shall be restricted to scientific and factual matters and such information shall not imply or create a belief that bottle feeding is equivalent or superior to breastfeeding. It shall also include the information specified in Section 5(b).
- (c) No financial or material inducements to promote products within the scope of this Code shall be offered by manufacturers or distributors to health workers or members of their families, nor shall these be accepted by the health workers or members of their families, except as otherwise provided in Section 8(e).
- (d) Samples of infant formulas or other products within the scope of this Code, or of equipment or utensils for their preparation or use, shall not be provided to health workers except when necessary for the purpose of professional evaluation or research in accordance with the rules and regulations promulgated by the Ministry of Health. No health workers shall give samples of infant formula to pregnant women and mothers of infants or members of their families.
- (e) Manufacturers and distributors of products within the scope of this Code may assist in the research, scholarships and continuing education, of health professionals, in accordance with the rules and regulations promulgated by the Ministry of Health.

SECTION 438. PERSONS EMPLOYED BY MANUFACTURERS AND DISTRIBUTORS PERSONNEL- employed in marketing products within the scope of this Code shall not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants.

SECTION 439. CONTAINERS/LABEL

- (a) Containers and/or labels shall be designed to provide the necessary information about the appropriate use of the products, and in such a way as not to discourage breastfeeding.
- (b) Each container shall have a clear, conspicuous and easily readable and understandable message in Pilipino or English printed on it, or on a label, which message cannot readily become separated from it, and which shall include the following points:
 - (i) the words "Important Notice" or their equivalent;
 - (ii) a statement of the superiority of breastfeeding;
 - (iii) a statement that the product shall be used only on the advice of a health worker as to the need for its use and the proper methods of use; and
 - (iv) instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation.

- (c) Neither the container nor the label shall have pictures or texts which may idealize the use of infant formula. They may, however, have graphics for easy identification of the product and for illustrating methods of preparation.
- (d) The term "humanized", maternalized" or similar terms shall not be used.
- (e) Food products within the scope of this Code marketed for infant feeding, which do not meet all the requirements of an infant formula but which can be modified to do so, shall carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant.
- (f) The labels of food products within the scope of this Code shall, in addition to the requirements in the preceding paragraphs, conform with the rules and regulations of the Bureau of Food and Drugs.

SECTION. 440. QUALITY

- (a) The quality of products is an essential element for the protection of the health of infants, and therefore shall be of high recognized standard.
- (b) Food products within the scope of this Code shall, when sold or otherwise distributed, meet applicable standards recommended by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practice for Foods for Infants and Children.
- © To prevent quality deterioration, adulteration or contamination of food products within the scope of this Code, distribution outlets, including the smallest sari-sari store, shall not be allowed to open cans and boxes for the purpose of retailing them by the cup, bag or in any other form.

SECTION. 441. IMPLEMENTATION AND MONITORING

- (a) For purposes of Section 441 (a) of this Code, an inter-agency committee composed of Municipal Mayor as Chairman, Municipal Health Officer as Vice Chairman, Focal Person - Nurse and Members:
1 - Midwife RHMP and 2- Midwives

The members may designate their duly authorized representative to every meeting of the Committee.

The Committee shall have the following powers and functions:

- (1) To review and examine all advertising, promotion or other marketing materials, whether written, audio or visual, on products within the scope of this Code;
 - (2) To approve or disapprove, delete objectionable portions from and prohibit the printing, publication, distribution, exhibition and broadcast of, all advertising promotion or other marketing materials, whether written, audio or visual, on products within the scope of this Code;
 - (3) To prescribe the internal and operational procedure for the exercise of its powers and functions as well as the performance of its duties and responsibilities; and
 - (4) To promulgate such rules and regulations as are necessary or proper for the implementation of Section 6(a) of this Code.
- (b) The Municipal Nutrition Council (MNC) shall be principally responsible for the implementation and enforcement of the provisions of this Code. For this purpose, the Ministry of Health shall have the following powers and functions:
 - (1) To promulgate such rules and regulations as are necessary or proper for the implementation of this Code and the accomplishment of its purposes and objectives.
 - (2) To call the assistance of government agencies and the private sector to ensure the implementation and enforcement of, and strict compliance with, the provisions of this Code and the rules and regulations promulgated in accordance herewith.
 - (3) To cause the prosecution of the violators of this Code and other pertinent laws on products covered by this Code.
 - (4) To exercise such other powers and functions as may be necessary for or incidental to the attainment of the purposes and objectives of this Code.

CHAPTER LIV

LOCALIZING REPUBLIC ACT 10028, EXPANDED BREAST FEEDING PROMOTION ACT OF 2009 AND DILG MEMORANDUM CIRCULAR 2011-54, IMPLEMENTATION AND MONITORING OF THE NATIONAL BREAST FEEDING POLICIES

SECTION 442. CREATION OF THE MUNICIPAL BREASTFEEDING COMMITTEE (MBC)

There is hereby created a **Municipal Breastfeeding Committee (MBC)** chaired by the Municipal Mayor or authorized representative, composed of:

- Municipal Health Officer
- Municipal Social Welfare and Development Officer
- Municipal Nutrition Action Officer
- Municipal Gender and Development (GAD) Focal Person
- DepEd District Representative
- Liga ng mga Barangay President
- Municipal HR Officer
- Representative from local women's groups/CSOs

Functions of the MBC:

1. Formulate and update the Tigbauan Breastfeeding Support Plan;
2. Oversee establishment of lactation stations in LGU offices and public spaces;
3. Ensure compliance with breastfeeding breaks for LGU personnel;
4. Conduct capacity building for barangay breastfeeding counselors;
5. Monitor enforcement of RA 10028 and DILG MC 2011-54;
6. Submit semi-annual reports to the Sangguniang Bayan and the DILG/DOH as required.

SECTION 443. ESTABLISHMENT OF LACTATION STATIONS

All municipal offices, barangay halls, and public facilities (e.g., Tigbauan Plaza, public market, transport terminals, RHUs) shall establish and maintain functional lactation stations that:

- a. Are private, clean, well-ventilated, and free from intrusion;
- b. Have a chair, table, electrical outlet, handwashing area or sanitizers;
- c. Provide safe storage for expressed milk;
- d. Display breastfeeding information and reminders.

Private establishments within Tigbauan with more than 50 employees are likewise encouraged to establish lactation stations in accordance with RA 10028.

SECTION 444. BREASTFEEDING BREAKS FOR FEMALE EMPLOYEES

All breastfeeding employees in the municipal government are entitled to **at least 40 minutes of breastfeeding break for every 8-hour work period**, separate from regular breaks, without diminution of pay, as mandated by RA 10028.

SECTION 445. BARANGAY BREASTFEEDING SUPPORT GROUPS (BBSGs)

Each barangay in Tigbauan shall establish a BBSG composed of trained barangay health workers (BHWs), barangay nutrition scholars (BNS), and community volunteers to:

- a. Provide mother-to-mother support;
- b. Conduct home visits for breastfeeding counseling;
- c. Assist in referrals for lactation counseling at the RHU;
- d. Support breastfeeding promotion during barangay activities.

SECTION 446. INFORMATION, EDUCATION & COMMUNICATION (IEC)

The MNC and MBC shall jointly implement a sustained IEC campaign through:

- Barangay assemblies
- Schools and Child Development Centers
- Health centers and birthing facilities
- Municipal GAD initiatives
- Social media and municipal information posts

Topics shall include exclusive breastfeeding, continued breastfeeding, proper latch, benefits to mother and child, and myths/misconceptions.

SECTION 447. MONITORING AND ENFORCEMENT

The Municipal Breastfeeding Committee shall:

- a. Conduct quarterly inspections of municipal offices and public facilities;
- b. Compile compliance reports from the barangays;
- c. Submit a semi-annual implementation report to the Sangguniang Bayan, the Provincial Health Office, and DILG as required;
- d. Recommend corrective actions for non-compliant offices or barangays.

SECTION 448. FUNDING AND APPROPRIATIONS

Funds necessary for the implementation of this Ordinance shall be sourced from:

- a. Municipal Annual Budget (through MHO, MSWDO, GAD Fund, and Nutrition Program);
- b. Barangay Funds and GAD allotments;
- c. Grants, donations, and partnerships with NGOs and private sector.

The MBC shall submit an annual budget proposal to the SB for inclusion in the Annual Investment Plan.

CHAPTER LV

**LOCALIZING REPUBLIC ACT 8172, AN ACT FOR
SALT IODIZATION NATIONWIDE (ASIN LAW)**

SECTION 449. CREATION OF THE MUNICIPAL IODIZED SALT MONITORING TEAM (MISMT)

A **Municipal Iodized Salt Monitoring Team (MISMT)** is hereby created, chaired by the Municipal Health Officer (MHO), with the following members:

- Municipal Nutrition Action Officer (MNAO)
- Municipal Agricultural Officer
- Municipal Market Supervisor
- Municipal Social Welfare and Development Officer
- Department of Education (School District) Representative
- Barangay Nutrition Scholars (BNS) Federation President
- Representative from the Municipal Treasurer's Office
- CSO/NGO representative on health/nutrition (optional)

Functions of MISMT

- 1. Monitor compliance with iodized salt regulations among retailers, markets, and food establishments;
- 2. Conduct routine salt testing using RTKs;
- 3. Submit quarterly reports to the Sangguniang Bayan and Provincial Health Office;
- 4. Conduct IEC campaigns on the benefits of iodized salt;
- 5. Recommend corrective measures and sanctions for violators;
- 6. Assist barangays in community-level monitoring.

SECTION 450. REGULATION OF SALT SELLERS AND FOOD ESTABLISHMENTS

All salt retailers, wholesalers, market vendors, food processors, eateries, restaurants, and school canteens operating within Tigbauan shall:

- a. Sell or use **only adequately iodized salt**;
- b. Keep iodized salt **properly stored** in sealed, moisture-free containers;
- c. Present proof of purchase of iodized salt upon inspection;
- d. Allow the MISMT to test salt samples at any reasonable time;
- e. Follow labeling requirements prescribed by RA 8172.

SECTION 451. HOUSEHOLD AND COMMUNITY USE

All households in the Municipality of Tigbauan are encouraged to:

- a. Use **iodized salt exclusively** for all cooking and food preparation;
- b. Keep salt in sealed, dry containers away from heat and moisture;
- c. Participate in IEC activities and barangay monitoring.

Barangays shall integrate iodized salt promotion into nutrition month celebrations, BNS activities, women's meetings, and child health programs.

SECTION 452. PUBLIC INSTITUTIONS AND PROGRAMS

The following shall strictly use iodized salt in all food preparation:

- a. Municipal and Barangay Feeding Programs
- b. Day Care Centers
- c. Schools (DepEd SBFP, school canteens, cooking activities)
- d. Municipal Jail
- e. Public hospitals, RHU, birthing facilities
- f. LGU-sponsored events with food preparation

The MISMT shall check compliance during scheduled monitoring.

SECTION 453. INFORMATION, EDUCATION & COMMUNICATION (IEC)

The LGU shall conduct continuous IEC through:

- Barangay assemblies
- Schools and day care centers
- RHUs and BHS
- Market advisory postings
- Social media and municipal information boards
- Nutrition Month and health campaigns

IEC shall focus on:

- Benefits of iodine for brain development
- Risks of iodine deficiency
- Proper storage of iodized salt
- How to identify iodized salt in the market
- Rights of consumers under RA 8172

SECTION 454. MONITORING AND INSPECTION

- a. The MISMT shall conduct quarterly inspections in the public market, groceries, food establishments, and barangays.
- b. Salt samples shall be tested using Rapid Test Kits (RTKs).
- c. Results shall be recorded and forwarded to the Mayor and Sangguniang Bayan.
- d. Establishments found selling non-iodized salt shall be issued a Notice of Violation.
- e. Repeat violators shall be subject to administrative actions under Section 11.

SECTION 455. FUNDING AND APPROPRIATIONS

Funding for the ordinance shall be sourced from:

- a. Municipal Annual Budget (MHO, MNAO, MAO, Market Operations);
- b. Local Nutrition Program Fund;
- c. Local School Board Fund (for school-based IEC/testing);
- d. Barangay Funds;
- e. Grants, donations, or partner-agency support.

SECTION 456. IMPLEMENTING RULES AND GUIDELINES (IRG)

Within sixty (60) days after approval, the MISMT shall draft and issue IRGs covering:

- Inspection procedures
- RTK testing protocols
- Documentation forms
- Reporting templates
- Coordination flow from barangay to municipal level

These IRGs shall be endorsed to the Municipal Mayor for approval.

CHAPTER LVI
LOCALIZING NNC GOVERNING BOARD RESOLUTION NO. 3 S. 2014,
APPROVING AND ADOPTING THE GUIDELINES ON LOCAL NUTRITION PLANNING

SECTION 457. ADOPTION OF THE NNC LOCAL NUTRITION PLANNING GUIDELINES

The Municipality of Tigbauan hereby formally **adopts NNC Governing Board Resolution No. 3, s. 2014**, and shall follow its prescribed processes for:

1. Nutrition situational analysis;
2. Identification of priority nutrition problems;
3. Formulation of objectives and strategies;
4. Planning of programs, projects, and activities (PPAs);
5. Budgeting and resource mobilization;
6. Monitoring and evaluation (M&E);
7. Annual updating of the Municipal Nutrition Action Plan (MNAP).

SECTION 458. CREATION AND STRENGTHENING OF THE MUNICIPAL NUTRITION COMMITTEE (MNC)

The existing Municipal Nutrition Committee shall be strengthened and mandated to:

- a. Lead the local nutrition planning process following NNC guidelines;
- b. Coordinate all nutrition-related programs among LGU offices and barangays;
- c. Ensure the integration of the MNAP in the Municipal Development Plan and Annual Investment Plan;
- d. Conduct regular progress reviews and monitoring.

Composition of the MNC

- Municipal Mayor – Chairperson
- Municipal Health Officer – Vice Chairperson
- Municipal Nutrition Action Officer (MNAO) – Coordinator
- DepEd District Supervisors
- MAO, MSWDO, MPDC, MLGOO, MDRMO, Budget Officer
- Barangay Nutrition Scholars (BNS) Representative
- CSO/NGO Representative
- Private Sector Representative
- Other members as may be designated by the Municipal Mayor

SECTION 459. ROLE OF THE MUNICIPAL NUTRITION ACTION OFFICER (MNAO)

The MNAO shall:

- 
1. Coordinate the formulation and updating of the Municipal Nutrition Action Plan;
 2. Provide technical assistance to barangays in developing Barangay Nutrition Action Plans (BNAP);
 3. Facilitate capacity-building activities on nutrition planning;
 4. Consolidate monitoring reports and present quarterly updates to the MNC and the Sangguniang Bayan.

SECTION 460. BARANGAY NUTRITION ACTION PLANS (BNAPs)



All barangays in Tigbauan are required to adopt and implement nutrition action plans consistent with the NNC local planning guidelines and the MNAP.

SECTION 461. BUDGET ALLOCATION

A minimum of 10% increase or subject to the availability of funds from the municipal budget under Primary Care Facility for nutrition-related programs shall be allocated annually to support the planning, implementation, monitoring, and evaluation of the MNAP.



Barangays shall also allocate funds for their respective BNAPs.

SECTION 462. CAPACITY BUILDING. The LGU shall conduct regular capability-building activities for:

- Barangay Nutrition Scholars (BNS);
- Barangay officials;
- Municipal staff involved in MNAP implementation.

The Training may include nutrition data analysis, planning, program management, and monitoring tools.

SECTION 463. MONITORING AND EVALUATION (M&E)

The Municipality shall adopt the NNC M&E tools, including:

- OPT Plus results;
- Operation Timbang Data;
- Program accomplishment reports;
- Annual Nutrition Evaluation;
- Barangay monitoring visits.

Results shall be used to adjust programs and guide decision-making.

SECTION 464. PARTNERSHIPS AND COLLABORATION

The LGU shall engage:

- National government agencies (NNC, DOH, DepEd, DOST, DA, DILG);
- Civil society organizations;
- Academic institutions;
- Private sector partners;

to strengthen local nutrition governance and mobilize resources.

SECTION 465. REPORTING REQUIREMENTS

The Municipal Nutrition Action Officer shall submit:

- Quarterly nutrition updates to the Municipal Nutrition Committee;
- Annual Municipal Nutrition Action Plan implementation report;
- Consolidated barangay reports.

CHAPTER LVII

LOCALIZING NNC GOVERNING BOARD RESOLUTION NO. 1) 3 S. 2012, APPROVING THE GUIDELINES ON THE FABRICATION, VERIFICATION AND MAINTENANCE OF WOODEN HEIGHT BOARDS 2) 3 S. 2018, APPROVING THE GUIDELINES ON THE SELECTION OF NON-WOOD HEIGHT AND LENGTH MEASURING TOOL

SECTION 466. ADOPTION OF NNC GOVERNING BOARD RESOLUTION NO. 3 S. 2012

The Municipality of Tigbauan hereby **formally adopts** the **Guidelines on the Fabrication, Verification and Maintenance of Wooden Height Boards**, including but not limited to:

- a. Standard dimensions and measurement specifications;
- b. Required materials and construction guidelines;
- c. Painting, labeling, and marking standards;
- d. Proper maintenance, repair, and periodic checking;
- e. Verification procedures prior to field use.

SECTION 467. ADOPTION OF NNC GOVERNING BOARD RESOLUTION NO. 3 S. 2018

The Municipality hereby **adopts** the **Guidelines on the Selection of Non-Wood Height and Length Measuring Tools**, ensuring that all alternative height or length boards:

1. Meet NNC accuracy standards;
2. Are made of durable, weather-resistant, and safe materials;
3. Allow ease of cleaning, portability, and long-term use;
4. Are properly labeled, verified, and recorded prior to use;
5. Are suitable for use in community-based nutrition assessments.

SECTION 468. IMPLEMENTATION AND COMPLIANCE

The following shall be observed:

1. **All barangays** must use only NNC-standard wooden or approved non-wood height/length measuring tools.
2. **Barangay Nutrition Scholars (BNS)** and health workers shall undergo orientation on the proper use, calibration, and maintenance of the boards.
3. Annual **pre-OPT verification** of all height boards is mandatory before the conduct of OPT Plus and other assessments.
4. Replacement of damaged or inaccurate height boards shall be immediately undertaken by the barangay and supported by the LGU.

SECTION 469. ROLE OF THE MUNICIPAL NUTRITION OFFICE AND MNAO

The Municipal Nutrition Action Officer (MNAO) shall:

- a. Lead the procurement, production, or verification of height boards;
- b. Ensure barangay compliance with NNC guidelines;
- c. Maintain an annual inventory of wooden and non-wood height boards;
- d. Conduct training and supervision of BNS and barangay health workers;
- e. Submit annual reports to the Municipal Nutrition Committee (MNC).

SECTION 470. DUTIES OF BARANGAY GOVERNMENTS

Barangays shall:

1. Allocate funds for maintenance or replacement of height boards;
2. Ensure all BNS are trained in proper height and length measurement;
3. Maintain local inventory and ensure proper storage and handling;
4. Report inaccurate or damaged equipment to the MNAO for validation.

SECTION 471. BUDGET ALLOCATION

The Municipality of Tigbauan shall allocate funds in its Annual Investment Plan (AIP) for:

- Procurement or fabrication of compliant wooden height boards;
- Selection and acquisition of NNC-approved non-wood measuring tools;
- Training, verification, and calibration activities.

Barangays are likewise encouraged to allot funds in their Barangay Nutrition Program.

SECTION 472. MONITORING AND EVALUATION

Monitoring and evaluation shall be conducted by:

- Municipal Nutrition Committee (MNC)
- NNAO and the Municipal Health Office
- Barangay Nutrition Committees

Regular spot-checking during OPT Plus implementation shall be done to ensure compliance.

CHAPTER LVIII

LOCALIZING NNC GOVERNING BOARD RESOLUTION NO. 2 S. 2012, APPROVING THE REVISED IMPLEMENTING GUIDELINES ON OPERATION TIMBANG PLUS (OPT Plus)

SECTION 473. ADOPTION OF NNC GOVERNING BOARD RESOLUTION NO. 2 S. 2012

The Municipality of Tigbauan hereby **adopts and localizes** the **Revised Implementing Guidelines on OPT Plus**, including:

1. Standard growth monitoring procedures;
2. Screening, reporting, and recording protocols;
3. Requirements for anthropometric tools and standard measurement procedures;
4. Required training and capacity-building for nutrition workers;
5. Use of updated WHO Child Growth Standards.

SECTION 474. COVERAGE

OPT Plus shall be conducted annually in **all barangays** of Tigbauan and shall cover:

- All children 0–59 months old;

- Pregnant and lactating women (for weight monitoring);
- Other nutritionally at-risk groups as may be identified by the MNC.

SECTION 475. IMPLEMENTING AGENCIES AND PERSONNEL

A. Municipal Nutrition Committee (MNC) - shall oversee, supervise, and ensure compliance with the OPT Plus guidelines.

B. Municipal Nutrition Action Officer (MNAO) shall:

1. Lead the overall coordination of OPT Plus;
2. Consolidate barangay data and prepare municipal reports;
3. Facilitate training and capacity building for nutrition workers;
4. Ensure availability of verified weighing scales and height boards.

C. Barangay Nutrition Scholars (BNS) and Health Workers

Shall conduct household enumeration, growth monitoring, recording, and reporting following NNC standards.

SECTION 476. STANDARD MEASURING EQUIPMENT

All barangays shall use only NNC-compliant and verified:

- Weighing scales (infant and platform/beam types);
- Wooden or NNC-approved non-wood height/length boards;
- Measuring tools verified annually by the MNAO or trained personnel.

No unverified or damaged tools shall be used during OPT Plus.

SECTION 477. TRAINING AND CAPACITY BUILDING

The LGU shall conduct yearly training for:

- BNS
- Barangay Health Workers (BHW)
- Midwives
- Volunteers involved in OPT Plus

Training shall cover:

- Standard weighing and measuring procedures
- Use of WHO Child Growth Standards tables
- Filling out OPT tools and forms
- Handling and storage of anthropometric tools.

SECTION 478. DATA RECORDING, REPORTING, AND SUBMISSION

Barangays shall:

1. Use the standard OPT Plus forms prescribed by NNC;
2. Submit completed forms to the Municipal Nutrition Office within the designated timeline;
3. Ensure accuracy, completeness, and timely submission of data.

The MNAO shall consolidate all submitted reports and transmit the municipal OPT Plus report to the Provincial Nutrition Office within the required period.

SECTION 479. SUPERVISION, MONITORING, AND VALIDATION

The Municipality shall conduct:

- a. **Pre-OPT verification** of tools;
- b. **Field monitoring** during OPT Plus;
- c. **Data validation** to avoid errors and ensure quality;
- d. Random re-measuring of selected samples if necessary.

SECTION 480. USE OF OPT PLUS RESULTS

The Municipality of Tigbauan shall use OPT Plus data to:

- Identify nutritionally at-risk barangays and children;

- Develop or update the Municipal Nutrition Action Plan (MNAP);
- Allocate resources to priority areas;
- Design targeted interventions (feeding programs, micronutrient supplementation, etc.);
- Monitor the impact of nutrition programs.

SECTION 481. BUDGET ALLOCATION

Funds for the implementation of OPT Plus shall be included in:

- The Municipal Annual Investment Plan (AIP);
- Barangay budgets for nutrition;
- Supplemental budgets as necessary;
- Partner agencies or CSO support (if available).

SECTION 482. ROLES OF BARANGAY GOVERNMENTS

Barangays shall:

1. Ensure complete enumeration of all 0–59-month-old children;
2. Allocate funds for nutrition activities including OPT Plus;
3. Guarantee the availability and safe storage of anthropometric tools;
4. Support BNS and volunteers with logistics and manpower.

CHAPTER LIX

LOCALIZING NNC GOVERNING BOARD RESOLUTION NO. 6 S. 2012, ADOPTION OF THE 2012 NATIONAL GUIDELINES FOR FILIPINO

SECTION 483. ADOPTION OF THE NGF 2012

The Municipality of Tigbauan hereby formally adopts the 2012 National Nutrition Guidelines for Filipinos as approved in NNC Governing Board Resolution No. 6, s. 2012.

The guidelines include, but are not limited to, the following core messages:

1. Consume a variety of nutrient-dense foods.
2. Increase intake of vegetables, fruits, and whole grains.
3. Consume lean meat, fish, eggs, milk, and legumes.
4. Limit sugar, salt, fat, and processed foods.
5. Practice safe food handling and hygiene.
6. Maintain healthy weight through regular physical activity.
7. Ensure adequate intake for pregnant and lactating women.
8. Promote exclusive breastfeeding and appropriate complementary feeding.
9. Avoid alcohol, smoking, and harmful substances.
10. Practice environmental sustainability in food consumption.

(These may be adjusted based on the exact NGF text.)

SECTION 484. COVERAGE. The ordinance shall apply to:

- All municipal departments and offices
- All 52 barangays of Tigbauan
- Public and private schools
- Health centers and daycare centers
- Local NGOs, CSOs, and service providers implementing nutrition programs
- All LGU-led nutrition-related advocacy campaigns

SECTION 485. ROLES AND RESPONSIBILITIES

A. Municipal Nutrition Committee (MNC) - shall oversee and guide the implementation of NGF 2012 across the municipality.

B. Municipal Nutrition Action Officer (MNAO) shall:

1. Lead the promotion of NGF in all barangays;
2. Integrate NGF messages into the Municipal Nutrition Action Plan (MNAP);
3. Develop IEC materials and conduct nutrition education sessions.

C. Municipal Health Office (MHO) shall:

1. Incorporate NGF into health education in RHUs and barangay health stations;
2. Train health workers and volunteers on NGF-based counseling.

- D. DepEd Schools shall:
 - 1. Integrate NGF messages into classroom instruction and school-based programs;
 - 2. Support healthy canteens, gulayan sa paaralan, and related initiatives.
- E. Barangay Nutrition Scholars (BNS) shall:
 - 1. Conduct nutrition classes using NGF messages;
 - 2. Promote NGF during OPT Plus and home visits.
- F. Barangay Officials - shall support NGF dissemination in community assemblies and barangay programs.

SECTION 486. IMPLEMENTATION STRATEGIES

The Municipality shall undertake the following strategies:

- 1. IEC Campaigns through posters, social media, radio plugs, and barangay assemblies.
- 2. Integration of NGF messages into:
 - MNAP
 - o Barangay Nutrition Action Plans (BNAP)
 - o School-based feeding programs
 - o Health lectures and maternal classes
- 3. Training and orientation of all BNS, BHW, teachers, daycare workers, and barangay officials.
- 4. Partnership building with NGOs, faith-based organizations, and private institutions.
- 5. Regular monitoring of nutrition behaviors and program outcomes.

SECTION 487. FUNDING AND BUDGETARY REQUIREMENTS

Funds for the implementation of this Ordinance shall be included in:

- The Municipal Annual Budget;
- The Municipal Nutrition Action Plan (MNAP);
- Barangay nutrition budgets;
- Special projects and grants from national agencies or development partners.

SECTION 488. MONITORING AND EVALUATION

The MNC shall:

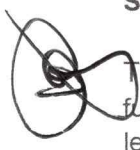
- Coordinate monitoring of NGF implementation across all barangays;
- Evaluate the effectiveness of NGF-based interventions annually;
- Use survey results, OPT Plus data, and program reports to guide improvements.

Reports shall be submitted every year to the Sangguniang Bayan.

CHAPTER LX

**LOCALIZING DILG MC 2024-071, ADOPTION, IMPLEMENTATION
OF THE PHILIPPINE PLAN OF ACTION FOR NUTRITION 2023-2028**

SECTION 489. ADOPTION OF DILG MC 2024-071 AND PPAN 2023–2028



The Municipality of Tigbauan hereby **formally adopts and localizes DILG MC 2024-071** and commits to fully implement the **Philippine Plan of Action for Nutrition 2023–2028** at the municipal and barangay levels.

SECTION 490. LOCAL NUTRITION COMMITTEE (LNC)

- a. The existing **Municipal Nutrition Committee (MNC)** is hereby strengthened as the **Local Nutrition Committee**.
- b. The Municipal Mayor shall serve as Chairperson and the Municipal Nutrition Action Officer (MNAO) as Coordinator.
- c. The LNC shall ensure alignment of all municipal nutrition actions with PPAN 2023–2028.

SECTION 491. LOCAL NUTRITION ACTION PLAN (LNAP). The Municipality shall:

- a. Prepare and update its **Local Nutrition Action Plan** aligned with PPAN 2023–2028;
- b. Integrate the LNAP into the **Comprehensive Development Plan (CDP)** and **Annual Investment Program (AIP)**;
- c. Submit annual monitoring and evaluation reports to the National Nutrition Council (NNC) and DILG.

SECTION 492. PRIORITY PROGRAMS AND SERVICES. The Municipality shall implement PPAN-aligned interventions, including but not limited to:

1. First 1,000 Days Nutrition Program
2. Operation Timbang Plus (OPT Plus)
3. Supplementary Feeding for 6–59 months
4. Adolescent Health and Nutrition Program
5. Maternal Nutrition and Micronutrient Supplementation
6. Nutrition in Emergencies (NiEm) System
7. Behavior Change Communication on Healthy Eating
8. Support for Food Security and Dietary Diversity Programs

SECTION 493. ROLES OF BARANGAYS. All barangays shall:

- a. Create or strengthen their **Barangay Nutrition Committees (BNCs)**;
- b. Prepare and implement their **Barangay Nutrition Action Plan (BNAP)**;
- c. Allocate funds from the barangay budget for nutrition programs;
- d. Submit reports to the Municipal Nutrition Action Officer.

SECTION 494. FUNDING REQUIREMENTS. The Municipal Government of Tigbauan shall allocate funds for:

- a. Implementation of the Local Nutrition Action Plan;
- b. Monitoring and evaluation activities;
- c. Capacity-building for barangay and municipal nutrition workers;
- d. Purchase of nutrition equipment and materials.

Funding shall be sourced from the General Fund, Special Accounts, external grants, and other lawful sources.

SECTION 495. MONITORING AND EVALUATION. The Local Nutrition Committee shall:

- a. Monitor the progress of PPAN implementation;
- b. Report quarterly to the Mayor and Sangguniang Bayan;
- c. Coordinate with DILG and NNC for validation, support, and compliance.

CHAPTER LXI
MISCELLANEOUS PROVISIONS

Section 496. Penal Clause. Any violation on the provision of this Code shall be meted a penalty of fine not more than Two Thousand Five Hundred pesos [PhP2,500.00] or imprisonment not more than SIX (6) months or both at the discretion of the Court.

Section 497. Separability Clause. In the event that any section, paragraph, sentence, clause, or word of this Code is declared invalid for any reason, other provisions thereof shall not be affected thereby.

Section 498. Repealing Clause. All ordinances, as well as pertinent rules and regulations thereof, which are inconsistent with the provisions of this Code are hereby repealed or amended accordingly.

Section 499. Effectivity. This ordinance shall take effect upon its approval and compliance to the posting and/or publication requirements of the Local Government Code of 1991 of RA 7160.

ATTESTED:


LUGEN T. ORTILANO
Vice Mayor & Presiding Officer

CERTIFIED CORRECT:


MA. GEMMA T. MOLO
Acting SB Secretary

APPROVED:


ATTY. VIRGILIO T. TERUEL
Municipal Mayor
FEB 10 2026
(Date signed)

