# **OPERATION LISTO**

Protocols for the Management of Emerging Infectious Diseases

An interim guide for Local Chief Executives and the Local **COVID-19** Task Force



OPERATION LISTO Protocols for the Management of Emerging Infectious Diseases An interim guide for Local Chief Executives and the Local COVID-19 Task Force

Copyright @ 2020

National Task Force against COVID-19

In cooperation with:

Local Government Academy (LGA)

Department of the Interior and Local Government (DILG)

Department of Health (DOH)

All rights reserved.

1.	Introduction —	1
	Forms and Structure Guide on How to Use What is Zoning Containment Strategy? What is PDITR?	
II.	Chapter 1: Flowchart for General Actions ————	5
	Introduction Flowchart Reference Boxes	
III.	Chapter 2: Flowchart for Specific Actions of Zones —	14
	Introduction Flowchart Reference Boxes	
IV.	Chapter 3: Building Capacity —	38
V.	Annexes —	42
	Annex A: LGU Reporting Template	
	Annex B: LGU Evaluation Template	
	Annex C: NTF COVID-19 IEC Material (for LGUs)	
	Annex D: Sample IEC Materials (for Communities)	
	Annex E: Contact Tracing Reporting Flow	
	References	

Message



What do we mean when we say "kapwa" in Filipino? Roughly translated, it means neighbor but it does not begin to grasp the concept of this seemingly simple yet profound word. While "neighbor" denotes physical or social nearness, kapwa acknowledges the "sameness" of our fellowmen and women to our own selves. It is in this recognition of each Filipino as our kin that continues to drive us to treat each and serve each other better.

This concept has been put to test by the Coronavirus Disease 2019 (COVID-19) pandemic, throwing everyone into a conundrum. It has challenged the way we live our daily lives, with scores of our fellow Filipinos losing their lives.

In the face of such daunting challenges, it would be easy to give up, to think of only oneself and ignore everyone else. But as Filipinos, giving up is never an option. The national government, the LGUs, the private sector, civil society, the academe, and private citizens have come to work together to defeat the COVID-19 Pandemic. Despite our hardships, we continue to hope and carry on with a sense of duty moving forward.

Among all these actors, LGUs are in a unique situation as they are both decision makers and implementers of national directives while pushing for their respective home grown initiatives. They have the direct responsibility to handle cases in their locality and ensure the health and safety of their citizenry. More importantly, they also have to maintain a semblance of normalcy and functionality at the local level. These are no easy tasks. Recognizing this reality, the Inter-Agency Task Force on Emerging Infection Disease (IATF - EID) fully supports the LGUs towards improving their chances of success.

This is the reason why *OPERATION LISTO Protocols for the Management of Emerging Infectious Disease (An interim guide for Local Chief Executives and the Local COVID-19 Task Force)* came about. We at the IATF - EID, in partnership with the DILG and LGA, developed this to capacitate and empower LGUs to be adequately informed and improve their ways of controlling COVID-19 in their localities. With this material, LGUs will be better equipped to implement key strategies and tactics, with sound guidance and solid foundation.

With unrelenting passion, proper competencies, and continued "pakikipagkapwa-tao", we can strengthen our synergy as a nation to overcome this adversity and carry-on towards better days.

SECRETARY DELFMAN. LORENZANA

Department of National Defense, and Chairperson, National Task Force against COVID-19



Warmest felicitations to the Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID), with the assistance of the Department of the Interior and Local Government (DILG) and the Local Government Academy (LGA), for producing a manual which would help our local leaders handle the COVI D-19 pandemic.

The OPERATION LISTO Protocols for the Management of Emerging Infectious Disease (An interim guide for Local Chief Executives and the Local COVID-19 Task Force) charts a detailed blueprint on the localization of the National Action Plan against COVID-19. This publication maps out the plans and procedures in order for localities to reduce COVID-19 infections, maintain public health, and boost community resiliency during this gloomy and adversity-laden path.

Indeed, despite the challenges posed by the virus on our nation, our local chief executives and Local COVID-19 Task Forces continue to rise to the challenge of stamping down the pandemic. With this level of dedication and perseverance, I am certain that our country will be able to surpass every obstacle that threatens to undermine the wellbeing of our people.

Public health will soon see the light of day and thus, we at the IATF-EID commit to march forward in public service and nation-building until the shadow of COVID-19 has lifted from the Philippines. So I hope that the national leadership, our local government units, and the Filipino citizenry continue to hold tight and unite in the present, because a brighter and more robust future awaits this enduring and resilient nation.

Thank you and mabuhay!

EDUARDO M. AÑO

Vice-chair of the National Task Force against COVID-19 and Secretary, DILG



The year 2020 witnessed the rapid spread of the Corona virus Disease 2019 (COVID-19) across the globe. Here in the Philippines, the pandemic has not only claimed the lives of many of our countrymen, but has also branched into other societal issues such as widespread joblessness, poverty, and hunger.

Indeed, the impact of COVID-19 on our nation has unsettled our normal way of life, disorienting even the mundane activities. Commuting to work, participation in classes, attending meetings, and other social interactions have become largely restricted. With so many uncertainties surrounding our country, the way in which we tread the present landscape has likewise changed.

Yet, despite these challenges, the country has continued to wrestle against this unseen enemy with unfailing grit and endurance. In fact, the spirit of resiliency among our people- whether in the public or private sector - has only burned brighter in the face of these difficulties.

Encouraged by the *Bayanihan* spirit, we at the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) commit to pouring everything into fighting this disease and lifting our people from its catastrophic impacts on society.

To that goal, we at the IATF - EID with the assistance of the DILG and LGA, offer this OPERATION LISTO Protocols for the Management of Emerging Infectious Disease (An Interim Guide for Local Chief Executives and the Local COVID-19 Task Force) to our LGUs. This manual encapsulates both the Prevent - Detect - Isolate - Treat - Reintegrate (PDITR) and Zoning Containment strategies to allow decision-makers to make quick and informed resolutions at the local and community levels.

This pandemic will not end easily: it will take all of our combined strengths to build more bridges and less walls amongst ourselves. I call on every Filipino to unite and join hands with the government and be part of the BIDA and may DISIPLINA campaign. Let it be a guiding light as we march on with fortitude and competence to a better Philippines.

FRANCISCO T. DUQUE, III

Secretary of Health Chairperson, IATF-EID



Public Safety is both a desire and challenge that continues to evolve over the years. For a majority of our history as a nation, the concept has largely focused on domestic and international security threats to the public. It also covers the threats of natural calamities, and social unrest. However, 2020 reintroduced the challenge of facing a pandemic to these concerns. And this may be the very first historically major pandemic that the country will face in decades.

A problem of this magnitude cannot be tackled by one actor alone. This pandemic is everybody's concern and it is, therefore, up to everybody to make an effort to resolve it. The Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF - EID) has made strides in helping control the spread of the virus but the National Government cannot be successful in this endeavor alone. That is why each and every Local Government Unit (LGU) and each Filipino are enjoined to be part of the solution by following the proper health safety protocols.

To further our efforts, there is a need for a baseline from which where each LGU should start. As such, the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF - EID), the Department of the Interior and Local Government (DILG) and the Local Government Academy (LGA) offers the *OPERATION LISTO Protocols for the Management of Emerging Infectious Diseases (An Interim Guide for Local Chief Executives and the Local COVID-19 Task Force)* to our LGUs to serve as a foundation for their efforts. This material serves as a sound guide for the decisions of the Local Chief Executives (LCEs) as heads of their respective Local COVID-19 Task Forces, helping them navigate the intricate realities that this pandemic has brought to their respective LGUs. For this material to be of any value, LGUs must utilize it to its fullest potential. With a unified standard on our collective efforts, we are assured that each individual is doing what is proven safe and effective against the SARS-COV 2 Virus. We commend the good men and women of the IATF, DILG, and LGA for making this material available to the public.

Although we continue to struggle against this pandemic, we remain hopeful. We continue to believe in the efforts of our medical and nonmedical front liners, our civil servants, the academe, the private sector, development partners, families, and individuals who serve and help maintain our society. All LGUs which have done their best in earnest, are likewise commendable. This pandemic challenges us, but the Filipino Spirjt shall remain resilient.

BERNARO C. FLORECE, JR.

Undersecretary for Peace and Order



The Local Government Code of 1991 is nearly three decades old and it has given much responsibility and powers to the LGUs. Among them is their duty to ensure the health and safety of their citizenry. Three decades later, the LGUs are tested with the onslaught brought by COVID-19 and its permeating effects. This pandemic is the single widest spreading national threat that the country has faced causing uncertainties and disarray as a result.

COVID-19 is like an invisible wildfire and everyone is racing to extinguish it at a rapid pace with all force. There is no vaccine for it yet, it remains unpredictable and easy to spread. Therefore, much effort is needed to control its contagion using a combination of strategies, spearheaded at the local and community level by the LGUs.

They are not alone in this daunting journey. The national government through various fronts have been battling this challenge with each LGU and each Filipino. We at the Local Government Academy, together with the DILG, and IATF, present this *OPERATION LISTO Protocols for the Management of Emerging Infectious Diseases (An interim guide for Local Chief Executives and the Local COVID-19 Task Force)* in support of the LGUs' efforts. This material builds on the successful principles of the Operation Listo! Local Government Unit Disaster Preparedness Manual for City And Municipal LGUs which outlined straightforward and clear lines of actions for LGUs in their handling of hydro-meteorological hazards. The same approach is applied to efforts to control the COVID-19 Pandemic as it summarizes and operationalizes key guidelines for LGUs into actionable steps that they can undertake. With special focus on the overarching Prevent, Detect, Isolate, Treat, and Reintegrate (PDITR) Strategy and the Zoning Containment Strategy (ZCS), we are hopeful that this guidebook shall help LCEs accelerate and improve their decision making with regards to their response in their locality while providing a concrete and concise guide for the Local COVID-19 Task Force on the steps they must undertake in executing said decisions.

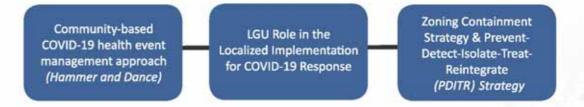
For LGUs to be successful, however, they must be ready and equipped with the right capacities. Now more than ever, it has become clear, LGU Capacity makes a difference on performance. There are LGUs who have equipped themselves to face the pandemic better than others regardless of amount of resources. Despite being in the thick of this national conundrum, it is not too late for LGUs to enhance their capacity rather it becomes much more imperative to do so. We must continue to be ready because every day is an opportunity for each to rise to the challenge as individuals, families, LGUs, and as a country.

In these difficult times, we are forced to face who we are as a nation. Much like our ancestors during dark times in the past, we are tasked to overcome together and we shall deliver.

THELMA T. VECINA, CESO IV

Executive Director, LGA

### Introduction



The community-based COVID-19 health event management hammer and dance approach offers an operational framework for LGUs to implement a localized response. The zoning containment strategy and PDITR strategy are major anchors on this localized implementation. In this Operation Listo Protocol, the PDITR components have respective minimum capacity targets for LGUs to take on in assessing and identifying the lockdown areas, building capacity, as well as response/operations.

This material serves as a guidepost for LGUs on their response actions for COVID-19 affectation in their area. It is a step-by-step and scenario-based tool and is applicable to both Cities and Municipalities. It is based on the the consolidated guidelines on Preventions, Detect (Disease Surveillance, Contact Tracing and Testing), Isolation, Treatment and Reintegration. It supports existing lines of efforts of LGUs and streamlines them to promote harmonious standards on the same. This, however, only details the bare minimum

standards and LGUs may enhance their actions without violation of existing guidelines. It is highly encouraged that LGUs pursue customized efforts based on the need and context of their locality in addition to the efforts hinglighted therein.

The Operation L!STO Protocol is intended to be maximized uniformly in actual operations. Along with the various pronouncements this protocol is based on, the uniformity of the baseline of actions of the local task force is critical to isolating, controlling, and defeating the spread of COVID-19 Virus at the local level.

With the response operations geared towards, targeted and systematic control of the situation, LGUs will be able to better manage the pandemic while minimizing the impact that broad-scale lockdowns have shown to effect. In turn, the precise geographic and targeted lockdowns is a balanced effort in reducing the affectation while also restoring a semblance of normalcy in affected communities nationwide.

### Form and Structure

The reformatting of the tool and addition of some minor steps try to streamline the way it is presented and understood by the end-users with emphasis on the LCEs as the head of the Local COVID-19 Task Force. General parts of each strategy outlined will have:

- Flowcharts- general flow of steps and sub-steps based on scenario
- Reference Box to serve as basis for decisions
- Forms/Checklists/Tools

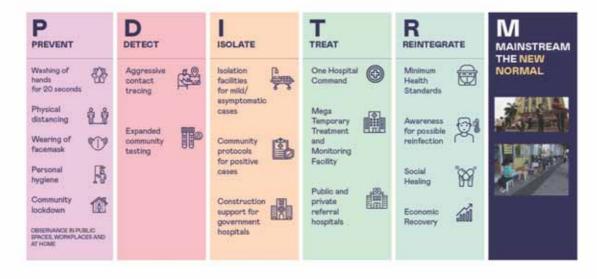
The flowchart focuses on the sequential major activities while the reference boxes are the listing of information, decision points, and specific detailed actions. This is inspired by the OPERATION LISTO Protocols that is widely used by the LGUs for Hydrometeorological Hazards.

### How to use

- The LCE as head of the Local COVID-19 Task Force and the Task Force members will use each chapter as a concrete guide on steps to undertake.
- The flowcharts will indicate the action steps of the protocol which will indicate the reference box needed for decision points/sub-steps as denoted by a green circle with the respective letter indicator.
- The reference boxes will also point the necessary forms/checklist that will be used for the steps as needed that are in the annexes of the protocol.
- They may photocopy or print out said annexes and fill out as necessary.
- The protocol can be used by both city and municipal COVID-19 Task Forces.

### What is PDITR

The Prevent-Detect-Isolate-Treat-Reintegrate (PDITR) is the main strategy of the National Action Plan Against COVID-19 Phase 2. It is adopted across various levels of governance and is mirrored in Local Efforts.



### Salient Features of the National Action - Plan Against COVID-19 Phase II:

- Contain and manage new COVID-19 cases in high risk areas
- Sustain the wins against COVID-19 and continue good practices
- Balance the health and economic welfare
- Localize COVID-19 response by rallying people's support and participation
- Keep a low fatality rate including non COVID-19 cases
- Institutionalize the Prevent-Detect-Isolate-Treat-Reintegrate
- Focus and concentrate efforts on contact tracing, isolation/ quarantine, and expanded targeted testing.

The <u>Prevent-Detect-Isolate-Treat-Reintegrate (PDITR)</u> is the main strategy of the National Action Plan Against COVID-19 Phase 2. It is adopted across various levels of governance and is mirrored in local efforts.

For the **Prevent** component, two (2) crucial capacities should be in place, namely, **Health Promotion and Communications**, and **Disaster Risk Reduction Management System**.

For the **Detect** component, LGUs should be keen in institutionalizing **Local Epidemiological Surveillance Unit, Disease Surveillance, Contact Tracing and Testing** 

For the **Isolate** component, Oplan Kalinga is recommended. As well as institutionalization of Temporary Treatment and Monitoring Facilities (TTMFs), Isolation Units; mandatory provision of PPEs to the health workers and service ambulance to name a few.

For the **Treat** component, a One Hospital Command (referral system) should be in place. It is also the role of the LGUs to pool resources in the service delivery network not only the medical equipment (mechanical ventilators, etc.), supplies (PPEs, medicines, laboratory reagents, etc.), but also institutionalize mechanisms for managing waste management and management of human remains.

For the **Reintegrate** component, the LGUs are expected to institutionalize social assistance and social safety nets mechanisms. If this will entail coordination with the DBM, DSWD, OCD, and DOH, hence, by virtue of the Local Government Code, the LGU can manifest subsidy on these programs. Most importantly, it is paramount to institutionalize the NUTRITION AND MENTAL HEALTH outcomes in the locality towards a "TRUE" local social recovery program.

The PDITR can be clearly seen in the lines of action in the Response Actions for Areas of Concern in the LGUs later on (Chapter 2), and eventually mainstreamed in the new normal.

## Chapter 1

## Flowchart for LGU General Actions

### LGU General Actions on COVID-19

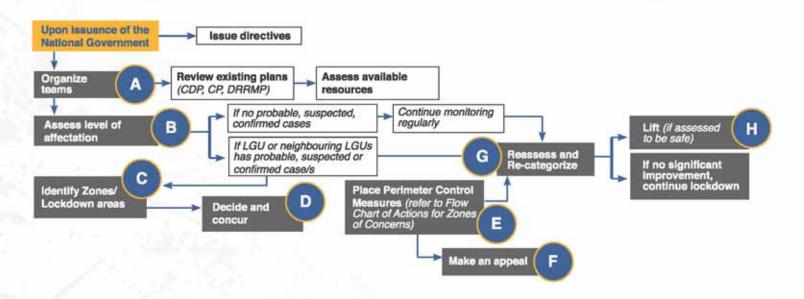
This chapter details the major fundamental steps that LGUs will undertake in controlling the spread of the COVID-19 infection in their respective locality. It is delves into the major action and decision points and lines of directives that LCEs will oversee and teams will operate on.

It starts with the organization of the teams, assessment of the severity of infection, determining which areas to lock down, declaration by the LGU and concurence by the RIATF, Making Appeals, and prospective lifting after some time.

Some steps have detailed action points and additional information as detailed in the reference boxes.

### Flowchart of General Actions

#### LGU GENERAL ACTIONS ON COVID-19 RESPONSE FLOW CHART



Ensure timely submission of reports (daily to RIATF)

**Building Capacities for Response** 

### Reference Boxes

A

## **Box A: Organize Teams**

- □ Organize the Local Task Force
  - □ Contact Tracing Team (CTT)
  - □ Diagnostic and Testing Team (DTT)
  - ☐ Patient Management and Monitoring Team (PMMT)
    - ☐ Isolation Facility Management Unit (IFMU)
    - ☐ COVID-19 Referral and Liaison Unit (CRLU)
    - ☐ Reintegration and Psychosocial Counseling Unit (RPCU)
  - □ Logistics and Resource Team (LRST)
- ☐ Ensure teams are familiar with their roles and responsibilities
- Establish reporting systems within the LGU

В

## **Box B: Assess Level of Affectation**

		t House-to-house screening and Community-based nic Surveillance; and Gather Data				
		nduct house-to-house visits and screening of seholds (active surveillance)				
	Ide	ntify individuals with possible COVID-19 infection:				
		Close contacts				
		Individuals presenting with COVID-19 signs and symptoms				
		Individuals with ILI and SARI signs and symptoms				
		Potential imported COVID-19 cases: Locally Stranded Individuals (LSIs), Returning Overseas Filipinos (ROFs), Authorized Persons Outside of Residence (APOR)				
		Frontliners				
	Plot the cases and cluster of cases in a Spot Map and update regularly					
Gather information for epidemiologic situational analysis						

## Box C: Identify Zones/Lockdown Areas

Identify the Critical Zone/ Lockdown Area:

#### GEOGRAPHICAL UNIT

### CRITICAL ZONE / LOCKDOWN AREA



House



Residential Building Floor



Residential Building



Business/School/Work Establishment (with 1,000 or more resident occupants)



Business/School/Work Establishment (> 1,000 or more resident occupants)









Subdivision/Village



Densely-populated barangay (with population density of >1,000/km2)



Sparsely-populated BIII barangay (with population density below 1,000/km2)



Settlement



Municipality/City

at least one (1) case of either a suspect, probable or confirmed COVID-19 is present

at least two (2) cases of either a suspect, probable and/or confirmed COVID-19 are present in the SAME floor

at least two (2) cases of either a suspect, probable, and/or confirmed COVID-19 are present in two (2) DIFFERENT floors

at least two (2) clusters of cases composed of either a suspect, probable, and/or confirmed COVID-19 physically reporting for the past 14 days, where each cluster is reported from separate building, wing, floor or annexes

at least two (2) clusters of cases composed of either a suspect, probable, and/or confirmed COVID-19 physically reporting for the past 14 days, where each cluster is reported from separate building, wing, floor or annexes

at least three (3) clusters of cases composed of either a suspect, probable and/or confirmed COVID-19 are present in the barangay where the market is located

at least two (2) clusters of cases composed of either a suspect, probable and/or confirmed COVID-19 are present in DIFFERENT houses, buildings, or establishments along a specific street

at least three (3) clusters of cases composed of either suspect, probable and/or confirmed COVID-19 are present in DIFFERENT houses, buildings, or establishments within the purok.

at least four (4) clusters of cases composed of either suspect, probable, and/or confirmed COVID-19 are reported in at least two (2) DIFFERENT streets, blocks, whichever is applicable

at least five (5) clusters of cases composed of either suspect, probable and/or confirmed COVID-19 are present in at least three (3) DIFFERENT sitios, puroks, or blocks, whichever is applicable.

at least two (2) clusters cases composed of either suspect, probable and/or confirmed COVID-19, are present in at least two (2) DIFFERENT sitios, puroks or blocks, whichever is applicable.

at least two (2) clusters of cases, composed of either suspect, probable and/or two (2) DIFFERENT areas within the settlement

at least 25% of its barangays were declared in CrZ/lockdown.

Categorize each geographical unit into zones once established parameters are met: ☐ Identify the other Zones (Containment Zone, Buffer Zone and Areas Outside Buffer Zone)

### Purok and smaller Geographical units

(house, residential building, establishment, market, street, purok)

- ☐ Use the Radius Method for geographical units smaller than the purok:
  - □ Containment Zone: measure 500 meters from the perimeter of the Critical/lockdown zone.
  - ☐ Buffer Zone: measure 500 meters from the perimeter of the Containment Zone (Buffer Zone).
  - Areas Outside Buffer Zone: all the rest of the areas.

### Geographical Units larger than a purok

(subdivision/ village, barangay, settlement, municipality/city)

- □ Use the Zonal Border Method for geographical units larger than the purok:
  - ☐ Containment Zone: geographical units surrounding the Critical Zone.
  - ☐ Buffer Zone: geographical units surrounding the Containment Zone.
  - Areas Outside Buffer Zone: all the rest of the areas.

- ☐ Identify type of community quarantine measures
- □ Rolling Stages of Interventions:
  - ☐ Critical Zone: Lockdown or Enhanced Community Quarantine (ECQ)
  - ☐ Containment Zone: Modified Enhanced Community Quarantine (MECQ)
  - ☐ Buffer Zone: General Community Quarantine (GCQ)
  - ☐ Areas Outside Buffer Zone: Modified General Community Quarantine (MGCQ)
- ☐ Impose the stricter measures in case of overlapping zone classifications
- ☐ Ensure that community quarantine measures are narrowed down to the smallest possible geographical unit
- ☐ Declare Zones and Community Quarantine measures within 24 hours with concurrence of the Regional IATF

# Box D: Decide and Concur

- □ Finalize the Zones and the Community Quarantine Measures to be imposed
- □ Request concurrence from the Regional IATF within 24 hours upon confirmation of a COVID-19 case

Box E: Place Perimeter Control Measures

- ☐ Critical Zone/ Lockdown Area
- □ Enforce within 24 hours extremely restrictive movement and perimeter control of individuals, regardless of age and health status
- Prohibit movement of individuals inbound and outbound of the CrZ
- Establish and impose screening procedures at all points of entry
- Inform citizens on the boundaries of the CrZ and place physical reminders such as signs and cues of the boundaries and entry points
- ☐ Temporality close all major air, land, sea transit points
- ☐ Ensure access to essential goods and services
- ☐ Containment Zone
- ☐ Enforce within 24 hours strict perimeter control
- Establish and impose screening procedures at all points of entry for individuals exiting the CrZ
- ☐ Prohibit movement of individuals to the CrZ
- Establish stringent perimeter control on boundary between CZ and BZ, allowing only entry of essential goods and services, and work
- Impose limited movement of individuals accessing essential goods and services
- Restrict movement of Senior Citizens, children, individuals with comorbidities and health risks, and other vulnerable groups

	Impose delivery and pick-up of essential goods for CZ at the points of entry ONLY.
	Inform citizens on the boundaries between CZ and CrZ and between CZ and BZ, and place physical reminders such as signs and cues of the boundaries and entry points;
	<ul> <li>Implement strict screening procedures at all major air, land, sea transit points or close the point of entry;</li> </ul>
	<ul> <li>Ensure a maximum 50% operational capacity of manufacturing and processing plants, and officers and establishments</li> </ul>
	☐ Ensure access to essential goods and services
☐ Buffer Zone	□ Establish and impose perimeter control on points of entry between BZ and CZ
NAME OF	<ul> <li>Allow movement of people between BZ and OBZ with observance of minimum health standards</li> </ul>
	<ul> <li>Allow full operational capacity of government offices and industries</li> </ul>
	<ul> <li>Ensure transporting services shall operate at a reduced operational and vehicle capacity limited to support government and private operations</li> </ul>
	☐ Ensure schools operate at capacities to cater to students with flexible learning arrangements
☐ Areas Outside of	☐ Enforce permissive socioeconomic activities
Buffer Zone	<ul> <li>Establish and impose screening procedures at all points of entry as deemed necessary</li> </ul>

Box F: Make an Appeal

- Activate the Grievance
   Oversight Body
- Facilitate written appeals of individuals or groups adversely affected by decisions
- Determine appeals based on merit
- Attend Regional IATF hearing for meritorious cases filed

Box G: Reassess and Re-categorize

- Reassess epidemiologic parameters and implementation regularly
- Announce recategorization of zones, if applicable every 1st and 16th day of the month
- ☐ Gather the following data regularly

Box H: Lift

- Lift community quarantine measures once all PDITR activities are completed and the following but not limited to these scenarios are achieved:
  - Test of all close contacts (and if possible, succeeding generations) are negative
  - No NEW suspect, probable, or confirmed cases identified
  - Completion of 14-day quarantine measures of individuals in the geographical unit
- □ Limit duration of Enhanced Community Quarantine (ECQ) and Modified Community Quarantine (MECQ) not lower than 15 days

## Chapter 2

## Flowchart of Specific Actions of Zones

### Introduction

The second chapter of this material delves into the specific operational and tactical efforts that will be undertaken by the Local COVID-19 Task Force and the respective LGU Teams and Units. The lines of actions are clustered according to the Prevent-Detect-Isolate-Treat and Reintegrate strategy of the IATF with some overlaps with each other.

This comprise the checklist for Directives for Physical Distancing Measures, Perimeter Control Measures, Community Engagement Activities, Health Promotion Activities, Guidelines on Contact Tracing per Zoning, Guidelines on Testing per Zones, Criteria or Subsectors on Expanded Testing, and Social Safety Net or Social Amelioration Program (SAP).

Tactical actions identified in this chapter shall commence after the organization of the Local COVID-19 task force, and upon the assessment level of affectation in their area of jurisdiction. Note that these actions can be customized by LGUs according to what is relevant to their needs and context.

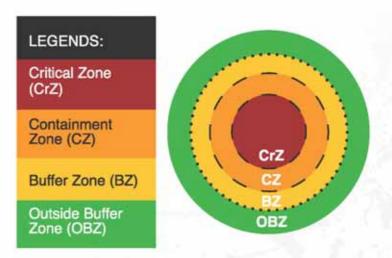
## What is Zoning Containment Strategy

Areas in the LGUs shall be categorized into four (4) zoning classifications, where its epidemiological parameters shall be contextualized based on respective geographical units as stated in the operational guidelines.

We anticipate that no single containment measure by itself will be sufficient to stop the spread of this virus with 100% success. But then if we combine the ZCS and PDITR strategies, we will be able to intervene early and stop the further spread of the pandemic in the locality.

In the schematic diagram shown, you will appreciate that geographical areas in the Critical Zone will have an extremely restrictive perimeter control. This is to instill strict border control in areas with increasingly high burden of COVID-19.

Meanwhile, contact tracing, testing and treatment of cases will be conducted in these areas while on quarantine. Additionally, you can appreciate a stringent perimeter control is set in place between the Containment Zone and Buffer Zone to impose limited movement outside the contiguous areas for containment purposes.



ZONES	CASE THRESHOLDS
Critical Zone (CrZ)	areas where the initial number of cases or several clustering cases have been identified within the past seven (7) days
Containment Zone (CZ)	areas without new cases but are adjacen to a geographic unit categorized as CrZ
	are areas without new cases but are edjacent to areas categorized as CZ
(BZ)  Area Outside Buffer Zone (OBZ)	adjacent to areas categorized as CZ  all remaining areas without new cases not categorized as CZ or BZ

EOLID (A) ZONINO



## **Zoning Containment Strategy**

LOCAL COVID-19 RESPONSE OPERATIONS



### LEGEND:

CrZ

Critical Zone

• CZ

Containment Zone

BZ

Buffer Zone

OBZ

Outside Buffer Zone

## Rolling Stages of Intervention per Zone

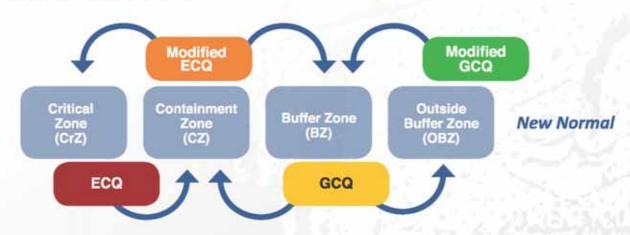
The Rolling Stages of Interventions is a set of community quarantine interventions in the Zoning Containment Strategy which will allow and authorize the local authorities to implement a localized COVID-19 response that is calibrated, adaptive and selective. It shall be the framework to be applied in determining the interventions to be implemented in a particular zone.

The rolling stages of interventions is a framework in which a type of community quarantine is designated for each zone, and in which upon every reassessment, a geographical unit may oscillate from one zone to the other, depending on the epidemic situation and circumstance, whereby the stages of interventions in each type of community quarantine is implemented towards the observance of the New Normal.

Activities or interventions in each type of community quarantine shall be in accordance with the Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines published by the IATF. The types of community quarantine shall correspond with the following zoning classifications as shown.

#### As shown:

The Critical Zone will placed under ECQ / lockdown
The Containment Zone will placed under MECQ
The Buffer Zone will placed under GCQ
And Areas Outside Buffer Zone will be placed under MGCQ



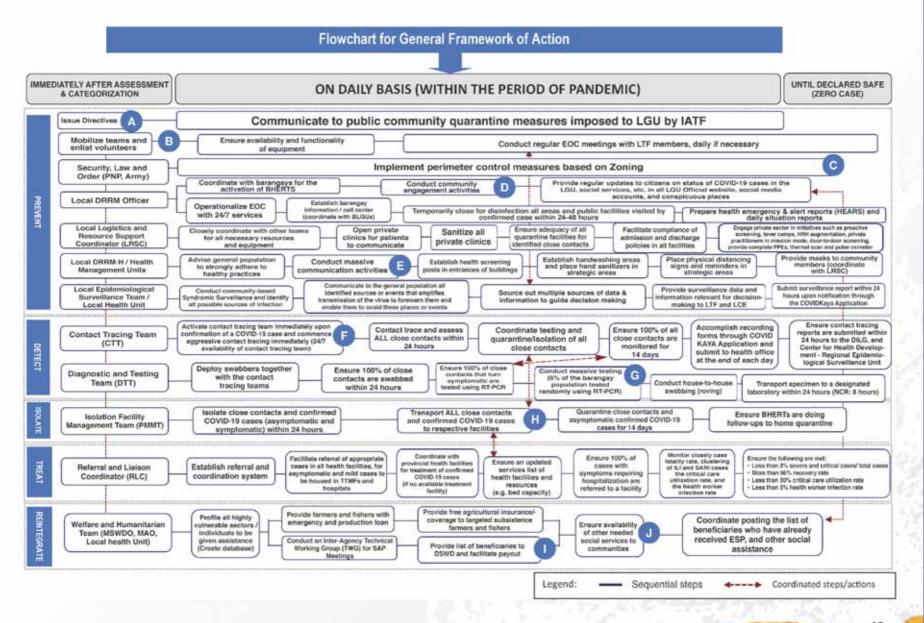
## Community Policy for Each Zone

To avoid confusion on how to implement the Rolling Stages of Interventions in the Zoning Containment Strategy and with the declarations of community quarantine measures by the IATF, the diagram above will serve as a guide.

Zoning classifications shall determine the interventions to be imposed and implemented by the LGU on subject geographical units but in no case shall interventions be lower than what is prescribed by the policy for each zoning classification taking into consideration also the existing level of community quarantine imposed on the area by the IATF

Tag .		Inter-Agency Task Force (IATF) Community Quarantine Resolution					
Local Government Unit Operationalization of the Rolling		Enhanced Community Quarantine (ECQ)	Modified Enhanced Community Quarantine (MECQ)	General Community Quarantine (GCQ)	Modified General Community Quarantine (MGCQ)		
Stages of Intervention	Critical Zone (CrZ)		ECQ	ECQ	ECQ		
	Containment Zone (CZ)	ECQ	MECQ	MECQ	MECQ		
	Buffer Zone (BZ)				GCQ		
	Outside Buffer Zone (QBZ)			GCQ	MGCQ		

## Flowchart of Specific Actions for Zones



## Reference Boxes

Α

## Box A: List of Directives for Physical Distancing Measures and Minimum Public Health Standards

	Critical Zone (CrZ)		537 57 57 5		Buffer Zone		Outside Buffer Zone (OBZ)		
0 0	Suspend face- to-face classes.		Limited mass gatherings	0	Limited mass gatherings	_	Ensure movement of within OBZ is		
	Prohibit mass gatherings	779.77	Implement staggered work		Implement staggered work		in accordance to the minimum		
	Implement minimum health standards	minimum health		Implement Alternate work arrangements		staggered work and		health standards	
			Limited market hours		market hours arrangements				
			Implement minimum health standards		Implement minimum health standards				

В

### Box B: Composition and Function of Local Teams

### □ Local Contact Tracing Team

### 1. Leader (LESU and Local PNP)

- 1. Reports to the Local Executives;
- 2. Organize and deployed local contact tracing teams;
- 3. Listing of close contacts endorsed for close contact tracing and monitoring;
- Prepare and provide needed logistics for contact tracings and monitoring such as forms, communication allowance, thermometer, PPE, etc;
- 5. Coordinate with appropriate barangay officials; and
- Ensures that reports are submitted on time at the Regional DILG and RESU of the Center for Health Development.

### 2. Members

- 2.1. Conduct daily monitoring of close contacts for 14 days;
- Accomplish recording forms and submit to health office at the end of each day;
- Facilitate transport for immediate referral of contacts who are symptomatic for appropriate assessment and management;
- Provide health education and give instructions about what they need to do;
- Refer to appropriate offices non-health concerns/issues of close contacts; and
- 2.6. Submit accomplished forms to local health office

В

### □ Local Epidemiology Surveillance Unit (LESU)

- Orient team members how to conduct contact tracing and monitoring; and, use of recording forms
- ☐ Oversee/supervise the Contact tracing and Monitoring Activities;
- □ Profile the reported COVID-19 case and generate line list of close contacts;
- Endorse profile and list of close contacts to the Contact Tracing and Monitoring Team;
- Consolidate all report forms for submission to the RESU every 5PM daily;
- ☐ Do local analysis and interpretation of local data; and
- Submit a report to the City/Municipal Health Officer for local dissemination.

For further details, LGUs may refer to the DILG-DOH-DICT-NEDA Joint Memorandum Circular 2020-01 on Organization and Mobilization of Composite Teams in Local Government Units for Community Mitigation of COVID-19.

C

## **Box C: Perimeter Control Measures**

Establish the following control measures based on the zoning category:

Critical Zone	<ul> <li>Enforce within 24 hours extremely restrictive movement and perimeter control of individuals, regardless of age and health status</li> </ul>
	□ Prohibit movement of individuals inbound and outbound of the CrZ
	☐ Establish and impose screening procedures at all points of entry
	Inform citizens on the boundaries of the CrZ and place physical reminders such as signs and cues of the boundaries and entry points;
	□ Temporality close all major air, land, sea transit points;
	☐ Ensure access to essential goods and services
Containment	☐ Enforce within 24 hours strict perimeter control
Zone	<ul> <li>Establish and impose screening procedures at all points of entry for individuals exiting the CrZ</li> </ul>
	□ Prohibit movement of individuals to the CrZ
	<ul> <li>Establish stringent perimeter control on boundary between CZ and BZ, allowing entry of essential goods and services, and work</li> </ul>
	□ Impose limited movement of individuals accessing essential goods and services
	<ul> <li>Restrict movement of Senior Citizens, children, individuals with comorbidities and healt risks, and other vulnerable groups</li> </ul>
	□ Impose delivery and pick-up of essential goods for CZ at the points of entry ONLY.
	Inform citizens on the boundaries between CZ and CrZ and between CZ and BZ, and place physical reminders such as signs and cues of the boundaries and entry points;

Containment Perimeter Control on Points of Entry to CZ, Permissive Movement between BZ and OBZ Zone □ Establish and impose perimeter control on points of entry between BZ and CZ ☐ Allow movement of people between BZ and OBZ with observance of minimum health standards Allow full operational capacity of government offices and industries Ensure transporting services shall operate at a reduced operational and vehicle capacity limited to support government and private operations Ensure schools operate at capacities to cater to students with flexible learning arrangements **Outside Buffer** □ Perimeter Control: Permissive Socioeconomic Zone Activities with Selective Screening at Vital Entry **Points** □ Enforce permissive socioeconomic activities Establish and impose screening procedures at all points of entry as deemed necessary Prohibit entry to CrZ

D

## Box D: Community Engagement Activities

The LGU may conduct the following while ensuring minimum public health standards are still observed (may use various online platforms as well):

- Barangay assemblies to mobilize communities
- Stakeholder meetings to gather participation in COVID-19 response
- Policy advocacy activities to decision-makers
- Bottom-up community participation activities

Ε

# **Box E: Community Engagement Activities**

Ц	Conduct Health Promotion activities:						
		Advise general population to strongly adhere to healthy practices					
		Establish health screening posts in entrances of buildings					
		Establish hand washing areas and place hand sanitizers in strategic areas					
		Place physical distancing signs and reminders in strategic areas					
		Provide masks to community members					
		Regulate mass gathering and number of individuals visiting public places					
	Со	nduct massive communication activities:					
		Updated key messages and information					

Refer to Annexes for other sample IECs.

PCOO information materials

□ BIDA Solusyon materials

### F

## Box F: Guidelines on Agressive Contact Tracing per Zones

### TARGET INDICATORS:

- 100% of new cases have their close contacts traced and assessed and quarantined within 24 hours
- 100% of contacts of new cases are monitored for 14 days
- 1:37 Case to Close Contact Ratio
- 80% of close contacts identified
- 95% of close contacts traced
- 100% of identified contacts advised to quarantine
- 100% of all identified contacts quarantined are monitored appropriately

The LGUs shall ensure and implement the following contact tracing activities as required for each zoning classification::

# Critical Zone Conduct the following within 24 hours upon notification: ☐ Case Finding;

- ☐ Case Investigation
- ☐ Contact Tracing;
- ☐ Syndromic Surveillance; and
- Active contact tracing of all close contacts within 48 hours

### Containment Zone

- ☐ Conduct contact tracing within 24 hours if new confirmed case
- Conduct active and passive case finding to all close contacts in CZ
- ☐ Conduct the following syndromic surveillance in CZ:
  - ☐ Monitor local transmission of COVID-19 or clusters ILI or SARI;
  - Establish intrazonal and interzonal coordination mechanism with CrZ (updates and information on the status of COVID-19 cases)
- □ If possible, provide assistance and support to CrZ on case finding, contact tracing and other surveillance activities
  - Monitor the following indicators of localized transmission within the CZ;

Presence of imported cases, primary (index) cases with no know Containment epidemiological link, and clusters with >2 generations of close contacts Zone □ Identification of clustering of ILI and SARI cases □ Increasing infected health care workers COVID-19 □ Appearance of event-based reports of cluster of respiratory illnesses □ Conduct contact tracing within 24 hours if new confirmed case **Buffer Zone** □ Ensure all close contacts from the CrZ are actively monitored ☐ Conduct the following syndromic surveillance in BZ: ☐ Monitor local transmission of COVID-19 or clusters ILI or SARI; ☐ Establish intrazonal and interzonal coordination mechanism with CrZ (updates and information on the status of COVID-19 cases) □ Monitor the following indicators of localized transmission within the CZ; ☐ Presence of imported cases, primary (index) cases with no know epidemiological link, and clusters with >2 generations of close contacts □ Identification of clustering of ILI and SARI cases □ Increasing infected health care workers COVID-19 ☐ Appearance of event-based reports of cluster of respiratory illnesses

**Outside Buffer** □ Conduct contact tracing within 24 hours if new confirmed case Zone ☐ Ensure all close contacts from the CrZ are actively monitored ☐ Conduct the following syndromic surveillance in BZ: ☐ Monitor local transmission of COVID-19 or clusters ILI or SARI; Establish intrazonal and interzonal coordination mechanism with CrZ (updates and information on the status of COVID-19 cases) Monitor the following indicators of localized transmission within the CZ: ☐ Presence of imported cases, primary (index) cases with no know epidemiological link, and clusters with >2 generations of close contacts Identification of clustering of ILI and SARI cases Increasing infected health care workers COVID-19 Appearance of event-based reports of cluster of respiratory illnesses

G

# Box G: Guidelines/Criteria on Expanded Testing

Identify the extent of testing to be conducted in the community to decrease the risk of COVID-19 spread in affected communities, offices and facilities. Test at least 5% of the barangay population. The following are sub-groups of at-risk individuals to be tested:

Subgroup A: Individuals with severe/critical symptoms and relevant history of travel and/or contact

**Subgroup B:** Individuals with mild symptoms and relevant history of travel and/or contact, and considered vulnerable. Vulnerable populations include those elderly and with pre-existing conditions that predispose them to severe presentations and complications of COVID-19

Subgroup C: Individuals with mild symptoms, and relevant history of travel and/or contact

Subgroup D: Individuals with no symptoms but with relevant history of travel and/or contact or high risk of exposure

☐ Subgroup D1: Contact-traced individuals

	<b>Subgroup D2:</b> Health Workers, who shall be prioritized for regular testing in order to ensure the stability of our healthcare system. The frequency of testing shall be as follows:
	□ Healthcare workers with high COVID-19 exposure and who live or work in Special Concern Areas may be tested up to once a week, as determined by the Infection Prevention and Control Committee of the facility.
	□ Healthcare workers with high COVID-19 exposure and who live or work outside Special Concern Areas may be tested up to once every two weeks, as determined by the Infection Prevention and Control Committee of the facility.
	□ Healthcare workers who do not have high COVID-19 exposure and who live or work in Special Concern Areas may be tested every two to four weeks as determined by the Infection Prevention and Control Committee of the facility.
	Subgroup D3: Returning Overseas Filipino Workers, who shall immediately be tested at the port of entry;
	<b>Subgroup D4:</b> Filipino citizens in a specific locality within the Philippines who have expressed intention to return to their place of residence/home origin (Locally Stranded Individuals) may be tested subject to the existing protocols of the IATF.

**Subgroup E:** Frontliners indirectly involved in health care provision in the response against COVID-19 may be tested

- ☐ Subgroup E1: Those with high or direct exposure to COVID-19 regardless of location may be tested up to once a week. These include the following:
- Personnel manning the Temporary Treatment and Quarantine Facilities
- □ (LGU- and Nationallymanaged);Personnel serving at a COVID-19 swabbing center or part of the swabbing team
- ☐ Contact tracing personnel; and
- Any personnel conducting swabbing for COVID-19 testing.

- Subgroup E2: Those who do not have high or direct exposure to COVID-19 but who live or work in Special Concern Areas may be tested up to every two to four weeks. These include the following:
  - Personnel manning Quarantine Control Points, including those from Armed Forces of the Philippines, Bureau of Fire Protection, and others;
  - National/Regional/Local Risk Reduction and Management Teams;
  - Officials from any local government/city/municipality health office (CEDSU, CESU, etc.);
  - □ Barangay Health Emergency Response Teams and barangay officials providing barangay border control and performing COVID-19-related tasks;
  - Personnel of Bureau of Corrections and Bureau of Jail Management Penology and Penology Management;
  - Personnel manning the One-Stop-Shop in the Management of the Returning Overseas Filipinos;
  - Personnel of the Bureau of Immigration and Deportation, Border control or patrol officers, and the Philippine Coast Guard; and
  - Social workers providing amelioration and relief assistance to communities and performing COVID-19-related tasks.

G

# **Box G: Guidelines on Expanded Testing**

Subgroup F: Other vulnerable patients and those lying in confined spaces, but not limited to:.

Pregnant patients during the peripartum period

Dialysis patients

Immunocompromised patients

Patients undergoing chemotherapy or radiotherapy

Patients undergoing elective surgical procedures with high risk for transmission

Any person who have had organ transplants, or have had bone marrow or stem cell transplant in the past 6 months

Any person admitted in enclosed institutions such as jails, penitentiaries, and mental institutions.

Subgroup G: Residents, occupants or workers in a localized area with an active COVID-19 cluster, as identified and declared by the local chief executive in accordance with existing DOH Guidelines and consistent with the National Task Force Memorandum Circular No. 02 s.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. The local chief executive shall conduct the necessary testing in order to protect the broader community and critical economic

activities and to avoid a declaration of a wider community quarantine. For this purpose, the local chief executive, with the help of the barangay, shall endorse the localized area with an active COVID-19 cluster to DOH CHD for swabbing.

Subgroup H: Frontliners in Tourist Zones:

- □ Subgroup H1: All workers and employees in the hospitality and tourism sectors in El Nido, Boracay, Coron, Panglao, Siargao and other tourist zones, as identified and declared by the Department of Tourism (DOT). These workers and employees may be tested once every four (4) weeks.
- □ Subgroup H2: All travelers, whether of domestic or foreign origin, may be tested at least once, at their own expense, prior to entry into any designated tourist zone, as identified and declared by the Department of Tourism.

**Subgroup I:** All workers and employees of manufacturing companies and public service providers registered in economic zones located in Special Concern Areas may be tested.

#### Subgroup J: Economy Workers

□ Subgroup J1: Frontline and Economic
Priority Workers, defined as those (1) who
work in high priority sectors, both public and
private, (2) have high interaction with and
exposure to the public, which requires that
the work regularly undertaken is held out
to be for the general public rather than to
limited persons or clientele, and (3) who live
or work in Special Concern Areas, may be
tested every three months. These workers
include, but are not limited to:

## □ Transport and Logistics

- Drivers of Taxis, Ride Hailing Services (two and four wheels), Buses, Public Transport Vehicles
- □ Conductors
- Pilots, Flight Attendants, Flight Engineers
- □ Rail operators, mechanics, servicemen
- □ Delivery staff
- □ Water transport workers ferries, inter island shipping, ports

#### □ Food Retail

- Waiters, Waitresses, Bar Attendants, Baristas
- □ Chefs and Cooks
- Restaurant Managers and Supervisors
- □ Education once face to face classes resume
  - □ Teachers at all levels of education
  - Other school frontliners such as guidance counselors, librarians, cashiers

#### □ Financial Services

- □ Bank Tellers
- Non-Food Retail
- □ Cashiers
- □ Stock clerks
- □ Retail salespersons

G

# □ Services ☐ Hairdressers, Barbers, Manicurist, Pedicurist, Massage Therapists □ Embalmers, Morticians, Undertakers, **Funeral Directors** Parking Lot Attendants □ Security Guards Messengers ☐ Ushers, Lobby Attendants, Receptionist ☐ Clergy **Market Vendors** ☐ Construction □ Carpenters Stonemasons Electricians □ Painters Construction workers, including Foremen, Supervisors ☐ Civil Engineers, Structural Engineers, Construction Managers □ Crane and Tower operators Elevator installers and repairers

		Wa	ater Supply, Sewerage, Waste Management,
			Plumbers
			Recycling and Reclamation workers/ Garbage Collectors
			Water/Wastewater engineers
			Janitors and cleaners
		Pu	blic Sector
			Judges,
			Courtroom clerks, staff and security
			All national and local government employees rendering frontline services in Special Concern Areas
		Ma	ass Media
			Field reporters, photographers, and cameramen
0	ab en sec the exp	ove cou ctor eir e	are not required to undergo testing but are raged to be tested every quarter. Private employers are highly encouraged to send employees for regular testing at the employers' se in order to avoid lockdowns that may do damage to their companies.

Н

## Box H: Protocols relative to isolation measures

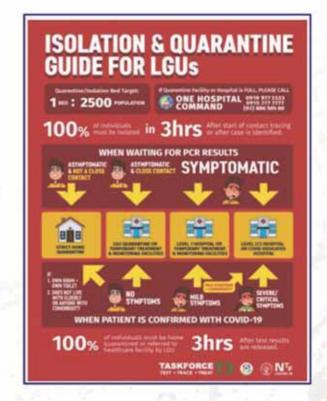
#### TARGET INDICATORS:

- <30% occupancy rate of TTMFs</p>
- <10% of confirmed COVID-19 cases are undergoing home quarantine
- 100% of close contacts & confirmed COVID-19 cases isolated within 24 hours
- □ <5% health worker infection rate
- 100% of cases with symptoms are isolated in a quarantine facility
- 100% of those requiring isolation/ quarantine who opt for isolation/ quarantine are on households that are eligible for home isolation/ quarantine
- 100% of close contacts quarantined

#### **Best Practice: Baguio City**

□ 100% of close contacts and confirmed COVID-19 cases isolated within 1-3 hours Transport ALL close contacts and confirmed COVID-19 cases to respective facilities:

- □ Asymptomatics: Facility Quarantine / TTMFs
- Mild cases without comorbidities: Level 1 Hospitals / TTMFs
- Mild cases with comorbidities, severe and critical: Level 2 and 3, and COVID-19 Dedicated Hospitals



Additional reference: A snapshot of IEC material published by NTF on implementing isolation and quarantine measures for LGUs

# Box I: Provision of Social Safety Nets to Communities

Facilitate the following activities to provide social safety nets to communities during pandemic:

- Conduct a list or inventory of eligible informal sector beneficiaries for social amelioration program assistance □ Validate the list or inventory of eligible informal sector beneficiaries Encode the SAP forms in the database for LGU allocation Coordinate SAP work with partner agencies Provide DSWD with the list of beneficiaries paid for the first tranche Submit list of additional beneficiaries deemed eligible to receive ESP certified by LSWDO and LCE Forge partnerships with banks and digital platforms Conduct the pay-out through alternative modes Release the SAP grants Identify and implement Wage Subsidy Program (WSP) of qualified MSMEs and gig/ freelance worker
- Liquidate the SAP payout within 15 days
- Submit authorization to use unexpended COVID-19 subsidy downloaded to LGU pursuant to Bayanihan to Health As One Act once Quick Response Fund (QRF) is depleted

J

# Box J: Other Activities on Social Services

Ensure	co	ntinuous provision of other social services to communities even during pandemic.
	Со	ntinue provision of telemedicine services for other non-COVID-19 related illnesses
	En	sure availability of mental health support services:
		Coordinate with agencies/organization to provide psychosocial support services to front liners and communities
		Provide explicit information on or referrals to mental health services upon discharge or home self-quarantine
	Re	duce number of nutritionally-compromised beneficiaries presence of
		Map the Agrarian Reform Beneficiary Organizations (ARBOs), SLPAs and local farmers' cooperatives, technology adopters as suppliers of commodities
		Orient beneficiaries
		Engage the ARBOs and cooperatives in a partnership through a Memorandum of Understanding (MOU)
		Provide families with planting materials for backyard gardening (Home Food Production)
		Distribute planting materials and prepare gardening plot
		Establish and maintain school vegetable gardens
		sure All levels of government have a plan on how to manage vulnerable populations: lerlies, PWDs, slum areas, closed settings such as prisons, etc.

OPERATION LISTO Protocols for the Management of Emerging Infectious Diseases

Chapter 3

Building Capacity

# Building Capacities for Response

While the efforts at the national and local levels are clearly underway, there is a need to constantly increase the capacity of the LGU to continue to implement the PDITR Strategy effectively. This is done through numerous capacity development interventions that are detailed in this chapter.

Furthermore, the need to continuously build capacity is critical in the increase of manpower, systems, and structures and the enhancements of the current ones. By doing so, it helps ensure the effectiveness of the interventions that are delivered through the LGU, thereby improving the chances of reducing and eliminating the virus from parts or the whole of localities.

## Prevent

#### HEALTH PROMOTION AND COMMUNICATIONS

- Issued policy/ies on the implementation of Minimum Public Health Standards
- Presence of a Risk Communication and Community Engagement (RCCE) Plan
- 100% trained health workers on Intrapersonal Communication
- Presence of COVID-19 IEC materials (BIDA Solusyon and PCOO InfoMats)
- ☐ Risks appropriately communicated to the public
- General population advised to strongly adhere to healthy practices
- Appropriate non-pharmaceutical interventions (NPIs) reinforced through correct & timely messaging

#### DISASTER RISK REDUCTION MANAGEMENT (DRRM) SYSTEM FOR HEALTH (DRRM-H) SYSTEM

- Institutionalized Disaster Risk Reduction and Management in Health (DRRM-H) system
  - Approved, updated, disseminated and tested DRRM-H Plan
  - Organized and trained Health Emergency Response Team with minimum required trainings
  - Available and accessible essential health emergency commodities
    - Functional Emergency Operations Center with (1) Command and Control, (2)
       Coordination and (3) Communication
    - Functional incident command system that adequately coordinates all activities, monitors and documents priority areas/ activities and good practices
  - 100% trained response teams in Incident Command System, Health Emergency Response Operations, Public Health Emergency Management (PHEMAP)
  - □ Established Barangay Information or Call Center
  - Management Plan in handling Locally Stranded Individuals (LSIs) and Returning Overseas Filipinos (ROFs)
  - Human Resource for Health Plan that considers health and safety of healthcare workers, emergency back-up teams, and incentives thereof

## Detect

## **Contact Tracing** One (1) contact tracer per 800 population 100% trained contact tracers □ 100% of barangays with activated BHERTs / Barangay Contact Tracing Teams ☐ One (1) active BHERT for every 1,000 individuals □ Functional COVID KAYA Application with trained personnel □ Integration of Contact Tracing Application to COVID KAYA, if applicable □ 30 days buffer supply of PPE for contact tracers □ Provide logistical requirements for Contact Tracers Testing □ Link to a DOH-licensed Biosafety Laboratory 2 (BSL2) RT-PCR or Gene Xpert COVID-19 laboratory ☐ Optional: LGU-managed LGU-managed BSL2 RT-PCR testing laboratory □ One (1) swabber in every Contact Tracing Team □ Optional: Swabbing Teams Presence of Swabbing Booths, Drive-Thru swabbing facilities or House-to-house (roving) swabbing teams One (1) vehicle to transport specimens to COVID-19 testing laboratories 30 days buffer supply of PPE, testing swabs, reagents and other commodities for swabbing

### Local Epidemiological Surveillance Unit

A functional Local Epidemiological and Surveillance Unit (LESU)
☐ Ordinance or Executive Order creating the LESU
☐ Presence of dedicated staff and personnel
☐ Presence of a distinct organogram
☐ Presence of budget / Work and Financial Plan dedicated to the LESU
☐ Evidence of epidemiologic reports
processed and generated
Information and data management systems in place to manage contact tracing and other related data
Presence of logistical support for LESU: transportation, equipment and computers, communication and internet connectivity, laboratory supplies and reagents, PPEs
One (1) dedicated epidemiology and surveillance officer per 100,000 population
10 staff trained on proper collection, packaging and transportation of samples

teams

## Isolate

- One (1) established Temporary Treatment and Monitoring Facility (TTMF)
- ☐ Certified TTMFs by CHDs / Accredited TTMFsd by PhilHealth
- □ Presence of Facility Surge Capacity Plan
- ☐ Presence of Infection Prevention and Control Protocols
- Presence of a functional two-way community referral system
- ☐ One (1) isolation bed per 2,500 population
- ☐ One (1) ambulance or medical transport mechanism available 24/7
- ☐ 30 days buffer supply of PPE for TTMFs

## Treat

- Presence of a functional referral system and coordination system to One Hospital Command (Healthcare Provider Network)
- □ Presence of Facility Surge Capacity Plan
- □ Presence of Infection Prevention and Control Protocols
- In public hospitals, 30% of beds dedicated to COVID-19, upto 50% during surge; in private hospitals, 20% of bed dedicated to COVID-19, upto 30% during surge
- One (1) Intensive Care Unit (ICU) bed and mechanical ventilator per 25,000 population
- ☐ Presence of medical transport mechanism (1 ambulance available 24/7)
- ☐ 30 days buffer supply of PPE for health facilities
- Presence of a systematic healthcare waste management system
- ☐ One (1) designated funeral home for COVID-19 related deaths

## Reintegrate

#### SOCIAL ASSISTANCE

- ☐ Trained all target MSSFs and MSEs
- ☐ Hired community facilitators for the DOLE Integrated Livelihood Program
- Expanded scholarship for OFW dependents

#### SOCIAL SAFETY NETS

 Compliance to policies on Social Amelioration Program (SAP)

#### NUTRITION AND MENTAL HEALTH OUTCOMES

- ☐ Trained IYCF community support groups
- Developed interventions and policies to address stigma, discrimination and human rights violations towards health workers and people with COVID-19
- Established Mental Health and Psychosocial Support (MHPSS) within health and social services and increased access to care
- □ COVID-19 Responders oriented/ trained on the psychosocial aspects of COVID-19
- Established systems of identification, care, support and/or referral for people experiencing MHPSS problems as an impact of the pandemic
- Provided training and scholarship grants to targeted stakeholders in the implementation of the early childhood care and development (ECCD) program

# ANNEX A: LGU Reporting Template

				nev in t	tal # w cas the p ever ) day	ses ast	Total # of new clusters of cases in the past seven (7) days	No. of Geographical Units on Lockdown or Categorized as Critical Zone								
Name of LGU (C/M)	u	(m)	nsity	Suspect			# of clusters	HOUSE		Residentia (if cases a same	re in the	Residential Building (if cases are in different floors)		Business / Work / School establishment (<1,000 resident occupants)		
	Est. Population	Land Area (sq. km)	Population Density		Probable	Confirmed		# of houses newly categorized as Critical Zone	# of houses on ongoing lockdown	# of residential building floors newly categorized as Critical Zone	# of residential building floors on ongoing lockdown	# of residential buildings newly categorized as Critical Zone	# of residential buildings on ongoing lockdown	# of business / work / school establishments (>1,000 resident occupants) newly categorized as critical zone	# of business / work / school establishments (>1,000 resident occupants) on ongoing lockdown	
TOTAL																
Barangay 1																
Barangay 2			9	[5]	H											
Barangay 3			12													

establishm	/ork / School ent (>1,000 occupants)	Stre	eet	Blo	ock	Pur	ok	200	vision/ lage	Settle	ement	Barar	ngay
# of business / work / school establishments (>1,000 resident occupants) newly categorized as critical zone	# of business / work / school establishments (>1,000 resident occupants) on ongoing lockdown	# of streets newly categorized as Critical Zone	# of streets on ongoing lockdown	# of blocks newly categorized as Critical Zone	# of blocks on ongoing lockdown	# of puroks newly categorized as Critical Zone	# of puroks on ongoing lockdown	# of subdivisions / villages newly categorized as Critical Zone	# of subdivisions / villages on ongoing lockdown	# of settlements newly categorized as Critical Zone	# of settlements on ongoing lockdown	Categorized as Critical Zone / Placed into Barangay- wide Lockdown (1 = yes)	ongoing lockdown (1 = yes)

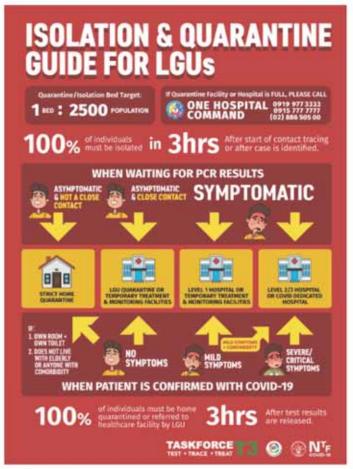
# ANNEX B: LGU Evaluation Template

Active Symptomatic Confirmed  Active Symptomatic Confirmed Cases  Active Symptomatic Confirmed Cases  Active Symptomatic Case		LC	GU		Duration of CrZ/	Lockdown	Order .	ution No.		COVI	umber D-19 r the st	elated	cases	i	1	Numbe relate		at the	e end o	
	No.	Areas Declared under ECQ/ Classified as Critical Zone	Barangay Location	Geographic Unit Category	Start Date (mm/dd)	End Date (mm/dd)	Executive Order	RIATE Resolution No.	Active Symptomatic Confirmed	Active Asymptomatic Confirmed	Deaths of Confirmed Cases	Recovered Confirmed Cases	Active Suspect Case	Active Probable Case	Active Symptomatic Confirmed	Active Asymptomatic Confirmed	Deaths of Confirmed Cases	Recovered Confirmed Cases	Active Suspect Case	Active Probable Case

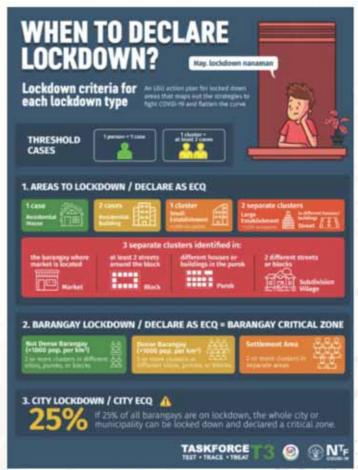
Contact Tracing								sistance ures						Repeat/ Extension	
-		e Con Testec		Isola Quara		Disinfection		Social Assistance Measures			Perimo	eter rol			Problems is (and
# of Confirmed Cases Traced # of Close Contacts Traced & Assessed	# of Close Contact Tested with RT-PCR	# of Close Contact Tested with RDT	# of Close Contacts Tested with Gene Xpert	# of Close Contact placed on Home Quarantine	# of Close Contact placed on Isolation/ Referral/Hospital Facilities	# of Areas Disinfected	# of Public Areas Closed	# of Families Provided with Essential Goods	# of Points of Entry in the CrZ	# of Deployed Uniformed Personnel	Implemented Home Quarantine Pass (1=Yes)	Implemented Longer Period of Curfew (1=Yes)	# of Violators Apprehended in the CrZ during ECQ	Is this an extension or repeat imposition? (1=Yes)	Implementation Problems and Challenges (and

## ANNEX C: NTF COVID-19 IEC Material

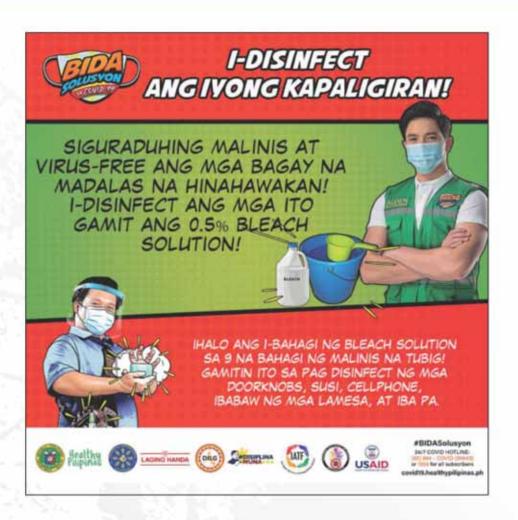








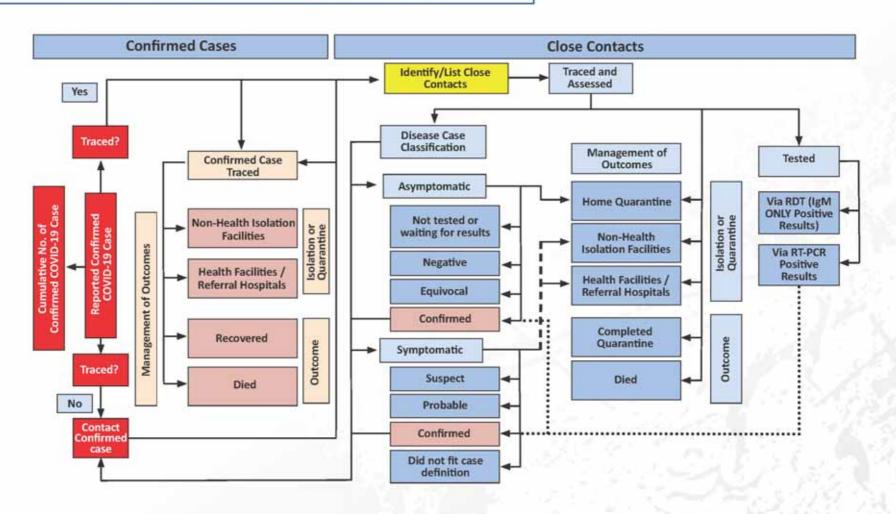
# ANNEX D: Sample IEC Materials (for Communities)



For other BIDA Solusyon materials, LGUs may visit the Bida Solusyon facebook page at: https://web.facebook.com/BIDASolusyon/

Other IEC materials can be accessed through the COVID Healthy Pilipinas website at: https://covid19. healthypilipinas.ph/ resources

# ANNEX E: Contact Tracing Reporting Flow



## References

- National Task Group Against COVID-19 Memorandum Circular No. 2. Series 2020. Operational Guidelines on the Application of the Zoning Containment Strategy in the Localization of the National Action Plan Against COVID-19 Response.
- Department of Health (DOH) Administrative Order (AO) 2020-015. Guidelines on the Risk-Based Public Health Standards for DOH AO 2019-0046. National Policy on Disaster Risk Reduction and Management in Health or DRRM-H.
- DOH AO 2019-0027. Guidelines on the Implementation of the Local Government Unit Health Scorecard, Annex A
- Department of Interior Local Government (DILG), Memorandum Circular (MC) No. 2020-018. Guides to Action Against "Coronavirus"
- Republic Act No. 111332. An Act Providing Policies and Prescribing Procedures on Surveillance and Response to Notifiable Diseases, Epidemics and Health Events of Public Health Concern, and Appropriating Funds Therefor, Repealing for the Purpose Act No. 3573, Otherwise Known as the "Law on Reporting of Communicable Diseases"
- DOH Department Circular (DC) No. 2020-0201 date May 4, 2020 "Utilization of the EB COVID KAYA Information System for Close Contact and Reporting of Contact Tracing Data
- DILG Memorandum dated June 10, 2020 "Integration of all Contact Tracing Application"
- DILG Memorandum dated June 22, 2020 "Roll-out of COVID KAYA Application"
- DOH AO 2020-0016. Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies. V. Implementing Guidelines
- Department of Interior Local Government, Memorandum Circular (MC) No. 2020-073, "Guidelines for the Conduct of Expanded Testing Procedures for COVID-19"
- DILG, Memorandum dated July 30, 2020. Additional Advisory on the Composition of Barangay Contact Tracing Teams
- National Task Force (NTF) Against COVID-19, Memorandum Circular No. 2, s. 2020. Operational Guidelines on the Application of the Zoning Containment Strategy in the Localization of the National Action Plan Against COVID-19 Response
- National Task Force (NTF) Against COVID-19, Task Group Recovery. Sub-Task Group on Social Recovery Implementation Plan and Results Framework. July 30, 2020. 3.1.2
- DOH DM 2020-0258-A. Amendment to Department Memorandum No. 2020-0258 entitled Updated Interim Guidelines on Expanded Testing for COVID-19, Section II.1.iv
- DILG-DOH-DICT-NEDA, Joint Memorandum Circular dated May 20, 2020, Organization and Mobilization of Composite Teams in Local Government Units for Community Mitigation of COVID-19
- LGU Lockdown Playbook. August 3, 2020 version.









