



REPUBLIC OF THE PHILIPPINES
PROVINCE OF PANGASINAN
MUNICIPALITY OF ANDA
OFFICE OF THE MUNICIPAL MAYOR

EXECUTIVE ORDER NO. 55
Series of 2020

**AN ORDER ACTIVATING THE LOCAL TASK FORCE AGAINST COVID-19
IN THE MUNICIPALITY OF ANDA, PANGASINAN**

WHEREAS, Presidential Proclamation Nos. 922 and 919 which laid down broad strategies and guidelines governing the imposition of the Enhanced Community Quarantine (ECQ) over the entire Luzon and implementation of stringent social distancing measures throughout the country;

WHEREAS, Republic Act (RA) No. 11469 (Bayanihan to Heal as One Act) was enacted placing the country in a state of National Emergency due to the threat of COVID-19. Under such act, local government units (LGUs) are mandated to act within the letter and spirit of all rules, regulation, and directives issued by the National Government, and for them to fully cooperated in implementing policies to address COVID-19;

WHEREAS, DILG Memorandum Circular No. 2020-073 dated April 13, 2020, providing guidelines for local government units (LGUs) in the conduct of the expanded testing procedures for COVID-19;

WHEREAS, DILG Memorandum Circular No. 2020-067, issued by this Department on April 02, 2020, providing additional guidelines on quarantine and isolation measures relative to the COVID-19 situation.

WHEREAS, Memorandum dated March 07, 2020 re: Activation of Local COVID Task Forces, and other necessary measures to address the recent COVID-19 developments in the National Capital Region.

NOW, THEREFORE, I, JOGANIE C. RARANG, Municipal Mayor of Anda, Pangasinan, by virtue of the powers vested in me by law, do hereby activate the Local Task Force Against COVID-19 in the Municipality of Anda, Pangasinan.

Section 1. Composition.

The Local Task Force shall be composed of, but shall not be limited to, the following:

JOGANIE C. RARANG Municipal Mayor	-	Chairman
HOPE E. ORDOÑO MLGOO	-	Member
PCPT. SANTIAGO D. BALOCO, III Anda PNP Chief	-	Member
SFO1 JOHNNY RIC NOTARTE BFP Fire Marshall	-	Member
ENGR. LEONEIL C. CAALIM Municipal Disaster Risk Reduction and Management Officer	-	Member
DR. GILLEN V. VUELTA Municipal Health Officer	-	Member

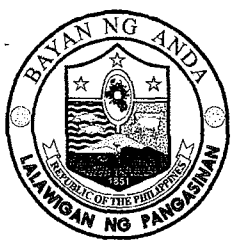


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CRESENCIA CORPUZ Federation Pres. BHW	-	Member
ALL PUNONG BARANGAYS BHERT	-	Member
BSPO Representative	-	Member

Section 2. The said Task Force shall have, but shall not be limited to the following teams:

- A. **Contact Tracing Teams (CTT)** whose responsibility is to conduct tracing for all persons with known exposure to a COVID-19 patient to ensure that they are strictly observing the home-quarantine measures and monitor status of probable, suspected, and confirmed cases including family members with known contact to a confirmed case to mitigate possibility of contagion, and report daily update to the COVID-19 Provincial and Regional Task Forces. Following the directives of the IATF-EID, the contact tracing teams of each LGU or its equivalent and shall include in its members representatives from the PNP, BFP, POPCOM, NGOs, and LGU volunteers;
- B. **Diagnostics and Testing Team (DTT)** whose responsibility is to facilitate the conduct of the expanded testing and provide framework for formulation and operations, to respond to the prevention or mitigation of COVID-19 through, but not limited to, Real Time-Polymerase Chain Reaction (RT-PCR), blood testing to antibody testing, to temperature scanning and recording of symptoms. Testing of probable or suspected cases, both through PCR (swabbing) and Rapid Anti-Bodies Test Kit, must be conducted to effectively detect possible infection;
- C. **Patient Management and Monitoring Team (PMMT)** whose responsibility is to keep track of the status and health of all individuals whether those who are probable, suspected, or confirmed, including those who are in quarantine or scheduled to go in quarantine. Under the PMMT are the Isolation Facility Management Unit (IFMU), the COVID Referral and Liaison Unit (CRLU), and the Reintegration and Psychosocial Counselling Unit (RPCU);
 - C.1 **Isolation Facility Management Unit (IFMU)** whose responsibility is to provide framework for the formulation of identifying and/or maintenance of isolation facilities that will house probable or suspected and/or conformed cases of COVID-19 pursuant to existing guidelines of the Department of Health, and to enforce, regulate, and/or administer mandatory fourteen (14) day quarantine of concerned individuals;
 - C.2 **COVID Referral and Liaison Unit (CRLU)** whose responsibility is to serve as coordinators and/or liaison between referral centers/hospitals and the LGUs, health providers, primary healthcare units or laboratory facilities for all communications on COVID-19 concerns including but not limited to referrals, consultations, data requests, validation and follow-up. They are to guarantee the unhindered processing of symptomatic COVID-19 patients form the transfer and admissions thereof to concerned health facilities;



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C.3 **Reintegration and Psychosocial Counselling Unit (RCPU)** whose responsibility revolves around the provision of psychosocial support to affected or individuals in need, the scope of which includes probable, suspected, and confirmed cases, and those who had contact with them, upon certification of completion of any mandatory quarantine period and/or release of a negative COVID-19 test result by a competent, and authorized facility/agency. They shall mainly focus on recovered COVID-19 patients who suffer discrimination from the society. In the same vein, LGUs must push for psychosocial programs and action plans to help patients, survivors and health workers overcome the psychosocial effects after the experiencing the hardships of the pandemic. This will be their way to reintegration to the new normal.

D. **Logistics and Resources Support Team (LRST)** whose responsibility is centered on the effective management, procurement, and distributions of all LGU resources for battling COVID-19 or for provision of assistance from relief packs, PPEs, disinfectants, and all other related resources including the determination of, and establishment of isolation and holding facilities. They are tasked of ensuring the necessary support and resources are readily available for the people throughout the duration of the localized quarantine.

Section 3. General Protocols to be Adopted by the Local Task Force against COVID-19 (4-Steps):

A. **1st Step Contact Tracing:** Agents of the Task Force, upon receipt of the report of a confirmed, suspected, or probable case, shall verify the identity of the confirmed/suspected/probable individual and establish contact with them either through phone, e-mail, or in-person outreach. (*Note: *If the confirmed/suspected case is deceased, seek out their immediate family and use them for contact tracing*). The Task Force shall set the parameters on the potentially infectious period before the isolation of the confirmed/suspected individual. This shall determine the period when the individual is most infectious which will help in tracing other possible cases. (*Note: *Per recent studies, this period is usually 48 hours before onset symptom for the symptomatic cases*);

A.1 As a guide to the Task Force, the probable contacts may be the following:
a) Household members;
b) Intimate partners;
c) Individuals providing care for the household (kasambahay); and
d) Individuals who has had close contact (close than 6 feet) for a prolonged period (20-30 minutes).

B. **2nd Step Isolation:** Probable, and suspected cases, including those identified to have had contact with such cases, including confirmed cases, shall be put in isolation or required to undergo quarantine for a minimum of fourteen (14) days or when test results from a government acknowledged institution or testing kit yields negative results, whichever is shorter;

B.1 If probable and suspected cases, or contacts starts to show symptoms akin to COVID-19, the Task Force shall refer the case to the appropriate hospital. Individuals with mild symptoms are referred to Level 2 Hospitals while those manifesting severe symptoms are transferred to Level 3 or Level 4 Hospitals.



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C. **3rd Step Testing:** All cases and contacts of such cases shall be subject to appropriate tests;

C.1 Infected individuals exhibiting mild symptoms and even those asymptomatic must be admitted. Provinces and highly urbanized cities must put up 1,000 bed capacity isolation facilities to cater to possible surge of cases once ECQ is lifted.

D. **4th Step Reintegration or Referral:** Upon release of credible test results, the LGU shall either cause the reintegration of the person to the community, if the result is negative, or the referral of the case to an appropriate facility, if the result is positive. In both cases, the LGU shall provide the person with psychosocial support. Positive cases shall then undergo again all the steps starting from the 1st step.

Section 4. Separability Clause. Should any provision of this Order be declared invalid or unconstitutional, the other provisions unaffected thereby shall remain valid and subsisting.

Section 5. Repealing Clause. All orders, proclamations, rules, regulations, or parts thereof, which are inconsistent with any of all provisions of this Order are hereby repealed or modified accordingly.

Section 6. Effectivity. This Order shall take effect immediately in the exigency of public health and service.

DONE, in Anda, Pangasinan, this 30th day of April, in the year of Our Lord, Two Thousand and Twenty.


JOGANIE C. RARANG
Municipal Mayor