



Republic of the Philippines  
Province of Ilocos Sur  
Municipality of Narvacan



**OFFICE OF THE SANGGUNIANG BAYAN 2019-2022**

Vice Mayor/Presiding Officer:

  
HON. PABLITO V. SANIDAD, SR.

Sangguniang Bayan Members:

  
HON. EDNA C. SANIDAD

  
HON. JOSEPH A. TEJADA

  
HON. JOVENNIANO B. AMPO, JR.

  
HON. CHARITO C. VILORIA

  
HON. BERNADETTE C. LIM

  
HON. LORETO C. CABALLES

  
HON. EMILIANO C. CLARIN

  
HON. REINA ALEXA V. ANTOLIN


ABC President:

HON. ROMULO C. REA

SK Federated President:

HON. JOEMAR GREY A. CABICO

Attested:

  
MARIBEL C. CORRALES  
SB Secretary

Approved:

  
HON. LUIS "CHAVIT" C. SINGSON  
Municipal Mayor

EXCERPTS FROM THE MINUTES OF THE 12TH REGULAR SESSION OF THE SANGGUNIANG BAYAN OF NARVACAN, ILOCOS SUR HELD ON APRIL 6, 2020 AT THE MUNICIPAL SESSION HALL

**RESOLUTION NO. 64**

Series of 2020

**RESOLUTION AFFIRMING THE RECOMMENDATION OF THE NARVACAN COVID-19 TASKFORCE DESIGNATING THE NARVACAN NATIONAL CENTRAL HIGH SCHOOL (NNCHS) AS THE MUNICIPAL SPECIAL CARE FACILITY/MUNICIPAL ISOLATION UNIT DURING THE COVID-19 CRISIS**

**WHEREAS**, it is the policy of the State to protect and promote the right to health of the people and instill health consciousness among them;

**WHEREAS**, the State recognizes disease surveillance and response systems of the Department of Health (DOH) and its local counterparts, as the first line of defense to epidemics and health events of public health concern that pose risk to public health and security;

**WHEREAS**, the number of cases of the Covid-19 pandemic is rising rapidly and is affecting nations across the world;

**WHEREAS**, the Philippines has 3,246 reported Covid-19 cases with 144 deaths and 57 recoveries as of April 5, 2020, Sunday;

**WHEREAS**, as of 10AM of April 6, 2020, the province of Ilocos Sur has 16 Patients Under Investigation (PUIs) and 3,845 Persons Under Monitoring (PUMs);

**WHEREAS**, the Municipality of Narvacan as of April 6, 2020 has 127 Persons Under Monitoring (PUMs) and one (1) Patient Under Investigation (PUI);

**WHEREAS**, the officialdom of the Municipality of Narvacan, Ilocos Sur expresses grave concern over the rapid rise of Covid-19 cases in the country and is now taking up response measures to prevent the existence or contagion of the said acute respiratory disease in the community;



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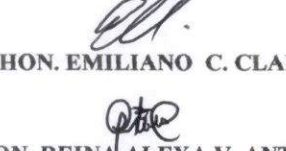
  
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-page 2-

Resolution No. 64, Series of 2020...

**WHEREAS**, one of these measures is to slow down the pandemic through effective containment and distancing between the potentially - stricken population by way of designating a Municipal Special Care Facility/Municipal Isolation Unit during the Covid-19 Crisis;

**WHEREAS**, the Narvacan Covid-19 Taskforce recommended the Narvacan National Central High School (NNCHS) as the Municipal Special Care Facility/Municipal Isolation Unit during the Covid-19 crisis;

**NOW, THEREFORE**, on motion duly seconded, **BE IT RESOLVED AS IT IS HEREBY RESOLVED** to affirm the recommendation of the Narvacan Covid-19 Taskforce designating the Narvacan National Central High School (NNCHS) as the Municipal Special Care Facility/Municipal Isolation Unit during the Covid-19 crisis;

**RESOLVED FURTHER**, that copies of this Resolution be furnished to all persons, parties and agencies concerned, for their information and appropriate actions.

**UNANIMOUSLY APPROVED.**

**NARVACAN SPECIAL CARE FACILITY**  
**Narvacan, Ilocos Sur**

**MINIMUM INFRASTRUCTURE REQUIREMENT**

1. Temporary treatment and monitoring facilities must be fully enclosed with adequate lighting;
2. There should be at least fan ventilation to be provided.
3. There should be a separate entrance and exit for the patients and healthcare workers;
4. The facility should be divided into three (3) zones namely: contaminated, buffer and sterile zones.
  - a) Contaminated Zone: serve as the area where patients are admitted/ contained.
  - b) Buffer Zone: serves as an area for doffing of PPE, decontamination, and hand hygiene.
  - c) Sterile Zones: serves as holding area and entrance for healthcare workers, and the area for Personal Protective Equipment (PPE) donning of health workers.
5. Distance between patient beds should be maintained at least 3 feet apart on all sides;
6. Temporary partitions should be provided to ensure patient privacy (i.e. drapes or low walls) for COVID-19 patients placed in a shared space or room.
7. A backup supply of electricity and free-flowing water for at least 72 hours must be ensured, in case of water and power interruption;
8. The provision of fixed or temporary plumbing fixture per person must follow the following requirements:
  - a) Ratio requirements:
    - (1) One (1) water closet per 25 males and one (1) per 20 females
    - (2) One (1) urinal per 10-50 males, adding one (1) fixture for each additional 50 males
    - (3) One (1) lavatory for every 10 males and one (1) for every 10 females
    - (4) One (1) Shower per 8 persons
  - b) Confirmed cases of COVID-19 may share toilets and showers. Regular disinfection should be practiced in accordance with DM 2020-0072.
  - c) A dedicated toilet and shower for each PUI should be provided when possible. In cases where this arrangement is not feasible, the toilet/shower facilities must be disinfected after every use.

**Note: As per inspection, identified classrooms in the Eastern part has its own toilets**
9. There may be provision or access to laundry services.

## Coronavirus Guidelines (COVID19)

### Screening Process for Patients Presenting with Symptoms

1. All patients should be screened using the CDC recommendations.
2. All patients should be required to answer an assessment tool to check the presence of fever, acute respiratory illness such as cough and difficulty of breathing or any signs indicative of Covid19. Moreover, apart from a travel history to high risk areas, patients are asked about exposure to known cases of covid19 in the last 14days before symptom onset.
3. Should a patient arrive at the facility with cough or fever, they are directed to put a facemask on before entering the facility.
4. Anyone who the clinician believes is a suspected case of covid19 shall be admitted immediately to a respiratory isolation and the DOH should be contacted immediately.
5. If the patient meets the criteria for a Patient Under Investigation (PUI), specimens should be obtained and sent to the nearest testing center.
6. Isolation should be strictly enforced. Guidelines to limit staff exposure to these potentially infected covid19 patients before test results become available should be strictly observed.

### Sanitation and Safe Disposal of Infectious Waste

1. Landfill site selection for infectious waste
2. All employees including utility workers and those from engineering department and employees identified to be involved in the isolation facility will undergo orientation on infectious control and management of Sanitation in the facility.

### Contingency Plan

- Development of a contingency plan should we see a surge of patients that exceed capacity.

## CONDITIONS IN THE 3 ZONES OF THE ISOLATION FACILITY

### CONTAMINATED ZONE

- This will serve as the area where patients are admitted/ contained. The following should be observed:
  1. New patients for admission and patients from referral (e.g. referred to hospital for x-ray) have to go through the **ADMISSION AREA**. Patients can only enter the facility through this section.
  2. Only medical and authorized personnel (e.g. utility, cleaners) with PPE's are allowed to enter contaminated zone via the designated entrance.
  3. Patient needs to be referred or has been discharged can leave the facility via **EXIT POINT 1**. Medical and non-medical staff inside the contaminated zone are not allowed to exit in this area. Hence, a receiving personnel must be present to transport the patient in the hospital or his/her respective home.
  4. All waste materials and soiled linens have to be decontaminated in **EXIT POINT 2** prior to collection and disposal.
  5. Medical and allied personnel can only exit the contaminated zone via the **DOFFING AREA**.

### STERILE ZONE

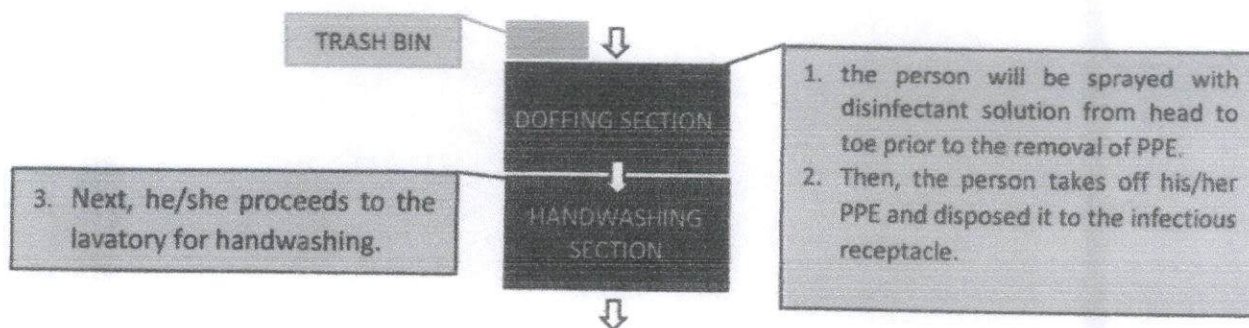
- This will serve as holding area and entrance for healthcare workers, and the area for Personal Protective Equipment (PPE) donning of health workers. The following should be observed:
  1. Only medical staff and authorized person/s are allowed to enter the sterile area to avoid possible contamination.
  2. Vehicles are not allowed in this zone.
  3. Medical personnel and authorized person/s can only enter the contaminated zone through the designated **ENTRANCE** after putting on PPEs at the **DONNING AREA**.
  4. Food packs for patients and other supplies needed in the contaminated zone shall be allowed to enter the sterile zone and pass in the **ENTRANCE** provided that all infection control guidelines are observed.

### BUFFER ZONE

- This will serve as an area for doffing of PPE, decontamination, and hand hygiene.

#### **DOFFING AREA**

1. All staff from the contaminated zone should pass through this area for decontamination.
2. All steps must be completed before entering the **STERILE ZONE**:



3. No one shall re-enter the contaminated zone once he/she goes in the **DOFFING AREA**.

**DECONTAMINATION AREA**

1. All waste materials and linens used in the contaminated zone can only leave the area in tight sealed disposable bags.
2. Waste bags should be sprayed with disinfectant solutions in the **DECONTAMINATION AREA** prior to collection.
3. Closed truck shall be utilized in transporting infectious waste in the designated landfill site for proper disposal.



Submitted by: **MAY BERNARDINE T. BELARDO**  
DOH- Development Management Officer IV