



Republic of the Philippines  
**DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT**  
DILG-NAPOLCOM Center, EDSA corner Quezon Avenue, West Triangle, Quezon City  
<http://www.dilg.gov.ph>

**AMENDED GUIDE TO ACTION AGAINST THE  
2019 NOVEL CORONAVIRUS ACUTE RESPIRATORY DISEASE**

Memorandum Circular No. 2020-023

06 FEB 2020

---

**1.0 Legal Bases and Background**

- 1.1 Pursuant to **Article 2, Section 15** of the **1987 Philippine Constitution**, which provides that "The State shall protect and promote the right to health of the people and instill health consciousness among them," and **Section 16** of **Republic Act 7160**, otherwise known as the Local Government Code of 1991, which provides that "Every local government unit shall exercise the powers expressly granted, those necessarily implied therefrom, as well as powers necessary, appropriate, or incidental for its efficient and effective governance, and those which are essential to the promotion of the general welfare," it is thereby expressly mandated that local government units are charged with the promotion of health and safety within their respective jurisdictions. As such, they must take the lead in the prevention, mitigation, preparedness for, and containment of, the 2019 Novel Coronavirus Acute Respiratory Disease (nCoV ARD) at the local level.
- 1.2 In response to the growing concern over the outbreak of, and the declaration of the World Health Organization (WHO) that, the 2019 Novel Coronavirus, is now a Public Health Emergency of International Concern, and that the Philippines is already one of several countries with a confirmed nCoV ARD case. Unless properly addressed, this situation may create a negative impact on public health and personal safety, business productivity, tourism, the mobility of the citizens, and even death. Moreover, the lack of information, misinformation or the mal-information being spread about this coronavirus engenders paranoia where a person under investigation for coronavirus (PUI), their next of kin, neighborhood or community may be ostracized by the public at large. In extreme situations, it may even lead to social unrest in communities.

## **2.0 Purpose**

2.1 This Circular enjoins all local government units (LGUs) to effectively intensify the information, education and communication (IEC) campaign on the nCoV ARD, and implement programs, projects and services that will promote the general welfare, public health and well-being of every Filipino.

## **3.0 Scope and Coverage**

3.1 All Provincial Governors, City and Municipal Mayors, DILG Regional Directors and Field Offices, and all others concerned.

## **4.0 General Guiding Principles**

4.1 Any action by the local chief executives should be anchored on, and cognizant of, the plans and recommendations of, and in coordination with, health authorities in order to ensure coherence of actions;

4.2 All information to be relayed by the local chief executives should be based on, and coming from, the Department of Health (DOH) and other competent government agencies to ensure its accuracy, and in order to avoid undue public anxiety and panic;

4.3 All competent and relevant government agencies and stakeholders are to be effectively and regularly engaged, consistent with the whole-of-nation approach, in addressing this current health crisis.

## **5.0 Roles and Responsibilities**

**5.1 All Local Chief Executives shall assume and perform the following roles:**

### ***5.1.1 Information Manager:***

5.1.1.1 Lead, collaborate and actively participate in increasing public knowledge on the virus and the acute respiratory disease by consulting the nearest DOH - Center for Health Development (CHD) and local health officials on information, guidelines and protocols with regards the prevention, mitigation, preparedness for, and containment of the nCoV ARD, including the proper handling of persons under investigation for coronavirus (PUI). To ensure accuracy, use only the information and data provided by the DOH and WHO Philippines in their advisories, updates and information regularly disseminated and/posted on their respective websites and official social media accounts;

- 5.1.1.2 Reproduce and disseminate information materials, such as flyers, brochures, posters, billboards and videos on the nCoV ARD provided by the DOH and WHO;
- 5.1.1.3 Tap the local media in informing the public about the nCoV ARD, and the measures necessary to prevent and contain this disease;
- 5.1.1.4. Hold press conferences or media briefings accompanied by local DOH officials or respectable resource persons and other key personalities to provide accurate, relevant and timely updates on the issue and to dispel rumors, mal-information (fake news), misinformation and disinformation about the virus and accompanying concerns; and
- 5.1.1.5 Conduct public dialogues with health and police authorities, the business community, civil society, and the general public on the nCoV ARD with the aim of raising public knowledge on the prevention, mitigation, preparedness for, containing and controlling the spread of this disease.

**5.1.2 Local Crisis Manager:**

- 5.1.2.1 Plan and prepare for the containment of the nCoV ARD, through active surveillance, early detection, isolation and case management, contact tracing and prevention, in coordination with the DOH;
- 5.1.2.2 Organize Barangay Health Emergency Response Teams (BHERTs) at the minimum ratio of one team for every 5,000 population, and mobilize them to help implement prevention and mitigation, preparedness and response measures for the nCoV ARD. Each BHERT shall be composed of an Executive Officer, a Barangay Tanod and two (2) Barangay Health Workers, one (1) of whom is preferably a nurse or midwife, and where all are appointed by the Punong Barangay.
- 5.1.2.3. Provide all medical staff, ambulance crew, BHERT members and other local health care workers, including PNP and BFP personnel, who will potentially be exposed to, or get in direct contact with, a PUI, with the appropriate personal protective equipment (PPE) and medical devices, such as: sufficient quantities (per person) of N95 respirator and/or N88 surgical masks, clear safety goggles or face shields, sterile disposable gowns (preferably ISO 13485-certified), disposable latex gloves, disposable surgical caps and disposable shoe covers, to ensure infection protection and control. The medical care workers must be provided with an adequate supply of 70%

solution of ethyl alcohol, bath soap, paper hand towels, toilet paper, garbage can or bin with cover, among others.

**5.1.2.4 Identify and designate an appropriate place that will serve as the Barangay Isolation Unit.**

A Barangay Isolation Unit (BIU) is a temporary facility within the barangay where persons arriving from a country with a confirmed nCoV case; or, have been exposed to an environment where patients with severe acute respiratory infections are being cared for, without regard to place of residence or history of travel; and manifesting symptoms, such as fever, cough, shortness of breath and difficulty of breathing can voluntarily submit themselves for check-up, screening and voluntary quarantine for purposes of the prescribed 14-day observation period.

The BIU must be an enclosed but well-ventilated structure, with walls, windows and doors (negative pressure is not necessary). It can be an empty house or building within the barangay, equipped with appropriate furniture and beds, and with sufficient provisions for electricity and running water, a kitchen, toilet and bath. It should be able to accommodate as many persons as possible, without crowding. Every person must be kept isolated from the others in the building and may be approached only by health care workers donning the required PPEs. Thus, it is necessary to have one person per bedroom, otherwise, each person's bed must be separated by vinyl curtains that should be disinfected using an EPA-registered disinfectant at least once a day. Every person should be provided with a bed, pillow and blanket. The BIU should, as much as possible, be situated some distance away from populated areas of the barangay, but easily accessible to the members of the BHERTs and other government and health authorities who shall monitor the status of those who shall be placed in it.

**5.1.2.5 Assign BHERTs, working in shifts, to the BIUs to examine and care for any person who voluntarily submits him/herself for check-up, screening and voluntary quarantine. The health teams must undergo proper training from the DOH;**

**5.1.2.6 Coordinate with the DOH, the Philippine National Police (PNP) and Punong Barangays, and plan for the safe transfer of any PUI to a DOH-designated referral center or quarantine facility;**

**5.1.2.7 In coordination with the DOH and PNP, cause the establishment of checkpoints, as maybe necessary;**

5.1.2.8 In coordination with the DOH and PNP, ensure the protection of a PUI and their next of kin from unnecessary harm;

5.1.2.9 Convene the Local Health Board, and invite as many representatives as necessary from the local business and private sector, private hospitals and other local health service providers, to plan and institute measures for the prevention, mitigation, preparedness for, and containment of, the nCoV ARD. Also, ensure that business establishments, private companies and offices, including non-government organizations and others, are engaged in the implementation of appropriate measures to protect their employees and workers from infection, as well as provide them with accurate information about the nCoV ARD and how they can protect themselves. A system must be developed to ensure that these sectors are able to receive the latest accurate information and official announcements on the nCoV ARD, through the local health offices or directly from the DOH; and, to report any related incident to the Local Health Office, or the nearest Barangay office.

5.1.2.10 As Head of the Local Price Coordinating Council, monitor the prices of medicines and medical devices, and cause the filing of appropriate charges against any person or entity involved in hoarding and/or overpricing.

### **5.1.3 Environmental Health Manager:**

5.1.3.1 Ensure the proper disposal of biological and chemical wastes, such as used respirator and surgical face masks, disposable gowns, gloves, caps and shoe covers, and other associated garbage, and their segregation from other wastes or garbage;

5.1.3.2 Ensure that public places and areas, such as offices, malls, theaters, enclosed recreational areas, hotels, inns and the like, restaurants, public markets, schools, churches, public toilets, *esteros* and drainage systems are properly and regularly cleaned and disinfected;

5.1.3.3 Enact and/or enforce an ordinance on public health and sanitation.

## **5.2 Specific Responsibilities of Local Chief Executives**

All LGUs, in carrying out their respective roles, should ensure that their actions are anchored on, and cognizant of, the protocols, measures and information provided by the DOH.

## **5.2.1 For Punong Barangays**

### **5.2.1.1 On Containment and Control**

- 5.2.1.1.1 To receive from the City or Municipal Mayor, a copy of the Bureau of Immigration record, of barangay residents who recently arrived in the Philippines from a country with a confirmed 2019 nCoV case. In the absence of such records, to monitor the arrival of barangay residents who recently arrived in the Philippines from a country with a confirmed 2019 nCoV case, and provide the City or Municipal Mayor with a report of such arrivals, and the measures and actions taken;
- 5.2.1.1.2 Mobilize the BHERTs in the campaign to contain the nCoV ARD;
- 5.2.2.1.3 Identify and recommend to the City or Municipal Mayor an enclosed structure, such as an empty house or building which can be designated as a BIU;
- 5.2.2.1.4 Assign BHERTs, working in shifts, to the BIUs to examine and care for any person who voluntarily submits him/herself for check-up, screening and voluntary quarantine. The health team must undergo related training from the DOH;
- 5.2.1.1.5 In coordination with proper authorities, strictly implement and monitor the 14-day quarantine of persons arriving from a 2019 nCoV-affected country;
- 5.2.1.1.6 Extend appropriate assistance and support to those in voluntary quarantine, depending on the latter's capability and actual needs;
- 5.2.1.1.7 In coordination with the city or municipal health and police authorities, assist in the safe transfer of a PUI to a DOH-designated referral center or quarantine facility;
- 5.2.1.1.8 Supervise the BHERTs in the performance of their duties and responsibilities.

### **5.2.1.2 On Prevention and Mitigation**

- 5.2.1.2.1 In coordination with city or municipal health authorities, conduct a barangay-wide IEC campaign on nCoV ARD prevention, containment and control, including the distribution of leaflets containing relevant information about the virus and other

relevant information including, but not limited to, voluntary quarantine. In doing so, always refer to the advisories, updates and information regularly given by and posted on the website and official social media accounts of the DOH and WHO Philippines;

**5.2.1.2.2 Establish a Barangay Health Information Center (BHIC) which will receive and record calls from the public who wish to report or offer information about any person who recently arrived from a country with a confirmed 2019 nCoV case and manifesting the symptoms of the said acute respiratory disease. The BHIC should immediately inform the City or Municipal Health Officer of such information, who must immediately act on the matter. The BHIC shall also provide its callers with facts and accurate information regarding the nCoV ARD.**

**5.2.1.2.3 In coordination with city or municipal health authorities, conduct a barangay-wide cleanliness and sanitation campaign;**

**5.2.1.2.4 The BHERTs shall perform the following functions:**

- a. With or without the list of arrivals from the Mayor supposed to be received from the Bureau of Immigration (BI), to conduct visits in the home of every person arriving from a country with a 2019 nCoV confirmed case, in order to gather necessary information and encourage the person to come to the BIU, or voluntarily undergo home confinement for not less than 14 days;**
- b. Care must be taken to ensure that the visits are carried out in a very discreet and courteous manner, so as not to cause undue alarm, anxiety or shame on the part of the subject person, his/her family and the community;**
- c. Immediately initiate contact-tracing, where the team shall list down the names and other important information about all persons known to have been in contact with PUIs, or places they have been prior to his/her arrival in his/her residence or place of stay;**
- d. Require arriving resident/s to check and record their body temperature at least three times daily (in the morning, afternoon and evening) for the duration of the 14-day voluntary quarantine period. Advise the arriving resident/s to watch out for symptoms, such as fever, cough, shortness of breath and difficulty of breathing;**
- e. Check on the condition of the arriving resident/s daily from a distance of not less than one (1) meter when not wearing the appropriate PPEs. However, to ensure infection prevention and control, always wear the appropriate PPEs before coming near or getting in contact with a PUI. The gloves and all other materials in**

- contact with a PUI must be properly disposed of immediately after use;
- f. If symptoms are observed, immediately isolate and confine the arriving resident, now a PUI, to the BIU, prior to his or her immediate safe transfer to a DOH-designated referral center or quarantine facility, for further examination and treatment. The PUI should be required to wear the N88 surgical mask (not the N95 respirator mask) and advised to always observe personal hygiene, use tissue (toilet) paper when coughing or sneezing, and to properly dispose of the tissue (toilet) paper in a covered trash can, and wash his/her hands with soap and clean water immediately after; drink plenty of water and fluids, eat nutritious food, get plenty of rest, and avoid getting near any person within at least one (1) meter;
  - g. Place the rest of the household under 14-day home confinement. Repeat the process for them, including contact-tracing;
  - h. If no symptoms are observed after the 14-day voluntary quarantine, report to the Punong Barangay who will, in turn, inform the City or Municipal Health Officer and recommend the lifting of the quarantine and certify the PUIs free from nCoV ARD infection; and
  - i. Report daily to the Punong Barangay the condition of the PUI, including all measures and actions taken.

## **5.2.2 For City (Highly Urbanized, Independent Component or Component) and Municipal Mayors**

### **5.2.2.1 On Containment and Control**

- 5.2.2.1.1 To receive a copy of the Bureau of Immigration record, of city or municipal residents who recently arrived in the Philippines from a country with a confirmed 2019 nCoV case. In the absence of such records, to monitor the arrival of such residents from a country with a confirmed 2019 nCoV case, through the Punong Barangay, City or Municipal Health Office, local PNP or through other indigenous sources.
- 5.2.2.1.2 Direct all Punong Barangays to identify an enclosed structure, such as an empty house or building which can be designated as a Barangay Isolation Unit;
- 5.2.2.1.3 Monitor the measures and actions taken by the Punong Barangays and the BHERTs in the prevention, containment and control of the nCoV ARD;



- 5.2.2.1.3 Provide logistical support to the Punong Barangay and the BHERTs in carrying out their respective tasks, including the provision of food and medicine for PUIs who have submitted themselves for voluntary quarantine in the BIUs;**
- 5.2.2.1.4 Direct the City or Municipal Health Office to provide the BHERTs with medical and health information necessary for them to perform their tasks, and submit reports to the Regional Epidemiology and Surveillance Unit of the DOH on the outcome of the voluntary quarantine or home confinement;**
- 5.2.2.1.5 Refer, and ensure the safe transfer of, a PUI to a DOH-designated referral center or quarantine facility.**
- 5.2.2.1.6 Direct the PNP to effect the compulsory confinement of persons arriving from a country with a confirmed 2019 nCoV case, who refuse to undergo home confinement, or voluntary quarantine at the BIU, and ensure that they are able to complete the 14-day quarantine period, in the unlikely event that the Punong Barangay and the BHERT fail to convince the subject person or persons to voluntarily undergo the 14-day quarantine; and**
- 5.2.2.1.7 Extend appropriate assistance and support to those in home confinement, depending on the latter's capability and actual needs.**

#### **5.2.2.2 On Prevention and Mitigation**

- 5.2.2.2.1 In coordination with the DOH and/or the Provincial Health Office, as the case may be, train City or Municipal Health Workers, hospital or rural health personnel, BHERT members, and barangay tanods on coronavirus prevention, containment and control, including the proper handling and management of persons suspected of coronavirus infection;**
- 5.2.2.2.2 In coordination with the DOH, PNP and/or the Provincial Health Office, as the case may be, provide training to local health workers, members of the BHERTs and barangay tanods, in properly conducting the 14-day voluntary quarantine or home confinement procedures;**
- 5.2.2.2.3 In coordination with city or municipal health authorities, and the Punong Barangays, conduct a city or municipal-wide IEC campaign on nCoV ARD prevention, containment and control, including the reproduction and distribution of leaflets containing relevant information about the virus and other**

relevant information including, but not limited to, voluntary quarantine. In doing so, always refer to the advisories, updates and information regularly given by and posted on the website and official social media accounts of the DOH and the WHO Philippines;

5.2.2.2.4 In coordination with the DOH, the City or Municipal Health Office and the Punong Barangays, conduct a city or municipality-wide IEC campaign on nCoV ARD prevention, containment and control, including the reproduction and distribution of leaflets containing relevant information about the virus, and other relevant information including, but not limited to, voluntary quarantine;

5.2.2.2.5 Conduct a city or municipal-wide cleanliness and sanitation campaign; and

5.2.2.2.6 Monitor the prices of medicines and medical devices, and cause the filing of appropriate charges against any person or entity involved in hoarding and/or overpricing.

### **5.2.3 For Provincial Governors:**

#### **5.2.3.1 On Containment and Control**

5.2.3.1.1 To receive a copy of the Bureau of Immigration record, of residents of cities or municipalities of the province who recently arrived in the Philippines from a country with a confirmed 2019 nCoV case;

5.2.3.1.2 After receiving a copy of such records, monitor the measures and actions taken by the component City or Municipal Mayor in connection with the required 14-day home confinement or voluntary quarantine of persons arriving from a country with a confirmed 2019 nCoV case;

5.2.3.1.3 In coordination with the component City or Municipal Mayor, effect the safe transfer of a PUI to a DOH-designated referral center or quarantine facility in the event that the concerned city or municipality does not have the capability or fails to perform such necessary action;

5.2.3.1.4 Provide logistical support to the concerned component City or Municipal Mayor, upon request; and

**5.2.3.1.5** Ensure that the mayors under the Provincial Government's jurisdiction fulfil their respective roles and responsibilities in the prevention, mitigation, preparedness for, and containment of, the nCoV ARD.

**5.2.3.2 On Prevention and Mitigation**

**5.2.3.2.1** In coordination with the DOH, train Provincial Health Workers, especially the appropriate hospital personnel in the proper handling and management of persons suspected of coronavirus infection;

**5.2.3.2.2** In coordination with the DOH, the Provincial Health Office, and the component City and Municipal Mayors, conduct a province-wide IEC campaign on nCoV ARD prevention, containment and control, including the reproduction and distribution of leaflets containing relevant information about the virus, and other relevant information including, but not limited to, voluntary quarantine. In doing so, always refer to the advisories, updates and information regularly given by and posted on the website and official social media accounts of the DOH and WHO Philippines;

**5.2.3.2.3** In coordination with the DOH, the Provincial Health Office, component City and Municipal Mayors, conduct a province-wide cleanliness and sanitation campaign; and

**5.2.3.2.4** Monitor measures and actions taken by the City or Municipal Mayors.

**5.3** All DILG Regional Directors and the BARMM Minister of Local Government are hereby directed to cause the immediate and widest dissemination of this Memorandum Circular to all LGUs within their respective areas of responsibility and ensure that the purpose of this Circular is faithfully complied with by all concerned .

**6.0 Effectivity**

**6.1** This Memorandum Circular shall take effect immediately.

## 7.0 References

7.1 Article 2, Section 15, 1987 Philippine Constitution and Section 16, Republic Act 7160.

## 8.0 Approving Authority

  
**EDUARDO M. AÑO**  
Secretary, DILG *u*



DILG-OSEC 02052020-002