

**OMNIBUS HEALTH GUIDELINES
FOR MANAGERS OF VARIOUS
SETTINGS**

2022

OMNIBUS HEALTH GUIDELINES FOR MANAGERS OF VARIOUS SETTINGS

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I. Primary Care Managers and Local Government Units (LGUs)

This section aims to provide guidance to primary care managers and LGUs about service delivery for different life stages in various settings.

A. Leadership and Governance

1. LGUs shall establish and strengthen the Local Health Board, with functions, roles and responsibilities as stipulated in Republic Act (RA) No. 7160 “Local Government Code of 1991”, RA No. 11223 “Universal Health Care Act”, and other relevant laws and policies as applicable.
2. LGUs are enjoined to adopt, enact, implement, strengthen, monitor, and evaluate ordinances on the delivery of health services, including promotion, prevention, screening, diagnosis, treatment, rehabilitation, and palliative care health services, in a manner consistent with national laws, policies, and guidelines. These ordinances shall be free from conflicts of interest. They shall address the social determinants of health and should be inclusive, equitable, participatory, and culturally sensitive. These ordinances may be comprehensive in a single Omnibus Health Code, or a series of ordinances that shall include, but are not limited to the following scope or thematic areas:
 - a. Ordinances that promote compliance of health facilities with current regulatory standards;
 - b. Ordinances that address prevailing local health problems and are aligned with the Health Promotion Framework Strategy in accordance with the DOH-DILG Joint Administrative Order 2021-0002 “National Policy Framework on the Promotion and Recognition of Health Communities” and DOH Administrative Order (AO) 2021-0063 “Health Promotion Framework Strategy 2030”, such as but not limited to the following:
 - i. Healthy diet, nutrition, physical activity
 - ii. Environmental health and safety including compliance with sanitation requirements in all facilities catering to the public, as mandated by Presidential Decree No. 856 “Code on Sanitation”, compliance with ventilation requirements in all settings to prevent and control airborne diseases, vermin and vector control, and smoke- and vape-free environments
 - iii. Reduction of substance use, including tobacco, alcohol, and illicit drugs
 - iv. Vaccines and immunization
 - v. Promotion of mental health
 - vi. Promotion of sexual and reproductive health
 - vii. Promotion of maternal and child health
 - viii. Violence and injury prevention
 - c. Ordinances that address disease prevention and control in the local setting, such as, but not limited to the following:

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- i. Communicable diseases such as TB, HIV/AIDS, malaria, dengue, neglected tropical diseases (NTDs) and all other communicable diseases that present at primary care
 - ii. Noncommunicable diseases such as Hypertension, Diabetes, Asthma, Chronic Obstructive Pulmonary Disease, Cancers, Mental Health, and all other noncommunicable diseases that present at primary care
 - d. Ordinances that address disaster prevention, risk reduction, management, and resilience, including preparedness and response for public health emergencies.
 - e. Ordinances that address life stage, gender-specific or condition-specific concerns, such as child-friendly, adolescent-friendly, persons with disability-friendly, mother-and-child friendly, senior citizen-friendly policies.
 - f. LGUs shall endeavor to integrate their local health systems into province-wide or city-wide health systems (P/CWHS), in accordance with the UHC Act, DOH AO 2020-0021 “Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)”, and other relevant laws and policies, in order to create health systems that are responsive to all life stages and able to deliver continuous and integrated health services.
3. LGUs shall establish and enact ordinances in accordance with national laws, policies, and guidelines on the declaration and management of conflicts of interest and ethical conduct in public health, including safeguarding health policies, programs, and researches from partners and stakeholders with conflicts of interest related to breast milk substitutes, tobacco, vapor products, heated tobacco products, and alcoholic beverages.
4. LGUs are enjoined to submit requests for health impact assessment of policies, programs and projects and to ensure compliance of development projects on health impact assessment in accordance with DOH AO No. 2021-0064 “Guidelines on the Implementation of the Health Impact Assessment (HIA) for Policies and Programs pursuant to RA No. 11223” and DOH-DILG JAO No. 2021-0001 “Guidelines on the Operationalization of the Health Impact Assessment Review Process for Development Projects”.

B. Financing

1. LGUs shall provide funding and allocate financial services, commodities, capital outlay investments, and population-based interventions that are in harmony with national development plans, goals, and strategies, and are responsive to the needs of the local population, in accordance with RA No. 7160, the UHC Act, Executive Order (EO) No. 138, s. 2021 “Full Devolution of Certain Functions of the Executive Branch to Local Governments, Creation of a Committee on Devolution, and For

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Other Purposes”, DOH AO No. 2020-0022 “Guidelines on the Development of Local Investment Plans for Health”, and other relevant laws and policies.

2. LGUs are enjoined to invest in the following capital outlay for health-promoting facilities and infrastructure in accordance with relevant laws, policies, and guidelines as applicable, such as but not limited to:
 - a. Sanitation, including solid waste management, safe and clean water supply, sewage system, and flood control measures
 - b. Healthy spaces including cultural centers, public parks, freedom parks, playgrounds, daycare centers, and sports centers
 - c. Safe, unobstructed and properly marked sidewalks, walkways, curbs, pedestrian lanes, overpass, other open spaces, and transportation facilities and utilities, including safe roads and traffic signages, that enhance the mobility of senior citizens and persons with disability, in accordance with the requirements of the Batas Pambansa Blg. 344 “Accessibility Law”, RA No. 9994 “An Act to Maximize the Contribution of Senior Citizens to Nation Building, Grant Benefits and Special Privileges and for Other Purposes”, and RA No. 10754 “An Act Expanding the Benefits and Privileges of Persons with Disability”
 - d. Access for persons with disability through access ramps, pavements, safety handrails and other appropriate structures as required by law
 - e. Breastfeeding and lactation stations for mothers and their children
 - f. Primary care facilities, including dental health facilities, birthing center, equipment and technologies, in accordance with regulatory standards, and issuances that enable availing of benefit packages of the Philippine Health Insurance Corporation related to primary care
 - g. Other resources necessary for the delivery of primary care services, such as but not limited to essential medications, as identified in the Philippine National Formulary: Manual for Primary Care Providers
 - h. Other resources needed for health information systems, electronic medical records, and telemedicine, such as communication devices and stable internet connection, especially for those living in Geographically Isolated and Disadvantaged Areas (GIDA) and in areas where demand for services is moderate to high shall be established wherever applicable

3. LGUs are encouraged to seek alternative financing strategies and opportunities, such as but not limited to private-public partnerships, loans, and other opportunities to complement and augment investments for sustainable development and health, provided that the stipulations of RA No. 6713 “Code of Conduct and Ethical Standards for Public Officials and Employees”, and other relevant laws and policies, are followed.

C. Health Information Systems

1. LGUs shall utilize data from health information systems and local research to guide and inform evidence-based policies for quality service delivery.
2. LGUs are enjoined to assist and support local health facilities to establish, strengthen and maintain health information systems, including functional electronic medical records that ensure confidentiality of all information and communication, in compliance with RA No. 10173 “Data Privacy Act of 2012”, RA No. 11036 “Mental Health Act”, DOH-PhilHealth Joint Administrative Order (JAO) 2021-002 “Mandatory Adoption of National Health Data Standards for Interoperability”, DOH-PhilHealth-DICT JAO 2021-0001 “Guidelines on the Implementation of the Standards and Conformance and Interoperability Validation”, DOH-DILG-PhilHealth Joint Memorandum Circular (JMC) No. 2021-0001 “Implementing Guidelines of Section 31 of the RA No. 11223, otherwise known as the “Universal Health Care (UHC) Act”, on the processing and Submission of Health, and Health-related Data”, and other relevant laws as applicable.
3. The use of telemedicine at primary care level must be consistent with the following issuances: DOH-UP Manila JMC No. 2020-0001 “Telemedicine Practice Guidelines”, DOH-DILG-PhilHealth JAO No. 2021-0001 “Guidelines on the Implementation of Telemedicine in the Delivery of Individual-Based Health Services”, and FDA Circular Nos. 2020-007 & 2020-0037 “Guidelines in the Implementation of the Use of Electronic Means of Prescription for Drugs for the Benefit of Individuals Vulnerable to COVID-19”.
4. LGUs are encouraged to collect, monitor and evaluate local epidemiology and health data and to report all notifiable diseases, including TB, bacterial meningitis, *Haemophilus influenzae* type B, *Streptococcus pneumoniae*, COVID-19, diphtheria, hand, foot and mouth disease, human avian influenza, influenza-like illness, measles, meningococcal disease, MERS, pertussis, anthrax, viral hepatitis, Leptospirosis, rabies, acute blood diarrhea, cholera, neonatal tetanus, paralytic shellfish poisoning, typhoid and paratyphoid fever, poliomyelitis, dengue, encephalitis, and malaria, in accordance with RA No. 11332 “Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act” and its 2020 revised Implementing Rules and Regulations, and Sections 31 and 38 of the UHC Act.

D. Human Resources

1. LGUs are enjoined to invest, recruit, employ and ensure equitable distribution of quality health human resources in their local settings, aligned with the current and

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future health needs of the population in accordance with standards and guidelines as set forth by RA No. 7160, RA No. 11223 Section 23, the National Health Human Resource Masterplan 2020-2040, and other relevant laws and policies as applicable.

2. LGU shall support Local Health Facilities in the provision of training, capacity building, and career development of health human resources, such as but not limited to healthcare workers in primary care facilities and community health workers.
3. LGUs are enjoined to ensure a health-promoting environment for health human resources, in order to maintain a healthy, sustainable, and productive workforce for quality health service delivery.

E. Medical Products, Vaccines, Technology. LGUs are encouraged to ensure the consistent availability, affordability, and accessibility of medical supplies, technologies, commodities, and medications as stated in this Omnibus Health Guidelines, provided that relevant laws, rules and regulations, and administrative issuances on product selection (Philippine National Formulary through EO No. 49, series of 1993) and procurement, through RA No. 9184 “Government Procurement Reform Act”, are followed.

F. Integrated Service Delivery

1. LGUs are encouraged to develop, implement, conduct, monitor, and evaluate health services, activities, programs, and health service delivery innovations, consistent with existing relevant national policies, guidelines, and standards. LGUs shall ensure access to and availability of all members of the community to population-based and individual-based services and products that promote good health and improve prevention, screening, diagnosis, management, rehabilitation, and palliation of communicable and non-communicable diseases.
2. LGUs, through their Local Health Units, in coordination with Regional Health Promotion Units and other stakeholders, shall develop, implement, conduct, monitor and evaluate health promotion and education programs and activities such as, but not limited to the following:
 - a. Public health programs and population-based services, including the following:
 - i. Healthy diet, nutrition, and physical activity:
 - (a) Promotion of age-appropriate nutrition, including breastfeeding of infants
 - (b) Promotion of healthy diet and nutrition, with limited consumption of sugar-sweetened beverages, limited salt intake, and limited trans-fat intake
 - (c) Promotion of physical activity, including regular exercise and active transport

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- (d) Promotion of personal hygiene, including oral health
- ii. Environmental Health and Safety:
 - (a) Education on proper food preparation, access to safe water, proper disposal of solid waste and excreta, and the provision of other sanitation facilities as mandated by Presidential Decree (PD) No. 856 “Code on Sanitation of the Philippines”
 - (b) Promotion of adequate ventilation in all settings to prevent and control droplet and airborne diseases
 - (c) Promotion and provision of vermin and vector control services
 - (d) Promotion and implementation of the Enhanced 4S strategy (Search and destroy” mosquito-breeding sites, employ “Self-protection measures” (i.e. wearing long pants and long sleeved shirts, and daily use of mosquito repellent), “Seek early consultation”, and “Support fogging/spraying” only in hotspot areas) for the prevention and control of Aedes-borne diseases in the community
 - (e) Promotion of smoke and vape-free environments
 - (f) Disaster prevention, risk reduction, and management, and resilience, including ordinances on timely, effective, and efficient preparedness and response for public health emergencies, in accordance with RA No. 10121 “Philippine Disaster Risk Reduction and Management Act of 2010” and the UHC Act and their respective IRRs.
- iii. Substance Avoidance, Reduction, and Cessation of Use. Prevention and control of the use of and exposure to the smoke and emissions from tobacco products, vapor products and heated tobacco products, harmful alcohol use and illicit drug use, including but not limited to:
 - (a) Restrictions in advertising, promotions and sponsorships
 - (b) Restrictions in access and purchase by minors
 - (c) Preventing initiation of use among minors
 - (d) Promotion of rehabilitation and cessation of use
- iv. Vaccines and Immunization:
 - (a) Promotion and provision of age- and disease-appropriate immunization services
 - (b) Promotion of vaccine confidence, addressing vaccine hesitancy, and managing vaccine misinformation and disinformation
- v. Promotion of mental health through the following:
 - (a) Community-based mental health programs that encompass wellness, promotion, prevention, treatment, and rehabilitation, as provided in the WHO Community Based Mental Health Framework
 - (b) Access to 24/7 Mental Health and Suicide Prevention Hotlines and Medicine Access Program for Mental Health

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- (c) Mental Health and Psychosocial Support services during emergencies and disasters, in accordance with NDRRMC Memorandum No. 62 s 2017
- vi. Promotion of sexual and reproductive health services, in accordance with RA No. 10354 “The Responsible Parenthood and Reproductive Health Act of 2012” and other relevant laws and policies, such as but not limited to:
 - (a) Reproductive health and rights including, but not limited to, maternal health and nutrition, family planning and responsible parenthood information and services
 - (b) Education, counseling, and guidance on sexuality and reproductive health
 - (c) Adolescent and youth reproductive health
 - (d) Male responsibility and involvement and men’s reproductive health; and
 - (e) Prevention, treatment and management of reproductive tract infections (RTIs), HIV/AIDS and other sexually transmitted infections (STIs); infertility; and sexual dysfunction
- vii. Violence and Injury Prevention
 - (a) Protection of all members of the family, particularly women, children, and persons with disabilities from violence and threats to their personal safety and security, and prevention of neglect, maltreatment, bullying, harassment, physical, emotional, and sexual violence, in accordance with RA No. 9710 “The Magna Carta of Women”, RA No. 9262 “Anti-Violence Against Women and Their Children Act of 2004”, RA 10354 “The Responsible Parenthood and Reproductive Health Act of 2012”, RA No. 7610 “Special Protection of Children Against Abuse, Exploitation and Discrimination Act”, RA No. 11313 “Safe Spaces Act”, RA No. 7277 “Magna Carta for Disabled Persons” as amended, and other relevant laws and policies
 - (b) Prevention of interpersonal violence, including family and intimate partner violence, community violence, and gender-based violence
 - (c) Injury prevention, including:
 - (i) Safe storage of pesticides, other chemicals, and drugs to prevent poisoning and drug toxicities
 - (ii) Prevention of and precautions against drowning
 - (iii) Prevention of fires, burns, and fireworks injuries
 - (iv) Prevention of insect and animal bites including promotion of responsible pet ownership
 - (v) Prevention of road injuries, including promulgation of local ordinances / resolutions adhering to laws on road safety such as use of helmet and seat belt, speed limits and others to prevent road accidents

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- (vi) Prevention of occupational and work-related injuries
 - (vii) Prevention of sports and recreational injuries
 - (viii) Prevention of falls, and removal of access barriers, particularly for the elderly and persons with disability
 - viii. Other population-based services, customized to the local setting and guided by local endemicity and presence of special populations, such as Mass Drug Administration and Selective Deworming, for diseases such as Filariasis, Schistosomiasis and other Neglected Tropical Diseases
 - ix. Epidemiologic surveillance in accordance with RA No. 11332 and its 2020 revised Implementing Rules and Regulations
 - x. Public health and disaster emergency preparedness and response.
3. LGUs, through the Local Health Units, shall ensure the delivery of quality population- and individual-based services, including clinical services appropriate to all life stages, covering the entire spectrum of clinical care, including prevention, screening, diagnosis, treatment, rehabilitation and palliation of different communicable and non-communicable diseases, and basic emergency care in primary care facilities, as stated in these Omnibus Health Guidelines, provided that relevant laws, rules and regulations, and administrative issuances on product selection (EO No. 49, s. 1993) and procurement, through RA No. 9184, are followed.
4. LGUs are encouraged to ensure the availability of the following services and the corresponding facilities, platforms, and systems:
- a. Face-to-face consultations through:
 - i. Primary care clinics, providing outpatient medical and dental services and basic emergency care, in accordance with standards of care
 - ii. Women and Child Protection Units (WCPU) within the service delivery network to manage cases of child abuse and gender-based violence
 - iii. Basic and Comprehensive Emergency Obstetric and Newborn Care centers to ensure a safe delivery of mother and child and to prevent maternal and neonatal pregnancy complications
 - b. Telemedicine consultations through:
 - i. Appropriate communication devices with stable connectivity
 - ii. Telemedicine terminal or unit within the primary care facility
 - iii. Triage and Referral systems including emergency referral networks within Health Care Provider Networks
 - c. Maternal and child care, including daycare services
 - d. Services and programs directed to the elderly, persons with disability, and children with disabilities

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5. LGUs shall ensure an equitable provision and access to health care services, through their local health units, using innovative strategies and approaches, prioritizing populations that shall receive the highest health benefit from services, such as but not limited to:
 - a. LGU-led community-based health interventions
 - b. Outreach services in GIDAs
 - c. House visits
 - d. Mobile clinics
 - e. Telemedicine or teleconsultation

6. LGUs are encouraged to initiate, establish, and coordinate linkages with health advocates, non-governmental organizations, civil society organizations and patient groups, and professional organizations, in accordance with national laws, policies, and guidelines on the declaration and management of Conflicts of Interest and ethical conduct in public health. Such linkages can include:
 - a. Partnership with professional societies and academe to provide health education and conduct health research, such as community-based studies that assess and seek to improve the quality of service delivery
 - b. Engagement with the private sector and allied health professionals to expand access or improve the quality of service delivery

7. LGUs are enjoined to actively participate in Awareness Campaigns on health promotion, disease prevention, and control, using the following DOH Annual Calendar of Activities, as a guide:

Table 1. DOH Annual Calendar of Activities

Month	Awareness Campaign
January	National Deworming Month Schistosomiasis Awareness & Mass Drug Administration Month Liver Cancer and Viral Hepatitis Prevention Month Zero Waste Month Goiter Awareness Week Autism Consciousness Week World Neglected Tropical Diseases Day World Leprosy Day World Day Against Child Labor
February	Philippine Heart Month National Down Syndrome Month National Oral Health Month National Cancer Awareness Month Leprosy Prevention and Control Week (third week of February every year pursuant to Presidential

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	<p>Proclamation 467) Mental Retardation/ Intellectual Disability Week National Rare Disease Week World Cancer Day International Childhood Cancer Day</p>
March	<p>Rabies Awareness Month Colorectal Cancer Awareness Month Adolescent Health Week Philippines Digestive Health Week World Obesity Day World TB Day</p>
April	<p>National Hemophilia Awareness Month World Immunization Week World Health Worker Week Head and Neck Consciousness Week World Malaria Day</p>
May	<p>Hypertension Awareness Month Cervical Cancer Awareness Month Road Safety Month No Smoking Month International Thyroid Awareness Week International AIDS Candlelight Memorial Day World Thyroid Day World No Tobacco Day</p>
June	<p>Dengue Awareness Month National Kidney Month Scoliosis Awareness Month National Organ and Blood Donation Awareness Week National Safe Kids Week ASEAN Dengue Day National Cancer Survivor Day International Day Against Drug Abuse and Illicit Trafficking</p>
July	<p>National Deworming Month Filariasis Mass Drug Administration Month Nutrition Month National Disability Prevention and Rehabilitation Week Diabetes Awareness Week World Hepatitis Day National Allergy Day</p>
August	<p>National Breastfeeding Awareness Month Sight Saving Month National Lung Month National Family Planning Month National Adolescent Immunization Month Linggo ng Kabataan Asthma Week International Youth Day National Tuberculosis Day White Cane Day</p>

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September	<p>International Childhood Cancer Awareness Month World Leukemia Awareness Month Blood Diseases Month Blood Cancer Awareness Month Thyroid Cancer Awareness Month Prostate Cancer Awareness Month Obesity Prevention Awareness Week National Epilepsy Awareness Week Cerebral Palsy Awareness Week World Rabies Day World Suicide Prevention Day World Environmental Health Day</p>
October	<p>Breast Cancer Awareness Month National Hospice and Palliative Care Month National Attention Deficit/Hyperactivity Disorder Awareness Week Elderly Filipino Week (Pursuant to Proclamation No. 470, Series of 1994 dated September 26, 1994 which declared the First Week of October of Every Year as Linggo ng Katandaang Filipino) National Newborn Screening Week Food Safety Awareness Week National Mental Health Week Global Handwashing Day World Sight Day World Mental Health Day</p>
November	<p>Filariasis Awareness Month Malaria Awareness Month Lung Cancer Awareness Month National Skin Disease Detection and Prevention Week World Prematurity Day World Toilet Day World Diabetes Day National Food Fortification Day Chronic Obstructive Pulmonary Disease Awareness Day</p>
December	<p>Fireworks Injury Prevention Month World AIDS Day International Day of Persons with Disabilities</p>

II. Managers of Other Settings

This section aims to provide guidance to different settings managers on health service delivery in different settings, including learning institutions, workplaces, and closed settings.

A. Learning Institutions

1. Learning Institutions referred to in this section consist of: Child Development Centers, Child Minding Centers, Community Learning Centers, Basic Education Institutions, Higher Education Institutions, Technical Vocational Institutions, Legal Education Institutions, in accordance with DOH-DILG-DSWD-DepEd-CHED-TESDA JAO No. 2022 - 0001 “Guidelines on Healthy Settings Framework in Learning Institutions”.
2. Learning institutions are enjoined to adopt, enact, implement, strengthen, monitor and evaluate policies on health promotion, disease prevention, and control, guided by national laws, policies, guidelines, strategies and standards. These policies should be free from conflicts of interest and address the social determinants of health. They should also be inclusive, nurturing, equitable, participatory, gender- and culturally-sensitive. Such policies should include but are not limited to the following:
 - a. Health Promotion and Prevention of Diseases in accordance with the Health Promotion Framework Strategy
 - b. Prevention and control of communicable and non-communicable diseases
 - c. Emergency preparedness, including pandemics and natural disaster
3. Learning Institutions, in coordination and collaboration with LGUs, are enjoined to establish a physical environment conducive to safe and healthy learning, and invest on structures and resources, such as but not limited to:
 - a. Adequate educator, instructor, or teacher and health personnel meeting credentials consistent with existing professional standards
 - b. Functional health-related facilities, such as school clinics, consistent with current facility standards
 - c. Appropriately designed infrastructure that can be safely utilized by all learners of different life stages and/or conditions, including persons with disability
 - d. Breastfeeding and lactation stations for mothers and their children
 - e. Adequate health-related equipment to meet school clinic equipment requirements for the provision of basic medical and dental health services, inclusive of first aid kit and growth and nutrition monitoring equipment
 - f. Adequate and functional water, sanitation, and hygiene (WASH) facilities
 - g. Smoking and Vapor-free Environments
 - h. Alcohol and Drug-free Environments

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4. Learning Institutions are enjoined to promote a social environment conducive for learning that is inclusive, nurturing, equitable, non-discriminatory, and promotes gender and cultural sensitivity.
5. Learning Institutions are enjoined to integrate personal health education and skills in their curriculum through equitable and age-appropriate provision of health information and conduct of healthy practices, including but not limited to:
 - a. Healthy diet, nutrition and physical activity
 - b. Personal hygiene, including handwashing and toothbrushing drills
 - c. Proper eye care
 - d. Violence and Injury Prevention, including digital safety and education
 - e. Digital Citizenship Education
 - f. Basic Life Support training
 - g. Responsible pet ownership
 - h. Age- and development-appropriate sexual and reproductive health education, including responsible parenthood, in accordance with Republic Act No. 10354 “The Responsible Parenthood and Reproductive Health Act” and its IRR
 - i. Prevention of Communicable and Non-communicable Diseases
6. Learning Institutions are enjoined to provide and ensure access to health services in their settings, such as but not limited to:
 - a. Provision of healthy food and beverage choices for learners, in accordance with DepEd Department Order No. 13, s. 2017 “Policy and Guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices”
 - b. Provision of food and micronutrient supplements for supplementary feeding among children with undernutrition, in accordance with Republic Act No. 11037 “Masustansyang Pagkain para sa Batang Pilipino Act”
 - c. Environmental Health and Sanitation, including clean water, sanitation and hygiene facilities
 - d. School-based immunization and deworming
 - e. Tobacco, vape, alcohol and substance abuse prevention and cessation activities
 - f. Mental Health services, including the provision of psychosocial support, in accordance with the guidelines set by the Philippine Council for Mental Health, as stipulated in the Mental Health Act
 - g. Age- and development-appropriate counseling and psychosocial services on sexual and reproductive health, in accordance with the Responsible Parenthood and Reproductive Health Act, and other relevant laws and policies
 - h. Prevention of abuse, detection of signs of abuse in learners, and proper referral of victims of abuse to healthcare providers and authorities, in accordance with RA No. 9262, DepEd Department Order No. 40, s. 2012 “DepEd Child Protection Policy”, and other relevant laws and policies
 - i. Violence and Injury Prevention

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- j. Screening of non-communicable diseases, as appropriate
 - k. Prevention of communicable diseases and infection control
7. Through school clinics or clinic teachers, learning institutions shall coordinate with their LGUs to facilitate the referral of learners, teachers and personnel with urgent or emergent health concerns to the nearest health facility, in accordance with DepEd-DOH JMC No. 01 s. 2021, “Operational Guidelines on the Implementation of Limited Face-to-Face Learning Modality”, DepEd Memorandum No. 00-1121-0061, “Ensuring, Health-Management-Related Spaces in the Participating Schools; Designation of Clinic Teachers; and Orientation/Training on School Health and Clinic Management and Operations”; and other laws, policies and guidelines as applicable.
 8. Learning Institutions are enjoined to establish community linkages with stakeholders, such as but not limited to the LGU, local health facility, parent-teacher-community associations, community-based organizations, volunteer and support groups, for the implementation of policies, programs, and activities supportive of learner health, provided that the relevant interests are declared and conflicts of interest are appropriately managed, consistent with pertinent laws and policies, as applicable.
 9. Learning Institutions are enjoined to participate in health-related activities stipulated in the DOH Annual Calendar.

B. Workplaces

1. Workplaces consist of any site or location where workers need to be or to go to by reason of their work and which are under the direct or indirect control of the employer.
2. Workplaces are enjoined to adopt, enact, implement, strengthen, monitor and evaluate policies on the health promotion, and disease prevention and control, in compliance with RA No. 11058, “An Act Strengthening Compliance with Occupational Safety and Health Standards and Providing Penalties for Violations Thereof”, RA No. 10361 “An Act Instituting Policies for the Protection and Welfare of Domestic Workers”, and other applicable policies, guidelines, strategies and standards, as applicable to the life stages present in the workplace. These policies shall be free from conflicts of interest and address the social determinants of health. They shall also be inclusive, nurturing, equitable, gender and culturally sensitive. Such policies include but are not limited to the following:
 - a. Health Promotion in accordance with the Health Promotion Framework Strategy

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- b. Prevention of communicable and non-communicable diseases
 - c. Ergonomics
 - d. Occupational health
 - e. Safeguarding the health and safety of the adolescent domestic worker
 - f. Chemical Safety, Workplace Sanitation, and Industrial Hygiene
 - g. Emergency preparedness, including pandemics and natural disasters
 - h. Drug-free Workplace
 - i. Access to training and education, and learning through the alternative learning system
3. Workplaces, in coordination and collaboration with LGUs, are enjoined to develop a physical environment conducive to healthful employment for able-bodied individuals and persons with disabilities, and invest in resources, in accordance with the Department of Labor and Employment (DOLE) Occupational Safety and Health Standards (DOLE, 2017) and other relevant laws and policies, such as but not limited to:
- a. Appropriately-designed infrastructure with adequate ventilation and lighting, promotive of physical and mental wellness, inclusive of mother- and child-friendly spaces and dining areas
 - b. Adequate health personnel meeting credentials consistent with existing professional standards
 - c. Functional health-related facilities, such as a workplace clinic with medical and dental services, consistent with current facility standards
 - d. Adequate health-related equipment and medicines to deliver basic medical and dental health services, inclusive of first aid and emergency health services
 - e. Provision of appropriate equipment, guided by ergonomic principles, that can be safely utilized by all workers of different life stages and/or conditions, including persons with disability
 - f. Breastfeeding and lactation stations for mothers and their children
 - g. Provision of adequate, well-designed and maintained personal protective equipment appropriate for the exposure and hazards of the work to be done
 - h. Provision of an adequate supply of safe drinking water, and sanitary, and washing facilities
 - i. Living accommodations and sleeping facilities, that ensure privacy and safety of the workers, as applicable and appropriate
4. Workplaces are enjoined to promote a socially-conducive environment to support a productive workplace through but not limited to the:
- a. Designation of safety officers who shall ensure and monitor proper implementation and strict observance of health and safety protocols within their respective offices
 - b. Institutionalization of measures to prevent exploitation, discrimination, and harassment in all forms as stipulated in RA No. 11313, “Safe Spaces Act”, RA

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- No. 9710 “Magna Carta of Women”, RA No. 9262 “Anti-Violence Against Women and Their Children Act”, RA No. 9231 “Special Protection of Children against Child Abuse, Exploitation And Discrimination Act”, RA No. 11036 “Mental Health Act” and other laws and policies, as applicable
- c. Provision of psychosocial support following the Mental Health and Psychosocial Support (MHPSS) Pyramid of Intervention
 - d. Compliance with the allowed hours of work under RA No. 9231 and other existing policies
 - e. Provision of lactation breaks for lactating parents
 - f. Promotion of physical mobility, regular exercises, and wellness activities
 - g. Provision of assistance to employees seeking social and health benefits pursuant to existing laws and policies
5. Workplaces are enjoined to integrate the training of workers on healthy and safe practices in the workplace and promote the development of personal health skills in their occupational health programs, through appropriate and equitable delivery of health education and information on topics such as but not limited to the following:
- a. Safety instructions, inclusive of the information on hazards and health risks associated with their work
 - b. Basic Life Support Training
 - c. Healthy and safe practices on the following: nutrition and physical activity, personal hygiene such as handwashing, injury prevention, sexual and reproductive health, mental health, prevention of communicable and non-communicable diseases, including but not limited to HIV and AIDS, TB, Hepatitis B
 - d. Responsible parenthood
6. All workplaces are enjoined to provide access to health services in their settings such as but not limited to:
- a. Medical examination for pre-employment; annual consultation, including physical examination by a primary care provider or occupational health practitioner, and more frequently as appropriate to a worker’s needs and condition; consultation in cases of exposure to health hazards or occurrence of injuries, separation, or prior to the transfer of employment without cost to the worker
 - b. Immunization
 - c. Health services for emergencies and accidents including first aid services and referral
7. All workplaces are enjoined to cooperate with safety inspections conducted periodically by their Local Government Units.

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8. All workplaces are enjoined to establish community linkages with stakeholders, such as but not limited to the LGU, local health facility, community-based organizations, and volunteer and support groups, for the implementation of policies, programs, and activities supportive of worker's health, provided that the relevant interests are declared and conflicts of interest are appropriately managed, consistent with pertinent laws and policies, as applicable.
9. All workplaces are enjoined to participate in health-related activities stipulated in the DOH Annual Calendar.

C. Closed Settings

1. Managers and administrators of closed settings, such as 1) prisons, jails, and custodial facilities, 2) residential care facilities, and 3) custodial healthcare facilities, are enjoined to adopt, enact, implement, strengthen, monitor and evaluate policies, programs and services on the health promotion, disease prevention and control, in compliance with RA No. 10575 “The Bureau of Corrections Act of 2013”, RA No. 6975 “Department of the Interior and Local Government Act of 1990”, RA No. 9344 “Juvenile Justice and Welfare Act of 2006”, RA No. 10165 “Foster Care Act of 2012”, RA No. 9994, RA No. 9165 “Comprehensive Dangerous Drugs Act of 2002”, EO No. 04 series of 2016 “Providing for the Establishment and Support of Drug Abuse Treatment and Rehabilitation Centers Throughout the Philippines”, DOH AO-2012-0012 “Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines”, the World Health Organization's recommendations on Prisons and Health (Enggist et al., 2014), the United Nations Standard Minimum Rules for the treatment of prisoners (United National Economic and Social Council, 2014), and other applicable policies, guidelines, strategies and standards, as applicable to the lifestage and the setting. These policies, programs, and services should be free from conflicts of interest and address the social determinants of health. They should also be inclusive, nurturing, equitable, gender, and culturally sensitive.
2. Managers of prisons, jails, and custodial facilities are enjoined to:
 - a. Enact, strengthen, and monitor policies, such as but not limited to:
 - i. Safekeeping of persons deprived of liberty (PDLs) in accordance with human dignity
 - ii. Reformation and reintegration of national PDLs
 - iii. Health and welfare, including health promotion and prevention in accordance with the Health Promotion Framework Strategy; maternal health, prevention and control of communicable and non-communicable diseases, and emergency preparedness, including pandemics and natural disasters

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- b. Invest in infrastructure and resources that ensure a safe physical environment and humane living conditions, such as, but not limited to:
 - i. Appropriately-designed infrastructure with adequate ventilation and lighting, promotive of physical and mental wellness
 - ii. Separation of prison quarters of PDLs according to sex, age, criminal record, and the legal reason for their incarceration or detention
 - iii. Provision of adequate and nutritious food, clothing, adequate shelter and floor space per person, clean water, sanitation and hygienic facilities for bathing and toileting
 - iv. Adequate health personnel staff meeting credentials consistent with existing professional standards
 - v. Functional health-related facilities, such as a jail, prison and detention infirmary with dental services, consistent with current facility standards;
 - vi. Visitation room for infants and mothers
 - vii. Functional lactation room with equipment for storing breastmilk, nursery, or separate jail cell for breastfeeding
 - viii. Adequate health-related equipment and medicines to deliver basic medical and dental health services, inclusive of prevention and control of HIV-AIDS and sexually transmitted infections, other communicable diseases, non-communicable diseases, first aid and emergency health services
- c. Promote a socially-conducive environment to support humane incarceration or detention through the following but not limited to:
 - i. Institutionalizing measures to prevent exploitation, discrimination, and harassment in all forms in the jails, prisons, and custodial facilities
 - ii. Designation of correctional health and social-technical officers who shall ensure and monitor proper implementation and observance of health and safety protocols in jails, prisons and detention centers
 - iii. Institutionalizing programs and activities that encourage positive social interaction that is consistent with the principles of reformation and community reintegration, that of PDLs
 - iv. Allowing PDLs, under necessary lawful supervision, to communicate and correspond with their family and friends at regular intervals about their condition, health, and illness, in accordance with the UN Standard Minimum Rules for the Treatment of Prisoners
 - v. Arranging care for children born to PDLs
- d. Integrate training and education of PDLs through the appropriate and equitable delivery of education and training on topics such as but not limited to the following:
 - i. Healthy and safe practices on the following: nutrition and physical activity, personal hygiene including hand washing and oral care, violence and injury prevention, sexual and reproductive health, mental health, maternal health, avoidance and cessation of substance use and abuse, including smoking and

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- harmful intake of alcohol, and prevention and control of communicable and non-communicable diseases, including HIV and AIDS, TB, Hepatitis B
- ii. Values formation
- iii. Reformation and social reintegration
- e. Ensure that PDLs have access to the same standards of health care for the general population, including primary care and referral to specialized care, and urgent or emergent care that are available in the community, ranging from health promotion, disease prevention, and treatment, to rehabilitation and palliative care services, without discrimination on the grounds of their legal status, in accordance with the UN Standard Minimum Rules for the Treatment of Prisoners.
- f. Develop programs and provide services for the reformation and social reintegration of PDLs through the following:
 - i. Health and Welfare Program and Services such as:
 - (a) the provision of medical care or hospitalization of the sick, mentally impaired, old aged, and disabled PDLs
 - (b) First-stage health assessment in prisons upon first reception, covering: physical health, screening for diseases, substance use and/or abuse - including alcohol and tobacco, mental health, self-harm, and suicide risk
 - (c) Additional periodic health assessments as appropriate to the needs and condition of the PDLs
 - (d) Upon discharge or release from the jails, prisons or detention centers back to the community, enrolment of PDLs to a primary care provider to continuity of care and reintegration into the society
 - (e) Age-appropriate Immunization
 - (f) Medicines and treatment for communicable and non-communicable diseases
 - (g) Emergency and accidents including first aid services and referral
 - (h) Behavior Modification Program including the provision of psychosocial support following the Mental Health and Psychosocial Support (MHPSS) Pyramid of Intervention
 - (i) Maternal and child health in prisons, inclusive of Essential Intrapartum Care, Essential Newborn Care, and Postpartum Care
 - ii. Sports and Recreation Program
 - iii. Education and Training Program
 - iv. Work and Livelihood Program
 - v. Community Relationships
- g. Establish linkages with stakeholders, such as but not limited to the LGU, local health facilities, community-based organizations, and volunteer and support groups, for the implementation of policies, programs, and activities supportive of the health of PDLs, provided that the relevant interests are declared and conflicts

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- of interest are appropriately managed, consistent with pertinent laws and policies, as applicable.
- h. Provide PDLs with appropriate documents and identification papers, to coordinate with the family, community, and other relevant organizations to support the reintegration of PDLs into the society, and to assist released persons in re-establishing themselves in society, in accordance with the UN Standard Minimum Rules for the Treatment of Prisoners.
 - i. Participate in health-related activities stipulated in the DOH Annual Calendar.
3. Residential Care Facilities are facilities that provide 24-hour care group care, with the residents living as an alternative family care arrangement, catering to abandoned, abused, neglected or voluntarily committed children, youth, women, persons with disabilities and older persons, as stipulated in DSWD AO No. 2012-015 “Revised Standards on Residential Care Service”. Managers of residential facilities are enjoined to:
- a. Enact, strengthen, and monitor policies and standards, such as but not limited to:
 - i. Standards set in accordance with DSWD AO No. 2012-015
 - ii. Health Promotion and Prevention in accordance with the Health Promotion Framework Strategy
 - iii. Prevention and control of communicable and non-communicable diseases
 - iv. Emergency preparedness, including managing occurrences of harm, pandemics and natural disasters
 - b. Invest in infrastructure and resources that ensure a safe physical environment and humane living conditions, such as, but not limited to:
 - i. Appropriately-designed facility with adequate ventilation, floor space per person, and lighting, promotive of physical and mental wellness, inclusive of playgrounds, mother- and child-friendly spaces, or recreational areas, that ensures the safety of the residents
 - ii. Provision of adequate and nutritious food, clothing, adequate shelter and floor space per person, clean water, sanitation and hygienic facilities for bathing and toileting
 - iii. Adequate care personnel and volunteers meeting credentials consistent with existing human resource standards
 - iv. Functional health-related facilities, consistent with current facility standards
 - v. Visitation room and breastfeeding and lactation stations for mothers and their children
 - vi. Adequate health-related equipment and medicines to deliver basic medical and dental health services, inclusive of prevention of HIV/AIDS and sexually transmitted infections, other communicable diseases, and non-communicable diseases, first aid, and emergency health services

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- c. Promote a socially-conducive environment to support humane living conditions as stipulated in RA No. 9262, RA No. 9994, PD No. 603 “The Child and Youth Welfare Code”, and other laws and policies, as applicable, through the following but not limited to:
 - i. Creation of a pleasant atmosphere that shall approximate as nearly as possible the conditions of an ideal home (Article 126, PD No. 603)
 - ii. Assistance to application for legal procedures involving abuse and social benefits as applicable to age, stipulated in RA No. 9994, RA No. 9262, PD No. 608, and other laws and policies, as applicable
 - iii. Employment and education support
 - iv. Promotion of physical mobility, regular exercises, and wellness activities
- d. Integrate training and education of their residents through the appropriate and equitable delivery of education and training on topics such as but not limited to the following:
 - i. Healthy and safe practices on the following: nutrition and physical activity, personal hygiene including hand washing and oral care, violence and injury prevention, sexual and reproductive health, mental health, avoidance and cessation of substance use and abuse, including smoking and harmful intake of alcohol, and prevention and control of noncommunicable and Communicable Diseases, including HIV and AIDS, TB, Hepatitis B
 - ii. Basic Life Support and emergency preparedness training
- e. Ensure that residents have access to the same standards of health care for the general population, including primary care and referral to specialized care, and urgent or emergent care that are available in the community, ranging from health promotion, disease prevention, and treatment, to rehabilitation and palliative care services, without discrimination on the grounds of their legal status.
- f. Provide and ensure access of residents to health services, such as but not limited to:
 - i. Medical and dental services
 - ii. Prevention of communicable diseases through age-appropriate immunization
 - iii. Medicines and treatment for communicable and non-communicable diseases
 - iv. Health services for emergencies and accidents, including first aid services and timely referral to the appropriate institution
 - v. Behavior Modification Program including the provision of psychosocial support following the Mental Health and Psychosocial Support (MHPSS) Pyramid of Intervention
- g. Cooperate with safety inspections conducted periodically by their Local Government Units.
- h. Establish linkages with stakeholders, such as but not limited to the LGU, local health facility, community-based organizations, and volunteer and support groups, for the implementation of policies, programs, and activities supportive of

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the health of their residents, provided that the relevant interests are declared and conflicts of interest are appropriately managed, consistent with pertinent laws and policies, as applicable.

- i. Participate in health-related activities stipulated in the DOH Annual Calendar.
4. Custodial Healthcare Facilities are facilities that provide long-term care, including basic human rights services like food and shelter, to patients with chronic or mental illness, patients in need of rehabilitation due to substance abuse, and people requiring ongoing health and nursing care due to chronic impairments and a reduced degree of independence in activities of daily living, as stipulated in DOH AO No. 2012-0012 “Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines”. Managers of custodial healthcare facilities are enjoined to:
- a. Enact, strengthen, and monitor policies and standards, such as but not limited to:
 - i. Standards set in accordance with DOH AO No. 2012-0012
 - ii. Health Promotion in accordance with the Health Promotion Framework Strategy
 - iii. Prevention and control of communicable and non-communicable diseases
 - iv. Emergency preparedness, including managing occurrences of harm, pandemics, and natural disasters
 - b. Invest in infrastructure and resources that ensure a safe physical environment and humane living conditions for patients, such as, but not limited to:
 - i. Appropriately-designed facility with adequate ventilation, floor space per person, and lighting, promotive of physical and mental wellness, inclusive of playgrounds, mother- and child-friendly spaces, or recreational areas, that ensures the safety of the patients
 - ii. Provision of adequate and nutritious food, clothing, adequate shelter and floor space per person, clean water, sanitation, and hygienic facilities for bathing and toileting
 - iii. Adequate care personnel and volunteers meeting credentials consistent with existing human resource standards
 - iv. Functional health-related facilities, consistent with current facility standards
 - v. Visitation room and breastfeeding and lactation stations for mothers and their children
 - vi. Adequate health-related equipment and medicines that allow delivery of basic medical and dental health services, inclusive of prevention of HIV/AIDS and sexually transmitted infections, other communicable diseases, and non-communicable diseases, first aid and emergency health services

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- c. Promote a socially-conducive environment to support humane living conditions as stipulated RA No. 9262, RA No. 9994, PD 603, and other laws and policies, as applicable.
- d. Integrate training and education of patients through the appropriate and equitable delivery of education and training on topics such as but not limited to the following:
 - i. Healthy and safe practices on the following: nutrition and physical activity, personal hygiene including hand washing and oral care, violence and injury prevention, sexual and reproductive health, mental health, maternal health, avoidance and cessation of substance use and abuse, including smoking and harmful intake of alcohol, and prevention and control of communicable and non-communicable diseases, including HIV and AIDS, TB, Hepatitis B
 - ii. Basic Life Support and Emergency Preparedness training for staff and interested and able-bodied patients.
- e. Ensure that patients in these facilities have access to the same standards of health care for the general population, including primary care and referral to specialized care, urgent or emergent care that are available in the community, ranging from health promotion, disease prevention, and treatment, to rehabilitation and palliative care services, without discrimination on the grounds of their legal or health status.
- f. Provide and ensure access to health services, such as but not limited to:
 - i. Medical and dental services
 - ii. Prevention of communicable diseases through age-specific immunization;
 - iii. Medicines and treatment for communicable and non-communicable diseases
 - iv. Health services for emergencies and accidents, including first aid services and timely referral to the appropriate institution
 - v. Other lifestage- and condition-specific health services
- g. Cooperate with safety inspections conducted periodically by their Local Government Units.
- h. Establish linkages with stakeholders, such as but not limited to the LGU, local health facility, community-based organizations, and volunteer and support groups, for the implementation of policies, programs, and activities supportive of the health of patients within the facility, provided that the relevant interests are declared and conflicts of interest are appropriately managed, consistent with pertinent laws and policies, as applicable.
- i. Participate in health-related activities stipulated in the DOH Annual Calendar.

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