



## OFFICE OF THE GOVERNOR

### EXECUTIVE ORDER NO. 17 Series of 2022

#### **AN EXECUTIVE ORDER CREATING THE PROVINCIAL HEALTH EMERGENCY RESPONSE TEAM, PROVIDING FOR ITS TYPES, COMPOSITION, FUNCTIONS, AND FOR OTHER PURPOSES**

**WHEREAS**, the general objective of Department of Health (DOH) Administrative Order (AO) No. 168, series of 2004 is to formulate and implement a national policy framework for emergencies and disasters for the health sector in order to decrease mortality and morbidity, promote physical and mental health, as well as prevent injury and disability on the part of both victims and responders;

**WHEREAS**, DOH-AO No. 2018-0018 or the National Policy on the Mobilization of Health Emergency Response Teams provides for the guidelines in the mobilization of Health Emergency Response Teams (HERTs) during events, emergencies, and disaster, as well as the types of teams and its corresponding composition and functions;

**WHEREAS**, pursuant to DOH-AO No. 2018-0018, local government units shall formulate their Disaster Risk Reduction and Management in Health (DRRM-H), an integrated, systems-based, multi-sectoral process that utilizes policies, plans, programs, strategies to reduce health risks due to disasters and emergencies, improve preparedness for adverse effects and lessen adverse impacts of hazards to address needs of affected population with emphasis on the vulnerable groups;

**WHEREAS**, the geographical location of Oriental Mindoro is vulnerable to natural disasters such as typhoon, floods, and landslides, as well as human induced problems which pose threats to the lives and properties of Oriental *Mindoreños*;

**WHEREAS**, it is highly imperative to address disasters, examine the vulnerable elements in the community, adopt measures to reduce risks, and put in place a holistic disaster risk reduction and management scheme in the province to deal with both natural and man-made hazards before, during, and after the Covid-19 pandemic;

**NOW THEREFORE, I, HUMERLITO A. DOLOR, MPA, PH.D.**, by virtue of the powers vested in me by Republic Act No. 7160 and other pertinent laws of the Republic of the Philippines as the Provincial Governor of Oriental Mindoro, do hereby promulgate this Executive Order, as follows:

**SECTION 1. Creation.** The Provincial Health Emergency Response Team (PHERT) is hereby organized and shall have the following general functions:

1. Provision and support to essential health service package such as lifesaving measures, curative care, and promotive and preventive care;
2. Assessment such as Rapid Health Assessment (RHA), Surveillance, and other analogous to the foregoing;
3. Technical and support assistance;
4. Monitoring and evaluation;
5. Establishment and Support Incident Command System (ICS);
6. Other roles and functions as may be required;

**SECTION 2. Types of PHERTs.** The appropriate Provincial Health Emergency Response Team (PHERT) shall be mobilized based on the need of the recipient-area. The different types of response teams, its composition and their specific functions shall be provided in the succeeding sections.

**SECTION 3. PHERT – Public Health Team.** The Public Health Team, also known as the Composite Team, shall be composed of experts to provide public health services, to include at least five (5) members, as Surveillance Officer; Program Managers (Doctors) especially for

communicable diseases, Reproductive Health services, Childcare Services; Sanitary Engineers; Nutritionist-Dietitian; Logistics Person; Driver; Mental Health and Psychosocial Services (MHPSS); and Health Promotion and Advocacy Personnel.

The PHERT – Public Health Team shall provide the following services at evacuation centers and the communities:

1. Vaccination;
2. Reproductive health services;
3. Child care services;
4. Assessment and provision of water sanitation and hygiene, and nutrition needs;
5. Establishment of surveillance system; and
6. Health promotion services.

There shall be two (2) Public Health Teams which shall be composed of the following persons:

**PUBLIC HEALTH TEAM 1**

**Team Leader** : **MS. MARIA RHODELIA P. APACIBLE, RN, MAN**  
Nurse III, Provincial Health Office

**Members** : **MS. MARIA VIOLETA LAGUERTA, RM**  
Midwife IV, Provincial Health Office

**MS. ADORA P. BINAY, RM**  
Midwife II, Provincial Health Office

**MS. MARISSA M. MALAPOTE**  
Supply Officer II, Provincial Health Office

**PUBLIC HEALTH TEAM 2**

**Team Leader** : **ENGR. EDUARDO REYES**  
Engineer III, Provincial Health Office

**Members** : **DR. NELIA M. CANTOS, DMD**  
Dentist III, Provincial Health Office

**DR. NERELYN S. MARCIANO, DMD**  
Dentist II, Provincial Health Office

**DR. LEO L. ESPALLARDO, DMD**  
Dentist II, Provincial Health Office

**SECTION 4. PHERT – Water Sanitation and Hygiene Team.** The Water Sanitation and Hygiene Team (WASH) shall be composed of Sanitary Engineers; Sanitary Inspectors; Environmental Point Person; and other WASH Cluster members.

The PHERT – WASH Team shall provide the following services:

1. Lead in WASH Rapid Assessment;
2. Recommend priority areas for WASH;
3. Provide technical guidance and assistance related to WASH;
4. Ensure the following in coordination with the LGU concerned:
  - a. Collection and disposal of wastes;
  - b. Acquisition and distribution of potable water supply;
  - c. Construction of additional toilet facilities;
  - d. Supervision of sanitary conditions of the community; and
  - e. Hygiene promotion, vector control, and other analogous to the foregoing.

The WASH Team shall be composed of the following persons:

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**WATER SANITATION AND HYGIENE (WASH TEAM)**

**Team Leader** : **ENGR. EDWARD S. BADILLO**  
Engineer III, Provincial Health Office

**Members** : **MR. FERDINAND R. CASTROMERO**  
Sanitation Inspector IV, Provincial Health Office

**MS. MHAY H. DELA CRUZ, RMT**  
Sanitation Inspector II, Provincial Health Office

**SECTION 5. PHERT – Nutrition Team.** The Nutrition Team shall be composed of Nutritionist (National / Region / Local Government Unit); Staff from the Regional offices of the Department of Health and National Nutrition Council (NNC); Barangay Nutrition Scholars; and other Nutrition Cluster members;

The PHERT – Nutrition Team shall provide the following services:

1. Lead in the conduct of a Rapid Nutrition Assessment;
2. Prioritize services to vulnerable population;
3. Identify appropriate nutritional intervention in the area;
4. Monitor Milk Code violations;
5. Ensure availability of breastfeeding areas;
6. Coordinate with higher level facilities for referral of severely malnourished children; and
7. Lead in advocacy and Information, Education, and Communication (IEC) in nutrition.

The Nutrition Team shall be composed of the following persons:

**NUTRITION IN EMERGENCIES TEAM**

**TEAM LEADER** : **MS. MERCEDITA V. ANORICO, RND**  
Nutritionist Dietitian II, Provincial Health Office

**MEMBERS** : **MS. ANA LUALHATI M. HERNANDEZ, RND**  
Nutritionist Dietitian II, Provincial Health Office

**RUDELINE U. ALMEDA, RND, MPA**  
Nutritionist Dietitian II, Provincial Health Office

**SECTION 6. PHERT – Mental Health and Psychosocial Services Team.** The MHPSS Team shall be composed of Doctors, Nurses, Psychologist, and other members of the MHPSS Cluster and shall provide the following services:

1. Lead in the conduct of a MHPSS Assessment;
2. Prioritize services to vulnerable population based on the assessment including relatives of the dead;
3. Identify appropriate psychosocial support care to victims and responders, military and leaders;
4. Implement preventive measures with proper coordination to higher level facilities;
5. Provide necessary psychotropic drugs at various levels.

The MHPSS Team shall be composed of the following persons:

**MENTAL HEALTH AND PSYCHOSOCIAL SERVICES (MHPSS) TEAM**

**TEAM LEADER** : **MS. ANA LUALHATI M. HERNANDEZ, RND**  
Nutritionist Dietitian II, Provincial Health Office

**MEMBERS** : **RUDELINE U. ALMEDA, RND, MPA**  
Nutritionist Dietitian II, Provincial Health Office

**JANETH A. BALAORO**  
Dental Aide, Provincial Health Office

**SECTION 7. Qualifications of PHERT Members.** All members of the PHERTs shall comply with the following minimum requirements:

1. Have the license to practice profession, if applicable;
2. With training on Basic Life Support and Standard First Aid;
3. Willing to be deployed in austere/severe environments anytime and anywhere;
4. Physically and mentally fit;
5. Personnel with permanent *plantilla* position is a priority;

Additional training shall be required depending on the needed competency of the members of the PHERTs based on his/her roles and functions.

**SECTION 8. PHERT mobilization process.** The response mobilization processes are integrated into two (2) phases namely, the Preparedness and Response Phase. The following shall be the process for both the Preparedness and Response Phase:

**Preparedness Phase:**

1. All mobilizing agencies or organization shall develop mechanisms to obtain, review, analyze, and use the information gathered to determine the best possible actions and interventions at any given time, during disaster risk reduction management.
2. Regular monitoring of events or incidents from all sources shall be verified, validated, and/or coordinated with the affected areas.

**Response Phase:**

Pre-mobilization phase

1. The decision for mobilization shall be based on the set of triggers listed in Section 9 hereof.
2. The types and number of HERTs to be mobilized shall be dependent on the nature of the event, category of the mobilization process (whether emergency deployment, sudden onset disaster, and others), magnitude of the impact, and identified needs.
3. Members of the HERTs shall be notified/informed on the schedules and plans for the mobilization, to include notification of subsequent batches to go on standby.
4. An orientation or final briefing of the PHERTs shall be done prior to mobilization of teams. It shall include discussion of the mission objective, schedule, mobilization plan, logistic requirements, role of each member of the HERTs, and preparation of necessary documents.

Mobilization phase

1. All PHERTs shall register or check—in at the Incident Command Post of the affected area upon arrival following the level of response as provided under Republic Act 10121 otherwise known as the “Philippine Disaster Risk Reduction and Management Act of 2010.”
2. In terms of monitoring, all mobilizing agencies/organizations shall:
  - a. Monitor the movement of PHERTs from the time of activation, en-route, and engagement in the field until their demobilization and return to base.
  - b. Ensure the security and address the relevant concerns of the mobilized PHERTs.
  - c. Monitor the progress of the attainment of the mission objectives using a standard monitoring tool.
  - d. Inform sending agencies/organizations on the progress of the mobilization.
3. In terms of reporting:
  - a. The Operation Center (OpCen) of the mobilizing agency or organization shall monitor the activities/movement of the team throughout the entire duration of the mission.

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- b. All mobilized HERTs shall submit reports on a regular basis, using standard forms, to the area recipient of assistance or operations head, mobilizing and sending agency/organization, through existing and available lines of communication.
  - c. A preliminary assessment (RHA)/activity report shall be provided to concerned agencies using a standard reporting form.
4. The decision for the demobilization of PHERTs shall be based on set of triggers listed in Section 10 hereof.

Post-mobilization phase

1. Post-Mission Report (including all records) shall be submitted within 24 hours after termination of operations for deployed teams.
2. Mental Health and Psychosocial Support Services (MHPSS) shall be provided to the teams mobilized by trained MHPSS personnel, as deemed necessary and immediately after mobilization, if feasible.
3. Post Incident Evaluation (PIE) shall immediately follow the conduct of the debriefing of the teams mobilized, usually within five days' post- mobilization. A report shall be generated for improvement of existing standard operating procedures, policies, plans, and systems on team mobilization.
4. Liquidation of expenditures
  - a. PHERTs shall liquidate expenditures within thirty (30) days.
  - b. It shall be the responsibility of the team leader and the deputy team leader to facilitate the processing of liquidation of expenditures according with the prescribed government auditing and accounting rules.

**SECTION 9. Criteria for mobilization of PHERTs.** The PHERTs shall be mobilized to assist affected areas in the province based on the following criteria:

In case of Events or activities that have potential for incidents that can pose public health threats or risks where mobilization of HERTs is needed. These activities include national and local holidays, events of national importance, events involving figures or personalities of national importance, events with security implications, and international events hosted by the Philippine government:

1. Based on the status of the events;
2. The event has the potential for mass casualty incidents;
3. Based on the instruction from the head of agency/organization; and
4. Based on official and validated request.

In case of emergencies and/or disasters:

1. No information is received from the emergency/disaster affected areas within six (6) hours from the impact of the incident;
2. The event or incident is a major emergency, disaster, or a state of calamity has been declared where there is potential or actual public health risk;
3. The event or incident has a potential for an international implication;
4. The event or incident has a national health security concern as declared by DOH;
5. Any emergency or disaster wherein majority of the health responders are affected and/or unable to discharge their functions;
6. The level of response as provided under the Implementing Rules and Regulations of RA 10121 otherwise known as the "Philippine Disaster Risk Reduction and Management Act of 2010";
7. Instruction from higher authorities such as the National Disaster Risk Reduction Management Council (NDRRMC), DOH-Office of the Secretary, or the Office of the President; and
8. Request from Regional Health Offices and LGUs for assistance.

**SECTION 10. Demobilization of PHERTs.** The decision for the demobilization of the PHERTs shall be based on any of the following criteria:

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1. Based on the instruction from the head of agency or organization, or the organizer;
2. Based on the approved schedule of duty; or
3. If there is a risk on the safety and security of the PHERTs.


**SECTION 11. Protection of PHERTs.** All mobilized members of PHERTs shall be on temporary added duty status. All mobilized members shall be entitled to all remunerations/benefits on top of the regular benefit package provided the same is allowed under relevant laws and issuances subject to existing auditing and accounting rules.

**SECTION 12. Separability Clause.** If any provision of this Executive Order is declared invalid, illegal, or unconstitutional, the parts not affected shall remain valid and in full force.

**SECTION 13. Repealing Clause.** All executive orders, rules and regulations, issuances, or parts thereof inconsistent with this Executive Order are hereby amended, repealed and/or modified accordingly.

**SECTION 14. Effectivity.** This Executive Order shall take effect immediately upon its approval.

**DONE IN THE CITY OF CALAPAN, ORIENTAL MINDORO,** this 12<sup>th</sup> day of May in the year of our Lord, Two Thousand and Twenty-two.

  
**HUMERLITO A. DOLOR, MPA, Ph.D.**  
Provincial Governor