



Republic of the Philippines
Province of Benguet
Municipality of Itogon
Office of the Municipal Mayor
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Executive order No. 01
Series of 2019

Subject: POLICY AND IMPLEMENTING GUIDELINES IN THE OPERATION OF THE UCAB ANIMAL BITE TREATMENT CENTER

SECTION I: BACKGROUND AND RATIONALE:

Based on the 2018 Municipal Annual Report there were 549 clients of animal bites in the municipality most of the cases were dog bites (445) followed by cat bite (83) and others 12 (horse, pig, monkey). Most of the cases are category II (501) and category III (48). Most of the cases come from Barangay Ucab (149), Tuding (104) and Poblacion (79).

The establishment of Ucab Animal Treatment Center cater clients in the municipality with minimal users fee is timely since the Baguio health Department is not catering the cases coming from the municipality.

It is a challenge to the Ucab ABTC which provides adequate, appropriate, timely, safe, affordable, and quality post exposure prophylaxis services to animal bite patients.

SECTION II: SCOPE AND COVERAGE

This order is issued for the guidance of the Ucab ABTC to ensure effective and efficient services to the clients.

SECTION III: DECLARATION OF POLICIES

This order is guided by the

- National Rabies and control Program, Manual of Operation (2012)
- Municipal ordinance N0.41, s.2018
- Philhealth Circular No. 015, S.2012

SECTION IV: PROFILE

Position	Number of Personnel	Number of Trained ABTC Staff	Number of Oriented staff on Rabies prevention and Control Program
Municipal Health Officer	1	1	1
Rural Health Physician	1	0	1
Municipal Dentist	2	0	2
Nurse	5	2	5
Medical Technologist	2	0	2
Rural Health Midwives	15	0	15
Sanitation Inspector	1	0	1
Administrative Aide IV (Clerk)	1	0	1
Administrative Aide III (Driver)	3	0	3
Administrative aide II	1	0	1
Barangay Volunteers			
Rabies Task Force	30	0	30
Barangay Nutrition Scholar	35	0	35
Barangay Health Worker	76	0	76
Barangay Emergency Responders	400	0	9

Animal Bite Treatment Center trained Staff:

Physician: Dr. Oliver P. Guadaña, Municipal health officer

Nurses: Rossan B. Balisto, Nurse II

Ida Jances Ciriaco, Nurse II

SECTION V: VISION and GOAL:

Vision: Rabies Free Philippines by 2020

Goal: To eliminate rabies and declare the Philippines Rabies Free by the year 2020

SECTION VI: DUTIES AND FUNCTIONS:

A. Municipal Health Staff:

1. Maintain availability of logistics (vaccines, syringes, cotton, and IEC materials).

2. Health Promotion: the following are the significant activities in the conduct of information and education campaign on the prevention and control of rabies. Accreditation under the Municipal ordinance N0.41, s.2018 section 5.
 - 2.1. Celebration of Rabies Awareness month under executive order No. 84, Month of March is Rabies Awareness Month
 - 2.2. Celebration World Rabies Day- September 28 has been declared as World has been declared as World Rabies Day
 - 2.3. Development/Reproduction of IEC Materials- all agencies involved in the implementation of the program is encouraged to conceptualize, produce/reproduce and IEC materials. IEC materials should be available in the ABTC and Barangay health Stations.
 - 2.4. Massive health information campaign using tri media
Integration of Rabies Program into the school curriculum- the integration of a collaborative effort of DOH/MHSO and Deped/DepEd Itogon I and II to educate school children who are the most vulnerable to animal bites.
3. To submit reports on time at the different levels. Report from the barangay Health station should be submitted monthly while quarterly reports will be submitted on the first week on the following month.

B. Animal Bite Treatment Center (ABTC)

Animal Bite treatment Center certification and accreditation under the Municipal ordinance N0.41, s.2018 section 4: there shall be an established animal Bite Treatment center in the Municipality of Itogon and shall be manned by a trained physician and nurse by a DOH accredited facility. It shall be the responsibility of the Municipal Health Services Office to cause the annual DOH certification and Philhealth accreditation of the facility. The said facility is located at Bagto, Ucab, Itogon for accessibility of the clients.

Receive allocated immunizing agents from the CHD/ Provincial Rabies Coordinator;

- Ensure proper cold chain management;
- Screen all animal bite cases and manage accordingly;
- Maintain animal bite registry;

THE NATIONAL RABIES PREVENTION AND CONTROL PROGRAM National Rabies Prevention and Control Program Manual of Operations

- Submit accurate report to the CHD on a quarterly basis;
- Advocate to the LCE additional funds for the program;
- Conduct investigation of reported human rabies cases; and
- Conduct health promotion activities.

1. Physical set up

- i. Signage that is visible outside the center
- ii. Consultation and wash area with adequate and clean water supply
- iii. refrigerator with a calibrated thermometer, exclusive for vaccine storage
- iv. vaccine carrier for temporary vaccine storage
- v. color coded waste bins and sharp boxes
- vi. weighing scale
- vii. organizational chart
- viii. clinic schedule
 - a. flowchart/algorithm

2. Logistics

- i. 70% of vaccine to be utilized will be provided by the Department of health-CAR while the 30% will be purchase by the Local Government of Itogon.
- ii. Supplies like cotton, syringes and antiseptics will be purchased by the Municipal LGU.

3. Schedule:

Every Tuesdays and Fridays- 8:00-12:00PM
1:00-4:00PM (follow up of defaulters)
During holidays 8:00-9:00AM

4. Management of Rabies Exposure

Rabies exposure occurs when saliva from an infected animal comes into direct contact with human mucosa or fresh skin wounds. Rarely, rabies may be contracted by inhalation of virus-containing aerosol or via transplantation of an infected organ. All ABTCs staff must be guided by the following general guidelines in managing rabies exposures:

- Initiation of post-exposure prophylaxis (PEP) should not be delayed for any reason regardless of interval between exposure and consultation as it increases the risk of rabies and it is associated with treatment failure;
- There are no absolute contraindications to rabies PEP. Patients allergic to a specific vaccine/RIG or its components should be given the alternative vaccine/RIG;
- Pregnancy and infancy are not contraindications to treatment with purified cell culture/tissue culture vaccines and RIG;
- Babies who are born to rabid mothers must be given rabies vaccination as well as RIG as early as possible at birth;

The following are the three (3) categories of exposure to a rabid animal or to an animal suspected to be rabid, each with a corresponding management guidelines:

Category Exposure	Type of Exposure	Management
CATEGORY 1	Feeding/touching an animal Licking of intact skin (with	Wash exposed skin immediately with soap and

	<p>reliable history and thorough physical examination) Exposure to patient with signs and symptoms of rabies by sharing of eating or drinking utensils Casual contact (talking to, visiting and feeding suspected rabies cases) and routine delivery of health care to patient with signs and symptoms of rabies</p>	<p>water. 2. No vaccine or RIG needed Pre-exposure prophylaxis may be considered for high risk persons.</p>
CATEGORY II	<p>Nibbling of uncovered skin with or without bruising/hematoma Minor /superficial scratches/abrasions without bleeding, including those induced to bleed All Category II exposures on the head and neck area are considered Category III and should be managed as such</p>	<p>1. Wash wound with soap and water. 2. Start vaccine immediately: a. Complete vaccination regimen until Day 28 if: i) biting animal is laboratory proven to be rabid OR ii) biting animal is killed/died without laboratory testing OR iii) biting animal has signs and symptoms of rabies OR iv) biting animal is not available for observation for 14 days b. May omit Day 28 dose if: i) biting animal is alive AND remains healthy after the 14-day observation period, OR ii) biting animal died within the 14 days observation period, confirmed by veterinarian to have no signs and symptoms of rabies and was FATnegative RIG is not indicated</p>
CATEGORY III	<p>Transdermal bites (puncture wounds, lacerations, avulsions) or scratches/abrasions with spontaneous bleeding Licks on broken skin or</p>	<p>Wash wound with soap and water. 2. Start vaccine and RIG immediately: a. Complete vaccination regimen until Day 28 (see</p>

	mucous membrane Exposure to a rabies patient through bites, contamination of mucous membranes (eyes, oral/nasal mucosa, genital/anal mucous membrane) or open skin lesions with body fluids through splattering and mouth-to-mouth resuscitation Unprotected handling of infected carcass Ingestion of raw infected meat Exposure to bats All Category II exposures on	Table 1a) if: i) biting animal is laboratory proven to be rabid OR ii) biting animal is killed/died without laboratory testing OR iii) biting animal has signs and symptoms of rabies OR iv) biting animal is not available for observation for 14 days b. May omit Day 28 dose if: i) biting animal is alive AND remains healthy after the 14-day observation period, OR biting animal died within the 14 days observation period, confirmed by veterinarian to have no signs and symptoms of rabies and was FAT-negative.
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Wound care:

- Wash wounds immediately and vigorously with soap/ detergent, and water, preferably for 10 minutes. If soap is not available, the wound should be thoroughly and extensively washed with water.
- Apply alcohol, povidone iodine or any antiseptic.
- Mucous membranes such as eyes, nose or mouth shall be flushed well with water.
- Suturing of wounds should be avoided since it may inoculate the virus deeper into the wounds. Wounds may be coaptated using sterile adhesive strips. If suturing is unavoidable, it should be delayed for at least 2 hours after administration of RIG to allow diffusion of the antibody to the tissues.
- Do not apply any ointment, cream or wound dressing to the bite wound.
- The public should be educated in simple local wound treatment and warned not to use procedures that may further contaminate the wounds (e.g. tandok, bato, rubbing garlic on the wounds and other non traditional practices).
- Antimicrobials are recommended for the following conditions:
 - All frankly infected wound
 - All category III cat bites
 - All other category III bites that are either deep, penetrating, multiple or extensive or located on the hand, face and genital area.
- Anti- tetanus immunization may be given if indicated. History of tetanus

immunization (TT/DPT/Td) should be reviewed. Animal bites are considered tetanus prone wounds. Completion of the primary series of tetanus immunization is required.

5. Policies and procedures:

a. Two way referral system

- Clients are referred at the nearby animal bite centers if vaccines are not available and there is an immediate need for vaccination specially that the facility is only operational for 2 days schedule (Tuesdays and Fridays including holidays).
- Referral forms should be filled up properly and given to the client.
- Referral from other facility received by the Ucab ABTC will provide and fill up the referral form of cases and given to the patient. The nurse ABTC on duty will be notified that there are patient's referred to the facility thru messenger, text message or phone call.
- Return/feedback form should be filled up and given back to the referring facility.
- Clients who were referred will follow the policies of the receiving Animal Bite Treatment Center.

b. Health Care Waste management

- Immediately dispose used syringes and needles into the safety collector box.
- Used needles and syringes, empty vaccine vials, used cotton balls are considered infectious and shall be disposed in the recommended appropriate disposal of infectious/biological wastes.
- Final disposal of the used syringes, empty vaccine vials, and used cotton balls will be at the septic vault located at Ayosep, Poblacion. It will be hauled and transported with care with personal protective equipment.

c. Cold chain management

- iii. Always check the status of the vaccine vial and expiration date before opening.
- iv. Daily monitoring and recording of vaccine refrigerator temperature.
- v. Vaccine should be stored at +2 degrees Celsius to +8 degrees celcius. The recommended temperature shall be maintained during storage, transport and immunizations sessions.

d. Vaccine Preparation and Safety

- i. Used vaccines that are pre-qualified by the World Health Organization.
- ii. Follow the recommended schedule and correct dosage, site and route of vaccination
- iii. Use of aspirating needles and pre filling of syringes are strictly prohibited.
- iv. No recapping of used needles.

e. Tracing patient with Post Exposure Prophylaxis

- i. The nurse on duty will follow up through call or text the clients who were not able to come in the morning.
- ii. Clients who will not respond on phone calls or text will be followed up by midwife, Barangay volunteers (BHW, BNS, Responders, Municipal task force).
- iii. Clients who refused for follow up immunization will be listed in the defaulters logbook. Reasons for refusal should be documented.

f. Philhealth for animal Bite Package (Rabies exposure Prophylaxis)

- i. The ABTC package shall be fixed at Php 3,000 per case
- ii. This package shall cover the following:
 - The cost of providing Post-exposure prophylaxis (PEP) services. The following are identified as reimbursable PEP service items:
 - Rabies vaccine
 - Purified Vero cell Rabies Vaccine (PVRV) or
 - Purified Chick Embryo Vaccine (PCECV)
 - Rabies Immune Globulin (RIG)
 - Human Rabies Immune Globulin (HRIG) or
 - Purified Equine Rabies Immune Globulin (pERIG)
 - Local Wound Care
 - Tetanus Toxoid and anti-tetanus serum (ATS)
 - Antibiotics
 - Supplies such as, but not limited to, syringes, cotton alcohol and other Antiseptics
- iii. Dogbites primarily, however, persons bitten by other domestic animals (cats) and livestock (cows, pigs, horses, goats) as well as wild animals (bats, Monkeys) may be covered.
- iv. Category III Rabies exposure
 - Transdermal bite (puncture wounds, lacerations, avulsions) or scratches/abrasions with spontaneous bleeding)
 - Exposure to a rabies patient through bites, contamination of mucous membranes (eyes, oral/nasal mucosa, genital/anal mucous membrane or open skin lesions with body fluids through splattering and mouth- to-mouth resuscitation.
 - Handling of infected carcass or ingestion of raw infected meat
 - Category II rabies exposure involving the head and neck
 - Patient with repeat exposure.
- v. The package shall not cover the following:
 - Pre-exposure prophylaxis
 - inpatient cases of animal bites and rabies, which shall be reimbursed through inpatient benefit.
 - Category I rabies exposure and category II exposure not involving the head and neck.
 - Bites by rodents, guinea pigs and rabbits
 - Management of adverse reactions
 - other conditions otherwise not mentioned in number 3.


vi. Rules on Reimbursement

- Only benefits at accredited ABP provider shall be reimbursed
- In general, a reimbursement claim shall be filed with in 60 days after completion of day 7 treatment course.
- The ABP reimbursement shall be paid directly to a Philhealth- accredited ABTC or ABC. The disposition of payment shall be as follows:
 - 2,700 pesos as fund for the purchase of drugs (e.g. vaccine, immunoglobulin, and antibiotics) and supplies required for the delivery of the package
 - 300 pesos as health staff service fee
- The No balance billing (NBB) policy on sponsored members and dependents, as embodied in Philhealth circular No. 011-2011, shall be strictly enforced in all government ABTCs.

e. National rabies prevention and control program manual and all rabies exposure/animal bite management guidelines. All guidelines should be readily available at the ABTC.

SECTION IV: EFFECTIVITY. This order shall take effect immediately.

Done this 21nd of March 2019 at Itogon, Benguet.


ATTY. VICTORIO T. PALANGDAN
Municipal Mayor

Copy furnished:
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Provincial Health Office-Benguet
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