**BACHELOR OF SCIENCE IN NURSING: COMMUNITY HEALTH NURSING**

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| **COURSE MODULE** | **COURSE UNIT** | **WEEK** |
| **CM2** | **CM2-CT3** | **9** |
| **EARLY ESSENTIAL INTRAPARTAL AND NEWBORN CARE (EEINC)** |



* Read course and unit objectives
* Read study guide prior to class attendance
* Read required learning resources; refer to unit terminologies for jargons
* Proactively participate in classroom discussions
* Participate in weekly discussion board (Canvas) Answer and submit course unit tasks



At the end of this unit, the students are expected to:

Cognitive:

1. Understand the protocol of EEINC.
2. Define the four time bound-interventions involved in EEINC.

3. Recognize the role of the government to ensure implementation of the EEINC.

Affective:

1. Listen attentively during discussion.

Psychomotor:

1. Take part in discussion and group activities.

2. Apply health evaluation appropriate for health care needs of the patient.

3. Use appropriate strategies/ approaches to plan in EEINC.



Nursing Care of the Community “A comprehensive text on community and public health nursing in the Philippines” 1st Edition Zenaida Famorca

Nursing Practice in the Community 4th Edition Araceli Maglaya

Public Health Nursing in the Philippines 10th Edition National League of Philippine Government Nurses



EINC is a simple cost-effective newborn care intervention that can improve neonatal as well as maternal care. It is an evidence-based intervention that

* Emphasizes a core sequence of actions, performed methodically (step0by-step)
* Is organized so that essential time bound interventions are not interrupted; and
* Fills a gap for a package of bundled interventions in a guide format

**Complete Pre-Natal Package**

1. Provision of eight essential antenatal care services

• Monitoring of height and weight

• Taking the blood pressure

• Screening and blood testing including Complete Blood Count, blood Typing, urinalysis, VDRL or RPR, HbSAg, blood sugar screening, pregnancy test, cervical cancer screening using acetic acid wash and papanicolau smear.

• Micronutrient supplementation (iron, folate and Vitamin A supplementation)

• Malaria prophylaxis where appropriate

• Deworming

• Birth planning

b. Promotion of exclusive breastfeeding, newborn screening, BCG and Hepatitis B birth dose immunization.

c. Counselling on –

• use of modern FP methods especially lactation amenorrhea (LAM), with focus on health caring and health seeking behaviors; and

• contraception including surgical procedures where appropriate: bilateral tubal ligation (BTL), no-scalpel vasectomy (NSV) and management of complications resulting from contraception.

d. Laboratory screening and medical management of STI-HIV cases and their complications.

e. Counselling on Healthy Lifestyle with focus on smoking cessation, healthy diet and nutrition, regular exercise, STI control HIV prevention and oral health.

f. Prevention and management of early bleeding in pregnancy.

g. Administration of antenatal loading dose of steroids for threatened premature delivery. h. Early detection and management of signs of complications of pregnancy

i. Measurement of fundic height against the age of gestation, fetal heart beat and fetal movement count to assess the adequacy of fetal growth and wellbeing.

j. Prevention and management of other conditions as indicated:

• Hypertension

• Anemia

• Diabetes

• Tuberculosis

• Malaria

• Schistosomiasis

• STI/HIV/AIDS

k. Provision of other support services

• Antenatal registration through active tracking by the WHTs

• Birth Planning

• Home visits and follow up

• Safe blood supply

• Transportation and communication support services

**Complete Childbirth Package**

**For the mother:**

a. Monitoring vital signs and the progress of labor using the partograph.

b. Identification of early signs and symptoms and administration of appropriate management of prolonged labor, hypertension, abnormal presentation, bleeding.

c. Active management of the third stage of labor.

d. Provision of immediate post-partum nursing care (prior to discharge from the delivery room) • Perineal washing

• Changing of hospital gown

• Checking vital signs

• Rooming-in

**For the newborn:**

a. Drying to keep the baby warm

b. Provision of appropriate thermal care through mother and newborn skin-toskin contact, maintaining a delivery room temperature of 25-28 degrees centigrade and wrapping the newborn with clean, dry cloth.

c. Immediate latching on and initiation of breastfeeding within first hour after birth.

d. Non-immediate cord clamping (1-3 minutes or until cord pulsation stops)

Should complications occur, a BEmONC provider facility must be able to administer the following emergency care services:

• Parenteral administration of oxytocin in the third stage of labor.

• Parenteral administration of loading doses of anti-convulsant.

• Parenteral administration of initial dose of antibiotics. 18

• Assisted vaginal delivery during imminent breech delivery.

• Manual removal of placenta.

• Removal of retained placental products.

• Administration of loading dose of steroids for premature labor.

• Administration of intravenous fluid, blood volume expander and/or blood transfusion.

• Newborn resuscitation.

• Treatment of neonatal sepsis as necessary.

• Oxygen support for newborns.

**Complete Post-Partum and Post-Natal Package**

**For the mother:**

• Post-partum check up including identification of early signs and symptoms of postpartum complications like hemorrhage, infection and hypertension.

• Micronutrient supplementation, including iron and folate.

• Counselling on

• Proper Nutrition.

• Benefits of exclusive breastfeeding up to six months.

• Benefits of skin to skin contact especially among preterm babies.

• Essential neonatal care

• Laboratory screening and medical management of STI-HIV cases and their complications

• Provision of FP services and contraception including surgical procedures where appropriate: bilateral tubal ligation (BTL), no-scalpel vasectomy (NSV) and management of complications resulting from contraception.

• Prevention and management of other diseases as indicated:

• Hypertension

• Diabetes

• Anemia

• Tuberculosis

• Malaria

• Schistosomiasis

• STI/HIV/AIDS

**For the baby:**

• Post-natal care required within 24 hours after birth includes

• Cord care

• Breastfeeding

• Vitamin K injection

• Eye prophylaxis

• Delayed bathing until 6 hours of life

• BCG and first dose of Hepatitis B Immunization

• Newborn screening

• Counselling on post-partum/post-natal check-up, home care and immunization

**Provision of other support services**

• Birth registration

• Safe blood

• Transportation and communication

**Tetanus toxoid immunization schedule for women of childbearing age and pregnant women without previous exposure to TT, Td or DTP**

|  |  |  |
| --- | --- | --- |
| **Dose of TT or Td (according to card or history)** | **When to give** | **Expected duration of protection** |
| 1 | At first contact or as early as possible in pregnancy | None |
| 2 | At least 4 weeks after TT1 | 1-3 years |
| 3 | At least 6 months after TT2 or during subsequent pregnancy | At least 5 years |
| 4 | At least 1 year after TT3 or during subsequent pregnancy | At least 10 years |
| 5 | At least 1 year after TT4 or during subsequent pregnancy | For all childbearing age years and possibly longer |

**FOUR CORE STEPS OF EESNTIAL NEWBORN CARE**

1) immediate and thorough drying,

2) early skin-to-skin contact followed by,

3) properly-timed clamping and cutting of the cord after 1 to 3 minutes, and

4) non-separation of the newborn from the mother for early breastfeeding initiation and rooming-in.

**UNANG YAKAP (FIRST EMBRACE)
 TIME BAND: AT PERINEAL BULGING, WITH PRESENTING PART VISIBLE**

Prepare for the Delivery

 1. Check temperature of the delivery room ( 25-28 ºC)

 2. Notify appropriate staff

 3. Arrange needed supplies in linear sequence

 4. Check resuscitation equipment

 5. Double glove just before delivery

**Time Band: Within 1st 30 seconds: Immediate Thorough Drying**

1. Dry the newborn thoroughly for at least

 30 seconds.

2. Wipe the eyes, face, head, front and back, arms and legs.

3. Remove the wet cloth

4. Do a quick check of breathing while drying

**Notes:**

1. Do not wipe off vernix , bathe the newborn

2. Do not do foot printing

3. No hanging upside-down, no slapping

4. No squeezing of chest

**Time Band: After 30 seconds of drying
Early Skin-to-skin Contact**

1. Position the newborn prone on the mother’s abdomen or chest

2. Cover the newborn’s back with dry blanket.

3. Cover the newborn’s head with bonnet

**Time Band: 1-3 minutes
 Properly- Timed Cord Clamping**

1. Remove the first set of gloves

2. After umbilical pulsations stopped, clamp the cord at 2 cm. from the umbilical base, clamp again at 5 cm. from the base.

3. Cut the cord close to the plastic clamp

**Time Band: Within 90 mins
Non-separation of newborn from Mother Early Breastfeeding**

1. Leave the newborn in skin-to-skin contact

2. Observe for feeding cues (tonguing, licking, rooting)

3. Encourage the mother to nudge the newborn towards the breast

4. Counsel on attachment and sucking

 a. Mouth wide open, lower lip turned outwards

 b. Baby’s chin touching breast

a. Weighing, bathing, eye care, examinations, injections (hepatitis B, BCG, Vit. K) should be done after the first full breastfeed is completed

b. Postpone washing until 6 hours

**COMMUNICABLE DISEASE**

• Diseases that are spread from one person to the other.

• Diseases that are “catching”

• Diseases that are caused by germs or pathogens.

Examples of pathogens include: viruses, bacteria, p parasitic worms and fungi.

**Modes of Transmission**

• Direct Contact: Exposure to infected body fluids such as blood or saliva.

• Vectors/Reservoirs: Germs are spread by an animal or insect, usually through a bite.

• Food and Water: Food and water can become contaminated with germs and people can get sick when they eat or drink them.

• Airborne: Germs are spread through the air, for example when someone coughs or sneezes.

• Indirect contact: Pathogens remain on surfaces that were in contact with a person

♣ Chicken pox

♣ Diphtheria

♣ Filariasis

♣ AIDS

♣ Poliomyelitis

♣ Malaria

♣ Measles

♣ Tuberculosis

♣ Tetanus

♣ Rabies

♣ Sexually transmitted diseases

**CHICKEN POX**

• Chicken pox is a common disease caused by the varicella zoster virus (VZV) which is a member of the herpes virus family.

• Usually occurs during childhood (normally 5-9), but you can get it at any time in your life.

**Symptoms:**

• small fever, body aches and loss of appetite.

• Within 1or 2 day, the rash appears, begins as red spots which then form blisters and spreads to the rest of the body.

**Prevention**

• There are no actual cures for it, but you can get a vaccine shot to help prevent it.

• Baths with uncooked oatmeal, baking soda, or cornstarch can help relieve itching.

• Tylenol is used for fever or pain relief. (Aspirin should be avoided.)

• Antiviral drugs such as Acyclovir may be prescribed.

• You can put Calamine lotion on the pocks to help stop the itching.

**DIPHTHERIA**

• It is caused by bacteria Corynebacterium diphtheriae.

**Symptoms:**

Sore throat

Low fever

Swollen neck glands

Airway obstruction and breathing difficulty

Shock

**Modes of Transmission**:

Solely among humans, spread by droplets

Secretions, direct contact

Poor nutrition

Low vaccine coverage among infants & children.

**Prevention**

• Sanitary: Reduce carrier rate by use of vaccine.

• Immunological: A vaccine (DPT) prepared from an alkaline formaldehyde inactivated toxin (i.e. toxoid) is required. Passive immunization with antitoxin can be used for patients.

• Chemotherapeutic: Penicillin, erythromycin or gentamicin are drugs of choice.

**FILARIASIS**

Infection caused by 3 closely related Nematodes-

• “Wuchereria bancrofti”

• “Brugia malayi”

• “Brugia timori”

**Symptoms:**

Filarial fever

Lymphangitis

Lymphadenitis

Elephantiasis of genitals/legs/arm

Filarial arthritis

Chyluria.

**Mode of transmission**:

Transmitted by the bite of infected mosquito responsible for considerable sufferings.

**Prevention**

• Treating the infection by Cooling the leg, drying, exersice.

• Treatment and prevention of Lymphoedema.

• Drugs effective against filarial parasites-

1. Diethyl Carbamazine citrate (DEC)

2.Ivermectin

3.Albendazole

4.Coumarins compound

**AIDS (Acquired Immunodeficiency Syndrome**)

• HIV (Human immunodeficiency virus) is the virus that causes AIDS

• Disease limits the body’s ability to fight infection due to markedly reduced helper T cells.

• Patients have a very weak immune system (defense mechanism)

**Symptoms:** Fever, Headache, neuropathy, Sores, Rashes, Nausea, Vomitting.

**Mode of Transmission**: Sharing Needles, Unsterilized blades, Unprotected Intercourse, Mother to Baby.

**Prevention**

Some ways to protect urself-

♣ Monogamous Relationship.

♣ Protected Sex.

♣ Sterile needles.

♣ New shaving/cutting blades. Anti-retroviral drugs are used-

♣ AZT (Zidovudine).

♣ Viramune (Nevirapine).

♣ Norvir (Ritonavir).

**Poliomyelitis**

is a highly infectious disease caused by three serotypes of poliovirus.

**Symptoms**: febrile illness, aseptic meningitis, paralytic disease, and death.

**Modes of Transmission**:

• Oral-oral infection: - direct droplet infection

• Facal-oral infection: – Food-borne (ingestion) – Hand to mouth infection.

**Prevention General prevention:**

Health promotion through environmental sanitation.

Health education (modes of spread, protective value of vaccination).

Active immunization: – Salk vaccine (intramuscular polio trivalent killed vaccine). – Sabin vaccine (oral polio trivalent live attenuated vaccine).

**Malaria**

It is caused by four Plasmodium species-

**Symptoms**: Chills, Fever, Internal fever, Body ache.

**Mode of transmission**: It is transmitted by female anopheles mosquito, sporozoites injected with saliva & enter circulation then infected person. •P. falciparum •P. vivax •P. malariae •P. ovale

**Life cycle of malaria parasite**

♣ sporozoites injected during mosquito feeding.

♣ invade liver cells.

♣ exoerythrocytic schizogony.

♣ merozoites invade RBCs.

♣ gametocytes infective for mosquito.

♣ fusion of gametes in gut.

♣ sporozoites invade salivary glands.

**Prevention**

• Use a spray containing permethrin on clothing.

• Apply insect repellents regularly in cream, spray or gel form that contain diethyltoluamide (DEET).

• Use coils and mats impregnated with insecticide in closed rooms to repel the mosquitoes.

• Malaria prophylaxis are taken.

• Anti-malarial drugs are used such as chloroquine.

**MEASLES**

• It is caused by agent- RNA virus (Paramyxo virus family, genus Morbillivirus)

**Symptoms**: Diarrhea, Pneumonia, Convulsions, SSPE (sub-acute sclerosing panencephalitis).

**Modes of transmission**: Transmitted by Droplet infection 4 days before and 4 days after rash.

**Prevention**

• Live attenuated measles virus (Edmonston-zagreb strain) Propagated on human diploid cell. (0.5 ml of vaccine)

• Measles vaccine has to be given at 9 months.

• If Measles vaccine is given a 3 months gap is advisable to give MMR vaccine.

• The vaccine should be reconstituted with the diluent supplied (Sterile water for injection) using a sterile Auto disabled syringe with needle.

• After reconstitution the vaccine should be used immediately.

• If the vaccine is not used immediately then it should be stored in the dark at 2° - 8°C for no longer than 8 hours.

**TUBERCULOSIS**

• “Tuberculosis is defined as an infectious disease caused by a bacterium Mycobacterium T.B. that most commonly affects the lungs.”

**Symptoms**: Slight fever, night sweats, weight loss fatigue.

**Modes of transmission**: tuberculosis is an airborne disease able to be passed from one person to another.

**Prevention**

• Your doctor may prescribe a medicine called isoniazid to prevent the tuberculosis infection from developing into the active disease and making you feel sick.

• If you contract TB of the abdominal or of the extra- pulmonary you may have the choice of a mainstay therapy that takes a course of 9-12 months in order to complete.

• Surgery is generally reserved for patients with obstruction of vital organs.

**TETANUS**

• A Neurological disease characterized by increased muscle tone & spasms Caused by CLOSTRIDIUM TETANI.

• It is found worldwide in soil, in inanimate environment, in animal feces & occasionally human feces.

**Symptoms:** muscle rigidity, dysphagia, rigidity, spasm, trismus, hyperpyrexia.

**Mode of transmission:** Infection is acquired by contamination of wounds with tetanus spores.

**Prevention**

• Goal is to eliminate the source of toxin, neutralize the unbound toxin & prevent muscle spasm & providing support - support

• Admit in a quiet room in ICU

• Continuous careful observation & cardiopulmonary monitoring.

• Minimize stimulation. • Protect airway. •

2 preparations: combined vaccine: DPT.

monovalent vaccine: plain / formol toxoid tetanus vaccine.

**RABIES**

• Rabies is a viral disease that causes acute encephalitis in warm blooded animals, it can be transmitted to humans from other species.

• The rabies virus infects the CNS, cause disease in brain & death.

**Symptoms**: Partial paralysis, anxiety, insomnia, confusion, agitation, abnormal behavior, terror, and hallucinations, progressing to delirium.

**Modes of transmission:** Rabies may also spread through exposure to infected domestic animals, groundhogs, bears, raccoons and other wild carnivorans. Small rodents such as squirrels hamsters, guinea pigs, gerbils, chipmunks rats and mice.

**Prevention**

• Vaccinating dogs, cats, rabbits, and ferrets against rabies.

• Keeping pets under supervision.

• Not handling wild animals or strays.

• Contacting an animal control officer upon observing a wild animal or a stray, especially if the animal is acting strangely.

• If bitten by an animal, washing the wound with soap and water for 10 to 15 minutes and contacting a healthcare provider to determine if post-exposure prophylaxis is required.

**SEXUALLY TRANSMITTED DISEASE**

• STDs are diseases and infections which are capable of being spread from person to person through: – sexual intercourse – oral-genital contact or in non-sexual ways. – IV drug

• Some STD’s are: ⎫Chlamydia. ⎫Gonorrhea. ⎫Syphilis. ⎫Candidiasis – Yeast Fungus.

Symptoms:

1. Sores.

2.Blood in urine.

3.Burning sensation when urinating.

4.Rashes.

5.Itching.

6.Warts.

7.Unusual discharge.

**Modes of transmission**: ⎫sexual intercourse ⎫oral-genital contact or in non-sexual ways. ⎫IV drug

**Prevention** • Abstinence. • Know your partner • Limit your partners. • Visit your doctor. • Always look. • Keep clean.

**REPUBLIC ACT 7305: MAGNA CARTA OF PUBLIC HEALTH WORKERS**

**SECTION 1. Title.** – This Act shall be known as the “**Magna Carta of Public Health Workers.**“

**SEC. 2. Declaration of the Policy.** – The State shall instill health consciousness among our people to effectively carry out the health programs and projects to the government essential for the growth and health of the nation. Towards this end, this Act aims:

    (a) to promote and improve the social and economic well-being of the health workers, their living and working conditions and terms of employment;

    (b) to develop their skills and capabilities in order that they will be more responsive and better equipped to deliver health projects and programs; and

    (c) to encourage those with proper qualifications and excellent abilities to join and remain in government service.

**SEC. 3. Definition.** – For purposes of this Act, “**health workers**” shall mean all persons who are engaged in health and health-related work, and all persons employed in all hospitals, sanitaria, health infirmaries, health centers, rural health units, barangay health stations, clinics and other health-related establishments owned and operated by the Government or its political subdivisions with original charters and shall include medical, allied health professional, administrative and support personnel employed regardless of their employment status.

**SEC. 4. Recruitment and Qualification**. – Recruitment policy and minimum requirements with respect to the selection and appointment of a public worker shall be developed and implemented by the appropriate government agencies concerned in accordance with policies and standards of the Civil Service Commission: Provided, That in the absence of appropriate eligibles and it becomes necessary in the public interest to fill a vacancy, a temporary appointment shall be issued to the person who meets all the requirements for the position to which he/she is being appointed except the appropriate civil service eligibility: Provided, further, That such temporary appointment shall not exceed twelve (12) months nor be less than three (3) months renewal thereafter but that the appointee may be replaced sooner if (a) qualified civil service eligible becomes available, or (b) the appointee is found wanting in performance or conduct befitting a government employee.

**SEC. 5. Performance Evaluation an Merit Promotion.** – The Secretary of Health, upon consultation with the proper government agency concerned and the Management-Health Workers’ Consultative Councils, as established under Section 33 of this Act, shall prepare a uniform career and personnel development plan applicable to all public health personnel. Such career and personnel development plan shall include provisions on merit promotion, performance evaluation, inservice training grants, job rotation, suggestions and incentive award system.

The performance evaluation plan shall consider foremost the improvement of individual employee efficiency and organizational effectiveness: Provided, That each employee shall be informed regularly by his/her supervisor of his/her performance evaluation.

The merit promotion plan shall be in consonance with the rules of the Civil Service Commission.

**SEC. 6. Transfer or Geographical Reassignment of Public health Workers.**

      (a) a transfer is a movement from one position to another which is of equivalent rank, level or salary without break in service;

      (b) a geographical reassignment, hereinafter referred to as “reassignment,” is a movement from one geographical location to another; and

      (c) a public health worker shall not be transferred and or reassigned, except when made in the interest of public service, in which case, the employee concerned shall be informed of the reasons therefore in writing. If the public health worker believes that there is no justification for the transfer and/or reassignment, he/she may appeal his/her case to the Civil Service Commission, which shall cause his/her reassignment to be held in abeyance; Provided, That no transfer and/or reassignment whatsoever shall be made three (3) months before any local or national elections: Provided, further, That the necessary expenses of the transfer and/or reassignment of the public health worker and his/her immediate family shall be paid for the Government.

**SEC. 7. Married Public Health Workers.**– Whenever possible, the proper authorities shall take steps to enable married couples, both of whom are public health workers, to be employed or assigned in the same municipality, but not in the same office.

**SEC. 8. Security of Tenure.** – In case of regular employment of public health workers, their services shall not be terminated except for cause provided by law and after due process: Provided, That if a public health workers is found by the Civil Service Commission to be unjustly dismissed from work, he/she shall be entitled to reinstatement without loss of seniority rights and to his/her back wages with twelve percent (12%) interest computed from the time his/her compensation was withheld from his/her up to time of reinstatement.

**SEC. 9. Discrimination Prohibited.** – A public worker shall not be discriminated against with regard to gender, civil status, civil status, creed, religious or political beliefs and ethnic groupings in the exercise of his/her profession.

**SEC. 10. No Understaffing/Overloading of Health Staff.** – There shall be no understaffing or overloading of public health workers. The ratio of health staff to patient load shall be such as to reasonably effect a sustained delivery of quality health care at all times without overworking the public health worker and over extending his/her duty and service. Health students and apprentices shall be allowed only for purposes of training and education.

In line with the above policy, substitute officers or employees shall be provided in place of officers or employees who are on leave for over three (3) months. Likewise, the Secretary of Health or the proper government official shall assign a medico-legal officer in every province.

In places where there is no such medico-legal officer, rural physicians who are required to render medico-legal services shall be entitled to additional honorarium and allowances.

**SEC. 11. Administration Charges.** – Administrative charges against a public health worker shall be heard by a committee composed of the provincial health officer of the province where the public health worker belongs, as chairperson, a representative of any existing national or provincial public health workers’ organization or in its absence its local counterfeit and a supervisor of the district, the last two (2) to be designated by the provincial health officer mentioned above. The committee shall submit its findings and recommendations to the Secretary of Health within thirty (30) days from the termination of the hearings. Where the provincial health officer is an interested party, all the members of the committee shall be appointed by the Secretary of Health.

**SEC. 12. Safeguards in Disciplinary Procedures** – In every disciplinary proceeding, the public health worker shall have;

      (a) the right to be informed, in writing, of the charges;

      (b) the right to full access to the evidence in the case;

      (c) the right to defend himself/herself and to be defended by a representative of his/her choice and/or by his/her organization, adequate time being given to the public health worker for the preparation of his/her defense;

      (d) the right to confront witnesses presented against him/her and summon witnesses in his/her behalf;

      (e) the right to appeal to designated authorities;

      (f) the right to reimbursement of reasonable expenses incurred in his/her defense in case of exoneration or dismissal of the charges; and

      (g) such other rights as will ensure fairness and impartiality during proceedings.

**SEC. 13. Duties and Obligations.** – The public health workers shall:

      (a) discharge his/her duty humanely wit conscience and dignity;

      (b) perform his/her duty with utmost respect for life; and race, gender, religion, nationality, party policies, social standing or capacity to pay.

**SEC. 14. Code of Conduct.** – Within six (6) months from the approval of this Act, the Secretary of Health, upon consultation with other appropriate agencies, professional and health workers’ organization, shall formulate and prepare a Code of Conduct for Public Health Workers, which shall be disseminated as widely as possible.

**SEC. 15. Normal Hours of Work.**– The normal of wok of any public health worker shall not exceed eight (8) hours a day or forty (40) hours a week.  Hours worked shall include:

(a) all the time during which a public health worker is required to be on active duty or to be at a prescribed workplace; and

(b) all the time during which a public health worker is suffered or permitted to work. Provided, That the time when the public health worker is place on “On Call” status shall not be considered as hours worked but shall entitled the public health worker to an “On Call” pay equivalent to fifty percent (50%) of his/her regular wage. “On Call” status refers to a condition when public health workers are called upon to respond to urgent or immediate need for health/medical assistance or relief work during emergencies such that he/she cannot devote the time for his/her own use.

**SEC. 16. Overtime Work.** – Where the exigencies of the service so require, any public health worker may be required t render, service beyond the normal eight (8) hours a day. In such a case, the workers shall be paid an additional compensation in accordance with existing laws and prevailing practices.

**SEC. 17. Work During Rest Day.**–

      (a) Where a public health worker is made to work on his/her schedule rest day, he/she shall be paid an additional compensation in accordance with existing laws; and

      (b) Where a public health worker is made to worm on any special holiday he/she shall be paid an additional compensation in accordance with existing laws. Where such holiday work falls on the workers’ scheduled rest day, he/she shall be entitled to an additional compensation as may be provided by existing laws.

**SEC. 18. Night-Shift Differential.**–

      (a) Every public health worker shall be paid night-shift differential of ten percent (10%) of his/her regular wage for each hour of work performed during the night-shifts customarily adopted by hospitals.

      (b) Every health worker required to work on the period covered after his/her regular schedule shall be entitled to his/her regular wage plus the regular overtime rate and an additional amount of ten percent (10%) of such overtime rate for each hour of work performed between ten (10) o’clock in the evening to six (6) o’clock in the morning.

**SEC. 19. Salaries.** – In the determination of the salary scale of public health workers, the provisions of Republic Act No. 6758 shall govern, except that the benchmark for Rural Health Physicians shall be upgraded to Grade 24.

      **(a) Salary Scale**– Salary Scales of public health workers shall be provided progression: Provided, That the progression from the minimum to maximum of the salary scale shall not extend over a period of ten (10) years: Provided, further, That the efficiency rating of the public health worker concerned is at least satisfactory.

      **(b) Equality in Salary Scale**– The salary scales of public health workers whose salaries are appropriated by a city, municipality, district, or provincial government shall not be less than those provided for public health workers of the National Government: Provided, That the National Government shall subsidize the amount necessary to pay the difference between that received by nationally-paid and locally-paid health workers of equivalent positions.

      **(c) Salaries to be Paid in Legal Tender.** – Salaries of public health workers shall be paid in legal tender of the Philippines or the equivalent in checks or treasury warrants: Provided, however, That such checks or treasury warrants shall be convertible to cash in any national, provincial, city or municipal treasurer’s office or any banking institution operating under the laws of the Republic of the Philippines.

     **(d) Deductions Prohibited** – No person shall make any deduction whatsoever from the salaries or public health workers except under specific provision of law authorizing such deductions: Provided, however, That upon written authority executed by the public health worker concerned, (a) lawful dues or fees owing to any organization/association where such public health worker is an officer or member, and (b) premium properly due all insurance policies, retirement and medicare shall be considered deductible.

**EC. 20. Additional Compensation.** – Notwithstanding Section 12 of Republic Act No. 6758, public workers shall received the following allowances: hazard allowance, subsistence allowance, longevity pay, laundry allowance and remote assignment allowance.

**SEC. 21. Hazard Allowance.** – Public health worker in hospitals, sanitaria, rural health units, main centers, health infirmaries, barangay health stations, clinics and other health-related establishments located in difficult areas, strife-torn or embattled areas, distresses or isolated stations, prisons camps, mental hospitals, radiation-exposed clinics, laboratories or disease-infested areas or in areas declared under state of calamity or emergency for the duration thereof which expose them to great danger, contagion, radiation, volcanic activity/eruption occupational risks or perils to life as determined by the Secretary of Health or the Head of the unit with the approval of the Secretary of Health, shall be compensated hazard allowance equivalent to at least twenty-five percent (25%) of the monthly basic salary of health workers receiving salary grade 19 and below, and five percent (5%) for health workers with salary grade 20 and above.

**SEC. 22. Subsistence Allowance.**– Public health workers who are required to render service within the premises of hospitals, sanitaria, health infirmaries, main health centers, rural health units and barangay health stations, or clinics, and other health-related establishments in order to make their services available at any and all times, shall be entitled to full subsistence allowance of three (3) meals which may be computed in accordance with prevailing circumstances as determined by the Secretary of Health in consultation with the Management Health Workers’ Consultative Councils, as established under Section 33 of this Act: Provided, That representation and travel allowance shall be given to rural health physicians as enjoyed by municipal agriculturists, municipal planning and development officers and budget officers.

**SEC.23. Longevity Pay.** – A monthly longevity pay equivalent to five percent (5%) of the monthly basic pay shall be paid to a health worker for every five (5) years of continuous, efficient and meritorious services rendered as certified by the chief of office concerned commencing with the service after the approval of this Act.

**SEC. 24. Laundry Allowance.** – All public health workers who are required to wear uniforms regularly shall be entitled to laundry allowance equivalent to one hundred twenty-five pesos (P125.00) per month: Provided, That this rate shall be reviewed periodically and increased accordingly by the Secretary of Health in consultation with the appropriate government agencies concerned taking into account existing laws and prevailing practices.

**SEC. 25. Remote Assignment Allowance.** – Doctors, dentists, nurses, and midwives who accept assignments as such in remote areas or isolated stations, which for reasons of far distance or hard accessibility such positions had not been filed for the last two (2) years prior to the approval of this Act, shall be entitled to an incentive bonus in the form of remote assignment allowance equivalent to fifty percent (50%) of their basic pay, and shall be entitled to reimbursement of the cost of reasonable transportation to and from and during official trips.

In addition to the above, such doctors, dentists, nurses, and midwives mentioned in the preceding paragraph shall be given priority in promotion or assignment to better areas. Their tour of duties in the remote areas shall not exceed two (2) years, except when there are no positions for their transfer or they prefer to start in such posts in excess of two (2) years.

**SEC. 26. Housing.** – All public health workers who are in tour of duty and those who, because of unavoidable circumstances are forces to stay in the hospital, sanitaria or health infirmary premises, shall entitles to free living quarters within the hospital, sanitarium or health infirmary or if such wuarters are not available, shall receive quarters allowance as may be determined by the Secretary of Health and other appropriate government agencies concerned: Provided, That this rate shall be reviewed periodically and increased accordingly by the Secretary of Health in consultation with the appropriate government agencies concerned.

For purposes of this Section, the Department of Health is authorized to develop housing projects in its own lands, not otherwise devoted for other uses, for public health workers, in coordination with appropriate government agencies.

**SEC. 27. Medical Examination.** – Compulsory medical examination shall be provided free of charge to all public health workers before entering the service in the Government or its subdivisions and shall be repeated once a year during the tenure of employment of all public health workers: Provided, That where medical examination shows that medical treatment and/or hospitalization is necessary for those already in government service, the treatment and/or hospitalization including medicines shall be provided free either in a government or a private hospital by the government entity paying the salary of the health worker: Provided, further, That the cost of such medical examination and treatment shall be included as automatic appropriation in said entity’s annual budget.

**SEC. 28. Compensation of Injuries.** – Public health workers shall be protected against the consequences of employment injuries in accordance with existing laws. Injuries incurred while doing overtime work shall be presumed work-connected.

**SEC. 29. Leave Benefits for Public Health Workers.** – Public health workers are entitled to such vacation and sick leaves as provided by existing laws and prevailing practices: Provided, That in addition to the leave privilege now enjoyed by public health, women health workers are entitled to such maternity leaves provided by existing laws and prevailing practices: Provided, further, That upon separation of the public health workers from services, they shall be entitled to all accumulated leave credits with pay.

**SEC. 30. Highest Basic Salary Upon Retirement** – Three (3) prior to the compulsory retirement, the public health worker shall automatically be granted one (1) salary range or grade higher than his/her basic salary and his/her retirement benefits thereafter, computed on the basis of his/her highest salary: Provided, That he/she has reached the age and fulfilled service requirements under existing laws.

**SEC. 31. Right to Self-Organization.** – Public health workers shall have the right to freely from, join or assist organizations or unions for purposes not contrary to law in order to defend and protect their mutual interests and to obtain redness of their grievances through peaceful concerned activities.

However, meanwhile the State recognizes the right of public health workers to organize or join organization, public health workers on-duty cannot declare, stage or join any strike or cessation of their service to patients in the interest of public health, safety or survival of patients.

**SEC. 32. Freedom from Interference or Coercion.** – It shall be unlawful for any person to commit any of the following acts of interference or coercion:

      (a) to require as a condition of employment that a public health worker shall not join a health workers’ organization or union or shall relinquish membership therein;

      (b) to discriminate in regard to hiring or tenure of employment or any item or condition of employment in order to encourage or discourage membership in any health workers’ organization or union;

      (c) to prevent a health worker from carrying out duties laid upon him/her by his/her position in the organization or union, or to penalize him/her for the action undertaken in such capacity;

      (d) to harness or interfere with the discharge of the functions of the health worker when these are calculated to intimidate or to prevent the performance of his/her duties and responsibilities; and

      (e) to otherwise interfere in the establishment, functioning, or administration of health workers organization or unions through acts designed to place such organization or union under the control of government authority.

**SEC. 33. Consultation With Health Worker’s Organization.** – In the formulation of national policies governing the social security of public health workers, professional and health workers, organizations or unions as well as other appropriate government agencies concerned shall be consulted by the Secretary of Health. For this purpose, Management Health Worker’s Consultative Councils for national, regional and other appropriate levels shall be established and operationalized.

**SEC. 34. Health Human Resource Development/Management Study.** – The Department of Health shall conduct a periodic health human resource development/management study into, among others, the following areas;

      (a) adequacy of facilities and supplies to render quality health care to patients and other client population;

      (b) opportunity for health workers to grow and develop their potentials and experience a sense of worth and dignity in their work. Public health workers who undertake postgraduate studies in a degree course shall be entitled to an upgrading in their position or raise in pay: Provided, That it shall not be more than every two (2) years;

      (c) mechanisms for democratic consultation in government health institutions;

      (d) staffing patterns and standard or health care to ensure that the people receive-quality care. Existing recommendations on staffing and standards of health care shall be immediately and strictly enforced;

      (e) ways and means of enabling the rank-and-file workers to avail of education opportunities for personal growth and development;

      (f) upgrading of working conditions, reclassification positions and salaries of public health workers to correct disparity vis-a-vis other professions such that positions requiring longer study to upgrade and given corresponding pay scale; and

      (g) assessment of the national policy on exportation of skilled health human resource to focus on how these resources could instead be utilized productivity for the country’s needs.

There is hereby created a Congressional Commission on Health (HEALTHCOM) to review and assess health human resource development, particularly on continuing professional education and training and the other areas described above. The Commission shall be composed of five (5) members of the House of Representatives and five (5) members of the Senate. It shall be co-chaired by the chairperson of the Committee on health of both houses. It shall render a report and recommendation to Congress which shall be the basis for policy legislation in the field of health. Such a congressional review shall be undertaken once every five (5) years.

**SEC. 35. Rules and Regulations.** – The Secretary of Health after consultation with appropriate agencies of the Government as well as professional and health workers’ organizations or unions, shall formulate and prepare the necessary rules and regulations to implement the provisions of this Act. Rules and regulations issued pursuant to this section shall take effect thirty (30) days after publication in a newspaper of general circulation.

**SEC. 36. Prohibition Against Double Recovery of Benefits.** – Whenever other laws provide for the same benefits covered by this Act, the public health worker shall have the option to choose which benefits will be paid to him/her. However, in the event that the benefits chosen are less than that provided under this Act, the worker shall be paid only the difference.

**SEC. 37. Prohibition Against Elimination and/or Diminution.** – Nothing in this law shall be construed to eliminate or in any way diminish benefits being enjoyed by public health workers at the time of the effectivity of this Act.

**SEC. 38. Budgetary Estimates.** – The Secretary of health shall submit annually the necessary budgetary estimates to implement the provisions of this Act in staggered basis of implementation of the proposes benefits until the total of Nine hundred forty-six million six hundred sixty-four thousand pesos (P964,664,000.00) is estimated within five (5) years.

Budgetary estimates for the succeeding years should be reviewed and increased accordingly by the Secretary of Health in consultation with the Department of Budget and Management and the Congressional Commission on Health (HEALTHCOM).

**SEC. 39. Penal Provision.**– Any person shall willfully interfere with, restrain or coerce any public health worker in the exercise of his/her rights or shall in any manner any act in violation of any of the provisions of this Act, upon conviction, shall be punished by a fine of not less than Twenty thousand pesos (P20,000.00) but not more than one (1) year or both at the discretion of the court.

If the offender is a public official, the court, in addition to the penalties provided in the preceding paragraph, may impose the additional penalty of disqualification from office.

**SEC. 40. Separability Clause.** – If any provision of this Act is declared invalid, the remainder of this Act or any provision not affected thereby shall remain in force and effect.

**SEC. 41. Repealing Clause.** – All laws, presidential decrees, executive orders and their implementing rules, inconsistent with the provisions of this act are hereby repealed, amended or modified accordingly.

**SEC. 42. Effectivity.**– This Act shall take effect fifteen (15) days after its publication in at least two (2) national newspapers of general circulation.

**IMPLEMENTING RULES AND REGULATIONS OF SECTION 4 (AA) OF REPUBLIC ACT NO. 11469, OTHERWISE KNOMI AS THE “BAYANIHAN TO HEAL AS ONE ACT”**

**PRELIMINARY PROVISIONS**

*Section 1.01. Title.* These rules (“Rules”) shall be known and cited as the Implementing Rules and Regulations of Section 4 (aa) of Republic Act No. 11469, otherwise known as the “Bayanihan to Heal as One Act”.

*Section 1.02. Purpose.* These Rules are issued to prescribe the guidelines and procedure for the implementation of Section 4(aa) of the “Bayanihan to Heal as One Act”.

*Section 1.03 Interpretation Clause.* These Rules shall be interpreted to harmonize with Section 4 (n) of the “Bayanihan to Heal as One Act” which provides that the President shall have the power to “ensure the availability of credit to the productive sectors of the economy especially in the countryside through measures such as, but not limited to, lowering the effective lending rates of interest and reserve requirements of lending institutions”.

Moreover, these rules shall be liberally construed to ensure the fulfillment of the policy objective of Section 4taa) of the “Bayanihan to Heal as One Act”.

*Section 1.04. Declaration of Policy.* The COVID-19 pandemic has greatly affected nations worldwide, including the Philippines, and has caused and is continuing to cause loss of lives and disruption to the economy. Thus, there is an urgent need, among other things, to: (a) undertake a prognim for recovery and rehabilitation, including a social amelioration program and provision of safety nets to all affected sectors; (b) partner with the private sector and other stakeholders to deliver these measures and programs quickly and efficiently; and (c) promote and protect the collective interests of all Filipinos in these challenging times.

**RULE II DEFINITION OF TERMS**

*Section 2.01 Definition of Terms.* As used in these Rules, the following terms shall mean:

1. “Covered Institutions” shall mean all lenders, including but not limited to banks, quasi-banks, non-stock savings and loan associations, credit card issuers, pawnshops and other credit granting financial institutions under the supervision of the Bangko Sentral ng Pilipinas (BSP), Securities and Exchange Commission (SEC), and Cooperative Development Authority, public or private, including the Government Service Insurance System, Social Security System and Pag-ibig Fund.

# “loan amortization” means a scheduled periodic payment that is applied to both loan

principal and/or interest.

# “ecq period” means the enhanced community quarantine period from 17 march

2020 to 12 april 2020 cited in proclamation no. 929 dated 16 march 2020.

# “due date” means the maturity date of the principal and/or interest, including

amortizations falling within the ecq period.

**RULE III**

**MANDATORY GRACE PERIOD**

*Section 3.01 Mandatory Grace Period.* All Covered Institutions shall implement a 30-day grace period for all loans with principal and/or interest falling due within the ECQ Period without incurring interest on interest, penalties, fees and other charges. The initial 30-day grace period shall automatically be extended if the ECQ period is extended by the President of the Republic of the Philippines pursuant to his emergency powers under the Bayanihan to Heat as One Act.

*Section 3.02 Non-application of interests, fees and charges to future payments.* All Covered Institutions shall not charge or apply interest on interest, fees and charges during the 30-day grace period to future payments/amortizations of the individuals, households, micro, small and medium enterprises (MSMEs), and corporate borrowers.

*Section 3.03. Prohibition on waivers.* Covered Institutions are prohibited from requiring their clients to waive the application of the provisions of the “Bayanihan to Heal as One Act”, including among others, the mandatory 30-day grace period. No waiver previously executed by borrowers covering payments falling due during the ECQ Period shall be valid. Nonetheless, the grant of grace period by the above-mentioned Covered Institutions shall not preclude the borrowers from paying their obligations as they fall due during the period of ECQ should they so desire.

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**Bulging** -swelling outward; protruding.

**Exclusive Breastfeeding** - Exclusive breastfeeding" is defined as no other food or drink, not even water, except breast milk (including milk expressed or from a wet nurse) for 6 months of life, but allows the infant to receive ORS, drops and syrups (vitamins, minerals and medicines).

**Intrapartum –** The time period spanning childbirth, from the onset of labor through delivery of the placenta.

**Newborn**– A **newborn infant**, or **neonate**, is a child under 28 days of age

**Vernix Caseosa** – a greasy deposit covering the skin of a baby at birth.



In Theory and Practice of EINC identify at least 10 gaps and give each a rationale that affect the rendering of care of Nurses and Midwives



*Books*

Nursing Care of the Community “A comprehensive text on community and public health nursing in the Philippines” 1st Edition Zenaida Famorca

Nursing Practice in the Community 4th Edition Araceli Maglaya

Public Health Nursing in the Philippines 10th Edition National League of Philippine Government Nurses

*Websites*

EBSCOhost.com