

Implementation of Covid-19 Health Protocols of Government Agencies in the Province of Sorsogon

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Abstract—This study sought to ascertain how clients and employees in government organizations in the province of Sorsogon felt about the implementation of COVID-19 health protocols. Its main goal was to find out how well COVID-19 health protocols were being used for things like prevention, detection, isolation, treatment, and reintegration. It also found out if the respondents had different ideas about how COVID-19 health protocols should be put into place based on the identified variables. Moreover, it determined the challenges encountered in the implementation of COVID-19 health protocols. The study looked at the opinions of 200 people, including 100 government employees and 100 clients in the Province of Sorsogon. Excluded from this research were employees in private offices within the province of Sorsogon. Elected officials and government offices in other provinces in the Bicol region are also not included. The descriptive method of research was used in this study. The statistical tools used are the weighted mean, frequency count, percentage, average, and chi-square. The researcher used a checklist questionnaire to draw the desired information from the respondents. The hypothesis was tested at a 5% level of significance. The study shows that all the government agencies that participated in the study complied with the minimum health standard that was issued by the Department of Health. It was also noted that both employees and clients followed the agencies' procedures in the implementation of the COVID-19 health protocols. It was then concluded that the extent of presentation of the participating agencies was followed and the perceptions of both employees and clients were the same.

Keywords— Covid -19, Health protocols, government agencies, Sorsogon province, Philippines.

I. INTRODUCTION

Pandemic-causing diseases have developed and spread throughout history. Plague, cholera, flu, SARS-CoV, and MERS-CoV have sickened people (MERS-CoV). New Coronavirus 2019 (COVID-19) cannot prevent this disease from returning and spreading.

"Endemic," "outbreak," "epidemic," and "pandemic" refer to how often and how far a disease has spread (Grennan, 2019).

The global COVID-19 epidemic threatens public health in over 250 countries. SARS-CoV-2 is usually spread during incubation or by asymptomatic carriers. The WHO classifies SARS-CoV-2-caused COVID-19 as an infectious illness. Most people with this virus have mild to severe respiratory sickness and recover without therapy. Droplets from asymptomatic people and infected surfaces propagate the coronavirus. While affected nations battled to stop the disease's rapid spread, some socioeconomic operations were halted. Numerous global health organizations have developed early case detection and management procedures.

Governments worldwide have established contact tracing and quarantine, social distancing, national and international travel measures, and therapies as there is no vaccine.

The Philippines reported first incidence on January 22, 2020. To prevent the virus from spreading, the Philippines locked down like China. Philippines has over 100 million people. The Philippines' high population densities, where people are in close contact in both private and public settings, make social distancing difficult, accelerate virus dissemination, and increase infection and fatality rates (Rocklov and Sjodin, 2020).

The Filipino Government's efforts to contain the virus fail. 3,668,710 COVID-19 cases were confirmed in the US from January 3, 2020, to March 8, 2022, with 57,072 deaths (DOH, COVID-19 tracker). The Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF—EID) took over. Executive Order No. 168, s. 2014 created the IATF-EID, a consortium of 34 national agencies, in accordance with Article II, Section 15 of the 1987 Philippine Constitution, which mandates that the state shall preserve and promote the right to health of the people and cultivate health consciousness.

Administrative Order 020-0015, issued by the Department of Health/Inter-Agency Task Force for the Control of Emerging Infectious Diseases, sets a minimum health standard based on international studies, the World Health Organization, and a statewide disease report. The minimum criterion is masks, hand washing, and social distance. Due to the need to expand the health protocol to adapt to the risk needs of the people, they added a mask and shield (although the protocol applied varies by country), sanitize hands with alcohol, keep strict distances of a meter, proper coughing and sneezing etiquette, avoid public places and gatherings, and give vaccinations.

Despite various restrictions, norms, and health precautions, COVID-19 is expanding in our country. The Philippines' Department of Health (DOH) blamed improper mask and face shield use and safety violations for the rising number of coronavirus disease (Covid-19) cases. This indicates that neglecting to follow and implement health regulations increases the spread of the virus, allowing the condition to persist. The virus's sudden transformation made it harder for the Health Department to control the sickness.

The pandemic also plagued Sorsogon. The province's position rendered it more susceptible to the transmission as the entrance to Visayas and Mindanao. In May 2020, a 37-year-old seafarer from Matnog town tested positive for the

coronavirus, with 20 close contacts. Sorsogon's first case of the disease (Inquirer.ph). This situation worsened. The Bicol Region reported 64,615 instances as of February 3, 2022, with 8,835 from Sorsogon Province out of a 2020 population of 846,655. (DOH-BICOL).

Executive Order No. 13 (2020 series) was issued by the Provincial Government to establish COVID-19 management standards and other purposes. The Presidential Order covers how to locate cases, prevent them, strengthen the Barangay Health Emergency Response Team, handle clinical cases, and stop the spread of the disease. This Presidential Order makes COVID-19 Health Protocols, especially in Sorsogon government organizations, a realistic approach for fighting the disease.

Consequently, this research study sought to assess the implementation of COVID-19 health guidelines by chosen government entities in Sorsogon's personnel and clients. The Department of Trade and Industry, Department of Labor and Employment, Department of Health, Department of Interior and Local Government, Department of Agriculture, Department of Social Welfare and Development, Department of Justice, Department of Public Works and Highways, Social Security System, Philippine Statistics Authority, and PAGIBIG Fund are among them.

Given the rising number of COVID-19 cases in Bicol, this study proposes how health protocols would prevent the spread of the virus. Taking all assumptions into account, this study's purpose was to develop a plan to strengthen government agencies' COVID-19 health procedures and educate health workers and their clientele to prevent, treat, and respond to pandemic-like diseases in the future.

II. OBJECTIVES

This study examined the implementation of the COVID-19 health protocol in various Sorsogon government entities for fiscal year 2022. It determined the degree to which COVID-19 health protocols were implemented in terms of prevention, identification, isolation, treatment, and reintegration. In addition, the study highlighted the major differences in respondents' perceptions of the execution of COVID-19 health protocols along the selected factors and enumerated the obstacles encountered in the implementation of COVID-19 health protocols. On the basis of the findings, it presented an action plan that might assist in the future preparation of measures for similar situations.

III. METHODOLOGY

This paper utilized a descriptive method of research. The respondents of the study were the 200 employees and clients of selected government agencies. Survey questionnaires were used in gathering the data. Frequency, Chi-square, and weighted mean were used in the statistical treatment of the data. The main source of data for this research was taken from the results of the survey questionnaire. Convenient sampling was used to select the respondents. Moreover, the researcher employed frequency counting and ranking to identify the challenges encountered in the implementation of COVID-19 health protocols.

IV. RESULTS AND DISCUSSIONS

1. The extent of implementation of COVID – 19 health protocols along Prevention, Detection, Isolation, Treatment, and Reintegration.

The result of this study would help to assess the extent of implementation of COVID-19 health protocols for prevention. This would also help in determining the flaws and areas for improvement in the implementation process. Doing this would give a clearer understanding of how this policy is being implemented by the different agencies in the province of Sorsogon.

A. Prevention

A.1 Engineering Control

This study reveals a high implementation rate for engineering controls, especially in installing hand hygiene and sanitation facilities and hand washing areas within the agencies' premises. Hand washing is an effective way to reduce the transmission of the virus from one person to another with the use of soap.

Hence, it is well-established that soap prevents the propagation of the infection. Oil is a useful component of soap. Due to the similarity between the molecules of soap and those of the virus's outer coat, the molecules in the lipid layer are as strongly attracted to the soap molecules as they are to each other. According to Rundle, Presley, Militello, Barber, Powell, Jacob ... & Dunnick. (2020) this destroys the virus's shell, causing it to dissolve in the running water and ultimately kill it.

The data also show that both customers and workers follow the safety rules set by the Department of Health, especially when it comes to engineering controls. This provides safe business places both for employees and clients. According to Zisook, Monnot, Parker, Gaffney, Dotson & Unice. (2020) drafting of an infectious diseases safety protocol with an emphasis on engineering controls to mitigate the spread of COVID-19 has helped many employers and successfully bring back workers.

A.2 Administrative control

For the extent of implementation of COVID's 19 health protocols along with prevention in administrative controls, the indicator "Developing a routine schedule for disinfection (daily cleaning and disinfection for high contact surfaces)" got the highest weighted mean with 4.39 and Having online transactions and cashless payments in place" got the lowest weighted mean with 4.06. Both are interpreted as being highly implemented. Indicator "Designate COVID-19 Response Teams and Safety Officers" got the highest weighted mean for clients with 4.29, while indicator "Promote health and wellness (exercise, a balanced diet, and drinking plenty of water)" got the lowest weighted mean with 4.04; both indicators are interpreted as "highly implemented", respectively.

The result reveal how successfully COVID, which has 19 health protocols, and preventive administrative controls perform, especially the top indicator of setting a disinfection schedule (cleaning and disinfecting high contact surfaces every day). This shows that, in addition to engineering

controls implemented by different agencies, clients and staff agreed that office directors managed this variable clearly and important.

Despite having the lowest weighted mean, respondents considered online purchases and cashless payments highly implemented. This illustrates that agencies are constantly innovating to satisfy clients' demands, even during the pandemic. Hence, online transactions keep these agencies going.

A.3 Personal Protective Equipment

In terms of the implementation of COVID's 19 health protocols and prevention in personal protective equipment, especially the wearing of well-fitted face masks and face shields in public places and enclosed spaces always, for people 2 years old or older,

indicator 2's weighted mean of 4.21 is the highest, and indicator 3's weighted mean of 4.04 is the lowest. Both are "highly implemented."

Data show that clients and employees have different weighted means. Although the interpretation falls on highly implemented, clients scored higher than employees in all indicators, which count personal practice of always wearing well-fitting face masks and face shields in public areas and enclosed spaces for individuals two years of age or older along the enumerated conditions.

The researcher assumes that clients are more cautious about using face masks and face shields than staff since they move about more than employees who stay in their offices. Provided the preceding assumptions are accurate, remaining in the office doesn't lessen COVID-19 risk. Vimercati, De Maria, Quarato, Caputi, Stefanizzi, Gesualdo, ... & Tafuri (2021).) suggest using PPE properly and identifying sick workers early to prevent nosocomial clusters.

Prevention requires good information and PPE use. According to Haegdorens, Franck, Smith, Bruyneel, Monsieurs, & Van Bogaert, (2022), nurses were more likely than nursing assistants and midwives to choose the right PPE. Residential care workers chose PPE poorly. Hence, effective PPE training reduces healthcare workers' COVID risk.

B. Detection

Detection and active surveillance are key elements in reducing the spread of viruses. This variable enables to immediately isolate and treat the patient with COVID-19 symptoms and prevents the virus from further preying on humans. Effective detection provides relevant information that would enlighten doctors and scientists about multiple intervention and control methods to mitigate the ongoing coronavirus disease.

B.1 Detection in active Surveillance

COVID-19 symptoms are difficult to detect because they are like those of other common illnesses that are communicable but not fatal to humans. Due to many undetected asymptomatic cases, the real number of COVID-19 infections could be higher than estimated. Moreover, asymptomatic patients are as contagious as symptomatic patients, and it is estimated that each infected individual may infect about three other individuals (Yu, Zhou, Liu, Guo, Ou, Yang,... & Zou 2020).).

With this, active surveillance is equally vital in detecting symptomatic and asymptomatic COVID-19 suspected carriers. Active surveillance mechanisms include testing of employees that are at high risk given the nature of their work, such as workers who cannot dutifully meet minimum public health standards or in areas with frequent clusters of symptoms, absences, or positive cases, subject to established and evidence-based protocols and guidelines on testing. Similarly, surveillance measures of monitoring the population with a higher infective risk, such as close contacts and travelers from high-risk areas, aimed to identify and isolate them as soon as they became patients (Yu, et al, 2020)

B.2. Detection in Contact Tracing

Parallel to active surveillance, contact tracing as a detection technique is an effective method for preventing the spread of infectious diseases. It is a key strategy for detecting infectious diseases in the fight against them. This is why it is commonly used to combat emerging invasive diseases. For reliable modeling of contact tracing, the network of contacts and complete understanding of each person's disease-transmission paths are required. Using comprehensive stochastic simulations and pairwise approximation techniques, the value of contact tracing is analyzed here. The efficacy of contact tracking essential for eradication and the fundamental reproduction of the disease.

However, standard methods of contact tracing have been proven to impede the process of tracing an individual's exposure, and primary contacts frequently transmit the virus to another host. Tibbetts (2020). explained that in traditional, manual contact tracing, trained health-care staff interview affected persons via telephone, at their homes, or in hospitals. Tracers then contact the affected individual's contacts, requesting that they self-isolate and receive a test, treatment, or immunization, if available. Follow-up is conducted to confirm the health condition of contacts. It is a tedious, time-consuming, and frequently inefficient operation.

Although in the Philippines, digital contact tracing is used to fasten the process, most agencies and businesses resort to conventional methods of tracing, such as providing information in a logbook, filling up health information forms, etc. Thus, digital contact tracing has not been fully utilized by the authority. This is evident from the result of the survey conducted, which found that both clients and employees observed the use of the conventional method rather than shifting to a digital way of tracing contacts.

B.3 Detection in Localized Lockdown/ Standardized Testing Protocols

The extent of implementation of COVID's 19 health protocols along with detection in localized lockdown or standardized testing protocols show that the indicator, testing for COVID-19 shall be prioritized for the following at-risk groups, consistent with DM No. 2020-0439: Suspect cases or individuals with relevant histories of travel and exposure, whether symptomatic or asymptomatic, got the highest weighted mean score of 4.22, while indicators facilitating the RT-PCR test and swabbing got the lowest weighted mean score of 3.95.

According to Taipale, Romer, & Linnarsson (2020), mass testing would reduce the number of sick people from 80% (without mass testing) to 20%. (with mass testing). Also, the death rate decreased down a lot, from 0.66 percent without mass testing to 0.19 percent with it. He added that because lockdown causes a high rate of illness and mortality, it is unable to combat the pandemic on its own. Presymptomatic and asymptomatic transmission cannot be stopped without a rigorous public screening, particularly among important individuals like medical professionals and supermarket cashiers.

This means that lockdown and mass testing must be used together if the spread of the virus is to be stopped effectively. In their study of Li, Liang, Zhu, Han, Fang, Huang, ... & Gu (2022). found that the citywide lockdown for one week cut down on both the number of new confirmed cases and the number of cases with no symptoms during the Omicron wave. They speculated that this may be the case for two reasons. First, a lockdown can block community transmission of Omicron variants by limiting individual mobility, which reduces exposure to viruses, and thereby preventing contact and potential infections. Second, mass testing further helps identify potential infections so that corresponding containment measures can be taken in a timely manner. The immediate surge in asymptomatic cases immediately after lockdown could be partly attributable to the increased ability to early identify asymptomatic patients through substantially increased frequencies and intensities of nucleic acid testing, as we observed from the trend of daily testing numbers.

C. Isolation

The top responses of clients and employees vary, and the researcher perceives their choices as favorable to their status quo. The employees' choice is an assurance that their benefits as employees would not be affected if they contacted COVID-19 and were required to be isolated. It is a well-established idea that when an employee is not granted this privilege, employees tend to whitewash their symptoms, most likely to asymptomatic employees, and so the virus will spread like a bushfire.

Similarly, clients observed the implementation of isolation and quarantine rooms installed for individuals suspected of COVID-19. Isolation is one of the crucial methods for containing the virus. While contact tracing is essential in identifying COVID-suspected individuals, isolation is another vital measure in treatment and controlling the spread of COVID-19. Isolation protocols can compromise the entire method involved if not implemented properly.

Ferretti, Wymant, Kendall, Zhao, Nurtay, Abeler-Dörner, ... & Fraser (2020). note in their SARS study that the efficacy of isolation and contact-tracing approaches depends on two crucial epidemiological parameters: the number of secondary infections caused by each new infection and the fraction of transmission prior to symptom onset. This is further confirmed by the result by Hellewell, Abbott, Gimma, Bosse, Jarvis, Russell, ... & Eggo (2020). that highly effective contact tracing and patient isolation are sufficient to contain a new COVID-19 outbreak within three months. Long waits between symptom onset and isolation, fewer cases confirmed by contact tracing,

and increasing transmission prior to symptoms all diminish the likelihood of disease control.

D. Treatment

Data show opposing results for clients and employees in the indicator "provide symptomatic treatment for probable or confirmed COVID-19 cases to a pulmonologist and infectious disease specialist and manage in the appropriate health facility". Clients rated the said indicator as their top choice, while employees rated it as their least favorite among the ones presented. Although both clients agreed that the indicator was well implemented, their perceptions on how to treat COVID-19 patients differ. Clients prefer treatment with infectious disease specialists to being confined in isolation facilities.

Stasi, Fallani, Volle., & Silvestri (2020).) claim that following infection with SARS-CoV-2, some infected patients may stay asymptomatic or exhibit only moderate upper respiratory symptoms, while others develop pneumonia and severe acute respiratory distress syndrome (ARDS) that necessitates intubation in intensive care and is associated with complications and a poor prognosis. This indicates that the COVID-19 infection varies from person to person. Thus, the treatment may vary based on the immune system's reactivity to viruses.

With this, both treatment techniques can be utilized, depending on the severity of the COVID-19 infection. Home isolation and surveillance were sufficient for asymptomatic and mildly infected patients, therefore asymptomatic and mildly infected patients would contract other COVID-19 variations if they were confined in COVID-19 facilities. Also, this would assist reduce the workload of hospital staff in the COVID-19 intensive care unit. In addition, serious COVID-19 patients should be given priority in the COVID-19 hospital ward so that they can be carefully identified and treated by medical experts.

Both clients and employees shared the same top response in the indicator, a 14-day quarantine for close contacts regardless of a negative test result, with 4.12 and 4.39 weighted mean scores, respectively. However, they differ in their least preferred indicator. For clients, the indicator of isolating for 21 days for severe and critical COVID-19 confirmed cases, or 3 days after resolution of symptoms, whichever is longer, got the least weighted mean response with 3.85.

For employees, the indicator of developing internal mechanisms to provide psychosocial support to its employees and coordinating with appropriate offices for the availability of services for mental health and psychosocial support (MHPSS) as needed got the least response with a 3.91 weighted mean score.

E. Reintegration

This pandemic has had significant effects on people's mental health by generating psychological anguish and emotional instability, which may have varying repercussions on individuals, communities, and nations (e.g., depression, mood disorders, obsessive-compulsive disorder, and other anxiety disorders). Far more applies to persons who have really contracted COVID-19 and are being treated in isolation. Most individuals have stigmatized COVID-19 survivors out of

fear that they still possess the lethal virus. Thus, survivors of COVID-19 suffered mental and psychological distress. The primary finding of Dar, S. A., Khurshid, S. Q., Wani, Z. A., Khanam, A., Haq, I., Shah, N. N., ... & Mustafa, H. (2020)'s study was the high levels of enacted and perceived externalized stigma indicated by survivors. Several instances of discrimination, prejudice, and social isolation during other viral pandemics match their findings.

Possible priority areas for reintegration include mental and psychological preparation for patients who will be discharged, as well as community knowledge and acceptance for COVID-19-treated patients. To enable the complete healing of mental and psychological damage experienced by COVID-19 patients, these two techniques should be followed simultaneously. Logie and Turan as cited by Bhanot, D., Singh, T., Verma, S. K., & Sharad, S. (2021) suggest that balancing measures of containment and prevention of the pandemic, such as physical separation and travel restrictions, with appropriate information and public health messages and the participation of communities adversely affected by the pandemic can help reduce stigma.

2. *Difference in the Perception of the Respondents in the Implementation of COVID-19 health protocols along the identified variables.*

The perspectives of respondents regarding the execution of COVID-19 health protocols and preventive are compared in Table 3. The computed χ^2 is smaller than the χ^2 critical value of 3.84 when the degree of freedom is one and the significance level is 5%, as shown in the table. As the null hypothesis is not rejected, there is no significant difference in the respondents' perceptions of the execution of COVID-19 health protocols along the indicated variable. This indicates that respondents' perspectives regarding the implementation of COVID-19 health protocols are uniform.

The results indicate good relationships between client and employee perceptions of COVID-19 health protocol adoption. Respondents have a favorable view of the importance of prevention in the implementation of the health regimen. This unexpected outcome may be linked to a series of executive orders issued by the Provincial Government of Sorsogon to integrate multiple national issuances in the execution of COVID-19 health guidelines.

This means that both clients and employees are mandated to follow the COVID-19 health protocols in the province of Sorsogon. The result also manifests the confidence of the clients in the local government of Sorsogon to handle the health crisis and indicates a greater level of support from the employees and officials of the different agencies to implement the COVID-19 health protocols.

3. *The Challenges encountered in the implementation of COVID-19 health protocols.*

The least perceived gaps and issues are that "COVID-19 health protocols are the least priority in the office's programs and activities," which has 18 responses; "offices only rely on the support of local stakeholders and in the community's surroundings or environment," with 22 responses; and "rapid

assessment of exposed patients or clients after every positive case and submitted later than the 72-hour time limit," with 23 responses.

The result shows the congruency of the challenges to the total interpretation of the variables of the extent of implementation of COVID-19 in Sorsogon Province. All of the agencies that participated in the survey had high expectations for the implementation of minimum health protocols. Thus, it is safe to assume that respondent agencies follow the minimum health protocols being imposed by the Department of Health in their respective offices. The lack of funds and lack of technical assistance in the implementation of the minimum health protocols is seen as a challenge to fully implement the existing protocols. Perhaps most agencies implement the protocols on a limited budget to materialize the costly implementation of protocols, such as providing an isolation booth, setting up a triage area, safeguarding the safety of employees by putting up plastic barriers, and ensuring full benefits to employees who are contacted with COVID-19, among others. Personal necessities like masks, shields, alcohol, soap, and other personal hygiene paraphernalia are being purchased personally out of pocket.

On a macroscale perspective, the government has suffered an economic downturn and loss of revenues while setting up measures to contain the virus because businesses were forced to shut down. This means that there are not sufficient funds to be allocated in all agencies to afford the pricey implementation of COVID-19 health protocols, thus stretching the meager budget to provide its employees and clients with the minimum health protocols and to contain the virus within their agencies. This would result in more international borrowing. It was further found out that the government has had to increase its borrowings while the future tax take is forecast to be significantly reduced, a combination that will lead to a severely constrained public purse for many years to come. This will limit the government's ability to address the basic social needs that predated the COVID-19 crisis (De Villiers, Cerbone & Van Zijl, 2020). The South African government's response to COVID-19. *Journal of Public Budgeting, Accounting & Financial Management*, 32(5), 797-811.

Another issue is the lack of technical assessments provided to different agencies. The researcher assumes that while agencies follow general health protocols, the implementation procedure differs from one office to another. Perhaps the focus of the government is more on economic recovery than perfecting the protocols to fully contain the virus. This was evident every time the government eased its protocol implementation; the cases of COVID-19 surged, prompting the government to revise its existing health protocols.

This evaluation must include three areas: governance and decision-making, scientific and technical advice, and operational capacity. This evaluation should not be conceived as an instrument for apportioning blame. Rather, it should identify areas where public health and the health and social care system need to be improved.

Correspondingly, conflicting values among both policymakers and the public are another important factor in

risk perceptions—for example over the balancing of health and economic impacts, or the level of isolation that it is appropriate for the state to enforce. It is still very early to draw firm empirical conclusions about perceptions of this disease and responses to it. Research is under way, however, and preliminary results point to marked variation between countries on dimensions such as trust in governments’ ability to protect citizens, and the specific behavioral changes that individuals have made. Great gains in organizational efficiency over recent decades have resulted in a lack of resilience in some critical systems, such as healthcare. Investing in resilience needs to focus on three elements: redundancy, diversity, and adaptive management (Linkov, I., Bridges, T., Creutzig, F., Decker, J., Fox-Lent, C., Kröger, W., ... & Thiel-Clemen, T. 2014).

V. CONCLUSIONS

It can be concluded that the Covid-19 health protocols in the Province of Sorsogon along with the mentioned variables is highly implemented. Also, there is no significant difference in the perception of the respondents in the implementation of COVID-19 health protocols along the identified variables. Moreover, there is lack of funds and lack of technical assessment in the implementation of health protocols. Finally, as proposed action plan on intervention strategies is necessary to enhance the program implementation of Covid-19 health protocols in the province of Sorsogon.

VI. RECOMMENDATIONS

Based on the conclusions, recommendations were formulated. The implementation of COVID-19 health protocols in the province of Sorsogon along with the mentioned variables must be sustained. Likewise, Covid-19 simulation may be administered and facilitated by the Department of Health (DOH) to enhance the responsiveness of the government agencies. Government agencies be provided with sufficient funds, appropriate health protocol materials and disinfectant with basic Covid-19 facilities and testing kits. Furthermore, the comprehensive review in the implementation of Covid-19 Health protocols policy designed to help the government offices’ compliance of the implementation of the Covid-19 Health protocols may be reviewed and enforce its implementation. In addition, the proposed action plan to sustain the implementation of Covid-19 Health Protocols may be reviewed and implemented. Most importantly, future research directions may be conducted with the following recommended titles: a) The level of awareness of Vulnerable Sectors in the Province of Sorsogon in Covid-19 health protocols; b) Best practices of Selected Government Agencies on the Implementation of Covid – 19 Health Protocols; c) Participatory School-Community Covid – 19 Health Planning – Impact on the Implementation of Covid – 19 Health Protocols; and d) Effectiveness of Health Protocols in Private Agencies in the Province of Sorsogon.

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