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## **Tips and Guidelines During an Emergency Situation**

### ***Objectives***

There is only one objective for the following emergency tips and guidelines. They are meant to ensure the safety, welfare and well being of all Filipinos who maybe caught in a possible emergency crisis, including war, rebellion, riots or imminent danger from civil disturbances that may require relocation or evacuation.

The Philippine government, through its embassies in the Middle East and in other parts of the world, has designed preparedness plans for such emergency situation. These plans are in place and are ready to be activated and implemented if and when necessary.

But having a preparedness or readiness plan is one thing. Being aware and informed of what to do and how to respond to an emergency crisis is another. While the tips and guidelines that follow do not claim to be complete, they could help in mitigating the first impact of -and effecting an orderly and safe response to-an emergency situation.

The tried and tested rule, of course, for anyone caught in the crossfire of a crisis is to stay CALM and ALERT. Actions and decisions home of calmness and alertness could save a life-and that life could be yours.

### ***A. Identification and Personal Documents***

1. If you have not yet registered at the Philippine Embassy in your host country, please do so now. Include all members of your household or family. Provide valid information and latest photographs. Philippine Embassies overseas continuously register Philippine nationals for data banking purposes.
2. Have your passport always ready in your possession. If your passport is still kept by your sponsor, employer, or agency, ask that it be returned to you.
3. Your residence and/or work permit is very important if you will go back to your work after the crisis. Bring these along with your work contract, latest payslip, or record of last salary.
4. Keep ready other important documents that may serve proof of identity, such as health card, driving license, company I.D., e-Card, credit card, SSS I.D. card, birth certificate, marriage certificate, professional license, NBI or police clearances, educational plan certificates, insurance certificates, etc. Secure these and your passport in a handy but waterproof file (older, envelope or container
5. Keep two (2) photocopy sets of the above-named documents.

### *B. Transportation and Travel*

1. If it is possible secure a letter or any form of authorization from your employer that allows you to travel at a moment's notice Ordering emergency.
2. If you have a car, maintain your vehicle in tip-top condition for long haul driving and at full-tank. Keep reserve petrol, oil, and water for radiator. You must have in your vehicle repair necessities such as spare tire, jack, tools, fan belt, etc.
3. Secure exit visa and road permit, safe conduct pass, free passage or quarantine permits if these are required in your host country and by the country you plan to go to Ask Philippine Embassy personnel for assistance on how these permits can be obtained
4. Have a detailed road or travel map. Study the map to familiarize yourself with routes especially to safer areas and nearest borders.
5. Make sure to visit the assembly point nearest you to make sure you know where it is. The assembly point/field pos/staging area is the area in the Contingency Plan determined by the Philippine Embassy in your host country where Filipino nationals will converge or gather in the event there will be a need for a relocation or evacuation
6. If there is imminent danger and you need to leave your host country by air, it is advisable for you to buy one-way airplane ticket for you and members of your family if they are with you overseas. Request refundable, re-endorsable, and re-routable, and if possible, open-dated tickets.
7. If you would be travelling by train, bus, or other public transport, book and secure tickets in advance, if possible.
8. If possible, never travel alone and without informing the Philippine Embassy or your designated Area Coordinator.

### *C. Medical and Health Needs*

1. If you have medical or health care insurance, have your medical or health care card ready and on hand.
2. Have a first-aid kit. The kit should contain paracetamol, aspirin, stomach disorder medicines, ointment or balm for small wounds, ORS (oral rehydration salt), disinfectant or antiseptic alcohol, gauze, insect and snake bite kit, personal hygiene products such as toilet paper, soap and toothpaste and sanitary napkins for women and diapers for babies.
3. If you are taking medication, don't forget your medicines.

4. You may also need to take food supplements such as multi-vitamins and minerals. Be sure you bring these.

#### *D. Food*

1. In a period of crisis or emergency, store a reasonable amount or number of food items in your home. Do not consume these until there is no more supply from groceries or until advised that the crisis is over. Re-stock every few weeks if necessary.

2. The food items must be in sealed containers, easy to prepare or ready-to-eat. Preserved, dried or canned foods are advisable. Do not store on easily perishable food

3. Store plenty of clean and safe drinking water and juices in portable containers a handy water filter gadget is desired.

4. If you need to travel, carry with you a portable homer and an extra-gas cylinder for cooking and heating.

#### *E. Clothing*

1. Be ready at all times with a light, ready-to-leave suitcase of clothing and other protective essentials. Clothing must be appropriate for the season: light wear for summer and thick, hooded-jackets and gloves for winter.

2. Your protective gear should include a sleeping bag, blanket and towels, sunglasses and hat or other head covering.

#### *F. Money*

1. Prepare sufficient cash, preferably in small bills both in your host country's currency and in US dollars. Secure your money in your person, preferably in at least two places: either in a belt bag or a zippered or locked backpack.

2. If you have and use traveller's checks or credit cards, prepare and bring these with you. Treat them as cash and keep them in a safe place. Write down the numbers of your checks or cards should you need to report them for a replacement in case they get lost or stolen.

3. Also prepare and secure your jewellery. Theft could be rampant during times of crisis and emergency.

4. If you maintain a bank account, prepare and bring your passbook or ATM card, as the case may be. You may need to withdraw cash along the way or during your travel so a prepared bank form for the purpose will facilitate the transaction.

5. Be wise and economical in the use of your money, particularly if there is likelihood that traditional banking services will be affected by the crisis.

### *G. Communication*

1. Always have on hand a compact address book, telephone or e-mail directory of your family, relatives and friends in the Philippines, Philippine embassy and labor officials, media offices, help or welfare agencies, and other persons. Update these every now and then.

2. Contact the Philippines and your family before you leave your residence and inform them of your present whereabouts if you are already moving. Tell them of your plans.

3. If you have a mobile phone, conserve its use. Have a spare battery and call cards.

4. If you have to relocate, bring with you a compass, whistle and other signalling or directional devices. These will help you if you get lost in an unfamiliar place or territory.

5. A portable transistor or short-wave radio is very important for monitoring developments. Be sure you have spare batteries.

6. Always maintain contact with the Philippine Embassy through your designated Area Coordinator or responsible person in your community or association. They could be the best source of updates or news on what is happening. Verify reports and do not rely on rumours. It helps to monitor events through radio, TV, and the Internet.

### *H. Other Items*

1. You may also need a flashlight, candles and matches in case of power failure. Bring these items when you have to leave for relocation.

2. A Swiss knife, in addition to other emergency gear such as a rope, mirror, a pair of scissors, and adhesive or masking tape will come in handy.

### Documentation for Possible Losses

1. If you have to abandon your residence, prepare a complete inventory of your household goods and personal effects to facilitate processing of compensation should the need arise.

2. Keep receipts for advance rental payments, utility receipts, and receipts for appliances and furniture that may be left behind.

## Biological Warfare Agents

### A. DESCRIPTION

Biological warfare agents are living organisms (as disease germs and toxic substances produced by them) that can be used against men, animals or plants. They could also be harmful synthetic chemicals.

#### A. 1. Bacteria

**Anthrax.** Anthrax is caused by the bacterium *Bacillus anthracis*. Anthrax bacteria are rod-shaped in microscopic form, Gram-positive, have aerobic oxygen requirements and are sporulating

*Symptoms and Effects:* Anthrax is an acute bacterial infection of the skin, lungs or gastrointestinal tract. The skin infection can be caused by direct contact with contaminated hides or tissues of infected herbivorous animals (cattle, sheep, goats). Such contact causes the skin to form dry scabs all over the body.

**Cholera.** Cholera is caused by infection with *Vibrio cholerae*. In microscopic form it appears as a slightly bent rod. The bacterium is motile, gram-negative and non-sporulating.

*Symptoms and Effects:* Cholera is an acute human gastrointestinal disease, characterized by sudden onset of nausea, vomiting, profuse watery diarrhea with rice water appearance, rapid loss of bodily fluids, toxemia and collapse. The primary route of exposure is through contact with fecal matter or contact with contaminated water. The incubation period can last from 1 to 5 days, with 3 days the average.

**Typhoid Fever.** Typhoid fever is caused by infection with the Gram-negative bacterium, *Salmonella typhi*. It is a rod-shaped, motile, non-sporulating organism.

*Symptoms and Effects:* Typhoid fever is a systemic infection characterized by prolonged fever, lymphoid tissue involvement, ulceration of the intestines, enlargement of the spleen, rose-colored spots on the skin and constipation or diarrhea. Although the disease is lethal only in limited instances of untreated cases (usually less than 10 percent lethality), it is very incapacitating. Normal incubation periods last from 7 to 14 days, and the disease can be transferred through direct or indirect contact with contaminated substances or infected humans. The bacteria can stay alive in water for 2 to 3 weeks, in feces for 1 to 2 months, and snow and ice for 3 months.

## A.2. Rickettsia

**Epidemic Typhus/Endemic Typhus.** Epidemic typhus is caused by *Rickettsia typhi*. Endemic typhus is caused by *Rickettsia prowazekii*

*Symptoms and Effects:* Epidemic typhus is an acute, infectious disease characterized by severe headaches, sustained high fever, generalized muscle aches and skin rashes. The route of exposure is through contact with contaminated feces or infected larvae. The incubation period may last from 6 to 15 days.

Endemic typhus is similar to classic epidemic typhus except that the disease is milder and has a somewhat slower onset. The routes of exposure for endemic typhus are rat or flea bites, and exposure to contaminated feces and insect larvae. The incubation period is between 6 to 14 days.

**Q Fever.** Q fever is caused by *Coxiella burnetii*.

*Symptoms and Effect:* Q fever is a zoonotic disease caused by the *Rickettsia Costello burnetii*. The most common animal reservoirs are sheep, cattle and goats. Humans acquire the disease by inhaling particles contaminated with the organism.

## A.3. Toxins

**Botulinum Toxin.** Botulinum toxin is produced by *Clostridium botulinum*, which is an anaerobic, partially motile, sporulating rod. Growth and toxic formation occurs under anaerobic conditions, such as in non-acidic meat samples, inside vegetable cans and in the soil. While the bacteria reproduce by anaerobic fermentation, the toxin itself does not self-reproduce or multiply once inside the body. Botulism poisoning happens because of the pathogenicity of the already-produced toxin.

*Symptoms and Effects:* In its natural form botulinum toxin is most often found in improperly canned or undercooked foods containing the *Clostridium botulinum* bacteria, which are heat resistant. Botulinum toxin is not contagious but highly toxic and most humans are susceptible to its powerful effects. If untreated, botulism is fatal in 60 percent of cases because of muscle paralysis and respiratory failure.

**Ricin.** Ricin is a toxin made from the mash that is left over after processing Castor beans for oil. Castor bean processing is a worldwide activity. Hence, the raw materials for making ricin are easily available. Ricin is easy to produce and is stable.

*Symptoms and Effect:* About three hours after inhaling ricin, the likely symptoms are cough, tightness of the chest, difficulty in breathing, nausea and muscle aches. These would progress to a severe inflammation of the lungs and airways, increased difficulty in breathing, cyanosis (blue skin), and death within 36 to 48 hours from failure of the

breathing and circulatory systems. If injected, ricin causes marked death of muscles and lymph nodes near the site of injection and probable failure of major organs.

#### **A.4. Viruses**

**Dengue Fever Virus.** Dengue is a mosquito-borne infection that in recent years has become a major international public health concern. Dengue is found in tropical regions around the world, predominantly in urban and sub-urban areas. The spread of dengue is attributed to expanding geographic distribution of the four-dengue viruses and of their mosquito vectors.

*Symptoms and Effect:* This severe, flu-like illness affects infants, young children and adults but rarely causes fatalities. The clinical features of dengue fever vary according to the age of the patient. Infants and young children may have an undifferentiated febrile disease with rash. Older children and adults may have either a mild febrile syndrome or the classical incapacitating disease with abrupt onset of high fever, severe headache, pain behind the eyes, muscle and joint pains, and rashes. Dengue hemorrhagic fever is considered by most experts to have a low priority for biological warfare.

**Ebola Virus.** Ebola virus is one of the most pathogenic viruses known to science, causing death in 50-90 percent of all clinically-ill cases.

*Symptoms and Effect:* The Ebola virus is transmitted through direct contact with the blood, secretions, organs or semen of infected persons. It has an incubation period of 2 to 21 days, and is characterized by sudden onset of fever, weakness, muscle pain, headache and sore throat. These symptoms are followed by vomiting, diarrhea, rashes, limited kidney and liver functions, and both internal and external bleeding. The hemorrhagic symptoms begin on the fifth day.

**Smallpox.** Smallpox is caused by the Variola virus. Endemic small pox has been declared eradicated by the World Health Organization (WHO).

*Symptoms and Effect:* The incubation period for smallpox average, 12 days, and exposed persons must be quarantined for a minimum of 16 to 17 days following exposure. Clinical manifestations begin acutely with malaise, fever, rigors, vomiting, headaches and backaches. Fifteen (15) percent of patients develop delirium.

**Venezuelan Equine Encephalitis (VEE) Virus.** The VEE virus is a strain of the encephalitis neurotropic micro organism that affects primarily equine animals, such as horses and mules.

*Symptoms and Effects:* Nearly 100 percent of those infected suffer an overt illness. After an incubation period of 1 to 5 days, onset of illness, is extremely sudden with generalized malaise, spiking fever, rigors, severe headache photophobia and

myalgia in the legs and lumbrosacral area. Nausea, vomiting cough, sore throat and diarrhea may follow. This acute phase lasts from 24 to 72 hours . A prolonged period of asthenia and lethargy may follow, with full health and activity regained after 1 to 2 weeks.

Approximately 4 percent of patients during natural epidemics develop signs of central nervous system infection, with convulsions, coma and paralysis

**Yellow Fever Virus.** Yellow fever virus belongs to the genus *Flavivirus* and typically transmitted by mosquitoes.

*Symptoms and Effects:* is: Yellow fever is a bloodstream infection, naturally transmitted from the bites of the female mosquito It is generally not lethal and only mildly incapacitating. Symptoms include a sudden onset of chills, headache, fever, muscle pain and prostration. Severe cases also show mucous membrane congestion, gastrointestinal complications, liver damage from jaundice and haemorrhaging of the stomach. Yellow fever runs a rapid course of infection, incubating for 3 to 6 days and then ending within 2 weeks in either death or full recovery.

## **B. TREATMENT**

### **B. 1. Bacteria**

**Anthrax.** A vaccine is available and it consists of a series of 6 doses over 18 months with yearly boosters. The first vaccine of the series must be given at least 4 weeks before exposure to the disease. This vaccine, while known to protect against anthrax acquired through the skin in an occupational setting, is also believed to be effective against inhaled spores released during a biological warfare attack. Unvaccinated exposed individuals should receive antibiotics, with ciprofloxacin 500 mg bid, or doxycycline 100 mg bid being the treatment of choice.

For post-exposure prophylaxis the administration of antibiotics should be continued for at least 4 weeks in those exposed and they should be immunized, i.e., they should receive 3 doses of vaccine before antibiotics are discontinued. Cutaneous anthrax can be effectively treated with antibiotics (such as penicillin, tetracycline, ciprofloxacin and doxycycline).

**Cholera.** The first consideration in the treatment of cholera is to replenish fluid and electrolyte losses of the body.

**Typhoid Fever.** Prompt use of appropriate antibiotics (chloramphenicol) shortens the period of communicability and rapidly cures the disease.

## B.2. Rickettsia

**Endemic Typhus/Epidemic Typhus.** The course of epidemic typhus can be shortened by the use of antibiotics (tetracyclines and chloramphenicol). Supportive treatment and prevention of secondary infections are essential. Both typhus can be destroyed by heat at 440C for 15-30 minutes and inactivated by use of 0.1 percent formalin and 0.5 percent phenol.

**Q Fever.** Tetracycline (500 mg every 6 hours) or doxycycline (100 mg every 12 hours) for 5 to 7 days is the treatment of choice, although a combination of erythromycin (500 mg every 6 hours) plus rifampin (600 mg per day) is also effective. Treatment with tetracycline during the incubation period will delay but not prevent the onset of illness.

## B.3. Toxins

**Botulinum Toxin.** Treatment of botulism consists of ventilatory assistance and the use of the antitoxin, 20ml/IV. The antitoxin should be administered immediately when botulism is suspected.

**Ricin.** There is currently no vaccine to be given before exposure to ricin. There is also no ricin antitoxin to be given after exposure and the only treatment available involves management of the effects based on the method of exposure to the toxin.

## B.4. Viruses

**Dengue Fever Virus.** At present, there is no specific treatment for dengue fever and no current vaccines exist to combat the virus. The only method of controlling or preventing dengue is to combat the vector mosquito, the *Aegis aegypti*.

**Ebola Virus.** No vaccines exist that can counter the effects of this hemorrhagic fever. Supportive treatment is strongly recommended. Suspected cases should be isolated from other patients and strict barrier nursing techniques should be practiced

**Smallpox.** Smallpox vaccine is most often administered by intra-dermal inoculation with a bifurcated needle, a process that has become known as scarification because of the permanent scar that results. Protection from the vaccine lasts 3- 10 years.

**Venezuelan Equine Encephalitis (VEE) Virus.** Only supportive treatments exist as the best aid to recovery because antibiotics and chemotherapy are not effective against VEE.

**Yellow Fever.** General supportive treatment such as rest and fluids are effective. Recovery provides lasting immunity, and there are no known second attacks.

## Chemical Warfare Agents

### A. DESCRIPTION

Chemical warfare agents are toxic gases or liquid substances employed to asphyxiate, poison, or incapacitate man, plants and animals.

#### A.1. Nerve Agents

Nerve agents are lethal agents, either vapour or liquid, that cause paralysis by interfering with the transmission of impulses. Some of the more known nerve agents are GA, GB, GD, GF and VX.

Nerve agents interfere with the transmission of the message from nerve to organ. In this course, while the nerve is normal, the transmission to the organ (muscle, gland) is faulty. The organ gets the wrong message and does the wrong thing, and this causes too much activity in the muscle.

There are two general types of nerve agents: liquid and vapor.

##### 1. Liquid nerve agents

*Symptoms and Effects:* A very small drop will cause sweating and twitching of the skin, nausea, vomiting and diarrhea. A drop on the other hand will result to loss of consciousness, convulsions and will also result to loss of breathing and flaccid paralysis.

These effects will begin within 30 minutes in large amount exposure and within 18 hours in exposure to small amount.

##### 2. Vapor nerve agents

*Symptoms and Effects:* Small amount exposure to vapor nerve agents will have the following symptoms and effects:

- Eye - small pupils, red conjunctiva, dim/blurred vision, pain, nausea/vomiting;
- Nose – runny nose;
- Mouth – increased salivation; and
- Airways - tightness in chest, shortness of breath, cough

Large amount exposure will result to loss of consciousness, convulsions, and flaccid paralysis; breathing and heart stops. These effects begin within seconds to a minute.

## **A.2. Cyanide**

Cyanide is a compound of cyanogens and a metal. It is a blood agent that interferes in the supply of oxygen. Cyanide poisons cells, thereby stopping the use of oxygen, when the cell cannot use oxygen, it dies. Under cyanide poisoning, the oxygen remains in the blood (blood stays red). Those poisoned with cyanide often have skin that is redder than normal because of the blood going through their veins. The odor of bitter almonds may be present.

*Symptoms and Effects:* Small amount of cyanide has no effect but a medium Amount causes dizziness, nausea, and a feeling of weakness,

Large amount of cyanide will result to LOSS Of Consciousness and convulsions; breathing stops that results to death. It only takes seconds for the first effect of cyanide to be felt.

## **Cyanogen Chloride**

*Symptoms and Effects:* Small amount of exposure to cyanogen chloride results to irritation, giddiness, nausea and a feeling of weakness. A large amount results to loss of consciousness and convulsions.

## **A.3. Blister Agents (Vesicants)**

Blister agents or vesicants are drugs or agents that produces blisters.

### **Mustard**

*Symptoms and Effects:* Eye irritation and burning on the skin is noticed 2-24 hours after exposure to the chemical.

### **Lewisite and Phosgene Oxime.**

Lewisite and Phosgene Oxime me not common chemicals. The vapor of these substances causes severe burning or pain in the eyes, skin, and exposed mucous membranes.

*Symptoms and Effects:* Very irritating and painful on contact. This do not improve with fresh air and get worse with time. Tissue damage becomes evident within minutes. Damage to eyes, skin, and airways is similar to that caused by mustard.

## A.4 Pulmonary Agents

Pulmonary agents are chemicals that damage the membranes of the lung that separate the air sac from the capillary.

*Symptoms and Effects:* A person with this type of poisoning does not get enough oxygen suffers from shortness of breath (dispel) and dies from suffocation. He also suffers from cough, initially hacking cough, which later on comes with frothy sputum.

## A.5. Riot Control Agents

*Symptoms and Effects:* The symptoms and effects of riot control agents start seconds only after exposure. Those exposed suffer from burning and irritation of the nose (with nasal secretions), eyes (with reddening and tearing), mouth (with salivation), airways (with coughing) and skin (with possible redness).

## B. TREATMENT

### B. 1. Nerve Agents

- Protect yourself by wearing a mask, gloves and a protective suit until the victim is decontaminated.
- Remove the victim from contamination and contamination from the victim.
- Get the victim away from the source, such as by moving him upwind or out of a contaminated building.
- If it is absolutely certain that exposure was to vapor only, remove outer clothing. If there is a possibility of liquid contamination, all clothing must be removed and the casualty must be showered or washed with soap water, dilute hypochlorite or water.

*Antidotes:* The antidotes for nerve agent poisoning are atropine, which blocks the effects of the neurotransmitter or chemical that causes the over-stimulation, and 2 PAMCI, an oxime which removes the nerve agent from the enzyme, Ventilation and oxygen are necessary if the victim is not breathing. An anticonvulsant, diazepam, might also be needed. The military has an auto-injector system for-self use or buddy use in treating nerve agent poisoning, This system, the MARK 1, consists of two spring-driven injectors; one contains 2 mg of atropine in 0.7 ml of diluent and the other contains 600 mg of 2-PAMC1 in 2 out of diluent. This system is becoming available for civilian responders.

### B.2. Cyanide

- Protect yourself by wearing a mask, gloves and a protective c suit until the victim is decontaminated.

- Remove the victim from contamination and contamination from the victim.
- Get the victim away from the source, such as by moving him upwind or out of a contaminated building.
- If it is absolutely certain that exposure was to vapor only, remove outer clothing.
- If there is a possibility of liquid contamination, all clothing must be removed and the victim must be showered or washed with soap and water, dilute hypochlorite or water.

*Antidotes:* Treatment for cyanide poisoning is very effective if administered on time. One drug used, a nitrite, causes the formation of a different form of haemoglobin in the red blood cell, and this form of haemoglobin "pulls" the cyanide out of the cell so that the cell can return to normal. A second antidote, the sulphur compound thiosulfate, combines with cyanide in the blood to render it inactive. The administration of oxygen is also helpful.

### **B.3. Blister Agents (Vesicants)**

- Protect yourself by wearing a mask, gloves and a protective suit until the victim is decontaminated.
- Remove the victim from contamination and contamination from the victim. Get the victim away from the source, such as by moving him upwind or out of a contaminated building.
- If it is absolutely certain that exposure was to vapor only, remove outer clothing.
- If there is a possibility of liquid contamination, all clothing must be removed and the victim showered or washed with soap and water, dilute hypochlorite or water.
- After inhalation of a very high concentration of vapor, airway effects may begin within an hour or two.
- This victim must be taken to an intensive care unit immediately, and even then survival is unlikely.

*Antidotes:* Mustard - There is no specific antidote or treatment for mustard poisoning. The only initial action is to decontaminate the victim as early as possible. Lewisite and Phosgene Oxime - There is an antidote for Lewisite: British Anti-Lewisite (BAL). If administered early enough, this will decrease some of the internal damage from Lewisite, but it will not help skin, airway or eye damage. Decontamination of both agents must be done immediately to prevent further tissue damage.

### **B.4. Pulmonary Agents**

- Protect yourself by wearing a mask, gloves and a protective suit until the victim is decontaminated.
- Remove the victim from contamination and contamination from the victim.

- Get the victim away from the source, such as by moving him upwind or out of a contaminated building.
- If it is absolutely certain that exposure was to vapor only, remove outer clothing.
- If there is a possibility of liquid contamination, all clothing must be removed and the victim must be showered or washed with soap and water, dilute hypochlorite or water.

*Antidotes:* There is no antidote for pulmonary agents.

### **B.5 Riot Control Agents**

- Eyes (impacted particle): Thoroughly flush the eyes to remove the particle.
- Airways: Ventilation with oxygen. Use bronchodilators.
- Dermatitis: Apply soothing lotions such as calamine. Frequent irrigation. Prevent infection.

## **C. GUIDELINES FOR MANAGEMENT OF CHEMICAL CASUALTIES**

A scene with multiple casualties is no place for an unprepared responder. The only people who should enter the scene of incident should be those garbed in full protective clothing, which will include a mask and complete body protection (Personal Protective Equipment, or PPE).

Initial responder who does not know what happened and is not in PPE must back off and await assistance. Victims should be sorted initially within the area so that the most serious who may survive can be removed first.

Anyone exiting the contaminated area, including responders, must be decontaminated.

Isolate the contamination area (Hot Zone). Victim decontamination must be performed by responders who are wearing PPE.

## On-Scene Response Procedures

These procedures are designed for use in incidents where chemical or biological weapons may be involved. Since the exact procedures for decontamination vary by locality, the following procedures are provided only as a general guide.

### A. INITIAL DISCOVERY PROCEDURES

- Beware of possible secondary devices - either explosive or bio-chemical. Extreme caution is warranted at all times to prevent additional casualties.
- Initiate personal (self) decontamination if you believe you have been contaminated.
- Beware of victims. Some victims may become agitated and fearful and may attempt to leave the exclusion zone. Victims must be contained if risk of further contamination is to be prevented.
- Remain calm.
- While approaching the scene, put on personal protective equipment (PPE).
- To maintain safe distance, stay upwind or uphill. If there is cloud, stay well clear of it.
- Inform the appropriate agency. If possible relay symptoms of casualties, if any. However, exercise extreme caution since biological agents do not begin symptoms until days later.
- Secure perimeter and isolate area and deny entry to non-essential personnel.
- Attempt to talk to victims; inform them that help is on the way. Reassure them that if they follow instructions you will be able to help them. Have all victims move to a location that is within the exclusion zone but away from the mishap site to reduce chances of further decontamination.

### B. GENERAL DECONTAMINATION PROCEDURES

- General decontamination procedures should be used if evidence of contamination is present.
- Approach victims only if appropriate level of PPE is worn.
- Do not let victims freeze. Outside temperature must be considered as decontamination issues.
- Run off can cause further contamination.
- If possible, set up separate decontamination corridors for first responders and victims. If possible, divide these corridors into sections for men and women for privacy reasons. Do not delay decontamination procedures for this, however. The following alternative site boundary terms will be helpful:
  1. Hot Zone = Exclusion Zone
  2. Warm Zone = Contamination Reduction Zone
  3. Cold Zone = Support Zone

- If vapor contamination has been determined, victims should be placed outside, in a breeze if possible. Victims exposed to vapor only may not require decontamination, other than the removal of outer clothing.
- If liquid contamination is present on the victim, have the victim remove his outer clothing, flush victim with water and or hypochlorite and water.

### **C. PERSONAL (SELF) DECONTAMINATION PROCEDURES**

- If you are, not in appropriate PPE and become contaminated, initiate immediately. If you believe vapor agent has contaminated you, evacuate the area and wait for medical support.
- If you believe liquid chemical agent contaminates you, initiate immediately.
- Withdraw immediately from the area where contamination occurred. If contaminants are visible in the skin, immediately scrape off agent with an object (knife, stick, edge of book, etc.), or use absorbent material to soak up agent (soap detergent, dirt, flour, etc.)
- After visible agent has been removed from the skin, remove clothing and continue chemical removal if bleach is available; if not, continue physical removal with water, dirt or flour or whatever absorbent material is available.
- Put on clean clothing (paper gowns) then report to Warm Zone for exit to Cold Zone.

### **D. CROWD CONTROL PROCEDURES**

- Most victims will leave the scene to go to medical facilities before arrival of response personnel. This necessitates that similar crowd control be set up at nearby medical facilities.
- To prevent further contamination to personnel, crowd control is imperative. Victims (people inside the Hot or Warm Zone when you arrive) should be contained and unauthorized individuals (people outside the Hot or Warm Zone should not be allowed to enter.
- Maintain clear ingress/egress routes for emergency vehicles (site traffic plan). Direct victims showing no signs of exposure to a holding area (inside Warm Zone but well away from the decontamination sites) for evaluation by experts.
- All individuals showing signs of contamination should be directed to the Warm Zone for immediate decontamination procedures.

### **E. AGENT REMOVAL**

There are two basic decontamination methods with which emergency responders, should be familiar. They are physical removal and chemical removal or deactivation.

- **Chemical Removal** - The military uses two different concentration of chlorine solution in patient decontamination procedures. A 0.5% chlorine solution is the primary solution used for skin decontamination. A 5% chlorine solution is used for the decontamination of equipment (e.g., scissors, aprons and gloves used by personnel working in the patient decontamination area). The 0.5 percent solution can be made by adding 170 grams (6 ounces) of calcium hypochlorite to 19 liters (5 gallons) of water. Adding 8 times this amount (1.4 kg [48 oz]) of calcium hypochlorite to 19 liters (5 gallons) of waters will make a 5 percent solution. After the solutions me prepared, they should be placed in marked buckets for use in the decontamination area.
- **Physical Removal** - Decontamination studies have been conducted using common household products. Rapid use of water, water/soap or flour followed by wet tissue wipes produces results equal to, or in some instances better than those produced by the use of Fuller's Earth Dutch Powder and other compounds.

1. **Scraping** - Scraping an area with a wooden stick (e.g., a tongue depressor or Popsicle stick) can remove the bulk of an agent by physical means. One advantage of most physical removal methods is that they work equally on all chemical agents regardless of composition.

2. **Water or Aqueous Solutions** - Copious flushing with water can often effectively remove an agent. This can be accomplished simply with the use of a fire hose and a spray nozzle.

3. **Absorbent Materials** - Absorbent materials can be use to reduce the amount of chemical agent that travel through the skin. In emergencies, dry powder such as soap detergents, earth, and flour can be useful. The application of flour followed by the wiping with wet tissue paper has been effectively used against various agents.

4. **Water/soap Wash** - Water and water/soap solutions can physically remove or dilute agents. In the absence of hypochlorite solutions or other decontamination agents, these are considered reasonable options. Both fresh water and seawater have the ability to remove chemical agents, not only when forced through the hose, but also via slow hydrolysis.

- **Field Expedient Decontamination** - The following guidelines can he used when rapid decontamination of a chemical-biological mishap is needed, but formal decontamination is not yet available.

1. **Decontamination Solution** - 5 percent hypochlorite solution is used for equipment, 0.5 percent hypochlorite solution is used for personnel. (5 percent solution can be used on skin if it is rinsed off within 10 minutes. Some skin irritation may occur.)

2. **Location of Decontamination Site** - Uphill/upwind from the mishap site, far enough and away to be safe from my further blast or collapse. Consider using a location with facilities that may aid decontamination: carwash, swimming pools, fountains, etc.

3. **Obtaining Materials** - Hypochlorite solution can be found in any supermarket. Clorox bleach is 5.25 percent hypochlorite solution and can be used on equipment directly from the bottle.

4. Procedure - Each victim is sprayed with 5 percent hypochlorite solution, then clothing is removed. The victim is sprayed with water to remove the solution. Then sprayed with 0.5 percent solution, rinsing off after 10 minutes, or allowed to dry.

## **F. SKIN DECONTAMINATION PROCEDURES**

- Remove any signs of gross contamination by scraping, sweeping or blotting the material away.
- Remove clothing rapidly but cautiously.
- Remove all other items from contact with the body.
- Flush the eyes with large amounts of water.
- Gently wash face and hair with soap and lukewarm water. Rinse also with lukewarm water.
- Decontaminate using supplied solution. In the absence of hypochlorite solution, flushing with copious amount of lukewarm soapy water and rinsing with lukewarm water is useful.
- Change into uncontaminated clothing or blankets.

**Directory of Philippine Embassies and Consulates (Middle East)**

- **ABU DHABI**  
EMBASSY OF THE PHILIPPINES  
Villa No. 7 Al Falah Street, Madinat Zayed  
P.O. Box 3215, Abu Dhabi, UNITED ARAB EMIRATES  
Tel. Nos. (97102) 6345-664; 6345-665 & 6334-998  
Fax No. 00-97102-6313559  
E-mail address: philemae@emirates.net.ae

*Ambassador AMABLE R. AGUILUZ III*

- **AMMAN**  
EMBASSY OF THE PHILIPPINES  
No. 86 Uqbah Bin Nate St., Jabal Amman  
(between 4<sup>th</sup> and 5<sup>th</sup> Circles) Amman, JORDAN  
P.O. Box 925207, 11190 Amman, Jordan  
Tel. Nos. (962-6) 592-3748, 592-9402; 592-9403  
Fax No. 00-962-077-340052  
Mobile Phone No. 962-077-340052  
E-mail address: armnampe@indcx.com.jo  
Website: www.ammanpe.cjb.net (under construction)

*Ambassador RUPERTO M. DIZON*

- **ANKARA**  
EMBASSY OF THE PHILIPPINES  
No. 56 Mahatma Gandhi Caddesi, Gaxiosmanpasa  
06700, Ankara, TURKEY  
Tel. Nos. (90312) 446-5831  
Fax No. 00-90312-4465733  
E-mail address: ankarapc@marketweb.net.tr

*Ambassador OFELIA B. CASTAÑO*

- **BAGHDAD**  
EMBASSY OF THE PHILIPPINES  
House No. 4, Zukak No. 22, Mahalat 915  
Hay Al-Jamia, Al-Jadriyah, P.O. Box 3236, Baghdad  
Tel. Nos. (9641) 778-2926, 778-2247, 778-59 10  
FaxNo. 00-9641-776-1210  
E-mail address: bipe@uraklink.net

*Charge d'Affaires GRACE PRINCESA ESCALANTE*

- **BEIRUT**  
EMBASSY OF THE PHILIPPINES  
1<sup>st</sup> and 2<sup>nd</sup> Floors, Design Building  
Abdullah Machnouk St. cor. R. Raslan St., Rouche  
P.O. Box No. 13663 1, Beirut, LEBANON  
Tel. Nos. (9611) 791-092; 791-093; 791-094  
Fax No. 00-9611-791095  
E-mail address: beirutepe@cyberia.net.lb  
Jurisdiction: Syria

*Ambassador FORTUNATO D. OBLENA*

- **CAIRO**  
EMBASSY OF THE PHILIPPINES  
No. 14 Mohamed Salch St., Dokki, Cairo  
ARAB REPUBLIC OF EGYPT  
Tel. Nos. (202) 748-0396 / 0398 / 0394 / 0391  
Fax No. 00-202-748-0393  
E-mail address: cairope@dfa.gov.ph

*Ambassador SHULAN O. PRIMAVERA*

- **DOHA**  
EMBASSY OF THE PHILIPPINES  
Villa #7 Al Eithar Street, Saha 2, West Bay Area  
Doha, STATE OF QATAR; P.O. Box 24900  
Tel. Nos. (974) 4831-585; 4836-871  
Fax No. 00-974-4831595  
Satellite Phone No. +88216-66661585  
E-mail address: dohape@qatar.net.qa

*Ambassador WENCESLAO JOSE O. QUIROLGICO*

- JEDDAH  
PHILIPPINE CONSULATE GENERAL  
Al-Sayeddah Kadija Street; At Faisaliyah District I  
P.O. Box 4794, Jeddah 21412, KINGDOM OF SAUDI  
ARABIA  
Tel. Nos. (9662) 6600-348, 6670-925; 6600-354  
Fax No. 00-9662-6630338  
E-mail address: jeddahpc@sps.net.sa  
jeddah\_pc@dfa.gov.ph  
Jurisdiction: Western Region of the Kingdom including the  
Governorates of Makkah, Madinah, Asir, Abha, At Baha,  
Khamis Mushayt, Cizan, Rabigh, Taif & Yanbu)

*Consul General KADATUAN P. USOP*

- KUWAIT  
EMBASSY OF THE PHILIPPINES  
Area 7, Street 103, Villa 503, Jabriya, P.O. Box 26288  
Saint 13123, STATE OF KUWAIT  
Tel Nos. (965) 532-9318, 534-9099, 534-5761 62  
Fax No. 00-965-5329319  
E-mail address: phembkt@qualitynet.net

*Charge d'Affaires BA YANI MANGIBIN*

- MANAMA  
EMBASSY OF THE PHILIPPINES  
Villa No. 992, Road No. 3119  
Manama Town 33 1, BAHRAIN  
Tel. Nos. (0973) 250-990, 259-599  
Fax No. 00-0973-258-583

*Charge d'Affaires MA. LETICIA C. RAMOS*

- MUSCAT  
EMBASSY OF THE PHILIPPINES  
Building No. 1041/1043 Way No. 3015, At Khariyah St.  
Shatti At Qutum; Muscat, Sultanate of OMAN  
P.O. Box No. 420, Madinat, Qaboos  
Postal Code 115, SULTANATE OF OMAN  
Tel. Nos. (00968) 605-140; 605-143; 605-335; 695-359  
Fax No. 00-968-605-176  
E-mail address: muscatpe@omantel.net.om

*Ambassador AKMAD A. SAKKAM*

- **RIYADH**  
EMBASSY OF THE PHILIPPINES  
D3 Collector Road, Diplomatic Quarter, Riyadh  
KINGDOM OF SAUDI ARABIA 11693, P.O. Box 94366  
Tel. Nos. (9661) 482-3559, 482-3816, 482-0507, 482-1802  
Fax No. 00-9661-488-3945  
E-mail address: filembry@sbm.net.sa  
Website: filipmosabroad.com /embassy

*Ambassador BAHNARIM A. GUINOMLA*

- **TEHRAN**  
EMBASSY OF THE PHILIPPINES  
No. 13 Mabyar St., Africa Avenue  
Tehran, IRAN, P.O. Box No. 19395-4797  
Tel. Nos. (009821) 204-7802 / 03  
Fax No. 00-9821-204-6239

*Ambassador RODRIGO S. ARAGON*

- **TELAVIV**  
EMBASSY OF THE PHILIPPINES  
13-F, Textile Center Building  
2 Kaufman Street, Tel-Aviv, ISRAEL 68012  
Tel. Nos. (972-3) 5175-263, 5104-651, 5104-455  
Fax No. 00-972-3-5102229  
E-mail address: filembis@netvision.net.il  
Jurisdiction: Cyprus

*Ambassador BELEN F. ANOTA*

**Directory of Philippine Overseas Labor Offices (POLOs) (Middle East)**

- RIYADH  
EMBASSY OF THE PHILIPPINES  
King Fahad District, Olaya Road  
P.O. Box 94366, RIYADH, 1 1693  
Tel. Nos. (9661) 4832-201 to 05  
Fax No. 00-9661-4832-2196, 4S32-204

*Labatt II JAINAL T. RASUL, JR.*

- JEDDAH  
PHILIPPINE CONSULATE GENERAL  
P.O. Box 16254, JFDDAH 21464  
Telefax No. (9662) 665-8462

*Labatt I CARLOS O. STA. ANA*  
*Labatt II NASSER B. MUNDER*

- ABU DHABI  
EMBASSY OF THE PHILIPPINES  
P.O. Box 3215, ABU DHABI, UAL  
Tel. No. (9712) 6315-525  
Fax No. 00-9712-6218-266

*Labatt II ANNABELLA M. OLIVEROS*

- DUBAI  
Filipino Workers Resource Center  
Mr. Salim Kharms Sbt Villa #5  
23" Street, Jafliya, Satwa  
P.O BOX 4960, DUBAI, USE  
Tel. No. (9714) 3980-011  
Fax No. 00-9714-3988-802

*Labatt I CARMELITE A. AREOLA*

- BAHRAIN  
EMBASSY OF THE PHILIPPINES  
Villa 992A, Road 3119  
Area 33 1, Daily, Manama  
Tel. Nos. (973) 270-597  
Fax No. 00-973-258-202

*Labatt II AMMONITE S. MARIANO*

• KUWAIT  
EMBASSY OF THE PHILIPPINES  
P.O. Box 26288  
Code 13123, State of Kuwait  
Tel. Nos. (965) 5329-315, 5342-109  
Fax No. 00-965-532-9319

*Labatt II ANGELO A. JIMENEZ*  
*Labat I VIVO V. VIDAL*

• LEBANON  
EMBASSY OF THE PHILIPPINES  
I/F and 2/F Design Building, Abdullah Machnouk St.  
cor. Rafic Rastan St. P.O. Box 136631, Beirut, Lebanon  
Tel. No. (9611) 803-024  
Fax No. 00-9611-803-025

*Labat I ALICIA D. SANTOS*

• OMAN  
EMBASSY OF THE PHILIPPINES  
P.O. Box 50420 Postal Code 115  
Madeinath Qaboos, Muscat Sultanate of Oman  
Tel. No. (968) 605-143  
Fax No. 00-968-605-171

*Labatt II ELEUTERIO S. COJUANGCO*

• QATAR  
EMBASSY OF THE PHILIPPINES  
4040 AI-Wahda Street, West Bay  
Doha, State of Qatar  
Tel. Nos. (974) 4861-220 (DL); 4870-487 (OWWA)  
Fax No. 00-974-4883-858

*Labatt II HFNRY PAREL*  
*Labat I TALIB F. HAMED*

• ISRAEL  
EMBASSY OF THE PHILIPPINES  
13/F Textile Center Building  
2 Kaufman St., P.O. Box 50351  
Tel. Nos. (9723) 516-2344  
Fax No. 00-9723-516-2341  
*Labatt II .JEFFREY D. CORTAZAR*

**Directory of OWWA Welfare Officers (Middle East)**

• RIYADH

EMBASSY OF THE PHILIPPINES  
Site D4 Collector Road C., Diplomatic Quarter  
P.O. Box 94366, RIYADH, KSA  
Tel. Nos. (9661) 482-3615; 488-0835  
Fax No. 00-9661-482-2646

*WELOF IV ANGEL L. BORJA, JR.*

• JEDDAH

PHILIPPINE CONSULATE GENERAL  
Sarhan Al-Aimavvi Street, Al-Faisaliyyah District I  
P.O. Box 4794, JEDDAH 21412  
Tel. No. (9662) 667-3409  
Tax No. 00-9662-665-8462

*WELOF IV MUSTAPHA U.H. GLANG*

• AL-KHOBAR

EMBASSY OF THE PHILIPPINES  
Site D4 Collector Road C, Diplomatic Quarter  
P.O. Box 94366, RIYADH, KSA  
Tel. No. (9663) 864-9256  
Fax No. 00-9663-897-5743

*WELOF IV SOTERO F. TORNFA, JR.*

• DOHA, QATAR

EMBASSY OF THE PHILIPPINES  
4040 Al-Wahda Street, West Bay  
P.O. Box 24900, DOHA, State of Qatar  
Tel Nos. (974) 487-0487; 486-8001  
Fax No. 00-974-487-0487

*WELOF III CONSOLACION C. MARQUEZ*

• KUWAIT

PHILIPPINE LABOR OFFICE  
Blk 7 St. 107 Villa 44 Jabriya, KUWAIT  
Telefax No. (965) 532-0843

*WELOF IV MARIO R. ANTONIO*  
*WELOF IV MA. LUZ L. TOLENTINO*

- TELAVIV, ISRAEL

PHILIPPINE LABOR OFFICE

10/F, Textile Center Bldg., 2 Kaufman St., 68012

Tel Aviv, ISRAEL

Tel. No. (9723) 561-5818

Fax No. 00-9723-516-5889

*WELOF IV ALBERT Q. VALENCIANO*

- ABU DHABI

FILIPINO WORKERS RESOURCE CENTER

Villa No. 3, 11 " Street, Behind At Manhat ( Imic

Madinat Zayed Area, ABU DHABI, I JAE

Tel, Nos. (9712) 8326-095; (9715) 768-1498

Fax No. 00-9712-6312-984

*WELOF IV FERDINAND D. ROXAS*

*WELOF III RUTHS. GRANADOS*

- DUBAI

FILIPINO WORKERS RESOURCE CENTER

Mr. Salim Khamis Sbt Villa #5

23" Street, Jafliya, Satwa

P.O. Box 4960, DUBAI, [JAE

Tel. Nos. (9714) 388-0011; 397-2113

Fax No. 00-9714-398-21 11

*WELOF IV FERDINAND D. ROXAS*

*WELOF III BEATRIZ L WALKINGTON*

- BAHRAIN

EMBASSY OF THE PHILIPPINES

Villa 992A, Road 3119

Area 33 1, Adliya, Manama, BAHRAIN

Tel. No. (973) 246-470 OWWA

Fax No. 00-973-258-202

*WELOF IV HASSAN GABRA T. JUMDAIN*

- TRIPOLI, LIBYA

EMBASSY OF THE PHILIPPINES

P.O. Box 12508, Tripoli, LIBYA

Tel. No. (21921) 499-0996

Fax No. 00-21821-483-6172

*WELOF IV ABDULWAHAB M. JAAFAR*

- BEIRUT, LEBANON  
EMBASSY OF THE PHILIPPINES  
1/F and 2/F Design Bldg., Abdultab Machnouk St.  
cor. Rafic Rasian St., P.O. Box 13663 1, Beirut, LEBANON  
Tel. No. (9611) 807-017  
Fax No. 00-9661-807-017

*WELOF IV MANUELA N. PEÑA*

**MALACAÑANG**  
Manila

BY THE PRESIDENT OF THE PHILIPPINES

**EXECUTIVE ORDER NO. 159**

**CREATING THE PRESIDENTIAL MIDDLE EAST PREPAREDNESS  
COMMITTEE  
AND FOR OTHER PURPOSES**

**WHEREAS**, the increasing tension in the Middle East may cause economic instability and related ramification on the country's national security and development,

**WHEREAS**, the safety and welfare of some 1.4 million overseas Filipino workers in the Middle East is of primordial concern to the national government;

**WHEREAS**, it is thus of critical importance that there is a focused and deliberate response to the developments in the Middle East,

**WHEREAS**, coordination between and among agencies engaged in the development of appropriate responses must be enhanced to efficiently address the situation,

**WHEREAS**, under Section 3 1, Chapter 10, Title 111, Book III of the Administrative Code of 1987, the President has the continuing authority to reorganize the functions of the Office of the President;

**NOW, THEREFORE, I, GLORIA MACAPAGAL-ARROYO**, President of the Philippines, by virtue of the powers vested in me by law, do hereby order:

**SECTION 1. Creation** - There is hereby created a Presidential Middle East Preparedness Committee (PMEPC) under the Office of the President

**SEC. 2. Function** - The PMEPC shall, in relation with the critical developments in the Middle East, prepare the appropriate responses, formulate policies, develop modes for coordination, put into effect all plans approved by the President and monitor their implementation accordingly, in coordination with the Department of Foreign Affairs.

**SEC. 3. Composition** - The PMEPC shall be composed of the following:

Special envoy to the Middle East, Office of the President	Chairman
Representative from the Department of Foreign Affairs	Vice-Chairman
Representative from the Department of National Defence	Member
Representative from the Department of Energy	Member
Representative from the Department of Labor and Employment	Member

Representative from the Department of Health	Member
Representative from the Department of Social Welfare & Development	Member
Representative from the Armed Forces of the Philippines	Member
Three (3) Representatives from the Private Sector	Members

**SEC. 4. Powers of the Committee** - In pursuit of its main function as defined in Section 2 hereof, the Committee shall have the responsibility and authority to:

- a. Undertake continuing assessment, update preparedness plans and provide policies and analyses that shall respond to the safety and welfare of the 14 million overseas Filipino workers (OFWs) in the Middle East;
- b. Develop and adopt interactive operating arrangements designed to effect maximum coordination among agencies in the implementation of preparedness plans, with utmost economy and efficiency;
- c. Formulate strategies to coordinate and integrate agency plans, and supervise actions to ensure responsible and measured responses to effect the proper political, military and economic resolutions of concerns that may arise in the crisis;
- d. Direct and conduct appropriate crisis and preparedness management plans as may be ordered by the President;
- e. Cause or direct the immediate resolution of potential economic, military and political issues the President may refer to the Committee from time to time, and monitor its progress;
- f. Call upon any department, bureau, office or other agency of the government for assistance-, and
- g. Exercise such other functions and powers as may be assigned by the President.

**SEC. 5. Secretariat** - There is hereby established a Secretariat of the Committee in the Office of the President. The Secretariat shall provide administrative and related support services to the Committee. The Secretariat shall be headed by an Executive Director, to be appointed by the President, upon the recommendation of the Committee Chairman.

**SEC. 6. Inter-Agency Task Forces** - The Committee may create Inter-Agency Task Forces here and abroad to be composed of selected personnel from the public and private sector, subject to the approval of the President.

**SEC. 7. Implementing Rules and Guidelines** - The Committee shall adopt such rules and operating guidelines, subject to the approval of the President, as are necessary for the effective and efficient implementation of this Executive Order

**SEC. 8. Funding** - The Committee shall be provided with an initial annual allocation of FIFTY MILLION PESOS (P50,000,000.00) for its administrative and operational expenses, to be drawn from the contingency fund of the Office of the President. Additional financial requirements that may be needed by the Committee shall be sourced out by the Department of Budget and Management from available funds of the concerned

agencies outlined in this Order, subject to the usual government accounting and auditing rules and regulations.

SEC. 9. **Duration** - Unless otherwise directed by the President, the PMEPC shall exist for a period not exceeding twelve (12) months from the date hereof

SEC. 10. **Repeal** - All other rules, regulations and issuances or parts thereof which are inconsistent with this Executive Order are hereby repealed or modified accordingly;

SEC. 11. **Effectivity** - This Order shall take effect immediately upon approval.

**DONE** in the City of Manila, this 23<sup>rd</sup> of December, in the year of our Lord, two thousand and two.

By the President:

ALBERTO G. ROMULO

Executive Secretary