



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

MAR 2 1 2013

ADMINISTRATIVE ORDER

No. ~~2012~~ - 2013-0014
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Subject: Policies and Guidelines on Hospitals Safe from Disasters

I. BACKGROUND AND RATIONALE

Hospitals are important elements of a working health system. They are conduits for health service delivery to the community. All hospital infrastructure together with their composite equipment, supplies, logistics, and more importantly staff and patients, are concrete representations of health sector development.

When the impact of disasters is felt, the importance of uninterrupted hospital services becomes even more appreciable. Hospitals should be able to handle not only internal emergencies but external emergencies as well. With the expectation that hospitals must be able to buffer and manage the sudden surge of patients coming in for medical care, the corresponding mechanisms to manage logistical, material, and human resources as humanitarian aid for health should be in place.

Hospitals that are not able to manage an emergency or withstand a disaster may result to the loss of lives of patients and health personnel, setbacks in investment on infrastructure and equipment, and the possible derailment in the achievement of development goals. Recent history stands witness to the heavy losses sustained by hospitals during disasters. The magnitude 7.7 earthquake in July 1990 damaged public facilities including hospitals and health centers worth Php 24 Million in Baguio City alone. In 1998, a fire burned down almost 80% of the Lung Center of the Philippines costing Php 917 Million for its reconstruction. Typhoon *Reming* (Durian) in November 2006 battered the Bicol Regional Training and Teaching Hospital in Legazpi City. Typhoon *Frank* (Fengshen) in June 2008 devastated 89 healthcare facilities in Central and Southern Philippines while Tropical Storm *Ondoy* (Ketsana) and Typhoons *Pepeng* (Parma) & *Santi* (Mirinae) in 2009 damaged 20% of healthcare facilities in the affected regions, totalling to Php 859.7 Million in losses.

Cognizant of disaster risks to hospitals, the Department of Health had long put forward disaster risk reduction initiatives by improving hospital preparedness in response to emergencies and disasters. The Hyogo Framework for Action 2005-2015: "Building the Resilience of Communities and Nations to Disasters" to which the Philippines, is one of the 168 countries committed to reducing disaster risks for a safer world.—had provided the impetus for further concrete actions. To realize the UN International Strategy for Disaster Reduction (UNISDR) commitment to ensure that all hospitals nationwide be assessed by the year 2015, the DOH had adopted several strategies such as capacity building through trainings on Hospitals Safe from Disasters, research, development of the Hospital Assessment Tool (HAT), advocacy activities, and integration of Hospitals Safe from Disasters in planning as part of the hospital disaster preparedness, response and recovery plan.

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Investing in safer hospitals is a logical and critical step to facilitate the development of a stronger health system. In a country predisposed to natural hazards, reducing the risks faced by hospitals entails the involvement of stakeholders who shall examine and address the three possible sources of hospital vulnerabilities: structural, non-structural, and functional. As such, the Hospitals Safe from Disasters program contributes to the overall goal of reducing mortality, morbidity, and disability during disasters and supports the sector's objectives in achieving the Millennium Development Goals for health under the *Kalusugang Pangkalahatan*.

This Order provides guidance to the rationale, objective, strategy, and systematic implementation of activities to make hospitals safe during emergencies and disasters.

II. SCOPE AND COVERAGE

This Order is issued for the guidance of the hospital owners/operators/employees, building contractors, both public and private, DOH offices and its attached agencies, other government regulators, other healthcare facilities, professional societies, other government agencies, development partners, and other stakeholders working with DOH for safer hospitals during emergencies and disasters towards the attainment of disaster risk reduction.

III. GOAL AND OBJECTIVES

A. Goal

Reduce disaster risks to ensure the protection and the continuous operations of hospitals and other health facilities, and save lives during emergencies and disasters.

B. Objectives

B.1 General Objective

This Order shall provide policies and standards in ensuring that existing hospitals and health facilities, as well as those that will be built in the future, shall continue to function and save lives during emergencies and disasters.

B.2 Specific Objectives

1. To adapt existing foreign and local policies to ensure hazard-specific risk reduction approaches in the design and construction, and maintenance, of new and existing health facilities respectively by reducing their structural and non-structural vulnerabilities and increasing their functional capacities.
2. To integrate disaster risk reduction in planning and development of healthcare facilities.
3. To provide general guidelines necessary for the implementation of Hospitals Safe from Disasters.
4. To develop innovative and effective strategies necessary to keep hospitals safe from disasters.
5. To define the roles and responsibilities of all offices, agencies, hospitals, healthcare facilities and other stakeholders in the implementation of Hospitals Safe from Disasters.

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IV. DECLARATION OF POLICIES

This Order is guided by the following issuances:

- A. **Hyogo Framework for Action 2005-2015**, which focuses on “Building the Resilience of Communities and Nations to Disasters”. Its strategic approach includes disaster risk reduction planning, promotion of hospital resilience, and implementation of measures that will reinforce existing health facilities.
- B. **World Disaster Reduction Campaign on Hospitals Safe from Disasters**, which states the lives of patients and health workers should be protected by ensuring the resilience of health facilities and that they are able to function in the aftermath of emergencies and disasters when they are most needed.
- C. **Republic Act 10121**, or the Philippine Disaster Risk Reduction and Management Act of 2010, which states that “it shall be the policy of the State to provide maximum care, assistance, and services to individuals and families affected by disasters.”
- D. **Administrative Order No. 2010-0036**, Implementation Framework for *Kalusugang Pangkalahatan* (KP). KP shall be attained by pursuing strategic thrusts especially the improved access to quality hospitals and healthcare facilities.
- E. **Administrative Order No. 2004-168**, the National Policy on Health Emergencies and Disasters states a specific strategy that standards will be set and regulations reinforced and complied with by all to improve preparedness and response to health emergencies.

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DEFINITION OF TERMS

- A. **Emergency** – any actual threat to public safety; an exceptional event of any magnitude that produces damage and injury demanding immediate action.
- B. **Disaster** – any emergency resulting to serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.
- C. **Disaster risk** – the potential disaster losses in lives, health status, livelihoods, assets, and services, which could occur to a particular community or a society over some specified future time period.
- D. **Disaster risk management** – the systematic process of using administrative directives, organizations, and operational skills and capacities to implement strategies, policies, and improved coping capacities in order to lessen the adverse impacts of hazards and the possibility of disaster.
- E. **Disaster risk reduction** – the concept and practice of reducing disaster risks through systematic efforts to analyze and manage the causal factors of disasters, including the reduced exposure to hazards, the decreased vulnerabilities of people and property, the wise management of land and the environment, and the improved preparedness for adverse events.

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- F. Functional Parts** – pertains to the systems, procedures, and protocols to enable a hospital to have the capability and capacity to remain functional and operational in the event of disaster. Through an organized risk and emergency management, these include the development and implementation of emergency preparedness, response, and recovery plans and contingency plans, and the building of capacities of hospital workforce through necessary training to ensure that hospitals continue operating when most needed.
- G. Hazard** – a dangerous phenomenon, substance, human activity or condition that may cause the loss of life, injury, other health impacts, livelihood, and services; the damage to property and the environment; and disruption to society and economy.
- H. Healthcare Facilities** – are institutions that provide services like emergency care, medical consultations and treatment, maternity and newborn care, diagnostics, and others. These include hospitals, health centers, barangay/community health stations/centers, laboratories, clinics, birthing facilities, etc.
- I. Hospital** – a healthcare facility for the diagnosis, treatment, and care of individuals suffering from deformity, disease, illness or injury, or in need of surgical, obstetrical, medical or nursing care. It is an institution where there are installed bassinets or beds for 24-hour use or longer by patients in the management of deformities, diseases, injuries, abnormal physical and mental conditions, and maternity cases.
- J. Hospitals Safe from Disasters** – are hospitals and health facilities whose structural, non-structural, and functional components remain accessible and operational at maximum capacity immediately following a disaster. It encompasses all hospitals and other healthcare facilities, regardless of their level of capacity.
- K. Mitigation** – the lessening or limitation of the adverse impacts of hazards and related disasters.
- L. Non-Structural Parts** – are non-load bearing features and contents of the building or those attached to the structure which include ceilings, windows, doors, equipment, ornamentation, components of heating, ventilating, air-conditioning, fire protection, power, water supply, sewage, furnishings, etc.
- M. Preparedness** – the knowledge and capacities developed by governments, professional response and recovery organizations, communities, and individuals to effectively anticipate, respond to, and recover from, the impacts of likely, imminent, or current hazard events or conditions.
- N. Resiliency** – the ability of a system, community, or society exposed to hazards to resist, absorb, accommodate, and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions.
- O. Retrofitting** – reinforcement or upgrading of existing structures to become more resistant and resilient to the damaging effects of hazards.

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- P. **Risk** – the combination of the probability of an event and its negative consequences.
- Q. **Risk assessment** – a methodology to determine the nature and extent of risk by analysing potential hazards and evaluating existing conditions of vulnerability that together could potentially harm exposed people, property, services, livelihoods and the environment on which they depend.
- R. **Structural Parts** –are load-bearing components that make a building stand which include foundations, footings, columns, beams, slabs, shear walls, and roof trusses that strengthen the infrastructure and enable it to resist gravity, earthquakes, wind, and other types of loads.
- S. **Surge Capacity** –the ability to expand care capabilities in response to prolonged demand. In hospitals or health facilities, this encompasses potential patient beds, available space in which patients may be triaged, managed, vaccinated, decontaminated, or simply located, available personnel of all types, necessary medications, supplies and equipment, and even the legal capacity to deliver health care under situations which exceed authorized capacity.
- T. **Vulnerability** – the characteristics and circumstances of a community, system or asset that make it susceptible to the damaging effects of a hazard.

VI X. **POLICIES AND GENERAL GUIDELINES**

- A. Hospitals and other healthcare facilities shall be prepared to address the operational challenges attendant to emergencies and disasters hence all efforts should be exerted for these facilities to remain standing and functional.
- B. Implementing agencies at all levels shall develop and continuously update their policies, strategies, mechanisms, and innovations to ensure that hospitals and other healthcare facilities are safe from disasters
- C. No new hospital or healthcare facility shall be constructed without assessing, evaluating and managing the different hazards, vulnerabilities and risks.
- D. National and local government safety regulations and codes shall be strictly enforced in the construction, expansion, renovation, repair, and rehabilitation of hospitals and other healthcare facilities.
- E. Hospital licensure requirements shall include a program for regular maintenance consistent with the most current Hospitals Safe from Disasters indicators.
- F. All hospitals and other healthcare facilities shall undergo yearly self-assessments and action plans to address their structural, non-structural, and functional vulnerabilities and capacities using the most current assessment tool.
- G. All hospitals and other healthcare facilities shall develop and regularly update, disseminate, implement, and test their Hospital Emergency Preparedness, Response, and Recovery Plans (HEPRRP) to include the following:
- a. their changing hazards and vulnerabilities
 - b. the historical and projected data of emergencies and disaster
 - c. the changing global landscape such as climate change, terrorism, emerging and re-emerging diseases, and others

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- d. the existing structures, systems, and mechanisms for emergency preparedness and response
- H. Hospitals and other healthcare facilities shall utilize and build upon their existing organizational structures and systems to mainstream and adopt the Hospitals Safe from Disasters program.
- I. All hospitals shall ensure surge capacity to be able to manage increased demand.
- J. Hospitals and other healthcare facilities shall continuously build and strengthen partnerships and networks and develop corresponding mechanisms in times of emergencies and disasters.
- K. All affected hospitals and other healthcare facilities shall be assessed for damages, losses and needs and rehabilitated using the *Build Back Better* approach.
- L. All hospitals and other healthcare facilities shall regularly conduct and sustain capacity building for the effective implementation of Hospitals Safe from Disasters.
- M. Knowledge management shall be used to improve the understanding of hazards, vulnerabilities and risks to hospitals and other healthcare facilities, and the necessary measures to mitigate their effects.

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IMPLEMENTING GUIDELINES

A. ROLES AND RESPONSIBILITIES

1. DEPARTMENT OF HEALTH CENTRAL OFFICE (DOH-CO):

1.A NATIONAL CENTER FOR HEALTH FACILITY DEVELOPMENT (NCHFD)

The **National Center for Health Facility Development Director** shall be responsible for overseeing the monitoring and evaluation of the enforcement and compliance of this order and subsequent recommendations for policy formulations and amendments for all structural and non-structural indicators.

DOH-NCHFD shall:

- a. Serve as the lead DOH office on Hospitals Safe from Disasters in ensuring the structural and non-structural safety of hospitals and other healthcare facilities
- b. Develop plans, policies, guidelines, protocols, and standards on Hospitals Safe from Disasters (structural and non-structural components) and ensure they are disseminated
- c. Ensure that risk assessment and management are integrated in planning and development of all existing and new hospitals and other healthcare facilities.
- d. Provide technical assistance to CHDs, LGUs, hospitals and other healthcare facilities, and other stakeholders to ensure the integrity of structural and non-structural components of hospitals
- e. Ensure that architects and engineers involved in health infrastructure assessment and development are familiar with the principles and guidelines of Hospitals Safe from Disasters
- f. Apply financial mechanisms to support projects of hospitals and other

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- healthcare facilities related to Hospitals Safe from Disasters
- g. Together with DOH-HEMS, facilitate the assessment of all damaged healthcare facilities after a disaster and ensure that they are repaired and rehabilitated according to Hospitals Safe from Disasters indicators
 - h. Together with DOH-HEMS, monitor and evaluate implementation of plans, policies, guidelines, protocols, and standards, conduct research studies, manage information, and document best practices on Hospitals Safe from Disasters in emergencies and disasters to support and initiate evidence-based reforms

1.B HEALTH EMERGENCY MANAGEMENT STAFF (HEMS)


The **Health Emergency Management Staff Director** shall be responsible for overseeing the functional aspect of Hospitals Safe from Disasters through monitoring and evaluation of the implementation and compliance with this order and providing subsequent recommendations for policy formulation and amendments for all functional indicators.

DOH-HEMS shall:

- a. Serve as the lead DOH office on Hospitals Safe from Disasters in emergencies and disasters in the area of the functional aspects.
- b. Advocate for and secure commitment of support from stakeholders for Hospitals Safe from Disasters.
- c. Develop and formulate plans, policies, guidelines, protocols and standards on the functional aspects of Hospitals Safe from Disasters in coordination with members of the Health Sector
- d. Provide technical assistance and logistics support to all implementing agencies especially in improving the functional component of hospitals
- e. Together with DOH-NCHFD, design and conduct necessary training on Hospitals Safe from Disasters
- f. Continually ensure that indicators for Hospitals Safe from Disasters and vulnerability mapping of health infrastructures remain updated
- g. Together with DOH-NCHFD, facilitate the assessment of hospitals to ensure that existing, future, and all damaged health facilities damaged during emergencies/disasters are built/repared according to Hospitals Safe from Disasters standards
- h. Together with DOH-NCHFD, monitor and evaluate implementation of plans, policies, guidelines, protocols, and standards, conduct research studies, manage information, and document best practices on Hospitals Safe from Disasters in emergencies and disasters to support and initiate evidence-based reforms

1.C BUREAU OF HEALTH FACILITIES AND SERVICES (BHFS)

DOH-BHFS shall:

- a. Ensure that standards on Hospitals Safe from Disasters including the preparation of Hospital Emergency Preparedness, Response and Recovery Plans are mainstreamed in hospital regulations; and
 - b. Enforce compliance of hospitals and other healthcare facilities to all existing statutory requirements.
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- c. Conduct continuous capability building activities for regulatory officers in relation to Hospitals Safe from Disasters.

1.D HEALTH HUMAN RESOURCE DEVELOPMENT BUREAU (HHRDB)

DOH-HHRDB shall:

- a. Support the development of Hospitals Safe from Disasters training program, design, and manuals for various stakeholders; and
- b. Identify and coordinate with institutions that can support capacity building on Hospitals Safe from Disasters.

2. CENTERS FOR HEALTH AND DEVELOPMENT (CHDs)

The **Centers for Health Development** shall directly oversee and shall be responsible for the implementation and adoption of these guidelines within their Regions and provide feedback, suggestions, and policy recommendations to the Secretary of Health through the **Area Cluster Heads**.

CHDs shall:

- a. Assist LGUs in the implementation of the national plans, guidelines and protocols related to Hospitals Safe from Disasters at the local level
- b. Support advocacy activities for Hospitals Safe from Disasters and secure commitment of stakeholders
- c. Provide and implement a mechanism of coordination and collaboration with hospitals (both government and private), LGUs, partners, and other stakeholders, to ensure the timely and effective implementation of Hospitals Safe from Disasters.
- d. Assist hospital assessment activities as well as implementation of disaster risk reduction and mitigation measures; and
- e. Assist monitoring and evaluation activities on Hospitals Safe from Disasters

3. LOCAL GOVERNMENT UNITS

LGUs shall:

- a. Enforce all existing national and local codes and safety measures
- b. Institutionalize and implement the national plans, policies, guidelines and protocols on Hospitals Safe from Disasters.
- c. Enforce standards of Hospitals Safe from Disasters on LGU-managed hospitals and other healthcare facilities
- d. Consider Hospitals Safe from Disasters principle in its land use plans

4. HOSPITALS AND OTHER HEALTHCARE FACILITIES

Hospitals/Healthcare Facilities shall:

- a. Comply with existing codes, safety regulations, and hospital regulatory measures

- b. Participate in information dissemination, advocacy activities and training programs on Hospitals Safe from Disasters
- c. Conduct yearly self-assessments using the Hospitals Safe from Disasters tools and indicators and assist in the conduct of hospital assessment by DOH
- d. Facilitate the improvement of structural, non-structural, and functional hospital components as suggested by assessment findings
- e. Coordinate with DOH-HEMS and DOH-NCHFD for technical assistance when necessary
- f. Institutionalize Hospitals Safe from Disasters program in relevant hospital plans such as building plans and hospital emergency preparedness, response and recovery plans (HEPRRP)
- g. Ensure revision, updating and testing of HEPRRP.
- h. Submit complete, timely, and technically sound Damage and Needs Assessment reports during emergencies and disasters to DOH-NCHFD and other relevant hospital reports to CHD, LGU or DOH-CO

5. OTHER GOVERNMENT AGENCIES

- a. Adhere to and observe all requirements and standards on hospital safety and those needed to respond to emergencies and disasters in accordance to the thrust of the Department of Health.
- b. Coordinate and participate in inter-agency activities with the Department of Health on Hospitals Safe from Disasters
- c. Support the DOH/CHDs/LGUs/Hospitals in providing technical assistance (through the conduct of assessment or trainings) and logistics support

6. NON-GOVERNMENT ORGANIZATIONS/ AGENCIES, DEVELOPMENT PARTNERS, PRIVATE SECTOR, AND CIVIL SOCIETY GROUPS

- a. Comply with existing building codes and hospital regulatory measures
- b. Participate in information dissemination, advocacy activities and training
- c. Adhere to and observe all requirements and standards needed to respond to emergencies and disasters in accordance to the thrust of the Department of Health
- d. Provide development/technical assistance to reducing disaster risk in hospitals consistent with the Hospitals Safe from Disasters principles
- e. Coordinate with appropriate DOH Offices for assistance in Hospitals Safe from Disasters implementation and services during response operations

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~~VIII~~ ~~VI~~ VII. EFFECTIVITY

This Order shall take effect immediately.



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