



HOSPITALS SAFE FROM DISASTERS



Making Hospitals Safe from Disasters: The New Normal

Philippine Hospital Association Regional Conference
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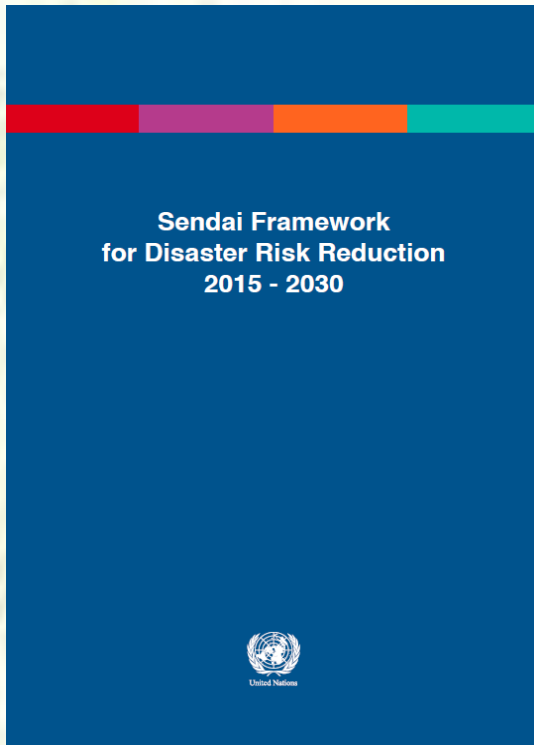
Outline

- “ Why disaster risk reduction in hospitals?
- “ What are components of a Safe Hospital?
- “ What are roles of hospitals in disaster risk reduction?

Background

- “ Context of disasters in light of normal
- “ Important roles of hospitals
- “ Value of disaster risk reduction in hospitals

The New Global DRR Framework



Substantial reduction of disaster risk and losses in lives, livelihoods and HEALTH and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries.

Sendai Framework and Safe Hospitals

- “ To strengthen disaster resilient public and private investments, through structural, non-structural and functional disaster risk prevention and reduction measures in critical facilities in particular schools, hospitals, and physical infrastructures..
- “ To promote resilience of new and existing critical infrastructures including hospitals so ensure that they remain safe, effective and operational during and after disasters in order to provide saving and essential services.

Disaster Risks to Hospitals: Philippine Experience



BRTTH, Bicol
TY Reming, 2006



ARMMC, Marikina
TS Ondoy, 2009



UERMMMC, Quezon
City
Habagat, 2010



Eastern Visayas
Regional Medical
Center
Tacloban, Leyte
Typhoon Yolanda
2013



Cateel District Hospital,
Davao Oriental
TY Pablo,
2012



Celestino Gallares Memorial Hospital
Bohol
Central Visayas Earthquake
2013



Zamboanga City Medical Center
Zamboanga Siege
2013

EARTHQUAKE CENTERED IN SAGBAYAN, BOHOL (Oct. 15, 2013)



IMPACT

- ❑ Affected 2 regions, 6 provinces, 6 cities, 60 municipalities, 1,527 barangays, 671,103 families, 3,221,248 individuals
- ❑ Damaged 211 health facilities
- ❑ 68,902 houses, 41 bridges, 18 roads were damaged
- ❑ 222 deaths and 975 injured



ACTIONS TAKEN

- ❑ A total of 18 medical teams (117 personnel), 14 technical teams (66 personnel) and 10 composite teams (88 personnel) were deployed in 20 municipalities affected
- ❑ A total of Php 16,343,339.98 worth of assorted drugs and medicines, Reproductive Health kits, tents, WASH materials, IEC materials were provided to CHD VII, VSMMC, GCGMH
- ❑ Activated SPEED in 86 facilities in Region VII
- ❑ Surveillance of and prevention of possible outbreak of diseases
- ❑ Provision of vaccines and prophylaxis medicines (e.g., Doxycycline for leptospirosis)
- ❑ Provided Mental health and psychosocial support
- ❑ Provided WASH Services
- ❑ Provided Nutrition Services

TYPHOON "YOLANDA" (Nov. 8, 2013)



IMPACT

- ❑ Affected 7 regions, 22 provinces, 73 municipalities, 33 cities, 26,675 families , 125,604 persons
- ❑ 6,134 deaths and 28,981 injured
- ❑ 819 damaged health facilities in

ACTIONS TAKEN

- ❑ A total of Php 221,338,277.73 worth of logistics augmented to all CHDs affected
- ❑ A total of 278 teams/ 2,876 personnel (DOH teams, local teams, foreign teams) were deployed to Region VIII
- ❑ Augmentation of manpower at the OPCEN, Hospitals and Local Health Offices
- ❑ Deployed START team to CHD VIII to provide technical assistance to the Operation Center as well as to intensify SPEED in all provinces of Leyte and Samar.
- ❑ Surveillance of and prevention of possible outbreak of diseases
- ❑ Provision of vaccines and prophylaxis medicines (e.g., Doxycycline for leptospirosis)
- ❑ Provided Mental health and psychosocial support
- ❑ Provided WASH Services
- ❑ Provided Nutrition Services

Important roles of hospitals

- “ Delivery of health services
 - . Receiving end of victims
 - . Responders to emergencies/disasters
 - . Host to laboratories, ancillary services
 - . Public health functions
- “ Symbol of social progress
- “ Prerequisite for economic stability

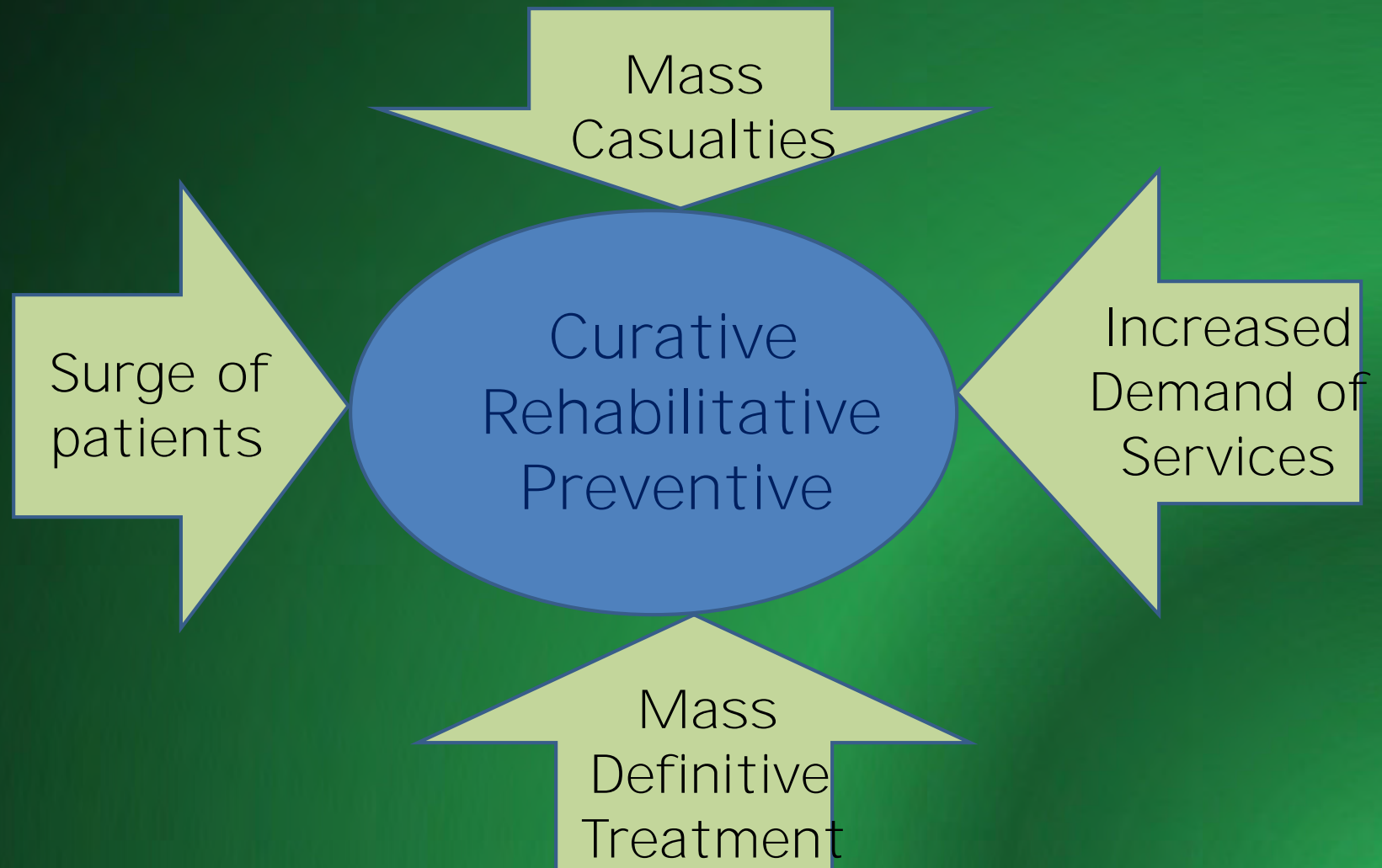
Value of DRR in hospitals

- “ Directly translates to lives saved and morbidities prevented the health imperative
- “ Responds to community and social concern on burden of disaster the social imperative
- “ Hospital resilience contributes to financial viability and lucrativeness of business and impacts on reputation the economic imperative

Safe Hospitals

- “ Safe Hospitals concepts
- “ Components of Hospital Disaster Preparedness
- “ Surge Capacity

Factors affecting hospital services in emergencies and disasters



Safe Hospitals Concepts

Hospitals Safe from Disasters

REDUCE RISKS

PROTECT FACILITIES

SAVE LIVES



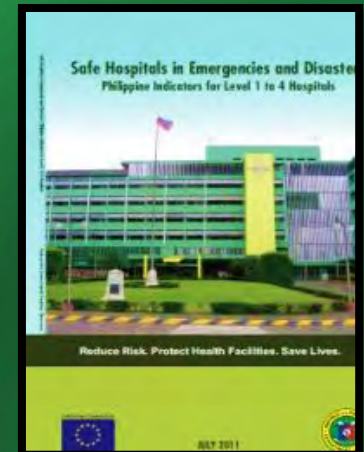
STRUCTURAL

NON-
STRUCTURAL

FUNCTIONAL

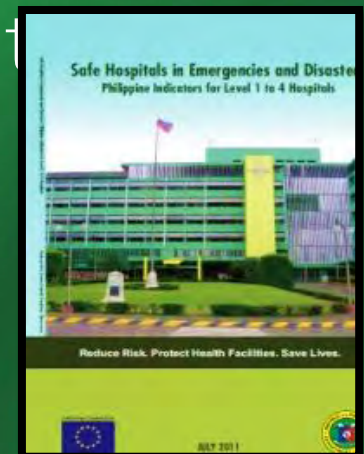
Structural Parts of Safe Hospital

- “ Those that resist gravity, earthquakes, wind and other types of loads
- “ Loadbearing components that make a hospital stand
- “ Include columns, beams, walls
- “ Product of structural engineers, masons, laborers, and contractors



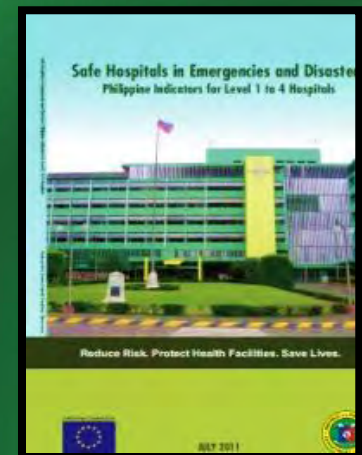
Non-structural Parts of Safe Hospital

- “ All non-load bearing parts including content of the building or attached to the structure
- “ Includes ceilings, windows, equipment, HVAC (heating, ventilating, air conditioning), lights, etc.
- “ Done by architects, interior designers, mechanical and electrical engineers
- “ Purchased by owners after construction



Functional elements of Safe Hospital

- “ Ensures hospital has health services that remain accessible and available when needed most
- “ Capability and capacity to remain functional and operational
- “ Composed of plans, workforce, other resources and systems



Components of Hospital Disaster Preparedness

- £ Responsive hospital policies and plans
- £ Trained health manpower and response teams
- £ Adequate and sufficient logistics and administrative support
- £ Clear command, reporting and information management system
- £ Complete essential hospital services in emergency and disasters

Surge Capacity

£ Staff

£ Space

£ Stuff (logistics)

£ Special provisions

Hospital Roles in DRR

- “ Prevention/Mitigation
- “ Preparedness
- “ Response and Recovery

Prevention/Mitigation

- “ Assessment of hazards and vulnerabilities
- “ Protection of facilities and investments

Preparedness

- “ Planning
- “ Training and Exercises
- “ Stocking and equipping
- “ Networking
- “ Monitoring and evaluation

Response and Recovery

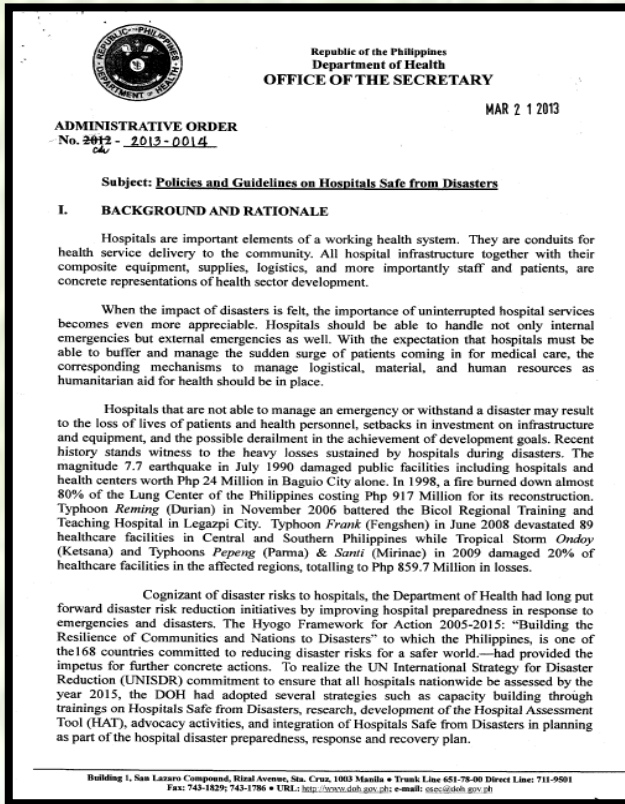
“ Response

- . Delivery of health services
- . Deployment of response teams
- . Coordination

“ Recovery

- . “
- . Continuity of operations

Safe Hospitals Tools



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

MAR 21 2013

ADMINISTRATIVE ORDER
No. 2012 - 2013 - 0014

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.

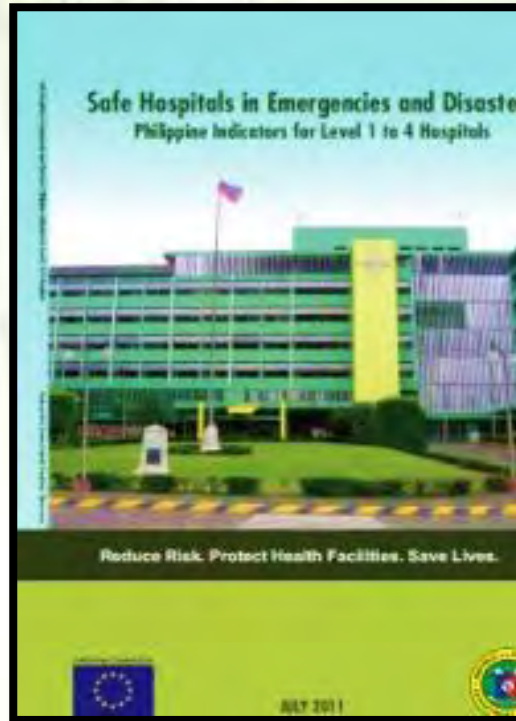
When the impact of disasters is felt, the importance of uninterrupted hospital services becomes even more appreciable. Hospitals should be able to handle not only internal emergencies but external emergencies as well. With the expectation that hospitals must be able to buffer and manage the sudden surge 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 *Raming* (Dorian) in November 2006 battered the Bicol Regional Training and Teaching Hospital in Legazpi City. Typhoon *Franz* (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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Policy

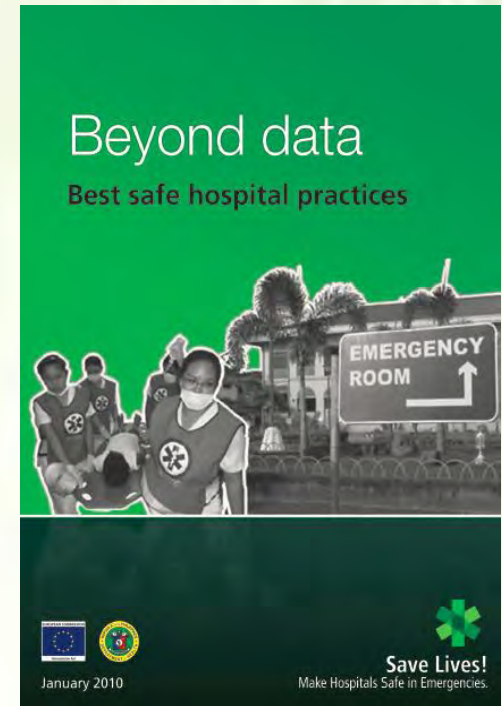


Safe Hospitals in Emergencies and Disasters
Philippine Indicators for Level 1 to 4 Hospitals

Reduce Risk. Protect Health Facilities. Save Lives.

JULY 2011

Assessment Tool



Beyond data
Best safe hospital practices

EMERGENCY ROOM

January 2010

Save Lives!
 Make Hospitals Safe in Emergencies.

Best Practices

Current Thrusts

- “ Advocacy
- “ Development of standards
- “ Trainings
- “ Assessments
- “ Monitoring and evaluation
- “ Research
- “ Networking with partners



**Our Hospitals, the last building standing
in emergencies and disasters!**